

CONSOLIDATED PLAN OF THE CITY OF NASHUA, NH

(Community Development Block Grant)

May 15, 2000

CONSOLIDATED PLAN

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INTRODUCTION

A. Purpose and Scope of the Consolidated Plan

Title I of National Affordable Housing Act of 1990 (NAHA) established the requirement that States and local governments that apply for direct assistance under certain programs of the U.S. Department of Housing and Urban Development (HUD) prepare a “Consolidated Plan” for approval by HUD. This plan is intended to consolidate the planning and submission requirements for the Community Development Block Grant, HOME and McKinney Act homeless grant programs. The local government requirements for the Plan are set forth in 24 CFR Part 91.200 - .230.

In the case of the City of Nashua, this Plan must be prepared even though the City is a direct recipient of only one of these grants - the Community Development Block Grant (CDBG). Distribution of funds for all these programs is based on demographic data according to formulae; Nashua reaches the funding threshold only for CDBG

HUD’s (draft) guidelines state that “the Consolidated Plan is designed to be a collaborative process whereby a community establishes a unified vision for community development actions.” *Collaborative* is a key work in this context; most City departments (and independent agencies) prepare plans and set policies for the purpose of their own work and particular funding sources. The effort of this plan has to integrate them into the prescribed format of HUD with reasonable accuracy. It is not intended for this Plan to supercede specialized studies and plans of the City or the agencies referenced herein.

Additionally, where a need is shown to exist, this plan does not suggest that the *City* is committed to meeting this need; in many cases, other agencies at the State or Federal level have historically been the primary source of assistance.

In reading the Plan, it should be kept in mind that the level of funding that is to be available under the CDBG, HOME, HOPE and McKinney Act programs will fall far short of meeting all of the needs that are identified. However, it is important that the Plan be as inclusive of all needs as possible, because all projects over the next five years must be associated with a need defined herein.

The need areas addressed by the Plan and as defined by HUD are as follow:

- Housing needs of (1) low-income persons and (2) homeless and those with HIV/AIDS
- Public facilities
- Infrastructure
- Senior
- Youth
- Anti-Crime
- Economic Development
- Public Services
- Planning and Other

B. Plan Development Process

LEAD AGENCY DESCRIPTION

The Urban Programs Department of the Community Development Division prepares the Consolidated Plan for the Mayor of the City of Nashua. The department also administers the Community Development Block Grant and housing rehabilitation programs for the City. The lead legislative body is the Aldermanic Human Affairs Committee of the Nashua Board of Aldermen, which holds the public hearings on CDBG and the plan.

LIST OF ORGANIZATIONS THAT PARTICIPATED

This plan is being developed through the mutual cooperation of elected officials, City departments, non-profit agencies, religious institutions, the Continuum of Care, the Nashua Housing Authority, and interested individuals. A matrix of agency participants is found elsewhere in this Plan.

AGENCY 5-YEAR QUESTIONNAIRE

In January 2000, a questionnaire was sent to twenty-seven organizations eligible for Community Development Block Grant funding, requesting information about their services and plans for capital projects, for which funding may be requested in the next five years. Seventeen organizations submitted information, which has been reviewed and is incorporated into the Consolidated Plan. Included with the questionnaire was detailed information on CDBG funding, a description of the Consolidated Plan's purpose and the process by which it is being prepared.

CONSULTATIONS WITH SOCIAL SERVICE AGENCIES AND OTHER ENTITIES

Consultations started in January 2000. Views of non-profits providing housing assistance and social services in the community have been solicited via questionnaires, interviews and meetings. City staff followed up with interviews and telephone calls, and also reviewed proposals for funding to the City and United Way.

Many of the agencies providing housing assistance also provide services to their clients. In order to reach other providers, a list of over 100 agencies and individuals was developed.

CONSOLIDATED PLAN COMMUNITY WORKSHOP

A workshop attended by nearly 70 individuals from HUD, the City, various agencies, private citizens and affordable housing developers was held on the morning of March 1, 2000 in the City Hall Auditorium. Attendees split up into seven focus groups to consider

specific community needs by category. Documents from that Workshop are presented in the Exhibits, and results were incorporated into the Plan.

CONSIDERATION OF OTHER COMMUNITY DEVELOPMENT PROCESSES

A number of related studies, highlighted in Exhibit G, were incorporated in the Consolidated Plan. Many of these studies also depended on community participation to arrive at recommendations, and addressed issues in the purview of this Plan. These were:

Effects of Housing Distress Among New Hampshire High School Students
United Way: Greater Nashua Measures Up
Turning Point
The Gate City Health Project: A Community Health Study of Medically
Underserved Citizens of Nashua, NH
Partnerships for Healthier Communities
Health Care Survey
Tapping into Teen Concerns, Perceptions and Behavior.
Nashua Wrap-Around Homeless Subcommittee

SUMMARY OF CITIZEN PARTICIPATION PROCESS

A first public hearing was held on March 16, 2000 as an agenda item of the Human Affairs Committee, Board of Aldermen meeting.

A second public hearing was held on April 19, 2000 by the Human Affairs Committee of the Board of Aldermen.

The public comment period ran from March 7 to May 9, 2000. Comments offered by the public were incorporated in the final document.

C. Profile of the City of Nashua

Date of Incorporation: 1853

Area: 32 square miles

Population, 1999:84,000 (est.)

Nickname: The Gate City

Nashua is one of several mill cities, including Manchester, Lowell, and Lawrence, in the Merrimack River valley that evolved into regional centers, containing most of their regions' population, commerce, and industry. The exchange of commerce was fueled by waterways (rivers and canals) and then by railroads starting in the 1830's. In the period from the late 1800's to the early 1900's, Nashua's population grew steadily, from 13,397 in 1880 to 31,463 in 1930. From 1930 to 1960, growth was fairly flat, with an increase of only 7,604 persons (the period of the Great Depression, decline of the textile and shoe industries, and World War II).

During the single decade of the 1960's, population increased from 39,096 to 55,820. This rapid population increase can be attributed to several factors, but especially construction of the F.E. Everett Turnpike and New Hampshire's relatively low taxes and low cost of living, and availability of land, which attracted growth from the Boston metropolitan area. During the 1970's, the City's population increased from 55,820 to 67,865, an increase of 12,045. Though not as great as the increase of the 1960's, this rate of growth was still substantial, and the City's status as a high-tech and defense-related employment center continued to grow. This substantial growth continued throughout the 1980's, reaching 79,662 by 1990.

The rate of population and housing growth in the 1990's has been substantially less than that of the preceding decades due to the national recession, which hit New England particularly hard. Nashua is still growing, albeit at a slower rate. In the period from 1990 – 1998, Nashua had a net gain of 1,149 housing units, 943 of which were single family homes. Some inner-city neighborhoods, on the other hand, have experienced a slight population decline during the 1980's. While there has been some demolition of residential structures and no significant new construction, it is more likely that declining family size has created this.

The City of Nashua has historically been a regional economic hub and employment center, and it continues to provide a wide range of opportunities for business and industry. Despite some recent declines, manufacturing remains a vital contributor to the economy of the City. Manufacturing provides employment to approximately 25% of Nashua's private sector labor force, a proportion that is roughly twice the national rate. Although manufacturing remains a strong force in Nashua, it is the non-manufacturing businesses that have made the greatest contribution to the local economy in the last decade. As recently as 1984, manufacturing jobs outnumbered those in non-manufacturing industries in Nashua. By 1994, however, non-manufacturing industries employed almost triple the number of workers employed by the City's manufacturers.

The rapid growth in Nashua's non-manufacturing industries is centered on the service and retail sectors. Retail trade has increased dramatically in recent years as Nashua has evolved into a regional shopping destination and has become the largest retail center in the State. Since 1980, several interesting trends in employment and the manufacturing base can be seen. The number of manufacturing firms ("units" in the terminology of the Department of Employment Security) dropped to a low of 152 in 1989, while the low point in the number of manufacturing employees occurred in 1993, with 11,207 employees out of a total of 43,920 in private employment. Since 1993, manufacturing has been rebounding, as reflected both in the number of firms and employees. In 1997, the number of manufacturing firms in Nashua reached 194, an increase of 35 over 1993. The number of manufacturing employees reached 12,835 in 1997, a 14.5% increase over 1993. In fact, according to NH Department of Employment Security, Nashua had the greatest number of manufacturing employees of any municipality in the State in 1997 - one out of every eight Granite State manufacturing jobs.

The service and trade sectors have exploded in the period during which manufacturing has moderated. The number of non-manufacturing jobs in Nashua has increased from 16,889 in 1980 to 38,990 in 1997, more than doubling the employment in these sectors. Since the end of the recession in the early 1990's, the City has been adding an average of between 1,500 -

2,000 non-manufacturing jobs per year. Total private sector employment in Nashua reached 51,825 in 1997, as compared to 33,921 in 1980.

Evidence of Nashua's strong economy is illustrated by the City's low unemployment rate in recent decades. With the exception of the period from the late 1980's – early 1990's, Nashua's unemployment rate has generally been lower than that of the State of New Hampshire and the United States. In 1970, Nashua's average annual unemployment rate was 2.6%, which compared favorably to a State rate of 3.4%. In 1980, Nashua's rate was 3.5%, while the State's stood at 5.2%.

During the period 1986 to 1997, Nashua's unemployment rate was lowest in 1987, at 2.7%, compared to a national rate of 5.5%. The City's unemployment rate then rose every year until peaking at 7.8% in 1991, a rate which was higher than the national average of 6.7%. Since then, unemployment has steadily fallen, with rates for the late-1990's comparing favorably to those of the mid-1980's. From 1994 to the present time, Nashua's unemployment rate has been lower than the nation's.

PART ONE

HOUSING NEEDS AND STRATEGIES

A.1. Housing Market

GENERAL CHARACTERISTICS

Housing opportunities within the City of Nashua range from high-density urban settings to suburban and even a rural area in the southwest quadrant. The higher density single-family, duplex, and multi-family housing is largely concentrated in the older neighborhoods near the urban core. The lower density suburban subdivisions form an arc to the north, south, and west of the older sections.

The older high-density neighborhoods were developed largely in the 19th Century and early 20th Century and include such uses as neighborhood businesses, schools, and churches, as well as housing. Older neighborhoods such as French Hill, Crown Hill, the North End, and the Tree Streets have some of the City's finest buildings and also its housing most in need of attention.

Nashua has grown substantially in recent decades. The number of housing units in Nashua increased dramatically between 1980 and 1990, rising from 25,444 to 33,383, an increase of 31.2 %. However, while the City's absolute number of housing units increased by a third in one decade, the City's relative share of the region's housing actually decreased in that period. This is due to the tremendous amount of residential development in neighboring communities and throughout the State.

The City of Nashua contains a large percentage (39%) of the single-family homes in the region. While the number of single-family units has increased substantially, going from 12,399 in 1980 to 14,733 in 1990, the percentage of single-family units compared to total housing units in the City has decreased, going from 48.7% in 1980 to 44.1% in 1990. The reason the percentage of single-family units went down is because the number of multi-family units (primarily condominium construction) in Nashua increased by a staggering 50% in the 1980's. Multi-family units in the region increased even faster at 62%, but Nashua still contains the majority (nearly 67%) of multi-family units in the region. 293 duplexes were built in Nashua in the 1980's, an increase of about 10%. Duplexes represent 9.55% of the City's housing stock and the City is the home of 61% of all duplexes in the region. However, since the recession of the late 1980's to early 1990's, very few multi-family and duplex units have been built in the City. The majority of housing built in the 1990's has been single-family homes. The sharp decline in the number of duplexes and multi-family units built in the 1990's has no doubt contributed to the sharp increase in rental costs (see *Rental Housing* below), as demand has far exceeded supply.

The population of males over 65 is projected to increase 31% by the year 2010, and the population of females over 65 24% by 2010. While the proportion of elderly as compared to the total population is projected to increase only slightly, the increase in absolute numbers does raise some important planning and policy issues. One is that there will likely be an

increased demand for elderly housing, both of the independent living and managed care types of facilities.

HOUSING COSTS

The average selling price of homes in the Nashua region, after a slowdown in the early 1990's, has picked up substantially. The number of sales closed has risen 180% from 1,059 in 1990 to 2,959 in 1998. Also, residential building permits have shown an increase since the slow down of the late 1980's and early 1990's.

The average selling price of a home in the Nashua region in 1998 (\$139,695), surpasses the median value of Nashua housing in 1990 (\$138,000). Between 1970 and 1980, the median value of owner-occupied housing increased by 189%. Between 1980 and 1990 it increased by 149%, and since 1990 it has dropped, until 1994, at which point it began to rise steadily. The Bank of New Hampshire notes these trends in their "Banknotes" (Vol. 14, No. 1):

"Home prices are appreciating an average of 6-8 percent per year. Homes are selling in a matter of days. New home construction cannot keep up with demand... Strong demand and a low inventory of available homes will continue to drive prices upward, often resulting in bidding wars over desirable properties... Despite strong demand, new construction of single-family homes lags far behind the highs posted during the real estate boom of the 1980's... Far fewer builders are active in the state than a decade ago... Experts are seeing an increasing gulf between the 'haves' and the 'have-nots'. Banks...are seeing large numbers of potential buyers who need help from state and federal programs to qualify for entry-level homes..."

RENTAL HOUSING

In 1990, Nashua had a considerably higher percentage of renter-occupied units (42.3%) than the Region (31.2%), County (36.3%), and State (31.8%). Nashua accommodates 10% of the renter-occupied units in the State and two-thirds (68%) of the renter-occupied units in the region. As mentioned above, rents have risen sharply in recent years as demand for rental housing has far outpaced supply. In 1990, the rental vacancy rate in Nashua was 17.1%, in 1998 it dropped to 0.4%. This is a much greater change than the State average, for which the rental vacancy rate was 8.7% in 1990, and 2.3% in 1998.

Given the dramatic drop in vacancy rates, it is not surprising that the average cost of a two bedroom rental apartment in Nashua rose 31% in the ten years between 1988 and 1998, going from \$627 to \$819. The median monthly gross rental cost for all types of apartments was \$764 in 1998.

SUBSTANDARD CONDITIONS

The U.S. Census provides only a limited measure of housing substandardness, that being units that lack complete plumbing for exclusive use of the household. This rate is rather low in metropolitan areas like Nashua (1.2% in 1980), where units typically were built with complete plumbing. Therefore the City has performed samplings of housing conditions. These samplings differentiated between older, inner-city neighborhoods, where the rate of

substandardness is high (10%), and the rest of the City, where, due to the many units built after 1970, the rate is much lower (2%). These 1987 samples yielded an estimate of 953 substandard units City-wide. Of these, 600 were inner-city rental units and 150 were inner-city owner units.

There is a perceivable trend of reinvestment in inner-city rental properties at this time, brought on by the resurgence of the housing market. The many vacant and boarded-up units of the early 1990's have all been renovated sufficiently to re-open them. The number of properties on the market has declined, and the time to sell them has likewise plummeted.

OVERCROWDING

The 1990 Census found that 494 households (1.6% of the total) lived in overcrowded conditions (more than one person per room). Of these, 81% were renters. Again, there is a very perceivable increase in the number of households that are now doubling up, due to the cost of housing and extraordinarily low rate of vacancy. This is witnessed by social caseworkers, housing code inspectors, and others.

The following tables illustrate characteristics of the Nashua housing market compared over time and to the region and State.

**TABLE A.1.1
FAMILIES AND HOUSEHOLDS, 1990**

	<i>Total Households</i>	<i>One person Households</i>	<i>2 or More Person Households Families</i>			
			<i>Married Couple Households</i>	<i>Male Head Households</i>	<i>Female Head Households</i>	<i>Non-Family Households</i>
NASHUA	31,051	7,714 (24.8%)	17,024 (54.8%)	1,015 (3.3%)	2,874 (9.3%)	2,424 (7.8%)
NRPC	62,141	12,006	39,002	1,914	5,141	4,078
Region		(19.3%)	(62.8%)	(3.1%)	(8.3%)	(6.6%)
State of	411,186	90,364	245,307	12,517	34,777	28,221
NH		(22.0%)	(59.6%)	(3.0%)	(8.4%)	(6.9%)

NOTE: A household includes all the persons who occupy a housing unit. One person in the household is designated as the householder. A family consists of a householder and one or more other persons living in the same household who are related to the householder by birth, marriage, or adoption.

Source: 1990 US Census, STF1A, Table P16, from NRPC's Profile of the City of Nashua

**TABLE A.1.2
HOUSING CHARACTERISTICS, 1990**

	<i>NASHUA</i>	<i>NRPC Region</i>	<i>State of NH</i>
<i>Total Housing Units</i>	33,383	66,375	503,904
<i>Occupied Units</i>	31,051	62,141	411,186
<i>Owner-Occupied</i>	17,920	42,720	280,415
<i>% Owner-Occupied</i>	57.7%	68.7%	68.2%
<i>Persons in Units</i>	49,159	124,792	783,816
<i>% of Population</i>	62.5%	72.8%	72.8%
<i>Median Value</i>	\$138,500	N/A	\$129,300
<i>Renter-Occupied</i>	13,131	19,421	130,771
<i>% Renter-Occupied</i>	42.3%	31.2%	31.8%
<i>Persons in Units</i>	29,542	45,301	293,285
<i>% of Population</i>	37.5%	26.4%	27.2%
<i>Median Rent</i>	\$574	N/A	\$479
<i>Persons per Unit</i>			
<i>Owner-Occupied</i>	2.74	2.92	2.80
<i>Renter-Occupied</i>	2.25	2.33	2.24
<i>Total</i>	2.53	2.74	2.62
<i>Vacant Units</i>	2,332	4,234	92,718
<i>Total Vacancy Rate</i>	7.0%	6.4%	18.4%
<i>For Sale</i>	390	975	7,648
<i>Vacancy Rate, Owner-Occ.</i>	2.2%	2.3%	2.3%
<i>For Rent</i>	1,554	2,211	17,435
<i>Vacancy Rate, Renter-Occ.</i>	11.8%	11.4%	13.3%
<i>For Occasional Use</i>	54	363	57,177
<i>Other</i>	334	785	10,458
<i>Condition of Units for Occasional Use</i>			
<i>More than 1 pers./room</i>	494	865	6,610
<i>Incomplete Plumbing</i>	99	282	5,908

Sources: 1990 U.S. Census, STF1A; STF3A, from NRPC's Profile of the City of Nashua

**TABLE A.1.3
TOTAL HOUSING UNITS, 1980-90**

	<i>1980</i>	<i>1990</i>	<i>Percent Change</i>
<i>NASHUA</i>	25,444	33,383	31.2%
<i>NRPC Region</i>	47,944	66,375	38.4%
<i>State of NH</i>	349,172	503,904	44.3%

Sources: US Census, 1980, 1990, from NRPC's Profile of the City of Nashua

**TABLE A.1.4
HOUSING UNITS BY TYPE, 1980-90**

<i>Parentheses indicate percentage of total housing units.</i>						
	<i>SINGLE FAMILY*</i>			<i>DUPLEXES</i>		
	<i>1980</i>	<i>1990</i>	<i>% CHANG E</i>	<i>1980</i>	<i>1990</i>	<i>% CHANG E</i>
<i>NASHUA</i>	12,399	14,733	18.8%	2,872	3,165	10.2%
<i>NRPC Region</i>	(48.7%) 30,373	(44.1%) 37,845	24.6%	(11.3%) 4,527	(9.5%) 5,202	14.9%
<i>State of NH</i>	(63.4%) 245,259 (70.2%)	(57.0%) 297,777 (59.1%)	21.4%	(9.4%) 33,268 (9.5%)	(78.%) 35,672 (7.1%)	7.2%
	<i>MULTI-FAMILY UNITS†</i>			<i>MOBILE HOMES</i>		
	<i>1980</i>	<i>1990</i>	<i>% CHANG E</i>	<i>1980</i>	<i>1990</i>	<i>% CHANG E</i>
<i>NASHUA</i>	9,546	14,347	50.3%	627	857	36.7%
<i>NRPC Region</i>	(37.5%) 11,649	(43%) 20,836	78.9%	(2.5%) 1,373	(2.6%) 1,958	42.6%
<i>State of NH</i>	(24.3%) 84,891 (24.3%)	(31.4%) 128,512 (25.5%)	51.4%	(2.9%) 22,963 (6.6%)	(2.9%) 35,334 (7.0%)	53.9%

* As designated by the Census "1 Unit, Detached."

† Includes Census designation "1 Unit, Attached."

Sources: US Census, 1980 STF3A Table 102; 1990 STF1A, Tables H4, H42, and H43,
From NRPC's Profile of the City of Nashua

TABLE A.1.5
HOUSING UNITS BUILT BEFORE 1940, AS OF 1990

	<i>Pre-1940 Units</i>	<i>Total Units</i>	<i>Percent Pre-1940</i>	<i>Median Year Built</i>
<i>NASHUA</i>	7,267	33,383	21.8%	1969
<i>NRPC Region</i>	11,689	66,392	17.6%	N/A
<i>State of NH</i>	136,7128	503,904	27.1%	1968

Source: 1990 US Census, STF3A Tables H25, H26, and H27; STF1A, from NRPC's Profile of the City of Nashua

TABLE A.1.6
PERSONS PER HOUSEHOLD, 1970-90

	<i>1970</i>	<i>1980</i>	<i>1990</i>
<i>NASHUA</i>	3.28	2.77	2.57
<i>NRPC Region</i>	3.42	3.00	2.76
<i>State of NH</i>	3.27	2.85	2.70

Sources: US Census, 1970, 1980, and 1990, from NRPC's Profile of the City of Nashua

TABLE A.1.7
MEDIAN VALUE, OWNER-OCCUPIED HOUSING, 1970-90

	<i>1970</i>	<i>1980</i>	<i>1990</i>
<i>NASHUA</i>	\$19,300	\$55,800	\$138,800
<i>State of NH</i>	\$16,400	\$48,000	\$129,400

Sources: US Census, 1970, 1980, and 1990, from NRPC's Profile of the City of Nashua

**TABLE A.1.8
NASHUA REGION HOME SALES REPORTS: 1990-1998**

<u>Period</u>	<u>New Listings</u>	<u>Avg. Current Listings</u>	<u>Sales Closed</u>	<u>Total Volume</u>	<u>Avg Selling Price</u>	<u>Days/Mrkt</u>
1990	4,101	1,929	1,059	\$160,012,721.0 0	\$151,634.7 5	120
1991	3,842	1,857	1,460	\$190,746,487.0 0	\$132,134.2 5	118
1992	4,382	1,911	1,932	\$228,222,180.0 0	\$118,245.5 0	112
1993	4,547	1,883	2,180	\$258,677,727.0 0	\$118,396.0 0	106
1994	4,221	1,743	2,305	\$273,165,087.0 0	\$117,848.2 5	109
1995	2,448	879	2,047	\$241,668,705.0 0	\$117,872.5 0	152
1996	2,249	895	2,249	\$279,037,332.0 0	\$124,066.0 0	182
1997	2,844	999	2,606	\$344,590,456.0 0	\$130,804.2 5	183
1998	3,510	623	2,959	\$416,733,186.0 0	\$139,695.5 0	60

Source: New Hampshire Association of Realtors

**TABLE A.1.9
MEDIAN MONTHLY GROSS RENTAL COST - 1998**

Bedrooms	Sample Size	Median Rent	Rent Range
0	35	\$530	\$315 - \$675
1	415	\$678	\$375 - \$970
2	868	\$819	\$520 - \$1,339
3	193	\$865	\$595 - \$1,576
4+	11	***	\$600 - \$1,419
All	1,522	\$764	\$315 - \$1,576

Source: New Hampshire Housing Finance Authority

**TABLE A.1.10
GREATER NASHUA RENTAL COSTS (AVERAGE FOR TWO BEDROOM)**

<u>Mth/Yr</u>	<u>Rent</u>
Sep-88	\$627
Sep-89	\$653
Sep-90	\$695
Sep-91	\$654
Sep-92	\$687
Sep-93	\$733
Apr-94	\$711
Apr-95	\$683
Apr-96	\$719
Apr-97	\$765
Apr-98	\$819

Source: New Hampshire Housing Finance Authority

**TABLE A.1.9
RENTAL VACANCY RATES – 1990-1998**

Year	<i>City of Nashua</i>	<i>Nashua PMSA</i>	State of NH
1990	17.1%	12.4%	8.7%
1991	10.1%	8.7%	12.0%
1992	5.3%	5.8%	7.8%
1993	2.7%	3.9%	5.4%
1994	4.2%	3.8%	4.6%
1995	1.6%	1.8%	3.2%
1996	0.5%	0.5%	1.4%
1997	0.9%	0.9%	2.1%
1998	0.4%	0.5%	2.3%

Source: NHHFA

A.2 Housing Needs

AN OVERVIEW

The economic landscape of the City at the writing of this Consolidated Plan is much different from that of ten or even five years ago, when we were, respectively, in the midst of a severe recession with bank failures and just beginning a recovery from that recession. The current climate has great similarity to the state of affairs thirteen years ago when the City experienced it's "go-go" days, and liberal credit, active speculative investment in real estate, and a surge in construction. Today, the contractors are busy, there is active conveyance of property, and there is again liberal borrowing thereupon. Both the commercial and residential markets have heated up considerably, in part fueled by the general improvements in the overall economy and specifically in the high-technology sector (a significant component of the local and regional economy) and in part by local improvements to the interstate highway system. The lessons learned in the recent past seem ignored, thus the rosy picture projected today may not be sustained for the period covered by this Consolidated Plan.

In early 2000, the City of Nashua is experiencing a vacancy rate of under ½ percent, in a rental housing market that comprises 42 percent of the City's 33,383 housing units as reported in the 1990 Census. The scarcity of available units is driving up rents and offering access only to desirable households. Those with problem credit histories, single parents with children, families with pets, or who in some other way present themselves as less than desirable are, for all practical purposes, precluded from tenancy. The problem is not limited to those of modest means. Local hotels report stays of over two months by families who have moved into the community to take new jobs in investment and high technology. These more affluent households are further contributing to the squeeze felt by low- and moderate-income families.

It was only ten years ago when landlords were giving a free month's rent to attract tenants. Now the norm is a security deposit plus first and last month's rent.

Perhaps encouraged by the selection of Nashua as the Number One City in the US by *Money* magazine (an honor bestowed on Nashua twice since the magazine started) along with its strategic location near Boston in a no-income tax State, we continue to witness an in-migration of workers. Some come from Africa looking to better themselves through schooling (a Massachusetts nursing aid program is very popular), others to take advantage of the high tech jobs. A substantial number of new residents to the City are Latino and are migrating northward from New York and the major industrial cities of New England. Finding no immediately available housing in the City, and having a cultural tradition which accepts it, they are doubling or tripling up with family or friends who arrived earlier.

Ten years ago, bank foreclosed single- and multi-family properties, many of which had reverted to the FDIC (The Federal Deposit Insurance Corporation) or RTC (Resolution Trust Corporation), and with the impetus of banking's Community Reinvestment Act, were potentially available for purposes of affordable housing preservation. Most, if not all, such properties are currently in private hands, and what is taken at foreclosure, the bank is not left holding because of the ready demand by investors.

Nashua offers an attractive array of facilities and services that support certain sub-populations. The formerly institutionalized, among others, believe they can find care and support in the City. Available resources however do not nearly match the expectations of those drawn to the community who are seeking those services.

New lead-based paint rules affecting HUD-subsidized properties are resulting in new pressures on the housing supply. Smaller landlords are at best confused and, rather more likely, threatened by these new requirements which are perceived as being both costly and increasing potential liability. It is likely that these property owners will be reluctant to continue to take Section 8 Certificates, and if current trends continue, would have no economic reason to do so.

Nashua's housing stock presents a mix of age, size and quality. A sizable portion of new construction is high-end spacious homes. Entry level housing has been developed in surrounding communities, but there too, the shift is to the development of more costly housing. Older housing is currently undergoing renovations, very little with government assistance.

For all intents and purposes, there has been no recent construction of the larger multi-unit developments (rental or condominium) which so prominently marked the development landscape some 15 years ago. The need for rental housing, however, has not reduced; it just doesn't present itself as the highest and best use opportunity in the current marketplace.

Nationally, there is a push to achieve 67% homeownership. Public policy and financing programs thus have been recrafted to limit resources in capital and land for the purpose of intensive rental housing development.

The City is largely built up. Few opportunities remain for new development. We have, however, not yet seen the acquisition and demolition of more modest properties for redevelopment for higher-end uses as has been witnessed in the Boston Metrowest area; nevertheless, it is quite likely that this will begin to occur over the next five years.

Some neighborhoods continue to be overly dense for modern day use. These neighborhoods can not easily be navigated by car or emergency vehicle. Nearby and suitable parking is not available either. These structures are typically wood frame, and occupied by large households. As such they are problematic from a life-safety perspective.

In 1987, the City, in collaboration with a panel of housing providers, crafted an award winning housing plan that, however, has had little influence on zoning and policy. For the most part, good ideas, such as inclusionary zoning, which do their part to expand affordable housing opportunities have not been adopted. One recent advance has been to allow accessory units (rental-housing units for family members) within single family districts.

Nashua already has the highest percentage of rental housing in the region and encouraged this type of development. When the City rezoned in the 1970's it set aside substantial tracts for multi-family housing. Because of the City's rapid growth virtually all of this land has been developed.

Other rules within the City Zoning Ordinance preclude multi-family, affordable housing development from occurring within a large area of the City. The City Master Plan recognizes that allowing industrial and commercial development is as important as allowing housing development. Intensive housing development also puts pressures on infrastructure and city services. The current political and taxpayer climate would prevent adequate support to and investment in those services to adequately accommodate the additional pressures.

The 1990 census reveals that there were 10,040 households in Nashua at or below 80% of median area income. The Continuum of Care has identified that there are presently 485 households with special needs (escaping domestic violence, with HIV/AIDS, with mental illness, with physical or developmental disabilities, substance abusers, discharged from incarceration, special needs teens aging out of the systems).

As presented in the 1990 Census, more than 60% of households with incomes at or below 80% of median income are paying in excess of 30 percent of median family income for housing, or are living in overcrowded or substandard conditions. Twenty-seven percent of households at or below 80% median area income pay more than 50% of median area income for housing.

When looking at the entire population of Nashua, 21% of households pay more than 30% of their income towards housing or live in substandard or overcrowded conditions, while almost 9% of households pay in excess of 50% of median area income for housing.

Having said all this, the current plan is largely based on ten-year old 1990 Census data, the only valid data allowed for the purpose. Associated with this data are current waiting list numbers from various sources. Together, they weave the picture of housing needs within the City as presented in Table 2A, a picture that might well under-represent the City's current needs.

The first number under "unmet needs" described in Table 2A is calculated using the total population within each subgroup multiplied by the percentage of those spending more than 30% of median family income for housing or are living in overcrowded or substandard conditions. The second number is a calculation based on percentage of those paying more than 50% of median family income for housing. These numbers were then compared to the Nashua Housing Authority waiting lists to verify a correlation. Priorities were not set, as the numbers demonstrate that throughout the sub-populations many are at risk of homelessness because of the high cost of housing, compared to income.

It is the goal of the Plan to use Federal assistance to make improvements in housing affordability on an equitable basis to all residents, however because financial resources are limited, the five-year production goals listed in the last column of Table 2A are small. It is projected that current levels of HOME and CDBG funding will allow investment in 16 units per year.

THE COMMUNITY'S DEFINITION OF NEED

The participative community process used in preparing and endorsing the Consolidated Plan, coupled with studies prepared by the Nashua Regional Planning Commission, the New

Hampshire Housing Finance Authority and the New Hampshire Nonprofit Housing Network has identified the following issues contributing to the City's housing problem:

- Demand exceeds supply
- Exacerbated by economic cycles and housing quality
- Limited funding available for public investment
- Past housing programs did not build in perpetual affordability
- Political will
- NIMBY (not in my back yard) sentiment

The focus group working on housing issues listed current housing conditions as follows:

- Lack of affordable housing (keeping housing costs under 30% of household income)
- Persons on fixed incomes
- Need to stabilize the rental market (rent increases, acquisition costs escalating)
- Families are doubling up
- Unspoken discrimination (pets, children, etc.)
- Zoning presents barrier to significant new multi-family rental development
- Substandard conditions continue from disinvestment during recession
- Need to plan for the next economic downturn
- Rule changes in taxation, housing subsidies (e.g. new lead rule), etc. affect housing activities
- Expiring use properties going market rate
- Low vacancy allows landlords to be highly selective with tenants
- Inadequate public funding available for rental housing development

The community process has established the following investment priorities to address the City's housing needs:

For rental housing development and market stabilization:

- Encourage a housing trust model with perpetual affordability
- Get City participation in funding, and relief in taxes/impact fees
- Increase code enforcement to discourage disinvestment
- City, agencies and housing developers work collaboratively to endorse best projects
- Increase funding available for rental housing acquisition, (re) development and maintenance
- Address zoning impediments
- Fund wrap-around services to match special needs housing being developed

For owner-occupied housing:

- Continue to support a first-time homebuyer program coupled with technical assistance to identify and address pre-existing problems, and guide sweat equity improvements
- Continue to offer Housing Improvement Program funds to low-income homeowners

For the neighborhoods:

- Encourage planning around a village model with parking and traffic limited to the periphery
- Eliminate blight by removing or improving substandard structures
- Find a happy balance between creating needed open areas (density reduction) and creating/maintaining much needed housing units

Demographics related to housing

An analysis of the 1990 Census data shows that Nashua, at least then, was quite homogenous. The following table demonstrates tenure by race for Owners and Renters:

Tenure by Race	Entire City		Combined Census	
			Tracts 105-108	
	Number	Pct of Whole	Number	Pct of Whole
Owner Occupied				
White	17,424	52.19%	1,782	5.34%
Black	148	0.44%	11	0.03%
Am Indian, Eskimo or Aleut	12	0.04%	1	0.00%
Asian or Pac Islander	305	0.91%	12	0.04%
Other	31	0.09%	8	0.02%
Hispanic origin	170	0.51%	22	0.07%
White, not hispanic	17,290	51.79%	1,770	5.30%
Renters				
White	12,343	36.97%	5,077	15.21%
Black	315	0.94%	131	0.39%
Am Indian, Eskimo or Aleut	52	0.16%	34	0.10%
Asian or Pac Islander	206	0.62%	30	0.09%
Other	215	0.64%	128	0.38%
Hispanic origin	552	1.65%	239	0.72%
White, not hispanic	12,041	36.07%	3,781	11.33%
Note: Percentage shown is comparison to 33,383 units in City in 1990. Does not add up to 100% because 2332 units were vacant in 1990.				

Ninety-six percent of the City's residents were White, about 1.5% of the population was African-American, and another 1.5% was Asian/Pacific Islander. The balance was distributed among other races. The 1990 Census reports 722 Hispanic households. It is believed that that number has more than doubled over the past ten years. Although income for non-white households is lower than that for whites, the figures do not suggest that any one population group has greater needs than others. The City provides equal access to housing assistance for all racial groups.

The following tables and graphs illustrate socio-economic and housing issues as they existed at the time of the 1990 Census.

<<INSERT GRAPHS AND CHARTS>>

MEETING THE NEEDS

In summary, based on a review of the number of households at risk of homelessness, or who are living in over-crowded conditions or otherwise living in substandard housing, a need is demonstrated to address conditions and cost burdens in approximately 6,374 units of housing. The question becomes: how to address this, and to what level?

For extremely low-income households, the subsidy has to be so deep that it is beyond the capacity of Urban Programs. Government investment since the late 1930's have been to build and maintain public housing, or to provide vouchers to reduce a family's housing cost burden to no more than 30% of income.

For that population, which earns between 30 and 60% of median area income, the government, in partnership with for-profit and sometimes non-profit housing developers, has assisted in the development of a variety of housing types which guarantee affordability for a period of time (generally twenty years). These programs, popular in the 1970's have reached the end of their affordability commitments. In economically strong communities such as Nashua, without social and community pressure, there is little incentive to extend these affordability commitments.

In a more limited way, in this State, the government has worked with non-profit housing developers to produce housing that remains affordable in perpetuity. In general, this follows the housing trust model, and removes the real estate from the speculative market. An April 1997 study entitled *Balancing Acts: A Strategic Assessment of the New Hampshire Nonprofit Housing Network* written by John Emmeus Davis of Burlington Associates, and commissioned by the Network, documents the struggles as well as the achievements in this sector. The kinds of housing produced by the group is responsive to community needs and fits in well with existing neighborhoods. The problem is that it is carried out at a very small scale that will never catch up with need. This type of housing is dependent on CDBG, HOME, and Low Income Housing Tax Credits (the latter two under the administration of the New Hampshire Housing Finance Authority) to fill the gap between total development cost, and what project cash flow allows in the payment of conventional mortgages. Additional assistance for these projects comes from the banking community fulfilling its CRA requirements, and the Federal Home Loan Bank which provides equity or debt.

A.3 Strategies

In the City of Nashua, as in numerous other CDBG entitlement communities, a portion of the annual grant is applied to direct investment in housing improvements. Urban Programs works with low-income homeowners to improve their one- to four-family properties to meet HUD Minimum Property Standards.

Under the purview of this Plan, the City can offer financial and technical assistance in bricks and mortar improvements and homebuyer assistance.

The Housing Improvement Program as it stands can bring up to \$25,000 for the first unit and \$5,000 for each additional qualifying unit in rehabilitation of owner-occupied one- to four-family buildings in the targeted Census Tracts 105-108, contiguous. The City mandates that these

properties be brought up to HUD Minimum Property Standards, but will also address energy efficiency, maintainability and conditions that make for a “healthy home”. Outside of the target Census Tracts, the City will invest up to \$10,000 in emergency repairs to properties owned and occupied by income-qualified households. Approximately \$150,000 a year is made available to such an effort. Because of the effects of the new lead-paint regulations, the City investment limits should be raised to \$15,000 per unit across the board. At proposed funding, this would allow the City to address ten units per year.

CDBG has been, and will continue to be, used as a piece of funding for non-profit rental housing development, and can help in infrastructure improvements around these developments. The annual funding in this area varies at the discretion of the local legislature, and as opportunities are presented.

CDBG has been used in acquisition and sometimes demolition of properties to allow the creation of adequate housing in its place. Historically, \$40,000 in CDBG monies have been so committed annually. It is proposed that this continues, with the flexibility to reassign the funds to Housing Improvement should no attractive acquisition opportunities present themselves in any given year.

CDBG has supported the first-time homebuyer program offered through French Hill Neighborhood Housing Services. Annual support is around \$25,000, and the City will hold to this level of funding.

CDBG has been used in concert with Lead Grant monies to accomplish lead hazard reduction.

The City continues to fund a security deposit loan pool for low-income or disadvantaged renters.

CDBG funds in-house professional design and construction management staff capable of offering technical assistance to those undertaking projects that contribute to the betterment of living conditions. Urban Programs personnel can help owners identify the most cost effective approaches to their undertakings, and can help direct them to appropriate financing.

HOME funds are brought to small development/renovation projects for rental housing. The City has received in the range of \$300,000 to \$400,000 annually for this purpose as a subrecipient from the New Hampshire Housing Finance Authority.

Other assistance, not in the purview of Urban Programs includes Tax Relief, Public Housing and Vouchers and Welfare Assistance.

Tax relief is in the form of exemptions to qualified elderly and disabled homeowners. Currently 983 elderly households and 104 disabled households (handicapped, disabled veterans, blind, paraplegic) are so assisted.

Assisted Living and Supportive housing are addressed by the Nashua Housing Authority and private concerns. NHA also has family housing and administers the Section 8 voucher program. There are currently 608 vouchers or certificates now given without preference. The elimination of preference has made it difficult to assist households in crisis.

The community has stated quite loudly that the Consolidated Plan allow sufficient flexibility so it can take advantage of differing opportunities as they present themselves as the economy changes. For example, It does not want to lock into prescribed property acquisition goals, recognizing that in certain years, acquisition may be too costly, and no properties present themselves in areas targeted for improvement. As a general guide only, we have presented the five-year goals defined on Table 2A. Table 2B shows the distribution by type of activity for short- and long-term goals.

A.4. Barriers to Affordable Housing

DESCRIPTION OF PUBLIC POLICIES AFFECTING AFFORDABLE HOUSING

Nashua, as the central city of a metropolitan area, has historically been the location of most modest and, hence, affordable housing in the region. This stems from its early days as a mill town, while surrounding communities retained their primarily agricultural base.

Today, there is still the dramatic difference in the characteristics of housing in Nashua compared to its region. Census data shows that Nashua has 67% of the multi-family housing in the region, 61% of all duplexes, and 68% of the renter-occupied units. Further, the City has 10% of all the renter-occupied units in the State.

These statistics illustrate the relative opportunity that has existed in Nashua to develop (and retain) units that tend to be affordable. This is due to the policies of the City with regard to master planning and capital improvements programming.

The development process is regulated by various City departments, but principally the Planning and Building Department. On-going efforts are made to streamline permitting, and improvements will continue to be sought, while still safeguarding the essential public interest. Fees are evaluated periodically to ensure parity with accepted practice. The City's fees for building permits, zoning and site plans are historically, overall, below the regional average. The City regularly adopts current editions of the BOCA Building Code and the National Life Safety Code. These codes include special consideration of conditions in existing buildings. A staff of qualified inspectors is maintained to ensure professional standards are kept. Inspections are regularly made on 24-hour notice, and plan reviews are typically made in about one-half the time allowed under State law. Also, somewhat anecdotally, builders and developers often comment on the quick and efficient permitting system in Nashua, compared to other communities.

The City has utilized the provisions of New Hampshire RSAs to moderate the property tax burden for elderly and disabled households and non-profit housing owners, although the City does require payment of property taxes on housing assisted through the City's HOME program suballocation.

New and innovative means of providing regulatory incentives to the creation of affordable housing are continually evolving. The City recently adopted an ordinance allowing "accessory" apartments in existing dwellings. Further study is also needed to determine possible reduction of parking and street requirements in new developments. Consideration will also be given to

facilitating affordable housing developments through concurrent building permit reviews during the zoning and site plan process. The City recently re-zoned land to allow construction of a multi-unit, affordable development for elderly/handicapped renters at the allowable higher density.

ASSESSMENT OF BARRIERS TO AFFORDABLE HOUSING

There are no known public barriers to affordable housing. Most opportunities for new construction lie in rural areas of the City, distant from services and conveniences. Thus, it is strategically preferable to redevelop existing buildings for affordable housing. "Flexible use" zones in the inner city can allow just such conversions.

There are no known laws or regulations that would tend to cause concentrations of racial or ethnic minorities.

B. Lead Based Paints

The City of Nashua, Urban Programs Department knowing that lead is a potential hazard in older homes which in many cases have been divided into smaller apartments and which house low-income families has actively sought to prevent lead-based paint poisoning.

Using HUD Lead Hazard Reduction Grant monies received as a sub-recipient to a grant awarded to and administered by the New Hampshire Housing Finance Authority, the Urban Programs Department within the City's Community Development Division has developed expertise in the area of residential lead hazards. The Department works collaboratively with the City's Public Health and Environmental Health Departments which receive some funding from the State Department of Health and Human Services for a "Get the Lead Out" campaign. The City entities work in close association with the State's Child Lead Poisoning Prevention Program in case management, lead abatement legislation and rules writing as well as in the definition of lead hazard reduction training. Two Urban Program staff members have become state licensed as lead abatement contractors and one staff member has become licensed as a lead inspector/technician and lead risk assessor. The City conducts education for the general public, property evaluation and case management.

Under the HUD grant, the City has committed to lead hazard reduction in 57 units. At the writing of this Plan, all units are committed; 48 units have been inspected; 42 lead hazard reduction plans have been written and 20 units have been cleared. Lead Hazard reduction funds were made available to property owners in the form of no-interest, 5-year forgivable mortgages for housing that serves as residence for families at or below 80% and 60% of median area income. Although census Tracts 105 and 108 are targeted, the funds are available for qualifying properties throughout the City.

The City owns an X-Ray Fluorescence (XRF) Lead Analyzer. In the past the City's Environmental Health Department has performed lead paint inspections. With the loss of the licensed inspector, the City temporarily put those services on hold. With the expertise developed in the Urban Programs Department, the City may again offer this service.

B.1 Assessment of Residential Hazards from Lead Paint

In 1978, lead paint was no longer allowed to be manufactured for residential use, however, its use in homes and apartments was already dwindling in the 1950's. After the 1940's lead paint was most likely used on building exteriors.

The following graph adapted from *Lead Paint Safety* published by HUD's Office of Lead Hazard Control illustrates the likelihood of the presence of lead in a dwelling unit.

<<INSERT GRAPH>>

In New Hampshire, a lead paint hazard is defined by the following qualities:

Paint with a lead content at or above .5 percent by weight or at or above 1.0 milligrams per square centimeter.

Lead dust on floors in excess of 100 micrograms per square foot; on sills in excess of 500 micrograms per square foot and in window wells in excess of 800 micrograms per square foot. These levels are moving downward to 40, 250 and 400 micrograms per square foot respectively.

Friction, impact and chewable surfaces containing lead paint.

Deteriorated lead-based paint.

Additionally, lead dust from a variety of sources can exist in soil. 400 micrograms per gram or higher levels of lead by weight in play areas or 2,000 micrograms per gram in areas of bare soil are also considered lead hazards.

The hazards are exacerbated by poor housekeeping or maintenance. As revealed by Public Health home visits, these conditions occur at a greater frequency in the neighborhoods covered by Census Tracts 105 and 108 than in the less poor neighborhoods. Coincidentally, lead hazards are also created in these same neighborhoods as families of modest means purchase these lower-priced, "fixer-up" properties in these Census Tracts, and with sweat equity make improvements to their new homes.

Lead poisoning in children under 6 years of age is considered to have occurred when two independent blood tests reveal lead levels at or in excess of 20 micrograms per deciliter. At these levels the home where the child resides will be inspected by the State's Child Lead Poisoning Prevention Program, and if hazards are identified in a rental unit, an abatement order will be issued.

Children with blood lead levels between 15 and 19 micrograms per deciliter will be monitored by Public Health. Quite frequently, they will visit the family's home, making a visual assessment and offering information on housekeeping and other risk reduction procedures.

Nationally, it is projected that 890,000 children have too much lead in their bodies. According to EPA's *Report on the HUD National Survey of Lead Paint in Housing* (April 1995), 64 million homes nationally have lead-based paint the primary source of exposure. The same report found that roughly 20 million homes have conditions that are likely to expose families to unsafe levels of lead. The December 7, 1990 HUD report to Congress entitled *HUD Comprehensive and Workable Plan for the Abatement of Lead-Based Paint in Privately Owned Housing* states that 90% of homes built before 1940 contain some lead based paint. For those built between 1940 and 1959 it is 80% and for those built between 1960 and 1979 it is 62%. Using these figures we can determine that Nashua as a whole, and the targeted census tracts in particular, have the following numbers of homes with lead hazards:

<<INSERT TABLE>>

This table illustrates that over 5,600 units of housing within the City probably contain some form of lead-based paint hazard. Almost 2,000 or about 1/3 of these units exist within our four poorest census tracts, the very areas where low- to moderate-income households are likely to either buy or rent. It is estimated that 270 of units with lead hazards are occupied by families living in poverty, all coincidentally in these four census tracts.

These units should be the first addressed with Federal assistance. Given historical cost data of \$15,000 per unit for lead hazard reduction and an additional \$1,000 each for temporary relocation and inspection/design services, it could take \$4,590,000 to correct these hazards.

B.2 Plan of Action

The City plans on funding housing improvements including lead hazard reduction at \$150,000 per year in 2000 dollars. It would thus take over 30 years to fully address the problem in units occupied by those at or below the poverty level. It should also be noted that it is unlikely that these families could contribute in anyway to the costs of renovation.

The Nashua Public Health Department reports that it currently case manages 32 children with elevated blood lead levels. Most of these cases are fortunately still below the 20 microgram per deciliter level. The number of children whose cases are being managed have remained level over the past five years. Public Health and Urban Programs continue to work with the families of these children to address the lead hazards which they are presented with.

As stated, the City proposes to use it's CDBG funded Housing Improvement Program to help low-income owners reduce lead hazards in their one- to four-family homes. The City also assists by supporting a first-time homebuyer program administered by Neighborhood Housing Services. Urban Programs will continue to offer technical assistance before purchase to help identify lead and other health hazards, and take measures to reduce exposure.

It is planned to expand this technical assistance to other areas of environmental and health risks found in homes, to effectively create a "Healthy Homes" program. Additional hazards to be addressed are asbestos, harmful out-gassing from building materials, vermin, mold/mildew, radon, ventilation and potentially dangerous life-safety issues.

C. Homelessness

C.1 Existing Facilities and Services

Nashua citizens have long supported charitable efforts, such as the Community Chest (now United Way), the "Poor Farm," the "Sanitarium for Nervous Individuals," the Nashua Protestant and Catholic orphanages, and various other benevolent institutions for decades. Today, many of the service organizations are so-called "non-profits;" boards of directors are composed of Nashua and area volunteers who hire staff, recruit and train other volunteers to provide services, raise funds, and seek Federal, State, and local government aid. Religious organizations in many cases offer support to their members in crisis as well as undertaking the "mission" of helping the afflicted in the general population. Nashua City government itself provides a number of direct services to the homeless, especially health and welfare

assistance, and additionally, has a history of support for non-profit organizations. Welfare assistance is mandated by State law (RSA 165), which says that "...whenever a person in any town is poor and unable to support himself, he shall be relieved and maintained by the Overseers of Public Welfare of such town, whether or not he has residence there."

*CITY HEALTH AND COMMUNITY SERVICES DIVISION: WELFARE DEPARTMENT
BILINGUAL (ENGLISH/SPANISH) CAPABILITES*

Serving income-eligible residents of Nashua with basic essential needs such as shelter, food, utility, and medication costs through a voucher system where payment is made directly to the vendor (e.g., landlord, supermarket, utility company) on behalf of the client.

The Welfare Department bridges the gap for those who have insufficient income to maintain basic essential needs due to lack of employment or receipt of other financial assistance programs, such as State Welfare, Unemployment Compensation, or Social Security.

Assistance amounts provided are determined by the size and needs of the household. The assistance provided is for rent (about 85% of all assistance provided), food, utilities, and medication costs, according to the unique needs of the household. Rent allowance for a single person is \$93 per week and food allowance is \$127 per month. A family of four receives up to \$140 per week for rent and \$408 per month for food. Able-bodied recipients must submit evidence weekly of a bona fide job search, and may also be required to participate in a city work program.

In FY 1999, 2,934 interviews were conducted, \$279,000 was spent in assistance. It is expected that in FY 2001, there will be an increase in requests for aid. A budget of \$335,000 with a contingency fund of \$115,000 has been established.

*NASHUA SOUP KITCHEN & SHELTER
BILINGUAL (ENGLISH/SPANISH) CAPABILITES*

The Nashua Soup Kitchen and Shelter was established to provide the basic necessities for the areas homeless and indigent, to render emergency shelter and to assure that the long-term housing and employment issues of homeless persons are addressed. The Soup Kitchen provides a daily meal seven days a week, three hundred sixty five days a year, along with emergency food baskets for individuals and families in need. Short-term emergency shelter is available to homeless men, women and families with children. The agency also assists clients in their search for affordable housing and employment opportunities.

The shelter on Ash Street has twenty beds and a newer facility on Kinsley Street has ten for a total of thirty beds. The shelter is open to all individuals and families who have no housing and would be on the street otherwise. Only persons under the influence of alcohol or drugs, unaccompanied minors, or persons who for any reason cannot care for themselves are ineligible for the service. Eligibility is determined at the intake interview by the shelter staff or the referring agent before placement.

During 1999 a total of 474 individuals were sheltered; in FY 2001, it is projected that 500 individuals will be served.

NASHUA PASTORAL CARE CENTER

The NPCC serves low-income individuals and families at crisis times in their lives through emergency assistance, a security deposit loan fund, transitional housing, food assistance, mental, emotional and spiritual support. The programs offered are the Emergency Assistance, the Security Deposit, the Transitional Housing, and the Food Pantry. Priority for use of these programs is based upon the greatest degree of need for the service, usually when there are no other sources of funds available. The Nashua Pastoral Care Center sees its role as providing a "safety-net" of assistance.

The Emergency Assistance Program provides help to individuals and families in a variety of different ways including rental and utility intervention, prescription purchase, gas for vehicles for getting to work, keeping doctor and dental appointments and also to provide an opportunity for people to share their fears and feelings. In 1999, 886 individuals were assisted.

The Security Deposit Loan Program provides loans for deposits to low-income families. Providing no-interest loans repayable over a six-month period makes this assistance. Through this assistance families are able to get into decent permanent housing. In 1999, 211 Nashua households were assisted; the number is expected to increase to 392 in FY 2001.

The Transitional Housing Program helps single mothers and children become independent members of the community. The women must be committed to making permanent life changes. They must be participating in an education or job skill program. There is a two-year limit to participants. The NPCC owns 9 housing units in two buildings and rents three others from area landlords, for a total of 12 units.

A total of 58 individuals were served in 1999. The goal for FY 2001 is to serve 50 individuals in this program.

The Food Assistance Program provides basic food items to individuals and families in need.

NEW HORIZONS

New Horizons is a homeless shelter in Manchester, NH which accepts all individuals including persons who are under the influence of alcohol or other drugs. On a documented evening in March 2000, 131 individuals were housed. No one is turned away. Cots are set up in the dining room if necessary.

SOUTHERN NEW HAMPSHIRE SERVICES, INC.: MARY'S HOUSE

Mary's House is designed to provide 40 rehabilitated Single Room Occupancy apartments, supportive services, and Section 8 rent assistance to homeless women from the Nashua area who have been referred and are in need of housing. The Nashua Housing Authority administers project rents.

AMERICAN RED CROSS

The American Red Cross provides relief to victims of disasters. It helps people prevent, prepare for, and respond to emergencies. It collects blood and blood products for use in local hospitals, plans to do disaster prevention education and offers short term emergency housing with the length of assistance dependent upon the situation. In 1999, 21 persons were housed. The organization is planning to advertise its emergency housing program and expects the number to increase.

SALVATION ARMY

The Salvation Army assists the underprivileged in the Nashua area. Services include a food pantry, clothing, furniture, rental, utility, and medication assistance. The Army works with local agencies when dealing with emergency housing needs by referring clients to the area shelters; when the shelters are full, the Army will pay for motel costs depending upon funding availability. Approximately 3000 persons are assisted each year.

MARGUERITE'S PLACE

Marguerite's Place provides housing, intensive case management and on-site day care for women and children who are homeless and in crisis. The goal is to move our families into self-sufficiency and the lack of affordable housing prevents this at this time.

The agency provides transitional housing for 10 families that includes one 3 bedroom, one 1 bedroom, and eight 2-bedroom apartments. The waiting list varies, 60 intakes were done in a 12-month period.

SOUTHERN NEW HAMPSHIRE SERVICES, INC.: HOMELESS OUTREACH/INTERVENTION PROJECT

Under this program the homeless outreach/intervention specialist provides aggressive outreach activities in order to shelter the unsheltered homeless by engaging them in the shelter system where linkages to additional needed services can be made.

Four to five families are encountered each week; it is difficult to find housing for families with children. In a 4-month period of time 60 to 70 single homeless persons were provided with services.

EMERGENCY MEDICAL CARE BILINGUAL (ENGLISH/SPANISH) CAPABILITIES

For the homeless person is often sought in a crisis situation at a hospital emergency room. Two full service hospitals are available in Nashua, Southern New Hampshire Medical Center is located inner city and is chosen more frequently than St. Joseph Hospital, which is full service, but situated a short distance from the inner city.

Homeless children are often seen at the City of Nashua Child Health Services.

Individuals who are diagnosed with tuberculosis infection or disease, usually upon entrance to a drug rehabilitation center or release from prison, are followed by the Tuberculosis clinic at the Nashua Public Health Department.

The Neighborhood Health Center for Greater Nashua provides comprehensive family-oriented primary health care services for individuals and families from the City of Nashua and fourteen surrounding towns, regardless of their ability to pay.

Dental care is very difficult to obtain for low-income individuals. A dental referral process is to begin in May 2000.

THE UPPER ROOM

Provides clothing, coffee, and snacks.

RAVENSHOUSE

Provides clothing and food.

TOLLES ST. MISSION

Provides clothing and food.

CORPUS CHRISTI

Provides food.

SHEEP FOLD ASSEMBLY OF GOD

Provides meals, food, and clothing.

NASHUA PUBLIC LIBRARY

Homeless individuals often spend their cold weather mornings reading at the main library, after leaving the shelter or having breakfast at the soup kitchen.

RAPE & ASSAULT SUPPORT SERVICES *BILINGUAL (ENGLISH/SPANISH) CAPABILITIES*

This organization provides crisis intervention and support/guidance for victims of domestic violence, sexual assault and child sexual abuse. It offers a school based education program called, "Rights, Responsibility, and Respect". Additionally it offers a twenty-four hour a day crisis line and has on staff a half time NH Dept. of Health and Human services, Division of Child, Youth and Family liaison.

An emergency shelter provides beds for varying terms depending on individual needs. The capacity is ten beds. In 1999, 73 individuals were housed for 1667 bed nights. It is anticipated that in FY 2001, 75 individuals will be housed for 1,900 nights in 2001, because permanent housing is so difficult to secure.

McKinney Act funds have been received for operating assistance, along with a range of other local and Federal funding. In 1999, 73 individuals were sheltered for 1,667 bed nights. In FY 2001, it is projected that 75 individuals will be sheltered for 1,900 nights.

HARBOR HOMES

Harbor Homes is a private, non-profit organization providing residential and recreational services to homeless persons with long-term mental illness in the Nashua area. The goal of the agency is to help its residents in the development and the implementation of those skills necessary for greater independent functioning and productive living within the community. Primary sources of funding include the New Hampshire Division of Mental Health and Developmental Services, HUD, client fees and individual contributions. The area served is the town of Amherst, Hollis, Hudson, Litchfield, Mason, Merrimack, Milford, Mount Vernon and Nashua.

The services that are provided are an Emergency Shelter Program, Community Residence Program, Supportive Housing Program and a Recreational Program. There are a total of 84 permanent beds; 4 of these are respite housing and 6 are emergency shelter beds for the general population. Approval was recently obtained for HUD funding of approximately 34 additional beds, of which 5 are in a "Safe Haven" and the rest are scattered permanent housing. Supported employment will be offered with this increment.

C.2 Needs of Homeless Persons

Homelessness, and the threat of it, afflicts a wide range of people: those who suffer from chronic disabilities (mental and physical) and those who suffer from poverty due to a personal crisis, such as loss of employment, health care expenses, domestic abuse, or loss of support. Individuals, families, and children, too, are susceptible to homelessness. Homelessness, or the threat of it, is debilitating; the loss of security can make the individual unable to deal with everyday matters.

The City has an active and effective Continuum of Care. This group has defined the community's needs and presents its findings annually in their grant applications to HUD. That data is collected by the Continuum through polling service providers one day per year. Anecdotal discussion at monthly meetings rounds out the picture of needs.

The unmet need that is voiced the most frequently by service providers is simply for affordable housing. That does not, by any means, imply that the need for homeless shelter beds has declined, but that there are significant numbers of the homeless population that cannot or will not find stability without opportunity to rent without overly burdening their budget. Others need longer term housing security together with supportive services. This is typically provided through transitional housing. With transitional housing, services range from emotional support for those in sudden crisis, through clinical support needs for substance abusers. Agencies that see such a need are the Southern New Hampshire Regional Medical Center, Nashua Pastoral Care Center, American Red Cross, Nashua Soup Kitchen & Shelter, Rape & Assault Support Services, Nashua Crisis Pregnancy Center, Nashua Housing Authority, and Marguerite's Place.

Short-term financial assistance, helping people with rent security deposits, utilities, and temporary rent assistance in-place, was seen as a need by the Nashua Pastoral Care Center and others. NPCC has developed a security deposit assistance program that answers the need, and the City supports it through CDBG funding.

In the past, several agencies mentioned women with children as those with the greatest need, but in planning for the present Consolidated Plan, the groups that were mentioned most were teenagers, substance abusers or mentally ill, and the underemployed.

According to the Continuum of Care gaps analysis, on March 31, 1999 four individuals and five family members were turned away. Lisa Christie, Executive Director indicates that the current need is greater, especially for family emergency shelter beds. The City has 23 shelter beds for individuals and 28 beds for families.

Shelter stays have increased in length. An average stay for individuals approaches 30 days, while families are dependent on shelters for two to four months, before they can find regular or assisted housing.

The needs for transitional housing as defined by the Continuum's gaps analysis are greater, especially for family transitional housing where an unmet need is estimated at 27 beds.

Permanent supportive housing has the greatest unmet need. 161 beds for individuals are needed.

Data from the two shelters suggests that the distribution by race of those needing shelter beds matches that of the general population.

C.3 Continuum of Care Gaps Analysis

The Greater Nashua Continuum of Care is described in Exhibit F. Each agency's work and programs is outlined, and the outline serves as a guide for those addressing the needs of the homeless. The board of the Continuum is comprised of key staff in agencies and local government. It meets monthly or more frequently as specific tasks, opportunities or problems present themselves. There is close collaboration between agencies to make case management as seamless as possible. A web-site was recently created to facilitate this, and to make clients and the general public aware of its function.

The Continuum's most recent analysis of needs within the community is shown on Table 1A, which reflects the situation as of March 31, 1999. The numbers are specific to the City of Nashua.

INSERT CHART – TABLE 1A

C.4 Strategies

The goal of service to the homeless is self-sufficiency. Most approaches over the years have been to the immediate short-term needs for food and shelter, with the hope that that would tide people over; however, it is apparent that most homeless persons continue in a cycle of crises. Communities at the request of HUD are now implementing a formalized strategy for preventing recurring homelessness.

The strategy for preventing recurring homelessness and crisis is called the "continuum of care" by HUD. The strategy consists of the following goals:

1. Help low-income families avoid becoming homeless
2. Reach out to homeless persons and assess their needs
3. Address the emergency shelter and transitional housing needs of homeless persons
4. Help homeless persons make the transition to permanent housing and independent living

While this strategy is mandated for those communities that receive CDBG funding, it is consistent with efforts that already existed in Nashua (and other communities) due to the charitable and caring nature of people.

Many organizations not usually thought of as dealing with the homeless are often on the front line. Examples are hospitals (emergency rooms are the health care source for the homeless), police officers (whether due to protective custody, domestic violence or other reasons), fire rescue personnel, and libraries (warm, safe haven).

The goal of the Continuum of Care is to coordinate these efforts and to make the best use of available Federal resources to meet local needs.

The City continues to collaborate with non-profits that serve the homeless to collect information, organize meetings, and disseminate the Continuum philosophy.

The City continues to fund in part the general administration, needed capital projects and services of a majority of the agencies addressing homelessness. Both City general tax revenues and Federal assistance are used for this purpose. Agencies make application annually to the City, describing the needs that will be addressed along with proposed implementation methods.

D. Special Needs Housing and Services

1. Existing Facilities and Services

Persons who are not homeless, but require supportive services and priority 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 have available the following housing support services.

NASHUA PASTORAL CARE

The NPCC serves low-income individuals and families at crisis times in their lives through emergency assistance, a security deposit loan fund, transitional housing, food assistance, mental, emotional and spiritual support. The programs offered are the Emergency Assistance, the Security Deposit, the Transitional Housing, and the Food Pantry. Priority for use of these programs is based upon the greatest degree of need for the service, usually when there are no other sources of funds available. The Nashua Pastoral Care Center sees its role as providing a "safety-net" of assistance.

The Emergency Assistance Program provides help to individuals and families in a variety of different ways including rental and utility intervention, prescription purchase, gas for vehicles for getting to work, keeping doctor and dental appointments and also to provide an opportunity for people to share their fears and feelings. In 1999, 886 individuals were assisted.

The Security Deposit Loan Program provides loans for deposits to low-income families. Providing no-interest loans repayable over a six-month period makes this assistance. Through this assistance families are able to get into decent permanent housing. In 1999, 211 Nashua households were assisted; the number is expected to increase to 392 in FY 2001.

The Transitional Housing Program helps single mothers and children become independent members of the community. The women must be committed to making permanent life changes. They must be participating in an education or job skill program. There is a two-year limit to participants. The NPCC owns 9 housing units in two buildings and rents three others from area landlords, for a total of 12 units.

A total of 58 individuals were served in 1999. The goal for FY 2001 is to serve 50 individuals in this program.

The Food Assistance Program provides basic food items to individuals and families in need.

NASHUA CITY WELFARE BILINGUAL (ENGLISH/SPANISH) CAPABILITIES

Serving income-eligible residents of Nashua with basic essential needs such as shelter, food, utility, and medication costs through a voucher system where payment is made directly to the vendor (e.g., landlord, supermarket, utility company) on behalf of the client.

The Welfare Department bridges the gap for those who have insufficient income to maintain basic essential needs due to lack of employment or receipt of other financial assistance programs, such as State Welfare, Unemployment Compensation, or Social Security.

Assistance amounts provided are determined by the size and needs of the household. The assistance provided is for rent (about 85% of all assistance provided), food, utilities, and medication costs, according to the unique needs of the household. Rent allowance for a single person is \$93 per week and food allowance is \$127 per month. A family of four receives up to \$140 per week for rent and \$408 per month for food. Able-bodied recipients must submit evidence weekly of a bona fide job search, and may also be required to participate in a city work program.

In FY 1999, 2,934 interviews were conducted, \$279,000 was spent in assistance. It is expected that in FY 2001, there will be an increase in requests for aid. A budget of \$335,000 with a contingency fund of \$115,000 has been established.

RAPE AND ASSAULT BILINGUAL (ENGLISH/SPANISH) CAPABILITIES

This organization provides crisis intervention and support/guidance for victims of domestic violence, sexual assault and child sexual abuse. It offers a school based education program called, "Rights, Responsibility, and Respect". Additionally it offers a twenty-four hour a day crisis line and has on staff a half time NH Dept. of Health and Human services, Division of Child, Youth and Family liaison.

An emergency shelter provides beds for varying terms depending on individual needs. The capacity is ten beds. In 1999, 73 individuals were housed for 1667 bed nights. It is anticipated that in FY 2001, 75 individuals will be housed for 1,900 nights in 2001, because permanent housing is so difficult to secure.

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SALVATION ARMY

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NASHUA SOUP KITCHEN BILINGUAL (ENGLISH/SPANISH) CAPABILITIES

The Nashua Soup Kitchen and Shelter was established to provide the basic necessities for the areas homeless and indigent, to render emergency shelter and to assure that the long-term housing and employment issues of homeless persons are addressed. The Soup Kitchen

provides a daily meal seven days a week, three hundred sixty five days a year, along with emergency food baskets for individuals and families in need. Short-term emergency shelter is available to homeless men, women and families with children. The agency also assists clients in their search for affordable housing and employment opportunities.

The shelter on Ash Street has twenty beds and a newer facility on Kinsley Street has ten for a total of thirty beds. The shelter is open to all individuals and families who have no housing and would be on the street otherwise. Only persons under the influence of alcohol or drugs, unaccompanied minors, or persons who for any reason cannot care for themselves are ineligible for the service. Eligibility is determined at the intake interview by the shelter staff or the referring agent before placement.

During 1999 a total of 474 individuals were sheltered; in FY 2001, it is projected that 500 individuals will be served.

SOUTHERN NH HIV/AIDS TASK FORCE BILINGUAL (ENGLISH/SPANISH) CAPABILITIES

The Southern NH HIV/Aids Task Force is a multi service provider to persons infected with the Human Immune Deficiency Virus (HIV/AIDS). Services provided are case management, some therapies such as Reiki, message, meditation, food/nutrition education, respite care, support groups, HIV prevention/education, client advocacy, and housing.

Emergency and interim housing assistance is provided through the Ryan White Care Act, \$70,000 in 1999 and housing opportunities for people with HIV/AIDS (HOPWA) program \$375,000 for FY's 1999, 2000, 2001 inclusive. This organization provided services to 179 unduplicated people in 1999. Ninety people were served in 12 months through the HOPWA program.

This agency projects that there is a need for housing for 5 people in 2000 and to provide housing for 30 individuals over 5 years.

SOUTHERN NH SERVICES, INC.: ELDERLY HOUSING

Wagner Court is a 70 unit elderly housing project funded under HUD's Section 202 Supportive Elderly Housing Program. Under this program low-income elderly tenants pay 30% of their income for rent with the balance subsidized under HUD's Section 8 program. Heat and utilities are included in the tenants' rent. There is a waiting list of 118.

A thirty-six unit independent living residence is being built and a 44 unit is planned for the following year.

AREA AGENCY FOR DEVELOPMENTAL SERVICES

This organization serves individuals with developmental disabilities and their families. Services include supported living services, vocational support services, early intervention

services for children 0-3 years of age, respite care, recreational opportunities, parent to parent, parent aide, education, and guidance.

The Area Agency owns 5 residential properties, a condominium and 4 single-family homes. Between July 1998 and June 1999, 179 people were residentially supported. Homeless Prevention assistance was provided for 26 families. Twenty seven thousand dollars was provided for handicap accessible modifications to families' homes.

*THE PLUS COMPANY, INC.
BILINGUAL (ENGLISH/SPANISH) CAPABILITIES*

The Plus Company, Inc. provides a wide variety of services for adult individuals with developmental disabilities. Services offered are supported work services, job placement, vocational services, adult education nursing services, independent living, residential services, social activities and recreation. The independent living program provides housing for 45 individuals in the greater Nashua area. Area Agency controls the waiting list.

NASHUA CENTER FOR THE MULTIPLY HANDICAPPED, INC.

This organization provides community based services for adults with severe/multiple disabilities. Services include:

- Day services for adults with severe/multiple disabilities. (38 clients)
- Residential services (foster care, group homes, etc.) for adults and children with severe/multiple disabilities. (17 foster care families)
- Early supports and services (early intervention) for children birth to three and their families.

FRIENDSHIP CLUB

Friendship Club is an organization, which offers socialization to anyone who, is handicapped. Approximately 30 individuals meet at bi-weekly sessions.

ST. JOHN NEUMANN CATHOLIC COMMUNITY

St. John Neumann Outreach Programs serve families who are in danger of becoming homeless, by paying one-month back rent, utility bills facing disconnection and food to feed the hungry. Small grants assist with prescription drugs for those who do not have insurance or Medicaid.

*GREATER NASHUA COUNCIL ON ALCOHOLISM, INC. – KEYSTONE HALL
BILINGUAL (ENGLISH/SPANISH) CAPABILITIES*

Keystone Hall provides services to substance abusers that are indigent, homeless, without resources or health insurance. The services that are offered are a continuum of care including:

- Crisis intervention – 3-7 days stay, 24 hour monitored, social detoxification in emergency shelter, beds for 5 men and 3 women are available
- Case management/maintenance sobriety – 15-30 days stay, substance abuse education, case management group therapy, and referrals.
- Transitional Housing – 3 to 6 months stay for 7 men and 3 women

N. H. HOUSING FINANCE AUTHORITY

Services provided are:

- Section 8 – 2/18/98 being serviced now
- Rental Assistance
- Supportive service to elderly referrals
- Single family home owners/mortgage for low and moderate income
- Emergency Housing

HABITAT FOR HUMANITY

Habitat for Humanity is a volunteer organization, which tries to build houses on donated or low priced land and sells to low income families. This organization is getting many calls. Land is difficult to find. One house has been built in Nashua. The number of requests for assistance is not documented.

MARATHON HOUSE

Marathon Adult Residential Program is a therapeutic community, which provides residential treatment for individuals with substance abuse problems. The duration of intensive treatment is clinically driven by the individual needs of the resident. The program is designed to help the resident return to a job or vocational training and the carry out daily living skills.

The bed capacity is 37 for males with a waiting list of 2 to 4 months; female bed capacity is 8. Vacancies are seen in the female slots because childcare is not provided.

GREATER NASHUA HOUSING AND DEVELOPMENT FOUNDATION *BILINGUAL (ENGLISH/SPANISH) CAPABILITIES*

The agency mission is to provide affordable quality housing, tenant support services for persons/families of low and very low income and for handicapped individuals through property acquisition, rehabilitation and management.

The agency has recently purchased an inner city former school building to be rehabilitated into 22 units for the elderly, whose only income is social security. There will be 16-one bedroom units and 6-two bedroom units.

HARBOR HOMES, INC. (HHI)

HHI provides quality residential and supportive services for persons and their families challenged by mental illness and the homeless.

Safe Haven is a 5-bed congregate living facility for persons who are homeless and living with untreatable mental illness.

Emergency shelter for individuals includes one 3-bed for families, one 3-bed for males, and three shelters for families with a 12-bed capacity.

Permanent housing facilities are 5 apartments; 1-1 bedroom, 2-2 bedrooms, 3-3 bedrooms, 2 Community Residences with 24-hour staffing for persons with mental illness with a 19 bed capacity and 75 apartments/condos which are supportive, scattered independent apartments. There are 175 individuals on a waiting list.

HHI provides a food pantry and employment opportunities for persons living with mental illness – Signs in a Second (client employment project/sign making and engraving), recycling, landscaping, snow plowing, office cleaning. Operation Brightside, an annual beautification program between the City of Nashua and Anheuser Busch/Merrimack. The Gathering Place is a member operated social club for the mentally ill and homeless. In the cold weather 30 persons attend the club, and in the summer months the numbers drop to approximately 16.

COMMUNITY COUNCIL OF NASHUA, NH, INC.

Community Council is a community mental health center offering prompt professional evaluations and treatment resource development, community education research, case management services, crisis response, vocational services, peer support services, referral system for access to crisis intervention, brief treatment, a 16-bed residential facility and hospitalization.

Community Council provides mental health services to the residents of the Greater Nashua area. In 2000 there are 3067 clients, 65% are Nashua residents.

Information and referral of Greater Nashua is a service which provides free information about the more than 500 agencies and organizations in the area providing over 800 human service programs.

THE CAREGIVERS, INC.

The Caregivers, Inc.'s mission is to help the elderly and disabled remain independent by providing free non-medical services. These services are transportation to the doctor's office, bank, grocery store, dialysis treatment, chemotherapy treatment, etc., arranging Friendly Visitors for those needing companionship.

ADULT LEARNING CENTER (ALC) BILINGUAL (ENGLISH/SPANISH) CAPABILITIES

The ALC offers programs and services which reflect the needs of the Nashua community as determined by the United Way Community Needs Assessment, NH State Department of Education and Nashua 2000 educational goals.

- Academic Programs: Adult Basic Education, GED Preparation, English as a Second Language, Adult Tutorial Program, JOBS, Clearway Alternative High School, and Even Start Programs address the complex issues of literacy for adults and teenagers who have completed high school.
- Job Training: Office Technology, Career Counseling, and Step by Step Case Management programs provide training and job placement for unemployed or underemployed adults.
- Support Services: Child Care and School Age Care programs provide for preschool children as well as after school, vacation, and before school programs for children of working parents in Nashua, Hudson, Litchfield, and Merrimack public schools.

In 1998 and 1999, 3500 individuals participated in the programs.

NH LEGAL ASSISTANCE (LARC)

The LARC provides free information, legal advice and referral services to low-income persons in the areas of family law, local welfare and housing particularly regarding eviction notices and subsidized housing.

ST. JOSEPH COMMUNITY SERVICES

St. Joseph Community Services, Inc. is dedicated to promoting better physical, mental and social well-being of older and other qualified adults by providing nutritious meals, health education, opportunities for social interaction at congregate senior dining sites and with the home delivered program. In FY 1999, 2462 unduplicated persons were served with meals in greater Nashua, 501 in Nashua. Projected in the year 2001, 2770 persons will be served in greater Nashua, 506 in Nashua.

SOCIAL SECURITY

Social Security services include retirement, disability, survivor benefits, Medicare and supplemental Security Income (SSI) based on need and disability.

NEW HAMPSHIRE DIVISION OF ELDERLY AND ADULT SERVICES

This agency investigates reports of abuse, neglect or exploitation of incapacitated adults and provides protective services when necessary. Other services include those that help elderly and disabled adults remain at home.

ADULT DAY SERVICE, NASHUA HOUSING AUTHORITY

This program provides adult day care service to disabled adults, elderly and adults with dementia. The primary goal is to keep people in their community for as long as possible preventing premature institutionalization.

THE NASHUA ASSOCIATION FOR THE ELDERLY, INC., SENIOR ACTIVITY CENTER

The Senior Activity Center provides recreational programs, educational, health and cultural workshops and preventive health screenings and referrals. Specific programs/services address supplemental insurance plans housing, moves to other areas, investment issues, safety, legal problem, elder abuse, etc. are offered. A concern is public transportation for the elderly. The number of Nashuans served unduplicated was 3600 in year 1999; the projection for year 2000 is 3100, because of raised fees, couples consolidated memberships.

NH LEGAL ASSISTANCE

This agency provides free services to persons with housing problems such as those who are being evicted, especially from subsidized housing.

POLICE ATHLETIC LEAGUE BILINGUAL BILINGUAL (ENGLISH/SPANISH) CAPABILITIES

The Nashua Police Department with community involvement has developed a program for children at one site and the plans for a second site has been implemented. The athletic and supportive programs are currently available from 2-7PM at the first site and during vacation from 9-5PM. The sites are located in census tracts, which are designated as medically underserved and are areas where high ratio of police calls are logged. Youngsters 8-15 years of age are welcome, although most participated are 9-11 years of age. Children are from low-income families. Each child is encouraged to develop to his/her fullest potential. In 1999, 615 unduplicated children participated in the program.

THE NASHUA SCHOOL DEPARTMENT BILINGUAL (ENGLISH/SPANISH) CAPABILITIES

- English as a Second Language – The social worker for this program reports an occasional homeless child, many families are supportive of each other and will double up. In January 2000 two children's families were evicted, eighty-five children participate in this program at Nashua High School, and between 425-440 children participate in the ESL program in all other public schools.
- Free Lunch Program – There are many hidden homeless or children in families doubling up. Free lunches were provided to 2287 children in FY 1999-2000 and at reduced rates to 627.
- School Nurses – The school nurse provides skilled nursing treatments on a daily basis in order to keep students health, safe, and ready to learn. Treatments administered are often complex such as tube feedings, catheterizations, colostomy care, diabetic management I.V. line monitoring, and the monitoring of children receiving chemotherapy or organ transplants.

MERRIMACK RIVER MEDICAL SERVICES

Merrimack River Medical Services of Hudson, NH is an outpatient facility that provides substance abuse treatment to opium addicted patients. Services include comprehensive assessment and supported interventions for the opioid dependent client, ambulatory detoxification, individual and group counseling. Approximately 60 people are receiving services in March 2000.

THE GREATER NASHUA DENTAL CONNECTION, INC.

The Greater Nashua Dental Connection plans to provide school screenings and preventive dental services to children in Nashua elementary schools. Individuals who have been determined to have incomes less than 20% of the current federal poverty guidelines will be referred to dentists. The individual will have an urgent dental need and will have been referred by social services and health related organizations.

ST. JOSEPH HOSPITAL BILINGUAL (ENGLISH/SPANISH) CAPABILITIES

St. Joseph's Hospital is a full service hospital with continuum of care services, referrals to appropriate social service and home health care agencies. Services are available to all populations.

SOUTHERN NH MEDICAL CENTER BILINGUAL (ENGLISH/SPANISH) CAPABILITIES

Southern NH Medical Center is a full service hospital with social services and referrals to area social service and home health care agencies. Services are available to all populations.

THE NEIGHBORHOOD HEALTH CENTER FOR GREATER NASHUA, INC. (NHC) BILINGUAL (ENGLISH/SPANISH) CAPABILITIES

The Neighborhood Health Center for Greater Nashua, Inc., (NHC) provides comprehensive family-oriented primary health care services for individuals and families from the City of Nashua and fourteen surrounding towns, regardless of their ability to pay. Programs/services provided by this agency are:

- Primary Care
- OB/GYN Care
- Substance Abuse Services and Referrals
- Adolescent Reproductive, mental health, nutrition counseling, teen pregnancy
- Community Health Education
- Translation Services for Spanish and Portuguese
- Nutrition Services
- Social Service Case Management
- New Services to be added FY00-FY01 are primary care services for children

In FY1999 NHC provided care to 4079 clients, 2428 of them from the City of Nashua. Nashua residents are 60% of the total clients. 80% of all the clients are uninsured and 97% of the Nashua clients are uninsured/underinsured. These clients receive services and charges are set on a sliding fee scale.

HOME HEALTH & HOSPICE CARE
BILINGUAL (ENGLISH/SPANISH) CAPABILITIES

Home Health and Hospice Care is the Community Visiting Nurse Association and Hospice. Prevention, promotion of independence and compassionate care during illness, disability or advancing age and at the end of life are the goals of HHC. The organization provides care in the home to the elderly, the acute and chronically ill children, newborns and the dying without regard to their ability to pay. Programs include – Home Care, Supportive Care and Hospice Care.

- Home Care – Skilled Nursing, Physical Therapy, Occupation Therapy, Speech and Language Therapies, Psychiatric Nursing, Medical Social Services, Intravenous Therapy, Well Child Care, Immunization Clinics, Pediatric Care, Adult Health Clinics, Home Health Aide/Personal Care service, and nutrition counseling.
- Supportive Care – Private Duty RN's and LPN's, Home Health Aides and Companions, Respite Care, Alzheimer's Care, Homemaking Service.

In FY 1999, 931 indigent patients were cared for, 448 or 48% were Nashua residents. The total indigent budget was \$413,259, Nashua's allocation \$48,448 or 12%.

Approximately half of the projected FY 2000 clientele of 995 are expected to be Nashua citizens or 49%. The total indigent budget \$460,000, Nashua's allocation is \$75,000 or 16%.

SOUHEGAN NURSING ASSOCIATION
BILINGUAL (ENGLISH/SPANISH) CAPABILITIES

This agency provides home care, on a sliding fee scale or other available payment methods including, nursing, physical therapy, occupational therapy, hospice and Mommy/Baby visits. Requests for services are rising.

HEALTH AND COMMUNITY SERVICES DIVISION, CITY OF NASHUA
BILINGUAL (ENGLISH/SPANISH) CAPABILITIES

CHILD HEALTH SERVICES
BILINGUAL (ENGLISH/SPANISH) CAPABILITIE

Child health services include:

- Free physical and developmental assessment of children zero to eleven years and adolescents who reside in census tracks 105 to 108 and for families meeting financial and residential requirements.

- Screening for anemia, vision, speech, lead, tuberculosis and when appropriate, sickle cell anemia.
- Immunizations, health education and guidance.
- Referrals to other community agencies and medical care.

In 1999 the census was 1170, 976 unduplicated children were provided with care at 2225 visits. Two families were living in cars in January 2000. Multiple families are living in one apartment, because rents are high and apartments are difficult to find. Language barriers are a problem for 40% of families.

Communicable Disease:

- Investigation and screening of all legally reportable, communicable diseases
- Walk-in immunization, sexually transmitted diseases and HIV antibody counseling and testing clinics
- HIV antibody counseling and testing
- Van an street outreach HIV prevention services
- Substance abuse counseling
- Tuberculosis control including treatment for qualifying persons
- Senior citizen flu vaccine clinics

Prevention Education

- Health education in the schools and the community regarding public health issues

NASHUA OFFICE OF CHILD CARE SERVICES

The Nashua Office of ChildCare Services is the community advocate for child care issues and is responsible for identifying the needs for and promotion the development of affordable quality child care in the Nashua area. The office supports parents seeking childcare, potential and existing family or center-based childcare providers and local employers in need of technical assistance regarding childcare issues.

NASHUA MEDIATION BILINGUAL (ENGLISH/SPANISH) CAPABILITIES

The Nashua Mediation Program specializes in conflict management, conflict resolution, and violence prevention for individual families and the community at large. In 1999 between 325-350 youth were served.

NASHUA ENVIRONMENTAL HEALTH DEPARTMENT

The Nashua Environmental Health Department enforces all laws and ordinances that protect the public from harmful environmental conditions.

HEALTHY KIDS

NH Healthy Kids Medical Insurance can provide health and dental insurance coverage for children who are under age 19 years. There are three service categories:

- Silver – For which a fee is asked of from 20-40 dollars per child per month plus co-pay for medical appointments. One hundred twenty-one Nashua children receive services in this category.
- Gold – For which families must be Medicaid qualified. Two hundred fifty Nashua children are enrolled in this.
- Optional – A program, which costs 80 dollars a month per child for families who, are 300-400% above the poverty level.

THE CRISIS PREGNANCY CENTER

BILINGUAL (ENGLISH/SPANISH) CAPABILITIES

Provides supportive services, pregnancy tests, referral to medical care/housing, education programs, maternity cloths, and infant necessities.

GIRLS INCORPORATED

Girls Incorporated provides a supportive and secure environment designed to cultivate confidence, develop individual skills, overcome the effects of discrimination, provide hands-on informal education, celebrate diversity and build girls' capacity for a responsible economically independent and fulfilled adulthood.

The Nashua Center programs in 1999-2000 are providing a partnership with Big Brother/Big Sister to deliver *Discovery* (support and mentoring program) for "Bigs" and "Littles" to expand the program to other participants. Programs and services provided in the Nashua community are summarized below:

- Girls center, Burke Street – Providing a full range of after school activities in the areas of education, prevention, recreation, team sports, and leadership to over 150 girls per week in a licensed facility.
- Early Intervention Childcare Center, Burke Street – Preschool and Kindergarten coed programming serving 44 children aged 2.9-6 years in a licensed facility.
- Nashua Summer Camp, Burke Street – Serving, in a licensed facility, over 200 girls age 5 to 16 in a full day, nine-week recreation and informal education program including weekly field trips.
- French Hill Center – Providing after school activities in the areas of education, prevention, recreation, and leadership in a coed neighborhood program serving 35 youth daily aged 5 to 13.
- Nashua Summer Camp, French Hill – Serving boys and girls aged 5 to 13 in a nine-week recreation and informal education program including weekly field trips.

- Career Paths – Summer employment training and academic support program for girls aged 14 to 21, limited to 15 teens.
- Kidability – Child Abuse Prevention Program in collaboration with Nashua Youth Council, delivered in Nashua Public elementary school 2nd and 4th grade classrooms, serving approximately 2,000 boys and girls.
- Friendly PEERsuation – Drug Prevention Program (offered in the Housing Developments, area agencies, and the Girls Center) impacting over 250 Nashua children.
- Discovery – a mentoring and leadership program, currently offered as support for, and in collaboration with, Big Brothers/Big Sisters, serving 15 ‘pairs’. Discovery is offered in the Career Action program.
- Parenting Classes – Collaborative program with Nashua Youth Council, includes Hispanic Parenting Classes, providing weekly support and intervention activities.
- Athletics/Recreation Program – Including karate, cardio kickboxing, and team sports i.e. basketball, field hockey and soccer, impacting over 130 girls aged 9-14 years.
- Family Lifeskills Program (LEAP) – Collaboration with UNH Cooperative Extension to provide childcare slots for parents enrolled in this Welfare to Work program.
- Alternative Suspension Center – A collaboration with the Nashua School District, Nashua Youth Council, and the Nashua Police Department as a dropout/truancy prevention strategy served over 250 youth in 1998-1999.

THE BOYS & GIRLS CLUB OF GREATER NASHUA
BILINGUAL (ENGLISH/SPANISH) CAPABILITIES

The Boys & Girls Club of Greater Nashua provides high quality, low cost after-school programs for Nashua area youth.

The programs and services offered are health and physical education activities, education, vocational assistance, cultural enrichment programs, Hispanic outreach, a teen club, free transportation, a youth guidance camp, a child care center for children aged 6 weeks through 6 years of age and an after school care program for children 6, 7 and 8 years old, not already served by the Boys and Girls Club.

There are 1900 Nashua members out of a total of 2200. Eighty percent of the children qualify for free school lunch.

NASHUA YMCA

The Nashua YMCA programs are available through a sliding fee scale subsidy providing financial assistance by request to an individual or family whose income falls within established guidelines. These guidelines qualify individuals for programs and school age child of summer camp and after school care.

BIG BROTHER AND BIG SISTER OF GREATER NASHUA
BILINGUAL (ENGLISH/SPANISH) CAPABILITIES

Big Brother and Big Sister of Greater Nashua offers community and school-based mentoring programs. In FY 2000, 171 at risk children ages 6-13 years are being served. The goal is to reach 240 matches by the end of this fiscal year by screening matching adults and children to create friendships.

GREATER NASHUA CHILD CARE CENTERS, INC. (GNCCC)
BILINGUAL (ENGLISH/SPANISH) CAPABILITIES

GNCCC has been providing a variety of programs for children, ranging in age from thirteen months through six years, and their families.

The agency provides quality, affordable early childhood care and education to the Greater Nashua Community, advocates for the needs of children and families, and provides programs that encourages each child's maximum growth and development.

In 1998-1999, 249 children received services at 3 centers.

NASHUA YOUTH COUNCIL

BILINGUAL (ENGLISH/SPANISH) CAPABILITIES

The Nashua Youth Council provides counseling for children and families to equip children, teens, and families with skills they need to:

- Protect themselves from or to heal from abuse or neglect.
- Explore the impact that alcohol and other drugs can have on their lives
- Access help when a child is having extreme difficulty at home, in school, or in the community.
- Improve youth's ability to make healthy decisions while being held accountable for delinquent behavior.
- Develop solid parenting skills to reduce potential for issues in the future.

Approximately 2000 children receive services yearly.

NASHUA CHILDREN'S HOME (NCH)

BILINGUAL (ENGLISH/SPANISH) CAPABILITIES

Nashua Children's Home provides residential care to NH children and youth 8 to 18 years of age. Referred by the Division for Children Youth and Families (DCYF) for short term on emergency basis and runaway youth placed by the Nashua Police Department until court process or until picked by their parents. Special education services are provided to students ages 7 to 15 years, who are referred by local school districts. Support counseling is provided to families. The NCH has capacity for 46 children.

The Nashua Children's Home plans to begin a program for; from 4 to 6 youth, 16 to 18 years old preparing them for the challenges of independent adult life in an adjacent facility.

SOUTHERN NEW HAMPSHIRE SERVICES, INC.

SNHS provides activities designed to: assist low-income participants (including the elderly poor) to secure and retain meaningful employment; to attain an adequate education, to make better use of available income, to ameliorate the causes of poverty within our community; to meet urgent and immediate individual and family needs, including health, nutrition, housing and employment related assistance; to address the problems and barriers which block the achievement of self-sufficiency.

In 1999 SNHS served 46,269 clients in Hillsborough County totaling \$14, 447,799 in assistance

Description of Services

Transportation Services

Accompanied Transportation Services is operated under a contractual arrangement with NH Division of Children, Youth, and Family Services that refers Nashua area children and their family members to and from case related counseling appointments, meetings, day care school, stores, recreation sites, residential facilities and homes of family members, as ordered by the court.

Commodity Supplemental Food Program (CSFP)

CSFP provides eligible low-income elderly, children up to the age of six, and pregnant and post-partum women with free nutritious foods on a monthly basis.

Child Care Center

The ChildCare Center in Nashua serves 66 children, with parents paying on a sliding fee scale.

FEMA Energy Assistance

FEMA Energy Assistance enables individuals whose emergency heating needs cannot be met under the regular fuel assistance program to receive emergency energy assistance.

Fuel Assistance Programs

Fuel Assistance Programs provide the elderly, handicapped and low-income residents with the financial assistance necessary to them to meet vital heating and utility expenses.

Health Insurance Counseling Education and Assistance Service (HICEAS)

HICEAS trains volunteers to assist elderly to evaluate their insurance needs, answer questions on Medicaid, Medi-gap, or Medicare eligibility and benefits, and help the elderly to organize stacks of medical bills for claims and/or payment.

Neighbor Helping Neighbor

This is a charitable fund supported by customers and employees of PSNH, Granite State Electric, and Energy North. Neighbor Helping Neighbor provides energy assistance to needy individuals who have disconnects pending.

The Child Health Care Support

This is an essential component of the family case management plans developed by the NH Department of Health and Human Services. This program emphasizes the acquisition of parenting skills, the strengthening of parent-child relationships, home management, communication skills, pre-vocational skill development, and supervised visitation.

Personal Emergency Response Systems Program

This program provides immediate twenty-four hour access to community medical and emergency services through the use of a communicator at home and a portable button which can be pushed to send an electronic message to an emergency response center where trained personnel initiate emergency response procedures

RSVP

RSVP not only involves persons over 55 years of age with meaningful opportunities to volunteer skills, expertise, and talent in service to non-profit or public community organizations, but also promotes volunteerism within the greater Nashua area by providing community awareness of the benefits of volunteering, information about existing volunteer opportunities.

See Science Center

Classes of Nashua students or other groups can arrange visits to this interactive science learning center in Manchester or a visit in Nashua by the SEEmobile. Numerous displays demonstrate basic scientific principles.

Summer Youth Feeding

This program provides daily lunches and snacks to low-income youth participating in summer recreation or other organized youth programs in Nashua. Lunches and snacks are prepared daily and delivered according to USDA nutrition requirements.

The Weatherization Program

This program is designed to apply energy conservation measures such as wall and attic insulation, storm windows, and some repair to heating systems in order to improve the energy efficiency of the home, reduce energy costs, and improve comfort.

WIC

The Women, Infants, and Children Nutrition Program provides nutrition counseling and monthly food voucher prescriptions for USDA approved supplemental high-protein, high-iron foods to eligible infants, children up to five years of age and pregnant or breast-feeding women.

Headstart

An early childhood development program that provides comprehensive services to low-income children and/their families who often lack support. In addition, the children's medical, dental, nutrition, emotional, and social needs are addressed.

In FY 2000, 50 children are enrolled at 3 sites in Nashua. In FY 1999, 16 homeless children participated.

CORPUS CHRISTI

Corpus Christi Food Pantry provides food to persons in need. Statistics show that 54% of clients are children and 8% are the elderly.

TOLLES ST. MISSION

Tolles St. Mission provides food and clothing.

THE SHEEPFOLD ASSEMBLY OF GOD

Sheepfold His Will Ministries provides meals, food, and clothing.

RAVENSHOUSE

BILINGUAL (ENGLISH/SPANISH) CAPABILITIES

Ravenshouse provides food and clothing.

NASHUA TRANSIT SYSTEM

Provides low cost transportation throughout Nashua with routes adjusted as needed.

2. Needs and Strategies

Table 2C, which follows, indicates the goals and objectives for Special Needs housing. Needs are established on Table 1A, Continuum of Care Gap Analysis, found in the Homeless section of the Consolidated Plan.

Table 2C

Summary of Specific Housing and Community Development Objectives City of Nashua, NH

Priority need category: Special Housing Needs and Services

Objective SH-1
Support and participate in the Continuum of Care.
Five-year goal: 60 meetings
Short-term goal: 12 meetings

Objective SH-2
Provide emergency shelter beds for the general population.
Five-year goal: yet to be defined increase in family and individual bednights
Short-term goal: families - yet to be defined increase in bednights

Objective SH-3
Provide emergency shelter for substance abusers.
Five-year goal: individuals 44,000 bednights
Short-term goal: individuals 9,500 bednights

Objective SH-4
Provide emergency shelter for mentally ill persons/families.
Five-year goal: individuals 319,400 bednights
Short-term goal: individuals 63,900 bednights

Objective SH-5
Provide security deposit assistance in emergencies.
Five-year goal: 3600 families
Short-term goal: 720 families

Objective SH-6
Permanent housing for those with mental illness.
Five-year goal: 175 units for individuals and families
Short-term goal: 35 units

Objective SH-7
Housing for those with HIV/AIDS.
Five-year goal: 30 units
Short-term goal: 5 units

Objective SH-8
Housing accessible to those with physical disabilities.
Five-year goal: not yet defined
Short-term goal: not yet defined

Objective SH-9

Housing for those discharged from incarceration.
--

Five-year goal: 100 units

Short-term goal: 20 units

Objective SH-10

Group home/half-way home for substance abusers.

Five-year goal: not yet defined

Short-term goal: not yet defined

Objective SH-11

Emergency/transitional housing for victims of domestic violence

Five-year goal: 25 new units

Short-term goal: 5 units

E. Assisted Housing

E.1. Public and Assisted Housing Inventory

PUBLIC HOUSING STOCK

Of the 662 public housing units, thirty-two units, or 4.8% of the stock, are fully accessible. Another 16 units have been modified for those who are hearing impaired. There are effectively no vacant units. All units are re-occupied within ten days.

The rehabilitation needs have been described in the Annual Statement for the Comprehensive Grant Program. The Five Year Plan has been updated yearly so that all modernization needs are identified, quantified, and ready to be implemented upon receipt of funding. All units meet local codes and Housing Quality Standards.

SECTION 8 CERTIFICATES AND VOUCHERS

Section 8 Certificates and Vouchers are administered by the Nashua Housing Authority. Certificates and Vouchers are granted to income-eligible families. The voucher enables the household to access the private market housing. According to the Nashua Housing Authority, that agency administers 608 certificates and vouchers. Of those 608, all but 18 are being utilized in the City of Nashua; conversely, 180 certificates and vouchers from other housing authorities are being used in Nashua.

PROJECT BASED ASSISTANCE

Table E.1.1 summarizes existing housing assistance by household type. Table E.1.2 lists the number and type of housing units assisted by local, state, and Federal programs as of 1999 (Exhibit G contains greater detail on each development). Additionally, there are 82 units for occupancy by elderly persons under construction and/or funded on Ledge Street, sponsored by Southern New Hampshire Services.

TABLE E.1.2
ASSISTED HOUSING AS OF 1997

<i>Elderly Assisted</i>	<i>Family Assisted</i>	<i>Other Assisted or Combined Types</i>	<i>Total Assisted</i>
646	290	836	1,774

TABLE E.1.2
ASSISTED HOUSING IN THE CITY OF NASHUA

<i>Project Name</i>	<i>Number of Units/Type</i>	<i>Address</i>
Ledge St./McLaren Ave.	8 F	48, 50-56 Ledge/2-14 McLaren Ave.
Amherst Pk. Apts.	135 E/F	525 Amherst Street
Bay Ridge Apts.	82 F	25 Bay Ridge Drive
Beard Street	4 DD GH	4 Beard Street
Brentwood Manor II	15 E	18 Merrimack Street
Bronstein Apts.	48 F	Central Street
Brook Village N. II	110 E/F	103 Spit Brook Road
Brook Village N. I	160 E/F	103 Spit Brook Road
Clocktower II	55 E/F	Factory Street
Clocktower I	29 E/F	Factory Street
Coliseum Sr. Res.	100 E	7 Coliseum Av.
Fairmount St. Apts.	10 F	Fairmount Street
Gatewood Manor	97 E	27 Will Street
Harbor Homes	9 M H/C	3 Winter Street
Harbor Homes	6 DD GH	8-16 Maple Street
Harbor Homes II	13 M H/C	30 Allds Street
Harbor Ave. House	9 H/C	60 ½ Harbor Av.
Harbor Homes III	10 M H/C	156 Chestnut Street
Ledge Street Homes	30 F	11 th Street
Major Drive	10 E	Major Drive
Maurice Arel Manor	132 E/F	Pine Street
Maynard Homes	100 E/F	
Park View	17 F	Amherst Street
Pheasant Run Apt.	69 F	1 Silver Lane
Plus Company	6 DD GH	Lake Street
Pratt Homes	45 E	583 W. Hollis St.
Mary's House	40 T	123 West Pearl Street
NHA	26 F	Scattered Sites
NHA	17 F	Scattered Sites
Sullivan Terrace N.	96 E	56 Tyler St.
Sullivan Terrace S.	100 E	57 Tyler St.
Temple St. Manor	43 E	Temple St.
Village Gate	39 E	49 Spit Brook Rd.
Nashua Care Ctr	5 T	Vine Street
Vagge Village	50 E	Burke St./Vagge Dr.
Wagner Court	90E	Burke Street
Xavier House	34 E	25 Morgan St.

Source: NHHFA, *Directory of Assisted Housing, 1997, with updates*. Key: M - mentally handicapped, P - Physically handicapped; DD - Developmentally disabled; E - Elderly; F - Family; T - Transitional.

E.2. Waiting Lists

The Nashua Housing Authority reports that as of June 1999, it had 657 families on its Public Housing waiting list, and another 875 on the waiting list to receive Certificates and Vouchers. This figure is considerably lower than in June of 1991, when it had 929 families on the public housing waiting list and another 1,191 on the Certificate and Voucher list. The decrease may be attributable to the improved economic climate experienced in the region during the late 1990s.

It should be noted that while the waiting list has fewer families on it now than it did in 1991, the availability of public housing and housing assistance for low and moderate-income families is critical and chronic. The 657 family waiting list for public housing translates into a four- to five-year wait, and for senior citizens the wait could be as long as five to seven years.

Some owners/managers of assisted housing have shared their waiting list information as follows:

TABLE E.2.1
WAITING LISTS FOR ASSISTED HOUSING

<i>Project Name</i>	<i>Number on list</i>	<i>Length of wait</i>
Brook Vill. 2-BR	15	
Brook Vill. 3-BR	15	
Clocktower 1-BR	Na	Usually one year
Clocktower 2-BR	Na	6-18 months
Coliseum Sr. Res.	Closed	Don't count; list too long
Gatewood Manor	Na	One year
NHA 1 BR elderly	195	Five to seven years
NHA 2 BR elderly	3	
NHA 1 BR family	110	Four to five years
NHA 2 BR family	200	Four to five years
NHA 3 BR family	96	
NHA 4 BR family	9	
NHA 5 BR family	2	
NHA vouchers	795	
Wagner Court eld.	118	
Village Gate	Na	One year

E.3. Assisted Housing to be Lost

The Housing Authority is planning to demolish 24 of the 48 units at Bronstein Apartments on Central Street. These are four- and five-bedroom units, for which the demand has declined. Additionally, this will reduce housing density to a more typical level for Nashua. No units are expected to be lost through participation in the HOPE VI program.

Exhibit G includes the expiration date of affordable use of developments as applicable.

E.4. Comparative Share of Assisted Housing

Table E.4.1 shows the comparative share of affordable housing in communities in the Nashua region. Those that accommodate a higher percentage than the region and state are shown shaded, including Nashua.

TABLE E.4.1
ASSISTED HOUSING, 1997/COMPARATIVE SHARE

<i>Municipality</i>	<i>Total Housing Units, 1997</i>	<i>Percent Assisted Units</i>
Amherst	3,679	0%
Brookline	1,274	0%
Hollis	2,441	1.0%
Hudson	7,735	0.8%
Litchfield	2,319	1.7%
Lyndeborough	568	0%
Merrimack	8,672	0.9%
Milford	5,196	3.9%
Mount Vernon	696	0%
Nashua	34,522	5.1%
Pelham	3,632	1.3%
Wilton	1,345	2.5%
NRPC Region	72,079	3.1%
State of NH	540,080	3.1%

Source: NHHFA, *Directory of Assisted Housing, 1997*; US Census; NRPC.

E.5. Public Housing Strategies and Resident Initiatives

GENERAL

The Nashua Housing Authority has scored highly on its federal assessments for management and operations. In the most recent scoring, the Authority achieved a 99.25% rating, indicative of a high performer.

All lead-based paint has been removed from public housing units.

IMPROVING THE LIVING ENVIRONMENT

The Annual Reports of the Nashua Housing Authority provide a comprehensive view of its resident initiatives, including the following:

- Adult Day Service Program
- Congregate Housing Services Program
- Public Housing Drug Elimination Program

- Resident association organization
- Senior Relations Officer of the Nashua Police Department
- Exercise classes (with the YMCA)
- Cooking/nutrition education
- Movies
- Commodity Supplemental Food Program
- Complimentary transportation to grocery store (by Ryder)
- Distribution of free bus passes (funded by the State Department of Elderly and Adult Services)
- Scholarships to the Adult Learning Center
- Cultural Arts Program for children
- Summer Recreation Program for children
- Summer Employment Program

The rehabilitation needs are described in the Annual Statement for the Comprehensive Grant Program. The Five Year Plan has been updated yearly so that all modernization needs are identified, quantified, and ready to be implemented upon receipt of funding. [Optional Table 4 for the Consolidated Plan has not been completed due to the uncertain definition of the terms used.]

MANAGEMENT AND HOMEOWNERSHIP BY RESIDENTS

Residents participate in a number of ways that affect the management of public housing in Nashua. Residents are formally surveyed and public hearings held for their input into the Drug Elimination Program and the capital improvement program. Many of the activities listed above reflect the preferences of residents, based on participation levels and feedback.

The Authority has previously overseen the sale of 54 units to residents. More recently there has been a sale of a condominium unit to a resident, and the purchase and rehabilitation of a two-family home in cooperation with the City. The Authority will enroll prospective owners in the French Hill NHS homebuyers class as opportunities arise.

CITY ACTIVITIES IN SUPPORT OF PUBLIC HOUSING

The City directly or indirectly supports a number of special services to public housing residents, as follows:

- Adult Day Service Program
- Police Athletic League programs (in facilities funded by the City)
- Evening police patrols
- Girls Inc programs
- Boys & Girls Club programs
- Nashua Youth Council programs
- Bus service
- Library bookmobile

Examples of capital expenditures by the City benefiting public housing residents include modernization and expansion of schools (Dr. Crisp, Amherst Street), reconstruction of streets and sidewalks (Burke Street, Lake Street, and many others), and improvement of recreation facilities (Lyons Field, Haines Street fields, the west side rail-trail). The City also operates neighborhood housing improvement programs in areas around public housing.

The City monitors housing authority efforts through a number of means, including Housing Authority Commission membership of an Alderman, liaison through the Mayor's office, receipt of regular reports, and interaction with staff at various levels.

PART TWO

COMMUNITY DEVELOPMENT NEEDS AND OBJECTIVES

A. Identification of Non-Housing Needs

Needs, objective, and goals for activities other than housing are described in this section. The tables used are in the HUD-prescribed format and HUD-defined categories. One will find that an objective may overlap into more than one category. For example, a public facility serving seniors is found in the “Senior” objectives, where it might also be shown in the “Public Facilities” section. The categories are as follow:

- Public Facilities (PF-X)
- Infrastructure (IN-X)
- Senior (SE-X)
- Youth (YO-X)
- Anti-Crime (AC-X)
- Economic Development/Opportunity (ED-X)
- Public Services (PS-X)
- Planning/Administration (PL-X)
- Other (OT-X)

Each objective is accompanied by a description of the need and the number of elements that are set as a goal for the short-term and five-year period of this Plan. Short-term is deemed to be a two-year period. In some cases, an activity may occur within the five-year period, but not in the short-term. In this case, it is noted as “na.”

The sources of the objectives are many, and includes the following:

- Capital Improvement Program
- Master Plan
- City Department consultations
- Provider agency consultations and surveys
- Nashua Housing Authority consultation
- Waiting lists for services and facilities
- Ad hoc committees
- Individuals
- Center for Economic Development
- Nashua Regional Planning Commission
- Neighborhood meetings
- United Way Community Needs Assessment

One may also refer to the consultation matrix and citizen participation process in the Part One for a description of the many sources consulted.

Reiterating the cautionary note at the beginning of the Plan – many of these objectives would be carried out by parties other than local government and, thus, beyond the immediate control of the City of Nashua.

INSERT TABLE 2B COMMUNITY DEVELOPMENT NEEDS

Table 2C

Summary of Specific Housing and Community Development Objectives by Priority Need Category

City of Nashua, NH

1. Public Facilities (PF)

Note: By HUD definition, facilities where services are provided to the general public are deemed to be “public facilities,” whether they are owned by government or a private entity.

Objective PF-1 Renovate neighborhood playlots and playing fields.
Need: Replace obsolete equipment; reconfigure sites for modern uses.
Five-year goal: 9 sites
Short-term goal: 3 sites
Objective PF-2 Renovate and/or expand schools.
Need: Achieve modern standards for older schools; eliminate need for portable classrooms.
Five-year goal: 3 school
Short-term goal: 1 schools
Objective PF-3 Replace or renovate fire stations.
Need: Replace obsolete stations; improve response times; bring stations up to current standards.
Five-year goal: 2 stations
Short-term goal: 1 station
Objective PF-4 Use discontinued rail lines for open space/recreation.
Need: Meet recreational needs in high density neighborhoods.
Five-year goal: 1 site
Short-term goal: 1 site
Objective PF-5 Increase off-street parking in congested neighborhoods.
Need: Reduce traffic congestion; facilitates snow removal; pedestrian safety; improves visual policing of neighborhoods.
Five-year goal: 50 spaces
Short-term goal: 10 spaces
Objective PF-6 Renovate/expand facilities for mental health services.
Need: Replace obsolete building systems; improve energy efficiency; improve security; increase fire safety; make more efficient use of space; increase capacity.
Five-year goal: 3 facilities
Short-term goal: 1 facility
Objective PF-7 Renovate/expand facilities for physically handicapped services.
Need: Replace obsolete building systems; improve energy efficiency; improve security; increase fire safety; make more efficient use of space; increase capacity.
Five-year goal: 3 facilities
Short-term goal:
Objective PF-8 Renovate/expand facilities for developmental services.
Need: Replace obsolete building systems; improve energy efficiency; improve security; increase fire safety; make more efficient use of space; increase capacity.
Five-year goal: 3 facilities
Short-term goal: 1 facility

Objective PF-9 Renovate/expand facilities for public health services.
Need: Replace obsolete building systems; improve energy efficiency; improve security; increase fire safety; make more efficient use of space; increase capacity.
Five-year goal: 3 facilities
Short-term goal: 1 facility

Objective PF-10 Eliminate architectural barriers.
Need: Provide equal access to those with physical disabilities.
Five-year goal: 3 buildings
One-year goal: 1 buildings

Objective PF-11 Develop a City-owned bus maintenance facility.
Need: Annual savings on rent; efficiency of operation; energy efficiency; very limited availability of suitable private buildings.
Five-year goal: 1 building
Short-term goal: 1 building

Objective PF-12 Increase number of community garden plots.
Need: Self-reliance; long waiting list; community spirit.
Five-year goal: 100 plots
One-year goal: 30 plots

Objective PF-13 Renovate/expand facilities providing housing and related services (rent assistance, food pantry, housing counseling).
Need: Replace obsolete building systems; improve energy efficiency; increase fire safety; make more efficient use of space; increase capacity.
Five-year goal: 3 facilities
One-year goal: 1 facility

Objective PF-14 Increase recreational facilities in central neighborhoods.
Need: Seek to achieve recreational standards.
Five-year goal: 2 sites
One-year goal: 1 site

Objective PF-15 Formalize well-used trails in existing parks.
Need: Construct to handle use.
Five-year goal: 3,000 linear feet
One-year goal: 1,000 linear feet

2. Infrastructure (IN)

Objective IN-1 Reconstruct deteriorated streets and sidewalks in central Nashua neighborhoods.
Need: Stimulate neighborhood reinvestment; pedestrian safety; removal of architectural barriers.
Five-year goal: 30 blocks
Short-term goal: 6 blocks

Objective IN-2 Separate sanitary and storm sewers; replace as necessary.
Need: Reduce combined sewer overflows; comply with EPA order.
Five-year goal: 50 blocks
One-year goal: 15 blocks

Objective IN-3 Restore Pratt truss bridge in the Millyard.
Need: Historic restoration; pedestrian connection.
Five-year goal: 1 facility
Short-term goal: na

Objective IN-4 Plant trees along neighborhood streets.
Need: Shade; noise reduction; beautification.
Five-year goal: 50 trees
One-year goal: 20 trees

Objective IN-5 Clean-up waste sites (asbestos, etc.).
Need: Eliminate public health hazards; restore usefulness.
Five-year goal: 1 site
One-year goal: na

3. Senior (SE)

Objective SE-1 Expand and renovate senior center.
Need: growing elderly population; replace obsolete building systems.
Five-year goal: 1 facility
Short-term goal: 1 facility (funded multi-year activity CDBG project)

Objective SE-2 Increase capacity to raise funds and compete for grants.
Need: Limited capacity and success.
Five-year goal: 1 staff person
Short-term goal: 1 staff person

Objective SE-3 Provide home health care to the indigent.
Need: Health; reduce isolation.
Five-year goal: 500 persons/year
Short-term goal: 500 persons/year

Objective SE-4 Provide respite care for families with elders.
Need: Health; reduce isolation.
Five-year goal: 50 households/year
Short-term goal: 50 households/year

Objective SE-5 Provide transportation to medical services.
Need: Mobility impaired; no auto.
Five-year goal: 50,000 trips
Short-term goal: 10,000 trips

Objective SE-6 Provide transportation for shopping and social activities.
Need: Mobility impaired; no auto.
Five-year goal: 50,000 trips
Short-term goal: 50,000 trips

Objective SE-7 Provide home-delivered meals.
Need: Nutrition; enable independent living.
Five-year goal: 506 person/year
Short-term goal: 506 persons/year

Objective SE-8 Provide adult day care services.
Need: Avoid more expensive nursing home care; reduce isolation.
Five-year goal: 50 persons/year
Short-term goal: 50 persons/year

Objective SE-9 Provide social, recreational and educational programs.
Need: Fulfillment; mental health.
Five-year goal: 3,600 persons/year
Short-term goal: 3,600 persons/year

Objective SE-10 Provide home heating fuel assistance.
Need: Maintain livable conditions.
Five-year goal: 600 households/year
Short-term goal: 600 households/year

Objective SE-11 Make emergency response systems available.
Need: Prevent dire consequences of health emergencies.
Five-year goal: 50 persons/year
Short-term goal: 50 persons/year

4. Youth (YO)

Objective YO-1 Renovate/expand space for after-school youth.
Need: Meet standards for child care facilities; increase capacity to meet demand; replace obsolete building systems.
Five-year goal: 5 facilities
Short-term goal: 3 facilities

Objective YO-2 Provide adequate space for day-care.
Need: Meet standards for child care facilities; increase capacity to meet demand; replace obsolete building systems.
Five-year goal: 4 facilities
Short-term goal: 2 facilities

Objective YO-3 Provide bilingual counseling to abused/neglected youth and their families.
Need: Provide equal access to non-English speaking.
Five-year goal: 100 households
Short-term goal: 40 households

Objective YO-4 Renovate/expand facilities for abused/neglected/delinquent youth.
Need: Provide transitional living situation for teens; increase capacity to meet demand; replace obsolete building systems; increase energy efficiency.
Five-year goal: 2 facilities
Short-term goal: 2 facilities

Objective YO-5 Divert youth from prosecution through the courts.
Need: Prevent recidivism; avoid stigma;
Five-year goal: 600 youth/year
Short-term goal: 600 youth/year

Objective YO-6 Study feasibility of extending school hours.
Need: Determine if it is a useful and practical means to reduce delinquency among "latch key" children.
Five-year goal: 1 study
Short-term goal: 1 study

Objective YO-7 Create teen center.
Need: Prevent delinquency by providing a place to go.
Five-year goal: 1 facility
Short-term goal: 1 facility

Objective YO-8 Operate after-school and vacation programs.
Need: Prevent delinquency; educate; soicalize.
Five-year goal: 2,400 youth/year
Short-term goal: 2,400 youth/year

Objective YO-9 Provide affordable dental care.
Need: Referral from schools and health providers.
Five-year goal: 100 youth/year
Short-term goal: 100 youth/year

Objective YO-10 Provide primary health care.
Need: uninsured and underinsured.
Five-year goal: 2,000 youth/year
Short-term goal: 2,000 youth/year

Objective YO-11 Detect and treat child abuse.
Need: Educate; council; refer.
Five-year goal: 2,000 youth/year
Short-term goal: 2,000 youth/year

Objective YO-12 Prevent drug abuse.
Need: Educate; council; refer.
Five-year goal: 250 youth/year
Short-term goal: 250 youth/year

Objective YO-13 Reduce school truancy and suspensions.
Need: Prevent dropping out of school.
Five-year goal: 250 youth/year
Short-term goal: 250 youth/year

Objective YO-14 Provide physical and developmental assessments.
Need: Detect treatable symptoms; refer.
Five-year goal: 1,000 youth/year
Short-term goal: 1,000 youth/year

Objective YO-15 Mediate family conflicts.
Need: Avoid abuse and separation.
Five-year goal: 350 youth/year
Short-term goal: 350 youth/year

Objective YO-16 Provide mentoring.
Need: Dysfunctional families unable to provide.
Five-year goal: 200 youth/year
Short-term goal: 200 youth/year

Objective YO-17 Provide nutritious meals.
Need: Only full meal for many.
Five-year goal: 1,000 youth/year
Short-term goal: 1,000 youth/year

Objective YO-18 Early childhood development services.
Need: Medical; social; nutritional needs.
Five-year goal: 50 youth/year
Short-term goal: 50 youth/year
Short-term goal: youth/year

5. Anti-Crime (AC)

Objective AC-1 Install street lighting.
Need: For safety and security.
Five-year goal: 10 lights
Short-term goal: 4 lights

Objective AC-2 Increase Crime Watch areas and support participation.
Need: Reduce neighborhood crime.
Five-year goal: 2 areas
Short-term goal: 1 area

Objective AC-3 Create neighborhood police offices.
Need: community visibility and association.
Five-year goal: 1 office
Short-term goal: 1 office

6. Economic Development (ED)

Objective ED-1 Recruit software and high technology businesses of 50-100 employees.
Need: diversified economy.
Five-year goal: 10 firms
Short-term goal: 3 firms

Objective ED-2 Maintain economic development expertise at the regional level.
Need: mute swings of economy; recruit, retain firms; compete for grants.
Five-year goal: annual support
Short-term goal: na

Objective ED-3 Convert obsolete buildings to contemporary uses.
Need: put into productive use; contribute to tax base; eliminate slums and blight.
Five-year goal: 5 buildings
Short-term goal: 3 building

Objective ED-4 Eliminate slums and blighting influences in redevelopment areas.
Need: encourage reinvestment; public health and safety.
Five-year goal: 10
Short-term goal: 3

Objective ED-5 Provide childcare for parents who are receiving job training, working.
Need: replace obsolete building systems; maintain compliance with child care standards.
Five-year goal: 3 facilities
Short-term goal: 1 facility

Objective ED-6 Continue "Main Street" strategy in redevelopment areas.
Need: prevent decline of areas; eliminate slums and blight; recruit businesses.
Five-year goal: 3 areas
Short-term goal: 2 areas

Objective ED-7 Provide job training and education for adults, especially target populations.
Need: meet needs of local business.
Five-year goal: 500 people
Short-term goal: 200 people

Objective ED-8 Maintain infrastructure essential to development/redevelopment.
Need: attract new enterprises.
Five-year goal: 5 facilities
Short-term goal: 2 facilities

7. Public Services (PS)

Objective PS-1 Provide services to victims of sexual assault or domestic violence.
Need: Crisis intervention and support to stabilize the individual.
Five-year goal: 3,500 persons
Short-term goal: 1,400 persons

Objective PS-2 Provide primary health care for uninsured/underinsured.
Need: Promote health; reduce incidence of disease.
Five-year goal: 5,500 persons
Short-term goal: 2,200 persons

Objective PS-3 Provide reproductive health care for those at risk.
Need: Prevent unintended pregnancies; reduce maternal and infant mortality.
Five-year goal: 15,500 persons
Short-term goal: 6,200 persons

Objective PS-4 Provide affordable dental care to low-income persons.
Need: Improve access to affordable dental care.
Five-year goal: 6,750 persons
Short-term goal: 2,700 persons

Objective PS-5 Provide home health supportive care and hospice services to those who cannot afford it.
Need: Improve chances of recovery; avoid consequential health problems.
Five-year goal: 2,430 persons
Short-term goal: 972 people

Objective PS-6 Provide academic and job training, including ESL.
Need: Prepare for work.
Five-year goal: 17,500 people
Short-term goal: 7,000 people

Objective PS-7 Provide family support for clients of agencies.
Need: Holistic approach to individual and family crises.
Five-year goal: 830 people
Short-term goal: 330 people

Objective PS-8 Provide information and referral services.
Need: Direct people to appropriate service providers.
Five-year goal: 25,000 referrals
Short-term goal: 10,000 referrals

Objective PS-9 Provide affordable mental health counseling.
Need: Reduce isolation, dependency; self-sufficiency.
Five-year goal: 1,875 people
Short-term goal: 750 people

Objective PS-10 Provide affordable child care to families involved in job training, education, working.
Need: Makes it possible to move from low-paying jobs, sustain family.
Five-year goal: 700 households
Short-term goal: 280 households

Objective PS-11 Provide ophthalmology care for uninsured and underinsured.
Need: Treat diseases of the eyes; correct vision to function independently.
Five-year goal: 1,000 persons
Short-term goal: 400 persons

Objective PS-12 Provide affordable optometry services.
Need: Correct vision to function independently.
Five-year goal: 1,000 people
Short-term goal: 200 people

Objective PS-13 Provide mammography for uninsured and underinsured.
Need: Detect tumors at an early stage.
Five-year goal: 1,200 people
Short-term goal: 250 people

Objective PS-14 Provide access to personal computers for low-income households.
Need: Job readiness; provide skills needed by area businesses.
Five-year goal: 250 PC's
Short-term goal: 20 PC's

Objective PS-15 Provide marital mediation to low-income couples.
Need: Prevent divorce, abuse, separation.
Five-year goal:
Short-term goal:

8. Planning/Administration (PL)

Objective PL-1 Develop plan for Millyard Heritage Park.
Need: Protect historic resources; increase river front use; display Nashua heritage.
Five-year goal: 1 plan
Short-term goal: 1 plan

Objective PL-2 Develop plans for neighborhood and commercial redevelopment areas.
Need: Identify slum and blight influences; leverage funds; coordinate strategies.
Five-year goal: 2
Short-term goal: 1

Objective PL-3 Build Internet site for programs.
Need: Public access to information.
Five-year goal: 1 site
Short-term goal: 1 site

Objective PL-4 Use Geographic Information System for housing and redevelopment database.
Need: Efficient record keeping; coordination with other departments.
Five-year goal: 4 data bases
Short-term goal: 2 data bases

Objective PL-5 Review historic district regulations and boundaries.
Need: Determine if regulations are achieving ends; determine if boundaries need to be adjusted.
Five-year goal: 1 study
Short-term goal: 1 study

Objective PL-6 Study need for additional center city swimming pool.
Need: Master Plan; citizen interest.
Five-year goal: 1 study
Short-term goal: 1 study

Objective PL-7 Assess city-wide fire safety needs.
Need: Update Fire Pro study.
Five-year goal: 1 study
Short-term goal: 1 study

9. Other (OT)

Objective OT-1 Reduce housing densities in very congested areas.
Need: Create open space, parking. Eliminate blighting influences. Fire safety.
Five-year goal: 5 properties
Short-term goal: 2 properties

Objective OT-2 Coordinate human service case management w/information and referral.
Need: integrated and efficient delivery of services.
Five-year goal: tbd
Short-term goal: tbd

Objective OT-3 Expand public transportation service.
Need: access to employment and services.
Five-year goal: expanded hours; more frequent service.
Short-term goal: na

Objective OT-4 Attract a full-line grocery store to the downtown.
Need: convenience and economy for large population in inner-city.
Five-year goal: 1 store
Short-term goal: 1 store

PART THREE

ANTI-POVERTY AND INSTITUTIONAL STRUCTURE

A. Anti-Poverty Strategy

This plan focuses on housing but, inevitably, the larger subjects of human welfare and poverty come into play. Housing problems have the following relationship to poverty, as suggested in "A Report of the Joint Advisory Panel on the Housing Component in Welfare Reform" (National Association of Housing and Redevelopment Officials and The American Public Welfare Association, 1989):

- Limited housing choices frequently affect a household's ability to achieve self-sufficiency by limiting the mobility needed to seek work and improve social conditions.
- Housing conditions affect the well being of individuals, both physically and mentally. Anxieties and stress from unsafe and unhealthy housing affect the mental health of people.
- Children's ability to develop intellectually and socially is affected by their living environment.

The City's anti-poverty strategy will focus on encouraging housing providers to enroll their clients in the significant number of self-improvement programs that are available. Nashua's policy, like that at the national level, is to stress preparation for work and the temporary provision of welfare with the expectation that self-sufficiency can be achieved. The City's role in reducing poverty is limited to those factors over which the City has control. They are (1) the ability to identify and weigh needs, (2) the encouragement of housing to meet the need of all of its citizens, (3) the coordination of resources available to combat poverty, and (4) funding of targeted programs. These are described more fully below.

A.1 Identifying and Weighing Needs

PARTICIPATION IN THE UNITED WAY COMMUNITY NEEDS ASSESSMENT

City representatives from the Community Development Division, School Department, Fire Department, Welfare Department, ChildCare Office, and Community Health Department participated.

REVIEW AND COMMENT COMMISSION

The Mayor appoints a volunteer commission to review programs and administration of non-profit organizations seeking City government support. Over 30 people participate, including City staff. The programs are largely targeted to populations with special needs.

A.2 Encouragement of Housing to Meet the Needs of Its Citizens

As mentioned above, this component of the anti-poverty strategy is the main focus of the Consolidated Plan.

A.3 Coordination of Resources Available to Combat Poverty

The following are among the efforts by the City to combat poverty:

Continuum of Care The continuum of care described elsewhere in this Plan is targeted to those in poverty.

Information and Referral One of the organizations funded is the Information and Referral Service, operating a hotline for crises, and facilitating the coordination of service delivery.

Participation on non-profits A large number of City employees and elected officials serve on the boards of agencies targeting services to those in poverty. Examples are the Southern New Hampshire HIV/AIDS Task Force, French Hill NHS, and Adult Learning Center.

Child Care Coordinator This position was created a few years ago in recognition of the importance of childcare to low income households.

Nashua Inter-Agency Council The agencies delivering services, including housing, also have the Nashua Inter-Agency Council (NIAC) as a vehicle for coordinating anti-poverty services.

A.4 Funding of Anti-Poverty Programs

Welfare Public assistance provided by the City is described elsewhere in the Plan.

Center for Economic Development The City funded the initial study that led to the creation of this entity, and now supports the revolving loan fund through the Community Development Block Grant.

French Hill Neighborhood Housing Services City officials participate on the board and committees of this organization dedicated to serving the needs of a lower income neighborhood. The City also supports its operation financially. This will serve as a model for eventual application in other neighborhoods.

Greater Nashua Housing & Development Foundation City officials, employees of other non-profits serving housing and other needs, and persons in the private sector serve on the board of this organization. The City has supported its activities financially.

Adult Learning Center Childcare for low-income working parents.

Community Council Mental health services for those of low-income and the uninsured.

Nashua Pastoral Care Center Funding of security deposit loans for renters and transitional housing.

Home Health and Hospice Care Medical care for the indigent.

The Neighborhood Health Center of Greater Nashua, Inc. Reproductive health care for low-income women.

Marguerites Place Transitional housing for women.

Greater Nashua Child Care Center Child care services for parents receiving government assistance and/or participating in job training/education programs.

Nashua Soup Kitchen & Shelter Transitional housing.

Southern New Hampshire Services Transitional housing.

B. Institutional Structure and Coordination

B.1 Summary of Housing Organizations

<u>Type</u>	<u>Organization</u>	<u>Housing Role (Federally Funded?)</u>
Public, local	Nashua Housing Authority	Owns, maintains, and manages 662 public housing units; administers tenant-based assistance for 693 households; operates various service programs for residents and some non-residents. Develops new housing under various HUD programs.(yes)
	Welfare Dept., City	Administers income maintenance and assistance programs. (no)
	Urban Programs Dept., City	Operates HUD-funded housing rehabilitation; administers assistance to non-profits under CDBG; prepares Consolidated Plan; administers Housing Code. (yes)
	Planning and Building Dept., City	Prepares City Master Plan; administers subdivision, zoning, and building ordinances. (no)
	Assessing Office, City	Administers residential property tax exemptions. (no)
Public,	New Hampshire Housing Finance Authority	Statewide entity for housing finance and State program implementation; prepares State housing plans, including Consolidated Plan; administers HOME program.

		(yes)
	Div. of Mental Health & Developmental Services	Statewide entity for human services and related housing programs. (yes)
Private	Banks and mortgage	Capital lending. Access to secondary mortgage companies financing. Loan underwriting. (yes)
	Developers	Real estate and construction expertise.
Non-profit	Nashua Housing Grant Corporation	Special purpose corporation formed to administer mortgage loans to two projects assisted through Housing Development Grants. (yes)
	Greater Nashua Housing & Development Foundation	Owns and operates affordable housing for low-, moderate-income and/or otherwise disadvantaged persons; acquires, develops, and/or manages properties. (yes)
	Harbor Homes, Inc.	Owns and operates permanent and emergency housing for mentally ill persons. (yes)
	Area Agency for Developmental Services, Region VI	Owns, leases, and operates housing for persons with developmental disabilities. (yes)
	PLUS Co., Inc.	Owns, leases, and operates housing for mentally-retarded and disabled persons. (yes)
	Greater Nashua Council on Alcoholism, Inc.	Leases and operates facility for emergency shelter for substance abusers. (yes)
	Rape & Assault Support Services, Inc.	Owns and operates housing for domestic violence and rape victims. (yes)
	Nashua Children's Home	Owns and operates group foster home for youth. (yes, as subrecipient)
	Nashua Soup Kitchen & Shelter, Inc.	Owns and operates emergency shelter and transitional housing. (yes)

Nashua Pastoral Care Center, Inc.	Provides direct rental assistance, owns, and leases units for transitional housing. (no)
French Hill NHS of Nashua, Inc.	Provides down payment assistance, housing rehabilitation financing, homebuyer counseling, security deposit loans, and other neighborhood-focused activities. (yes)
Marguerites Place, Inc.	Owns and operates transitional housing. (yes)
The Salvation Army	Direct emergency housing assistance, food, clothing, furniture, etc. (no)

B.2 Institutional Structure: Background

In order to build a constituency in Congress, the National Affordable Housing Act, seeks to accommodate many housing philosophies. Nevertheless, one theme is prevalent throughout - that public agencies must form "partnerships" with the private sector. This is stated in the Act as follows: "The purposes of this Act are... to extend and strengthen partnerships among all levels of government and the private sector, including for-profit and non-profit organizations, in the production and operation of housing affordable to low-income and moderate-income families..."

In Nashua during the 1980's, the prime force affecting housing production was the regional economy. The private sector was almost solely responsible for the development of 7,900 units of housing in the City during the 1980's, an increase of 31%. On the other hand, Federal funding, which has traditionally been the vehicle for provision of housing for the poor, declined by 44% during that same ten-year period.

The City did begin to develop policies for the inclusion of affordable housing in new, private developments toward the end of the 1980's, but with the decline in new construction, the prospects for creating affordable housing by that means has dimmed. The City also regularly funded housing rehabilitation assistance (through CDBG) on a modest scale, and made extensive use of the Rental Rehabilitation Program.

The Nashua Housing Authority aggressively sought and obtained funding for rental assistance and development of public housing from the very limited pot of funding that was available.

Non-profits serving special housing needs and the homeless were successful in recruiting members of the business community to their boards and in obtaining private mortgage financing in a number of incidences, but it is unclear how many of these

gained favorable consideration as a result of Community Reinvestment Act obligations. In fact, the greatest activity in producing affordable housing in the City recently has been for the special needs population, as evidenced by the number of beds that have been added. McKinney Act funding and State policy to deinstitutionalize clients have been responsible for much of this activity.

Recognition of the need to build partnerships for the creation of affordable housing for the general population has resulted in two initiatives in the City in recent years. The first was the creation in 1989 of the Greater Nashua Housing & Development Foundation, a community-based, private non-profit organization with its board of directors representing the Nashua Housing Authority, City government, the private sector, including real estate, development and business, and social service providers. The Foundation was specifically created to coordinate, facilitate, and advocate for city/regional initiatives targeting the affordable housing needs of the community. The Foundation was designed to function as the focal point and operative entity for coordinated, complementary housing programs and projects, with the potential of acting as developer, owner, financier, and catalyst for cost-effective housing strategies. The Foundation has been staffed for over six years, with an executive director coming on-board in its second year. The representation of City and authority governing bodies on the foundation board acts to facilitate mutually agreed upon endeavors. The Foundation has been participant in the HOME program administered by the City.

The City also took the initiative to seek participation in the Neighborhood Housing Services Program of the Neighborhood Reinvestment Corporation (NRCorp). It did so by responding to the needs voiced by a specific neighborhood, known as French Hill, and then allocating \$125,000 as seed money. This commitment led the NRCorp to commit to the development of an NHS in French Hill. The process began in January of 1991. It has launched a number of rehabilitation and purchasing programs. The NRCorp also has a sister organization, the Neighborhood Housing Services of America, that functions as a secondary market for NHS loans. Resident involvement in all phases of the NHS program is a prerequisite.

On May 8, 2000 the two organizations merged to form Neighborhood Housing Services of Greater Nashua, Inc., with the Executive Director of the former Greater Nashua Housing & Development Foundation assuming the leadership role in the new organization.

B.3 Institutional Structure: Capabilities

Market Analysis, Pro Formas, Appraisal, Acquisition, Underwriting. Public and non-profit agencies are increasing their capabilities in these areas. Non-profit agencies have typically relied on the professional experience and associations of their board members to seek financial support, both from donors and from financial institutions. The former Greater Nashua Housing & Development Foundation, now Neighborhood Housing Services of Greater Nashua, Inc., has capabilities in this area; the City Urban Programs Department staff also has training and experience in this area and has analyzed pro formas for the purpose of the HOME program. Because of the small scale of local operations, consulting services are used when needed.

Utilization of Financing. Public and non-profit agencies have primarily relied on categorical Federal and, in some cases, State programs to create affordable housing. These include Low-Income Public Housing, Section 8 Vouchers and Certificates, McKinney Act programs, and the Community Development Block Grant. The Nashua Housing Authority has used its bonding ability to issue multi-family mortgage revenue bonds for the Clocktower Place project. This project was also supported by two Housing Development Grants administered by the City's Urban Programs Department. At least two non-profits have utilized the Federal Home Loan Bank Board's Affordable Housing Program. To date, the Low-Income Housing Tax Credit has been used for the Clocktower Place project and three privately owned HOME projects including a recent 17 unit project carried out by Greater Nashua Housing & Development Foundation with the Nashua Housing Authority.

Development, Construction Management. In the public and non-profit sectors, development capabilities exist in varying degrees. The Nashua Housing Authority has staff capacity for project management, having developed conventional low-income public housing, both new construction and substantial rehab. Design and inspection services are contracted for. The City Urban Programs Department operates housing rehabilitation programs with a capacity for 60 units per year. The staff recruits and prequalifies contractors, prepares rehabilitation work write-ups (including "gut" rehabs), bids, inspects work in progress, and authorizes payments. Outside consulting services for unusual structural and mechanical problems are occasionally employed.

Project Management. These range in size from a six-bed shelter to 84 beds in scattered group residences. The largest affordable housing manager, however, is the Nashua Housing Authority, which owns, maintains and leases 662 public housing units.

Tenant-Based Assistance. The Nashua Housing Authority operates the largest tenant-based assistance program, assisting 693 households with Section 8 vouchers and certificates. The City Welfare Department provides housing vouchers to households seeking employment and longer-term assistance. The Nashua Pastoral Care Center provides security deposit loans.

Emergency Housing. Emergency shelter for the general population is provided by the Nashua Soup Kitchen & Shelter and Harbor Homes, and emergency shelters serving those with certain special needs are operated by Harbor Homes, Rape & Assault Support Services, and the Greater Nashua Council on Alcoholism.

Supportive Services. Supportive services are described in the "continuum of care" narrative in Section 220d.

B.4 Institutional Structure: Strengths and Gaps

Strengths

1. A full-service housing authority;
2. Capacity for housing rehabilitation;
3. Municipal planning and building code staff;

3. Emergency shelter network;
4. Community support of non-profit organizations;
5. Housing experience of non-profits serving special needs clients; and
6. A highly participative resident community that serves on boards of non-profits.

Gaps

1. Limited formal involvement of private sector in financing affordable housing;
2. Development partnerships between non-profits and private sector;
3. Technical assistance to non-profits in project development stages;
4. Experience in developing affordable housing for the general population by using multiple resources, rather than relying on individual categorical programs;
5. Mechanism for centralizing information on housing assistance in the City; and
6. Need for consensus and focus on community priorities.

C. Monitoring

The City shall use the standards of the Community Development Block program in the monitoring of subrecipients and implementing agencies. City staff have attended HUD-sponsored training on subrecipient contracting and monitoring in the past, and will use such opportunities as are available in the future. The City uses the publication "Managing CDBG: A Guidebook for Entitlement Grantees on Subrecipient Oversight," prepared for HUD, in the implementation of subrecipient procedures.

Subrecipient agreements include quantifiable objectives, reporting requirements, billings, and accounting. Agencies shall be required to report on assistance received, assistance provided, beneficiaries (including household type, income and race), and other data as required for the applicable program. Operating agencies receive direction on Federal Labor Standards, procurement, and other matters. Annual independent audits are performed for the City each year and are required of each subrecipient.

The City shall also make use of the findings of performance done by the City's Review and Comment Commission and the United Way. Participation in these processes and the City's own comprehensive planning process (the CDBG-administering office is part of the City division that performs comprehensive planning) promote consistency with the plan requirements.

The City maintains minority and disadvantaged business directories in the Urban Programs office, and makes these available to subrecipients in their procurement efforts.

PART 4

ANNUAL ACTION PLAN

A Allocation of Resources

The following pie chart shows the average historical distribution of CDBG monies per area of concern for the past four fiscal years.

INSERT PIE CHART

B. Proposed Projects

RESOURCES

The many resources that will be available to tackle the needs and specific objectives are described in sections I.A.3, I.C.1, I.D.1, III.A.4, and III.B4. The Community Development Block Grant formula amount for Fiscal Year 2001 is \$848,000. Program income is expected from repayments of loans made through the Housing Improvement Program. Approximately \$110,000 will be available by reprogramming from prior grants. This is usually due to prior grant years' program income and underspending on prior projects.

Though not a direct recipient, the City will continue to seek subrecipient HOME funding of up to \$400,000. This will be matched by contributions from owners, such as the gift of the former St. Louis School.

STATEMENT OF SPECIFIC OBJECTIVES

Table 2C in the applicable sections of the Plan set specific objectives for both the short term and five-year duration of the Plan.

DESCRIPTION OF PROJECTS

The succeeding pages describe activities to be undertaken during the coming year.

GEOGRAPHIC DISTRIBUTION

Of those activities that serve neighborhoods (as opposed to clients), all are within the CDBG target area. This area, using 1990 Census data, is quite a bit smaller than it was previously, when the 1980 Census data was in effect. The result is even greater targeting geographically. The selection of the targeted area conforms to the lower-income areas found by the Census; it does not leave any out. This targeting is reinforced by data collected through other studies cited in this Plan, in Exhibit G and elsewhere. Seven non-housing capital projects for subrecipients are in the target area and also qualify based on clientele. Two activities – the Nashua Children's Home, and Nashua Center for the Multiply Handicapped - are outside the designated target area, due to the pre-existing location of their facilities.

HOMELESS AND SPECIAL POPULATIONS

While the City budget process is still underway at the time of this submission, it is anticipated that the following projects, which have been supported on an on-going, annual basis and directed to those needing emergency shelter and transitional housing will be funded:

Civic and Community Activities (Account 505): Nashua Pastoral Care Center; Rape & Assault Support Services; Nashua Soup Kitchen & Shelter; Marguerite's Place; Community Council (Information and Referral Service); Keystone Hall; and Harbor Homes.

Community Development Block Grant: Keystone Hall; Nashua Soup Kitchen & Shelter; Nashua Pastoral Care Center; and Nashua Childrens' Home.

City department services: Welfare Department; and Public Health Department.

These are more fully described in Sections I.C.1., I.D.1., and III.A.

NEEDS OF PUBLIC HOUSING

The following activities are undertaken jointly with the Nashua Housing Authority (NHA): Senior Relations Officer; transportation services, including most of the service to the Adult Day Care Program; summer recreation program (with the Police Athletic League and Parks Department; evening police patrols of Authority apartments; and Library bookmobile. The following agencies operate programs benefiting Authority residents and are supported financially by the City: Nashua Youth Council; Nashua Association for the Elderly; Caregivers; Home Health & Hospice Care; Boys & Girls Club; and Girls Inc.

The NHA is not one of those housing authorities designated by HUD as troubled, and there is no prospect that it would be so designated, as it received a rating of 99+ in a recent HUD evaluation.

ANTI-POVERTY STRATEGY

All of the activities described in Sections III.A.2 and A.3 are expected to be carried on in the coming fiscal year.

LEAD-BASED PAINT HAZARDS

In the coming year, the City will continue to carry out the lead hazard reduction projects already committed in the pipeline. A total of 57 Nashua units will be treated with funding awarded to the New Hampshire Housing Finance Authority in 1998. As required, CDBG will be used in part to fund these projects in owner-occupied one- to four-family buildings.

OTHER ACTIONS

Other actions the City plans to take during the next year or two to address obstacles to meeting underserved needs, foster and maintain affordable housing, remove barriers to affordable housing, develop institutional structure, enhance coordination between public and private housing, health, and social service agencies, and foster public housing improvements and resident initiatives are as described in the preceding sections of the Plan.

MONITORING

The City shall use the standards of the Community Development Block program in the monitoring of subrecipients and implementing agencies. City staff have attended HUD-sponsored training on subrecipient contracting and monitoring in the past, and will use such opportunities as are available in the future. The City uses the publication "Managing CDBG: A Guidebook for Entitlement Grantees on Subrecipient Oversight," prepared for HUD, in the implementation of subrecipient procedures.

Subrecipient agreements have been refined to improve quantifiable objectives, reporting requirements, billings, and accounting. Agencies shall be required to report on assistance received, assistance provided, beneficiaries (including household type, income and race), and other data as required for the

applicable program. Operating agencies receive direction on Federal Labor standards, procurement, and other matters. Annual independent audits are performed for the City each year and are required of each subrecipient.

The City shall also make use of the findings of performance done by the City's Review and Comment Commission and the United Way. Participation in these processes and the City's own comprehensive planning process (the CDBG-administering office is part of the City division that performs comprehensive planning) promote consistency with the plan requirements.

The City maintains minority and disadvantaged business directories in the Urban Programs office, and makes these available to subrecipients in their procurement efforts.

INSERT EXHIBIT A - PARTICIPATION MATRIX

EXHIBIT B

Five Year Community Planning Questionnaire

February 3, 2000

City of Nashua
Community Development Division
City Hall – 229 Main Street
P.O. Box 2019
Nashua, NH 03061-2019

Please complete and return this questionnaire to Joan Schulze, City of Nashua, Community Development Division, by **February 3, 2000**. Please use the reverse side of the page or additional paper if required.

Agency Name:

Address:

Contact Person/Title:

Phone:

Facsimile:

Email:

I. Organization Mission/Goals

What is the mission of your organization? What organizational goals will the project address?

II. Description of Services

What services does your organization provide? For example, does your organization provide emergency housing, permanent housing, transitional housing, food, medical services, outreach, mental health, special needs, or other?

III. Description of Project

Do you anticipate a capital cost, a renovation, or building expansion with a cost of \$20,000 or more in the next five years? Please describe the project stating possible location, size, and components including whether project will include new construction, demolition, renovation/rehabilitation, property purchase, and/or refinancing.

IV. Target Population

State the target population to be served by the project. Describe the population in terms of race, ethnicity, disability, gender, single parent, homeless, abused/neglected children, HIV/AIDS, low income, youth, or senior citizens.

V. Project Need

Describe the need for the project. For example, is there a waiting list that this project would help reduce or eliminate? Please quantify where possible. For example, how many persons are on a waiting list. Is there a legal mandate? Would the project reduce the agency's operating costs, extend the life of the facility, improve efficiency, expand services, modify the facility to meet current needs, provide an improved location, or enhance health and safety environment? Does the public support and request this proposed project?

VI. Project Status

What is the status of the project? Describe any site selection, program development, specifications, and so forth that have been defined.

VII. Costs

What are the anticipated project costs and major cost components in the next five years? Describe efforts that have been made, or will be made, to secure other sources of funds through fund drives, government programs, foundations, and charitable organizations. Include targets, timetables, and commitments.

EXHIBIT C

CONSOLIDATED PLAN WORKSHOP – RECOMMENDATIONS

One hundred and twenty invitations were sent to citizens, religious organizations, social service organizations, city and state representatives. In addition, the workshop information was posted at public libraries, grocery stores, the Child Health Clinic, City Welfare, by various organizations and printed in the local newspaper.

Approximately 70 individuals attended the workshop. The participants were divided into the priority groups of Housing, Special Needs Housing, City Facilities and Planning, Economic Development, Job Training, Senior Facilities and Services, Human Services/Health, and Youth Facilities and Services.

The smaller groups addressed given objectives and then shared their comments with the larger group. All participants had the opportunity to give suggestions for all priority groups.

The salient information gathered at this workshop is used in the content of the Consolidated Plan.

Recommendations from Consolidated Planning Workshop March 1, 2000

City Facilities and Planning (Paul Newman (facilitator), Mary Gorman, June Caron, Mike Buxton, Anthony Ferraro)

- Rebuild/widen sidewalks in association with sewer work
- Increase buses and bus routes
- Create a municipal youth center, especially for teens
- Build two new swimming pools for kids in summer – One possible location is Ledge St. School neighborhood
- Define in-kind services to City buildings to attract matching funds
- Vacant commercial land/buildings – use to attract industry
- Relieve parking crunch in congested areas – create parking areas in neighborhood: i.e. Park and Live
- Use Johns Mansville site for recreation

Economic Development/Job Training (Mike Mancini (facilitator), Mary Jordan, Alyson Genovese, Karen Baranowski)

EC -> means jobs creation -> recruiting -> starting businesses/supporting businesses -> need trained employees (lack of employees means limited growth) -> attracting employees in these economic times means we need jobs training programs which leads to self-sufficiency for workers and higher paying opportunities in the future even when the general economy slumps.

- #1 predictor healthy outcomes
- #1 predictor self sufficiency
- #1 predictor sustainability of family long term

Target populations (where do they come from?):
ESL – populations

Low-income populations
High school dropouts

How will CDBG funds help:

Use to fund current programs/facilities (rehab center city facilities near transportation); develop downtown grocery store
Pay extra overhead in existing facilities such as schools used for expanded programs
Support trade high school
Support public transportation to jobs/education
Support to bring existing facilities for possible program use e.g. PAL station

Cost estimates

1 course (15 or 6 weeks) x 1 person = \$200 for computer training/data entry at ALC. Does not include equipment or upgrades

Senior Facilities and Services (Robert Sousa (facilitator), Mike Vaccaro, Meghan Brady, Pam Hicks, Pat Francis)

Low-income housing for the elderly with wrap-around services
Provide home health care to the indigent low-income (5-year goal:
Find ways to patch gaps, short-term goal: identify gaps)
Provide home-delivered meals (short-term goal: prevention aspect – last 6 weeks of life)
Provide transportation to medical services linked with transportation to shopping and social activities (all-around transportation services for the elderly)
Provide respite care to families with elders (such as those with Alzheimer's (pay for 24-hour care to take a break, burden of worry)
Reduce waiting list by x units a year; short term: quantify the problem
Overarching goal: increasing fundraising
Problem of no grocery store in downtown

Human Services/Health (Shawn Marquis (facilitator), Rob Wagner, Robin Zellers, Bill Watson, Ann Marie Chamberlain, Johny Perez, M.D., Carol Farmer, Bob Mack, Russ Johnson)

Objective HS-1

Renovate/expand facilities for mental health services: Short term goal: \$85,000 for new boiler/heating system and windows; 5 year goal: \$425,000 for renovating 7 Prospect Street, including replacing windows, heating system, locks, carpets, other general maintenance items, etc.

Objective HS-2

Renovate/expand facilities for physically handicapped services: Short-term goal: Establish fund for non-accessible agencies and prioritize by need. First year \$50,000; 5-year goal: \$150,000.

Objective HS-4

Renovate/expand facilities for public health services: Short term goal: \$50,000 for face lift 58 Elm Street façade; 5 year goal; \$200,000 for renovating 58 Elm including window replacement, heating system, locks, carpets, other general maintenance items, etc. (United Foundation International)

Objective HS-5

Provide primary health care for uninsured/underinsured: Short term goal: \$40,000 to establish PR campaign, enhance referral process, and linkage to existing services, and subsidize current health services for identified population; 5 year goal: subsidize and increase home care and primary health care services for identified population, primarily adults and families - \$150,000

Objective HS-7

Provide affordable dental care to low-income persons: Short-term goal: establish system where all residents have equal access to dental maintenance and oral surgery through subsidies/vouchers – approximately \$25,000/year; 5 year goal: maintain system of dental care - \$125,000.

Housing (Klaas Nijhuis (facilitator), James Allard, Heidi Peek, Bill Caselden, Michael Tremblay, Sharon Face, Maryse Wirbal, Jade Pollard, Eric Corliss, Robert Tamposi, Netti Raby, Lisa Royce, Donald Klemenski, Pat VerHoff, Bridget Belton-Jette, Tracy Ledbetter, Rev Fran Peel)

Problem:

- Demand exceeds supply

- Exacerbated by economic cycles; quality

- Funds to create new housing units and maintain existing is limited – Fed gov't role

- Many past housing programs did not build in permanent affordability: (losing to market rate) becomes a cyclical problem

- Political will

- NIMBY

Solutions:

- Increased financing for:

 - Creating new rental units; rehab/maintenance of existing

 - Owner-occupied rehab assistance

 - First-time homebuyers

 - Housing Trust model – non-profit ownership to ensure permanent affordability or rent control

- City participation and assistance with acquisition

- Agencies working together to develop and endorse best project

- Continued contribution to Continuum of Care

- Address impediments such as flexibility in zoning; tax relief

- Increase code enforcement

- Village concept of housing – neighborhoods; address density, parking green areas

- Inclusionary zoning

Needs:

- Lack of housing/affordability
- Persons on fixed incomes, etc.
- Rental market stabilization
- Families doubling up, etc.
- Discrimination – families with children, pets
- Zoning
- Substandard conditions
- Lack of new construction of rental units
- Anticipation of future recessions
- Rule changes
- Expiring use projects going market rate
- Lack of funding
- The Sheriff's list

Objectives:

- Owner-occupied rehab – High priority
- Housing Trust model – High priority
 - Maintain perpetual affordability
- Housing group will do triage to support best project for funding (acknowledge limited resources, and make the best use of them)
- Encourage home ownership
- City participation/support and flexibility e.g. in zoning
- Reduce blight – neighborhood improvement
- Find a happy balance in need for reducing density and increasing unit quantity
- Ensure sufficient wrap around services in place to support new development
- Encourage human interaction/neighborly relations
- Waiver of impact fees
- Property tax relief – High priority
- Increase code enforcement – High priority
- Continue to provide technical assistance – High priority
- Increase funding to support City opportunity acquisition of available
- Redevelopable properties

Special Needs Housing (Sister Sharon Walsh, Joan Schulze (co-facilitators) Dave Picard, Christine Breen, Kevin Miner, Mary Auer, Miles Pendry, Tony Epaphras, Peter Kelleher, Melanie Parks, Mary Moriarty, Kathy Baumgardner, Lori Cardin, Susan Bultman, Rev. Francis Peel, Shiela Smith, Lisa Christie, Yvette Martin, Cindy Blanchard, Laura Kane, Kathy Treggiari, Nat Randall, Sister Sharon Walsh)

Objectives:

1. Top Priority is affordable housing: for persons with mental illness, low-income, domestic violence
 - Plus supports to help people locate and maintain permanent housing; supportive services for those with disabilities and the elderly
 - Strong preventive initiatives

- Group agreed that there is a need for shelter beds, but affordable housing seems to be much more important (more affordable housing will decrease need for shelter beds)
2. Other issues:
More landlords who will take Section 8 vouchers; more incentives for landlords to take Section 8
 3. (Objectives 3 and 4) Emergency shelter for substance abusers: many prefer the idea of long term care availability
 4. Need long-term (permanent) housing for mentally ill persons and their families (Current HHI waiting list is 175)
Five-year goal: 175 units
Short-term goal: 35 units
 5. Assistance with security deposits
 6. Housing for those with HIV/AIDS: 5 additional units in the short term; 30 units in 5 years
 7. Individuals with physical disabilities
 8. Housing for those discharged from incarceration: 20 units short term; 100 long term
 9. Group home/half-way home for substance abusers: need for supportive after leaving.
 10. Emergency and transitional housing with supports for victims/families of domestic abuse: 5 units in the short term, 25 in 5 years.
 11. Support Nashua Continuum of Care organization

Note numbers in this section are arbitrary, could change either way in 5 years; objectives not listed in order of priority

More incentives for landlords to take Section 8

Top priority – affordable housing
58 Elm Street, Immigrants

Support City participation in Continuum of Care

Increase the number of emergency shelter beds. Put in place a permanent solution resulting from loss of St. Louis School

Maintain emergency shelter beds for substance abusers, short term goal 26 individuals, long term 130 individuals

Provide emergency shelter for mentally ill persons/families
(Waiting list of 175)

Short-term goal 63,895 bednights, long term 319,275 bednights

Provide security deposit assistance in emergencies (creative new ways of matching)
Short term goal: 720 individuals; five year goal: 3600 individuals

Add permanent housing for those with mental illness: short term goal: 35 units;
5-year goal: 175 units

Up housing for those with HIV/AIDS: short term goal: 5 units; 5 year goal: 30 units

Housing accessible to those with physical/developmental disabilities: short term goal: 15 units;
5-year goal: 60 units

Supportive housing for those discharged from incarceration: short term goal: 20 units; 5 year goal: 100 units

Group home/half-way home for substance abusers (Supportive housing for families for after Keystone): short term goal: 15 units; 5 year goal: 75 units

Long term housing for substance abusers

Emergency and Transitional housing for victims of Domestic Violence: add 5 short term; 25 in 5 years

Veterans housing

Supportive housing for all in need

Prevention programs to prevent homelessness (40 short term; 200 over 5 years)

Housing for disabled people who live at home with parents

Housing for teens who age out of system to develop living skills (4 short-term; 20 long-term)

Youth Facilities and Services (Mariellen Durso (facilitator), Pat Mandravelis, Diane Lombardi, Irene Tift, John LaTullipe)

Issues identified:

- More inclusive of other agencies/organizations who serve youth

- Need to have more participation from organizations serving youth

- Not enough participation from youth

Community needs:

- Bilingual/Spanish

- Recommend separate meeting of

- Youth, mediation, education, NYC – substance, DCYS, Big Brothers/Big Sisters, Nashua Children's, Bilingual, YMCA, Childcare, Mayor's Taskforce on Youth and Violence, health/primary care/dental, basic needs, clergy, juvenile/justice/police

Players at the table felt not enough across-the-board representation in order to formulate plan for youth services/facilities.

Issues:

- PAL renovations at Ash Street

- Day care waiting lists (40 at some facilities)

- School department after-school program funding application

- Youth task force meetings not well attended

- Number of latchkey kids is a problem, susceptible to substance abuse, mischief, and fight.

EXHIBIT D

CONSULTATIONS

Consultations and coordination with appropriate public and private agencies, local housing agencies and social service agencies regarding the housing needs of children, elderly persons, homeless persons, persons with disabilities (including persons with HIV/Aids and their families), other categories of residents and among it's own city department was used as a method to assure that the consolidated plan is a comprehensive document and addresses statutory purposes.

There were approximately one hundred encounters with individuals. Some agencies offered information from several representatives. For purposes of this document one representative will be named for each given agency.

The information gathered is utilized throughout the plan. It ranges from agency statistics to first-person information such as:

- 17 year old girl who came to Nashua on a Friday was refused all services, but returned on Monday to City Welfare because she celebrated her 18th birthday on Sunday and now was eligible for services.
She came here from New York City "to do better",
- the homeless mother and child who stay with someone different each night, the child is transported each day to what she considers her home school and receives health care routinely at Nashua Child Health Services,
- the homeless alcohol abuser, who was cold, performed a disorderly act because he knew he would be sent to jail where it would be warm and he would be fed,
- the public health nurse who made a home visit to a family with a newborn baby and found them living in a garage,
- the many Spanish and African American families who support one another by living several families to an apartment and coordinate child care responsibilities so that as many adults as possible can go to work.

Consultations

Agency

Marathon House
American Red Cross
Social Security Administration
N.H. Healthy Kids Corporation
Tender Care
Crisis Pregnancy Center
Corpus Christi Food Pantry
Upper Room
N.H. Dept. of Health and Human Services
Nashua School Department
Nashua Child Care Services
Greater Nashua Neighborhood Health Clinic
Nashua Health and Community Services
Nashua Head Start
Friendship Club for Handicapped
Souhegan Nursing Association
Southern N.H. Medical Center
St. Joseph's Hospital
Home, Health and Hospice Care
United Foundation International
Rape and Assault Services
Southern N.H. HIV/Aids Task Force
Community Council
Greater Nashua Housing and
Development Foundation
Rivier College

Harbor Homes
Citizen Advocacy
N.H. Legal Assistance
Salvation Army
St. John Neuman Outreach
Area Agency
Nashua City Welfare
Nashua Police Dept.
Nashua Association for the Elderly,
Senior Activity Ctr.
Nashua Environmental Health Dept.
Southern N.H. Services
Nashua City Bus
Nashua Pastoral Care Center
St. Joseph Community Service
Habitat for Humanity
Nashua Public Library
N.H. Div. of Alcohol & Drug Abuse
Prevention/Recovery
Nashua Police Athletic League
Sheraton Tara, Nashua
Marriott Residence Inn
Red Roof Inn of Nashua
So. N.H. Homeless Outreach
Homeless People of Nashua N.H.
U.S. Senator Judd Gregg
U.S. Senator Bob Smith
N.H. Div. Mental Health & Developmental Services
Marguerite's Place

Person Interviewed

Teah Lumbra
Barbara Bedard
Robert Redding
Tricia Brooks
Magda Simons
Christina Wright
Carol or Helen 882-6372
Kathy Petrini
Sharon Face
Susana Middleton
Lynne Weihrauch
Pat Gocklin
Al Matkowsky
Christine Germaine
Fred Ackley
Liane Shubring
Patricia Mandravelis
Robert Demers
Rob Wagner
Dr. Johny E. Perez
Christine Breen
Dave Picard
Carol Farmer

Bridget Belton Jette
Karen Baronowski, D.N.Sc.,
A.N.P., R.N.
Mary Auer
Dr. Sidney Curelop
Lynne Parker
Capt. Donald Klemenski
Mary Moriarty
Beth Raymond
Robert Tamposi
Capt. William Barlow

Patricia Francis
Michael Tremblay
Pam Hicks
Jacqueline Devinski
Maryse Wirbal
Meghan Brady
Vicki Hatfield
Robert Frost

Ann Marie Chamberlain
Officer John Latulippe
Melanie DeWitt
Sherry Dukes
Robert Porter
Eric Corliss

Carol Carpenter
Dave Tille
Robert Stark
Sr. Sharon Walsh

Mary's House
Wagner Court
Nashua School Food Service
Housing Finance Authority
Nashua Center for Multiply Handicapped, Inc.
Mayor Bernard Streeter
Nashua Police Information Technology
Girl's Inc.
Nashua Housing Authority
Big Brothers/Big Sisters
Nashua Children's Home
Plus Company
Catholic Charities of N.H. Inc.
Adult Learning Center
Nashua Area Interfaith Council
Veterans Administration Medical Center
Nashua Fire Department
City of Nashua, Medical Director
Nashua Regional Planning Commission
Pennichuck Junior High School
Dr. Norman Crisp School
Nashua Title One Program
N.H. Minority Health Coalition
Nashua Child Care Services
Nashua Mediation Program

Julie Larson
Marie Dubois
Jeannette Kimble
Bill Roy
Carol Blackwell
Helen Baker
Kathy Roy
Cathy Duffy
George Robinson
Cecile Bonvouloir
David Villiotti
Kim Shottes
Mary Kenison
Alexandra Pineros
Rev. Fran Peel
Bruce Bissett
Chief Richard Navaroli
Dr. Richard Slosberg
Andrew Singelakis
Paula Edwards R.N.
Robin Abodeely R.N.
Pat Burns
Jazmin Miranda/Smith
Christina Lister
Candace Dochstader

EXHIBIT F

STUDIES AND SURVEYS

EXHIBIT G

MAPS

EXHIBIT E

GREATER NASHUA CONTINUUM OF CARE

The Greater Nashua Continuum of Care (CoC) is an organization which addresses issues of the homeless and is mandated by HUD in order to maximize community services while conserving resources and eliminating unnecessary duplication. This organization has been meeting since 1994 on a monthly basis and as needed.

The CoC is composed of representatives of, but not limited to, the Federal, State and City governments, housing program directors, hospitals, veterans, social service agencies, homeless people, police, fire, private sector representatives and religious institutions. There is cooperative flow of information between the CoC membership and the staff of the Consolidated Plan for the City of Nashua which fosters the best possible decisions regarding the use of available resources.