



**Application
For Community Development Block Grant (CDBG)
Public Facilities & Infrastructure:
Slum/Blight Mitigation**

Information

Issue Date: May 1, 2023
 Closing Date: May 26, 2023

Contact

Division of Neighborhood Services
 730 Washington
 City Hall, Room 304
 Racine, WI 53403
 Phone: (262) 636-9151

City Development Website:
<https://www.cityofracine.org/CityDevelopment/NeighborhoodServices/>

Applicant Information

Organization Name:		Click here to enter text.	
Contact Name:		Click here to enter text.	
Address:		Click here to enter text.	
City: Click here to enter text.		State: Click here to enter text.	Zip: Click here to enter text.
Phone: Click here to enter text.		Fax: Click here to enter text.	
		E-Mail: Click here to enter text.	

Return Applications and Required Attachments by 4:00 P.M. May XX, 2023

ATTN: CDBG PUBLIC FACILITIES & INFRA.
 Division of Neighborhood Services
 730 Washington
 City Hall, Room 304
 Racine, WI 53403

EMAIL: NSDAPPLICATIONS@CITYOFRACINE.ORG

CITY OF RACINE, WI
2023 CDBG – PUBLIC FACILITIES & INFRASTRUCTURE/ SLUM BLIGHT MITIGATION
GRANT APPLICATION

Important Note: Elaborate answers for the purposes of this application are not required. Concise responses for most narrative questions will suffice as long as the appropriate information is conveyed. Be sure to complete the entire application, including the required budget forms.

Entities submitting applications to the City of Racine, WI with altered or deleted questions presented in this application or with deliberately deceptive responses will be considered to be fraudulent and denied CDBG funding and may face civil and/or criminal penalties.

Organizational Information

1. Organization Legal Name:	
2. Physical Street Address (include City and Zip Code): If the organization also has a separate office location within County, please provide information for both the primary and County office locations	
3. Mailing Address (include City and Zip Code):	
4. Main Business Phone Number:	
5. Business Office Hours:	
6. Name of Project to be funded:	
7. Scope of work (in one sentence):	
8. Project Funding Amount Requested: \$ (Priority will be given to agencies requesting \$50,000 or greater)	
9. Executive Officer Name:	Phone Number: Email Address:
10. Primary Contact Person:	Title: Phone Number: Email Address:
11. Fiscal Contact Person:	Title:
	Phone Number: Email Address:
12. Type of Organization:	
<input type="checkbox"/> City Department	<input type="checkbox"/> Partnership
<input type="checkbox"/> Private/Non-Profit	<input type="checkbox"/> Other Government
<input type="checkbox"/> Other (specify)	

13. Federal Tax ID No.:															
14. DUNS Number(s)															
<p>15. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches, and all affiliates worldwide) receive:</p> <p style="margin-left: 20px;">a) Eighty percent (80%) or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, sub-grants, and/or cooperate agreements; AND</p> <p style="margin-left: 20px;">b) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements?</p> <p><input type="checkbox"/> Yes. You are required to respond to Questions #16 and #17.</p> <p><input type="checkbox"/> No. Questions #16 and #17 are not applicable, proceed to Question #18.</p>															
<p>16. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under Section 13 (a) or 15 (d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m (a), 780 (d)) or Section 6104 of the Internal Revenue Code of 1986?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>															
<p>17. Required only if your response to Question 16 is YES. Provide Name(s) and Compensations of all highly compensated officers in your organization (including parent organization, all branches, and all affiliates worldwide).</p> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; width: 20%;">Last Name</th> <th style="text-align: left; width: 15%;">Middle Initial</th> <th style="text-align: left; width: 20%;">Last Name</th> <th style="text-align: left; width: 15%;">Title</th> <th style="text-align: right; width: 30%;">2017 Salary/Compensation</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> </tbody> </table>	Last Name	Middle Initial	Last Name	Title	2017 Salary/Compensation					\$					\$
Last Name	Middle Initial	Last Name	Title	2017 Salary/Compensation											
				\$											
				\$											
18. CAGE Code (formerly CCR)															
19. How long has the organization been in operation in Racine?															
20. Has the organization operated under another name? <input type="checkbox"/> No/Not Applicable <input type="checkbox"/> Yes If "Yes", please provide the previous organization's name(s):															
21. Site Address of Project, if known (indicate TBD if unknown):															
22. Are other funds besides CDBG required to meet a national objective? (If so, please attach evidence of financing through award letters) Yes/No:															
23. City/State/Zip for above Project Address:															
<p>24. Provide one (1) complete original of the following documents, as applicable:</p> <p>a. <input type="checkbox"/> Demonstrate that the organization has an actively engaged Board of Directors that provides oversight into the organization (include minutes from the past three (3) Board of Directors meetings)</p> <p>b. <input type="checkbox"/> List of the Board of Directors including name, occupation, or affiliation, principle officers of the governing board.</p> <p>c. <input type="checkbox"/> Internal Revenue Service (IRS) tax-exempt determination letter</p> <p>d. <input type="checkbox"/> A copy of the organization's most recent financial audit or if an audit has not been completed, reviewed financial statements by an outside third party</p> <p>e. <input type="checkbox"/> A copy of the organization's most recent monthly balance sheet and income statement</p> <p>f. <input type="checkbox"/> Provide any recent (within the last twenty four (24) months) site visit or program review</p>															

reports received from monitoring entities (i.e. United Way, local or state government)
g. Acknowledgement of Required Assurances (see NOFA).

A. PROJECT INFORMATION (Maps or related attachments may be submitted)

1. Project Name/Title:
2. Project Address/Location: Click Here if Location not yet selected
3. Census Tract for proposed project:
4. Block Group for proposed project:
<http://factfinder.census.gov/>
5. Parcel number(s) if applicable:
<http://www.cityofracine.org/depts/assessor/WebPro/>
6. Was a legally binding contract to purchase the property signed prior to your intent to apply for Federal funds?
 Yes No

If Yes - Attach copies of the signed contract (REQUIRED). Reminder purchase contract must be contingent upon Environmental Review.

7. Provide a detailed description of the project and explain how the project will serve your target population. Explain the need your project addresses, citing demographics, statistics, and other information (including all sources of funding).
8. Provide a short and brief description of the agency's mission and explain how this project meets that mission.
9. Is this a phased project?
 Yes - Proceed to Question #11 No - Proceed to Question #12
10. If this is a phased project, is this project dependent on future funding to fully complete this project? Include specific timelines/dates and funding commitments needed to complete the project and have it fully operational for public benefit.

11. Indicate the project type and check all that apply:

Infrastructure

- Potable Water Distribution Sewer/Septic Repair

- Road Improvements
- Electrical Distribution

- Sidewalks/Street Lighting
- Public Park/Open Area

Building/Construction

- Acquisition
- Repairs/Renovation

- New Construction

Demolition

- Blight Elimination

Other

- Provide Explanation:

12. Please list which eligible activity the project falls under per the Eligibility Requirements as described in the NOFA.

- Basic Eligible Activities**
List activity here:

- Eligible Rehabilitation and Preservation Activities**
List activity here:

- Special Economic Development Activities**
List activity here:

- Special Activities by Community-Based Development Organizations (CBDO)**
List activity here:

13. National Objectives/Eligible Criteria

NOTE: Read the Program Eligibility section in the NOFA prior to completing this question. The proposed project **MUST** meet a National Objective in order to proceed further.

Check the one (1) appropriate category of LMI that the project is eligible under (area benefit or limited clientele or housing or Blight Elimination). Answer all questions under the applicable category. For further reading and/or clarification on National Objectives/Eligible Activity Criteria see:

<http://www.huduser.org/portal/oup/files/cdbgGuide.pdf>

- Area Benefit** (entire service area is more than fifty one percent (51%) income eligible).
Please contact the Housing Department 262.636.9197 to verify if a particular area is in a low- moderate-income census tract or if an income survey must be done prior to submittal of application.

- What are the boundaries of the service area?

Is your project located within the Neighborhood Revitalization Strategy Area? See Attachment A

Yes No

Limited Clientele

Serve at least fifty-one percent (51%) low-and moderate-income persons (must meet income requirements); or

Have income-eligibility requirements that limit the service to persons meeting the LMI requirement; or

Low-income presumed (check one only):

abused spouses

homeless

illiterate

seniors

abused/neglected youth/child

severely disabled adults

migrant farm worker

person living with AIDS

Blight Elimination on a Spot Basis

16. **Please provide a detailed timeline or work schedule for implementing this project including anticipated milestone dates (Attachments are ok).**

17. **If funded, it is expected that the project will begin within ninety (90) days of being issued a fully executed contract. What potential or known barriers exist to beginning the project within ninety (90) days and completing the project within twenty-four (24) months of being issued a Notice to Proceed from City Development? Please describe in detail your plan for overcoming the barriers identified and achieving a timely and successful completion of the project.**

18. **If your project includes design/engineering for a public facility, new construction of a public facility, or renovations to an existing facility, please describe in detail any steps taken to ensure that the services or programs offered in the facility are accessible to individuals with transportation barriers. If the application is for infrastructure improvements (e.g. storm water, sewer, etc.), please indicate "Not Applicable".**

19. **Are you requesting funding for a:**

New Project OR

Continuation of Prior Year(s) Funding

20. **If continuation, indicate:** **FY** , Amount \$

FY , Amount \$

21. If this is a phased project, can this phase stand alone? Yes No

22. Will CDBG funding be used to leverage additional funding? Yes No

If so, identify additional funding sources.

23. Can your project be partially funded?

No - Proceed to Question #31.

Yes - Complete information below.

If partial funding is acceptable, identify your priority items and amounts, and indicate what accomplishments/phases could be expected from partial funding.

	Describe Priority	\$ Amount
Priority #1	FULL FUNDING	FULL FUNDING
Priority #2		\$
Priority #3		\$
Priority #4		\$

Indicate expected accomplishments below for partial funding.

24. Please describe your current plan for completing this project, including responsible parties, phase dates, and all sources of funds. If other funds are committed, please attach a letter of commitment from the identified funding source(s).

FY 2022 CDBG Public Facilities and Infrastructure - Proposed Budget
(Double-click on the spreadsheet to complete with Excel)

Eligible Categories	Responsible Party	Begin	End	CDBG	Other Federal	State	Local	Private/Other	Total
Design & Inspection (Engineering & Arch.)									\$ -
Project Management / Consultants									\$ -
Relocation Costs (if applicable)									\$ -
Title Insurance									\$ -
Permits & Fees									\$ -
Acquisition									\$ -
Site Dev. & Landscaping									\$ -
Utilities (water, sewer, electrical)									\$ -
Roads (include curbing)									\$ -
Sidewalks									\$ -
Buildings									\$ -
Additional (specify in Q29.)									\$ -
Tax									\$ -
Contingency (10%)	NA	NA	NA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Grand Total	NA	NA	NA	\$ -	\$ -	\$ -	\$ -	\$ -	

- 25. Provide an explanation on how you determined the costs for your budget above and reference any sources you used in that determination. If you have a more detailed project including the cost categories above please attach it.

- 26. Provide a detailed narrative of the items and dollar amount included in the “Additional” category on your budget above.

- 27. Please provide all sources of funding by dollar amount and source for any amounts noted in the budget above. If the other sources as indicated above are not committed, what are the plans to ensure that the project is able to be fully and successfully completed?

Who will provide these operations and maintenance funds? List details below:

Organization	Amount	Firm Commitment?	Length of Commitment
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	

D. Outcomes

- 1) Describe your experience with program evaluation, including how the program evaluates services and the impact it has on clients.

- 2) Describe the measurable outcome(s) that your clients will achieve after receiving your services.

- 3) Describe the process including resources, activities, curriculum, and outputs. What indicators and data are used to determine that clients have achieved the desired outcome?

ACKNOWLEDGEMENT OF REQUIRED ASSURANCES

This page must be signed and submitted with the application. Applications which do not contain a signed Acknowledgement of Required Assurances are ineligible for consideration.

By submitting the accompanying application and by my signature on this document, I understand and agree that any funding award resulting from this solicitation will require compliance with the signed agreement and with the regulations, requirements, and policies identified below, including but not limited to:

- City of Racine, WI Section 3 Implementation Plan
- [Chapter 6: Public Facilities, Special Assessments, and Privately-owned Utilities](#)
- Compliance with the requirements of the [Americans with Disabilities Act Accessibility Guidelines](#);
- Completion of an environmental review, subject to the requirements of the [National Environmental Policy Act \(NEPA\)](#);
- [Contract Work Hours and Safety Standards Act \(CWHSSA\)](#);
- [Equal Employment Opportunity Act](#);
- [Minority and Women's Business Enterprise \(MBE/WBE\)](#);
- [Lead Based Paint](#);
- [Title VI of the Civil Rights Act of 1964](#), as amended;
- [The Fair Housing Act](#);
- [Equal Opportunity in Housing Act](#);
- [Age Discrimination Act](#);
- [Americans with Disabilities Act](#);
- [Section 504 of the Rehabilitation Act](#);
- [Federal Funding Accountability and Transparency Act \(FFATA\)](#);
- [Compliance with Office of Management and Budget \(OMB\) Super Circular 2 CFR Part 200](#) (as appropriate);
- Compliance with policies of City of Racine, WI;
- Compliance with federal and state laws requiring the safeguarding and disclosure of confidential information.
- Purchase of comprehensive liability insurance and bonding, as required by the City;
- Completion of an annual financial audit, and/or as applicable, providing the City with a copy of the organization's audited financial statement;
- Completion and subsequent renewal of background checks for all employees, volunteers, or interns who will or may have unsupervised contact with children or vulnerable adults;
- Maintaining program and financial records for audit review, and providing access to documentation upon request by the City;
- Submission of program and financial reports, as required by the City;
- Certification that the firm, association, corporation, or any person in a controlling capacity or any position involving the administration of federal, state, or local funds is not currently under suspension, debarment, voluntary exclusion, or a determination of ineligibility by any agency; has not been suspended, debarred, voluntarily excluded, or determined ineligible by any agency within the past three (3) years; does not have a proposed debarment pending; has not been indicted, convicted, or has not had a civil judgment rendered against said person, firm, association, or corporation by a court of competent jurisdiction in any matter involving fraud or misconduct with the past three (3) years.

- Certification that the firm is not bankrupt or under an administration appointed by the Court, or under proceedings leading to a declaration of bankruptcy; and provide any pending or known legal actions against the company.
- Certification that, in the past seven (7) years, the organization has not had any bankruptcy proceedings initiated against the Contractor (whether or not closed) and that there are no bankruptcy proceedings pending by or against the Contractor regardless of the date of filing;
- All pending or known litigation/court action(s) have been disclosed in the application.
- Certification that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of its services hereunder. The Applicant further covenants that in the performance of this project/application, no person having any conflicting interest will be employed.

Application Approval and Signature: The signatory declares that he/she is an authorized official of the applicant organization, is authorized to make this application, is authorized to commit the organization in financial matters, and will assure that any funds received as a result of this application are used for the purposes set forth herein.

Click here to enter text.

Printed Name and Title

Signature

Click here to enter text.

Agency

Click here to enter text.

Date