



2023 Application For Community Development Block Grant (CDBG) Code Enforcement

Program Application Information

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

Contact

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

City Development Neighborhood Services Division 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 26, 2023

ATTN: CDBG CODE ENFORCEMENT
Division of Neighborhood Services
730 Washington
City Hall, Room 304
Racine, WI 53403

EMAIL: NSDAPPLICATIONS@CITYOFRACINE.ORG

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**CITY OF RACINE, WI
2023 CDBG – CODE ENFORCEMENT
GRANT APPLICATION**

Important Note: Elaborate answers for the purposes of this application are not required. One or two concise sentences for most narrative questions will suffice as long as they convey the appropriate information. Be sure to complete the entire application, including the required budget forms, and the signed Acknowledgement of Required Assurances form.

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: \$	
9. Executive Officer Name:	Phone Number:
	Email Address:
10. Primary Contact Person:	Title:
	Phone Number:
	Email Address:
11. Fiscal Sponsor Contact:	Title:
	Phone Number:
	Email Address:
12. Type of Organization: <input type="checkbox"/> City Department	
13. Federal Tax ID No.:	
14. DUNS Number(s)	

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:

- a) Eighty percent (80%) or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, sub-grants, and/or cooperative agreements; AND
- b) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements?

Yes. You are **required** to respond to Questions #16 and #17.

No. Questions #16 and #17 are not applicable, proceed to Question #18.

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?

Yes No

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).

Last Name	Middle Initial	Last Name	Title	2021 Salary/Compensation \$
				\$

18. CAGE Code

19. How long has the organization been in operation in Racine?

20. Has the organization operated under another name? No/Not Applicable Yes
If "Yes", please provide the previous organization's name(s):

21. Site Address of Project, if applicable:

22. Are other funds besides CDBG required to meet a national objective? (If so, please attach award letters) Yes/No:

23. City/State/Zip for above Project Address:

24. Provide complete copies of the following documents, as applicable:

- a. Internal Revenue Service (IRS) tax-exempt determination letter
- b. Board of Directors list including name, affiliation, and principle officers
- c. New applicants and applicants with updates since the last NOFA, please include by-laws
- d. Minutes from the past three (3) Board of Directors meetings and written authorization for agency contact to apply for this grant.
- e. 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
- f. If applicable, signed fiscal sponsorship agreement.
- g. Most recent monthly balance sheet and income statement
- h. Site visit or program review reports received from monitoring entities within the last twenty-four (24) months (i.e. United Way, local or state government)
- i. Signed acknowledgement of Required Assurances

A. PROJECT INFORMATION

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. Does the organization own the property?
 Yes No
If No - List the complete name and address of the property owner here:
7. 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.
8. 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).
9. Provide a short and brief description of the agency's mission and explain how this project meets that mission.
10. Is this a phased project?
 Yes - Proceed to Question #11 No - Proceed to Question #12
11. 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.

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

Infrastructure

- Potable Water Distribution
 Road/Alley Improvements
 Electrical Distribution

- Sewer/Septic Repair
 Sidewalks/Street Lighting
 Public Park/Open Area

Building/Construction

- Acquisition
 Repairs/Renovation

- New Construction

Demolition

- Blight Elimination

Other

- Provide Explanation:

13. 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:

14. 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 Neighborhood Services 262.636.9151 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? (list street names below)

- What is the percentage of LMI persons that reside in the service area?
- What data did you use to determine the percentage of LMI persons (census tract/block group or survey)? If the data you used was by survey, please attach the survey results to your application.

Is your project located within the Neighborhood Revitalization Strategy Area?

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 (Select Sub Category)

Area Basis; or

Spot Basis; or

Urban Renewal Area.

15. What is the service or operation area (e.g. census tract, neighborhood, etc.)?

16. Describe the existing conditions of the project area and its surroundings, and trends that are likely to continue in the absence of the project.

17. Please describe how your project will address one of the priorities identified by the Consolidated Plan.

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

19. 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.

20. How have citizens and/or the community been involved in the development of this project?

21. Please describe how your project will incorporate workforce training, apprenticeship opportunities, and/or community volunteer participation.

22. Are you requesting funding for a:

New Project OR

Continuation of Prior Year(s) Funding

23. If continuation, indicate: FY , Amount \$

FY , Amount \$

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

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

If so, identify additional funding sources.

26. 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.

27. 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 2023 CDBG Code Enforcement - 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	\$ -	\$ -	\$ -	\$ -	\$ -	

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.

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

29. Please provide all sources of funding by dollar amount and source for any amounts noted in the budget above. Please indicate whether the funds are committed and available. 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	

B. Uniform Act/Section 104(d)

1) Do you currently own all property required to complete this project (including land, building(s), right-of-way, and/or easements)?

Yes – Date(s) Acquired:

No – Describe the type of property to be acquired and your plan for acquisition, including a detailed timeline:

2) Is the project site undeveloped land?

Yes No

3) Does the project include rehabilitation of property?

Yes - Describe your plan for rehabilitation, including a detailed timeline:

No

4) Does the project include demolition of property?

Yes - Describe your plan for demolition, including a detailed timeline:

No

5) Does the project at any point or phase include demolishing housing units or converting

such units to a use other than low income housing?

Yes No

6) Indicate in the table below the number of residential and business units, farms, or other types of units that currently exist on site and will exist at project completion (if not applicable, please put N/A in first box):

	Current Units	Units Occupied at Application	Units Occupied 90 days prior to Application	Units at Completion of Project
Residential Units				
Business or Nonprofit Organizations				
Farms				
Other				
Totals				

7) If any of the property involved in this project is occupied, have you notified those people or businesses that the project is subject to the Uniform Act and informed them of their rights prior to application?

Yes, notice was sent (date): _____ – attach sample Notice and Occupant List (REQUIRED)

No – property is unoccupied

8) Indicate the number of residents or businesses that will need to move as part of this project:

	Temporary Move (less than one year)	Permanent Move
Residents		
Businesses		
Property Owner		

9) Answer only if occupied, is a Relocation Plan required?

Please Contact City Development for assistance with this question.

Yes – attach Relocation Plan (REQUIRED)

No – attach verification from City Development (REQUIRED)

10) If a relocation plan is required, have you included the cost of relocation benefits in your project budget?

Yes No, City Development has confirmed no relocation costs are required.

D. Environmental Review

Federal funding regulations require that an environmental review be completed prior to any “choice limiting actions” (i.e. acquisition, demolition, construction, remediation) taking place. Please read the Environmental Review criteria section of the NOFA carefully for further information.

1. Is your project currently underway?

No - Proceed to Question #4 Yes

2. If you answered “Yes” to Question #1, has an environmental review been completed and what type of environmental review was done (NEPA, SEPA, Phase 1, etc)? (Attach a copy of your report with your application.)

3. If you answered “Yes” to Question #2, list the name of the firm that conducted the environmental review and provide the type and dates when the review was conducted?

4. Is your project in a FEMA designated floodway, a one hundred (100) year flood plain, a five hundred (500) year flood plain, or near a natural body of water (stream, lake, etc.)?

No – Attach FEMA Flood Map and Proceed to Section F - Monitoring

Yes - Indicate type below:

Floodway

Flood Plain if yes, specify: One hundred (100) Year

Five hundred (500) year

Water body

Name:

Distance from the project site:

E. Monitoring

- 1. Briefly describe how you will monitor progress in implementing the program and who in your organization will be responsible for monitoring compliance.**
- 2. Please describe how the project will meet and document income eligibility requirements. Please include your method for ensuring that eligible residents will benefit from this project.**
- 3. Please describe how the project will engage Section 3 Resident and Business Concerns to the greatest extent feasible. Note(s): Applicants are strongly encouraged to begin and document Section 3 outreach and compliance efforts in the earliest phases of project conceptualization. Your response to this question is worth 5% of the overall rating system. Therefore, applicants are encouraged to be detailed (provide attachments as necessary), innovative, and demonstrate a commitment to Section 3 in their response to this question**

F. Personnel

- 1. Please describe how you intend to manage this project. Do you have the internal capacity to manage this project or will you hire a consultant/project manager? If so, name the consultant firm, how the individual/firm was selected, and if they are currently under contract. Please provide a list of all team members for this project with your application.**

- 2. If internal personnel will be managing this project, please provide the name(s) of person(s), including a copy of their resume and experience with similar projects.**

G. Fiscal Management

- 1. Please describe how the organization will assure the proper use and safeguarding of public funds. Does your organization have policies and procedures regarding the financial operations of the organization? Have recent reviews or audits of the organization by a certified public accountant or other financial professional identified any weaknesses in the organization's financial internal controls? If so, please provide the written report identifying the weaknesses and describe how the organization has responded to the report.**
- 2. Please describe the organization's current financial condition and outlook for sustainability. If the organization is facing financial challenges, describe what steps are being taken to strengthen the organization's financial condition.**
- 3. Describe the organization's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements.**
- 4. Has the organization (either under this name or other names this organization has done business as) been in any form of bankruptcy at any time during the last seven (7) years? If "yes," please attach a copy of the bankruptcy petition, showing the case name, number, court, initial filing date, applicable Bankruptcy Code (chapters), and a copy of the Bankruptcy Court's discharge order, or of any other document that ended the case if no discharge order was issued. If the organization has operated under other names, please list those with the years of operation.**
- 5. In the past seven (7) years, have any bankruptcy proceedings been initiated by or against the organization (whether or not closed) or is any bankruptcy proceeding pending by or against the organization regardless of the date of filing?**
- 6. Describe in detail what the organization's long term plan is to address any potential difficulties the above is having on your ability to manage your programs.**
- 7. Are there any other legal actions or potential lawsuits pending that may have the potential to affect the organization's ability to provide services or fulfill the requirements of the CDBG program? If so, please describe.**

Litigation: Provide the caption, cause number, Court, Counsel, and general summary of any litigation pending, or judgment rendered, within the past three (3) years against the applicant, as applicable.

H. Outcomes

- 1) Describe your experience with program evaluation, including how the program evaluates services and the impact it has on clients or program beneficiaries.
- 2) Describe the measureable outcome(s) you will achieve after receiving CDBG funds and implementing the project.
- 3) Describe the process including resources, activities, curriculum, and outputs. What indicators and data are used to determine whether or not the project has achieved the desired outcome?
- 4) How many unduplicated Racine residents have been served by the program over the past 12, 24, and 36 months? How many residents do you anticipate serving with this project? Complete table below

Year	Number of Clients Served
2023 – Projected	
2022	
2021	
2020	

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
- [Basically CDBG Manual: Chapter 5 - Other Real Property Improvements \(hudexchange.info\)](http://hudexchange.info)
- 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