



Application and Agency Information:

Project Title: _____

Agency/Entity Name: _____

Agency Address: _____

Primary Contact: _____

Phone: _____

Email Address: _____

Date of Incorporation: _____

Annual Operating Budget: _____

Agency DUNS Number: _____

Federal Tax ID Number: _____

Number of Paid Staff: _____

Number of Volunteers: _____

Type of Agency: 501(c)(3) Gov't/Public For Profit Faith-Based Other: _____

Agency Mission Statement:

Funding Request

Total funding requested in this application: _____

Total cost to complete project: _____

Project Information

Project Category (check only one):

Economic Development

Public Service

Code Enforcement

Minor Housing Rehab

Public Facility Improvement

Target Clientele – Will the project serve Individual Clients (IC) or Households (HH)? Identify the projected target population your proposed activity will serve. Include age, race, residency, handicap status, income level or other unit characteristics or subgroup information.

Office Use Only

Date/Time Received: _____

Initials: _____

Received by: *USPS* *Email*

Eligible: *Yes* *No*

Section 1: Project Details & Approach (Max Score: 45 Points; 20 for approach, 15 for need and justification, 10 for benefit to LMI persons or households; Max Length-1 Page)

1.1. Provide a concise description of the proposed project.

NOTE: If project is related to Code Enforcement, please include your definition of code enforcement for your program, as well as, how your code compliance program will be structured and staffed.

1.2. Project Addresses/Jurisdiction:

1.3. Project Start Date: _____ Anticipated Completion Date: _____

1.4. Project's days/hours of operation: _____

1.5. CDBG National Objective: Which CDBG National Objective does your proposed project meet?

LMA - Area Benefit: At least 47.48% of residents within the targeted area are low to moderate income (LMI.)

LMC - Limited Clientele: At least 51% of clientele to be served will be documented as LMI

LMC/PB - Presumed Benefit: Project must exclusively serve one of the following groups.

Select the benefit group from the list:

- (i) Abused children
- (ii) Elderly persons 62 years or older
- (iii) Battered spouses
- (iv) Severely disabled adults (not children) - Census definition; documentation required
- (v) Illiterate adults
- (vi) Persons living with HIV/AIDS
- (vii) Migrant farm workers
- (viii) Homeless persons

LMH - Housing - select one: Single family (must be 100% LMI)

Multi-unit (must be 51% LMI)

LMJ - Job Creation: At least 51% of jobs created for LMI persons

SBA - Slum and Blight Area

SBS - Slum and Blight Spot

1.6. The Milwaukee County Consolidated Plan goals are listed below. Select the goal appropriate to your project:

Increase the supply of standard affordable housing

Provision of social services to selected components of the population and assurance of access to those services

Improve and development infrastructure

Economic development and employment

(Max Length for Questions 1.10 to 1.14: 2 Pages)

1.7. Explain how the proposed project addresses the priority/category selected in 1.6:

1.8. Summarize any statistics and other supporting documentation that demonstrate the importance of addressing this need or problem.

1.9. How does your agency plan to tell the target population about the project/service?

1.10. List up to three outcomes/results of the project (at least one is required.) For each outcome listed, provide the number of participants who will benefit and the way data will be collected to track or verify the outcome.

1.11. Will the project collaborate with other service providers in the community? Yes No
If yes, list and briefly describe the collaboration below.

Section 2: Target Population/Jurisdiction (Max Score: 20 Points; Max Length: 1 Page)

2.1. What is the target population for this project?

2.2. If LMC, LMH or LMJ Project: How does your agency track and record client demographics? For Code Enforcement: How does your agency's method of tracking, documentation of violation and corrections?

2.3. If LMA Project: What specific census tracts or block groups does the project intend to serve? Attach map of the service area and/or census tract data of project location.

NOTE: Questions 2.4 to 2.9 relate **ONLY** to **Public Service Projects**

2.4. Indicate whether the project will be serving Individual Clients (IC) or Households (HH): IC HH

2.5. Estimated total number of unduplicated clients/households to be served: _____

2.6. Estimated total number of unduplicated LMI clients/households to be served: _____

2.7. Percentage of LMI clients/households to be served: _____

2.8. Estimated cost per client/household: _____

2.9. CDBG funds received from Milwaukee County may **ONLY** be used to serve residents within the Milwaukee County Jurisdiction, excluding the Cities of Milwaukee, West Allis and Wauwatosa.

Will your project serve residents outside of the service area? Yes No

How will you document the services provided to these residents?

Section 3: Agency Capacity, Experience (Max Score: 5 Points)

If the proposed project is funded, this form will be used to facilitate correspondence with the Project Agency's staff. The individual listed as the Program Contact should be able to respond to questions regarding the programmatic activities and reports. The individual listed as the Fiscal Contact should be able to respond to questions regarding the fiscal activities and reports.

3.1. Who will be the person responsible for the overall oversight of the proposed project (primary contact)?

Name: _____ Title: _____
 Phone: _____ Email: _____
 Date first employed: _____
 Education/Experience: _____

3.2. Who will be the alternate person responsible for the overall oversight of the proposed project?

Name: _____ Title: _____
 Phone: _____ Email: _____
 Date first employed: _____
 Education/Experience: _____

3.3. Who will be the person(s) responsible for the day-to-day operations and management of the proposed project?

Provide no more than two individuals.

Name: _____ Title: _____
 Phone: _____ Email: _____
 Date first employed: _____
 Education/Experience: _____

Name: _____ Title: _____
 Phone: _____ Email: _____
 Date first employed: _____
 Education/Experience: _____

3.4. Who will be the person(s) responsible for the financial oversight of the CDBG expenditures and fiscal compliance?

Provide no more than two individuals.

Name: _____ Title: _____
 Phone: _____ Email: _____
 Date first employed: _____
 Education/Experience: _____

Name: _____ Title: _____
 Phone: _____ Email: _____
 Date first employed: _____
 Education/Experience: _____

(Max Length for Questions 3.5 to 3.8: 1 Page)

- 3.5. List the evaluation tools your agency plans to employ to track and monitor the progress toward meeting the goals and expected outcomes (see question 1.3):
- 3.6 How does your agency plan to ensure compliance with applicable policy and procedural requirements including gathering income, race, and ethnicity data of clients/households served (including those listed in HUD's *Playing by the Rules Handbook, Chapter 5: Record Keeping and Reporting Requirements*)?
- 3.7. Describe any unresolved ADA issues in the project or project offices and how your agency plans to address them. If the objective of the project is ADA rehabilitation, do not repeat project description here.

Section 4: Auditing Control, Qualifications (Max Score: 5 Points; Max Length: 2 Pages)

4.1. Briefly describe your agency's payment and disbursement procedures with relevance to the proposed project:

4.2. Describe how your agency's Board of Directors exercises programmatic and fiscal oversight:

4.3. Briefly describe your agency's financial reporting system/accounting procedures with relevance to the proposed project:

4.4. Briefly describe your agency's record keeping system with relevance to the proposed project:

Section 4: Auditing Control, Qualifications (Continued)

4.5. Briefly describe your agency's auditing requirements, including those for the proposed project:

4.6. Briefly describe your agency's internal controls to minimize opportunities for fraud, waste and mismanagement:

4.7 How does your agency plan to segregate CDBG funds from other agency funds for purposes of identification, tracking and reporting?

Section 5: Agency Experience (Max Score: 5 Points; Max Length: 1 Page for Sections 5 and 6 combined)

5.1. Briefly highlight your agency's experience and major accomplishments in providing services to LMI residents and/or communities. You may expand in Appendix A.

5.2. Has your agency received CDBG or other federal funds in any of the past three fiscal years (2016-2018)? Yes No

If yes, complete Appendix E for each of the grants received for the three fiscal years 2016, 2017 and 2018.

Section 6: Back-Up Plan (Max Score; Max Length: 1 Page for Sections 5/6 Combined)

6.1. Will your agency still implement this project should CDBG funds not be awarded? If yes, how will the implementation be achieved?

6.2. If funded, how will your agency continue this project if CDBG funds are not available in future years?

Appendix A: Narrative of Project (Max Length: 1 Page)

Explain below your proposed project and make the case why it should be awarded funding.

Appendix B: Public Facility Improvement Projects Only (Max Length for Questions B.1 to B.7: 1 Page)¹

B.1. Have the construction plans and drawings been completed? Yes No

If no, indicate the anticipated date of completion: _____

B.2. Will you be able to select and award a contract to a general contractor within 90 calendar days from the CDBG contract execution date? If no, please explain why below: Yes No

B.3. Summarize the construction manager's relevant experience on similar federally funded projects.

B.4. Address the mitigation of any issues identified on the "Project Site Information" section (see questions B.8 to B. 16) with respect to lead hazards, historic preservation, asbestos, location in a flood plain, or other documented health and safety problems. Were any of these issues identified? If yes, identify each issue and the mitigation below: Yes No

B.5. How will the completed work be maintained for at least 5 years after the completed of the agreement with Milwaukee County?

B.6. Has funding for the construction phase been identified and committed? Yes No

If no, describe below the issues preventing your agency from seeking outside funding:

B.7. Does your agency have a relocation plan for occupants that need to be relocated? Yes No

If yes, where are you with state approval?

¹ For Appendix B only – If legally necessary complete responses cannot be provided within the page-count constraints, then provide a brief summaries of the responses above and reference and attach outside documentation.

Project Site Information (Max Length for Questions B.8 to B.16: 2 Pages)

B.8. Is the facility agency-owned, municipal-owned or privately-owned?

Agency-owned Indicated the property owner(s): _____

Is there currently a lien on the property? Yes No

Municipality-owned Indicate the property owner/department: _____

When will the lease expire? _____

Note: The lease must not expire within five years of the proposed project's completion date.

Is there currently a lien on the property? Yes No

Private-owned Indicate the property owner(s): _____

When will the lease expire? _____

Note: The lease must not expire within five years of the proposed project's completion date.

Is there currently a lien on the property? Yes No

Other Provide a brief explanation:

B.9. How old is the property/building in terms of years: _____

For building/structures constructed prior to December 31, 1978:

Has a lead hazard risk assessment report been issued for the facility? Yes No

Has the facility been abated for lead paint? Yes No

Will children occupy the facility? Yes No

If yes, indicate the age range of the children who will occupy the facility: _____

B.10. Has the property been designated or determined to be potentially eligible for designation as a local, state or national historic site? If yes, describe below. Yes No

B.11. Is the building/structure located on a Historic Site? Yes No

Is the building/structure located in a Historic District? Yes No

Is the building/structure in a flood zone? Yes No

Is the building/structure in a flood plain? Yes No

Does your agency have flood insurance? Yes No

Will demolition be required? Yes No

B.12. List and describe any known hazards (e.g. asbestos, storage tanks - underground/above ground):

B.13. Will the project result in an expansion of an existing facility? Yes No

If yes, specify the size in square feet: Existing size: _____ After expansion size: _____

B.14. The questions below are about zoning. If zoning information is not known, contact the local municipality to request assistance.

What is the project structure type? Residential Commercial
Public Facility Public Right-of-Way

What is the current zoning of the project site? _____

Is the project site zoned correctly for the proposed activity? Yes No

If no, please provide an explanation of efforts and a timetable to change the zoning or obtain a variance:

B.15. Does the project require temporary/permanent relocation of occupants? Yes No

If yes, this project is subject to the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA). Describe the relocation plans, including timetable and notifications to occupants. list how many of the occupied units are: (a) owner-occupied; (b) renter-occupied; or (c) businesses. Indicate whether temporary and/or permanent displacement is required. NOTE: This will be for site information only. Relocation activities will not be eligible for funding with Fiscal Year 2020 CDBG funds.

B.16. Federal regulations require that all facilities and/or services assisted with CDBG funds be accessible to the disabled. Accessibility includes such things as: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats that meet required height from the floor, drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts), and other improvements needed to assure full access to funded facilities/programs, including serving the blind and deaf.

Describe below whether the project currently meets ADA standards for accessibility by the disabled. If not, describe the accessibility problems and methods to be utilized to address the problems, including funding, and timetable. NOTE: The project site must first be fully ADA-compliant before other construction activities can be implemented with CDBG funding.

Appendix C: Detailed Budget (Max Score: 5 Points)

Complete the attached detailed budget forms in MS Excel pertaining to your project category

Project Category (check only one):

Public Service - Complete Appendices C-1, C-2 and C-3

Economic Development - Complete Appendices C-1, C-2 and C-3

Code Enforcement - Complete Appendices C-1, C-2 and C-3

Public Facilities Improvement - Complete Appendices C-1, C-2 and C-4

Minor Residential Rehabilitation - Complete Appendices C-1, C-2 and C-5

Summary of Budget Forms to be completed:

- All project categories must complete the following:
 - Appendix C-1: List of All Funding Sources for the Project
 - Appendix C-2: Three-Month Cash Rule Test
- Depending on the category of your proposed project, complete one of the following:
 - Appendix C-3: Public Service, Economic Development Project or Code Enforcement (PS/ED/CE)
 - Schedule 1 – Budget Exhibit
 - Schedule 2 – Personnel Schedule: Gross Pay
 - Schedule 3 – Personnel Schedule: Fringe Benefits
 - Schedule 4 – Indirect Cost/Administrative Overhead (IC/AO) Calculation
 - Schedule 5 – Budget Justification
 - Appendix C-4: Public Facilities Project (PFI)
 - Schedule 1 – Budget Exhibit
 - Schedule 2 – Budget Justification
 - Appendix C-5: Minor Residential Rehabilitation (MRR)
 - Schedule 1 – Budget Exhibit
 - Schedule 2 – Personnel Gross Pay: Project Management
 - Schedule 3 – Personnel Gross Pay: Fringe Benefits
 - Schedule 4 – Personnel Gross Pay: Construction Management
 - Schedule 5 – Fringe Benefits: Construction Management
 - Schedule 6 – FY 2016 Budget Justification

Appendix D: Implementation/Planning (Max Length: 1 Page;)

Provide a listing below of the specific tasks or activities needed to implement the proposed project and a timeline for their completion. Include progress reports to Milwaukee County, Request for Reimbursement, etc.

#	Task/Activity	Description	Completion Date
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Appendix E: Results of Fiscal Year 2016 (Maximum 5 points; Max Length: 1 Page per Project/Year)

If your agency received federal funds in Fiscal Year 2016, complete the following information

E.1. Agency Name: _____

E.2. Project Name: _____

E.3. Indicate amount awarded and spent by source below:

Source	Amount Awarded	Amount Spent
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CDBG

HOME

HOPWA

ESG

OTHER

Indicate Source: _____

E.4. Amount remaining: _____

E.5. Indicate the anticipated outcomes (refer to original application if necessary):

Outcome:

Outcome:

Outcome:

E.6. Indicated the achieved outcomes:

Achievement:

Achievement:

Achievement:

E.7. If outcomes were NOT achieved, please explain:

Appendix E: Results of Fiscal Year 2017 (Maximum 5 points; Max Length: 1 Page per Project/Year)

If your agency received federal funds in Fiscal Year 2017, complete the following information

E.1. Agency Name: _____

E.2. Project Name: _____

E.3. Indicate amount awarded and spent by source below:

Source	Amount Awarded	Amount Spent
--------	----------------	--------------

CDBG

HOME

HOPWA

ESG

OTHER

Indicate Source: _____

E.4. Amount remaining: _____

E.5. Indicate the anticipated outcomes (refer to original application if necessary):

Outcome:

Outcome:

Outcome

E.6. Indicated the achieved outcomes:

Achievement:

Achievement:

Achievement:

E.7. If outcomes were NOT achieved, please explain:

Appendix E: Results of Fiscal Year 2018 (Maximum 5 points; Max Length: 1 Page per Project/Year)

If your agency received federal funds in Fiscal Year 2018, complete the following information

E.1. Agency Name: _____

E.2. Project Name: _____

E.3. Indicate amount awarded and spent by source below:

Source	Amount Awarded	Amount Spent
--------	----------------	--------------

CDBG

HOME

HOPWA

ESG

OTHER

Indicate Source: _____

E.4. Amount remaining: _____

E.5. Indicate the anticipated outcomes (refer to original application if necessary):

Outcome:

Outcome:

Outcome

E.6. Indicated the achieved outcomes:

Achievement:

Achievement:

Achievement:

E.7. If outcomes were NOT achieved, please explain:

Appendix F: Roster of Board Members & Professions

Provide a roster of the members of your agency's Board of Directors and their professions:

Name	Board Position	Profession/Affiliation	Member of Target Population	Resides in Target Area
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