



**CITY OF KENOSHA
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) APPLICATION
PROGRAM YEAR 2024**

Instructions:

1. All applications must be either typewritten on the forms provided or completed online using the fillable PDF format provided. **DO NOT RECREATE** any portion of the application. The application is available on our website at: www.kenoshacdbg.org
2. A Complete Application for EACH project consists of the following documents:
 - **One (1)** Original Application
 - Outcome Performance Measurement document
 - Completed checklist with required signatures
 - Attachments
 - Additional copies of any brochures, pamphlets, etc.
3. Incomplete applications WILL NOT BE ACCEPTED AND WILL BE REJECTED.
 - Applications will **NOT** be considered complete unless the **Outcome Performance Measurement** document is completed and returned with the application.
 - No faxed Applications will be accepted.
4. The Complete Application must be **e-mailed** to the Department of City Development no later than **10:00 AM on Friday, January 5, 2024 at CDBG@Kenosha.org**
5. **Applications must be consistent with the City of Kenosha Consolidated Plan**
www.kenoshacdbg.org
6. Funds are allocated in accordance with the 2023-2025 Fund Allocation Plan.
7. Submit only pages pertaining to your application, other pages can be discarded.
8. FOR MORE INFORMATION, PLEASE TELEPHONE (262) 653-4030.

**City of Kenosha
Community Development Block Grant (CDBG) Application
Program Year 2024**

Applicant _____

Project Title _____

Category _____
(This line will be completed by City Development Staff)

Application Addresses Consolidated Plan Priorities

Yes

No

(To be completed by City Development Staff)

Amount of CDBG Funds Requested

\$

Person to Contact about this Application and Notify of Date, Time, and Location of Interview.

Name and Title _____

Address _____

Phone Number _____

Cell Number _____

E-Mail Address _____

Section 1: Project Description

Please provide a narrative describing your project. The following **must be addressed** within this narrative:

- What will the CDBG funds be used for?
- What activities will be undertaken?
- Who are the intended beneficiaries?
- Define what the problem is that the CDBG funds will address.
- Provide objective evidence to illustrate the problem. (i.e., How many homeless individuals are there and how long have they been homeless.)
- What is the goal of this project?
- How does this project benefit low to moderate income persons?
 - If funded you will be required to provide client income data to be reported to HUD
- How does this project eliminate slum and blight?
- How do you expect to measure the success of the project? List the measurable outcomes of the project. (Required for Public Service and Economic Development activities.)
- Where is the project be located/where will the project take place?

Section & Project Development

This question is designed to help determine the readiness of your project.

1. Housing Project:

a) Describe the impact/benefit this project will have on the area:

b) What are the long term plans for the area where this project is located?

c) Describe projects undertaken during the past three years (i.e., location, impact on neighborhood, who has benefited, etc.):

d) Will a review of your project be required by:	Yes	No
City Development	<input type="checkbox"/>	<input type="checkbox"/>
City Plan Commission	<input type="checkbox"/>	<input type="checkbox"/>
Zoning Board of Appeals	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>

e) Who will be responsible for the oversight of this project?

f) Other information you wish to provide regarding the status of the project:

Go to and complete pages JĚĪ

2. Public Improvement Project:

Yes No

a) Have you retained the services of a consultant?
If yes, check appropriate box:

Yes No

- Engineer
- Architect
- Landscape Architect
- Planner

Was a Request for Proposal (RFP) used?

Yes No

b) Do you have completed architectural drawings?

Yes No

c) Do you have completed bid documents?

Yes No

d) Will a review of your project be required by:

City Development

Yes No

City Plan Commission

Yes No

Zoning Board of Appeals

Yes No

Other (specify) _____

Yes No

e) Are you aware of any other current or proposed projects that may affect the timing of your project?

Yes No

If yes, please list the project(s), estimated date(s) of construction, and agency(ies) responsible for the project:

f) Who will be responsible for the implementation?

g) List the time frame for the project.

Go to and complete pages JĚĪ

3. Public Service Project:

a) What services does your Agency provide?

b) How will this project relate to these services?

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| c) Is your project a continuation of a current activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Is your project an expansion of a current activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Have you received CDBG funding previously to operate this service? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, please note year and amount awarded for the past six years:

Year	\$ Award	Year	\$ Award	Year	\$ Award

- | | | |
|--|--------------------------|--------------------------|
| f) If this project is not currently in operation, do you have staff to implement the project? | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Do you have office space to accommodate the proposed service? | <input type="checkbox"/> | <input type="checkbox"/> |
| h) If funds are for non-administrative expenses, have you obtained three written estimates? | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Have you identified other funding sources?
(Please attach award letters and/or documentation you have applied for other funding. This attachment is labeled Attachment _____.) | <input type="checkbox"/> | <input type="checkbox"/> |
| j) When will the project be implemented? _____ (mm/yy) | | |
| k) Please explain your plan to identify clients for this service. | | |

l) Number of (UNDUPLICATED) clients to be served by this activity _____

m) Number of low-to moderate income clients to be served by this activity _____

n) Other information you wish to provide regarding the status of the project :

4. Facilities Project:

- | | Yes | No |
|--|--------------------------|--------------------------|
| a) Have you obtained at least three written estimates (not bids)?
If Yes, attach.
If No, please explain why not obtained. | <input type="checkbox"/> | <input type="checkbox"/> |
|
 | | |
| b) Have you retained the services of a consultant?
If yes, check appropriate box: | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Engineer | | |
| <input type="checkbox"/> Architect | | |
| <input type="checkbox"/> Landscape Architect | | |
| <input type="checkbox"/> Planner | | |
|
 | | |
| c) Do you have completed plans? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Do you have completed bid documents? | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Will a review of your project be required by: | | |
| City Development | <input type="checkbox"/> | <input type="checkbox"/> |
| City Plan Commission | <input type="checkbox"/> | <input type="checkbox"/> |
| Zoning Board of Appeals | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
|
 | | |
| f) Who will be responsible for the oversight of this project? | | |
|
 | | |
| g) Why are improvements necessary to the organization and the program services? | | |

NOTE:

A LIEN WILL BE PLACED ON REAL PROPERTY THAT IS IMPROVED WITH THE USE OF CDBG FUNDS. SUCH LIEN SHALL REMAIN UNTIL THE PROPERTY IS SOLD BY THE AGENCY RECEIVING CDBG ASSISTANCE.

Go to and complete pages JĚĪ

5. Economic Development Project:

a) Describe the impact/benefit this project will have on the area:

b) What are the long term plans for the area being served?

c) Describe the stage or phase that the project is in:

	Yes	No
d) Have you retained the services of a consultant?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, check appropriate box:		
If no, will the services be retained?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Engineer		
<input type="checkbox"/> Architect		
<input type="checkbox"/> Landscape Architect		
<input type="checkbox"/> Planner		
e) Do you have completed plans?	<input type="checkbox"/>	<input type="checkbox"/>
f) Do you have completed bid documents?	<input type="checkbox"/>	<input type="checkbox"/>
g) Will a review of your project be required by:		
City Development	<input type="checkbox"/>	<input type="checkbox"/>
City Plan Commission	<input type="checkbox"/>	<input type="checkbox"/>
Zoning Board of Appeals	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

h) Who will be responsible for the oversight of this project?

i) Why are improvements necessary to the organization and the program services?

Go to and complete pages JĚĚĚ

6. Planning/Management Project (Plans/Studies):

a) Describe the impact this project will have on the community:

b) Describe the stage or phase this project is in:

	Yes	No
c) Have you retained the services of a consultant?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, check appropriate box:		
If no, will the services be retained?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Engineer		
<input type="checkbox"/> Architect		
<input type="checkbox"/> Landscape Architect		
<input type="checkbox"/> Planner		
d) Will a review of your project be required by:		
City Development	<input type="checkbox"/>	<input type="checkbox"/>
City Plan Commission	<input type="checkbox"/>	<input type="checkbox"/>
Zoning Board of Appeals	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

e) Who will be responsible for the oversight of this project?

Go to and complete pages JĚĤ

Section 3: Historic Preservation Considerations

Listed below are historic preservation questions relevant to all **construction projects** for which CDBG funds are requested and received. Check the boxes applicable to your project.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Is the proposed project adjacent to or will it involve or impact buildings or districts eligible for or listed in the National or State Register of Historic Places? | <input type="checkbox"/> | <input type="checkbox"/> |

a) If yes, which buildings or districts?

b) Describe the impact of the proposed project on these buildings or districts.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 2. Are any of the buildings adjacent to, involved in, or affected by, the proposed project locally designated as individual landmarks, or as part of a local historic district? | <input type="checkbox"/> | <input type="checkbox"/> |

a) If yes, which buildings?

b) Describe the impact of the proposed project on the locally designated buildings.

Section (: Budget

Please complete the entire project budget and demonstrate the ability to cover the cost of implementing the entire project.

(NOTE: THE ENTIRE BUDGET MUST BE SHOWN FOR THE ENTIRE PROJECT)

REVENUE:	
<i>Funding Sources: (List all Funding Sources for the Project)</i>	<i>Amount</i>
Source: CDBG ENTER CDBG AMOUNT HERE	
Source:	
Source:	
Source:	
Source:	
Source:	
Source:	
Source:	
Source:	
Source:	
Source:	
TOTAL REVENUE:	

EXPENSES:			
<i>Type of Expense (Salaries, Program Supplies, Utilities, etc.)</i>	<i>CDBG Funds</i>	<i>Other Funds</i>	<i>Total Amount</i>
Expense:			
Expense:			
Expense:			
Expense:			
Expense:			
Expense:			
Expense:			
Expense:			
Expense:			
Expense:			
Expense:			
Expense:			
Expense:			
Expense:			
TOTAL EXPENSES:			

REVENUE MUST EQUAL EXPENSES

TOTAL REVENUE MUST EQUAL TOTAL EXPENSES

***** COST ESTIMATES REQUIRE A MINIMUM OF THREE (3) ESTIMATES *****
NOTE: CDBG WILL NOT FUND 100% OF PROJECT COSTS

Section (: Budget Continued

1. If full funding is not received, please describe what can be accomplished with less funding.

2. If full funding is not received, will less service be provided?
If yes, please describe in detail.

Yes No

3. If full funding is not received, will additional funding from other sources be utilized?
If yes, please list the source and amount.

Yes No

Source

Amount

Section *: Endorsing Resolution

For Not-for-Profit Organizations:

Each application from a not-for-profit organization must contain a resolution from the organization's Board of Directors endorsing the submission of the application, stating the amount of the CDBG request in the application, and stating the amount to be contributed by the organization.

A separate resolution is required for each application.

Section +: Outcome Performance Measurement

This section must be completed in order to be considered for funding.

HUD is now requiring recipients of federal funding to assess the outcomes of the program in question. In 2007, the City of Kenosha initiated a new Performance Measurement System to establish and track measurable goals and objectives for the CDBG and HOME programs. All approved applicants are required to comply with the Performance Measurement System.

I. GOALS

The proposed activity meets which of the following goals: (Select only one)

- Goal #1 – Creates a suitable living environment**
This objective relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environment (such as poor quality infrastructure) to social issues such as crime prevention, literacy, or elderly health services.
- Goal #2 – Provides decent housing**
This objective focuses on housing programs where the purpose of the program is to meet individual, family, or community needs and not programs where housing is an element of a larger effort, since such programs would be more appropriately reported under suitable living environment.
- Goal #3 – Creates economic opportunities**
This objective applies to the types of activities related to economic development, commercial revitalization, or job creation.

II. OBJECTIVES

Select the most appropriate objective for the proposed activity.

- Improve availability/accessibility**
This category applies to activities that make services, infrastructure, public facilities, housing, or shelters available or accessible to low/moderate income people, including persons with disabilities. In this category, accessibility does not refer only to physical barriers, but also to making the affordable basics of daily living available and accessible to low/moderate income people where they live.
- Improve affordability**
This category applies to activities that provide affordability in a variety of ways in the lives of low/moderate income people. It can include the creation or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation or day care.
- Improve sustainability**
This category applies to projects where the activity or activities are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefit to persons of low/moderate income or by removing or eliminating slums or blighted areas through multiple activities or services that sustain communities or neighborhoods.

III. OUTCOMES
(Goals and Objectives of Proposed Activity)

Check all outcome statements that apply to the proposed activity.

AVAILABILITY/ACCESSIBILITY	AFFORDABILITY	SUSTAINABILITY
<input type="checkbox"/> Enhance suitable living environment through new/improved accessibility	<input type="checkbox"/> Enhance suitable living environment through new/improved accessibility	<input type="checkbox"/> Enhance suitable living environment through new/improved accessibility
<input type="checkbox"/> Create decent housing with new/improved availability	<input type="checkbox"/> Create decent housing with new/improved availability	<input type="checkbox"/> Create decent housing with new/improved availability
<input type="checkbox"/> Provide economic opportunity through new/improved accessibility	<input type="checkbox"/> Provide economic opportunity through new/improved accessibility	<input type="checkbox"/> Provide economic opportunity through new/improved accessibility

IV. PERFORMANCE MEASUREMENT OUTCOME STATEMENT

Combine the elements from the categories above to summarize why the proposed activity is needed and what outcomes will be achieved from the proposed project or program. Outcomes are the changes you expect to occur in clients' lives and/or the community as a result of the proposed activity. A complete statement includes output (quantified) + outcome (from categories above) + activity (description) + objective.

Examples: 52 households will have new access to public sewer for the purpose of creating a suitable living environment.

7 households have affordable housing through a down payment assistance program for the purpose of creating decent affordable housing.

50 persons have access to new jobs through extension of a water line to a business for the purpose of creating economic development.

Section , : Application Submission Checklist

The following items are required. Please make sure all attachments are labeled:

- Completed application (including budget and signed checklist)
- Outcome Performance Measurement Document
- Map with geographic location and service area (if necessary)
- Latest audited financial statements
- Endorsing resolution
- List of Board of Directors
- Current Agency Plan; date of Plan _____
- Non-Profit's most recent Annual Report

The following items are also required unless submitted as part of a prior CDBG Application. Please make sure all attachments are labeled.

- Non-Profit Certificate of Incorporation and By-Laws
- Non-Profit 501C(3) Certification
- Non-Profit Mission Statement; date of Mission Statement _____

The following items may be applicable to your application. Please submit if appropriate. Please make sure all attachments are labeled.

- Low to Moderate Income Surveys
- Funding Sources Support Letters and/or Documentation of Application for Other Funding
- Site Plan/Schematic Design
- Cost Estimates

We certify the application submitted is accurate and complete: **(Two signatures are required.)**

Signature of Authorizing Official

Date

Typed Name and Title of Authorizing Official

Phone

Signature of Authorizing Official

Date

Typed Name and Title of Authorizing Official

Phone