City of Racine, WI – CDBG Public Service

2026 Application
For Community Development Block Grant
Public Services

Program Application Information

Issue Date: Tuesday July 28, 2026
Closing Date: Thursday August 6, 2026

Contact

Housing Division
730 Washington Ave.
City Hall, Room 304
Racine, WI 53403
Phone: (262) 636-9197

Please read Program Guidelines at the City Development Economic Development & Housing Division Website: https://www.cityofracine.org/CityDevelopment/NeighborhoodServices/

Applicant Information

Organization Name:		
Contact Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
E-Mail:		

Return Applications and Required Attachments by Thursday August 6, 2026 @ 3p.m

ATTN: CDBG PUBLIC SERVICE APPLICATIONS
Economic Development & Housing Division
730 Washington Ave.
City Hall, Room 304
Racine, WI 53403

EMAIL: NSDAPPLICATIONS@CITYOFRACINE.ORG

ELIGIBLE AND INELIGIBLE PROJECT ACTIVITIES

Eligible Project Activities

CDBG regulations allow the use of grant funds for a wide range of public service activities including:

- Employment services (job training);
- Establishment, stabilization, and expansion of small businesses;
- Crime prevention and public safety;
- Child care;
- Drug abuse counseling and treatment;
- Health services;
- Education programs;
- Energy conservation;
- Public safety services
- Recreation programs;
- Services for senior citizens;
- Services for homeless persons
- Youth programming

Note: Paying the cost of operating and maintaining that portion of a facility in which the service is located is also considered to fall under the basic eligibility category of Public Services, even if such costs are the only contributions made by CDBG for those services.

Two (2) activity categories are considered under the City of Racine 2020-2024 Consolidated Action Plan: homeownership services and economic mobility.

Ineligible Project Activities

Per the CDBG regulations (24 CFR 570.207), funds awarded as part of this contract shall not be used to support or pay for the following:

1. The provision of “income payments”: Payments made to an individual or family, which are used to provide basic services such as food, shelter (including payment for rent, mortgage and/or utilities), or clothing.
    - However, such expenditures are eligible under the following conditions:
        a. The income payments do not exceed three (3) consecutive months, or six (6) consecutive months if intended to prevent, prepare for, or respond to coronavirus; and
        b. The payments are made directly to the provider of such services on behalf of an individual or family.
2. Political activities.
3. General government expenses.

CITY OF RACINE, WI
Community Development Block Grant (CDBG)
Public Services
GRANT APPLICATION

Important Note: Elaborate answers for the purposes of this application are not required. **Concise responses for most narrative questions will suffice if 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 deliberatively deceptive responses will be considered to be fraudulent and denied CDBG funding, and may face civil and/or criminal penalties.

To ensure an equitable allocation process the following criteria must be met for all applications to be considered for funding. Applications will be screened for the following:

- ☐ Application is submitted by deadline.
- ☐ Application is complete, all questions have been answered.
- ☐ No questions have been deleted or changed.
- ☐ All documents requested have been provided.
- ☐ One (1) original properly marked and provided.
- ☐ Application packet and information is not bound in a folder or binder.

Applicants applying for CDBG Public Service funds must answer the following questions and/or provide the requested information. Please be sure to complete the entire application, including the required budget forms.

A. 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 Racine City, please provide information for both the primary and Racine City office locations	
3.	Mailing Address (include City and Zip Code):	
4.	Main Business Phone Number:	
5.	Business Office Hours:	
6.	Executive Officer Name:	Phone Number: Email Address:
7.	Primary Contact Person:	Title: Phone Number: Email Address:

8. Fiscal Contact Person:	Title: Phone Number: Email Address:
9. Type of Organization:	
☐ Sole Proprietor	☐ Partnership
☐ Private/Non-Profit	☐ Corporation
☐ Other (specify)	
10. Federal Tax ID No.:	
11. UEI Number	

12. 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 cooperate 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 #13 and #14.

☐ No. Questions #13 and #14 are not applicable, proceed to Question #15.

13. 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

Required only if your response to Question 13 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	2025 Salary/Compensation
					$
14.					**$**

15. CCR Number (cage code)	
16. How long has the organization been in operation in Racine?	
17. Has the organization operated under another name? ☐ No/Not Applicable ☐ Yes If "Yes", please provide the previous organization's name(s):	
18. Name of Program to be funded:	

19. Program Funding Amount Requested: $
20. Program Funding Amount Received Last Cycle (indicate period of funding): $
21. Site Address from which services will be delivered (provide separate sheet if multiple addresses):
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 Site Address:
24. Application/Preparer's Contact Name:
25. Application/Preparer's Contact Phone Number:
26. Application/Preparer's Contact Email Address:
27. Provide one (1) complete original/copy of the following documents, as applicable: a. ☐ New applicants and applicants with updates since the last funding round, please include by-laws b. ☐ Recorded Articles of Incorporation c. ☐ 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) d. ☐ List of the Board of Directors including name, occupation, or affiliation, principle officers of the governing board. Applicants may also voluntarily provide information related to diversity. e. ☐ Internal Revenue Service (IRS) tax-exempt determination letter f. ☐ 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 g. ☐ A copy of the organization's most recent monthly balance sheet and income statement h. ☐ Organization chart i. ☐ Organization mission and vision statements j. ☐ The strategic plan for the organization k. ☐ Provide any recent (within the last twenty four (24) months) site visit or program review reports received from monitoring entities (i.e. United Way, local or state government)

B. Summary of Services

1) **Provide a description of the program for which funding is being requested. (E.g. A program that intends to build job skills through computer education) Identify the National Objective your program meets and identify your Public Services eligible activity.**

2) **Describe the impact to the community if this program did or does not exist.**

3) **Thoroughly describe up to two existing partnerships that benefit your clients or program needs. Include the degree to which resources and or activities are shared. Do not include those partnerships that involve only referrals between programs.**

4) **Identify the specific geographic area you intend to serve. What makes the program unique? Please include your method for ensuring that eligible Racine residents will benefit from this funding.**

5) **Describe how your organization addresses transportation or language barriers for individuals that might wish to participate in your program.**

6) **Please describe how funds will be used for a new service or an expansion of an existing service.**

7) **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. Applicants are encouraged to be detailed (provide attachments as necessary), innovative, and demonstrate a commitment to Section 3 in their response to this question.**

C. Clients Served

1) **Describe the clientele whom you intend to serve. Explain how the target population is selected, qualified for services and monitored.**

2) **How many unduplicated Racine clients will be served by the program with the requested funds? If funded, this is the number of clients that will be contracted for and will be adjusted based on the amount funded.**

3) **Describe how your program determines cost per client served or unit cost of service. Have your costs increased, decreased, or remained constant over the previous twenty-four (24) months? What factors may have led to these changes, if any?**

4) **Describe how your program reaches out to, and addresses, the needs of persons with disabilities; persons with limited English capabilities; and persons of cultural/ethnic minority.**

5) **In order to meet HUD's national objective, please select one (1) of the two (2) national objectives listed below**.

☐ Area Benefit ☐ Limited Clientele

For Area Benefit please list the service area boundaries, including census tract(s) and block group(s), and the percentage (%) of low/mod residents.

For Limited Clientele please select one of the two boxes below:

☐ Presumed low/mod income (Indicate appropriate category below):

☐	Elderly	☐	Severely Disabled Adults
☐	Battered Spouses	☐	Abused Children
☐	Homeless	☐	Individuals Living with AIDS
☐	Illiterate Adults	☐	Migrant Farm Workers
	Other:		

☐ Income Documentation:

All agencies must describe how the program ensures that services will be used predominantly by low/moderate income clients by detailing how income information is collected on all program clients. Please include the percentage of clients who are low/moderate income. Provide a copy of current client form that shows how client income is obtained and documented.

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. (Example: our agency will serve x number of clients within y months)**

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

4) **How many unduplicated Racine clients have been served by the program in each of the calendar years below?**

Year	Number of Clients Served
2026 – Projected	
2025	
2024	
2023	

5) **How will this project ensure that program benefits are accessible to all eligible residents and help reduce barriers faced by underserved populations?**

E. Fiscal Management

1) **It is possible that the City may not be able to fund your program application fully. Recognizing that, please list the various aspects of your program in the priority order you want them funded and the amount required for each aspect.**

	Describe Priority	$ Amount
Priority #1		
Priority #2		
Priority #3		
Priority #4		

2) **If the *program services operating budget* were increased or decreased by ten percent (10%), what specific program services would be correspondingly increased or reduced and what would the impact be on the services in the community?**

3) **Please describe how the organization will ensure 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.**

4) **Please describe your 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.**

5) **Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements.**

6) **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?**

BUDGET NARRATIVE OR ATTACHED SPREADSHEETS

7) **Describe in detail all separate sources of revenue included on the estimated spending plan and revenue summary form. Please indicate how amounts were derived, the methodology, and include the calculation formula for the amount of each source, as applicable. Further, please describe the extent of how funds requested will be leveraged with other resources, funding, or in-kind match.**

8) **Describe in detail how the amounts of the expenditures listed online items were developed. Please include methodology on how amounts were derived, as applicable.**

F. Personnel

1) **Identify all positions involved in the operation of the program and whether they are full or part-time. If less than forty (40) hours per week indicate estimated total weekly hours to be spent on this program.**

2) **Who will be responsible for the overall operation of the program and what are their qualifications? Please include the name and position titles.**

3) **Describe your process for ensuring your staff has the necessary background checks and certification/license required to provide services.**

G. BUDGET FORMS

BUDGET PREPARATION INSTRUCTIONS

ESTIMATED SPENDING PLAN AND REVENUE SUMMARY FORM
Please include all estimated spending and revenue for only the program requesting funds from CDBG. The form is to be completed based on the accrual method and figures rounded to the nearest dollar.

SALARIES AND WAGES DETAIL FORM

Identify personnel involved in the operation of your program by position title, Full Time Equivalent (F.T.E) for current program only, total hours worked per week, and rate per hour (indicate range where applicable). Example: if a staff works forty (40) hours per week and only twenty (20) of those hours are for the program, this represents point five (.5) or fifty percent (50%) of one (1) F.T.E. If you are including multiple positions on one (1) line item, add the combined F.T.E's together. Using two (2) employees of the same example above, even though they are two (2) employees their F.T.E would equal one (1) F.T.E. Exclude staff who are included within the agency indirect cost rate or shared/administrative/indirect cost plan.

Indicate the fund source which pays for each person's salary. The form is to be completed based on the accrual method and figures rounded to the nearest dollar. The Grand Total line on this form should match the Salaries & Wages line item on the Estimated Spending Plan and Revenue Summary Form.

ESTIMATED EXPENDITURE NARRATIVE FORM
Describe in detail your line-item expenditures. For example, if your spending plan states that you anticipate spending $6,000 for professional services, please identify what professional services you plan to purchase for the $6,000 and how that service enhances or supplements the program.

ESTIMATED REVENUE NARRATIVE FORM
Describe in detail all separate sources of revenue included on the estimated spending plan and revenue summary form. "Origin of Revenue" would be the place or organization the revenue comes from. "Source of Revenue" is the type of organization the revenue comes from. Example: If you are expecting a grant from the Wisconsin Economic Development Corporation for $1 million, then the "Origin of Revenue" would be the Wisconsin Economic Development Corporation and the "Source of Revenue" is State funds. For "Basis of Calculation" include the calculation formula or the process you used to estimate the amount of each source.

**** FINAL SPENDING PLAN AND REVENUE SUMMARY**
Please note that a final spending plan and revenue summary form will be required of all finalists when final project allocations are made by the City of Racine.

City of Racine, WI - CDBG PUBLIC SERVICES
ESTIMATED SPENDING PLAN & REVENUE SUMMARY FORM
(Double-click on the spreadsheet to complete with Excel)

		COUNTY FUNDS	OTHER FUNDS					
Object	Description	*CDBG Funds Requested	Program Income	In-Kind	Donations	Federal	Other (identify Source):	TOTAL ALL FUNDS
11	Salaries & Wages							
20	Personnel Benefits							
31	Office & Operating Supplies							
35	Small Tools/Minor Equipment							
41	Professional Services							
42	Communications							
43	Travel & Training							
45	Rentals							
46	Insurance							
47	Public Utilities							
48	Repairs and Maintenance							
64	Machinery & Equipment							
	Other (explain in budget narrative)							
	***GRAND TOTAL**							

SUBMIT A COPY OF YOUR ORGANIZATIONS ANNUAL BUDGET.

Note: See Explanation of Descriptions on next page

Explanations of line-item Descriptions

Salaries & Wages	Amounts paid for personal services rendered by employees in accordance with the rates, hours, terms and conditions authorized by law or stated in employment contracts. This category also includes overtime, hazardous duty or other compensation construed to be salaries and wages. ***This is straight salary amounts only.***
Personnel Benefits	Those benefits paid by the employer as part of the conditions of current or past employment. Examples of this include, employer paid required payroll taxes such as social security, Medicare, unemployment insurance, and labor and industries insurance, as well as, employer paid hourly equivalent of holiday, vacation, medical insurance, and other benefits provided to employees. Employer paid benefits will need to be detailed out on the first payment submitted.
Office & Operating Supplies	This is a basic classification of expenditures for articles and commodities purchased for consumption or resale. Example includes: Office Supplies, Forms, Cleaning Supplies, Clothing, Food, and Publications. These are items purchased and used for the contracted program.
Small Tools/Minor Equipment	Example of expenses include: printers, calculators, and screw drivers. Not to exceed $50 per item.
Professional Services	Amounts paid for Professional Services provided by governments or private business organizations. This should only include expenses that constitute a direct cost of the activity for the contracted program services. Example of expenses include: Accounting and Auditing, Advertising, Engineering and Architectural, Computer Programming, Medical, Management Consulting, Legal, and Custodial Cleaning, and other contracted services required to deliver program services.
Communications	Example of expenses include: Program proportional share of telephone, postage, and internet, facsimile.
Travel & Training	Example of expenses include: Program proportional share of lodging, meals, mileage, and training courses directly related to contracted program services.
Rentals	Program proportional share of amounts paid on rental or lease contracts for the use of land, building, or equipment.
Insurance	Example of expenses include: Program proportional share of fire, theft, liability, bonds, or other casualty insurance premiums.
Public Utilities	Example of expenses include: Program proportional share of gas, water, sewer, electricity, waste disposal, and cable TV.
Repairs and Maintenance	Non-CDBG eligible expense. Contracted (external) labor and supplies furnished by the contractors. Examples include: Buildings, Improvements, Structures, and Equipment.
Machinery & Equipment	Non-CDBG eligible expense. Example of expenses include: Communications, Transportation, Janitorial, Office Furniture and Equipment, Heavy Duty Work Equipment, Computer Software, Computer Hardware, and Artwork.

CDBG PUBLIC SERVICES
SALARY & WAGE DETAIL FORM
(Double-click on the spreadsheet to complete with Excel)

Position Title	Number of Positions	Full Time Equivalent (FTE)	Total Hours Per Week	Rate Per Hour		OTHER FUNDS					TOTAL ALL FUNDS
					CDBG Funds Requested	Program Income	In-Kind	Donations	Federal	Other (identify Source):	
GRAND TOTAL											

CDBG PUBLIC SERVICES
ESTIMATED EXPENDITURE NARRATIVE

Line-Item Description:	Basis of Calculation:

CDBG PUBLIC SERVICES
ESTIMATED REVENUE NARRATIVE

Origin of Revenue	Source of Revenue (Federal, State, or Private)	Amount of Estimated Revenue	Basis of Calculation:
Grand Total			

H. STAFF/BOARD DEMOGRAPHICS

1) Please fill out the table below describing the composition of your agency's governing board membership. Enter the number of board members that best fit each demographic category in the column on the right.

Total Board Members:	
Racial/Ethnic Identity	
White	
Black or African-American	
Asian	
American Indian/Alaska Native	
Native Hawaiian or Pacific Islander	
Multiracial	
Other Race	
Hispanic/Latino of Any Race	
Gender Identity	
Female	
Male	
Nonbinary	
Transgender	
City Residency	
Living in the City of Racine	

2). Please fill out the table below describing the composition of your agency's staff who would be implementing the proposed activity. Enter the number of staff that best fit each demographic category in the column on the right.

Total Staff Members:	
Racial/Ethnic Identity	
White	
Black or African-American	
Asian	
American Indian/Alaska Native	
Native Hawaiian or Pacific Islander	
Multiracial	
Other Race	
Hispanic/Latino of Any Race	
Gender Identity	
Female	
Male	
Nonbinary	
Transgender	
City Residency	
Living in the City of Racine	

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 7: Public Services of Basically CDBG
- CDBG Subrecipient Oversight Guidebook: Monitoring Strategies and Procedures (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.

_____

Printed Name and Title

_____

Signature

_____

Agency

_____

Date