

PROPOSAL # _____
DATE RECEIVED _____

**PROPOSAL FOR 2009 CDBG LOCAL OPTION FUNDING
SUMMARY SHEET**

NAME OF PROGRAM: FESTIVAL PARK PLAYGROUND REPAIRS

NAME OF ORGANIZATION: Parks, Recreation & Cultural Services

ADDRESS: 800 Center St., Room 127 CITY: Racine STATE: WI

PHONE NUMBER: 262-636-9131 FAX NUMBER: 262-636-9277

E-MAIL ADDRESS: donnie.snow@cityofracine.org

NAME OF DIRECTOR: Donnie Snow NAME OF CONTACT: Donnie Snow

FINANCIAL REPORTING TO BE DONE BY (NAME): City of Racine Finance Dept.

PROGRAM REPORTING TO BE DONE BY (NAME): Donnie Snow

FUNDING SUMMARY CDBG FUNDS REQUESTED: \$ 1,000.00

1) Will the proposed activity need CDBG funds for more than one year? Yes No If yes, explain why. _____

2) Has your organization received CDBG funding for this program in the past five years? Yes No

3) Do you have a signed agreement to use CDBG funds allocated to you in prior years? Yes No For other projects _____

4) Has your organization secured other funding to assist in this program? Yes No If "yes" indicate the funding source and corresponding amount(s). City of Racine \$2,000 plus

TOTAL PROGRAM COST (FROM ALL FUNDING SOURCES): \$ 3,000 Percent of CDBG to TOTAL cost 33 %

SUMMARY
Provide a VERY brief summary of the program.
Provide materials to repair playground equipment at Festival Hall.

1) Total number of clients to be served 1,000's

2) Age group of the people served. Youth (0 – 18) Adult (18 – 62) Senior (over 62)

3) What percentage of the activities will take place in the City of Racine? 100 percent

4) What percentage of the activities will take place in areas defined by HUD as being low and moderate income? 100 percent

5) What percentage of the people served will be City of Racine residents? 80 percent

6) What percentage of people served will be low or moderate income persons as defined by HUD? 70 percent

7) Which category of community needs best fits your program? (check all those that apply)
Improved Neighborhoods Job creation Youth Activities Shelter Other (list) _____

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SECTION 1: NEEDS STATEMENTS - Limit your response to the space provided.

- 1) Describe the need in the City that this activity will address.
- 2) Describe the basis on which you determined the need exists.
- 3) Identify the extent of the need.

In the downtown area of the City of Racine there is only one public accessible playground located at Festival Park grounds. This playground was donated to the City of Racine by the Kiwanis Club and it is in need of repair.

A number of schools, day care and festival goers use this playground throughout the year. This playground also serves as a stopping off point for individuals using the Lake Michigan Pathway.

SECTION 2: PROGRAM OVERVIEW Limit your response to the space provided.

Include in the description what activities will take place, how you notify the public of your activity, who will provide services, where activities will take place, when and how often activities will take place, and why your organization should provide and oversee the activity.

Youth and families will continue to use the playground on a daily basis throughout the year. Picnicking and playground activities will occur at the site.

The general public is very much aware of this playground location already. We just need to make it safe and accessible.

The PRCS Department is best positioned to oversee this project because it is located on public property at Festival Park.

SECTION 3: OBJECTIVES OF THE PROGRAM

1) List in as quantitative and qualitative a manner as possible, the objective(s) to be accomplished by implementing this program and how success in meeting the objectives will be measured. Information such as the number of loans provided, diplomas attained, jobs acquired, clients to be housed, or other unique project characteristics or subgroup information should be provided.

The objective of this request is to secure funds to purchase materials to make needed and necessary repairs to the play equipment.

Success will be measured by the following:

- number of youth and families using park
- number of complaints or lack there of
- how well participants help to maintain equipment based on calls for service or repair.

SECTION 4: INNOVATION

Is this a new program or approach to providing for a need in the Racine community?

No, existing equipment in need of repair to make safe and accessible for youth.

SECTION 5: COLLABORATION

Collaboration is defined as "a formal agreement among agencies or organizations engaged in similar activities to work together to reach a common, mutually agreeable goal". Applications representing collaborative efforts must identify each partner and their role in the collaboration.

1) Identify any other agencies that are presently providing services or activities similar or identical to those being proposed.

2) If there are other agencies providing similar or identical services or activities, explain the necessity for the additional services being proposed for funding.

3) How has your agency collaborated to avoid duplication of services? You must identify the collaborating agencies.

We collaborate with the Festival Hall Management and the DRC to avoid duplication of services.

SECTION 6: BUDGET (PAGE ONE OF TWO PAGES)

Show all revenues and expenses for the Activity in whole dollars.

REVENUES:		
FUNDS REQUESTED FROM C.D.B.G. PROGRAM		\$ 1,000
FUNDS FROM OTHER SOURCES:		
1. City of Racine		\$ 2,000
2. _____		\$ _____
3. _____		\$ _____
TOTAL REVENUE		\$ 3,000

EXPENSES:				<u>C.D. FUNDS</u>	<u>OTHER FUNDS</u>	<u>TOTAL</u>
SALARIES:	Position	#Hours	Rate	\$ _____	\$ 2,000	\$ _____
	_____	_____	_____	\$ _____	\$ _____	\$ _____
	_____	_____	_____	\$ _____	\$ _____	\$ _____
	_____	_____	_____	\$ _____	\$ _____	\$ _____
EMPLOYEE BENEFITS (List Benefits)				\$ _____	\$ _____	\$ _____
_____				\$ _____	\$ _____	\$ _____
PAYROLL TAXES				\$ _____	\$ _____	\$ _____
LICENSES, PERMITS, MEMBERSHIPS				\$ _____	\$ _____	\$ _____
PROFESSIONAL FEES (accounting, attorney, etc.)				\$ _____	\$ _____	\$ _____
AUDIT COMPLIANCE FEES				\$ _____	\$ _____	\$ _____
INSURANCE				\$ _____	\$ _____	\$ _____
EMPLOYEE TRAINING				\$ _____	\$ _____	\$ _____
RENT or OCCUPANCY				\$ _____	\$ _____	\$ _____
UTILITIES				\$ _____	\$ _____	\$ _____
TELEPHONE				\$ _____	\$ _____	\$ _____
OFFICE SUPPLIES				\$ _____	\$ _____	\$ _____
POSTAGE				\$ _____	\$ _____	\$ _____
EQUIPMENT PURCHASE *				\$ _____	\$ _____	\$ _____
_____				\$ _____	\$ _____	\$ _____
EQUIPMENT RENTAL (List)				\$ _____	\$ _____	\$ _____
_____				\$ _____	\$ _____	\$ _____
EQUIPMENT MAINTENANCE				\$ _____	\$ _____	\$ _____
WORK OR PROGRAM SUPPLIES				\$ _____	\$ _____	\$ _____
PRINTING AND PUBLICATIONS				\$ _____	\$ _____	\$ _____
TRAVEL *				\$ _____	\$ _____	\$ _____
MEETING EXPENSES *				\$ _____	\$ _____	\$ _____
LIST ANY OTHER EXPENSES BELOW * :						
	Materials/supplies			\$ 1,000	\$ _____	\$ _____
	_____			\$ _____	\$ _____	\$ _____
	_____			\$ _____	\$ _____	\$ _____
	_____			\$ _____	\$ _____	\$ _____
TOTAL EXPENSES				\$ 1,000	\$ 2,000	\$ 3,000

* Provide detail on next page as indicated.

SECTION 6: BUDGET (CONTINUED)

- Identify and explain the necessity for any equipment proposed to be purchased.
- Explain the purpose(s) for which travel funds will be used. Identify the purpose(s) of out of town travel.
- Identify the meetings and what items will be paid for under Meeting Expenses. Identify out of town meetings, location(s) and purpose(s).
- Identify what contract services will be purchased and how the contractor(s) will be selected.
- Explain all items listed under "Other Expenses".
Note: Line items such as Miscellaneous Expenses, Overhead, Indirect costs and similar listings are not permitted.
Materials such as boards, screws and bolts and fasteners will need to be purchased to make needed and necessary repairs.

SECTION 7: ATTACHMENTS

Please provide one copy only of the following

- A description of all jobs shown in the budget.
- A copy of applicant's (agency) 2008 budget.
- A copy of the applicant's most recent financial audit or compilation.

PLEASE, LIMIT YOUR ATTACHMENTS TO ONLY THOSE REQUESTED!!!

SECTION 9: NATIONAL OBJECTIVE CERTIFICATION

PLEASE HAVE THE PRESIDENT OF THE BOARD OF DIRECTORS, THE CITY AGENCY DEPARTMENT HEAD, OR, IF THE APPLICANT IS AN INDIVIDUAL, THE INDIVIDUAL, SIGN THE APPROPRIATE CERTIFICATION. If you have questions regarding which of the certifications is appropriate for your application, please contact the Department of City Development at 636-9151.

FOR ACTIVITIES DESIGNED TO BENEFIT LOW AND MODERATE INCOME PERSONS IN ACCORDANCE WITH HUD CDBG INCOME GUIDELINES:

To benefit persons...

I hereby certify that the proposed activity will benefit low and moderate income persons as defined by the U.S. Department of Housing and Urban Development; and that no less than _____ % of the clients to be assisted will be low and moderate income persons residing in the City of Racine, Wisconsin.

Signature Date

Print Name

Title

To benefit an area...

I hereby certify that the proposed activity is designed to benefit a general area of the City and not individually identified low and moderate income persons; and that the proposed activity will provide improvements to areas in which no less than 51% of the residents are low and moderate income as defined by the U.S. Department of Housing and Urban Development.

Donnie Snow 5/18/09

Signature Date
Donnie Snow

Print Name
Director

Title

FOR ACTIVITIES DESIGNED TO ELIMINATE SLUMS AND BLIGHT

To eliminate slums and blight...

I hereby certify that the proposed activity is designed to aid in the prevention and elimination of slums and blight, as defined by the U.S. Department of Housing and Urban Development rules governing the CDBG Program.

Signature Date

Print Name

Title