

Department of Homeland Security  
Federal Emergency Management Agency  
Streamlined Project Application

## Section I - Project Application Information

<b>Project Application Type</b>	Emergency Protective Measures (COVID-19) v3	<b>Event</b>	4520DR-WI (4520DR)
<b>Applicant-Assigned Project Application #</b>	145623	<b>Applicant</b>	Racine, City of (101-66000-00)
<b>Project Application Title</b>	COVID (Vaccine Clinics, PPE, and Vaccine Outreach)	<b>FEMA PA Code</b>	101-66000-00
<b>Project Net Cost</b>	\$604,790.21	<b>Project</b>	[181491] COVID (Vaccine Clinics, PPE, and Vaccine Outreach)
<b>Status</b>	Completed		

## Section II – Scope of Work

### Description of Activities

**Brief description of the activities the Applicant conducted or will conduct.**  
**Explanation of how these activities reduce the threat of COVID-19 transmission or address positive/presumed-positive COVID-19 cases.**

The City of Racine Public Health Department, along with the Racine Fire Department and Racine Police Department, has held and will continue to hold COVID-19 vaccination clinics 2-4 days each week. Beginning on January 14th the department set up a mass vaccination clinic to address the threat of COVID by administering vaccines to eligible individuals. The coordination between these agencies to offer clinics ensure that the general public has easy access to COVID-19 vaccines in a location that is close to their home. Other local organizations have also partnered to refer their clients and help members of the community who need additional assistance with appointment scheduling, transportation, or other functional needs support, ensuring that there are as few barriers to vaccination as possible.

### Activities the Applicant conducted or will conduct.

#### Management, control, and reduction of immediate threats to public health and safety

- Dissemination of information to the public to provide warnings and guidance

#### Emergency Medical Care

- Purchase and distribution/use of medical supplies & equipment
- Vaccine storage supplies or equipment
  - Temperature controlled storage
- Provision of medical services
  - Medical waste disposal
  - Vaccine administration
- Enhanced medical facilities
  - Community-based testing sites
  - Vaccine storage

### Method(s) of work the Applicant used or will use to complete the activities reported above.

- Establishment of temporary facilities
  - Repurposing, renovating, or reusing existing facilities
  - Placing prefabricated facilities on a site

### Type 3 - City of Racine Public Health Department Health Clinic

#### Site Information

##### Type of site

- Type 3

**Site Name** City of Racine Public Health Department Health Clinic

##### Where is the site located?

**Address 1** 730 Washington Ave

**Address 2** Room 4

**City** Racine

**State** Wisconsin

**Zip Code** 53403

**Number of vaccines administered** 350 Per day

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### Type 3 - City of Racine Festival Hall

#### Site Information

##### Type of site

- Type 3

**Site Name** City of Racine Festival Hall

##### Where is the site located?

**Address 1** 5 Fifth Street

**City** Racine

**State** Wisconsin

**Zip Code** 53403

**Number of vaccines administered** 500 Per day

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### Type 5 - City of Racine - Tyler Domer Center

#### Site Information

##### Type of site

- Type 5

**Site Name** City of Racine - Tyler Domer Center

##### Where is the site located?

**Address 1** 2301 12th Street

**City** Racine

**State** Wisconsin

**Zip Code** 53403

**Number of vaccines administered** 500 Total

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## Type 5 - City of Racine - Dr. Martin Luther King Center

### Site Information

#### Type of site

- Type 5

**Site Name** City of Racine - Dr. Martin Luther King Center

#### Where is the site located?

**Address 1** 1134 Dr. Martin Luther King Dr.

**City** Racine

**State** Wisconsin

**Zip Code** 53403

**Number of vaccines administered** 500 Total

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### Number of sites supported

Type 1 Sites	0
Type 2 Sites	0
Type 3 Sites	2
Type 4 Sites	0
Type 5 Sites	2

## Locations

### Locations where the activities reported above were or will be conducted.

☒ Jurisdiction-wide

## Documents

No documents have been uploaded for this section/schedule.

## Section III – Cost and Work Status Information

### General Cost & Work Status Questions

**Does the Applicant have insurance that might cover any activities being claimed on this project?**

- No, insurance funding is unavailable or was denied

**What is the total project cost after all reductions including insurance deductions?**

- \$604,790.21

**Has the Applicant started any of the work activities claimed on this project application?**

- Yes

**Date Started** 1/1/2021

**Has the Applicant completed all of the work claimed on this project application?**

- No

**Projected End Date** • Unsure

**Does the Applicant want to request expedited funding?**

- No

## Documents

No documents have been uploaded for this section/schedule.

## Large Project In-Progress Costs (Schedule C)

### Budget Estimate

#### Selected bases for estimation:

- ☒ Extrapolation of completed costs
- ☒ Historical unit costs
- ☒ Average costs for similar work in the area
- ☒ Published unit costs from national cost estimating database
- ☒ Contractor or other vendor

### Project Costs

## Resources necessary to complete the activities being claimed on this project.

	Completed Costs		Future Costs		Total Costs
<input checked="" type="checkbox"/> Contracts	\$175,476.37	+	\$292,457.63	=	\$467,934.00

Total cost of contracts from your estimate.

Is the estimate based on awarded contracts?

- No

	Completed Costs		Future Costs		Total Costs
<input checked="" type="checkbox"/> Labor	\$24,745.41	+	\$44,272.80	=	\$69,018.21

Including the Applicant's own staff, mutual aid, prison labor, or National Guard.

☒ Applicant's Own Staff (Force Account Labor)

☒ Unbudgeted Employees

**Straight Time Completed Costs**

**Straight Time Future Costs**

**Overtime Completed Costs**      \$24,745.41

**Overtime Future Costs**      \$44,272.80

	Completed Costs		Future Costs		Total Costs
<input checked="" type="checkbox"/> Equipment		+	\$8,000.00	=	\$8,000.00

Total cost of equipment from your estimate.

☒ Purchased

**Completed Costs**      \$0.00

**Future Costs**      \$8,000.00

**Selected bases of the rate used in the equipment summary:**

☒ Applicant's Equipment Rates

	Completed Costs		Future Costs		Total Costs
<input checked="" type="checkbox"/> Other Costs	\$23,220.00	+	\$36,618.00	=	\$59,838.00

Including other eligible expenses not listed above.

☒ Miscellaneous Costs

**Completed Costs**      \$23,220.00

**Future Costs**      \$36,618.00

**Provided high-level information which can substantiate costs:**

Rental of external civic center facility for vaccination clinics. Facility being used multiple days a week and is setup ONLY for vaccination clinic and is not being used for any other purpose at this time. Going forward specific days of the week would be assigned at the facility for vaccination clinic. Costs include setup and takedown, utilities, staffing for general maintenance.

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**Project Cost**      \$604,790.21



Deductions

No credits have been added to offset the cost of activities reported on this project.

Project Cost		\$604,790.21
Total Deductions	–	\$0.00
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Net Cost		\$604,790.21

# Documents

- Budget Estimates
  - Budget Final.pdf
- Project Cost & Cost Eligibility
  - Contracts
    - Contract Cost Summaries
      - No documents provided.
    - Contract Documentation
      - Vaccinate Racine Project Manager.pdf
      - Estimate\_21-KBD-011\_Kane\_Communications\_Group Social Media.pdf
      - Maxim Contract.pdf
    - Change Orders
      - No documents provided.
    - Summary of Invoices
      - Design Touch Expenses.xlsx
    - Costs or Price Analysis Documentation
      - No documents provided.
    - Procurement Policies
      - No documents provided.
    - Other Procurement Documentation
      - No documents provided.
    - Contractor Oversight Documentation
      - No documents provided.
    - Non-Award Estimate Documentation
      - Cost or Price Analysis Documentation
        - No documents provided.
      - Procurement Policies
        - Purchasing Ordinance.pdf
      - Other Procurement Documentation
        - No documents provided.
  - Labor
    - Force Account Labor
      - Labor Pay Policies
        - Employee Handbook.pdf
        - IAFF LOCAL 321 - 2018-2020 CBA - Final.pdf
      - Benefit Calculation Worksheets
        - 2021 WRS Rates.pdf
      - Force Account Labor Estimates
        - Force Labor Estimates.pdf
        - Fire Department Average Overtime Rate.pdf
        - Health Dept Average Overtime Rate.pdf
      - Force Account Labor Summaries
        - No documents provided.
  - Equipment
    - Purchased
      - Purchased Equipment Estimates
        - QUO-150755-P3H2F8-HLR105-GX-City of Racine HD.pdf
        - HLR105-GX-Data Sheet.pdf
      - Purchased Equipment Invoices / Receipts
        - No documents provided.
      - Rental vs. Purchase Cost Comparisons
        - No documents provided.

# Large Project Work Survey

## General Eligibility

**Are all activities being claimed on this project only being performed by the Applicant as a result of COVID-19?**

- Yes

**Is the Applicant legally responsible for performing the activities being claimed on this project?**

- Yes, the Applicant is a government organization and the state's, tribe's, or territory's constitution or laws delegate jurisdictional powers to the Applicant.

**How the activities being claimed on this project address an immediate threat to life, public health, or safety:**

The City of Racine Public Health Department, along with the Racine Fire Department and Racine Police Department, has held and will continue to hold COVID-19 vaccination clinics 2-4 days each week. Beginning on January 14th the department set up a mass vaccination clinic to address the threat of COVID by administering vaccines to eligible individuals. The coordination between these agencies to offer clinics ensure that the general public has easy access to COVID-19 vaccines in a location that is close to their home. Other local organizations have also partnered to refer their clients and help members of the community who need additional assistance with appointment scheduling, transportation, or other functional needs support, ensuring that there are as few barriers to vaccination as possible.

**Did or will any of the activities being claimed on this project require access to residential private property?**

- No

*Leasing a private facility is not considered accessing residential private property.*

**For activities that involve the creation of a new program, describe or attach the internal control plan the Applicant executed or will execute to ensure costs incurred remain reasonable in accordance with 2 C.F.R. Part 200, the FEMA Public Assistance Program and Policy Guide, and applicable Recipient and Applicant requirements**

## Emergency Medical Care

*FEMA will provide assistance for medical care provided under COVID-19 declarations to improve the abilities of communities to effectively respond to the COVID-19 Public Health Emergency. Coronavirus (COVID-19) Pandemic: Medical Care Costs Eligible for Public Assistance (FEMA Policy FP 104-010-04) defines the framework, policy details, and requirements for determining the eligibility of medical care under the Public Assistance program to ensure consistent and appropriate implementation across all COVID-19 emergency and major disaster declarations. Except where specifically stated otherwise in this policy, assistance is subject to PA Program requirements as defined in Version 3.1 of the Public Assistance Program and Policy Guide*

**When did or will the medical service activities start and end?**

**Activities Started** 1/1/2021

**Activities Completed** 9/30/2021

**Selected facility types where the medical care activities were or will be conducted.**

- ☒ Temporary and Expanded Medical Care

**How the Applicant has and will continue to pursue payment from private insurance, Medicaid, Medicare, or any other source of funding.**

City Public health will use other funds or claim other funds if applicable.

*FEMA will use standard Medicare rates that do not include the 20 percent increase in COVID-19 Medicare DRG rates implemented by the CARES Act.*

*FEMA cannot provide PA funding for clinical care costs funded by another source, including private insurance, Medicare, Medicaid/CHIP, other public insurance, a preexisting private payment agreement, or the COVID-19 Uninsured Program for uninsured patients.*

*At no time will FEMA request or accept any Personally Identifiable Information related to the medical care of individual COVID-19 patients.*

# Documents

No documents have been uploaded for this section/schedule.

# Environmental and Historical Preservation Survey

## Medical Waste Disposal

Intended method of disposal:

- ☒ Using an existing licensed disposal site.

Provided Latitude and Longitude coordinates for each site (decimal degrees with six decimal places)

Locations

Latitude	Longitude
42.72590	-87.78979

## Interior Facility Disinfection

What type of activities occurred or will occur?

- ☒ Use of EPA-registered disinfectants products

GPS coordinates for each site (decimal degrees with six decimal places)

Locations

Latitude	Longitude
42.72659	-87.78895

Where did or will the disinfection activities occur?

- ☒ Interior (Disinfection of countertops, floors, walls, etc.)

Location within the facility that the disinfection activities took place or will take place

Floors bathrooms counters doors door handles

Were or will disinfectant, sanitizing, or decontamination products disposed or be disposed of according to Manufacturer Guidance and Environmental Regulations?

- Yes

Has there been any coordination with any regulatory agencies?

- No

## Establishment of Temporary Facilities

Temporary Facilities

Festival Hall Civic Center

### Facility Information

What is the name of this temporary facility?

Festival Hall Civic Center

**What dates were or will the temporary facility used?**

Start Date 2/1/2021

End Date 9/30/2021

**What services did or will the temporary facility provide?**

☒ Emergency medical care

**Description of the temporary facility**

Festival Hall is setup as a full service vaccination site with multiple areas and adequate waiting and seating.

**Physical Address:**

Latitude 42.72841

Longitude -87.78030

**Why was or is the temporary facility needed?**

☒ Additional space needed to accommodate COVID-19 related response activities

**Is or will the temporary facility be accessible to and usable by individuals with a disability, as required by the Americans with Disabilities Act?**

- Yes, the existing facility is in compliance with the Americans with Disabilities Act and no alterations were or will be required to make the facility ADA-compliant

*For additional information on the Americans with Disabilities Act, see PAPPG at pp. 95-96.*

**Please indicate how the Applicant did or will establish the temporary facility and attach a cost analysis justifying the selection.**

☒ Rent a facility.

**What methods of work did or will the Applicant use to establish the temporary facility?**

☒ Repurposing or reusing an existing facility *Includes interior/exterior construction, demolition, and/or ground disturbing activities*

**What year was the facility built?**

Approximately 1986

**Is the temporary use the same as the most recent use of the facility?**

- No

**Describe the temporary use and the most recent use of the facility**

Temporary use is for COVID 19 Vaccination. Recent use was as a convention center. Site has been closed as a convention center since March of 2020 due to COVID-19

## Documents

- Temporary Facilities
  - Festival Hall Civic Center
    - Cost Analysis Justifications
      - Justification for cost of using a temporary facility for vaccination at Festival Hall Civic Center.docx
    - Lease Agreement
      - City of Racine Public Health Contract.pdf

## Section IV – Project Acknowledgements & Certifications

### Preparer Certification

Did a consultant prepare this project application on behalf of the Applicant?

- No

### Applicant Acknowledgements

#### Environmental and Historic Preservation Compliance Acknowledgement

In accordance with the Public Assistance Program and Policy Guide, the Applicant acknowledges that they are required to comply with applicable Federal, state, and local laws; must provide all documentation requested to allow FEMA to ensure project applications comply with Federal Environmental and Historic Preservation (EHP) laws, implementing regulations, and executive orders (EOs); and must comply with any EHP compliance conditions placed on the grant.

#### Documentation Requirements Acknowledgement

In accordance with 2 C.F.R. §200.333 as well as state and local record retention requirements, the Applicant acknowledges the requirement to maintain all documentation that supports this project application in its own files. This documentation will be required if the Applicant submits an appeal for additional funding, as well as in the case of any audits.

#### Authorized Representative

Signature Kathleen Fischer

Date Signed 6/14/2021

### Applicant Certifications

#### General Certifications

As required by Title 44 Code of Federal Regulations (C.F.R.) §§ 206.223 and 206.225 and in accordance with the Public Assistance Program and Policy Guide (PAPPG), the Emergency Protective Measures described in this project were or are:

- The Applicant's legal responsibility;
- Undertaken in response to the COVID-19 threat caused by the declared event; and
- Undertaken because they were necessary to eliminate threats to life, public health, and safety.

Any activity claimed must have been performed or is being performed at the direction of or pursuant to guidance of state, local, tribal, or territorial public health officials (such as an executive order or other official order signed by a public health official).

Work and costs are claimed in accordance with the Coronavirus (COVID-19) Pandemic: Safe Opening and Operation Work Eligible for Public Assistance (Interim).

Medical care costs and work are claimed in accordance with Coronavirus (COVID-19) Pandemic: Medical Care Costs Eligible for Public Assistance.

If any activity was or will be occurring on private property: For each property, the Applicant (A) had or has a legal basis and authority to conduct the activities; and (B) completed or will complete the following actions for each property for which supporting documentation will be maintained: (i) obtained a right-of-entry, (ii) signed an agreement with the property owner to indemnify and hold harmless the Federal Government, and (iii) made efforts to identify any known insurance proceeds for the same activities.

#### Cost Certifications

As required by 44 C.F.R. § 206.228 and 2 C.F.R. Part 200 and in accordance with the Public Assistance Program and Policy Guide, the costs for which the Applicant is claiming reimbursement were or are:

- Of a type generally recognized as ordinary and necessary for the type of facility or activities;
- Reduced by applicable credits, such as insurance proceeds and salvage values; and
- Reasonable as demonstrated by the method selected in Section III, Schedule A, or Schedule EZ of this project application.

As required by the Stafford Act § 312, 42 U.S. Code § 5155, and 2 C.F.R. §200.406 and in accordance with the Public Assistance Program and Policy Guide, the Applicant has either:

- Informed FEMA of all insurance proceeds; or



- Did not have insurance coverage in place for the claimed costs at the time of the declaration.
- The Applicant complied with Federal, Recipient, and Applicant procurement requirements, per 2 C.F.R. § 200.317-200.326.
- The Applicant complied with all FEMA policies regarding equipment rates in accordance with the Public Assistance Program and Policy Guide.
- The Applicant complied with all FEMA policies regarding labor in accordance with the Public Assistance Program and Policy Guide.

### Certification That Benefits Will Not Be Duplicated

Has the Applicant applied for any funding for COVID-19 from any other federal program?

- No

I certify that the specific activities and costs in this project application were not requested from another funding source or, if they were requested, that other source has not yet approved the funding. Further, I certify that if the Applicant does receive funding for the specific activities and costs in this project application, I must notify the Recipient and FEMA, and funding will be reconciled to eliminate duplication.

#### Authorized Representative

Signature	Kathleen Fischer	Date Signed	6/14/2021
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### Project Application Signature

It is important to know that upon submittal your project application becomes a legal document. The Recipient or FEMA may use external sources to verify the accuracy of the information you enter. It is a violation of Federal law to intentionally makes false statements or hide information when applying for Public Assistance. This can carry severe criminal and civil penalties including a fine of up to \$250,000, imprisonment, or both. (18 U.S.C. §§ 287, 1001, 1040, and 3571). I certify that all information I have provided regarding the project application is true and correct to the best of my knowledge. I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain Public Assistance, it is a violation of Federal laws, which carry severe criminal and civil penalties.

#### Authorized Representative

Signature	Kathleen Fischer	Date Signed	6/14/2021
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