

**MILWAUKEE COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
APPLICATION FOR FUNDING FOR PROGRAM YEAR 2012**

APPLICATION SPONSOR Milwaukee County Department of Parks, Recreation & Culture
APPLICATION TITLE Baseball Field Improvements at Zablocki Park
APPLICANT MAILING ADDRESS 9480 Watertown Plank Road
CITY/VILLAGE Wauwatosa ZIP 53226
PROPOSAL CONTACT PERSON Dave Burch PHONE 257-4757
FAX NUMBER 257-8190
E-MAIL ADDRESS Dave.Burch@milwcnty.com

SUMMARY BUDGET (Fill out after completing Form 2, Page 11).

- | | |
|--|------------------|
| 1) TOTAL SALARY & FRINGE BENEFIT COSTS (Form 2, Line 3) | \$ _____ |
| 2) TOTAL STAFF SUPPORT COSTS (Form 2, Line 16) | \$ _____ |
| 3) TOTAL CONSULTANT COSTS (Form 2, Line 21) | \$ <u>0</u> |
| 4) TOTAL CAPITAL COSTS (Form 2, Line 25) | \$ <u>40,000</u> |
| 5) TOTAL MILWAUKEE COUNTY CDBG FUNDING REQUEST (Must Equal Sum of 1-4) | \$ <u>40,000</u> |
- 6) PROJECT DURATION (Select one)
- THIS WILL BE A ONE-TIME REQUEST FOR FUNDING
- CONTINUING PROJECT, FUTURE COUNTY CDBG FUNDING WILL BE SOUGHT

FOR OFFICE USE ONLY

RECEPTION RECORD

INITIAL
REVISED

**MILWAUKEE COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
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7) PROJECT ELIGIBILITY, NATIONAL OBJECTIVE, AND CONSOLIDATED PLAN OBJECTIVE

Indicate in the spaces provided the number and title of the appropriate eligible activity from the Project Eligibility List and the National Objective code that apply to your proposed activity.

Project Eligibility Number 03F
Project Eligibility Title Public Facilities and Improvements - Parks and Recreational Facilities
National Objective Code (3 letters) LMA

7a) NATIONAL OBJECTIVE JUSTIFICATION

In the space below provide a full explanation of how the proposed activity meets the selected National Objective code. Present your case in terms of the National Objective explanation and Required Information on pages 2e through 2h. **(Applications which do not provide this explanation will be returned to the Sponsor for completion).**

The Milwaukee County Department of Parks, Recreation and Culture is requesting CDBG funding for improvements to the ball fields at Zablocki Park. Zablocki Park is located at 3717 W. Howard Avenue in the City of Greenfield. It has a 1/2 mile service radius that encompasses all or part of the following census tracts:

191, 199, 200, 1203, 1204

According to 2000 census data, 44% of the persons living within those census tracts are of low-to-moderate income.

7b) CONSOLIDATED PLAN OBJECTIVE

In the space below provide a full explanation of how the proposed activity meets a specific objective of the County's Consolidated Plan. Identify the objective(s) and present information necessary to make your case. Use the Consolidated Plan Objectives on pages 2h and 2i to complete this item.

The improvements to the baseball fields addresses the following objectives of the County's Consolidated Plan:
Objective 1A - They will provide the opportunity for the older adults and others to watch basketball.
Objective 1C - They will provide a higher quality recreational outlet for community youths. Approximately 44% of the persons living within the 0.5 mile service radius of Zablocki Park are of low-to-moderate income. This economic status is often associated with single parent households, households with two wage earners and foster care households. High quality, up-to-date, community-based recreational facilities provide important opportunities for the positive growth, development, and education youths, particularly those living under challenging circumstances.
Objective 2B - They will improve the appearance of Zablocki Park.

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8) APPLICANT MISSION STATEMENT

In the space provided below describe your agency's goals and objectives, as stated in Articles of Incorporation or in practice. Include a description of your agency's overall programs, its primary target population(s), and the desired outcomes for your clients.

Within budget and policy guidelines established by the Milwaukee County Board of Supervisors, the Department of Parks serves the needs of County residents by:

- § Preserving and protecting the natural environment paying special attention to critical and sensitive natural resources.
- § Providing open space for the enjoyment and recreation needs of the public while, at the same time, responding to changing urban development patterns and recreational demands.
- § Providing a variety of safe, active and passive recreational opportunities offered at reasonable cost, which respond to the needs and preferences of the public.

The primary target population is the residents of Milwaukee County, although Parks Department facilities are used by significant numbers of persons living outside Milwaukee County.

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9) APPLICANT HISTORY

Provide a brief history of your agency in the space provided below, including major accomplishments and experience in meeting the goals and objectives stated in Item 8 above. **Specifically include the number of years your agency has been in operation.**

The Milwaukee County Parks Department, organized under Wisconsin State Law in 1907, has been in operation for 104 years. The first land was purchased for the County Park System in the year 1910. In 1936, 37 City of Milwaukee parks were transferred to Milwaukee County jurisdiction.

Park construction peaked between 1950 and 1975. During that time period, population, tax base, and neighborhoods were experiencing growth and expansion. Today, many of the Milwaukee County Parks Department's existing facilities are approaching or reaching their expected useful life. Substantial system-wide redevelopment and rehabilitation are now required. At the same time, however, County government's ability to invest in infrastructure improvement is severely limited by a sluggish economy, budget constraints, and ever increasing demands placed on all levels of government.

The Milwaukee County Parks Department's current efforts are focused on the continuance of prioritized infrastructure improvements to maintain and ensure the quality and safety of the Parks Department's park sites, facilities, and considerable infrastructure; and continue, when possible, the appropriate development of land and facilities to provide a balanced and integrated public park and recreation system capable of satisfying the diverse recreational demands of the public now and in the future.

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10) PROPOSAL DESCRIPTION

In the space below describe the specific activity for which Milwaukee County CDBG funds are being sought. This should be described in some detail and in the context of an eligible CDBG activity as listed on the Project Eligibility List. If the activity is a service, describe the service, the intended beneficiaries, the intended result, and the process for implementation. If the activity is a physical improvement, describe what it is that will be improved (including a property address, as appropriate), how the improvement will be made, who will benefit from the improvement, and what will be the desired result. Do not include information here that should be in Items 8 and 9.

Improving the condition of the baseball fields at Zablocki Park is the specific activity for which Milwaukee County CDBG funds are being sought. The requested funds would be used to match a \$40,000 donation from the Milwaukee Brewer's Prince Fielder for \$80,000 in total baseball field improvements.

Zablocki Park is located at 3717 W. Howard Avenue in the City of Greenfield. It is a popular destination for kids in the community looking for opportunities to play outdoors due to the fact that it provides 45 acres of green space in a high-density residential area.

The baseball improvements will enhance outdoor recreation for the community, and it will improve the appearance of the park. The improvements will also benefit less active members of the community who enjoy just watching others play baseball.

Equipment for this project would be purchased from private vendors, and construction aspects would be performed by private contractors. Project management and oversight would be performed by Parks Department and Milwaukee County Public Works staff.

The main beneficiaries of the proposed project are the youths who play basketball and live within the densely populated 1/2 mile service radius of the park, and the people who come to watch the games. The desired results would be high quality baseball facilities that serve the needs of the local community.

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11) PROPOSAL ACTIVITY OBJECTIVES

On the lines below list, specifically and concisely, the objectives of the proposed activity, providing a cost to accomplish each objective.

Total costs for all objectives must equal the total application funding request in Item 5 on Page 1.

Quantify activity objectives to the greatest extent possible. (Examples: "Install 1200 lineal feet of 18 inch sewer pipe"; "construct 26 individual curb ramps"; "rehabilitate a 50,000 square foot structure"; "install new windows and hot air furnace in an existing structure"; "create 4 new jobs by constructing a 4,000 square foot addition to an existing facility"; "conduct a study of weekend facility use by the elderly".) **If more than one objective is listed, the objectives should be in priority order.**

| | |
|-----------------------------|------------------|
| Baseball field improvements | \$ 40,000 |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| Engineering/construction | \$ |
| TOTAL REQUEST | \$ 40,000 |

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12) NEEDS STATEMENT

Describe in the space below the need(s) which your proposed project is designed to address. Be sure to cite and summarize both agency experience and outside data sources to support your case. The information presented should be sufficient to justify your proposed project.

Zablocki Park plays a critical role in provision of outdoor recreational opportunities for persons living in an area where 44% of the residents are of low-to-moderate income. This economic status is often associated with single parent households, households with two wage earners and foster care households. There are no other baseball fields within the ½ mile service radius of the park. High quality, up-to-date, community-based recreational facilities provide important opportunities for the positive growth, development, and education youths, particularly those living under challenging circumstances and who have limited access to alternative recreational facilities.

13) PROJECT LOCATION

In the space below identify the specific location of the proposed project. If the activity is site specific, provide the street address of the activity or some other readily recognizable description. If the activity is a service provide the address of the site or sites from which the service will be provided.

Zablocki Park is located at 3717 West Howard Avenue in the City of Greenfield.

14) PROJECT SERVICE AREA

In the space below specifically describe the service area of the project. You may use street boundaries, census tract information, or other recognizable boundaries of the service area. A service area may differ substantially from the project's specific location as reported in Item 13 above. A service area is where project beneficiaries come from or where residents using a facility live. If a proposed project will provide a service that is available to residents throughout Milwaukee County simply state that the project is County-wide.

Zablocki Park has a 1/2 mile service radius which encompasses all or part of the following census tracts:

191, 199, 200, 1203, 1204

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15) PROPOSAL BENEFICIARIES

If, on Page 2, you selected National Objective Code **LMA, LMC, LMH, or LMJ** to justify your project you must fill out the information requested below. Only applicants who are proposing to exclusively serve a presumed benefit clientele group must also fill out Section D.

A. Projected total beneficiaries: (persons or households)

Persons 19,079 (or)
Households _____

B. Projected percentage of total beneficiaries that meet low and moderate income limits (See Table 1 on page 2g): (persons or households)

% Persons 44 (or)
% Households _____

C. Projected beneficiary description (enter numbers proposed to be served):

| | Male | Female | Total |
|-----------------------------------|--------------|---------------|---------------|
| White, not Hispanic | <u>7,776</u> | <u>8,996</u> | <u>16,772</u> |
| Black, not Hispanic | <u>160</u> | <u>223</u> | <u>383</u> |
| American Indian/ Alaska Native | <u>73</u> | <u>81</u> | <u>154</u> |
| Hispanic | <u>687</u> | <u>655</u> | <u>1,342</u> |
| Asian/Pacific Islander | <u>210</u> | <u>218</u> | <u>428</u> |

Fill out Section D below only if your activity exclusively serves one of the listed clientele groups (enter numbers proposed to be served):

| D. | Male | Female | Total |
|--------------------------|-------------|---------------|--------------|
| Abused Children | _____ | _____ | _____ |
| Battered Spouses | _____ | _____ | _____ |
| Elderly | _____ | _____ | _____ |
| Severely Disabled Adults | _____ | _____ | _____ |
| Homeless | _____ | _____ | _____ |
| Illiterate Adults | _____ | _____ | _____ |
| Migrant Farm Workers | _____ | _____ | _____ |
| Persons Living w\AIDS | _____ | _____ | _____ |

NOTE: Funded projects shall submit *actual* beneficiary data.

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16) MBE/WBE PARTICIPATION

The County has adopted a policy requiring every CDBG-funded construction project to expend 20% of the grant award for minority-owned businesses and 5% on women-owned businesses. This can be achieved through sub-contractors, or the purchase of services or supplies. If your proposed project involves construction, explain how you will meet this requirement.

If the proposed project is approved, construction aspects will be administered by the Milwaukee County A&E Division. As a result, all CDBG requirements and Milwaukee County policies concerning minority-owned and women-owned businesses will be complied with.

17) REAL PROPERTY ACQUISITION

If the proposed project includes acquisition of real property (even if less than fee simple), state the location and method of acquisition for the property. (Acquisition may require benefits be paid to the present owners. These benefits may be eligible project costs. Contact County staff if you have questions). If there is no acquisition anticipated check "None".

NONE

18) DISPLACEMENT

A proposed project may require that present occupants of real property vacate. If this displacement will result from your proposed project describe the circumstances. (Displacees must be identified by race and by the census tract they will be displaced from. Displacees may be entitled to benefits, which could be eligible project costs. Contact County staff if you have questions). If no displacement will occur check "None".

NONE

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19) HANDICAPPED ACCESSIBILITY

The Federal government requires that no qualified individual with handicaps shall, because a facility is inaccessible to or unusable by individuals with handicaps, be denied the benefits of, be excluded from participation in, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance. In the space provided below, describe how your facility and/or program either currently complies with this requirement or will be made to comply.

The Milwaukee County Parks Department has made a concerted effort, over the past ten to fifteen years, to remove barriers from its sites and facilities. The proposed Dineen Park improvements will be barrier-free and ADA compliant to the fullest extent possible.

20) DATE BUILDING ORIGINALLY CONSTRUCTED Not applicable.

If your proposed project requests funds for facility renovation and/or rehabilitation, the original construction date must be provided on the line above.

21) BUILDING OWNERSHIP

If your proposed project requests funds for facility renovation and/or rehabilitation, indicate below the address of the property and indicate with a check mark whether your agency owns or leases the property.

Address: 3717 W. Howard Avenue
City of Greenfield

Agency Owns Property: _____
Agency Leases Property: _____

If your agency leases the property please identify the building owner by name and address and attach a copy of the lease.

[Empty box for providing building owner name and address, and attaching a copy of the lease.]

MILWAUKEE COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM APPLICATION

FORM 2: PROPOSED USE OF FUNDS

SCHEDULE 1A: STAFF POSITIONS AND PAYROLL COSTS

| 1 | | 2 | | 3 | | 4 | | 5 | | 6 | |
|------------------|----------|----------------|--|--------------------|--|----------|--|-----------------|--|---|--|
| No. of Positions | | Position Title | | Avg. Annual Salary | | % Effort | | Cost to Project | | | |
| New | Existing | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Fringe benefits can include Social Security tax (employer's share), pension, employer's share of employee's annuity payments, workmen's compensation, and health, life, and unemployment insurance

| | | |
|-----------------------------------|----|-------|
| TOTAL: | | |
| 1. Salaries | \$ | _____ |
| 2. Fringe benefit costs | \$ | _____ |
| 3. TOTAL SALARY & FRINGE BENEFITS | \$ | _____ |

SCHEDULE 1B: SUPPORT COSTS

LINE ITEMS

| | | |
|--|----|-------|
| 4. Rent | \$ | _____ |
| 5. Maintenance service | \$ | _____ |
| 6. Telephone/telecommunications | \$ | _____ |
| 7. Office material/supplies | \$ | _____ |
| 8. Postage | \$ | _____ |
| 9. Duplicating/printing | \$ | _____ |
| 10. Books/periodicals | \$ | _____ |
| 11. Mileage (_____ miles @ \$._____ mile) | \$ | _____ |
| 12. _____ | \$ | _____ |
| 13. _____ | \$ | _____ |
| EXPLAINED/IDENTIFIED ITEMS (Describe Each) | | |
| 14. Office furniture/business equipment | \$ | _____ |
| _____ | | |
| 15. Travel | \$ | _____ |
| _____ | | |
| 16. TOTAL SUPPORT COSTS | \$ | _____ |

SCHEDULE 1C: CONSULTANT COSTS (Describe Each)

| | | |
|--|----|-------|
| 17. Accounting/audit services | \$ | _____ |
| 18. Architectural/engineering services | \$ | _____ |
| 19. Legal services | \$ | _____ |
| 20. Other professional services or consultants | \$ | _____ |
| 21. TOTAL CONSULTANT COSTS | \$ | _____ |

SCHEDULE 1D: CAPITAL COSTS (Describe Each)

| | | |
|---------------------------------------|----|--------|
| 22. Acquisition of land or structures | \$ | _____ |
| 23. Capital Equipment | \$ | _____ |
| 24. Construction or rehabilitation | \$ | 40,000 |
| 25. TOTAL CAPITAL COSTS | \$ | 40,000 |

MILWAUKEE COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM APPLICATION

INSTRUCTIONS FOR COMPLETION

FORM 2: PROPOSED USE OF FUNDS

SCHEDULE 1A:

All information reported on this schedule concerning staffing should include only costs to be charged to the County Community Development Block Grant.

Number of Positions (Cols. 1 and 2) - Indicate the number of positions by position title, and whether the position will be newly created (new) with the requested funds or whether the position exists now (existing) and will be funded with requested Community Development funds.

Position Title (Col. 3) - Use titles common to your organization.

Average Annual Salary (Col. 4) - Indicate what the annual salary for each position listed is, regardless of the duration of the proposed project.

Percent Effort (Col. 5) - Indicate the percentage of time during the program year that will be spent on this project by persons filling the positions listed. This percentage should relate only to the time that will be charged to County Community Development funding. Example - If the Executive Director of your organization will spend 10% of his or her time on this project, and the full 10% will be charged to County Community Development, then 10% should be entered in Col. 5. If the total number of persons in a single position title is more than one, then the percentage of effort should be the total for all persons with that position title. Example - If in Col. 2 you listed 2 persons filling the position of housing counselor, and each was to work on the project full time, then the proper entry in Col. 5 is 200%.

Cost to Project (Col. 6) - Multiply Col. 4, Average Annual Salary, by Col. 5, Percent Effort, to arrive at the total costs to the project for its one year period of operation.

Line 1 (Salaries) - This figure should be the total of costs reported in Cost to Project (Col. 6).

Line 2 (Fringe benefit costs) - This figure should include all normal fringe benefits paid by the employer on behalf of the employees, that are not otherwise included in the staff salary cost.

SCHEDULES 1B, 1C, and 1D:

Once again, all costs reported for items on these schedules should include only those to be charged to the County Community Development Block Grant. Questions about specific items listed in the schedules should be addressed to program staff.

MILWAUKEE COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM APPLICATION

FORM 3: SCHEDULE OF PERFORMANCE

APPLICATION TITLE: Baseball Field Improvements at Zablocki Park
 APPLICATION SPONSOR: The Milwaukee County Parks Department
 ACTIVITY: Public Facilities and Improvements - 03F
 IF CLIENTELE ORIENTED, ACTIVITY SERVES 19,079 PERSONS or _____ HOUSEHOLDS

| ACTIVITY PHASES: | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | PROJECTED TOTAL BENEFICIARIES |
|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|
| PREPARATION | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| IMPLEMENTATION | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| GRAND TOTAL PROJECTED BENEFICIARIES | | | | | | | | | | | | | 19,079 |

MILWAUKEE COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM APPLICATION

INSTRUCTIONS FOR COMPLETION
FORM 3: SCHEDULE OF PERFORMANCE

APPLICATION SPONSOR: From Page 1 of this Application

APPLICATION TITLE: From Page 1 of this Application

ACTIVITY: From Page 6, Item #11 of this Application.
For each activity listed in Item #11, fill out a separate FORM 3 according to the instructions below.

TYPE OF SCHEDULE:

- TIMELINE Activities which have a TIMELINE should project date ranges of activity and/or non-client based activity goals. Date ranges are indicated by arrows across the appropriate months. Non-client goals are to be numerically designated. (Examples of non-client based goals would be 1) a number of workshops to be held during a year when the number of individual participants could not be determined, or 2) publication of a periodic newsletter when a number of each issue is distributed).
- CLIENTELE Activities which are based on CLIENTELE served should project the number of clients to be served during each month of the program year. Clients should not be counted more than once if they are to receive service on a continuing basis throughout the program year.

Activities which have both TIMELINE and CLIENTELE aspects to them are hybrids of the above descriptions. Each phase of such an activity should be filled out according to whether it is TIMELINE oriented or CLIENTELE oriented.

IF CLIENTELE:

- PERSONS Indicate, by a check mark, if persons are served, or
- HOUSEHOLDS Indicate, by a check mark, if households are served.

ACTIVITY PHASES Use only the phases appropriate for the activity. Describe what will take place in the left hand phase title box. DO NOT INCLUDE SCHEDULES FOR PHASES NOT PAID FOR WITH COUNTY CDBG FUNDS. Continuing activities may need only the IMPLEMENTATION phase. Examples:

PREPARATION May include design and work plan preparation, surveys, or client identification.

IMPLEMENTATION May include bidding and contract awards, initial outreach, or equipment purchasing, activity's principal accomplishment(s), and project completion.

TOTAL BENEFICIARIES For CLIENTELE activities, sum the total of the monthly projected clients in the far right hand column.

**MILWAUKEE COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM APPLICATION
FORM 4: REVENUE PLAN**

| <u>ADDITIONAL SOURCES OF FUNDS FOR PROPOSED PROJECT</u> | <u>APPLIED FOR</u> | <u>SECURED</u> |
|---|--------------------|----------------|
| Milwaukee County CDBG | \$ 40,000 | \$ -0- |
| Other Milwaukee County Funds (Identify department) | \$ _____ | \$ _____ |
| Other Federal Funds (Identify agency) | \$ _____ | \$ _____ |
| State Funds (Identify agency) | \$ _____ | \$ _____ |
| Local Government Funds (Identify specific source) | \$ _____ | \$ _____ |
| Foundation Grants (Identify foundation(s)) | \$ _____ | \$ _____ |
| Other Revenue Sources | \$ _____ | \$ _____ |
| 1. | \$ _____ | \$ _____ |
| 2. | \$ _____ | \$ _____ |
| 3. | \$ _____ | \$ _____ |
| 4. | \$ _____ | \$ _____ |
| 5. | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ |
| Total Project Budget | \$ 40,000 | \$ _____ |

| <u>2012</u> <u>SPONSOR'S PROJECTED FUNDING FOR</u> <u>ENTIRE AGENCY, FROM ALL SOURCES</u> | <u>2012</u> |
|---|-------------|
| Milwaukee County CDBG (same as above) | \$ _____ |
| Milwaukee County Funds (Identify) | \$ _____ |
| Other Federal Funds (Identify agency) | \$ _____ |
| State Funds (Identify agency) | \$ _____ |
| Local Government Funds (Identify specific source) | \$ _____ |
| Foundation Grant (Identify foundations) | \$ _____ |
| Other Revenue Sources | \$ _____ |
| 1. | \$ _____ |
| 2. | \$ _____ |
| 3. | \$ _____ |
| 4. | \$ _____ |
| 5. | \$ _____ |
| | \$ _____ |
| Total Agency Budget | \$ _____ |

MILWAUKEE COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM APPLICATION
FORM 5: SPONSOR PROFILE

NAME: Milwaukee County Department of Parks, Recreation & Culture

MAILING ADDRESS: 9480 Watertown Plank Road

Wauwatosa, WI 53226

CHECK IF: NON-PROFIT ORGANIZATION

FOR-PROFIT ORGANIZATION

DATE OF INCORPORATION, IF INCORPORATED: 1835

PRINCIPAL OFFICES LOCATED AT: 9480 Watertown Plank Road

Wauwatosa, WI 53226

CHECK IF: PRINCIPAL OFFICES ARE OWNED

EXEMPT FROM PROPERTY TAXES

PRINCIPAL OFFICES ARE LEASED
(Identify the building owner by name and address):

DEPOSITORY INSTITUTION HANDLING FINANCIAL ACCOUNTS:

FINANCIAL ACCOUNTING AND AUDITS

(Describe who does financial accounting (in-house or contracted); how often independent audits are conducted):

SPONSOR'S TOTAL EMPLOYEES:

MANAGERIAL/PROFESSIONAL 109

CLERICAL/OFFICE 40

TASK EMPLOYEES 307

EXECUTIVE DIRECTOR'S NAME: Sue Black

IN THIS POSITION SINCE: January 2004

SPONSOR'S INTERNAL REVENUE SERVICE EMPLOYEE IDENTIFICATION NUMBER: 39 - 6005720

SPONSOR'S D-U-N-S NUMBER: 17-289-6383

A DUNS number is now a requirement for any business that receives CDBG funds. If you do not have one, you can register online at <http://fedgov.dnb.com/webform> or call 866-705-5711 to receive your number. This process takes approximately ten minutes. DUNS Number assignment is FREE for all businesses required to register with the U.S. Federal government for contracts or grants.

MILWAUKEE COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM APPLICATION

FORM 6: CERTIFICATIONS

(Submit one copy with original signatures)

I, _____ (chief elected officer of Board of Directors) _____ (title) _____ of _____ (organization)

do hereby attest to and certify the following:

- 1. The Application described in this document has been considered by the Board of Directors of this organization, and the Board, in a meeting of its quorum on _____, authorized, by a majority vote, the submission of this Application to the Milwaukee County Community Development Block Grant Program.
2. The Board of Directors has authorized this organization to accept any funds granted by the County for this Application, and to implement the purposes of this Application it is herein described.
3. The Board of Directors has been informed of, and recognizes that this Application shall be operated in accordance with, all relevant Federal, State, County and municipal legislation, codes, ordinances, or other controlling regulations, and furthermore, the Board recognizes and accepts whatever directions the County makes to ensure compliance with these.
4. The Board of Directors of this organization has considered and recognizes that the primary objective of the Community Development Block Grant Program is the development of viable urban communities, by providing decent housing and a suitable living environment and expanding economic opportunities, principally for persons of low- and moderate-income. The Board of Directors shall ensure that this Application, if accepted, shall be implemented consistent with this objective.
5. This organization has the administrative capacity, financial accounting capability, and legal authority to carry out the Application.

Signed _____ Name

_____ Date

ACKNOWLEDGMENT

STATE OF WISCONSIN)
) ss.
_____ County)

Personally came before me this _____ day of _____, 20____, the above named _____ to me known to be the person who executed the foregoing instrument and acknowledge the same.

Notary Public _____ County, WI
My commission is permanent. (If not:
Expiration date: _____, 20



MILWAUKEE COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM APPLICATION
FORM 7: SUBMISSIONS

Sponsors other than agencies of Milwaukee County or other offices of government MUST SUBMIT THE FOLLOWING WITH THIS APPLICATION:

1. One copy of the Sponsor's current Articles of Incorporation and By-Laws (If your organization has submitted these to Milwaukee County Community Development Program in a previous year, and they have not changed, it is not necessary to resubmit them at this time).
2. A list of the current Board of Directors including name, address, and identification of officers.
3. One copy of the Sponsor's most recent audited financial statement.

Sponsors seeking advances may be required to obtain a fidelity bond, for at least 1/4 of the value of the awarded amount, covering employee misuse, theft, disappearance, conversion, or destruction of funds. Advances shall be documented and retired within six months of their receipt.