



City of Kenosha Community Development Block Grant Application Fiscal Year 2012

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.kenosha.org/departments/development.
2. A Complete Application for EACH project consists of the following documents:
 - One (1) Original Application
 - Outcome Performance Measurement document
 - Completed checklist with all required signatures
 - Any and/or all attachments
 - Ten (10) 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 or e-mailed Applications will be accepted.
4. The Complete Application must be received by the Department of City Development no later than **10:00 a.m. on Friday, August 12, 2011**.
5. Applications must be consistent with the City of Kenosha Consolidated Plan.
6. Funds will be allocated in accordance with the 2012 Fund Allocation Plan.
7. For more information, please telephone 262.653.4030.

**City of Kenosha
Community Development Block Grant Application
Fiscal Year 2012**

Applicant _____

Project Title _____

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

Address Allocation Plan Priorities

	Yes	No
➤ Youth and/or Job Creation	<input type="checkbox"/>	<input type="checkbox"/>
➤ Downtown as an Area	<input type="checkbox"/>	<input type="checkbox"/>
➤ Emergency Services (Food, Shelter)	<input type="checkbox"/>	<input type="checkbox"/>
➤ Public Safety for Low to Moderate Income Neighborhoods (as defined by Census Tract and Block Groups)	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: While priority will be given to the above, proposals that do not address these priorities will still be accepted.

Amount of CDBG Funds Requested \$ _____

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

Name _____

Address _____

Phone Number _____

E-Mail Address _____

Section 1: Project Description

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

- Define what the problem is that your application 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 or eliminate slum and blight?
- Who will benefit from this project?
- 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 located or where will the project take place?

Please answer the following:

National Objective Addressed by Project (check only **one**):

1. Benefits low and moderate income people **Go to and Complete Pages 4-5**
2. Eliminates slums and blight **Go to and Complete Page 6**

Section 2: National Objective Addressed

CDBG projects benefit only one National Objective! Please answer only the questions for the one National Objective that you checked in the box on Page 2.

1. National Objective: Low to Moderate Income Benefit:

Complete this question if your project meets the National Objective of providing a benefit to low to moderate income people. Projects that provide a benefit to low to moderate income people can be one of two types:

- **Area Benefit** (an activity which is available to benefit all the residents of an area that is primarily residential and where 51% of the residents are low to moderate income); or
- **Limited Clientele** (an activity which provides benefits for a specific group of persons rather than everyone in an area where at least 51% of the beneficiaries are low to moderate income).

Area Benefit Project – Complete questions A through D

(Data needed to complete Area Benefit questions may be found in Appendix A of the Application.)

a) In what Census Tract(s) and Block Group(s) is your project located?

CT / BG CT / BG CT / BG CT / BG
____ / ____ ____ / ____ ____ / ____ ____ / ____

b) How many residents live in this area? _____

c) What is the percentage of low and moderate income beneficiaries? _____

Limited Clientele Project – Complete questions E through I

d) How many (UNDUPLICATED) people will use and benefit from your project? _____

e) What is the percentage of low and moderate income beneficiaries? _____

f) Does this project primarily benefit any specialized population such as:

_____ Disabled _____ Homeless
_____ Elderly _____ Other

Type of Project (Check only **one**)

- | | | |
|---------------------------------|--------------------------|-----------------------------------|
| 1. Housing Project | <input type="checkbox"/> | Go to and Complete Pages 6, 12-19 |
| 2. Public Improvement Project | <input type="checkbox"/> | Go and Complete Pages 7, 12-19 |
| 3. Public Service Project | <input type="checkbox"/> | Go and Complete Pages 8, 12-19 |
| 4. Facilities Project | <input type="checkbox"/> | Go and Complete Pages 9, 12-19 |
| 5. Economic Development Project | <input type="checkbox"/> | Go and Complete Pages 10, 12-19 |
| 6. Planning/Management Project | <input type="checkbox"/> | Go and Complete Pages 11-19 |

2. National Objective: Elimination of a Slum or Blighted Condition:

a) What is the condition addressed by your project? (e.g., deteriorated buildings, lack of adequate infrastructure, etc.)

b) Describe the strategy that will be implemented to address the conditions described above.

Type of Project (Check only one)

- 1. Housing Project Go to and Complete Pages 6, 12-19
- 2. Public Improvement Project Go and Complete Pages 7, 12-19
- 3. Public Service Project Go and Complete Pages 8, 12-19
- 4. Facilities Project Go and Complete Pages 9, 12-19
- 5. Economic Development Project Go and Complete Pages 10, 12-19
- 6. Planning/Management Project Go and Complete Pages 11-19

Section 3: Project Development

This question is designed to help the Department determine the readiness of your project. Please answer questions for the type of project you checked on Page 2.

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) Is the proposed project contained in:	Yes	No
Consolidated Plan	<input type="checkbox"/>	<input type="checkbox"/>
Neighborhood Plan	<input type="checkbox"/>	<input type="checkbox"/>
Neighborhood Revitalization Strategy	<input type="checkbox"/>	<input type="checkbox"/>
Area Plan	<input type="checkbox"/>	<input type="checkbox"/>
Agency Plan	<input type="checkbox"/>	<input type="checkbox"/>
(Provide supporting evidence labeled as Attachment _____)		

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

Neighborhood Services & Inspections	<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) Other information you wish to provide regarding the status of the project:

Go to and complete pages 12-19

2. Public Improvement Project:

Yes No

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

Yes No

- Engineer Landscape Architect
 Architect Planner

Was a Request for Proposal used?

Yes No

b) Do you have completed architectural drawings?

Yes No

c) Do you have completed bid documents?

Yes No

d) Is the proposed project contained in:

Consolidated Plan

Yes No

Neighborhood Plan

Yes No

Neighborhood Revitalization Strategy

Yes No

Area Plan

Yes No

(Provide supporting evidence labeled as Attachment _____)

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

Neighborhood Services & Inspections

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 such as County, Federal, or State 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 12-19

3. Public Service Project:

a) What services does your Agency provide?

b) How will this project relate to these services?

- | | | |
|--|--------------------------|--------------------------|
| c) Is the proposed project contained in: | Yes | No |
| Consolidated Plan | <input type="checkbox"/> | <input type="checkbox"/> |
| Neighborhood Revitalization Strategy Area | <input type="checkbox"/> | <input type="checkbox"/> |
| Agency Plan (Provide supporting evidence labeled as Attachment _____.) | <input type="checkbox"/> | <input type="checkbox"/> |

d) Is your project a continuation of a current activity? Yes No

e) Is your project an expansion of a current activity? Yes No

f) Have you received CDBG funding previously to operate this service? Yes No

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

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

h) If this project is not currently in operation, do you have staff to implement the project? Yes No

i) Do you have office space to accommodate the proposed service? Yes No

j) If funds are for non-administrative expenses, have you obtained three written estimates? Yes No

k) Have you identified other funding sources? Yes No
 (Please attach award letters and/or documentation you have applied for other funding. This attachment is labeled Attachment _____.)

l) When will the project be implemented? _____ (mm/yy)

m) Please explain your plan to identify clients for this service.

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

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

Go to and complete pages 12-19

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) Is the proposed project contained in: | | |
| Consolidated Plan | <input type="checkbox"/> | <input type="checkbox"/> |
| Neighborhood Plan | <input type="checkbox"/> | <input type="checkbox"/> |
| Neighborhood Revitalization Strategy Area
Area Plan | <input type="checkbox"/> | <input type="checkbox"/> |
| Agency Plan
(Provide supporting evidence labeled as Attachment _____.) | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|--|--------------------------|--|
| c) 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"/> Landscape Architect |
| <input type="checkbox"/> Architect | | <input type="checkbox"/> Planner |

- | | | |
|---------------------------------|--------------------------|--------------------------|
| d) Do you have completed plans? | <input type="checkbox"/> | <input type="checkbox"/> |
|---------------------------------|--------------------------|--------------------------|

- | | | |
|---|--------------------------|--------------------------|
| e) Do you have completed bid documents? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

- | | | |
|--|--------------------------|--------------------------|
| f) Will a review of your project be required by: | | |
| Neighborhood Services & Inspections | <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"/> |

- | | |
|---|--|
| g) Who will be responsible for the oversight of this project? | |
| _____ | |

- | | |
|---|--|
| h) 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 12-19

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? Yes No

f) Do you have completed bid documents? Yes No

g) Is the proposed project contained in:

Consolidated Plan	<input type="checkbox"/>	<input type="checkbox"/>
Neighborhood Plan	<input type="checkbox"/>	<input type="checkbox"/>
Neighborhood Revitalization Strategy Area	<input type="checkbox"/>	<input type="checkbox"/>
Area Plan	<input type="checkbox"/>	<input type="checkbox"/>
Agency Plan	<input type="checkbox"/>	<input type="checkbox"/>
(Provide supporting evidence labeled as Attachment _____.)		

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

Neighborhood Services and Inspections	<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"/>

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

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

Go to and complete pages 12-19

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) Is the proposed project contained in:		
Consolidated Plan	<input type="checkbox"/>	<input type="checkbox"/>
Neighborhood Plan	<input type="checkbox"/>	<input type="checkbox"/>
Neighborhood Revitalization Strategy Area	<input type="checkbox"/>	<input type="checkbox"/>
Area Plan	<input type="checkbox"/>	<input type="checkbox"/>
Agency Plan	<input type="checkbox"/>	<input type="checkbox"/>
(Provide supporting evidence labeled as Attachment _____.)		

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) Will a review of your project be required by:		
City Plan Commission	<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?

Go to and complete pages 12-19

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 5: 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: (CDBG, County, United Way, Fundraisers, etc.)</i>	<i>Amount</i>
<i>Source: CDBG</i>	
Source:	
Source:	
Source:	
Source:	
Source:	
Source:	
Source:	
Source:	
Source:	
Source:	
Source:	
Subtotal = Funding sources:	
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:			
TOTAL EXPENSES:			

*** COST ESTIMATES REQUIRE A MINIMUM OF **THREE (3)** ESTIMATES ***

Section 5: 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
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

NOTE: CDBG WILL NOT FUND 100% OF PROJECT COSTS

Section 7: 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 8: 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.

<i>AVAILABILITY/ACCESSIBILITY</i>	<i>AFFORDABILITY</i>	<i>SUSTAINABILITY</i>
<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 9: 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

The following items are also required for Non-Profit applications submissions. Please make sure all attachments are labeled.

- Non-Profit Certificate of Incorporation and By-Laws
- Non-Profit Mission Statement; date of Mission Statement _____
- Current Agency Plan; date of Plan _____
- List of Board of Directors
- Non-Profit's most recent Annual Report
- Non-Profit 501C(3) Certification

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 SIGN HERE _____
Date

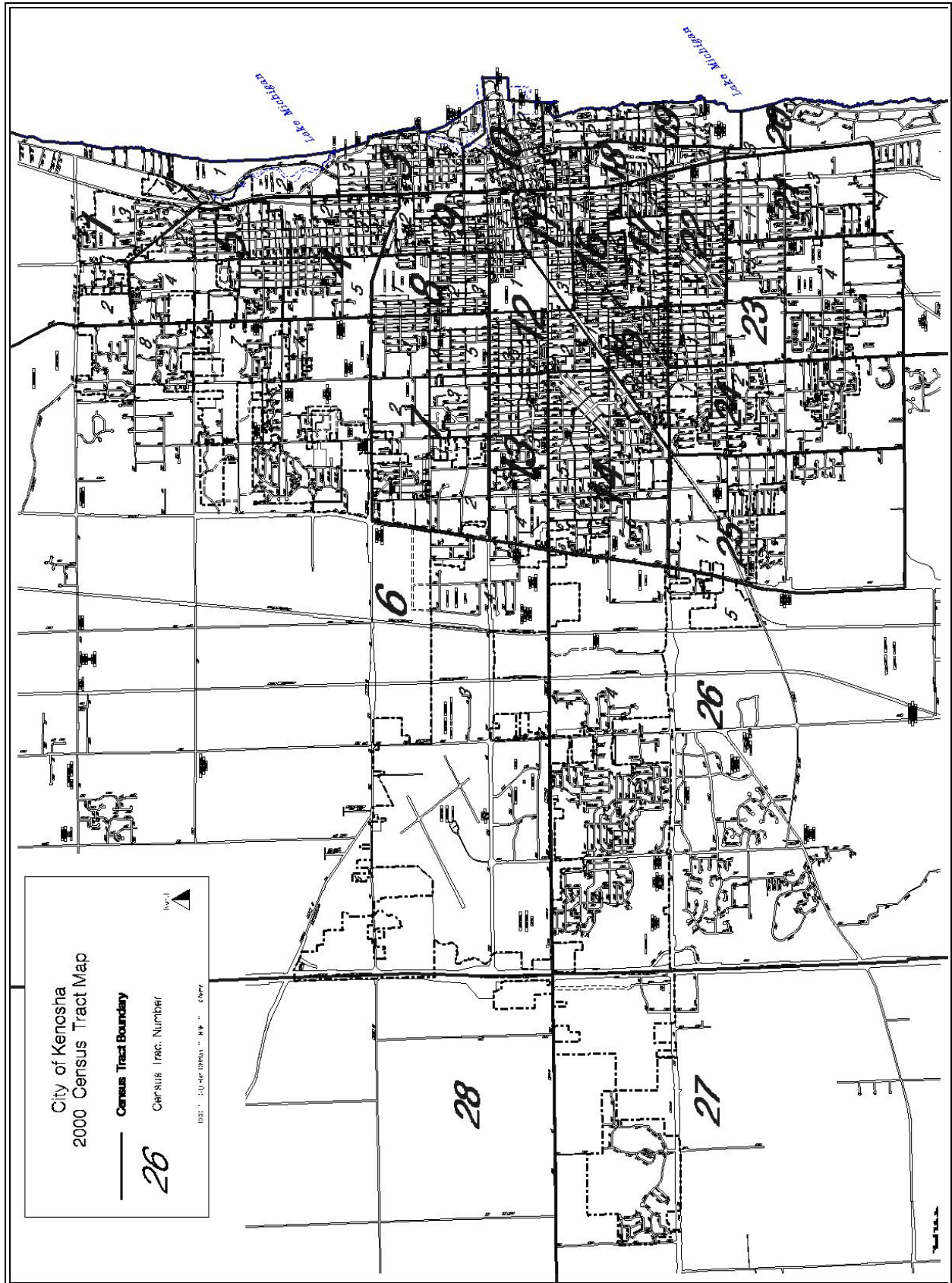
Typed Name and Title of Authorizing Official _____
Phone

Signature of Authorizing Official SIGN HERE _____
Date

Typed Name and Title of Authorizing Official _____
Phone

Appendix A

***Area Benefit
Percent of Low and Moderate Income
By Census Tract and Block Group***



**Department of Housing and Urban Development
Percent of Low and Moderate Persons
by Census Tract and Block Group**

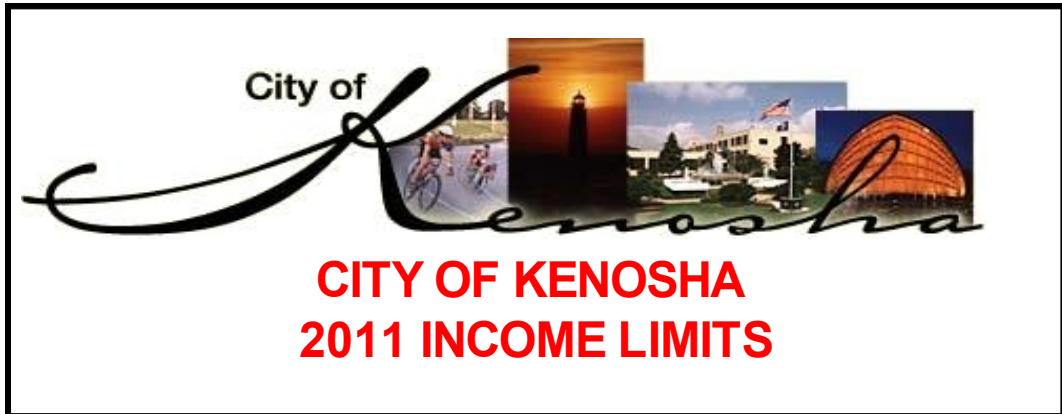
<i>Census Tract</i>	<i>Block Group</i>	<i>Total Low-Mod Persons</i>	<i>Total Persons</i>	<i>Percent Low-Mod</i>
000100	2	383	570	67.2%
000100	3	1,067	1,717	62.1%
000100	4	94	118	79.7%
000300	1	0	0	0.0%
000300	1	30	30	100.0%
000300	2	0	0	0.0%
000300	2	25	37	67.6%
000300	3	186	377	49.3%
000300	4	1,351	2,232	60.5%
000300	5	525	735	71.4%
000400	1	154	751	20.5%
000400	2	215	472	45.6%
000400	3	211	451	46.8%
000400	4	301	732	41.1%
000400	5	375	1,159	32.4%
000500	1	390	888	43.9%
000500	2	371	1,000	37.1%
000500	3	295	977	30.2%
000500	4	891	1,369	65.1%
000500	5	276	668	41.3%
000600	3	0	0	0.0%
000600	3	0	0	0.0%
000600	4	212	427	49.6%
000600	6	0	0	0.0%
000600	7	0	30	0.0%
000600	7	568	1,968	28.9%
000600	8	1,045	2,693	38.8%
000700	1	197	495	39.8%
000700	2	334	1,188	28.1%
000700	3	907	1,471	61.7%
000700	4	652	753	86.6%

<i>Census Tract</i>	<i>Block Group</i>	<i>Total Low-Mod Persons</i>	<i>Total Persons</i>	<i>Percent Low-Mod</i>
000700	5	545	886	61.5%
000800	1	640	810	79.0%
000800	2	381	621	61.4%
000800	3	678	1,146	59.2%
000900	1	776	1,156	67.1%
000900	2	471	788	59.8%
000900	3	476	1,001	47.6%
000900	4	545	727	75.0%
000900	5	625	850	73.5%
001000	1	0	0	0.0%
001000	1	73	96	76.0%
001000	2	387	578	67.0%
001000	3	280	395	70.9%
001000	4	417	506	82.4%
001100	1	607	827	73.4%
001100	2	939	1,280	73.4%
001100	3	1,100	1,442	76.3%
001200	1	770	961	80.1%
001200	2	585	1,381	42.4%
001200	3	581	1,032	56.3%
001200	4	402	861	46.7%
001300	1	349	830	42.0%
001300	2	355	755	47.0%
001300	3	412	772	53.4%
001300	4	757	1,461	51.8%
001400	1	386	1,007	38.3%
001400	2	157	548	28.6%
001400	3	218	963	22.6%
001400	4	465	1,564	29.7%
001400	5	424	1,045	40.6%
001400	6	689	1,819	37.9%
001500	1	395	792	49.9%
001500	2	421	918	45.9%
001500	3	308	713	43.2%
001500	4	205	523	39.2%

<i>Census Tract</i>	<i>Block Group</i>	<i>Total Low-Mod Persons</i>	<i>Total Persons</i>	<i>Percent Low-Mod</i>
001500	5	426	868	49.1%
001600	1	670	972	68.9%
001600	2	793	1,289	61.5%
001600	3	549	930	59.0%
001700	1	376	608	61.8%
001700	2	177	488	36.3%
001700	3	251	881	28.5%
001700	4	323	850	38.0%
001800	1	682	998	68.3%
001800	2	530	1,008	52.6%
001800	3	136	297	45.8%
001900	1	145	959	15.1%
001900	2	265	739	35.9%
001900	3	268	680	39.4%
002000	1	0	0	0.0%
002000	3	0	0	0.0%
002100	1	396	1,211	32.7%
002100	2	379	891	42.5%
002100	3	1,808	2,930	61.7%
002200	1	280	1,053	26.6%
002200	2	502	1,216	41.3%
002200	3	380	1,343	28.3%
002300	1	336	980	34.3%
002300	2	189	780	24.2%
002300	3	329	1,395	23.6%
002300	4	244	672	36.3%
002300	5	508	1,292	39.3%
002400	1	263	796	33.0%
002400	2	480	1,238	38.8%
002400	3	368	1,141	32.3%
002500	1	275	1,470	18.7%

Appendix B

City of Kenosha
2011 Income Limits



Number in Household	Extremely Low Income 30%	Very Low Income 50%	Low Income 80%
1	\$14,950	\$24,900	\$39,850
2	\$17,100	\$28,450	\$45,550
3	\$19,250	\$32,000	\$51,250
4	\$21,350	\$35,550	\$56,900
5	\$23,100	\$38,400	\$61,500
6	\$24,800	\$41,250	\$66,050
7	\$26,500	\$44,100	\$70,600
8	\$28,200	\$46,950	\$75,150

Median Income = \$71,100
As of May 31, 2011