



STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION

Tony Evers, Governor
Joel Brennan, Secretary
Susan Brown, Division Administrator

September 8, 2020

The Honorable Justin M. Nickels, Mayor
City of Manitowoc
900 Quay Street
Manitowoc, WI 54220

RE: City of Manitowoc 2020 Community Development Block Grant CLOSE Public Facilities
(CDBG-CL-PF) Project Award and Pre-Agreement Requirements

Dear Mayor Nickels:

Thank you for your recent Community Development Block Grant for CLOSE Public Facilities (CDBG-CL-PF) project proposal for reconstruction of South 30th Street in the City of Manitowoc. On behalf of Governor Tony Evers and Secretary Joel Brennan, I am pleased to inform you that the Wisconsin Department of Administration (DOA) will award up to \$1,606,367.50 to the City of Manitowoc for this CDBG-CL-PF project.

The U.S. Department of Housing and Urban Development (HUD) provides federal funding to states through the Community Development Block Grant (CDBG) program. Wisconsin uses this federal funding to provide affordable housing, suitable living environments, and expanded economic opportunities for persons with low and moderate incomes.

To ensure that your CDBG Application meets federal HUD regulations and program goals, the DOA Division of Energy, Housing and Community Resources (DEHCR) has reviewed your Grant Application.

Information regarding CDBG requirements and a list of documents that must be submitted to finalize the CDBG Grant Agreement are provided on pages 4-6 of this letter. The City of Manitowoc has **forty-five (45) days** from the date of this letter to sign and return the Acceptance of Award on page 3 and submit the pre-agreement items listed as due under "Pre-Agreement Documents Submission" on pages 5-6.


After the Division receives these items, the City will be contacted by the assigned CDBG project representative to further discuss the terms and conditions of this CDBG-CL-PF award to help ensure the successful administration of this project under HUD guidelines. Certain compliance requirements must be met and the grant agreement must be executed **prior to** construction starting for the project. Refer to the "Pre-Construction Documents Required" section on page 7 of this letter.

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City of Manitowoc [CL-PF 20-10]
CDBG-CL-PF Award Amount: \$1,606,367.50

Again, congratulations and thank you for your efforts in helping our communities prosper and maintain a high quality of life for all Wisconsin residents.

Sincerely,

DocuSigned by:

F23F3E38A24C4FE...

Susan Brown, Division Administrator
Division of Energy, Housing and Community Resources

Attachments: 7

cc: Senator Devin LeMahieu, Senate District 9, State of Wisconsin
Representative Paul Tittl, Assembly District 25, State of Wisconsin
Steve Corbeille, Finance Director, City of Manitowoc
Deborah Neuser, City Clerk, City of Manitowoc
Adam Tegen, Development Director, City of Manitowoc
David Pawlisch, Director, Bureau of Community Development
Kristine Haskin, Budget and Policy Analyst – Advanced, Division of Energy, Housing and Community Resources

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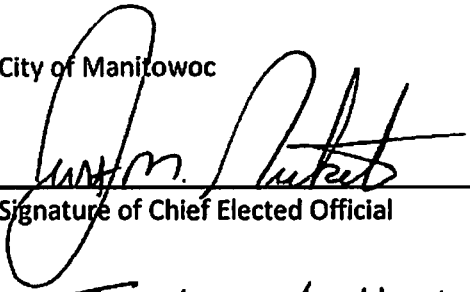
City of Manitowoc [CL-PF 20-10]
CDBG-CL-PF Award Amount: \$1,606,367.50

ACCEPTANCE OF THE AWARD

This award letter represents the Department of Administration – Division of Energy, Housing and Community Resources’ participation in the project. It can be accepted by signing below and returning this to the Division via email to Ben.Lehner@wisconsin.gov.

AUTHORITY TO SIGN DOCUMENT: The persons signing this Acceptance on behalf of the City of Manitowoc certify and attest that the City’s respective Resolutions, and/or other related documents, give full and complete authority to bind the City on whose behalf they are executing this document. The persons signing below also acknowledge that the specific provisions of this award letter are not binding upon the Division or City of Manitowoc and that the Division may withdraw this award at any point for any reason.

ACKNOWLEDGEMENT

City of Manitowoc


Signature of Chief Elected Official

10-7-2020

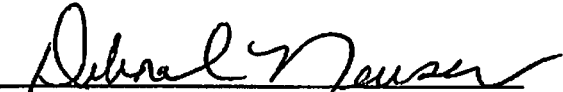
Date Signed

Justin M. Nickels

Printed Name of Chief Elected Official

Mayor

Title of Chief Elected Official



Signature of Clerk

10-7-20

Date Signed

Deborah Neuser

Printed Name of Clerk

City Clerk

Title of Clerk

CDBG REQUIREMENTS AND PRE-AGREEMENT DOCUMENTS SUBMISSION

Specific procedures must be followed prior to undertaking CDBG activities. The Grantee must comply with applicable federal and state regulations and other grant requirements. Failure to comply with the regulations governing the CDBG program may result in this award being rescinded.

The grant award of up to \$1,606,367.50 represents approximately 66.9% of the proposed project costs. Total costs for this project are estimated to be \$2,400,963.75. The City of Manitowoc must contribute other funds above the grant award amount in order to successfully complete the project.

PROJECT ADMINISTRATOR TRAINING

All CDBG project administrators are required to participate in implementation training sessions, as scheduled by the Division. The 2020 Grantees must participate in implementation training in the fall of 2020 when scheduled. Contact your assigned DEHCR Program Representative to discuss available training options.

Additional training and registration materials will be sent to Grantees in separate correspondence via email. Training information and updates are also posted on the Bureau of Community Development website at: <https://doa.wi.gov/Pages/LocalGovtsGrants/TrainingAndTechnicalAssistance.aspx>

PROCUREMENT PROCESS

Regulations require each CDBG Grantee follow its local procurement policy. The City of Manitowoc must use procurement procedures that comply with federal, state, and local regulations for purchases and contracts funded in whole or in part with CDBG dollars. The City's procurement policy must be submitted to and reviewed by the Division prior to the City receiving any funding. **The Division cannot release CDBG funds for contracted materials and services that have been improperly procured.**

Refer to Chapter 3 of the CDBG Implementation Handbook, available on the Bureau of Community Development's website at <https://doa.wi.gov/Pages/LocalGovtsGrants/CDBGImplementationHandbook.aspx>, for procurement and contracting guidance. The City of Manitowoc must adhere to competitive sealed bid requirements for public works construction contracts of more than \$25,000 under Wisconsin Statutes (§59.03; §60.47; §61.54-57; §62.15; and §66.0901). Procurement through competitive proposal is most appropriate for engineering, grant administration, and related professional services. Grantees may choose to use simplified acquisition procedures for other services and goods that cost \$50,000 or less, per State CDBG policy. Records verifying that the appropriate procurement procedures were followed must be maintained in the City of Manitowoc's CDBG project files.

ENVIRONMENTAL REQUIREMENTS

An Environmental Review Record and the affiliated actions must be completed for the project and an Environmental Certification letter must be issued by the Division's Environmental Compliance Officer prior to

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construction activities beginning. Starting construction activities prior to meeting environmental compliance certification requirements will disqualify the project from CDBG funding eligibility. The environmental specifications for CDBG projects are provided in Chapter 4 of the CDBG Implementation Handbook.

SEMI-ANNUAL & ANNUAL REPORTING

Semi-annual and annual reporting for the CDBG project is required. The City of Manitowoc must submit the reports in accordance with Chapter 9 of the current CDBG Implementation Handbook and the CDBG Grant Agreement. Grantees that accept a CDBG award must submit the applicable reports for the first reporting period that occurs after receipt of the Grant Award, regardless of whether the CDBG Grant Agreement has or has not been fully executed:

- A Semi-Annual Labor Standards Enforcement Report for the reporting period of April 1, 2020 – September 30, 2020 submitted to DEHCR no later than **September 25, 2020**;
- A Minority Business Enterprise/Woman Business Enterprise (MBE/WBE) Report for the reporting period of April 1, 2020 – September 30, 2020 submitted to DEHCR no later than **September 25, 2020**;
- A Semi-Annual Report Certification and Summary Narrative for the period of April 1, 2020 – September 30, 2020 submitted to DEHCR no later than **October 15, 2020**; and
- A Semi-Annual Section 3 Report for the period of April 1, 2020 – September 30, 2020 submitted to DEHCR no later than **October 15, 2020**.

The Grantee shall report all activities from the Award Date (i.e., the date of this letter) through the end of the reporting period ending September 30, 2020.

PRE-AGREEMENT DOCUMENTS SUBMISSION

All information provided in the CDBG Application is subject to further verification and review by the Division upon request. The Grant Agreement will be finalized, contingent upon the Division receiving and approving the following pre-agreement documentation:

1. A copy of the City of Manitowoc's procurement policy. Attach a list of executed contracts for CDBG project-related services and documentation on how the services were procured.
2. A completed Financial Management Contact Person form (attached with this letter).
3. A completed Depository Certification form (attached with this letter).
4. A completed Signature Certification form (attached with this letter).
5. A completed W-9 [Request for Taxpayer Identification Number (TIN) Certification] form (attached with this letter).
6. A completed DOA-6460 New Supplier form (attached with this letter).

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CDBG-CL-PF Award Amount: \$1,606,367.50

7. A completed DOA-6456 Authorization for Electronic Deposit form (attached with this letter) and accompanying bank documentation. If the City would like to receive paper checks instead of having CDBG funds deposited electronically, contact your assigned DEHCR Program Representative to obtain the appropriate form.
8. An updated project budget, reflecting the CDBG award and any changes to funding or projected costs, if applicable, using the budget form provided (attached with this letter).
9. An itemized, bullet-pointed list of all construction activities and project deliverables to be included in the Scope of Work in the CDBG Grant Agreement, based on the description of the project in the City of Manitowoc's CDBG-CL-PF Application.
10. An updated project timeline with the projected construction bidding date(s) and construction start and end dates. Construction must begin no later than July 1, 2021 and end no later than October 31, 2022. Grantees must contact their assigned DEHCR Project Representative to request any exceptions.

Please respond with the information and documentation requested in this "Pre-Agreement Documents Submission" section within **forty-five (45) days** from the date of this letter. Requested items should be submitted to the Division via email to Ben.Lehner@wisconsin.gov.

PRE-CONSTRUCTION DOCUMENTS REQUIRED

The following documents are required **prior to the start of any construction** and the Division's disbursement of CDBG funds for the CDBG project:

- A fully executed CDBG Grant Agreement between the Division and City of Manitowoc (signed by all parties).
- A completed Environmental Review Record (including an Environmental Assessment, if required) and Issuance of the Environmental Certification letter from the Division's Environmental Compliance Officer.
- Documentation of compliance with applicable federal labor standards and Federal Davis-Bacon Wage Rates for any construction funded, in whole or in part, with CDBG funds. Documents required are listed in the Time Table in the CDBG Grant Agreement and the CDBG Implementation Handbook. An overview of the Davis-Bacon federal labor standards and requirements is provided in Chapter 7 of the CDBG Implementation Handbook.

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- Copies of the competitive procurement solicitation (e.g., the Request for Proposals [RFP]) and the advertisement for the RFP, if applicable, and the executed contract between the City of Manitowoc and the contracted grant administrator, if the City has contracted with another party for grant administration services. Only submission of the executed contract and documentation verifying the City followed the local procurement policy in selecting and contracting with the grant administration firm are required if the City is *not* using CDBG funds to directly pay for this activity.

Please contact your assigned CDBG project representative Ben Lehner, Grants Specialist – Advanced, at (608) 264-6110 or Ben.Lehner@wisconsin.gov if you have any questions or concerns.

We congratulate the City of Manitowoc on this 2020 grant award and we look forward to working with you to ensure successful completion of this CDBG-CL-PF project.

Division of Energy, Housing and Community Resources

Financial Management Contact Person Form

UNIT OF GENERAL LOCAL GOVERNMENT'S (UGLG'S) NAME: City of Manitowoc
DEHCR GRANT AGREEMENT #: CDBG CL-PF 20-10

FINANCIAL MANAGEMENT CONTACT PERSON

FINANCIAL MANAGEMENT CONTACT PERSON: Sydney Swan

(Person that will complete the CDBG Request for Disbursement form)

CONTACT PERSON'S TITLE: Economic Development Planner

FIRM (if applicable): Bay-Lake Regional Planning Commission

STREET ADDRESS: 425 South Adams Street, Suite 201

CITY: Green Bay STATE: WI ZIP CODE: 54301

PHONE NUMBER: 920-448-2820 ext. 108

FAX NUMBER: 920-448-2823

EMAIL ADDRESS: sswan@baylakerpc.org

Submit this form via e-mail (preferred) or postage-paid mail to the UGLG's assigned CDBG Project Representative in the Division of Energy, Housing and Community Resources (DEHCR):

Email: Your assigned DEHCR CDBG Project Representative or DOACDBG@wisconsin.gov

Mail: *[Insert Your Assigned DEHCR Project Representative's Name Here]*
Wisconsin Department of Administration
Division of Energy, Housing and Community Resources
Bureau of Community Development, 9th Floor
P.O. Box 7970
Madison, WI 53707-7970

Unit of General Local Government's (UGLG's) Name: City of Manitowoc
 DEHCR Grant Agreement #: CDBG CL-PF 20-10
 DUNS #: 025970799
 Attn: Rachel Scherer

DEPOSITORY CERTIFICATION

SECTION I

The Bank First, 402 N. 8th Street, Manitowoc, WI 54220, 920-652-3100 has been designated
(Name, Physical/Street Address, Zip Code, and Telephone Number of Financial Institution)
 to receive all funds resulting from the *Grant Agreement* (listed above) which has been executed between
 the Wisconsin Department of Administration and the City of Manitowoc
(City/Village/Town/County)
Manitowoc
(UGLG /Community Name)

Yes, the financial institution (listed above) has confirmed that **all mailed checks must be sent to a designated P.O. Box**. Please mail checks to the following address:
Bank First, N.A., P.O. Box 10, Manitowoc, WI 54221-0010
Name, Mailing Address (including P.O. Box), and Zip Code of the Financial Institution

No, the financial institution (listed above) has confirmed that all mailed checks can be sent to the **PHYSICAL** Street Address (listed above).

These funds will be deposited into account # 44230439
(Bank Account #)

If funds can be transferred electronically, the routing number for the bank is # 075901134.


(Signature of the Chief Elected Official)

Mayor 10-7-2020
(Title) (Date Signed)


Justin M. Nickels
(Typed Name of the Chief Elected Official)

Original Form Amended Form
(Check One)

SECTION II

The account in Section I has been established with this bank. All necessary documentation to legally enable this bank to receive direct deposits to this account without the payee's endorsement is in this bank's custody. All deposits are insured by Bank First, N.A.
(Insurer of CDBG Deposits)

The Depository hereby agrees to immediately notify the recipient local government when a deposit is made to the above account.


(Signature of Bank Officer)

Treasury Management Officer 10/6/2020
(Title) (Date Signed)

Rachel Scherer
(Typed Name of Bank Officer)

Retain the original completed form with the local project files, and submit a copy (email is preferred) to the assigned Project Representative:

[Insert Your Assigned DEHCR Project Representative's Name Here]
**Wisconsin Department of Administration
 Division of Energy, Housing and Community Resources
 Bureau of Community Development, 9th Floor
 P.O. Box 7970
 Madison, WI 53707-7970**

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
CITY OF MANITOWOC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C-C corporation, S-S corporation, P-Partnership) ▶

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ **MUNICIPAL GOVERNMENT**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
 (Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
800 QUAY ST

6 City, state, and ZIP code
MANITOWOC WI 54220

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidance on whose number to enter.


Social security number								
			-				-	
OR								
Employer identification number								
3	9	-	8	0	0	5	5	1

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ 

Date ▶ **01/09/2020**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.



New Supplier Form

Section 1: Identifying Information

Tax Identification Number:

3	9	6	0	0	5	5	1	1
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 EIN -OR- SSN

Pursuant to Section 6109 of the Internal Revenue Service Code, we are required to obtain your Tax Identification Number (TIN) to properly report income to the IRS as required by law. Forms without a TIN will not be accepted.

LegalName City of Manitowoc
 Business Name, Doing Business As: N/A
 Address: 900 Quay Street
 City: Manitowoc State: WI ZIP: 54220 DUNS# 025970799

Section 2: Order Address (For Purchase Orders)

Address: 900 Quay Street
 City: Manitowoc State: WI ZIP: 54220 DUNS# 025970799

Section 3: Payment Direct Deposit/ACH Information

Bank Name:	Bank First, N.A.	Account Type:	Checking <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>
Account Number:	44230439	Routing Number:	0 7 5 9 0 1 1 3 4	
Account number supplied must match attached bank verification		Routing number supplied must match attached bank verification		
Email for Remit Info	rscherer@bankfirstwi.bank	To opt out of Direct Deposit, Check This Box		

Attach a copy of a current voided check or include a bank letter on bank letterhead, signed by a bank representative. Either option must include the individual/company name, routing and account numbers pre-printed by the financial institution

Section 4: International ACH Transaction Information

Will the entire amount of this electronic payment ultimately be deposited into a financial institution outside of the United States, and therefore fall under the regulation of IAT?	Yes <input type="checkbox"/>
	No <input checked="" type="checkbox"/>

Section 5: Contact Information

Primary Contact Name: <u>Kim Lynch</u>	
Title: <u>Deputy Treasurer</u>	Email: <u>klynch@manitowoc.org</u>
Phone: <u>920-686-6960</u>	Fax: <u>920-686-6969</u>
Secondary Contact Name: <u>Erika Luebke</u>	
Title: <u>Accountant</u>	Email: <u>eluebke@manitowoc.org</u>
Phone: <u>920-686-6960</u>	Fax: <u>920-686-6969</u>

Section 6: Read the Agreement, Sign & Date

The State will establish authentication information requirements for communications between the Supplier and the State, through online systems or paper forms. If the State receives a Communication containing proper authentication information, it shall be entitled to act on the Communication, and shall not be obligated to verify the content of such Communication, establish the identity of the person providing it, or await any confirmation thereof, and the State shall not be liable for acting on any Communication sent in the name of the Supplier. The Supplier shall be solely responsible for the safekeeping of the authentication information (i.e. passwords, Taxpayer Identification Numbers, bank account numbers, etc.) and assumes all risk of accidental disclosure or inadvertent use of such authentication information by any party whatsoever, whether such disclosure or use is on account of the Supplier's negligence or deliberate acts or otherwise. The State shall not be liable for any loss or damage resulting from fraudulent, unauthorized or otherwise improper use of any authentication information by the Supplier.

Only **Authorized** individuals may complete and submit this form. By completing this form, you are certifying that you are a duly authorized representative of your organization and are lawfully able to initiate changes to banking information. **Fraudulent conveyances are punishable offenses.** The entity listed hereby authorizes the State of Wisconsin to initiate credit entries to its bank account at the financial institution identified above. Additionally, this form provides the State of Wisconsin the authority to reverse (withdraw) any erroneous credits (deposits) to the account. The authority shall remain in effect until the State of Wisconsin receives written notification of revocation and has a reasonable opportunity to act on it.

Print Name: Justin M. Nickels Date: 10-7-2020
 Signature: Phone: 920-686-6980



October 2, 2020

To Whom It May Concern:

The purpose of this letter is to confirm the banking information for City of Manitowoc Wisconsin at Bank First. Please process all ACH debit/credit transactions to the account information listed below:

Bank Name: Bank First, N.A.

Bank Address: 402 N 8th Street, Manitowoc, WI 54221-0010

Routing Number: 075901134

Account Number: 44230439

Account Type: Checking

If you have any questions, please do not hesitate to contact me directly at (920) 652-3117 or ddomino@bankfirstwi.bank.

Regards,

Derek Domino
Treasury Management Assistant
920-652-3117 | ddomino@bankfirstwi.bank

www.BankFirstWI.bank

Ticker Symbol: BFC

402 N. 8th Street, P.O. Box 10, MANITOWOC, WI 54221-0010 (920) 652-3100





Authorization for Direct Deposit

Section 1: Identifying Information

Tax Identification Number:

3	9	6	0	0	5	5	1	1
---	---	---	---	---	---	---	---	---

 EIN OR SSN

Pursuant to Section 6109 of the Internal Revenue Service Code, we are required to obtain your Tax Identification Number (TIN) to properly report income to the IRS as required by law. Forms without a TIN will not be accepted.

Legal Name City of Manitowoc
 Doing Business As Name: N/A
 Address: 900 Quay Street
 City: Manitowoc County: Manitowoc State: WI ZIP: 54220

Section 2: Additional Identifying Information

Supplier ID: 9111 DUNS# 025970799
 Recent payment number/amount received from the State: October 5, 2020 \$401,947.80

Section 3: Current Financial Information **Section 4: Prior Financial Information**

Bank Verification Must be Attached		Must be Provided to Change/Update Account	
Bank Name	Bank First, N.A.	Bank Name	
Type	Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/>	Type	Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Account Number	44230439	Account Number	
Account number supplied must match attached bank verification		Account number supplied must match previous account number on file	
Routing Number	0 7 5 9 0 1 1 3 4	Routing Number	
Routing number supplied must match attached bank verification		Routing number supplied must match previous account number on file	
New/Additional Email Address for Remittance Instructions:		Previous Email Address for Remittance Instructions:	
rscherer@bankfirstwi.bank			

Section 5: International ACH Transaction Information

Will the entire amount of this electronic payment ultimately be deposited into a financial institution outside of the United States, and therefore fall under the regulation of IAT? Yes No

Section 6: Municipalities Only

Local Gov Investment Pool 836251 Sub Account Number Acct #01

Section 7: Comments

Section 8: Read the Agreement, Sign & Date

The State will establish authentication information requirements for communications between the Supplier and the State, through online systems or paper forms. If the State receives a Communication containing proper authentication information, it shall be entitled to act on the Communication, and shall not be obligated to verify the content of such Communication, establish the identity of the person providing it, or await any confirmation thereof, and the State shall not be liable for acting on any Communication sent in the name of the Supplier. The Supplier shall be solely responsible for the safekeeping of the authentication information (i.e. passwords, Taxpayer Identification Numbers, bank account numbers, etc.) and assumes all risk of accidental disclosure or inadvertent use of such authentication information by any party whatsoever, whether such disclosure or use is on account of the Supplier's negligence or deliberate acts or otherwise. The State shall not be liable for any loss or damage resulting from fraudulent, unauthorized or otherwise improper use of any authentication information by the Supplier. Account changes must be reported to the State Controller's Office 30 days prior to the effective date of the change. Account changes will take effect within five business days of receipt of properly completed documentation in the DOA office. Failure to report account changes may result in delayed payments. All bank accounts are tied to an address in our system. A separate form is required for each address. The entity listed hereby authorizes the State of Wisconsin to initiate credit entries to its bank account at the financial institution identified above. Additionally, this form provides the State of Wisconsin the authority to reverse (withdraw) any erroneous credits (deposits) to the account. The authority shall remain in effect until the State of Wisconsin receives written notification of revocation, and has a reasonable opportunity to act on it.

Only Authorized individuals may complete and submit this form. By completing this form, you are certifying that you are a duly authorized representative of your organization and are lawfully able to initiate changes to banking information. Fraudulent conveyances are punishable offenses.

I have attached a copy of a current voided check or included a bank letter on bank letterhead, signed by a bank representative. Either option must include the individual/company name, routing and account numbers pre-printed by the financial institution

Print Name: Justin M. Nickels Date: 10-7-2020
 Signature: [Handwritten Signature] Phone: 920-686-6980



October 2, 2020

To Whom It May Concern:

The purpose of this letter is to confirm the banking information for City of Manitowoc Wisconsin at Bank First. Please process all ACH debit/credit transactions to the account information listed below:

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Routing Number: 075901134

Account Number: 44230439

Account Type: Checking

If you have any questions, please do not hesitate to contact me directly at (920) 652-3117 or ddomino@bankfirstwi.bank.

Regards,

A handwritten signature in black ink, appearing to read 'Derek Domino', is written over a white background.

Derek Domino
Treasury Management Assistant
920-652-3117 | ddomino@bankfirstwi.bank

www.BankFirstWI.bank

Ticker Symbol: BFC

402 N. 8th Street, P.O. Box 10, MANITOWOC, WI 54221-0010 (920) 652-3100



CDBG PROJECT BUDGET

GRANTEE: City of Manitowoc GRANT AGREEMENT #: CDBG CL-PF 20-10 DATE: 10 / 6 / 2020

Activity	CDBG FUNDS <i>(non-CLOSE dollars)</i>	CDBG CLOSE MATCH FUNDS <i>(if applicable)</i>	OTHER MATCH <i>(if applicable)</i>	TOTAL ACTIVITY COSTS
Acquisition - Land (incl. Easements)	\$ -	\$ -	\$ -	\$ -
Acquisition - Building(s)	\$ -	\$ -	\$ -	\$ -
Building Improvements	\$ -	\$ -	\$ -	\$ -
Center/Facility Construction	\$ -	\$ -	\$ -	\$ -
Clearance - Site	\$ -	\$ -	\$ -	\$ -
Curb and Gutter	\$ -	\$ -	\$ -	\$ -
Electrical System Improvements	\$ -	\$ -	\$ -	\$ -
Environmental Remediation	\$ -	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -	\$ -
Fixtures	\$ -	\$ -	\$ -	\$ -
Fire Station	\$ -	\$ -	\$ -	\$ -
Relocation	\$ -	\$ -	\$ -	\$ -
Sanitary Sewer	\$ -	\$ -	\$ 103,950.00	\$ 103,950.00
Storm Sewer	\$ -	\$ 101,750.00	\$ -	\$ 101,750.00
Street(s)/Sidewalk(s)	\$ -	\$ 1,371,150.00	\$ -	\$ 1,371,150.00
Wastewater Treatment Facility	\$ -	\$ -	\$ -	\$ -
Water	\$ -	\$ -	\$ 638,000.00	\$ 638,000.00
Furnishings (Non-CDBG Match ONLY)	\$ -	\$ -	\$ -	\$ -
Engineering (Match ONLY)	\$ -	\$ 110,467.50	\$ 55,646.25	\$ 166,113.75
Administration	\$ -	\$ 20,000.00	\$ -	\$ 20,000.00
Sub-Totals:	\$ -	\$ 1,603,367.50	\$ 797,596.25	\$ 2,400,963.75

Continued on the next page.

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Summarize the Match Funding sources and amounts for this CDBG project:

Source: **towoc Public Utilities F** Amount: \$ **685850.00** Status: Pending Committed Other
 Applied Secured/Awarded

Source: **nitowoc Wastewater Fu** Amount: \$ **111746.25** Status: Pending Committed Other
 Applied Secured/Awarded

Source: Amount: \$ Status: Pending Committed Other
 Applied Secured/Awarded

Source: Amount: \$ Status: Pending Committed Other
 Applied Secured/Awarded

Source: Amount: \$ Status: Pending Committed Other
 Applied Secured/Awarded

For any source with a status of "Other" provide a brief explanation (no more than a one-sentence narrative per source).
(Insert Text Here)

Documentation to verify that all matching funds have been secured must be submitted to DEHCR, if not previously provided in the UGLG's CDBG Project Application.

Does the UGLG anticipate using CDBG funds to pay for Grant Administration or any other professional services associated with this project?

- Yes ***If yes, the services must be competitively procured in accordance with state and federal CDBG requirements set forth in Chapter 3 of the CDBG Implementation Handbook, and meet the UGLG's local procurement policy requirements.***
- No ***If no, the services must be secured using a process that is in compliance with the UGLG's local procurement policy.***

**CDBG PROJECT
SERVICE AREA DEMOGRAPHIC PROFILE FORM**

(FORM 3)

City of Manitowoc

Grant Agreement #:

CDBG-PF 20-10

RACE/ETHNICITY CATEGORY*	# BENEFICIARIES IN CATEGORY
White	911
White + HISPANIC	23
Black/African American	0
Black/African American + HISPANIC	0
Asian	425
Asian + HISPANIC	0
American Indian/ Alaskan Native	0
American Indian/ Alaskan Native + HISPANIC	0
Native Hawaiian/Pacific Islander	0
Native Hawaiian/Pacific Islander + HISPANIC	0
American Indian/ Alaskan Native & White	0
American Indian/ Alaskan Native & White + HISPANIC	0
Asian & White	0
Asian & White + HISPANIC	0
Black/African American & White	0
Black/African American & White + HISPANIC	0
American Indian/ Alaskan Native & Black/African American	0
American Indian/ Alaskan Native & Black/African American + HISPANIC	0
Other Multi- Racial	0
Other Multi- Racial + HISPANIC	0
Other	0
TOTAL # OF BENEFICIARIES**	1359
TOTAL # OF BENEFICIARIES WHO ARE LMI (if known)***	800

*These race/ethnicity categories are required for reporting to HUD. If the race/ethnicity information is unknown for the beneficiaries, the most recent U.S. Census American Community Survey (ACS) 5-Year Estimates data (at <https://data.census.gov>) may be used to estimate the # of persons among beneficiaries in each category. [Methodology: Determine percentages of persons in your community in each category using the ACS data. Then apply the percentages to the beneficiary group to calculate the number of persons among beneficiaries in each category.]

**The Total # of Beneficiaries must match the total # of beneficiaries listed in the CDBG Application with no duplication of persons.

***The # of LMI beneficiaries may be based on HUD LMI Summary Data or income survey data; or for projects exclusively serving Limited Clientele, the calculation may be 51% of the total # of beneficiaries, unless client income information or the nature of the facility is such that a higher LMI percentage for the Limited Clientele group is verified or presumed (e.g., HUD Section 8 housing and homeless shelters may be presumed to be 100% LMI). The # of LMI beneficiaries is not required for Slum & Blight projects.