



AMERECO, INC.

CONSULTING • ENGINEERING • PROJECT MANAGEMENT ® 
OVER 25 YEARS OF EXCEPTIONAL SERVICE

July 12, 2021

Ms. Jenny Orsburn
Program Manager
Lake Michigan Coastal Program
Indiana Department of Natural Resources
Indiana Dunes State Park Annex Office
1600 North 25 East
Chesterton, IN 46304
219.983.9912
JeOrsburn@dnr.IN.gov

Re: Michigan City, Indiana
Rehabilitation Projects on Existing Owner-Occupied Single Site Residential Units Across
Michigan City, Indiana
Federal Consistency Review

Dear Ms. Orsburn:

The City of Michigan City's Office of Planning and Redevelopment through the Office of Planning & Inspection plans on allocating U.S. Department of Housing and Urban Development (HUD) funds towards the Residential Exterior Community Appeal Program (RECAP). RECAP is designed to provide grants to eligible applicants for the purpose of improvements to exterior appearances of individual houses. In addition the program was developed to primarily assist homeowners who do not have the financial means to respond to code violations that may exist at their single-family, residential property. RECAP projects will consist of rehabilitation on existing single site owner-occupied residential properties within the geographical boundaries of Michigan City, Indiana. This project does not include new construction, conversions, or acquisition of undeveloped land.

Under HUD regulation 24 CFR 58.58, the City of Michigan City has assumed HUD's Environmental Review responsibilities for the project, including compliance with the State Coastal Zone Management (CZM) Program (24 CFR 58.22). Amereco Inc. is assisting the City of Michigan City with preparation of a Tiered Part 58 Environmental Review. Enclosed is information and materials to assist you in determining as to whether the city-wide project described below is consistent with the approved State CZM Program.

Project Area/Site:	Geographical boundaries of Michigan City, IN (individual sites have yet to be finalized)
Source of HUD Funds:	14.218 Community Development Block Grants/ Entitlement Grants, Catalog of Federal Domestic Assistance (CFDA) Number 14.218, Project years 2021-2022
Description of Proposed Project:	This undertaking will consist of rehabilitation projects on eligible existing single-family, owner-occupied residences.

Scope of Work:	<p>The work at each location may include one or more of the following:</p> <ul style="list-style-type: none"> - Roof replacement - Vinyl siding installation - Window replacement - Handrail repair/installation - Handicap ramp repair/installation - Foundation repair - Plumbing repair - Tree removal - Masonry (sidewalk, foundation repair) - Bathroom modification for ADA compliance - Flooring replacement - Entrance door repair/replacement - Basement sealing - Lead-based paint remediation - Abatement - Structure demolition (attached garage/shed, porches, decks, etc.) - Furnace and/or air conditioning and duct work
Projected Start Date:	2021
Projected Duration:	5 year period
Projected Completion Date:	2026

The proposed activity complies with Indiana's approved coastal management program and will be conducted in a manner consistent with such program.

Please contact me if you have any questions or need additional information.

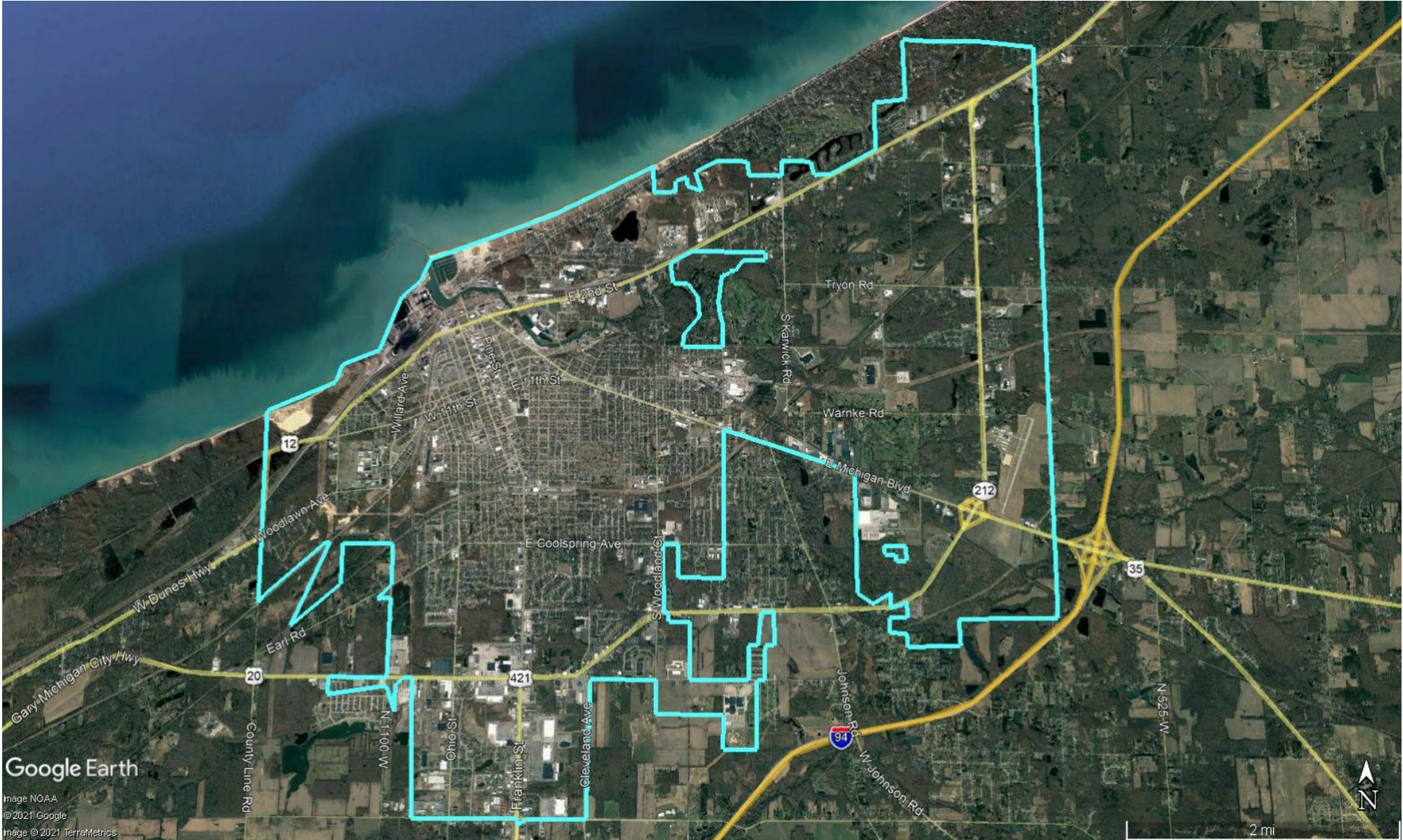
Sincerely,



Krista Rose
Project Manager
Amereco Inc.
219.531.0531
krose@amerecoeng.com

Enclosures:
Project Location Map
CDBG Application

Michigan City, IN RECAP Project Area Map



— Michigan City, IN Boundary

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: _____	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: B-MC-20-18022	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: City of Michigan City		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 35-6001108	* c. Organizational DUNS: 0512135510000	
d. Address:		
* Street1: 100 E. Michigan Blvd.	Street2: _____	
* City: Michigan City	County/Parish: _____	
* State: IN: Indiana	Province: _____	
* Country: USA: UNITED STATES	_____	
* Zip / Postal Code: 46360-3271	_____	
e. Organizational Unit:		
Department Name: Planning & Inspection	Division Name: Office of Redevelopment	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mrs.	* First Name: Sherry	
Middle Name: _____	_____	
* Last Name: Wilson	_____	
Suffix: _____	_____	
Title: CDBG Administrator		
Organizational Affiliation: _____		
* Telephone Number: 219-873-1419	Fax Number: 219-873-1580	
* Email: sherryn@michigancity.com		

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Housing & Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.218

CFDA Title:

Community Development Block Grant

*** 12. Funding Opportunity Number:**

* Title:

FY 2020 Michigan City

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

City of Michigan City construction, non-construction, public services, homeowner rehabilitation and public works.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="671,311.00"/>
* b. Applicant	<input type="text" value=""/>
* c. State	<input type="text" value=""/>
* d. Local	<input type="text" value=""/>
* e. Other	<input type="text" value=""/>
* f. Program Income	<input type="text" value=""/>
* g. TOTAL	<input type="text" value="671,311.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.


Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed: