

**COUNTY OF RIVERSIDE
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

**APPLICATION FOR CITY OF _____
2026-2027 COOPERATING CITY ALLOCATION**

I. GENERAL INFORMATION

Applicant Name: _____

Type of Organization: Non-Profit Organization Faith Based Organization

Institution of Higher Education Other: _____

Cooperating City

Address: _____

City: _____ Zip Code: _____

Mailing Address: _____

City: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Executive Director/City Staff: _____

Telephone Number: _____ E-mail: _____

Program Manager: _____

Telephone Number: _____ E-mail: _____

Grant Writer: _____

Address (If different from above): _____

Telephone Number: _____ E-mail: _____

II. ORGANIZATIONAL HISTORY (*This is applicable only if you are a non-profit organization*)

Date Organization founded: _____

Date Organization incorporated as a non-profit organization (*Attach Articles of Incorporation and Bylaws*): _____

Federal identification number: _____

UEI Number: _____

Organization Web Address: _____

Does your Organization expend \$750,000 or more a year in federal funds? Y or N

Number of paid staff: _____

Number of volunteers: _____

Members/Board of Directors (*Attach*): _____

III. PROJECT ACTIVITY

A. Name of Project: _____

B. Specific Location of Project

(Attach Project Map - include street address; if a street address has not been assigned provide APN)

Street or Assessor Parcel Number:

City: _____

Zip Code: _____

C. CDBG Funds Requested: _____

(total amount for the project only)

D. Where will the proposed activity occur (be specific as to the geographic boundaries)? If the project involves a new or existing facility, what is the proposed service/benefit area for the facility?

E. In which City (ies)/Communities does the activity occur?

City (ies): _____

Community (ies): _____

NOTE: HWS will make the final determination of the appropriate service area of all proposals.

F. If this project benefits residents of more than one community or jurisdiction, have requests been submitted to those other entitlement jurisdictions? (i.e., County district(s) 1st, 2nd, 3rd, 4th, and/or 5th, City of Palm Springs, City of Moreno Valley, City of Riverside, etc.)

G. Check ONLY the applicable category your application represents.

- Public Service
- Homeless Activities
- Real Property Acquisition (Must consult with HWS prior to submitting application)
- Housing
- Rehabilitation/Preservation (please provide picture of structure)
- Public Facilities (construction)
- Infrastructure (i.e. Streets, Sewer, Sidewalk, etc.)
- Other: (provide description) _____

H. Respond to A & B only if this application is for a public service project.

(a) Is this a NEW service provided by your agency? Yes No

(b) If service is not new, will the existing public service activity level be substantially increased or improved? _____

IV. PROJECT NARRATIVE

A. Provide a detailed Project Description. The description should only address or discuss the specific activities, services, or project that is to be assisted with CDBG funds. If CDBG funds will assist the entire program or activity, then provide a description of the entire program or activity.

B. Provide a detailed description of the proposed use of the CDBG funds only (e.g. construction design, purchase of specific equipment, rent, supplies, utilities, salaries, etc.):

C. What are the goals and objectives of the project, service, or activity? How will you measure and evaluate the success of the project to meet these goals and objectives (measures should be qualitative)?

D. Please identify the project milestones using an Estimated Timeline for Project Implementation:

V. PROJECT BENEFIT

A. Indicate the number of people or households that will directly benefit from your proposal using CDBG funds: *Note: This is based on the expected number of clients to be served if the County funds your project for the requested amount.*

B. Indicate the number of unduplicated clients that will be served (*An unduplicated client is counted only once, no matter how many direct services the client receives during a funding year*):

C. Length of proposed CDBG-funded activities or service (weeks, months, year):

D. Service will be provided to (check one or more):

<input type="checkbox"/> Men	<input type="checkbox"/> Seniors
<input type="checkbox"/> Women	<input type="checkbox"/> Severely Disabled Adults
<input type="checkbox"/> Children (Range of children's ages : _____)	<input type="checkbox"/> Migrant Farm Workers
<input type="checkbox"/> Homeless (Number of beds at facility : _____)	<input type="checkbox"/> Families

E. What methods will be used for community involvement to assure that all who might benefit from the project are provided an opportunity to participate?

F. What evidence is there of a long-term commitment to the proposal? Describe how you plan to continue the work (project) after the CDBG funds are expended?

VI. National Objective

All CDBG-funded activities must meet at least one of the following National Objectives of the CDBG program. Indicate the category of National Objective to be met by your activity.

CATEGORY A: Benefit to low-moderate income persons (must be documented). Please choose either subcategory 1 or 2:

1. Limited Clientele:

The project serves clientele that will provide documentation of their family size, income, and ethnicity. Identify the procedure you currently have in place to document that at least 51% of the clientele you serve are low-moderate income persons.

2. Clientele presumed to be principally low- and moderate-income persons:

The following groups are presumed by HUD to meet this criterion. You will be required to submit a certification from the client (s) that they fall into one of the following presumed categories.

The activity will benefit (check one or more)

<input type="checkbox"/> Abused children	<input type="checkbox"/> Homeless persons
<input type="checkbox"/> Battered spouses	<input type="checkbox"/> Illiterate adults
<input type="checkbox"/> Elderly persons	<input type="checkbox"/> Persons living with AIDS
<input type="checkbox"/> Severely disabled adults	<input type="checkbox"/> Migrant Farm workers

a. Describe the clientele above to be served by this activity:

b. Discuss how this project directly benefits low- and moderate- income residents:

CATEGORY B: Area Benefit - The project or facility serves, or is available to, ALL persons located within an area where at least 51% of the residents are low/moderate-income. (Applicant is welcome to contact a County of Riverside, HWS CDBG Program Manager for Census Information)

2020 Census Tract and Block Group numbers:

(must use 2016-2020 ACS data pursuant to HUD Notice -CPD-24-04)

<https://hud.maps.arcgis.com/apps/webappviewer/index.html?id=ffd0597e8af24f88b501b7e7f326bedd>

Total population in Census Tract(s) / block group(s):_____

Total percentage of low-moderate population in Census Tract(s) / block group(s):_____

CATEGORY C: Activities undertaken to create or retain permanent jobs, at least 51% of which will be made available to or held by low/moderate-income persons.

Proposed Job Creation/Retention

Total Jobs Expected to Create: _____

Total Jobs Expected to Retain: _____

CATEGORY D: Activities that provide assistance to micro-enterprise owners/developers who are low/moderate-income.

Proposed Assistance to Businesses

New Businesses expected to assist: _____

Existing Businesses expected to assist: _____

Enter Total Businesses expected to assist: _____

VII. FINANCIAL INFORMATION

A. Proposed Project Budget

Complete the following annual program budget to begin July 1, 2026. If your proposed CDBG-funded activity will start on a date other than July 1, 2026, please indicate starting date. Provide total Budget information and distribution of CDBG funds in the proposed budget.

The budgeted items are for the specific activity for which you are requesting CDBG funding - NOT for the budget of the "entire" organization or agency. (Note: CDBG funds requested must match amount requested in Project Activity, C above.)

(EXAMPLE: The Valley Senior Center is requesting funding for a new Senior Nutritional Program. The total cost of the program is \$15,000 and \$10,000 in CDBG funds is being requested for operating expenses associated with the proposed activity. The total Activity/Project Budget will include \$5,000 of other non-CDBG funding and \$10,000 in CDBG funds for a Grand Total of \$15,000).

	TOTAL ACTIVITY/ PROJECT BUDGET <u>(Include non-CDBG Funds and CDBG Funds)</u>	CDBG FUNDS <u>REQUESTED-Only</u>
I. Personnel		
A. Salaries & Wages	\$ _____	\$ _____
B. Fringe Benefits	\$ _____	\$ _____
C. Consultants & Contract Services	\$ _____	\$ _____
PERSONNEL SUB-TOTAL	\$ _____	\$ _____
II. Non-Personnel		
A. Space Costs	\$ _____	\$ _____
B. Rental, Lease or Purchase of Equipment	\$ _____	\$ _____
C. Consumable Supplies	\$ _____	\$ _____
D. Travel	\$ _____	\$ _____
E. Telephone	\$ _____	\$ _____
F. Utilities	\$ _____	\$ _____
G. Other Costs	\$ _____	\$ _____
NON-PERSONNEL SUB-TOTAL:	\$ _____	\$ _____
III. Other		
A. Architectural/Engineering Design	\$ _____	\$ _____
B. Acquisition of Real Property	\$ _____	\$ _____
C. Construction/Rehabilitation	\$ _____	\$ _____
D. Indirect Costs	\$ _____	\$ _____
E. Other	\$ _____	\$ _____
OTHER SUB-TOTAL:	\$ _____	\$ _____
GRAND TOTAL:	\$ _____	\$ _____

B. Leveraging

List other funding sources and amounts (commitments or applications) which will assist in the implementation of this activity. Current and pending evidence of leveraging commitments/applications must be submitted with application. (Attach)

TYPE	SOURCE	AMOUNT	SOURCE	AMOUNT	SOURCE	AMOUNT	TOTAL
FEDERAL							
STATE/LOCAL							
PRIVATE							
OTHER							

TOTAL: _____

C. What type of long-term financial commitment is there to the proposal? Describe how you plan to continue the work (project) after the CDBG funds are expended?

D. Provide a summary by line item of your organization's previous year's income and expense statement. (Attach)

E. Does this project benefit residents of more than one community or jurisdiction, have requests been submitted to those other jurisdictions? Yes No

If yes, identify sources and indicate outcome. _____

If no, please explain. _____

F. Was this project or activity previously funded with CDBG? Yes No

If yes, when? _____

Is this activity a continuation of a previously funded (CDBG) project? Yes No

If yes, explain: _____

VIII. MANAGEMENT CAPACITY

A. Describe your organization's experience in managing and operating project or activities funded with CDBG or other Federal funds.

B. Management Systems

Does your organization have written and adopted management systems (i.e., policies and procedures) including personnel, procurement, property management, record keeping, financial management, etc.?

C. Capacity

Please provide the names and qualifications of the person(s) that will be primarily responsible for the implementation and completion of the proposed project.

IX. APPLICATION CERTIFICATION

Undersigned hereby certifies that (check box after reading each statement and digitally sign the document):

1. The information contained in the project application is complete and accurate. _____
2. The applicant agrees to comply with all Federal and County policies and requirements imposed upon the project or activity funded by the CDBG program. _____
3. The applicant acknowledges that the Federal assistance made available through the CDBG program funding will not be used to substantially reduce prior levels of local, (NON-CDBG) financial support for community development activities. _____
4. The applicant fully understands that any facility built or equipment purchased with CDBG funds shall be maintained and/or operated for the approved use throughout its economic life, pursuant to CDBG regulation. _____
5. If CDBG funds are approved, the applicant acknowledges that sufficient non-CDBG funds are available or will be available to complete the project as described within a reasonable timeframe. _____
6. On behalf of the applying organization, I have obtained authorization to submit this application for CDBG funding. **(DOCUMENTATION ATTACHED Minute Action and/or written Board Approval signed by the Board President)** _____

DATE: _____

Signature: _____

Print Name/Title

Authorized Representative: _____

CHECK-LIST:

The following required documents listed below have been attached. Any missing documentation to the application will be cause for the application to be reviewed as INELIGIBLE.

Yes No

ATTACHMENT

<input type="checkbox"/>	<input type="checkbox"/>	1. Members/Board of Directors
<input type="checkbox"/>	<input type="checkbox"/>	2. Articles of Incorporation and Bylaws
<input type="checkbox"/>	<input type="checkbox"/>	3. Project Activity Map
<input type="checkbox"/>	<input type="checkbox"/>	4. Project Benefit, Category B, Low Mod Area Maps (Attach if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	5. Leveraging (Current evidence of commitment)
<input type="checkbox"/>	<input type="checkbox"/>	6. Income and Expense Statement
<input type="checkbox"/>	<input type="checkbox"/>	7. Management Capacity (Detailed organizational chart)
<input type="checkbox"/>	<input type="checkbox"/>	8. Board Written Authorization approving submission of application