



**COMMUNITY DEVELOPMENT BLOCK GRANT
PROGRAM
APPLICATION FOR FUNDING
FY 2025-2026**

All requests for funding are subject to City Council approval. Funding is contingent upon the project's eligibility under the 1974 Housing and Community Development Act as amended. If possible, please type the application. Minimum amount of funding request for fiscal year 2025 - 2026 is \$10,000. No final budget has been approved by HUD as of this date; funding requests will be contingent on the final budget allocation.

APPLICATIONS ARE DUE **Wednesday, November 13, 2024**, BY 5:30 P.M. IN THE SPECIAL PROJECTS OFFICE AT 125 E. COLLEGE STREET, COVINA, CA 91723. NO LATE, E-MAILED, POSTMARKED, FAXED OR INCOMPLETE APPLICATIONS WILL BE ACCEPTED.

1. APPLICATION SUMMARY

Date of Submission	_____	Amount Requested	\$ _____
Name of Organization	_____		
Project Name	_____		
Location of Project	_____		
Funds would be used to	_____		

2. GENERAL INFORMATION

Type of Organization	_____	Private Non-Profit with 501 (c)(3) status (attach supporting documentation)
	_____	City of Covina
	_____	Other—Specify _____
Organization Address	_____	
City	_____	Zip Code _____
Telephone	_____	Fax _____
Contact Person	_____	Title _____
<u>E-mail address</u>	_____	
Officials authorized to sign contract and expend funds for applicant		
Name	_____	Title _____
Name	_____	Title _____
Attach the names of your Board of Directors, and if paid or unpaid status.		
Federal ID Number/Social Security Number (non-profit corporation) _____		
Federal DUNS Number _____		

Indicate which Community Development Block Grant (CDBG) National Objective your activity will address

- Benefit low and moderate income persons, or
- Aid in the prevention of slums or urban blight, or
- Meet an urgent need that poses a threat to the public health, safety and welfare

Project Description (check applicable category)

- | | |
|---|--|
| <input type="checkbox"/> Real Property Acquisition | <input type="checkbox"/> Capital Equipment Acquisition |
| <input type="checkbox"/> Rehabilitation/Preservation | <input type="checkbox"/> Planning/Studies (Construction) |
| <input type="checkbox"/> Public Service. If checked, the proposed activity will serve | |
| <input type="checkbox"/> The elderly (55 and over) | <input type="checkbox"/> Abused children |
| <input type="checkbox"/> Persons with disabilities | <input type="checkbox"/> Battered spouses |
| <input type="checkbox"/> The homeless | <input type="checkbox"/> Low and moderate income persons |
| <input type="checkbox"/> Other (if checked, explain) _____ | |

This request is for a new existing program (check one).

Has program/project received past funding from the City of Covina? _____

If yes, please identify the source, year and amount

3. GOALS AND OBJECTIVES

Activity description: Provide a detailed description of the proposed program/project by describing precisely what is to be accomplished with the requested funds. (Attach additional sheets if necessary).

Describe the specific purpose of the project, identifying the specific problems this activity is intended to solve:

Service area: identify and describe the geographic boundaries of the target area (attach a map, if appropriate).

4. FINANCIAL INFORMATION

Please complete Attachment A - Proposed Budget.

List other sources from which you have received funding during the past three years.

Please attach a copy of your agency's most recent financial statement and audit.

5. PROGRAM CLIENT PROFILE

	Covina Resident	Total
Clients served in previous year	_____	_____
Clients at moderate income or less	_____	_____
Clients expected in new year	_____	_____

Describe characteristics of client population in target area including age, sex, income level, ethnic background and other specialized characteristics. Relate how the program/project will meet the federal requirement of benefiting lower income persons. What verifiable records does the organization have which would provide back-up to this information?

6. OUTCOMES

Describe the long term or ultimate change(s) that you are attempting to achieve with this project.

7. COLLABORATION

Describe your collaboration. Include information about your partners and their role in relation to the project. Explain how services and clientele are shared.

8. CERTIFICATION AND ASSURANCES

THE APPLICANT HEREBY PROPOSES TO PROVIDE THE SERVICES/FACILITIES PROPOSED IN ACCORDANCE WITH THE CITY'S 2025-2026 COMMUNITY DEVELOPMENT BLOCK GRANT PLAN AND PROGRAM. THE APPLICANT MAKES THE FOLLOWING ASSURANCES. THE PROJECT WILL:

1. BE PROVIDED IN COMPLIANCE WITH ALL LOCAL LAWS, ORDINANCE, CODES, REGULATIONS AND DECREES, AND FOR PROJECTS FUNDED BY CDBG, THOSE FEDERAL RULES AND REGULATIONS ENTITLED "BLOCK GRANT CONDITIONS";
2. PRACTICE NON-DISCRIMINATION IN PROVIDING SERVICES, HIRING PERSONNEL, AND RECRUITING VOLUNTEERS, AND SHALL PROVIDE PERSONNEL PRACTICES AND AN AFFIRMATIVE ACTION PLAN, IF FUNDED;
3. MAINTAIN ADEQUATE CLIENT RECORDS OF INDIVIDUALS BEING SERVED BY THE PROJECT TO DOCUMENT CLIENT NAME, ADDRESS, AGE, INCOME ELIGIBILITY, ETHNICITY, FEMALE HEAD OF HOUSEHOLD, OR ANY OTHER STATISTICAL DATA REQUIRED BY CITY UNLESS SPECIFICALLY EXEMPTED FROM KEEPING SUCH DATA. EXEMPTIONS FROM CITY MUST BE IN WRITING. THE CITY SHALL HAVE FULL AND COMPLETE ACCESS TO SUCH CLIENT RECORDS;
4. SUBMIT IN A TIMELY MANNER SUCH PROGRAM AND FINANCIAL REPORTS AS ARE REQUIRED BY THE CITY TO MONITOR PERFORMANCE OF THE PROJECT;
5. APPOINT ONE DIRECTOR OF THE PROJECT WHO WILL BE RESPONSIBLE FOR THE ADMINISTRATION OF THE PROJECT;
6. APPOINT A FISCAL AGENT WHO SHALL BE RESPONSIBLE FOR ALL FINANCIAL AND ACCOUNTING ACTIVITIES OF THE PROJECT;
7. OBTAIN INSURANCE AS DESCRIBED BELOW. APPLICANT UNDERSTANDS THAT THE PROJECT WILL NOT BEGIN, NOR CAN COSTS BE INCURRED, UNTIL PROOF OF ADEQUATE INSURANCE IS APPROVED BY CITY.

The Subrecipient shall furnish to the Grantor a Certificate of Insurance evidencing insurance. The Grantor shall be named as the additionally insured. Also, all such insurance policies shall include a clause requiring that the insurance company give thirty (30) days notice in writing to the additionally insured prior to cancellation or termination of the policy. The policy shall be for the amount of two million dollars (\$2,000,000.00) bodily injury and two million dollars (\$2,000,000.00) property coverage.

8. FOR CDBG, PROJECT WILL COMPLY WITH CHURCH/STATE RESTRICTION AS OUTLINED BELOW, OR AS THEY MAY BE INTERPRETED BY HUD. CONTRACTOR AGREES THAT CDBG FUNDS RECEIVED FROM THE CITY FOR PUBLIC SERVICES WILL BE USED IN ACCORDANCE WITH THE FOLLOWING CONDITIONS:
 - (A) CONTRACTOR WILL NOT DISCRIMINATE AGAINST ANY PERSON APPLYING FOR PUBLIC SERVICES ON THE BASIS OF RELIGION AND WILL NOT LIMIT SUCH SERVICES OR GIVE PREFERENCE TO PERSONS ON THE BASIS OF RELIGION;

- (B) CONTRACTOR WILL PROVIDE NO RELIGIOUS INSTRUCTION OR COUNSELING, CONDUCT NO RELIGIOUS WORSHIP OR SERVICES, ENGAGE IN NO RELIGIOUS PROSELYTIZING, AND EXERT NO OTHER RELIGIOUS INFLUENCE IN THE PROVISION OF PUBLIC SERVICES;

- (C) THE FUNDS SHALL NOT BE USED TO CONSTRUCT, REHABILITATE OR RESTORE ANY FACILITY, WHICH IS OWNED BY CONTRACTOR AND IN WHICH THE PUBLIC SERVICES ARE TO BE PROVIDED. MINOR REPAIRS MAY BE MADE, HOWEVER, IF THOSE REPAIRS (1) ARE DIRECTLY RELATED TO THE PUBLIC SERVICES, (2) ARE LOCATED IN A STRUCTURE USED EXCLUSIVELY FOR NON-RELIGIOUS PURPOSES, AND (3) CONSTITUTE IN DOLLAR TERMS ONLY A MINOR PORTION OF THE CDBG EXPENDITURE FOR THE PUBLIC SERVICES.

The undersigned certifies that

- 1. The information contained in this document is complete and accurate
- 2. The applicant will comply with all federal and city policies and requirements affecting the CDBG program
- 3. The applicant understands that the formal agreement with the City will define other reporting provisions and federally required assurances.
- 4. Any CDBG funds granted will not be substituted for recent local or state government funding of a public service.

Date _____

Organization Name (TYPE) _____

By _____

Authorized Representative
(Signature, Title)

Print Name of Authorized
Representative Here

Address of Representative

Telephone Number of Representative

E-mail Address of Representative

ATTACHMENT A

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM APPLICATION
 PROPOSED BUDGET**

Organization _____

ESTIMATED EXPENDITURES

CATEGORIES	FROM CITY	FROM OTHER SOURCES	TOTAL
Salaries and Benefits			
Supplies			
Rent			
Utilities			
Communication			
Travel Expenses			
Insurance			
Equipment Purchase			
Other			
SUBTOTALS			
(A) TOTAL BUDGET			

ESTIMATED REVENUE SOURCES FOR THIS PROGRAM/PROJECT

SOURCE	AMOUNT
City of Covina	
Other Cities (Specify)	
County or State (specify)	
Federal Programs	
Contributions	
Fund Raising	
Program/Participant Fees	
Other (specify)	
(B) TOTAL ESTIMATED INCOME (should equal A)	