APPLICANT AGENCY INFORMATION

LEGAL Name of Agency:			
Physical Address:			
Organization's Website:			
Type of Organization:	☐ Non-Profit 501(c)(3) ☐ Government ☐ For-profit		
Years of Operation:			
Tax ID Number:		**Agency UEI Number:**	
Are you a Women owned, or a majority Women operated organization?	☐ Yes ☐ No ☐ Decline to state		
Are you a Minority owned, or a majority Minority operated organization?	☐ Yes ☐ No ☐ Decline to state		
If yes, please select which category or categories is most applicable.	☐ Black Americans ☐ Native Americans ☐ Hispanic Americans ☐ Asian/Pacific Americans ☐ Hasidic Jews		

Contact information of person who is responsible for follow up questions regarding this application.			
Name:		**Title:**	
Email Address:		**Phone Number:**	

Contact information of person who will be responsible for the day-to-day operations and management of the proposed project.			
Name:		**Title:**	
Email Address:		**Phone Number:**	

Contact information of person who will be responsible for signing the contract, if funds are awarded.			
Name:		**Title:**	
Email Address:		**Phone Number:**	

Agency mission statement:

PROJECT INFORMATION

Eligible Project Category: *ONLY check one (1)*	☐ Economic Development
	☐ Housing Rehabilitation
	☐ Public Facilities Improvements
	☐ Public Service
	☐ Other: _____

Proposed Project Title:		
Proposed Project Location (Address)		
Total funding requested in this application:	**$**	
Estimated Number of South Gate Beneficiaries/Units to be Served with CDBG Funds. The number of beneficiaries assisted shall be provided as an unduplicated count.		☐ ____ People ☐ ____ Households ☐ ____ Public Facilities ☐ ____ Census Tracts ☐ ____ Businesses
Estimated cost per beneficiary: *MUST PROVIDE AN ESTIMATED COST	**$**	

PROPOSED TARGET POPULATION:

Select the target population for the proposed project:	☐ Seniors	☐ Youth
	☐ Victims of Child Abuse	☐ Victims of Domestic Violence
	☐ Persons with HIV/AIDS	☐ Persons with Mental Illness
	☐ Illiterate Adults	☐ Persons with Disabilities
	☐ Households	☐ Homeless Individuals
	☐ Low to Moderate Income residents	☐ Low to Moderate Income Census Tracts
	☐ Businesses	☐ Homeowners
	☐ Renters	☐ Landlords

PROPOSED SERVICE DELIVERY METHOD:

Select the service delivery method for the proposed project:	☐ Counseling/Case Management	☐ Employment Training/Services
	☐ Shelter Services	☐ Legal Services
	☐ Medical Services	☐ Health Services
	☐ Tutoring/Homework Assistance	☐ Educational Services
	☐ Meals/Food Distribution Services	☐ Transportation Services
	☐ Child Care Services	☐ Fair Housing Services
	☐ Recreational Activities	☐ Public Safety Services
	☐ Services for Persons with Disabilities	☐ Street Improvements
	☐ Housing Rehabilitation Services	☐ Food Banks
	☐ Energy Efficiency Improvements	☐ Homebuyer Assistance
Other Service Types:	☐ Other: _____	
	☐ Other: _____	

CDBG NATIONAL OBJECTIVE COMPLIANCE

The proposed project must meet a qualifying CDBG National Objectives. The city of South Gate is looking for projects that meet the *Benefit to Low- and Moderate-Income Persons* National Objective, which means that the project will serve ONLY LOW TO MODERATE INCOME South Gate beneficiaries. There are four (4) subcategories that activities can fall under to meet this National Objective. Select **ONE** of the boxes below and explain how your proposed project will meet the National Objective benefit low- to moderate income persons, **including** how it will document this compliance.

☐ A. **Area Benefit (LMA):**

These activities benefit all residents of a primarily residential area. This means that the activity meets the needs of the LMI persons in an eligible area(s) (census tract) where at least 51% of the area residents are low- to moderate income. Please make sure to list the service census tracts in your response below.

☐ B. **Limited Clientele (LMC):**

Activities in this category benefit a specific group or persons instead of everyone in a determined area, like LMA. Agencies are required to have procedures in place to determine the eligibility of low-to moderate-income status for the household. Under this category HUD presumes that there are eight (8) groups that that are presumed to be low-income and therefore qualify for services without the need of additional income verification. These eight groups include abused children, battered spouses, senior citizens, illiterate adults, severely disabled adults, homeless, persons with HIV or AID, and migrant farm workers.

☐ C. **Housing (LMH):**

This category applies to activities that will result in housing that will be ***occupied*** by LMI households upon completion of the activity.

☐ D. **Jobs (LMJ):**

An LMI jobs activity creates or retains permanent jobs, at least 51 percent of which, on a full-time equivalent (FTE) basis, are either held by low-or moderate-income persons or considered to be available to low-or moderate-income persons.

2025 HUD Income Limits[1]

Household Size	1	2	3	4	5	6	7	8
Extremely Low Income (30%)	$31,850	$36,400	$40,950	$45,450	$49,100	$52,750	$56,400	$60,000
Very Low Income (50%)	$53,000	$60,600	$68,150	$75,750	$81,800	$87,850	$93,900	$100,000
Low-Moderate Income (80%)	$84,850	$96,950	$109,050	$121,150	$130,850	$140,550	$150,250	$159,950

[1] Incomes are updated yearly by HUD. Agencies are expected to update their income limits when new limits are released.

PROJECT DETAILS

Explain your proposed project. Include the services to be provided, program goals, target client, & how funds will be used.

Does your proposed project address an identified gap in service or current need in the community? Summarize any statistics/supporting documentation that demonstrate the importance of addressing this need or problem.

Is the proposed project a new service/activity for South Gate residents?

☐ Yes

☐ No

If the proposed project is not a new service/activity for South Gate residents, please explain how the proposed project will substantially increase the existing level of service.

Describe your marketing and outreach. How does your agency plan to inform the target population about the project/services?

Provide all the locations/addresses where beneficiaries will be able to access agency services/assistance for the proposed project.

Will the project collaborate with other service providers in the community? Yes ☐ No ☐
If yes, list them and briefly describe the collaboration.

Is a similar service provided by another organization? Yes ☐ No ☐
If yes, how will your project differ?

SCHEDULE OF PERFORMANCE

Provide a list of the specific tasks/activities needed to implement the proposed project and a timeline for their completion (July 1st to June 30th). Number each task/activity, describe it, and give the projected date of completion.

#	Task/Activity	Description	Completion Date
1			

*A*dd additional rows as needed.*

OTHER SOURCES OF FUNDS

List the other sources of funds that will be committed to the proposed project? (e.g., CDBG funding from other municipalities, grants, general fund, special funds, etc.) Pending donations or non-committed funds are not eligible.

☐ Yes, identify below
☐ No (projects relying solely on CDBG funds are ineligible)

Name of Fund	Date Awarded	Total
		$
		$
		$
		$
TOTAL OF OTHER FUNDS COMMITTED:		$

PROPOSED PROJECT BUDGET

Please use the following format to present the proposed project budget:

Column A: List the items needed to implement the project/program.
**Add additional rows as needed.*

Column B: Provide the amount of CDBG funds requested for each line item.

Column C: List the name of other funding sources committed to the proposed project. **Projects relying solely on CDBG funds are INELIGIBLE.**

Column D: Provide the total amount of other funds committed for each line item.

Column E: List the total budget amount for each line item.

Column A **Budget Item**	**Column B** ***CDBG Amount Requested***	**Column C** ***Name of other funding source***	**Column D** ***Amount of other funding committed***	**Column E** ***Total Amount***
Overhead (list job titles below)	Salaries			
	$		$	$
	$		$	$
	$		$	$
	$		$	$
*Contract Services:	$		$	$
TOTAL PERSONNEL BUDGET:	**$**		**$**	**$**
Rent/Lease:	$		$	$
Supplies:	$		$	$
Utilities:	$		$	$
Equipment:	$		$	$
*Professional Services:	$		$	$
Printing:	$		$	$
Admission/Enrollment:	$		$	$
*Other:	$		$	$
*Other:	$		$	$
*Other:	$		$	$
*Other:	$		$	$
TOTAL NON-PERSONNEL BUDGET:	**$_____**		**$_____**	**$_____**
TOTAL PROJECT BUDGET FOR:	**Column B** **$_____**		**Column D** **$_____**	**Column E** **$_____**

***provide detail(s)**

AGENCY CAPACITY

Provide a list of duties for each personnel listed in the proposed program budget.
☐ If not applicable, check box.

Job Title	Duties

Briefly highlight your agency's experience and major accomplishments in providing services to low to moderate income City residents and/or communities.

Will your agency still implement this project should CDBG funds not be awarded? Please explain.
Yes ☐ No ☐

ADDITIONAL QUESTIONS FOR NON-CITY APPLICANTS

☐ If a government agency, check box

	Check answer in the applicable box below:	YES	NO
1.	The applicant is incorporated as a Non-Profit organization and currently has exempt status 501(c)(3) of the IRS Code and 2370(d) of the California Code?	☐	☐
2.	The applicant has maintained its California Tax-Exempt Non-Profit Corporation status by filing the appropriate documents:		
	a) IRS Form 990?	☐	☐
	b) California Franchise Tax Board Form 199?	☐	☐
	c) Articles of Incorporation organized under the Nonprofit Public Benefit Corporation Law?	☐	☐
	d) Date Articles of Incorporation filed with the Secretary of State? (mm/dd/yyyy)		
3.	All necessary licenses required to operate are maintained?	☐	☐
4.	Worker's Compensation Insurance is active and current?	☐	☐
5.	General Liability and Property Damage Insurance is active and current?	☐	☐
6.	Recent audited financials?	☐	☐

CONFLICT OF INTEREST QUESTIONNAIRE

Federal, State, and City law prohibits employees and public officials of the City of South Gate from participating on behalf of the City in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant for CDBG funding. The purpose of this questionnaire is to determine if the applicant, it's staff, or any of the applicant's Board of Directors would be in conflict of interest.

1. Is there any member(s) of the applicant's staff or governing body who is currently or has/have been within one year of the date of this application a City employee, consultant, or member of the City Council, Citizens Advisory Committee and/or a City Committee?

☐ No
☐ Yes If yes, list the name(s) and affiliation below:

Name of Person	Job Title	Indicate: City Employee; City Council Member; or CAC Member	Identify City Department

2. Will the CDBG funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who is currently or has/have been within one year of the date of this application a City employee, consultant, or member of the City Council, Citizens Advisory Committee and/or a City Committee?

☐ No
☐ Yes If yes, list the name(s) and affiliation below:

Name of Person	Job Title	Indicate: City Employee; City Council Member; or CAC Member	Identify City Department

3. Is there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of a City employee, consultant, or member of the City Council, Citizens Advisory Committee and/or City Committee?

☐ No
☐ Yes If yes, please identify the City employee or Council member with whom each individual has family or business ties.

Name of Member	Indicate: City Employee; City Council Member; or CAC Member	Indicate Type of Tie (Family or Business)	If Family, Indicate Relationship

If you have answered "YES" to any of the questions listed in this form, the CDBG Program Office, alongside the City Attorney's Office, will need to determine whether a real or apparent conflict of interest exists.

AGENCY CERTIFICATION

The undersigned hereby acknowledges and confirms submittal of an application to the FY 2026-27 CDBG Program and certifies that, to their best knowledge and belief, all factual information provided is true and correct.

_____ _____

Name of Authorized Representative **Title**

_____ _____

Signature of Authorized Representative **Date**

NOTE: City sponsored projects must have department director's signature.