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:**	

Contact information of person who will be responsible for the oversight of the proposed project:			
Name and Title:			
Mailing Address:			
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 and Title:			
Mailing Address:			
Email Address:		**Phone Number:**	

Agency mission statement:

PROJECT INFORMATION

Proposed Project Title:	
Total funding requested in this application:	$
Proposed project will serve:	☐ Units ☐ Inspections ☐ Square Feet ☐ Census Tracts ☐ Public Facilities
Estimated number of units anticipated to be completed with grant funds:	Number of Units: Number of Square Feet: Number of Inspections: LMI Census Tracts: ☐ attach list of census tracts

Is there a recognized boundary for the area served, such as census tracts, block groups, neighborhoods, street boundaries, etc.?

☐ Yes. If yes, please describe boundaries below.
☐ No

Will a fee be charged to use the facility/improvement?

☐ Yes. If yes, attach a copy of the fee schedule.
☐ No

CDBG NATIONAL OBJECTIVE COMPLIANCE

The proposed project must meet one (1) of HUD's CDBG National Objectives listed below. Select the box to indicate the national objective this project will meet. **ONLY ONE (1) objective is allowed per project.*

☐ 1. **Benefits Low to Moderate Income INDIVIDUALS:**

The project will serve ONLY LOW TO MODERATE INCOME South Gate residents. Agencies must collect a beneficiary application form, proof of residence, identification, household income verifications and document demographic information for each applicant.

Note: The following groups are presumed by HUD to be low to moderate income: abused children, elderly persons (55 years or older), battered spouses, homeless persons, adults meeting the Census definition of severely disabled, illiterate adults, persons living with AIDS, and migrant farm workers. If projects serve a presumed group, agencies are NOT required to collect household income verifications but must collect a beneficiary application form, identification, proof of residence and document demographic information for each applicant.

☐ ~~2. **Aid in the Prevention/Elimination of Slum or Blight:**~~

~~Services must be within an officially DESIGNATED AREA (ex. census tract) as defined under State or local law and address one or more of the conditions that contribute to the deterioration of the area.~~

☐ ~~3. **Urgent Community Needs:**~~

~~Meeting other community needs having a PARTICULAR URGENCY because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available to meet such needs. For example, earthquake, fire, natural disaster, etc.~~

PROJECT DETAILS

Explain your proposed project and make the case why it should be awarded funding. Include the services to be provided, program goals, client characteristics and how grant funds will be utilized.

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. Refer to the CDBG Priority Need List provided in the Application Handbook.

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. Include all relevant information, such as service hours, type of space: office, community room, class room, community park, etc.

Will the project collaborate with other service providers in the community?

☐ Yes. If yes, list them and briefly describe the collaboration.
☐ No

Is a similar service provided by another organization?

☐ Yes. If yes, how will your project differ?
☐ No

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			

NOTE
Add 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. If yes, identify below.
☐ No. Projects relying solely on CDBG funds are ineligible.

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

REMINDER
List these sources of funds in the proposed project budget (page 8, column C & D)

PROPOSED PROJECT BUDGET

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

Column A	List the items for which the project anticipates the need for CDBG Funds. *Refer to 2 CFR Part 200 subpart E for eligible costs*. *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***
Personnel (list job titles below)	Salaries			
	$		$	$
	$		$	$
	$		$	$
	$		$	$
Contract Services:	$		$	$
TOTAL PERSONNEL BUDGET:	**$**		**$**	**$**
Soft Costs	$		$	$
Hard Costs	$		$	$
Materials	$		$	$
Equipment	$		$	$
Services	$		$	$
Renovation/Construction	$		$	$
Maintenance	$		$	$
Other:	$		$	$
Other:	$		$	$
Other:	$		$	$
Other:	$		$	$
TOTAL NON-PERSONNEL BUDGET:	**$**		**$**	**$**
TOTAL PROJECT BUDGET FOR:	**Column B** **$**		**Column D** **$**	**Column E** **$**

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?

☐ Yes**.** If yes, please explain below.
☐ No

LEGAL REQUIREMENTS FOR NON-CITY APPLICANTS

☐ If a government agency, check box. (the following requirements are not applicable to government agency applicants)

	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?	☐	☐

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, its 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, and/or a City Committee?

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

Name of Person	Job Title	Indicate: City Employee; City Council Member; or Committee 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, and/or a City Committee?

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

Name of Person	Job Title	Indicate: City Employee; City Council Member; or Committee 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, and/or City Committee?

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

Name of Member	Indicate: City Employee; City Council Member; or Committee 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 a response to the FY 2027-2028 RFP/CDBG Program and certifies that, to his/her 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.