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 will be responsible for the oversight of the proposed project:			
Name:		**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:		**Title:**	
Mailing Address:			
Email Address:		**Phone Number:**	

Agency mission statement:

PROJECT INFORMATION

Eligible Project Category: *ONLY check one (1)*	☐ Public Service
	☐ Economic and Community Development
	☐ Housing Rehabilitation

Proposed Project Title:	
Total funding requested in this application:	**$**
Estimated cost per beneficiary: *MUST PROVIDE AN ESTIMATED COST	**$**
Estimated number of beneficiaries to be served with grant funds (July 1st – June 30th). The number of beneficiaries assisted shall be provided as an unduplicated count.	**=**

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:		

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 addresses 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 below 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.

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, classroom, community park, etc.

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:		**$**

REMINDER

List these sources of funds in the proposed project budget (page 7, column C & D).

PROPOSED PROJECT BUDGET FY 2027-2028

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

Column A: List the items needed to implement the project/program.
**Refer to 2 CFR Part 200 Subpart E for eligible costs in the CDBG application handbook*
**Add additional rows as needed.*

Column B: Provide the amount of CDBG funds requested for each line item.
**Refer to 2 CFR Part 200 Subpart E for eligible costs in the CDBG application handbook*

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 Titles	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 ☐ No ☐
If yes, please explain.

LEGAL REQUIREMENTS FOR NON-CITY APPLICANT AGENCIES

☐ 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?	☐	☐

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?

☐ Yes ☐ No 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?

☐ Yes ☐ No 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?

☐ Yes ☐ No 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 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.