



CITY OF PICO RIVERA

APPLICANT AGENCY INFORMATION

Legal Name of Agency:			
Physical Address:			
Organization's Website:			
Type of Organization:	<input type="checkbox"/> Non-Profit 501(c)(3)	<input type="checkbox"/> Government	<input type="checkbox"/> For-profit
Years of Operation:			
Tax ID Number:		Agency UEI Number:	

Are you a Women owned, or a majority Women operated organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Decline to State
Are you a Minority owned, or a majority- Minority operated organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Decline to State
Select the category that best describes the agency's owner or majority board of directors.	<input type="checkbox"/> Black American(s)	<input type="checkbox"/> Native American(s)	<input type="checkbox"/> Hispanic American(s)
<small>Information is collected for funding reporting purposes only.</small>	<input type="checkbox"/> Asian/Pacific American(s)	<input type="checkbox"/> Hasidic Jew(s)	<input type="checkbox"/> Not Applicable

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

Agency Mission Statement:

PROJECT INFORMATION

Project Category: <i>ONLY Check One (1)</i>	<input type="checkbox"/> Public Service <input type="checkbox"/> Economic Development <input type="checkbox"/> Housing Rehabilitation <input type="checkbox"/> Public Facilities Improvements <input type="checkbox"/> Other: _____
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Proposed Project Title:	
Proposed Project Location (Address):	
Total CDBG Funding Requested:	\$ _____
Estimated Number of <u>Pico Rivera</u> Beneficiaries/Units to be Served with CDBG Funds. The number of beneficiaries assisted shall be provided as an unduplicated count.	<input type="checkbox"/> _____ People <input type="checkbox"/> _____ Households <input type="checkbox"/> _____ Public Facilities <input type="checkbox"/> _____ Census Tracts <input type="checkbox"/> _____ Businesses
Estimated Cost per Beneficiary: *Must provide an estimated cost	\$ _____
Will Participants be Charged for Services/Use of Facilities?	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____

PROPOSED TARGET POPULATION:

Select the target population for the proposed project:	<input type="checkbox"/> Seniors <input type="checkbox"/> Victims of Child Abuse <input type="checkbox"/> Persons with HIV/AIDS <input type="checkbox"/> Illiterate Adults <input type="checkbox"/> Households <input type="checkbox"/> Low to Moderate Income residents <input type="checkbox"/> Businesses <input type="checkbox"/> Renters	<input type="checkbox"/> Youth <input type="checkbox"/> Victims of Domestic Violence <input type="checkbox"/> Persons with Mental Illness <input type="checkbox"/> Persons with Disabilities <input type="checkbox"/> Homeless Individuals <input type="checkbox"/> Low to Moderate Income Census Tracts <input type="checkbox"/> Homeowners <input type="checkbox"/> Landlords
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PROPOSED SERVICE DELIVERY METHOD:

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

CDBG NATIONAL OBJECTIVE COMPLIANCE

The proposed project must meet a qualifying CDBG National Objectives. The city of Pico Rivera is accepting applications that meet the *Benefit to Low- and Moderate-Income Persons* National Objective, which means that the project will serve ONLY LOW TO MODERATE INCOME Pico Rivera residents. There are four (4) subcategories that activities can fall under to meeting 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.

2024 HUD Income Limits¹

Household Size	1	2	3	4	5	6	7	8
Extremely Low Income (30%)	\$29,150	\$33,300	\$37,450	\$41,600	\$44,950	\$48,300	\$51,600	\$54,950
Very Low Income (50%)	\$48,550	\$55,450	\$62,400	\$69,350	\$74,900	\$80,450	\$86,000	\$91,550
Low-Moderate Income (80%)	\$77,700	\$88,800	\$99,900	\$110,950	\$119,850	\$128,750	\$137,600	\$146,500

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

PROJECT DETAILS

1. Provide a detailed description of your proposed project. Include the services to be provided, program goals, target clients, and how grant funds will be utilized.

2. Is a similar service provided by another organization in the area? Yes No

3. Does your proposed project address an identified gap in service or current need in the community? If so, summarize any statistics/supporting documentation that demonstrate how your proposed project addresses this gap or need.

4. Describe your agency's outreach strategy. How does your agency plan to inform the target population about the project/services?

5. Provide all the locations/addresses/service areas for the project. Be as specific as possible; include where participants will receive services, if project is restricted to certain census tracts, please list these tracts.

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

Yes. If yes, list them and briefly describe the collaboration.

No

7. Is the proposed project a new service/activity for Pico Rivera residents?

Yes

No

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

8. Describe how your agency currently tracks performance measures and accomplishments, including indicators, methods, databases, and/or reports used.

9. Does your agency have an intake process?

Yes. If yes, describe that process in detail. Please also include the types of information and source documents collected.

No. If not, please describe how your agency will collect eligibility and reporting information, including participant demographics, income, source documents, etc.

OTHER SOURCES OF FUNDS

11. 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:		\$

PROPOSED PROJECT BUDGET

12. Use the following format to present the proposed project budget. Please note that the use of CDBG funds should be in direct relation to the scope of work. Funds requested through CDBG should be utilized to provide a direct benefit or service to low or moderate-income residents of Pico Rivera. Adequate documentation must be provided by the organization to support the costs associated with the services provided when submitting invoices. **Projects relying solely on CDBG funds are INELIGIBLE.**

Column A	Column B	Column C
Budget Item	Calculation/Description	CDBG Budget Amount
Personnel (List Names and Titles)	Provide the hourly rate or salary and percentage or number of hours that will be dedicated to the proposed project.	Enter the CDBG Requested Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Fringe Benefits (List Individual Costs)		
		\$
		\$
		\$
		\$
TOTAL PERSONNEL BUDGET:		\$
Operating Costs	Provide description of the costs and percentage to be charged to the proposed project.	Enter the CDBG Requested Amount
Rent/Lease		\$
Supplies		\$
Utilities		\$
Equipment		\$
Printing		\$
Other:		\$
Other:		\$
Other:		\$
Other:		\$
Other:		\$
TOTAL OPERATING COSTS BUDGET:		\$
TOTAL PROPOSED PROJECT BUDGET:		\$

AGENCY CAPACITY

13. Provide a list of duties for each personnel listed in the proposed program budget.

If not applicable, check the box.

Job Title	Duties

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

15. Will your agency still implement this project should CDBG funds not be awarded? Please provide an explanation of your response.

Yes

No

LEGAL REQUIREMENTS FOR NON-CITY APPLICANTS

16. 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?	<input type="checkbox"/>	<input type="checkbox"/>
2.	The applicant has maintained its California Tax-Exempt Non-Profit Corporation status by filing the appropriate documents:		
	a) IRS Form 990?	<input type="checkbox"/>	<input type="checkbox"/>
	b) California Franchise Tax Board Form 199?	<input type="checkbox"/>	<input type="checkbox"/>
	c) Articles of Incorporation organized under the Nonprofit Public Benefit Corporation Law?	<input type="checkbox"/>	<input type="checkbox"/>
	d) Date Articles of Incorporation filed with the Secretary of State? (mm/dd/yyyy)		
3.	All necessary licenses required to operate are maintained?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Worker's Compensation Insurance is active and current?	<input type="checkbox"/>	<input type="checkbox"/>
	Name of Insurance: _____ Coverage Amount: _____ Expiration Date: _____		
5.	General Liability and Property Damage Insurance is active and current?	<input type="checkbox"/>	<input type="checkbox"/>
	Name of Insurance: _____ Coverage Amount: _____ Expiration Date: _____		

CONFLICT OF INTEREST QUESTIONNAIRE

17. Federal, State, and City law prohibits employees and public officials of the City of Pico Rivera 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.

17a. 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, 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

17b. 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

17c. Are 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, may need to determine whether a real or apparent conflict of interest exists.

AGENCY CERTIFICATION

The undersigned hereby acknowledges and confirms submittal of their application to the Pico Rivera FY 2025-26 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 the department director's signature.