

County of Riverside

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Fax (951) 955-2194



DISTRICT OFFICE/MAILING OFFICE:
78-015 Main Street, Ste. 205
La Quinta, CA 92253
(760) 863-8211
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SUPERVISOR V. MANUEL PEREZ FOURTH DISTRICT

Community Improvement Designation Funds application process for Fiscal Year 2024-25.

Each application will be reviewed by Supervisor Perez's staff. An interview may be necessary for clarification of information on the application.

POLICY

The Riverside County Board of Supervisors established the CID fund grant program in Fiscal Year 2005-06. The purpose of the funds is to support valuable services and projects addressing needs in communities across Riverside County. Each member of the Board of Supervisors has an approved CID allocation to be spent in their respective district. Each district may establish its own criteria for selecting recipients of the discretionary CID funding.

The number and variety of funding requests have increased over the years and the annual CID funding allocation has been reduced significantly. In order to provide guidance to those groups and organizations that may wish to request funds, guidelines and policies have been prepared for the allocation of funds.

Applying for CID funds does not ensure that the request will be granted. In the Fourth District, only organizations and activities that directly benefit the residents of the Fourth District and fall in one of the following three areas of focus will be considered:

- Veterans Services
- Cultural Arts & Exchange
- Juvenile Justice

ELIGIBILITY CRITERIA

- The project/program **must** be located in the Fourth District and benefit its residents.
- The project/program **must** fall in one of the three areas of focus.
- The program/project should demonstrate future financial sustainability. Continuous funding from this source is not possible.
- Funding is limited. Applicants are asked to be realistic about the amount requested.
- Organization must have 501(c)(3) status.
- Organizations may only submit one application per fiscal year.

The organization will be required to include on the application the following information:

- List of major contributors or partners; collaboration is encouraged.
- List of the applicant organization's Board of Directors/Trustees (names and professional affiliations).
- Proof that the applicant organization is tax exempt or able to accept a charitable donation.



County of Riverside

Community Improvement Designation (CID) Fund 2024/2025 Grant Request Application



APPLYING FOR CID WITH THE FOLLOWING DISTRICT(S):

CID \$5,000 MAX REQUEST

ARPA \$10,000 MAX REQUEST

District 1 \$ _____

District 2 \$ _____

District 3 \$ _____

District 4 \$ _____

District 5 \$ _____

Section 1 - GRANT CATEGORY – Fourth District Areas of Focus

<input type="checkbox"/> Veterans Services	<input type="checkbox"/> Cultural Arts & Exchange	<input type="checkbox"/> Juvenile Justice	<input type="checkbox"/> ARPA
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Section 2 - ORGANIZATION INFORMATION

1. Legal Name of Applicant Organization or Sponsoring Organization:			
2. Street Address:			
3. City:		4. Zip:	
5. Mailing Address:			
6. City:		7. Zip:	
8. Website:	9. Telephone:		10. Fax:
11. Executive Director/CEO (name and title):		12. Email Address:	
13. Board Chair/President:		14. Email Address:	
15. Contact Person for grant application (name and title):		16. Email Address:	

17. Number of paid staff:	18. Number of Volunteers:	19. Year Organization founded:
20. Geographic area(s) served:		

Section 3 – APPLICANT ORGANIZATION CLASSIFICATION (check one box):

21. Type of Organization:	
<input type="checkbox"/>	Non Profit (IRS 501 designated) – <i>Attach IRS Form 990</i>
<input type="checkbox"/>	For Profit entities – <i>Include Federal Identification Number:</i>
<input type="checkbox"/>	Community Organization- <i>fill out the attached Schedule A</i>
<input type="checkbox"/>	Government Agency
<input type="checkbox"/>	Other – <i>Please explain and fill out the attached Schedule A</i>

Section 4 – NAME and TYPE of PROJECT or PROGRAM:

	Y	N
22. Is this a Program request (i.e., a long-term, ongoing service or activity)?		
23. Is this a Project (i.e., a short-term, time limited activity, service or event)?		
24. If a Project - is this grant request for the sponsorship for a special event?		
25. What is the name of this Program or Project?		
26. Would your organization be interested in being spotlighted in a District Newsletter or Website?		

Section 5 – BUDGET (Complete Items 27-38)

Line Items	Revenues	Expenses
27. Amount of money requested from the CID Fund	\$	
28. Cash contributed to Project or Program by Applicant Organization	\$	
29. Other funding already awarded	\$	
30. In-Kind Match Amount or Volunteer Credit Hours	\$	
31. Staffing expense for Project/Program		\$
32. Equipment expense for Project/Program		\$
33. Food expense for Project/Program		\$
34. Marketing expense for Project/Program		\$
35. Supplies expense for Project/Program		\$

36. Facilities/Rent expense for Project/Program		\$
37. Other expense for Project/Program		\$
38. TOTAL Note: revenues & expenses should equal or balance	\$	\$

In addition to completing Section 5 (Line Items 27-38), please attach the organization's project/program budget.

Section 6 – PROJECT or PROGRAM DESCRIPTION:

39. Please describe the <u>history</u> and <u>mission</u> of applicant organization.
40. Provide the number of years the organization has been in existence. Also describe the <u>problem</u> or <u>need</u> that drives this grant request and summarize the organization's <u>efforts</u> and <u>outcomes</u> in the community.
41. Please provide a <u>clear and thorough description</u> of the <u>project of program</u> . Include a physical address of the project or program.

42. Include whether it is an A) existing program and how long it has been in operation, B) a newly developed program and when it began or C) if the program is not in existence yet, when it is expected to start?

43. Please describe the target population(s) and number of people who would benefit.

44. How does your agency identify and reach the target population(s) of the project or program?

45. Please describe how financial sustainability would be achieved for this service/activity beyond the life of this grant request.

46. Please describe how you will evaluate or measure the success of this grant request.

47. Describe any other funding needed to complete this effort, how you will secure it, status of each request (e.g. fully funded, partially funded or pending).

48. Please list the names and describe the roles of key organizations or agencies that will collaborate with your organization to implement this program or project.

49. Has your organization received Community Improvement Designation funds in the past four years? From which district(s)? Amount? Please indicate the date received.

50. Specifically state what the CID Funds will be spent on.

Submit applications to:

DISTRICT 4

Supervisor V. Manuel Perez
Riverside County, Fourth District
Attn: Esmeralda Perez
78-015 Main Street, Ste. 205
La Quinta, CA 92253
Phone: 760-863-8211
Fax: 760-863-8905
Email: esperez@rivco.org



County of Riverside

Community Improvement Designation (CID) Fund



SCHEDULE A

COMPLETE THIS FORM UNLESS YOU ARE A NON-PROFIT AND ARE ATTACHING IRS FORM 990

Registration Number: _____ (Non-Profit Only)

FINANCIAL STATEMENTS:

PLEASE ATTACH COPIES OF THE ORGANIZATION’S CURRENT BUDGET, TREASURER’S REPORT, FINANCIAL STATEMENTS AND FOOTNOTES (it does not require a CPA’s audit, but please submit if available). However, if financial statements are not available, this page must be completed.

Balance Sheet as of _____

<u>Assets</u>	<u>Liabilities & Fund Balance</u>
Cash and Investments \$ _____	Current Payables \$ _____
Receivables (detail) _____	Notes Payable _____
Inventory _____	Fund Balance _____
Fixed Assets _____	
Other Assets _____	
Total Assets \$ _____	Total Liabilities & Fund Balance \$ _____

End of the year income statement for the immediate past year.

<u>Income</u>	<u>Expenses</u>
Fundraising \$ _____	Salaries \$ _____
(Sources) _____	Operating Expenses _____
Foundation Grants _____	Community Services _____
Government Funds _____	National/Parent Organization Fees _____
Other Grant _____	
Other Sources _____	Other Expenses _____
Total Income \$ _____	Total Expenses \$ _____
Net Income (deficit) \$ _____	



County of Riverside

Community Improvement Designation (CID) Fund

Grant Request Application



SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

- Please refer to the individual district’s Instructions for information on pre-application requirements, submittal deadlines, and payment disbursement requirements.
- Every CID application is considered individually and on its own merit.
- Preference will be given to organizations and activities that directly benefit the residents of the Fourth District.
- Funding is not immediately available to the recipient; please allow time for checks to be processed
- The awarding of CID funds does not constitute an automatic annual allocation.
- The recognition for CID funding should accrue to the County of Riverside. It is acceptable for a Supervisor to lend their name in support to the cause for which CID funding is provided. Please consult the individual district for direction.
- CID funds must be spent as specified on the application and records may be requested by the Board of Supervisors or their designee to ensure the funds were used appropriately.
- CID grants will not be awarded or announced within the 60 days before an election in which the awarding Supervisor is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. All awards require a report back on how the money was spent within 60 days of the utilization of the funds. If the award is not entirely spent in the fiscal year it was awarded and over \$5,000, a report shall be submitted annually until the funds have been exhausted. The recipient shall return to the county any funds not spent or documented per the signed agreement

I/We declare under penalty of perjury that the foregoing is correct. I/We also acknowledge, understand, and will abide by the statements listed above.

Prepared by:

Name and Title (Please print or type):

Signature:

Executive Director/CEO:

Signature:

Organization Name:

Mailing Address of Organization:

Telephone number:

Date: