



County of Riverside District 1



Community Improvement Designation (CID) Fund Grant Request Application-Governmental Organizations

APPLYING FOR CID WITH THE FOLLOWING DISTRICT(S):

- District 1 \$ _____
- District 2 \$ _____
- District 3 \$ _____
- District 4 \$ _____
- District 5 \$ _____

Section 1 - APPLICANT INFORMATION

1. Legal Name of Applicant Organization or Sponsoring Organization:		
2. Mailing Address:		
3. City:	4. Zip:	5. Telephone:
6. Website:		7. Fax:
8. Contact Person (name and title) for this Grant Request:		9. Contact Person's Email Address:
10. Number of paid staff:	11. Number of Volunteers:	12. Year Organization founded:
13. Geographic area(s) served:		

Section 2 – APPLICANT ORGANIZATION CLASSIFICATION (check one box):

14. Type of Organization:	
<input type="checkbox"/>	Non Profit (IRS 501 designated) – <i>Attach IRS Form 990 or fill out the attached Schedule A</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 3 – NAME and TYPE of PROJECT or PROGRAM:

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

Section 4 – BUDGET

Line Items	Revenues	Expenses
20. Amount of money requested from the CID Fund	\$	
21. Cash contributed to Project or Program by Applicant Organization	\$	
22. Other funding already awarded (specify amounts on list provided on Section 5, Item 32. F)	\$	
23. In-Kind Match Amount or Volunteer Credit Hours Amount	\$	
24. Staffing expense for Project/Program		\$
25. Equipment expense for Project/Program		\$
26. Food expense for Project/Program		\$
27. Marketing expense for Project/Program		\$
28. Supplies expense for Project/Program		\$
29. Facilities/Rent expense for Project/Program		\$
30. Other expense for Project/Program		\$
31. TOTAL Note: revenues & expenses should equal or balance	\$	\$

Section 5 – PROJECT or PROGRAM DESCRIPTION:

32. Using a **12-point font** and on **no more than two single-spaced typed pages** please elaborate on the following eight considerations in relation to this grant request:

- A. Please describe the **history** and **mission** of applicant organization;
- B. Please provide a **brief description** of the **project** or **program** and include a **specific description** of what the money will be used for. Include a physical address of the project or program;

- C. Please describe the **problem or need** that drives this grant request and the **intended outcome(s)** that will result if this grant request is funded;
- D. Please describe the **target population(s)** and **number of people** who would benefit;
- E. If this is an ongoing Program, please describe how **financial sustainability would be achieved** for this service/activity beyond the life of this grant request;
- F. Please describe how you will **evaluate or measure** the impact of this grant request;
- G. 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; and
- H. Has your organization received Community Designation Funds in the past four years? From which district(s)? Amount? Please indicate the specific project name, start/finish dates, and break down of how funds were spent.
- I. Explain how the funding benefits constituents of the First District.

Submit application to:

DISTRICT 1

Supervisor Kevin Jeffries
Riverside County, First District
Attn: Robin Reid
4080 Lemon Street, 5th Floor
P.O. Box 1527
Riverside, CA 92502-1527
Phone: 951-955-1010
Fax: 951-955-1019
Email: District1@rcbos.org



County of Riverside

Community Improvement Designation (CID) Fund

Grant Request Application



SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

- CID applications are classified as a public record, and may be subject to requests for copies by the media, the public or any other interested parties.
- 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 First District.
- Funding is not immediately available to the recipient; please allow 8 weeks for processing from date of submission.
- The awarding of CID funds does not constitute an automatic annual allocation.
- CID recipients are not permitted to use Supervisor Jeffries' name or likeness in promotion of their events or activities unless otherwise specifically authorized by this office (e.g. if he is speaking at the event and needs to be listed on the agenda).
- 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 also acknowledge, understand, and will abide by the statements listed above.

Prepared by:

Name and Title (Please print or type):

Signature:

President or Authorized Officer:

Signature:

Organization Name:

Mailing Address of Organization:

Telephone number:

Date: