



**COUNTY OF RIVERSIDE • FIRST DISTRICT**  
**Fiscal Year 2013-14**  
**COMMUNITY IMPROVEMENT DESIGNATION FUND APPLICATION**

*(please print or type)*

Name of Organization: \_\_\_\_\_

Is this for :  An Event, Date: \_\_\_\_\_  Project  Other : \_\_\_\_\_

Amount Requested from 1<sup>st</sup> District: \$ \_\_\_\_\_ Total Project Budget: \_\_\_\_\_

Are you requesting from another Supervisors office? If so, who & how much? \_\_\_\_\_ \$ \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Date: \_\_\_\_\_ End Date (if applicable): \_\_\_\_\_ Project location: \_\_\_\_\_

**ORGANIZATIONAL DATA:**

Contact Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Number of Paid Staff: \_\_\_\_\_ Number of Volunteers: \_\_\_\_\_ Year Organization Founded: \_\_\_\_\_

Geographic Area(s) Served: \_\_\_\_\_

Indicate the Specific address you will provide the service from: \_\_\_\_\_

Is your organization:

Non Profit (**Attach IRS Form 990**)

Community Organization

Would your organization be interested in being spotlighted in a future Jeffries Journal newsletter? YES \_\_\_\_\_ NO \_\_\_\_\_

Government Agency

Other, Please Explain \_\_\_\_\_

If your organization is a For Profit entity:

Federal identification number \_\_\_\_\_



## MISSION STATEMENT

Describe the goals and objectives of your organization? Where the services are provided? How does your organization benefit the First District?



## PROJECT DESCRIPTION

How will your organization use the funding awarded? Describe the project, project objectives, who & how many are expected to be served, area serviced, and number of volunteers involved. **Be specific.** Include equipment or services that would be purchased and why. Include a detailed budget and schedule of significant activities related to this project. You may attach a maximum of one double-spaced typewritten page of information. (Please type or print legibly.)



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Has your organization received Community Improvement Designation Funds in the past? From which district(s)? Amount? Please indicate below, **specific project name, start/finish dates, break down of how funds were spent.**

**Explain how the funding/project benefits the constituents of the First District:**



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**SIGNATURE PAGE**

**We hereby certify the information contained in this application is true to the best of our knowledge and belief.**

*Prepared By:*

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NAME and TITLE (Please print or Type)

(Signature)

*President or  
Authorized Officer:*

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NAME and TITLE (please print or type)

(Signature)

*Organization:*

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(Organization Name)

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(Mailing Address of Organization)

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Telephone Number

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Date

**NOTE:**

- **Every CID application is considered individually and on its own merit.**
- **The awarding of CID funds does not constitute an automatic annual allocation.**
- **Grant applications must be submitted to the Supervisor's office no later than 8 weeks before payment would be needed.**
- **Our office will not award or announce CID grants Sixty (60) days leading up to an election for the First District Supervisor.**

**Mail or Deliver to:**

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

If you have any questions about this application and before using Supervisor Jeffries as an advertised sponsor, please contact Robin Reid at (951) 955-1010