COUNTY OF RIVERSIDE

District Office: French Valley
37600 Sky Canyon Drive, #505
Murrieta, CA 92563
(951) 955-1030 – Fax (951) 955-2194

Robyn Brock, Chief of Staff
E-Mail: D3Email@rivco.org
www.SupervisorChuckWashington.com

Riverside Office:
4080 Lemon Street, 5th Floor
Riverside, CA. 92501

French Valley Office:
37600 Sky Canyon Drive,
#505 Murrieta, CA. 92563

Supervisor Chuck Washington
Third District

Community Improvement Designation Funds application process for Fiscal Year 2023-24.

Each application will be reviewed by Supervisor Washington's office. 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.

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 Third District, only organizations and activities that directly benefit the residents of the Third District will be considered.

ELIGIBILITY CRITERIA

- The project/program **must** benefit the Third District residents.
- 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.

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
2023/2024 Grant Request Application

APPLYING FOR CID WITH THE FOLLOWING DISTRICT(S)

District 1 ☐ _____

District 2 ☐ $_____

District 3 ☐ $_____

District 4 ☐ $_____

District 5 ☐ $_____

Section 1- 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 2 – <u>APPLICANT ORGANIZATION CLASSIFICATION (check one box):</u>

21. Type of Organization:
Non Profit (IRS 501 designated) – *Attach IRS Form 990*
For Profit entities – *Include Federal Identification Number:*
Community Organization- *fill out the attached Schedule A*
Government Agency
Other – *Please explain and fill out the attached Schedule A*

Section 3 – <u>NAME and TYPE of PROJECT or PROGRAM:</u>

	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 4 – <u>BUDGET</u> (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 5 – <u>PROJECT or PROGRAM DESCRIPTION:</u>

39. Please describe the history and mission of applicant organization.

40. Provide the number of years the organization has been in existence. Also describe the <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 or 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 <u>target population(s)</u> and <u>number of people</u> who would benefit.

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

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

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

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

48. Please <u>list the names</u> and <u>describe the roles</u> 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.

51. Specifically, state what locations throughout the 3rd district and (where applicable) Riverside County, you will serve with the CID Funds.

Submit applications to:

DISTRICT 3
Supervisor Chuck Washington
Riverside County, Third District
Attn: Claudia Maunz McLellan
37600 Sky Canyon Drive, Suite #505
Murrieta, CA 92563
Phone: (951) 955-1032
Fax: (951) 955-2194
Email: CMaunz@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 _____

Assets		Liabilities & Fund Balance	
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.

Income		Expenses	
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 Third 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 must provide a full accounting grant evaluation (with documentation) on the use of awarded funds. **All awards require a report back on how the money was spent within <u>60 days</u> 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 must be submitted annually until the funds have been exhausted. The recipient must 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.

NOTE: BY SIGNING THIS DOCUMENT THE GRANT RECIPIENT AGREES TO SUBMIT THE REQUIRED <u>GRANT EVALUATION</u> IN COMPLIANCE WITH THE TERMS WRITTEN ABOVE. APPLICANTS WHO FAIL TO COMPLY WILL BE INELIGIBLE FOR FUTURE CID GRANT FUNDS.

Prepared by:

Name and Title (Please print or type):	Signature:
Executive Director/CEO:	Signature:
Organization Name:	
Mailing Address of Organization:	
Telephone number:	Date: