



County of Riverside
Community Improvement Designation (CID) Fund
2022/23 Grant Request Application
Fifth District



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	\$	
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**. 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 project benefits the constituents of the fifth district.

Submit applications to:

DISTRICT 5

Supervisor Yxstian Gutierrez
Riverside County, Fifth District
4080 Lemon Street, 5th Floor
P.O. Box 1645
Riverside, CA 92502
Phone: 951-955-1050
Fax: 951-955-9030
Email: District5-CID@rivco.org

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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

Cash and Investments \$ _____
Receivables (detail) _____
Inventory _____
Fixed Assets _____
Other Assets _____
Total Assets \$ _____

Liabilities & Fund Balance

Current Payables \$ _____
Notes Payable _____
Fund Balance _____

Total Liabilities &
Fund Balance \$ _____

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

Income

Fundraising \$ _____
(Sources) _____
Foundation Grants _____
Government Funds _____

Other Grant _____
Other Sources _____
Total Income \$ _____
Net Income (deficit) \$ _____

Expenses

Salaries \$ _____
Operating Expenses _____
Community Services _____
National/Parent
Organization Fees _____

Other Expenses _____
Total Expenses \$ _____



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 awarding district.
- Funding is not immediately available to the recipient; please allow time for checks to be processed and refer to the awarding District(s)' website for disbursement requirements.
- 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:

President or Authorized Officer:

Signature:

Organization Name:

Mailing Address of Organization:

Telephone number:

Date:

Last update: 06/30/22