



# County of Riverside

## Community Improvement Designation (CID) Fund 2018/19 Grant Request Application



**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):**

<b>14. Type of Organization:</b>	
	Non Profit (IRS 501 designated) – <i>Attach IRS Form 990 or fill out the attached Schedule A</i>
	For Profit entities – <i>Include Federal Identification Number:</i>
	Community Organization- <i>fill out the attached Schedule A</i>
	Government Agency
	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 <b>Program</b> request (i.e., a long-term, ongoing service or activity)?		
16. Is this a <b>Project</b> (i.e., a short-term, time limited activity, service or event)?		
17. If a <b>Project</b> - 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. <b>Amount of money requested</b> from the CID Fund	\$	
21. <b>Cash contributed</b> to Project or Program by Applicant Organization	\$	
22. <b>Other funding already awarded</b> (specify amounts on list provided on Section 5, Item 32. F)	\$	
23. In-Kind Match Amount or Volunteer Credit Hours Amount	\$	
24. <b>Staffing</b> expense for Project/Program		\$
25. <b>Equipment</b> expense for Project/Program		\$
26. <b>Food</b> expense for Project/Program		\$
27. <b>Marketing</b> expense for Project/Program		\$
28. <b>Supplies</b> expense for Project/Program		\$
29. <b>Facilities/Rent</b> expense for Project/Program		\$
30. <b>Other</b> expense for Project/Program		\$
31. <b>TOTAL</b> 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.

**Submit applications to:**

**DISTRICT 2**

Supervisor John Tavaglione  
Riverside County, Second District  
Attn: Karen Christensen  
4080 Lemon Street, 5<sup>th</sup> Floor  
Riverside, CA 92501  
Phone: 951-955-1021  
Fax: 951-955-2362  
Email: [KChriste@rivco.org](mailto:KChriste@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	_____		
<b>Total Assets</b>	<b>\$ _____</b>	<b>Total Liabilities &amp; Fund Balance</b>	<b>\$ _____</b>

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 Expenses	_____
Other Sources	_____		
<b>Total Income</b>	<b>\$ _____</b>	<b>Total Expenses</b>	<b>\$ _____</b>
<b>Net Income (deficit)</b>	<b>\$ _____</b>		



# 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 recipients of rewards are required to submit a report on how the money was spent within 60 days of the utilization of the funds. If the award is over \$5,000 and is not entirely spent in the fiscal year it was awarded, 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: