



## GRANT FUNDING APPLICATION

*To ensure that your complete response appears on the printed application, please limit your responses in all fields to the visible space provided. **Do not change font type or size; do not cut and paste your response into the text boxes.** Save this application to your desktop and work off that saved document rather than off the web application version.*

### **APPLICANT INFORMATION:**

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

Executive Director/CEO/Department Head: \_\_\_\_\_

Executive Director/CEO/Department Head Phone # and email: \_\_\_\_\_

Application Contact Person/Title: \_\_\_\_\_

Application Contact Phone # and email: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

Is this Organization or fiscal receiver a California non-profit corporation? Yes No

Does your agency employ 15 or more individuals? Yes No

If yes, name of Section 504 Coordinator: \_\_\_\_\_

\* **Tax ID #** \_\_\_\_\_ **Unique ID #** \_\_\_\_\_ \*

\*Required Information (To obtain a UniqueID, visit [www.sam.gov](http://www.sam.gov))

Name of Program (within your agency) applying for CDBG Funds:

Is the organization faith based? Yes No

If yes, explain how the funded program will be separate from religious activities/requirements:

Is this request for: (check one)      On-Going Support      New Program

**For Staff Use Only:** Complete Application received by deadline: \_\_\_\_\_ Yes \_\_\_\_\_ No

**THRESHOLD QUESTIONS:** (Note: Application must be signed and questions 1-5 below must be answered completely to determine if your application meets threshold requirements to be considered for funding.)

1. City CDBG Public Services Funding Request: \$ \_\_\_\_\_ **(no less than minimum of \$20,000)**
2. Is this Organization a non-profit, public benefit corporation? Yes No
3. Will 100% of the CDBG funds be used to serve low-income clients or households within the city limits of Chico?  
Yes No
4. a. Does your Program assist people experiencing homelessness? Yes No
4. b. Does your Program assist people to prevent homelessness? Yes No
5. Select the primary service your Program provides from the priorities listed below (**select one**):
  - A. Assist people experiencing homelessness, including getting them into/maintaining stable housing
  - B. Support and improve the well-being of seniors
  - C. Support and improve the well-being of people with disabilities
  - D. Provide legal services
  - E. Provide meals for homebound people
  - F. Provide childcare so that parent(s) may work or receive education

**PROGRAM/ACTIVITY:**

6. a. Describe your proposed Program (services) to be provided with the requested City CDBG funding. Provide the name of the program and how it addresses the need or problem you've identified and aligns with at least one of the priorities listed above.

6. a. Continued

6.b. If you answered “yes” to 4.b. above, how does your Program prevent homelessness? Please be as specific as possible.

7. Who will oversee the Program? Do staff currently administer a similar grant program with these administrative requirements and does the entity have experience in utilizing local, state or federal funding with a similar purpose?

7a. Describe the skills and experience of staff who will work directly on the Program.

8. Who are the targeted beneficiaries or clients?

9. Describe proactive outreach efforts or programmatic elements that foster access to your organization's services by under-represented (racial minorities, limited English speakers, disabled-physical or mental impairment) groups in our community.

10. How do you address the needs of limited English proficient speakers?

11. Has the organization had any fair housing/equal opportunity complaints filed within the last year?

Yes                    No

If yes, what was the outcome?

12. How does your organization determine client eligibility and what database is used for tracking client information?

13. Complete the following chart. List three primary activities of your Program, their outcomes, indicators, and measurement tools. **Activities** are specific, definable services; **Outcomes** are the client benefits or changes that result from your services; **Indicators** describe how your organization measures the success (should be quantitative such as: contracts executed, positions filled, target participants assisted, tangible resources created (a new form, progress assessment tool or funds raised). **Measurement Tools** are the resources you use to collect the indicator data.

ACTIVITY <i>What the Program does to serve clients</i>	OUTCOME(S) <i>Benefits that result from the activity</i>	INDICATOR(S) <i>The direct product(s) of program activities</i>	MEASUREMENT TOOLS <i>What you use to gather the outcome data</i>
<b>Example: Financial Literacy Classes</b>	<b><i>Increased knowledge of how to establish and maintain a monthly household budget, contributing to financial security and self- sufficiency</i></b>	<b><i>Number (x) of exiting families who report they now use a monthly budget to manage expenses and savings</i></b>	<b><i>Follow up survey at completion of class and program exit</i></b>

14. How will your Program benefit the community indirectly, beyond direct services to clients? Explain how you demonstrate evidence of support.

15. How does your Program collaborate with other community agencies to enhance the impact of your services? What are the benefits of this collaboration?

15.A. If your Program provides housing units, check “Households” in Question 15.B. below. If your Program does not provide housing units, check “Persons” or “Residents”.

15.B.		Estimated 2025-26 Served	Estimated 2026-27 To Be Served
Total number of	Persons / Households		
Total City of Chico	Residents / Households		
How many City <u>utilizing CDBG funds</u>	Residents / Households		
CDBG Grant Funding Received		\$	
CDBG Grant Funding Requested			\$

15.C. What is the estimated cost of your Program per participant or household for FY 2026-27? If this funding request is for an existing Program, what is the cost of your Program per participant/household this fiscal year (2025-26) ? This should not be based on how much City funding you receive.

16. If City funding is not available, or is less than requested, outline how might this change the operation of the Program. Would you seek to fill the gap from other funding sources? Is the Program viable if you only receive the minimum \$20,000 grant from the City?
17. Is there a sustainability plan for the program regarding future funding?
18. Describe your organization's fundraising efforts during the past year (include annual events, specific campaigns and any other relevant information demonstrating community fiscal support).

19. Does your Program use an evidence-based or evidence-informed model of services? If so, please describe. If not, what data can you provide which describes the effectiveness of your service model?

20. What are the most significant trends and/or changes that are currently affecting your Program's operation and the people you serve? How is your organization responding to these trends/changes?

21. Has your organization been audited in the past year by an individual or firm other than the City of Chico? If yes, by whom and what is the date of the most recent financial audit? Has any audit of your organization found discrepancies or problems? If yes, explain.

**CONFLICT OF INTEREST**

Federal, State, and City law prohibits employees and public officials of the City of Chico from participating on behalf of the City in any transaction in which they have a financial interest. In order to determine a possible conflict of interest, please indicate whether the applicant, any of the applicant's staff, any of the applicant's Board of Directors, or any of the applicant's family members or business partners is or has been within one year of the date of this application one of the following: (1) a City employee or consultant, or (2) a City Council Member.

**Selecting 'Yes; possible conflict of interest' does not automatically disqualify the applicant; however, additional verification may be requested to process the application and to determine project eligibility.**

No; no conflict of interest.

Yes; possible conflict of interest. (Please explain below)

**By submitting this application, agency understands it must have organizational capacity to meet CDBG regulatory and reporting requirements, including, but not limited to: collection of income and demographic information from all assisted persons, capacity to assist limited English proficient persons, follow Fair Housing laws and provide reasonable accommodations.**

**Authorized Signature:**

To the best of my knowledge, the information provided on this application and all attached forms is true and I am authorized to submit this application on behalf of the applicant's organization/agency.

NOTE: Programs using a Fiscal Receiver must have signatures by both the program director and a representative authorized to sign on behalf of the Fiscal Receiver.

---

Print Name of Non-Profit Representative  
Or Fiscal Receiver Representative

---

Signature  
(Fiscal Receiver or Organization Representative)

---

Date

---

Name/Signature of Program Director  
(If different from above)