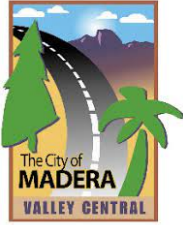


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City of Madera  
 Grants Department  
 Marcela Zuniga  
 Grants Administrator  
 205 West 4th Street  
 Madera, CA 93637  
 Phone: 559-661-3692  
 Email: [mzuniga@madera.gov](mailto:mzuniga@madera.gov)

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**CDBG 2024/2025 GRANT APPLICATION**  
 CDBG PUBLIC SERVICES, CAPITAL PROJECTS, & PUBLIC IMPROVEMENTS  
**Due by 5pm, Nov 30, 2023**

[Click Here](#) to see the NOFA for FY 2024/25.

**Exhibit A – Project/Program Summary**

|   |  |
|---|--|
| <b>Application Type</b>   | Housing  |
| Legal Name of Organization:   | Test Housing Agency  |
| Name of Project:  | Test PS Program  |
| Street Address/Service Area of Project:   | 123 Main St  |
| City: Madera  | Zip: 94949   |
| Amount Requested for this Project:  | <b>\$0</b>   |
| Amount of Leveraged Funds Available for this Project:   | <b>\$0</b>   |
| Mailing Address:  | 123 Main St  |
| City: Madera  | Zip: 94949   |
| Person to Contact Regarding this Application:   | Mary Smith   |
| Phone: 650.555.1212   | Email: jag150s@yahoo.com   |
| SAM Number:   | System for Award Management (Formerly, CCR) Number ( <a href="#">Get a SAM #</a> ) |
| UEI Number:   | ( <a href="#">Get a UEI #</a> ) Federal EIN/TIN #:                                 |
| Organization Official that will execute the agreement:  | Mary Smith   |
| Phone:  | Email:   |
| Type of Entity/Organizational Structure   | Choose   |
| Brief Project Description(150 Min 250 Max Words):   |  |
| <div style="border: 1px solid black; height: 40px; width: 100%;"></div>   |  |
| You have characters left.   |  |
| <p><b>After making your selections above,</b> <a href="#">Click Here</a> <b>to format the remainder of the application based on your choices above.</b></p> |  |

**Section 1 Project Information**

**1.1 Project Objective:**

- Suitable Living Environment
- Decent Housing
- Economic Opportunity

**1.2 Project Outcome:**

- Availability/Accessibility
- Sustainability
- Affordability
- Administrative

**1.3 Select the priority need this project targets.**

**Priority Needs for the 2023/2024 Action Plan**

| Top Need Areas                                | Target Areas  |
|---|---|
| <input type="checkbox"/> Housing Conditions   | Increased supply of affordable rental housing, housing for low-income families, seniors and people living with disabilities.                      |
| <input type="checkbox"/> Public Services      | Services that assist abused, abandoned or neglected children. Mental health services and facilities. Senior services.                             |
| <input type="checkbox"/> Economic Development | Financial assistance for low-income individuals to create or expand a business. Programs to assist with job skills development and job placement. |
| <input type="checkbox"/> Public Improvements  | Additional, accessible sidewalks where sidewalks do not currently exist. Improved maintenance and accessibility of existing sidewalks.            |

**1.4 CDBG Criteria:** Which CDBG Low Moderate Income (LMI) National Objective below does the proposed project meet? See ([Attachment A](#)) for Income Limits.

- (1) Area benefit: At least 51% of residents within the targeted activity area are low to moderate income (LMI). OR

- (2) Limited Clientele (select from options below) OR
  - (a) Project will exclusively benefit the following special needs populations(s) – select all that apply:
    - (i) Abused children
    - (ii) Elderly Persons 62 years or older
    - (iii) Battered Spouses
    - (iv) Severely disabled adults (not children) – documentation required
    - (v) Illiterate adults
    - Persons living with HIV/AIDS
    - Migrant Farm Workers
    - Homeless Persons
  - (b) At least 51% of clientele served will be documented as LMI
  - (c) Will exclusively serve 100% LMI clients
- (3) Housing (select subpart below) OR
  - (a) Single family (must be 100% LMI)
  - (b) Multi-unit (if two units, one must be LMI; if three or more units, at least 51% of units must be LMI)
- (4) Job Creation: at least 51% if jobs created/retained for LMI persons

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**Section 2. Project Timeline**

2.1 Will the proposed project funding be fully expended by June 30, 2024?  Yes  No

If no, please explain.

2.2 Please provide anticipated project/activity schedule by identifying major milestones in each quarter period.

| Quarter                         | Description of Anticipated Milestones |
|---------------------------------|---------------------------------------|
| Quarter 1<br>July-September     |                                       |
| Quarter 2<br>October - December |                                       |
| Quarter 3<br>January - March    |                                       |
| Quarter 4<br>April - June       |                                       |

**Section 3. Ability to Locate other Funds**

3.1 What financial resources, other than City are available for this project? Explain.

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**Section 4. Public Input Received/Citizen Participation**

Proposals should include evidence of citizen support for the project. Please see Priority Needs for the 2024/25 Action Plan (Attachment A) and eligible CDBG Census Tracts (Attachment B) map. Public Service recipients shall be a minimum of 51% or more designated as low- to moderate-income. Public Service recipients may be qualified as Presumed Benefit (homeless persons, persons with disabilities and seniors).

4.1 What was done to receive public input/participation? Please provide details.

4.2 What were the outcomes? Include documentation of support for the proposal such as meeting minutes, letters and petitions.

4.3 List partnerships / collaborations with other agencies within the community.

**Section 5. Client Population**

Please refer to (Attachment A) for Income Limits and (Attachment B) for eligible CDBG Census Tracts to assist in determining client eligibility.

5.1 Indicate the total number of unduplicated clients you intend to serve during the term of this proposed project:

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**Section 6. Project Budget and Capacity**

6.1 Does the organization have the storage capacity to retain project files for a minimum of five years?  Yes  No

6.2 Does the organization have the capacity to separately track/report all CDBG funded expenditures and activities?  Yes  No

If yes, briefly describe the organization's record keeping, tracking, and reporting system.

6.3 Please list all expenses in the table below.

| Budget Line Item                             | Madera | Other Funding | Project Total |
|--|--------|---------------|---------------|
| Personnel Lines needed: <input type="text"/> |        |               |               |
| Benefits                                     |        |               | \$0           |
| Taxes  |        |               | \$0           |
| <b>Subtotal Personnel</b>                    | \$0    | \$0           | \$0           |
| Non-Personnel                                |        |               |               |
| Project Expenses                             |        |               | \$0           |
| Operating Expenses                           |        |               | \$0           |
| Other  |        |               | \$0           |
| Other Lines needed: <input type="text"/>     |        |               |               |
| <b>Subtotal Non-Personnel</b>                | \$0    | \$0           | \$0           |
| <b>TOTAL</b>                                 | \$0    | \$0           | \$0           |

[Save and Continue](#)

**Section 7. References**

Please provide the name, title, company/agency, phone and email address for three references.

| Name | Title | Company/Agency | Phone | Email Address |
|------|-------|----------------|-------|---------------|
|      |       |                |       |               |
|      |       |                |       |               |
|      |       |                |       |               |

**Section 8. Sponsoring Agency Management**

**Corporation directors:**

How often does the Board meet?

What was the average number of Board members attending meetings last year?

Based on the bylaws, what is the minimum and maximum number of seats on the Board?  Minimum  Maximum

Please provide the following information:

Date of Incorporation:

**Section 9. Financial**

If additional funds are received, please describe the source, the amount and upload supporting documentation.

Number of Lines needed:

Please list all additional sources of funds for this project

| Source of Funds          | Expected Funds |
|--------------------------|----------------|
| <b>Total Other Funds</b> | \$0            |

How often are financial records audited, and by whom?

List any judgments or pending lawsuits against the agency or program:

**Attachments**

[\(Upload Instructions\)](#)

Checked attachments below are **REQUIRED** in order to submit your application, and your application WILL NOT be able to be submitted with missing required attachments! Please take this into consideration when timing your submission of this application. The documents you need to upload are checked below. If you have other attachments you would like to include, please check the box and, if Other, identify the Attachment in the box. If you are unable to upload any of the attachments, contact Marcela Zuniga at 559-661-3692 or [mzuniga@madera.gov](mailto:mzuniga@madera.gov) at least one day prior to the deadline.

**Attachment**

- Articles of Incorporation and Bylaws
- Organization Chart
- Non-Profit Determination Letters, IRS & State (501.3.c)
- Most Recent Financial Statements

**Link or Explanation for Missing Attachments**

|   |                      |
|---|----------------------|
| <input type="checkbox"/> Most Recent Audit & Findings, if any   | <input type="text"/> |
| <input type="checkbox"/> Program Intake Policies  | <input type="text"/> |
| <input type="checkbox"/> Client Intake Form   | <input type="text"/> |
| <input type="checkbox"/> Board Certification  | <input type="text"/> |
| <input type="checkbox"/> Board Roster including the names, addresses, occupations and number of years served on the Board | <input type="text"/> |
| <input type="checkbox"/> Documentation for Additional Funds   | <input type="text"/> |
| <input type="checkbox"/> Other - <input type="text"/>   | <input type="text"/> |
| <input type="checkbox"/> Other - <input type="text"/>   | <input type="text"/> |

[Click here to go to the Upload Documents page](#) (Your application will be saved)

Please check your application carefully before submission. All questions **must** be answered, and incomplete or missing answers will adversely affect consideration of your application.

**I certify that this application is true and correct to the best of my knowledge.**

Type Name Here:

This application must be filled out and submitted electronically.  
Please fill in all applicable boxes above, enter your name, and click the "submit application to Program Manager" button

xyz