



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

[Return to Main Page](#)

CDBG 2025/2026 GRANT APPLICATION
 CDBG PUBLIC SERVICES, CAPITAL PROJECTS, & PUBLIC IMPROVEMENTS
Due by 5pm, Dec 13, 2024

[Click Here](#) to see the NOFA for FY 2025/26.
[Click Here](#) to see the NOFA Description FY 2025/26.

Exhibit A - Project/Program Summary

Application Type	Public Service
Legal Name of Organization:	Test Agency
Street Address/Service Area of Project:	Test Address 1234
City: Test City	Zip: 123456
Amount Requested for this Project:	\$1,600
Amount of Leveraged Funds Available for this Project:	\$0
Mailing Address:	Test Address 1234
City: Test City	Zip: 123456
Person to Contact Regarding this Application: Test Contact	Title:
Phone: 1234567890	Email: citydatareports@yahoo.com
SAM Number:	System for Award Management (Formerly, CCR) Number (Get a SAM #)
UEI Number:	(Get a UEI #) Federal EIN/TIN #:
Organization Official that will execute the agreement: Test Contact	Title:
Phone:	Email:
Type of Entity/Organizational Structure	City Department/Public Agency
What type of project is this?	<input type="radio"/> New Project/Program <input checked="" type="radio"/> Existing Project/Program
Project Title: Test Program	
Project Description(75 Max Words):	
You have characters left.	
After making your selections above, Click Here to format the remainder of the application based on your choices above.	

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 2025/2026 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 LM
 - (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

[Save and Continue](#)

Section 2. Project Description

Narrative not to exceed 500 characters. A complete project description includes summary of applicant organization, goals of the project, target population, impact to the community, community partners (as applicable), and sustainability of the activity. Description must demonstrate how HUD's national objective is met.

0 characters

[Save and Continue](#)

Section 3. Project Timeline

3.1 Will the proposed project funding be fully expended by June 30, 2025? Yes No

If no, please explain.

0 words

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

Quarter	Description of Anticipated Milestones (must not exceed 50 words per quarter)
Quarter 1 July-September	<div style="border: 1px solid black; height: 28px;"></div> <p>0 words</p>
Quarter 2 October - December	<div style="border: 1px solid black; height: 28px;"></div> <p>0 words</p>
Quarter 3 January - March	<div style="border: 1px solid black; height: 28px;"></div> <p>0 words</p>
Quarter 4 April - June	test asdfgh wertyu <div style="border: 1px solid black; height: 28px;"></div> <p>0 words</p>

Section 4. Ability to Locate other Funds

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

[Save and Continue](#)

Section 5. 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).

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

test

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

test

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

test

Section 6. Client Population

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

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

[Save and Continue](#)

Section 7. Project Budget and Capacity

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

7.2 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.

test

7.3 Please list all expenses in the table below.

Budget Line Item	Madera	Other Funding	Project Total
Personnel Lines needed: <input type="text" value="2"/>			
test A	\$1,000		\$1,000
test B	\$500		\$500
Benefits			\$0
Taxes			\$0
Subtotal Personnel	\$1,500	\$0	\$1,500
Non-Personnel			
Project Expenses	\$100		\$100
Operating Expenses			\$0
Other			\$0
Other Lines needed: <input type="text"/>			
Subtotal Non-Personnel	\$100	\$0	\$100
TOTAL	\$1,600	\$0	\$1,600

[Save and Continue](#)

Section 8. References

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

Name	Title	Company/Agency	Phone	Email Address
test	test	test	12345678	

Section 9. 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:

IRS Employee Number:

Attach current Board of Directors' roster, including the names, addresses, occupations and number of years served on the Board.

Section 10. 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
test	\$4,000

Total Other Funds

\$4,000

How often are financial records audited, and by whom?

Empty text box for audit frequency.

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

Empty text box for judgments or lawsuits.

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 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
Most Recent Audit & Findings, if any
Program Intake Policies
Client Intake Form
Board Certification
Board Roster including the names, addresses, occupations and number of years served on the Board
Documentation for Additional Funds
Other -
Other -

Link or Explanation for Missing Attachments

test.docx
test.docx
Empty text boxes for missing attachments.

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:

Submit Application to Program Manager

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

Save As Draft

Reset

xyz