





**Section 2 – APPLICANT ORGANIZATION CLASSIFICATION (check one box):**

<b>21. Type of Organization:</b>	
<input type="checkbox"/>	Non Profit (IRS 501 designated) – <i>Attach IRS Form 990</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:**

	<b>Y</b>	<b>N</b>
22. Is this a <b>Program</b> request (i.e., a long-term, ongoing service or activity)?		
23. Is this a <b>Project</b> (i.e., a short-term, time limited activity, service or event)?		
24. If a <b>Project</b> - is this grant request for the sponsorship for a special event?		
25. What is the name of this Program or Project?		
26. Would your organization be interested in being spotlighted in a District Newsletter or Website?		

**Section 4 – BUDGET (Complete Items 27-38)**

<b>Line Items</b>	<b>Revenues</b>	<b>Expenses</b>
27. <b>Amount of money requested</b> from the CID Fund	\$	
28. <b>Cash contributed</b> to Project or Program by Applicant Organization	\$	
29. <b>Other funding already awarded</b>	\$	
30. In-Kind Match Amount or Volunteer Credit Hours	\$	
31. <b>Staffing</b> expense for Project/Program		\$
32. <b>Equipment</b> expense for Project/Program		\$
33. <b>Food</b> expense for Project/Program		\$
34. <b>Marketing</b> expense for Project/Program		\$
35. <b>Supplies</b> expense for Project/Program		\$
36. <b>Facilities/Rent</b> expense for Project/Program		\$
37. <b>Other</b> expense for Project/Program		\$
38. <b>TOTAL</b> Note: revenues & expenses should equal or balance	\$	\$

In addition to completing Section 5 (Line Items 27-38), please attach the organization's project/program budget.

**Section 5 – PROJECT or PROGRAM DESCRIPTION:**

**39. Please describe the history and mission of applicant organization.**

**40. Provide the number of years the organization has been in existence. Also describe the need that drives this grant request and summarize the organization's efforts and outcomes in the community.**

**41. Please provide a clear and thorough description of the project or program. Include a physical address of the project or program.**

**42. Include whether it is an A) existing program and how long it has been in operation, B) a newly developed program and when it began or C) if the program is not in existence yet, when it is expected to start?**

**43. Please describe the target population(s) and number of people who would benefit.**

**44. How does your agency identify and reach the target population(s) of the project or program?**

**45. Please describe how financial sustainability would be achieved for this service/activity beyond the life of this grant request.**

**46. Please describe how you will evaluate or measure the success of this grant request.**

**47. Describe any other funding needed to complete this effort, how you will secure it, status of each request (e.g. fully funded, partially funded or pending).**

**48. 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.**

**49. Has your organization received Community Improvement Designation funds in the past four years? From which district(s)? Amount? Please indicate the date received.**

**50. Specifically, state what the CID Funds will be spent on.**

**51. Specifically, state what locations throughout the 3rd district and (where applicable) Riverside County, you will serve with the CID Funds.**

**Submit applications to:**

**DISTRICT 3**

Supervisor Chuck Washington  
Riverside County, Third District  
Attn: Jandi Aguilar  
37600 Sky Canyon Drive, Suite  
#505 Murrieta, CA 92563  
Phone: (951) 955-3270  
Fax: (951) 955-2194  
Email: [jaaguilar@rivco.org](mailto:jaaguilar@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 \_\_\_\_\_

<u>Assets</u>	<u>Liabilities &amp; Fund Balance</u>
Cash and Investments      \$ _____	Current Payables      \$ _____
Receivables (detail)      _____	Notes Payable      _____
Inventory      _____	Fund Balance      _____
Fixed Assets      _____	
Other Assets      _____	
Total Assets      \$ _____	Total Liabilities & Fund Balance      \$ _____

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

<u>Income</u>	<u>Expenses</u>
Fundraising      \$ _____	Salaries      \$ _____
(Sources)      _____	Operating Expenses      _____
Foundation Grants      _____	Community Services      _____
Government Funds      _____	National/Parent Organization Fees      _____
Other Grant      _____	
Other Sources      _____	Other Expenses      _____
Total Income      \$ _____	Total Expenses      \$ _____
Net Income (deficit)      \$ _____	





# 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 Third District.
- Funding is not immediately available to the recipient; please allow time for checks to be processed.
- 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 must provide a full accounting grant evaluation (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 must be submitted annually until the funds have been exhausted. The recipient must 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.

**NOTE:** BY SIGNING THIS DOCUMENT THE GRANT RECIPIENT AGREES TO SUBMIT THE REQUIRED GRANT EVALUATION IN COMPLIANCE WITH THE TERMS WRITTEN ABOVE. APPLICANTS WHO FAIL TO COMPLY WILL BE INELIGIBLE FOR FUTURE CID GRANT FUNDS.

Prepared by:

Name and Title (Please print or type):

Signature:

Executive Director/CEO:

Signature:

Organization Name:

Mailing Address of Organization:

Telephone number:

Date: