



IMPORTANT DATES

APPLICATION DUE DATE

Friday, November 1, 2024

5 PM (PST)

Please Return 2025-2026 CDBG

Application to:

City of La Quinta

Attn: Carley Escarrega

78-495 Calle Tampico

La Quinta, CA 92253

760.777.7096

PUBLIC FORUM & CITY COUNCIL CONSIDERATION

Tuesday, November 19, 2024

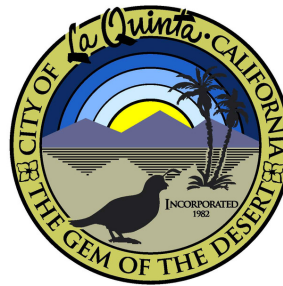
5 PM

La Quinta City Hall Council

Chambers

78-495 Calle Tampico

CITY OF LA QUINTA COMMUNITY DEVELOPMENT BLOCK GRANT APPLICATION 2025/2026 PROGRAM YEAR



SUPPLEMENT TO COUNTY OF RIVERSIDE ECONOMIC DEVELOPMENT AGENCY CDBG APPLICATION



CITY OF LA QUINTA

2025 - 2026 COMMUNITY DEVELOPMENT BLOCK GRANT

Application Instructions

The following CDBG Application is intended for the County of Riverside's 2025-2026 CDBG Program Year. The City of La Quinta is a sub-recipient of a portion of Riverside County's share of CDBG funds, and the County's application and procedures are also used in processing and considering applications. The County of Riverside's 2025-2026 CDBG fund allocation will not be available until after July 1, 2025.

A complete application must be received no later than 5:00 p.m. (PST) on November 1, 2024, and shall be submitted at the following location:

City of La Quinta City Hall
Public Works Department
78-495 Calle Tampico
La Quinta, CA 92253
Attn: Carley Escarrega

Applications received after the above deadline will not be accepted.

All questions must be answered completely, and all required documentation must be attached. If additional sheets are required to complete a response, please continue the answer as an attachment to the application. You are encouraged to submit your application well before the deadline to allow ample time for review, completeness, and accuracy.

Application Deadline

Friday, November 1, 2024, 5 PM (PST)

To be considered for funding, a fully completed application must be submitted to the Public Works Department by this date.

Applications received after the deadline will not be accepted.

Public Forum

Tuesday, November 19, 2024, 5 PM (PST)

City of La Quinta Council Chambers
78-495 Calle Tampico
La Quinta, CA 92253

The City of La Quinta will conduct a public hearing forum in the Council Chamber, at which time the public will have a chance to offer suggestions on how block grants should be spent locally.

City Council Consideration

Tuesday, November 19, 2024

The City Council will consider and approve allocations of funds.

MINIMUM FUNDING REQUEST AND LEVERAGE FUNDING

Eligible Activities:

Applicants should refer to HUD regulations regarding eligible uses of CDBG funding.

Minimum Allocation Request:

In an effort to ensure effective, efficient, and appropriate allocation, and use of CDBG funds, the County of Riverside requires any proposed CDBG activity in an amount not less than \$10,000.00. Applications less than \$10,000.00 will not be considered at the City or County level.

Acquisition of Real Property/Displacements:

PLEASE NOTE: Any organization considering the submittal of an application for CDBG funds for a project that involves the acquisition of real property and/or the displacement of tenants **MUST** consult with the Riverside County Economic Development Agency **PRIOR** to submitting an application.

Activity Evaluation:

As part of the review and evaluation process, the following items will be considered:

- Does the proposed activity address an established need?
- Is the proposed activity eligible (24 CFR 570.201) under the CDBG program?
- Does the proposed activity meet one of the three broad National Objectives:
 1. Principally benefit low and moderate income persons;
 2. Prevents or eliminates slum and blight; or
 3. Addresses an urgent need or problem in the community
- Has the applicant provided sufficient explanation concerning their ability to adequately and accurately document the benefit to low and moderate income persons?
- Can the project be implemented and completed within a reasonable amount of time (Public Service activities 1 year/ all other activities 2 years maximum)
- Has the applicant identified all the major tasks or components that will be required in carrying out the activity? Are there any potential issues or concerns?

In considering application proposals, the City will particularly pay attention to the amount of benefit received by La Quinta residents. Applicants are strongly encouraged to take special care in identifying and quantifying the program and the number of La Quinta residents who have benefited from the activity in the past, and who would be served by the activity in the next year.

**COUNTY OF RIVERSIDE
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

APPLICATION FOR _____

2025-2026 CDBG ALLOCATION

I. GENERAL INFORMATION

Applying Organization Name: _____

Type of Organization: Non-Profit Organization ☐ Faith Based Organization ☐

For-Profit Organization ☐ Institution of Higher Education ☐

Organization Address: _____

City: _____ Zip Code: _____

Mailing Address: _____

City: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Executive Director: _____

Telephone Number: _____ E-mail: _____

Program Manager: _____

Telephone Number: _____ E-mail: _____

Grant Writer: _____

Address (If different from above): _____

Telephone Number: _____ E-mail: _____

II. ORGANIZATIONAL HISTORY (This is applicable only if you are a non-profit organization)

Date Organization founded: _____

Date Organization incorporated as a non-profit organization (*Attach Articles of Incorporation and Bylaws*): _____

Federal identification number: _____

UEI Number: _____

Organization Web Address: _____

Does your Organization expend \$750,000 or more a year in federal funds? Y ☐ or N ☐

Number of paid staff: _____

Number of volunteers: _____

Members/Board of Directors (*Attach*): _____

III. PROJECT ACTIVITY

A. Name of Project: _____

B. Specific Location of Project

(Attach Project Map - include street address; if a street address has not been assigned provide APN)

Street or APN: _____

City: _____ Zip Code: _____

C. CDBG Funds Requested: _____ *(total amount for the project only)*

D. Where will the proposed activity occur (be specific as to the geographic boundaries)? If the project involves a new or existing facility, what is the proposed service/benefit area for the facility?

E. In which City (ies)/Communities does the activity occur?

City (ies): _____

Community (ies): _____

NOTE: HWS will make the final determination of the appropriate service area of all proposals.

F. If this project benefits residents of more than one community or jurisdiction, have requests been submitted to those other entitlement jurisdictions? (i.e., County district(s) 1st, 2nd, 3rd, 4th, and/or 5th, City of Palm Springs, City of Moreno Valley, City of Riverside, etc.)

G. Check **ONLY** the applicable category your application represents.

- ☐ Public Service
- ☐ Homeless Activities
- ☐ Real Property Acquisition (Must consult with HWS prior to submitting application)
- ☐ Housing
- ☐ Rehabilitation/Preservation (please provide picture of structure)
- ☐ Public Facilities (construction)
- ☐ Infrastructure (i.e. Streets, Sewer, Sidewalk, etc.)
- ☐ Other: (provide description) _____

H. Respond to A & B only if this application is for a **public service** project.

(a) Is this a NEW service provided by your agency? Yes ☐ No ☐

(b) If service is not new, will the existing public service activity level be substantially increased or improved?

IV. PROJECT NARRATIVE

A. Provide a detailed Project Description. The description should only address or discuss the specific activities, services, or project that is to be assisted with CDBG funds. If CDBG funds will assist the entire program or activity, then provide a description of the entire program or activity:

B. Provide a detailed description of the proposed use of the CDBG funds only (e.g. client scholarships, purchase of specific equipment, rent, supplies, utilities, salaries, etc.):

C. What are the goals and objectives of the project, service, or activity? How will you measure and evaluate the success of the project to meet these goals and objectives (measures should be qualitative)?

D. Please identify the project milestones using an Estimated Timeline for Project Implementation:

V. PROJECT BENEFIT

A. Indicate the number of people or households that will directly benefit from your proposal using CDBG funds: *Note: This is based on the expected number of clients to be served if the County funds your project for the requested amount.*

B. Indicate the number of unduplicated clients that will be served (*An unduplicated client is counted only once, no matter how many direct services the client receives during a funding year*):

C. Length of proposed CDBG-funded activities or service (weeks, months, year):

D. Service will be provided to (check one or more):

☐ Men

☐ Women

☐ Children (Range of children's ages : _____)

☐ Homeless (Number of beds at facility : _____)

☐ Seniors

☐ Severely Disabled Adults

☐ Migrant Farm Workers

☐ Families

E. What methods will be used for community involvement to assure that all who might benefit from the project are provided an opportunity to participate?

F. What evidence is there of a long-term commitment to the proposal? Describe how you plan to continue the work (project) after the CDBG funds are expended?

VI. National Objective

All CDBG-funded activities must meet at least one of the following National Objectives of the CDBG program. Indicate the category of National Objective to be met by your activity.

CATEGORY A: Benefit to low-moderate income persons (must be documented). Please choose either subcategory 1 or 2:

1. Limited Clientele:

The project serves clientele that will provide documentation of their family size, income, and ethnicity. Identify the procedure you currently have in place to document that at least 51% of the clientele you serve are low-moderate income persons.

2. Clientele presumed to be principally low- and moderate-income persons:
The following groups are presumed by HUD to meet this criterion. You will be required to submit a certification from the client (s) that they fall into one of the following presumed categories.

The activity will benefit (check one or more)

- | | |
|---|---|
| <input type="checkbox"/> Abused children | <input type="checkbox"/> Homeless persons |
| <input type="checkbox"/> Battered spouses | <input type="checkbox"/> Illiterate adults |
| <input type="checkbox"/> Elderly persons | <input type="checkbox"/> Persons living with AIDS |
| <input type="checkbox"/> Severely disabled adults | <input type="checkbox"/> Migrant Farm workers |

- a. Describe the clientele above to be served by this activity:

- b. Discuss how this project directly benefits low- and moderate- income residents:

CATEGORY B: Area Benefit - The project or facility serves, or is available to, ALL persons located within an area where at least 51% of the residents are low/moderate-income. (Applicant is welcome to contact a County of Riverside, HWS CDBG Program Manager for Census Information)

2020 Census Tract and Block Group numbers:

Total population in Census Tract(s) / block group(s): _____

Total percentage of low-moderate population in Census Tract(s) / block group(s): _____

CATEGORY C: Activities undertaken to create or retain permanent jobs, at least 51% of which will be made available to or held by low/moderate-income persons.

Proposed Job Creation/Retention

Total Jobs Expected to Create: _____

Total Jobs Expected to Retain: _____

CATEGORY D: Activities that provide assistance to micro-enterprise owners/developers who are low/moderate-income.

Proposed Assistance to Businesses

New Businesses expected to assist: _____

Existing Businesses expected to assist: _____

Enter Total Businesses expected to assist: _____

VII. FINANCIAL INFORMATION

A. Proposed Project Budget

Complete the following annual program budget to begin July 1, 2025. If your proposed CDBG-funded activity will start on a date other than July 1, 2025, please indicate starting date. Provide total Budget information and distribution of CDBG funds in the proposed budget.

The budgeted items are for the specific activity for which you are requesting CDBG funding - NOT for the budget of the "entire" organization or agency. (Note: CDBG funds requested must match amount requested in Project Activity, C above.)

(EXAMPLE: The Valley Senior Center is requesting funding for a new Senior Nutritional Program. The total cost of the program is \$15,000 and \$10,000 in CDBG funds is being requested for operating expenses associated with the proposed activity. The total Activity/Project Budget will include \$5,000 of other non-CDBG funding and \$10,000 in CDBG funds for a Grand Total of \$15,000).

	TOTAL ACTIVITY/ PROJECT BUDGET (Include non-CDBG Funds and CDBG Funds)	CDBG FUNDS REQUESTED-Only
I. Personnel		
A. Salaries & Wages	\$ _____	\$ _____
B. Fringe Benefits	\$ _____	\$ _____
C. Consultants & Contract Services	\$ _____	\$ _____
PERSONNEL SUB-TOTAL	\$ _____	\$ _____

II. Non-Personnel

A. Space Costs	\$ _____	\$ _____
B. Rental, Lease or Purchase of Equipment	\$ _____	\$ _____
C. Consumable Supplies	\$ _____	\$ _____
D. Travel	\$ _____	\$ _____
E. Telephone	\$ _____	\$ _____
F. Utilities	\$ _____	\$ _____
G. Other Costs	\$ _____	\$ _____
NON-PERSONNEL SUB-TOTAL:	\$ _____	\$ _____

III. Other

A. Architectural/Engineering Design	\$ _____	-	\$ _____
B. Acquisition of Real Property	\$ _____	-	\$ _____
C. Construction/Rehabilitation	\$ _____	-	\$ _____
D. Indirect Costs	\$ _____	-	\$ _____
E. Other	\$ _____		\$ _____
OTHER SUB-TOTAL:	\$ _____	-	\$ _____
GRAND TOTAL:	\$ _____	-	\$ _____

B. Leveraging

List other funding sources and amounts (commitments or applications) which will assist in the implementation of this activity. Current and pending evidence of leveraging commitments/applications must be submitted with application. **(Attach)**

Federal:

State/Local:

Private:

Fees:

Donations:

Other:

C. What type of long-term financial commitment is there to the proposal? Describe how you plan to continue the work (project) after the CDBG funds are expended?

D. Provide a summary by line item of your organization's previous year's income and expense statement. **(Attach)**

E. Does this project benefit residents of more than one community or jurisdiction, have requests been submitted to those other jurisdictions? Yes ☐ No ☐

If yes, identify sources and indicate outcome.

If no, please explain.

F. Was this project or activity previously funded with CDBG? Yes ☐ No ☐

If yes, when?

Is this activity a continuation of a previously funded (CDBG) project? Yes ☐ No ☐

If yes, explain:

VIII. MANAGEMENT CAPACITY

A. Describe your organization's experience in managing and operating project or activities funded with CDBG or other Federal funds.

B. Management Systems

Does your organization have written and adopted management systems (i.e., policies and procedures) including personnel, procurement, property management, record keeping, financial management, etc.?

C. Capacity

Please provide the names and qualifications of the person(s) that will be primarily responsible for the implementation and completion of the proposed project.

IX. APPLICATION CERTIFICATION

Undersigned hereby certifies that (check box after reading each statement and digitally sign the document):

1. The information contained in the project application is complete and accurate. _____
2. The applicant agrees to comply with all Federal and County policies and requirements imposed upon the project or activity funded by the CDBG program. _____
3. The applicant acknowledges that the Federal assistance made available through the CDBG program funding will not be used to substantially reduce prior levels of local, (NON-CDBG) financial support for community development activities. _____
4. The applicant fully understands that any facility built or equipment purchased with CDBG funds shall be maintained and/or operated for the approved use throughout its economic life, pursuant to CDBG regulation. _____
5. If CDBG funds are approved, the applicant acknowledges that sufficient non-CDBG funds are available or will be available to complete the project as described within a reasonable timeframe. _____
6. On behalf of the applying organization, I have obtained authorization to submit this application for CDBG funding. **(DOCUMENTATION ATTACHED Minute Action and/or written Board Approval signed by the Board President)** _____

DATE: _____

Signature: _____

Print Name/Title

Authorized Representative: _____

CHECK-LIST:

The following required documents listed below have been attached. Any missing documentation to the application will be cause for the application to be reviewed as INELIGIBLE.

Yes	No	ATTACHMENT
<input type="checkbox"/>	<input type="checkbox"/>	1. Members/Board of Directors
<input type="checkbox"/>	<input type="checkbox"/>	2. Articles of Incorporation and Bylaws
<input type="checkbox"/>	<input type="checkbox"/>	3. Project Activity Map
<input type="checkbox"/>	<input type="checkbox"/>	4. Project Benefit, Category B, Low Mod Area Maps (Attach if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	5. Leveraging (Current evidence of commitment)
<input type="checkbox"/>	<input type="checkbox"/>	6. Income and Expense Statement
<input type="checkbox"/>	<input type="checkbox"/>	7. Management Capacity (Detailed organizational chart)
<input type="checkbox"/>	<input type="checkbox"/>	8. Board Written Authorization approving submission of application