



County of Riverside

Community Improvement Designation (CID) Fund 2024/25 Grant Request Application



APPLYING FOR CID WITH THE FOLLOWING DISTRICT(S):

District 1 \$ _____

District 2 \$ _____

District 3 \$ _____

District 4 \$ _____

District 5 \$ _____

***** The Second District maximum grant allocation for any organization is limited to \$4,000 every fiscal year*****

Section 1 - APPLICANT INFORMATION

1. Legal Name of Applicant Organization or Sponsoring Organization:		
2. Mailing Address:		
3. City:	4. Zip:	5. Telephone:
6. Website:		7. Fax:
8. Contact Person (name and title) for this Grant Request:		9. Contact Person's Email Address:
10. Number of paid staff:	11. Number of Volunteers:	12. Year Organization founded:
13. Geographic area(s) served:		

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

14. Type of Organization:	
<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
<input type="checkbox"/>	Government Agency
<input type="checkbox"/>	Other – <i>Please explain</i>

Section 3 – NAME and TYPE of PROJECT or PROGRAM:

	Y	N
15. Is this a Program request (i.e., a long-term, ongoing service or activity)?		
16. Is this a Project (i.e., a short-term, time limited activity, service or event)?		
17. If a Project - is this grant request for the sponsorship for a special event?		
18. What is the name of this Program or Project? If event, please provide specifics below and include a flyer with application. Name: _____ Date: _____ Time: _____ Location: _____		
19. Would your organization be interested in being spotlighted in a District Newsletter or Website?		

Section 4 – BUDGET

Line Items	Revenues	Expenses
20. Amount of money requested from the CID Fund	\$	
21. Cash contributed to Project or Program by Applicant Organization	\$	
22. Other funding already awarded (specify amounts on list provided on Section 5, Item 32. F)	\$	
23. In-Kind Match Amount or Volunteer Credit Hours Amount	\$	
24. Staffing expense for Project/Program		\$
25. Equipment expense for Project/Program		\$
26. Food expense for Project/Program		\$
27. Marketing expense for Project/Program		\$
28. Supplies expense for Project/Program		\$
29. Facilities/Rent expense for Project/Program		\$
30. Other expense for Project/Program		\$
31. TOTAL Note: revenues & expenses should equal or balance	\$	\$

Section 5 – PROJECT or PROGRAM DESCRIPTION:

32. Using a **12-point font** and on **no more than two single-spaced typed pages** please elaborate on the following eight considerations in relation to this grant request:

- A. Please describe the **history** and **mission** of applicant organization;
- B. Please provide a **brief description** of the **project** or **program**. Include a physical address of the project or program;

- C. Please describe the **problem or need** that drives this grant request and the **intended outcome(s)** that will result if this grant request is funded;
- D. Please describe the **target population(s)** and **number of people** who would benefit;
- E. If this is an ongoing Program, please describe how **financial sustainability would be achieved** for this service/activity beyond the life of this grant request;
- F. Please describe how you will **evaluate or measure** the impact of this grant request;
- G. 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; and
- H. Has your organization received Community Designation Funds in the past four years? From which district(s)? Amount? Please indicate the specific project name, start/finish dates, and break down of how funds were spent.

Submit applications to:

DISTRICT 2

Supervisor Karen Spiegel
Riverside County, Second District
Attn: Amber Smalley
4080 Lemon Street, 5th Floor
Riverside, CA 92501
Phone: 951-955-1020
Fax: 951-955-2362
Email: ASmalley@rivco.org



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 awarding district.
- Funding is not immediately available to the recipient; please allow time for checks to be processed and refer to the awarding District(s)’ website for disbursement requirements.
- 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 shall provide a full accounting with documentation on the use of awarded funds. All recipients of rewards are required to submit a report 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, a report shall be submitted annually until the funds have been exhausted. The recipient shall return to the county any funds not spent or documented per the signed agreement.

I/We also acknowledge, understand, and will abide by the statements listed above.

Prepared by:

Name and Title (Please print or type):

Signature:

President or Authorized Officer:

Signature:

Organization Name:

Mailing Address of Organization:

Telephone number:

Date: