



**CITY OF CHINO HILLS  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM (CDBG)  
APPLICATION FOR COMMUNITY ORGANIZATIONS**

**APPLICATION DEADLINE:**

APPLICATIONS MUST BE RECEIVED NO LATER THAN **5:00 P.M. ON JANUARY 15, 2026** AT THE COMMUNITY SERVICES DEPARTMENT OFFICE. APPLICATIONS SENT BY FAX OR E-MAIL WILL NOT BE ACCEPTED. LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

SUBMIT APPLICATIONS TO: CITY OF CHINO HILLS  
COMMUNITY SERVICES DEPARTMENT  
ATTN: SARAH SNYDER  
14000 CITY CENTER DRIVE  
CHINO HILLS, CA 91709

APPLICATIONS ARE AVAILABLE ONLINE [WWW.CHINOHILLS.ORG/CDBG](http://WWW.CHINOHILLS.ORG/CDBG)

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## **Section A – General Program Information Summary**

1. Program Title: \_\_\_\_\_
2. Brief Summary of the Program:  
*Example: Provide a Juvenile Fire Prevention Program which provides four six-week courses (@ 2 hours per week) to youth ages 10-17 on fire safety and prevention*
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
3. Total Estimated Program Budget : \$ \_\_\_\_\_
4. Amount Requested in CDBG Funding (minimum \$10,000) : \$ \_\_\_\_\_
5. Check the ONE category that best describes the proposed program:
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Child Care                           | <input type="checkbox"/> Youth Services       | <input type="checkbox"/> Literacy Program         |
| <input type="checkbox"/> Recreation Program                   | <input type="checkbox"/> Services for Seniors | <input type="checkbox"/> Homeless Services        |
| <input type="checkbox"/> Fair Housing Services                | <input type="checkbox"/> Health Services      | <input type="checkbox"/> Substance Abuse Services |
| <input type="checkbox"/> Other Public Service (specify) _____ |   |   |
6. Location of where services will be provided (i.e., specify if program is citywide, a street address, a school site, etc) \_\_\_\_\_
7. Is this a new service? ☐ Yes ☐ No
8. Was this service previously funded with CDBG funds? ☐ Yes ☐ No
- If not, why is necessary to request CDBG funds this year (*please provide a copy of the program's expenditures for the previous year and specify the source of funds used to pay these costs.*)
- \_\_\_\_\_
- \_\_\_\_\_
9. If you have receive CDBG funding from the City of Chino Hills in past years, complete the table below for most recent years.

Years Funds Received	CDBG Grant Amount	Name of Funded Program

10. If previously funded by the City of Chino Hills, has your agency ever failed to expend all grant funds that were awarded? If yes, please explain. ☐ Yes ☐ No
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11. If previously funded by the City of Chino Hills, has your agency ever failed to meet established contractual accomplishment goals? If yes, please explain. ☐ Yes ☐ No
- 

12. Please check the appropriate box, which corresponds to the objectives established by HUD. Please select only one from the following choices.

- |  |  |
|--|--|
| <input type="checkbox"/> Suitable Living Environment     | Activities that benefit communities/families/individuals by addressing issues in their living environment                                    |
| <input type="checkbox"/> Decent Housing                  | Housing activities that meet individual family or community needs; should not be used for activities where is an element of a larger effort. |
| <input type="checkbox"/> Creating Economic Opportunities | Activities related to economic development, commercial revitalization, and job creation.   |

13. Please check the proposed project performance measurement outcome that most accurately describes what you intend to accomplish by carrying out this activity. Please select only one from the following choices.

- |   |  |
|---|--|
| <input type="checkbox"/> Availability / Accessibility | Activities that make services, infrastructure, housing, and shelter available and accessible. Note that accessibility does not only refer to physical barriers.  |
| <input type="checkbox"/> Affordability                | Activities that provide affordability in a variety of ways. It can include creation or maintenance of affordable housing, basic infrastructure hookups, or services such as transportation or daycare. |
| <input type="checkbox"/> Sustainability               | Activities that promote livable or viable communities or neighborhoods by providing services or by reviving slums or blighted areas.   |
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## **Section B – General Applicant Information**

1. Legal Name of Applicant Organization: \_\_\_\_\_
2. Address of Organization:  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Mailing Address (if different from above):  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Applicant's Authorized Official:
  - a. Name of Authorized Official: \_\_\_\_\_
  - b. Authorized Official's Title: \_\_\_\_\_
  - c. Authorized Official's Email: \_\_\_\_\_
5. Person to Contact Regarding this Application:
  - d. Name: \_\_\_\_\_
  - e. Relationship to Agency: \_\_\_\_\_
  - f. Street: \_\_\_\_\_
  - g. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  - h. Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_
  - i. E-mail: \_\_\_\_\_
6. Project Manager (if different than above):
  - j. Project Manager Name: \_\_\_\_\_
  - k. E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_
7. Only federally registered 501(c) (3) or (6) Non-profit organizations, governmental entities or educational institutions may apply. Please check which type of organization you represent:  
☐ Government entity      ☐ Educational Institution (submit copy of IRS determination letter)  
☐ Registered non-profit (submit copy of IRS determination letter)
8. Federal Identification Number (Tax ID #): \_\_\_\_\_
9. Unique Entity Identifier (UEI): \_\_\_\_\_
10. Does the organization's registration in the System for Award Management (SAM) identify any exclusions, which prohibit the organization from receiving federal contracts or federally approved subcontracts?    ☐ Yes ☐ No
11. Registry of Charitable Trusts Registration Number: \_\_\_\_\_

12. Has the applicant previously carried out services/programs/projects similar in nature to proposed services/program/project? ☐ Yes ☐ No
13. Provide evidence of your grant administration capabilities, including policies and procedures for financial grant management, and staff's experience in working with projects of this type. If the organization's staff does not have prior experience in providing the proposed service, please indicate experience and successes in carrying put similar programs and in working in partnership with other agencies and/or consultants.

14. The following policies and procedures are required. Does your organization have the following written policies and procedures?

	<u>Yes</u>	<u>No</u>
Accounting	<input type="checkbox"/>	<input type="checkbox"/>
Conflict of Interest	<input type="checkbox"/>	<input type="checkbox"/>
Procurement	<input type="checkbox"/>	<input type="checkbox"/>
Record Retention	<input type="checkbox"/>	<input type="checkbox"/>

15. Does the organization have liability coverage? ☐ Yes ☐ No

If Yes, in what amount and with what insurance agency?

Amount: \_\_\_\_\_ Insurer: \_\_\_\_\_

16. Does the organization have fidelity bond coverage for principals on staff who handle the organization's account? ☐ Yes ☐ No

If Yes, in what amount and with what insurance agency?

Amount: \_\_\_\_\_ Insurer: \_\_\_\_\_

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## **Section C – Program Description Narratives**

1. Please describe the target population you intend to serve in your program.

*Example: The target population will be the Chino Hills youth, ages 10-17 who are referred to the program through the schools, courts, police department and social service programs.*

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need.

*Example: The program will address juvenile fire setting. In 2005, juvenile fire setters accounted for 63% of arson arrests. Of the estimated 250 fire related incidents in Chino Hills, 50% were juvenile related. These statistics were provided by the U.S Fire Administration annual report.*

3. Provide the following information regarding the number of unduplicated clients that will be served by the proposed program.

	City of Chino Hills	Total Overall Clients
Number of unduplicated clients actually served during program year 2024-2025		
Number of unduplicated clients expected to be served during program year 2025-2026		
Number of unduplicated clients proposed to be served during program year 2026-2027		

4. What is the basis for the proposed number of clients to be served?

*Example: The estimate is based on the number of juvenile related incidents the average number of referrals received and class capacity.*

5. Will the program be conducted within the City of Chino Hills boundaries? ☐ Yes ☐ No  
If not, explain how Chino Hills residents will be served.

6. What is the projected use of the funds requested in Section A, Line 4?  
*If the funding request is for personnel, itemize each by job title. If the funding request is for supplies, materials or other administrative costs, itemize and estimate these costs.*

Budget Line Item	Estimated Annual Salary / Operating Costs	CDBG %	CDBG Amount
Total		Total	

7. What is the amount of source of funds for the remainder of the total program budget?

Funding Source	Amount
HOME	
ESG	
HOPWA	
Other federal funds	
State/local funds	
Private funds	
Other (specify):	
Total	

8. If this request is not fully funded, can your proposed program operate with a reduced CDBG award?

☐

Yes

☐

No

If yes, please explain what services can be offered with lower funding.

9. Is there a fee charged or donation suggestion for your services?

☐

Yes

☐

No

If Yes, attach a copy of the fee schedule, and describe pricing methodology in the space below.



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## **Section D – Performance Based Reporting Formula**

How can it be determined whether your proposal yields the desired outcomes or shows an overall improvement in the lives of persons assisted with HUD funds? Propose a formula for your project based on anticipated accomplishments and measurable outcomes that can be documented and verified. When completing the formula, please base your accomplishments on unduplicated Chino Hills residents only. You will be asked to report on your accomplishments on a quarterly basis.

Program Goal: *(Example: To provide workplace readiness for teens. To improve chances of success for teens to enter the college of their choice.)*

Amount Requested in CDBG Funding: *(Example: \$5,000)*

Proposed Output (Benchmark): *(Example: Provide assistance to 14 teens once per week)*

Proposed Outcome (Activity Performance):

*(Example: CyberCorp – 1 session per week (3.5 hours/week); College Prep – 1 session per week (1 hour/week)*

Bechmarks (Progress Report):

*Example: (Completion/distribution of an e-newsletter = 1 unit of 10; Completion of website design = 1 unit of 10; Application to colleges/universities completed & submitted = 1 unit of 8; SAT exam taken = 1 unit of 8)*

Formula (must be numerical/dollar based): *(Example: \$5,000 divided by 36 units = \$138.89 per unit)*

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## **Section E – Beneficiary Information**

1. **Verification of Eligibility:** Identify the beneficiaries of the proposed project. **Select LMA or LMC.**

☐ **Low/Moderate Income Area Benefit (LMA)**

**Number of Persons Served:** \_\_\_\_\_

**Census Tract and Block Group:** \_\_\_\_\_

**Area Population:** \_\_\_\_\_ **LMI Population:** \_\_\_\_\_ **Percent LMI:** \_\_\_\_\_

☐ **Low/Moderate Income Limited Clientele (LMC)** (please attach blank intake form)

**Self-Certification:** ☐ Yes ☐ No

Clients independently “self-certify” on a membership form, intake form, etc.

**Client Document Review:** ☐ Yes ☐ No

Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff.

**Presumed Beneficiaries:** ☐ Yes ☐ No

Place a checkmark in the box that describes the beneficiaries of the proposed service.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Abused Children          | <input type="checkbox"/> Battered Spouses     | <input type="checkbox"/> Elderly Persons   |
| <input type="checkbox"/> Severely Disabled Adults | <input type="checkbox"/> Homeless Persons     | <input type="checkbox"/> Illiterate Adults |
| <input type="checkbox"/> Persons living with AIDS | <input type="checkbox"/> Migrant Farm Workers |  |

2. **Ethnicity and Race**

a. Does your organization request information on whether your clients are of Hispanic ethnicity?

☐ Yes ☐ No

b. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races?

☐ Yes ☐ No

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ American Indian or Alaska Native and White
- ☐ Asian and White
- ☐ Black or African and White
- ☐ American Indian or Alaska Native and Black or African American
- ☐ Other (this category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

c. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:

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## **Section F - Financial Information**

1. What is your agency's fiscal year end date? \_\_\_\_\_
2. What fiscal year did this most recent audit include? \_\_\_\_\_  
Please attach a copy of your organizations audited financial statements for the most recent fiscal year.
3. Does your Board of Directors have an audit committee? ☐ Yes ☐ No
4. Are there any outstanding financial audit findings which remain unresolved? ☐ Yes ☐ No  
If yes, please explain.

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5. Describe the organization's experience with Federal program funding.

### **Federal Grant Experience within past 5 years:**

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount

- a. Has your agency expended more than \$750,000 in federal funds in its last operating year? ☐ Yes ☐ No

**If you answered “Yes” to question a, please answer questions b and c below. If you answered “no” to question a, please proceed to question 6.**

- b. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)? ☐ Yes ☐ No
- c. Are there any outstanding single audit findings which remain unresolved? If Yes, please explain. ☐ Yes ☐ No
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6. Financial Capacity: Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements.

7. Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month? ☐ Yes ☐ No
8. Does your organization have any outstanding litigation or other legal issues?  
If yes, please attach written explanation as a separate sheet. ☐ Yes ☐ No

**Section G – Certifications – All Certifications must be executed in BLUE INK**

**Agency Certification**

The undersigned agency hereby certifies that:

- a. The information contained herein and in all attachments is complete and accurate;
- b. The agency shall comply with all federal policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. The federal assistance made available through the CDBG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

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**(Name of Agency)**

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**(Typed Name of Agency Official)**

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**(Title of Agency Official)**

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**(Agency Official Signature)**

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**(Date of Signature)**

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**(Telephone Number of Agency Official)**

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**(Email address of Agency Official)**

## Checklist of Required Documents

The documents listed below are required of Agencies applying for CDBG Public Service funds:

- ☐ **Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
- ☐ **Evidence of Insurance – General Liability Certificate with additional insured endorsement**
- ☐ **Program Budget**
- ☐ **Most recent financial audit**
- ☐ **Program fee schedule, if applicable**
- ☐ **Single Audit (if organization expended more than \$750,000 of federal funds within a program year)**
- ☐ **Most recent filed IRS-990**
- ☐ **Explanation of outstanding legal/litigation issues, if applicable**
- ☐ **Blank client intake form, with self-certification of eligibility status, if applicable**
- ☐ **Copy of your agency's Corporate Resolution of Authorized Officials, authorizing specific officials of the agency to sign on behalf of the agency, the application, agreement with the City, requests for reimbursements, and all other pertinent documents required by the City for the CDBG Activity.**