



**Community Development Block Grant (CDBG)
2021 Annual Action Plan
Application Questions
City of Rancho Cordova**

Applicant Name (Agency or Non-Profit):

Primary Contact:

(Please indicate the authorized signatory of your organization/agency, e.g. executive director, president, or equivalent.)

Name:

Address:

Email:

Phone Number:

Program or Project Name:

Important Note: The Performance Period for this 2021 Program Year cycle will be from January 1, 2021 to December 31, 2021.

___ I acknowledge the above statement.

Are you able to complete this project/program by December 31, 2021? (Social Service projects must be completed by this date.):

___ Yes, I am able to complete the proposed project/program by December 31, 2021.

___ No, I am unable to complete by December 31, 2021; the estimated completion date is

_____.

Amount requested for the 2021 funding cycle (Please note that the performance period is from January-December 2021): \$ **XXX,XXX.XX**

Program or Project Description (3000-character limit):

General Information: Select the category which best describes the type of activity for which funds are being requested.

- Public facilities and public improvements
- Economic development and employment training
- Real property acquisition or rehab
- Public services
- Crime prevention
- Building capacity of community resources
- Code enforcement (reduce blight)
- Homeless facilities
- Fair housing (prevent discrimination)
- Housing rehabilitation or home ownership assistance
- New housing construction (community-based development organizations only)
- Emergency repairs or assistance due to displacement
- Electrical utilities improvements
- Energy conservation and renewable resources

- Other, describe:

Project Eligibility: Which HUD objective does your project or program meet? (Low-income means households earning less than 80% of the area median income.)

- Benefit to low-income individuals or households
- Addresses the prevention or elimination of slums or blight
- Meets a particularly urgent community development need

Project Accomplishments: How will you report your accomplishments? (Individuals means unique persons. Households and housing units are tracked the same but are reported separately. For neighborhoods, please estimate the number of low-income residents in the neighborhood. (If you do not know the number of residents in the neighborhood, please reach out to CDBG staff for guidance.)

___ Individuals

___ Households

___ Housing Units

___ Low-Income Area

Project Accomplishments: About how many people/households/housing units will your project or program help?

Performance and Outcomes: What are the goals of your program or project and what community needs will they address? (3000-character limit)

Organizational Capacity: Describe your organization's experience with similar programs/project. (1000-character limit)

Grant Management Experience: Please describe your organization's experience in managing federal and/or state grants. (1000-character limit)

Program Contact: Please provide the contact information for the person directly responsible for managing the program or project on a day to day basis.

Name:

Address (if different than the contact information address on Page 1):

Email:

Phone Number:

Position or Title:

Years of Experience:

How many full-time employees will work on your project or program? (Full time is 40 hours per week (please include full-time staff that will work on this project even if they will only be working part time or a few hours a week on this specific project/program). If zero put 0. _____

How many part-time employees will work on your project or program? _____

How many volunteers will work on your project or program? _____

Partner Agencies/Non-Profits: Will your organization be partnering with any outside agencies or groups on this project/program? If so, with whom?

Could your program/project be successful if you received less than your requested grant funding?

Yes

No

Unsure

If you answered "Yes" to the prompt above, please describe the changes your organization will make so that the program or project is successful with reduced funding. (500-character limit)

Please **ATTACH** your program/project budget for the 2021 program year. (Note the program performance period is January through December 2021. Please attach or include a spreadsheet (Excel) budget that includes all alternative funding, in-kind donations and labor, and any other resources.)

Program/Project Budget for proposed project Attached

Please include the following additional Attachments:

Articles of Incorporation and By-laws and Amendments

Secretary of State Certification of Good Standing (Online printout/screenshot is acceptable)

Organizational Chart and Agency Mission Statement

Certified Audit (Most recent)

Profit and Loss Statement for most recent year.

Insurance Documents

Other Documents