



**Community Development Block Grant (CDBG)  
2023 Annual Action Plan/CDBG-CV  
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 2023 Program Year cycle will be from January 1, 2023 to December 31, 2023.**

I acknowledge the above statement.

**Are you able to complete this project/program by December 31, 2023? (Social Service projects must be completed by this date.):**

Yes, I am able to complete the proposed project/program by December 31, 2023.

No, I am unable to complete by December 31, 2023; the estimated completion date is

\_\_\_\_\_.

Amount requested for the 2023 funding cycle (Please note that the performance period is from January 1, 2023 to December 2023):

\$

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
- Response to COVID-19
- 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 (if different than the contact information address on Page 1):**

**Address:**

**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 2023 program year. (Note the program performance period is January 1, 2023 through December 31, 2023. 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