CITY OF ROSEMEAD



Application for CDBG Funds 2024-2025 Program Year

All persons or agencies wishing to apply for 2024-2025 Community Development Block Grant (CDBG) funds must complete an application form in order to be considered. Applications will be accepted until 2:00 p.m. on Tuesday, email degarcia@cityofrosemead.org. applications February 20, via at Late will not be accepted. NO EXCEPTIONS. In addition, applications be submitted City of can to the Rosemead located at 8838 East Valley Boulevard, Rosemead, CA 91770.

In order to be considered for funding, all sections of the application must be completed. Any sections that do not apply should be marked N/A on the form.

AGENCY INFORMATION					
Department/Agency Name:	Contact Person:				
Agency Status (Check One): Non-Profit For-Profit Public (City)	Contact Title:				
Agency Address	Telephone No.:				
Address: City, State, Zip:	Facsimile No.				
Federal Tax ID No.:	E-mail Address:				
DUNS No.1:	Name of Person Signing Contracts:				
(Attach additional	l sheets ifnecessary)				

¹ Pursuant to the Federal Funding Accountability and Transparency Act of 2006 (FFATA), this is a requirement for all CDBG-assisted subrecipients, contracts and subcontracts. For more information on how to obtain a DUNS number if your organization does not already have one, visit http://fedgov.dnb.com/webform/index.isp

PROJECT INFORMATION							
Project Title:	This Request is for a (Check One):						
	☐ New Project ☐ Existing Project						
Amount of CDBG Funds Being Requested:	Performance Indicator: (select from list)						
Project Site Address:	_						
Address: City, State, Zip:							
Have You Received City Funds Before (Check One): Yes No	Meeting National Objective: (select from list)						
NARRATIVE	OUESTIONS						
(Attach additional sheets if necessary):	Rezerre						
1. Provide a detailed description of the proposed community, the characteristics of the people who will be used to implement the project:	project. Explain how the project will benefit the will benefit from the project and how CDBG funds						

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(Type responses in the form fields below. The form will expand to accommodate the length of your response, Do not exceed four pages):					
2.	Describe the target population in detail and note how many unduplicated households and people the project will serve, their income levels, and whether they are part of any special needs groups:				
3.	Describe, with data and information, the need for this activity in the City:				
4.	Describe all similar projects your Organization has carried out in the last five (5) years. For each program/project, provide a reference name and telephone number from the agency that provided CDBG or other HUD funding:				
5.	Identify and describe any audit findings, liens, investigations, or probation by any oversight agency in the past five (5) years. If none, please state none:				

PROJECT BUDGET SUMMARY (The Agency understands that no expenditures may be incurred before a contract has been fully executed) Overall Budget Rosemead CDBG Funds Formula Grant Cost Category Personnel Costs Non-Personnel Costs (supplies, consultants, etc.) Capital Improvement Costs Total \$ 0.00 \$ 0.00 Describe any other funding sources (and the amount of the other funding source) that will be used in the execution of the project:

	COMPLISHMENTS		
(Please comple	te the table below)	City of	Total Overall
N. 1 (1' , , 11 1 1 1 20	22. 22	Rosemead	Clients
Number of clients actually served under program year 20			
Number of clients expected to be served under current p	·		
Number of clients proposed to be served under expected	d program in 2024-25		
Describe how the program benefits low-moderate in Note: The number of clients noted in the table above mu			
In the 2023 HUD Income Limits. HUD updates the income Limits.			
Print Name of Person Signing Contract	Signature		Date