



CITY OF RIPON

Community Development Department

259 N. Wilma Avenue
Ripon, CA 95366

2026-2027 FEDERAL GRANT PROGRAMS APPLICATION FOR FUNDING

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) HOME INVESTMENT PARTNERSHIPS (HOME)

APPLICATIONS ARE DUE

Friday, February 13, 2026

Submit to:

CITY OF RIPON

**Community Development Department
259 N. Wilma Avenue
Ripon, CA 95366**

OR VIA Email:

mwinters@cityofripon.org
kzuidervaart@cityofripon.org

Faxed copies will not be accepted. Proposals received after the deadline, regardless of postmarked date, will not be accepted. Applications submitted without the required attachments will not be accepted.

**CITY OF RIPON****2026-2027 FEDERAL GRANT PROGRAMS FUNDING APPLICATION
FOR THE FOLLOWING GRANTS:**

- COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)**
- HOME INVESTMENT PARTNERSHIP (HOME)**

SECTION I. GENERAL INFORMATION

1. Name of Entity or Organization: _____

Address: _____

City: _____ Zip Code: _____

2. Mailing Address (if different from above): _____

3. Executive Director/CEO: _____ E-mail: _____

4. Telephone Number: _____ Fax Number: _____

5. Contact Person: _____ E-mail: _____

6. Organization's Annual Financial Year: _____

7. Unique Entity Identifier (UEI) (Formerly DUNS #) **(Mandatory)** _____

Applying for Funding Source:Check One: ☐ Community Development Block Grant **(CDBG)**☐ HOME Investment Partnership **(HOME)**

Amount of Grant Funds Requested: \$ _____ Total Project Cost: _____

IMPORTANT NOTICE FOR APPLICANTS: These funds, if awarded, are **NOT** an on-going source of support. If you receive funding this year, there is no guarantee that approved projects will receive funding in subsequent years.

Title of Proposed Project: _____

Project Site Location: _____

Please indicate if your organization has submitted an application(s) to any of the following jurisdictions for the same project and the amount of funding requested:

Stockton \$_____ Escalon \$_____ Lathrop \$_____ Lodi \$_____
 Manteca \$_____ Ripon \$_____ Tracy \$_____

SECTION II. PROJECT INFORMATION

Check the eligible activity that will be addressed by the proposed project/program. **Choose only ONE activity per application.**

- _____ Acquisition Only
- _____ Economic Development (*job creation/retention*)
- _____ Public Facilities and/or Public Improvements (*must be permanent improvements*)
- _____ New Construction - CBDOs Only. (*Community Based Development Organizations as defined in 24 CFR 570, Subpart C, 570.204, Paragraph (c)(1)(2) and 570.207(3)(iii).*)
- _____ Housing
- _____ Public Service (*New or increased operational costs of a service or program*) as required by 24 CFR 570.201 (e) (1)
- _____ Emergency Housing/Shelter, Homelessness Prevention, Rapid Re-housing, Street Outreach
- _____ Planning & Administration

A. PROJECT NARRATIVE

1. Project Description. Provide a concise description of the proposed project (work to be performed; project to be undertaken or services to be provided).
2. Needs Statement. Identify and document the deficiency to be addressed by the proposed project.
3. Objectives, Outcomes and Indicators. Identify how the proposed project will resolve the deficiency(s) identified in the needs statement and clearly establish measurable benchmarks and activities for success.
4. Internal Performance Measurement. Describe the system or systems that are in place or that will be utilized to determine whether or not the proposed project is achieving the established outcomes. How will you measure your successes or failures? How will you determine the overall success of the proposed project? Describe, in **quantifiable** terms.
5. Activities & Methodology. Specify tasks/activities to be undertaken to accomplish the objectives and explain how the activities will be implemented. Narrative should address only those activities necessary to implement the proposed objectives requested in this application and should establish a clear correlation between your stated objectives and the organizations program goals.

6. Schedule. Provide a realistic time frame for each identified activity with estimated completion dates.
7. Continuation Plan. Explain how the proposed project will continue after the requested funding ends. What are the proposed long term changes or benefits? Will the activity be monitored after completion?

B. PROJECT CHARACTERISTICS

1. Name and address of the project site or facility:
2. Legal property owner:
3. Is this a new program/service or an expansion of an existing program/service? Please explain.
4. Describe the geographic boundaries of the neighborhood, community, or region to be served by the project. This description should include service area boundaries if land acquisition or if structural improvements are proposed. (Attach a map).
5. Explain how this program differs from other programs providing similar services. If this is a collaborative project, name the organizations involved and explain their involvement. Provide letters of intent from each participating agency specifying the agency's role and contribution to the project.
6. Does the proposed activity conform to the General Plan, zoning, and other regulations? Please describe all planning/predevelopment steps that have been completed to date. (e.g. architectural plans, engineering, land use approvals, permits, funding commitments, etc.)
7. Provide further information on building or property for which improvements are being proposed. Indicate whether it is owned or rented; if rented, provide conditions and terms of lease. Indicate whether property that would be renovated or purchased with CDBG or HOME funds is currently occupied for residential or commercial/industrial uses.
8. Are there environmental issues, such as flooding, hazardous materials, lead-based paint, or historic preservation that will need to be considered? If yes, please explain.

() Yes

() No

9. Fair Labor Standards Act Compliance. Any construction project over \$2,000 will require payment of prevailing wages. Did you consider paying prevailing wages when developing your project budget?

() Yes

() No

() Not Applicable

10. If the proposed project includes acquisition and/or rehabilitation of rental property that may require temporary, or permanent displaced tenants, this project may be subject to the Uniform Relocation Act and therefore, your budget must include the cost of relocating the displaced tenant. Did you include relocation costs when developing your project budget?

() Yes

() No

() Not Applicable

C. BENEFICIARY INFORMATION

Each activity must have a direct or indirect benefit to persons of low- to moderate-income. A direct beneficiary is defined as a person or family receiving a direct service (benefit) for which they are required to either complete a personal income verification form, or submit an application for the purpose of demonstrating eligibility under a particular criteria (such as income limit). An indirect (area) beneficiary is defined as a person or family who receives a service (benefit) that is equally provided to the whole community or a targeted portion of the community.

1. How does (will) your organization verify income eligibility of your clients?

Yes or No

Area Benefit. Project service area has been identified and determined to be statistically low-income based on the 2010 Census. If you use this method, provide all Census Tracts and Block Groups served by your project and a calculation of the low-income percentage. Please utilize the following web application to confirm eligibility. Area benefit applicants are required to confirm block groups/census tracts are eligible. Map depicting area with low/mod % is required with this application. http://www.arcgis.com/home/item.html?id=9642c475e56f49efb6e62f2d8a846a78	
Self Certification. Clients independently "self-certify" on an intake form, membership form, etc. If you use this method, please attach a blank intake form.	
Client Document Review. Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. If you use this method, please attach a blank worksheet.	
Presumed Beneficiaries. Clients served are <u>primarily and specifically</u> from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), special needs/disabled persons, migrant farm workers, handicapped individuals, homeless persons. If you use this method, please indicate which group. *Please note sidewalks and handicap ramps do not have a presumed benefit to any group of person listed above.	
Economic Development Beneficiaries. Financial or Technical Assistance to Businesses. The number of full-time, part-time jobs created or retained; the number of businesses to be provided counseling or technical assistance (DUNS Number required at time of assistance). Please attach a blank worksheet.	
Other. Survey, other documentation (required documentation for other governmental programs, etc. Please explain.	

2. Provide the number of people or households that will directly benefit from your program daily and annually. Indicate how these numbers were obtained or derived. (History of program, Census data).

3. Describe the method used to gather demographic and other statistics for reporting purposes.
(Include the name of software, if applicable.)

D. DEMOGRAPHIC INFORMATION (Numbers provided should be based upon historic levels or supportable projections.)

1. Indicate the number of residents, by jurisdiction, expected to benefit from the proposed activity.

Stockton _____	Lodi _____
Unincorporated San Joaquin County _____	Manteca _____
Escalon _____	Ripon _____
Lathrop _____	Tracy _____
TOTAL _____	

2. Indicate the percentage of clients to be served by income level:

Extremely Low Income _____% (< 30% Median)	Very Low Income _____% (31-50% Median)	Low Income _____% (51-80% Median)
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3. Indicate the percentage (%) of Clients by sex to be served: Male _____% Female _____%

4. Indicate the percentage (%) of clients to be served by age group:

0-5 ____%, 6-17 ____%, 18-61 ____%, Over 62 ____%

5. Ethnicity. Do you request information on whether your clients are of Hispanic ethnicity?
() Yes () No

6. Race. Indicate the number and percentage of the clients to be served:

	NUMBER	PERCENTAGE
American Indian or Alaska Native		
Asian		
Black or African American		
Hispanic		
Native Hawaiian or Other Pacific Islander		
White		
American Indian or Alaska Native and White		
Asian and White		
Black or African American and White		
American Indian or Alaska Native and Black or African American		
TOTALS:		
Handicapped		
Female Head of Household		

7. What is the basis for the provided demographic information?
8. 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.

E. PERFORMANCE OUTCOME MEASUREMENT

The program performance categories listed below are required under the three Federal grant programs by the U.S. Department of Housing and Urban Development (HUD). Please check one of the boxes under the following program performance categories that apply to your proposed project.

1. Which one of the following objectives will the proposed activity address? (TIP: What is the purpose of the activity?)
- () Create a Suitable Living Environment
Relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environment. This objective relates to activities that are intended to address a wide range of issues faced by low- and moderate-income persons, from physical problems with their environments, such as poor quality infrastructure, to social issues such as crime prevention, literacy, or elderly health services.
 - () Provide Decent Housing
Covers the wide range of housing activities that are generally undertaken with HOME and CDBG funds. This objective focuses on housing activities whose purpose is to meet individual family or community housing needs.
 - () Create Economic Opportunities
Activities related to economic development, commercial revitalization, or job creation.
2. Which one of the following outcomes will the proposed activity meet? (TIP: What type of change or result am I seeking?)
- () Improve Availability or Accessibility
Applies to activities that make infrastructure, public services, public facilities, housing, or shelter available or accessible to low- and moderate-income people, including persons with disabilities. Accessibility does not refer only to physical barriers, but also to making the basics of daily living available and accessible to low- and moderate-income people where they live.
 - () Improve Affordability
Applies to activities that provide affordability by lowering the cost, improving the quality, or increasing the affordability of a product or service to benefit a low-income household. Activities can include affordable housing, basic infrastructure hook-ups, or services such as transportation or day care.
 - () Improve Sustainability
Sustainability is specifically tied to activities that are designed for the purpose of ensuring that a particular geographic area as a whole (such as a neighborhood) becomes or remains viable by providing benefit to persons of low- and moderate-income or by removing or eliminating slums or blighted areas, through multiple activities or services that sustains communities or neighborhoods.

F. PROJECT PHASING

It is helpful to know if your project will span over multiple years, and if you intend to apply for future CDBG funds. This information is not considered a disadvantage during the review of the application.

1. Can the proposed project be divided into smaller projects, if necessary?
() Yes () No
2. Is the proposed project part of a larger project involving more than one phase?
() Yes () No
3. Please attach a description and map of the overall project area for environmental assessment purposes.
() Attached () Previously Provided

SECTION III. ORGANIZATION INFORMATION**A. BACKGROUND**

Please check all that apply:

- () Non-Profit Organization () Community Development Housing Organization (CHDO)
() Public Agency () For-Profit Organization
() Faith-Based Organization ¹

¹Generally, a faith-based organization was founded or is inspired by faith or religion. Such organizations often choose to demonstrate that faith by carrying out one or more activities that assist persons who are less fortunate.

1. Describe the specific types of services/activities/projects that your organization provides, specifically as they relate to benefiting low and moderate income persons.
2. Longevity:
 - a) Number of year's organization has been in business _____
 - b) Number of year's organization has operated as a 501 (c) (3) _____
 - c) Has this organization operated under another name? () Yes () No
If yes, list all previous names:
 - d) Number of year's organization has conducted the program for which funding is requested: _____

B. QUALIFICATIONS

1. Please describe your organization's history and experience in providing services to the community.
2. Discuss the agency's capability to develop, implement and administer the proposed project.
3. Describe the organization's outreach and service delivery methods.

SECTION IV. FUNDING NARRATIVES

1. Has your organization previously received CDBG, HOME, and/or ESG funding?
() Yes () No
 - a. If yes, when?
 - b. How much? \$ _____
 - c. Describe the specific use of that funding to date.
2. What other sources of funding are budgeted for the proposed activity? Please list all committed and proposed sources of funding for this project and indicate the status of each source. Attach copies of any commitment letters you may have.
3. Describe your organizations plan to become self-sustaining, thereby eliminating the need for future CDBG funds.

SECTION V. FINANCIAL INFORMATION

1. For CDBG and HOME applicants, provide a proposed line-item budget for this activity indicating the sources and uses of funds. The format for the budget should be four columns with the first column consisting of a line item description; the second column indicating, by line item, the proposed expense/revenue excluding proposed CDBG/HOME assistance; the third column indicating the proposed CDBG/HOME assistance in the appropriate line(s); and the fourth column totaling columns 2 and 3 and reflecting the agencies proposed fiscal year budget. (Sample line-item budget can be found on the last page of the application.)
2. Provide a copy of your organization's financial statement for the most recent completed fiscal year. Include a balance sheet and income and expenditure statement.
3. Provide a copy of letter or audit indicating review of most recent financial statement from certified and/or public accountant.
4. If non-profit, provide proof of non-profit status; copy of determination letter from State Franchise Tax Board or Federal Internal Revenue Service confirming non-profit status.

SECTION VI. AUTHORIZED SIGNATORY

I hereby certify that I have read this application and the exhibits thereto, and know the contents thereof, and that the statement therein are true, and that I have been authorized by the governing board to submit this application.

Authorized Representative Signature

Date

Printed Name and Title

SAMPLE BUDGET WORKSHEET

Note: The completed sample worksheet is intended to show the level of detail the City is seeking for the budget only and does not necessarily reflect appropriate project cost effectiveness, leveraging ratios, or other application criteria.				
Applicant:	VERY BEST ORGANIZATION	Activity Cost		
Activity:	OUTSTANDING PUBLIC SERVICE ACTIVITY			
Program Implementation (Direct Program Cost)		CDBG Only	Other Sources	Total
Task 1:	Develop workshop training materials	\$10,000	\$5,000	\$15,000
Task 2:	Newspaper ads for workshop (12 @ \$125 ea)	\$1,000	\$500	\$1,500
Task 3:	TV and radio ads (6 @ \$350 ave. ea)	\$10,000	\$1,100	\$2,100
Workshop supplies (pencils, chalk, paper supplies, pens, etc.) @ \$5/student, 300 students per year		\$0	\$1,500	\$1,500
Workshop classroom rent, including utilities: 8 hrs./mo. @ \$ 25/hr for 4 months		\$800	\$0	\$800
TOTAL Program Implementation		\$12,800	\$8,100	\$20,900
Personnel/Other Costs (Program Administration)				
Workshop Coordinator: 1,000 hours @ \$25/hr., including benefits (developing and conducting workshops		\$25,000	\$0	\$25,000
Workshop Clerical Support: 240 hours @ \$11.50/hr., no benefits (typing workshop materials, program accounting)		\$2,760	\$0	\$2,760
Workshop Manager: 48 hours @ \$55/hr., including benefits (general grant administration)		\$2,640	\$0	\$2,640
Workshop staff travel expenses, 120 miles round trip @ .30 per mile		\$360	\$0	\$360
Annual subscription to "Workshop Times" magazine		\$0	\$25	\$25
1-day seminar "Workshop Techniques for the 21st Century" in Sacramento, August 2024, for 2 staff persons @ \$500 each (includes seminar fee, travel, lodging, and meals		\$0	\$1,000	\$1,000
TOTAL Personnel/Other Costs		\$30,760	\$1,025	\$31,785
TOTAL CDBG REQUEST		\$43,560		
TOTAL ACTIVITY COST - ALL SOURCES			\$9,124	
COMBINED TOTAL				\$52,685

