



*APPLICATION DUE DATE:  
FRIDAY, JANUARY 10, 2025*

*DATE RECEIVED BY  
CITY (insert date stamp)*

**CITY OF GLENDORA**  
**COMMUNITY DEVELOPMENT BLOCK  
GRANT PROGRAM**  
**GRANT APPLICATION FOR FISCAL  
YEAR 2025 - 2026**

**INTRODUCTION:**

The following steps will help you provide the information needed to determine if your activity may be eligible to receive CDBG funding. The information you provide is required by HUD regulations. City of Glendora staff will review your completed application to assess if your program is eligible to receive CDBG funds. This application is used only for preliminary review of your activity and request for funding. Completion and submission of this application does not obligate the City of Glendora to allocate CDBG funding to your activity. **However, no funding allocation is possible without the submission of this application.** Final allocation authorizations are by City Council action only.

**General Information**

Type of Organization \_\_\_\_\_ Private Non-Profit with 501 (c )(3) status  
 \_\_\_\_\_ **(attach supporting documentation)**  
 \_\_\_\_\_ City of Glendora

Program or Project Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

E-mail address \_\_\_\_\_

Officials authorized to sign contract and expend funds for applicant

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

City of Glendora Business License No. \_\_\_\_\_

Federal ID Number/Social Security Number (non-profit corporation) \_\_\_\_\_

Federal DUNS Number \_\_\_\_\_

Amount of Funds Requested \_\_\_\_\_ \$ \_\_\_\_\_

**NOTE: Please keep your answers brief and contained within the space provided. Do Not attach additional information. In the event that additional program information is needed, you will be contacted by CDBG program staff. Unsolicited information will not be forwarded to the City Council. Do not alter this format.**

**Step 1. Provide a brief summary of your program:**

This description will be used in application summaries for the City Council throughout the application process. Therefore, this space is to be used for a brief summary describing your program. In Step 2 you will have the opportunity to provide a more detailed activity description.

**Step 2. Program Detail: Please answer the following questions:**

A) Which CDBG National Objectives will your activity address?

The following will help determine which of the CDBG National Objectives (as defined by HUD) your program satisfies. (Please note that while there are a total of three National Objectives, only two are listed since the Glendora City Council has not certified that an urgent need that poses a threat to health and welfare, which is the third National Objective, currently exists in the City of Glendora.)

This activity will  I. Benefit low and moderate income persons; or,

II. Aid in the prevention or elimination of slums or urban blight.

**You MUST check at least one of the above if your program is to be considered eligible.**

Beneficiaries:      The elderly       yes     no      The handicapped       yes     no  
The homeless       yes     no

B) What is the primary goal of your program during the 2025-2026 program year? How many beneficiaries do you realistically expect to serve?

C) What specific problems are your programs designed to solve?

D) What types of activities are conducted within your program?

E) What is the service area of your program?

Please be as specific as possible, for example: city-wide or census tract. If targeting a specific neighborhood, provide a map.

F) Estimate type and number of persons to be served by your program/project(s). Include income limits if applicable.

**Step 3: Describe the management team for your program:**

A) List program staff positions and duties:

List **ONLY** those staff members responsible for implementing your proposed program.

Staff Position	Duties	Indicate	
		Volunteer	Staff

B) If your organization has a board of directors please list the members:

**Total Number of Board Members per your By-laws:** \_\_\_\_\_

Name	Occupation	Board Position





**3. OTHER FUNDING SOURCES**

What other organizations, government entities or grant sources fund your program. If costs are to be shared by other sources of funding, including CDBG funds from other jurisdictions, identify the source of funding, grantor/lending agency, and amount. **(Do not include current CDBG funds from the City of Glendora.)**

<b>FUNDING SOURCE</b>	<b>GRANTOR OR AGENCY</b>	<b>LOCATION OF GRANTOR</b>	<b>AMOUNT</b>
		<b>TOTALS</b>	\$

Insert totals in BUDGET OVERVIEW table

**4. CAPITAL IMPROVEMENT COSTS (Capital Improvement Projects Only)**

<b>COST CATEGORY</b>	<b>TOTAL COST \$</b>	<b>OTHER SOURCES \$</b>	<b>CDBG SHARE \$</b>
<b>SPACE RENTAL</b>			
<b>UTILITIES</b>			
<b>LIABILITY INSURANCE</b>			
<b>WORKMAN'S COMPENSATION INSURANCE</b>			
<b>OTHER INSURANCE</b>			
<b>CONSULTANT SERVICES</b>			
<b>TRAVEL</b>			
<b>SUPPLIES</b>			
<b>EQUIPMENT</b>			
<b>OTHER:</b>			
<b>TOTALS</b>	\$	\$	\$

Insert totals in the BUDGET OVERVIEW table.

**5. BUDGET OVERVIEW**

	<b>TOTAL</b>	<b>OTHER</b>	<b>CDBG</b>
<b>COST CATEGORY</b>	<b>COST \$</b>	<b>SOURCES \$</b>	<b>SHARE \$</b>
<b>PERSONNEL</b>			
<b>SERVICES/SUPPLIES</b>			
<b>CAPITAL IMPROVEMENT COSTS</b>			
<b>OTHER</b>			
<b>TOTALS</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

(Remainder of page is intentionally blank.)

**Step 5: Please complete the following certifications:**

The undersigned certifies that:

- a) The information contained in this document is complete and accurate;
- b) The proposed program described in this application meets one of the National Objectives governing the use of Community Development Block Grant (CDBG) funds (see Step #2 A);
- c) The applicant shall comply with all federal and City Policies and requirements affecting the CDBG program;
- d) If the project is a facility, the sponsor shall maintain and operate the facility for its approved use throughout its economic life; and
- e) Sufficient funds are available from non-CDBG sources to complete the project, as described, if CDBG funds are allocated to the applicant.

\_\_\_\_\_  
Signature of Authorized Applicant Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title of Authorized Applicant Representative

**Step 6. Please submit two signed original copies, fully completed, of this application to:**

Alycia Suniga, Senior Management Analyst  
 City of Glendora  
 Community Development Department  
 ATTN: CDBG Application  
 116 East Foothill Boulevard  
 Glendora, California 91741

**You will be contacted, in writing, regarding the receipt and status of your grant application.**

If you have any questions regarding your grant application or the CDBG Program in general, please contact Alycia Suniga at (626) 852-4822.

**APPLICATION DUE DATE: 5:00 P.M., Friday, January 10, 2025.**

**PLEASE NOTE: ALL LATE APPLICATIONS WILL BE REFUSED. IT IS HIGHLY RECOMMENDED YOU PERSONALLY DROP OFF YOUR APPLICATION AND OBTAIN A DATE STAMPED RECEIVED COPY FOR YOUR RECORDS IN ORDER TO PREVENT ANY MISUNDERSTANDINGS.**

**NO FAX'S, OR E-MAIL WILL BE ACCEPTED. MAILED COPIES MUST BE RECEIVED AT CITY HALL BY 5:00 P.M. ON OR BEFORE THE DUE DATE.**

Thank you for your interest in the City of Glendora's  
Community Development Block Grant Program.