



**CITY OF BALDWIN PARK
COMMUNITY DEVELOPMENT BLOCK GRANT
FUNDING APPLICATION
FY 2026/2027**



**Community Development Department
14403 Pacific Avenue
Baldwin Park, CA 91706**

**CITY OF BALDWIN PARK
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
APPLICATION PACKAGE**

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Application packages are due by 5 p.m., on **Thursday, March 30, 2026**

Applications must be submitted by US Postal Service to:

**Baldwin Park Housing Department
14403 E. Pacific Avenue
Baldwin Park, CA 91706**

LATE APPLICATIONS WILL NOT BE ACCEPTED. APPLICATIONS THAT HAVE BEEN ALTERED FROM ITS ORIGINAL FORMAT WILL ALSO NOT BE ACCEPTED.

ELIGIBILITY REQUIREMENTS

To be eligible for consideration, all applicants must meet the following criteria:

- 1) The organization must be incorporated as a non-profit organization 501(c) (3) or chartered as a local unit and be tax exempt.
- 2) All Agencies must have the following:
 - By-laws that clearly define the Agency's purpose(s), organization and duties of its officers.
 - An elected or appointed governing board that is responsible for the governance of the Agency.
 - Adequate administration of the program to ensure delivery of services.
 - Assurance that it will conduct its business in compliance with the NON-DISCRIMINATION requirements of City, State and Federal governments.
 - An Annual Financial Audit.
- 3) Funding for public service programs comes from the Community Development Block Grant (CDBG) program received through the Department of Housing and Urban Development (HUD). CDBG funds are for the specific purpose of benefiting low to moderate income households. In order to be eligible to receive these funds, an organization must provide a service to the residents of the City of Baldwin Park and be able to document that at least 51 percent of the clientele served by the project/program earn less than the following income limits.

Household Size	Annual Income Limit
1	\$84,850
2	\$96,950
3	\$109,050
4	\$121,150
5	\$130,850
6	\$140,550
7	\$150,250
8	\$159,950

** Income limits are based on 2025 CDBG limits and will be updated on or before May 2026 for FY 26/27.*

- 4) Agencies must be willing and able to provide required supporting documentation verifying client information (including but not limited to proof of Baldwin Park residency, pay stubs, income tax forms, W2 forms, etc.)
- 5) Applications must be completed and submitted on or before 5 p.m., **March 30, 2026**. In order for your application to be considered complete, all items listed in the "Application Checklist" must be included. Faxed or e-mailed applications will **not** be accepted. Incomplete applications will not be considered.

APPLICATION CHECKLIST

ORGANIZATION _____

Please complete an Application Form for each proposed program/project. If an item is not applicable, indicate "N/A" in the box. If you need assistance, or have questions, contact **Michelle Bravo** at (626) 960-4011 ext. 354, or by email at mbravo@baldwinparkca.gov .

1. APPLICATION FORM
2. BUDGET PROPOSAL (ATTACHMENT A)
3. BOARD OF DIRECTORS AFFIDAVIT
4. ORGANIZATION BY-LAWS
5. CHARTER OF ARTICLES OF INCORPORATION
6. IRS TAX EXEMPT STATEMENT
7. MOST RECENT AUDITED FINANCIAL STATEMENT
8. PAST AND PROJECTED ACCOMPLISHMENTS

CLIENT INTAKE INFORMATION

The U.S. Department of Housing and Urban Development (HUD) requires that agencies obtain intake data from each client/family served. Application intake must be taken on all clients assisted with CDBG Funds. Supporting documentation is also required. Please see page 8 regarding Presumed Benefits.

Does your agency obtain this information? Yes No

If yes, does your intake sheet and supporting documentation obtain the following?

- | | | |
|---------------------------------------|------------------------------|-----------------------------|
| 1. Name | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Address | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. City in which client last resided. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Number of family members. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Total family (household) income. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Race and Ethnicity | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Female head of household | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Presumed Benefit Clientele* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Income eligibility is not required for services provided to "Presumed Benefit" clientele as defined by HUD. The following groups are considered presumed benefit clients: abused children; battered spouses; elderly persons; illiterate persons; persons living with AIDS; severally disabled persons; homeless persons; or migrant farm workers.*

Pursuant to federal requirements, if your agency is unable or unwilling to obtain the above information from its clientele, please do not submit an application for funding.

However, if your agency is willing to accept the responsibility, obtain this information and retain supporting documentation for the required five years, the Executive Director must certify to that effect below:

Print Name

Title of Officer

Signature

Date

ACCOMPLISHMENT DATA

Identify which priority need your organization meets.

<input type="checkbox"/> Code Enforcement	<input type="checkbox"/> Housing Rehabilitation	<input type="checkbox"/> General Public Services
<input type="checkbox"/> Senior Services	<input type="checkbox"/> Youth Services	<input type="checkbox"/> Fair Housing Services
<input type="checkbox"/> Homeless Services	<input type="checkbox"/> Public Infrastructure	<input type="checkbox"/> Public Facilities
<input type="checkbox"/> Economic Development	<input type="checkbox"/> Public Infrastructure	<input type="checkbox"/> Other: _____

Performance Measures/Indicators (check one and indicate proposed performance goal)

- Estimated total number of unduplicated Baldwin Park beneficiaries to be provided with **new access** to this service or benefit (*new access to a service includes a service offered for the first time or a service that continues to be provided in subsequent years*): _____
- Estimated total number of unduplicated Baldwin Park beneficiaries to be given **improved access** to this service or benefit (*improved access to a service refers to a previously offered service that now is expanded in terms of size, capacity or location*): _____
- Estimated total number of unduplicated Baldwin Park beneficiaries expected to receive a service or benefit that is **no longer substandard** (*this is in reference to a public service activity used to meet a quality standard or measurably improved quality*): _____

PROPOSED BUDGET

Please complete the following table with your agency's current budget (including CDBG funds, if currently receiving funding) and the proposed budget, identifying how the funds will be utilized.

	FY 2025/2026 Current Salary and Benefit Budget			FY 2026/2027 Proposed Salary and Benefit Budget		
	Baldwin Park CDBG Funding	Other Sources	Total Funding	Baldwin Park CDBG Funding	Other Sources	Total Funding
Salaries – Please indicate if FT, PT, or Contract Staff						
1.	\$	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$	\$
Benefits – Please list each benefit						
1. Workers Comp	\$	\$	\$	\$	\$	\$
2. Retirement	\$	\$	\$	\$	\$	\$
3. Medical/Dental	\$	\$	\$	\$	\$	\$
4. Other:	\$	\$	\$	\$	\$	\$
Total Salaries and Benefits	\$	\$	\$	\$	\$	\$
Operating Expenses						
1. Rent/Mortgage	\$	\$	\$	\$	\$	\$
2. Utilities	\$	\$	\$	\$	\$	\$
3. Telephone	\$	\$	\$	\$	\$	\$
4. Mileage Reimbursement	\$	\$	\$	\$	\$	\$
5. Supplies	\$	\$	\$	\$	\$	\$
6. Conference/Travel	\$	\$	\$	\$	\$	\$
7. Consultant Services	\$	\$	\$	\$	\$	\$
8. Insurance	\$	\$	\$	\$	\$	\$
9. Other:	\$	\$	\$	\$	\$	\$
Total Operating Costs	\$	\$	\$	\$	\$	\$
TOTAL PROGRAM BUDGET	\$	\$	\$	\$	\$	\$

BOARD OF DIRECTORS

Please list members and officers of the Board of Directors of your Agency (attach an additional sheet, if necessary). If there are changes in the Board membership after the request is submitted, the City of Baldwin Park must be notified in writing.

Name	Title	Term Expires
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Name of Executive Director _____

CERTIFICATION

As the Executive Director, or duly authorized representative of _____ (Agency), I certify that the applicant is fully capable of fulfilling its obligation under this proposal. I also certify that, to the best of my knowledge, the information submitted with this funding application is complete and accurate. I understand the additional information and/or documentation may be required if an award is granted. If award CDBG funding, I understand my organization will enter into a Subrecipient Agreement and must comply with HUD regulations and the City's insurance requirements.

All organizations that submit this application must provide accurate data concerning the number and income level of clients. Estimates are unacceptable except for start-up agencies. This stipulation shall also apply to all organizations which are subsequently awarded funding. Any organization that falsifies information, either accidentally or intentionally, shall be required to reimburse the City for any funds paid out and shall not be permitted to apply for funding in the future.

This application is submitted to provide the services for the City of Baldwin Park as stated in this proposal. If this proposal is approved and funded, it is agreed that relevant federal, state and local regulations and other assurances, as required by the City of Baldwin Park, will be adhered to.

I certify and declare under penalty of perjury that the information provided in this application is true and correct.

Print Name

Title of Officer

Signature

Date

Phone Number

Email Address

Has the agency received notification of findings or concerns in the past 5 years? Yes No

If Yes, please explain the concern/finding and corrective actions taken:

