CITY OF UPLAND

COMMUNITY DEVELOPMENT BLOCK GRANT FUNDING APPLICATION

COMMUNITY DEVELOPMENT DEPARTMENT

PROGRAM YEAR 2027 - 2028

All organizations wishing to apply for Community Development Block Grant (CDBG) funds must complete an application form and submit **(as a hard copy)** in order to be considered. All applications must be received at Development Services Department (Housing Division) Attn: Lizzet Avalos, Housing Coordinator, 460 N. Euclid Avenue, Upland, California, 91786 by **5:00 PM** on **Thursday, December 17, 2026**. Late applications will not be accepted. **NO EXCEPTIONS.**

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.

ORGANIZATION INFORMATION	APPLICANT INFORMATION
Organization Name: _____ Corporate Status *(Check One)*: ☐ Nonprofit ☐ For-Profit [1] ☐ Public	Contact Person for the application: Name: _____ Title: _____ Phone: _____ Email: _____
Organization Address Address: _____ City, State, Zip: _____	Person authorized to sign contracts for the Organization: Name: _____ Title: _____ Phone: _____ Email: _____
Faith-based Organization: ☐ Yes ☐ No Federal Tax ID No.: _____ Unique Entity I.D. (UEI) (Registered with SAM.gov): _____	

PROGRAM/PROJECT INFORMATION	
Program/Project Title & Site Location Address: Project Title: _____ Address: _____ City, State, Zip: _____	This request is for a *(Check One)*: ☐ New Program/Project ☐ Existing Program/Project to be Enhanced and/or Expanded
Amount of CDBG Funds Requested PY 2027-2028: $ _____	**Number unduplicated of People to be Served PY 2027-2028:** $ _____

Prior Year CDBG Funds:	Program Year 2026-2027	Program Year 2025-2026
CDBG Funds Awarded:	$ _____	$ _____
Amount Expended to Date:	$ _____	$ _____

[1] Pursuant to 570.500(c). For profit CDBG subrecipients may only apply for microenterprise activities found at 570.201(o).

NARRATIVE QUESTIONS

1. Provide a detailed description of the proposed Program/Project.

2. How will the Program/Project benefit the community?

3. **What are the characteristics of the people who will benefit from the Program/Project?**

4. **How will the CDBG funds be used to implement the Program/Project?**

NARRATIVE QUESTIONS – CONTINUED

5. How will the Program/Project address at least one of the City's priority needs identified in the City of Upland's Consolidated Plan?

6. Describe the level of need in Upland for your Program/Project. Discuss how your Program/Project is positioned to meet this need. (Please include data sources to support the level of need identified).

7. Describe all similar Program/Projects your organization has carried out in the last five years. For each Program/Project, provide a reference name and telephone number from the HUD grantee that provided CDBG or other HUD funding.

8. Identify and describe any audit findings, liens, investigations, or probation by any oversight organization in the five years preceding this application. If none, so indicate.

☐ **Audit finding** ☐ **Lien investigation** ☐ **Probation** ☐ **None**

PROPOSED PROGRAM/PROJECT OPERATING BUDGET

Provide the anticipated operating budget for the proposed CDBG Program/Project. The CDBG portion of the budget must reflect only those costs of serving CDBG-eligible City residents. Indicate any leveraged funds to be used in conjunction with CDBG funds to implement the Program/Project. Additionally, provide the total operating budget for your organization for each type of operating expense. Please round up to the nearest dollar.

Cost Category	Proposed CDBG Program/Project Operating Budget			Total Organization Operating Budget
	CDBG Funds Requested*	Leveraged Funds^	Total Program / Project Operating Budget	
Personnel Costs *(Salaries, Benefits, Other)*	$	$	$	$
Non-Personnel Costs *(Supplies, Consultants, etc.)*	$	$	$	$
Capital Improvement Costs *(Design, Construction, etc.)*	$	$	$	$
Total Budget	$	$	$	$

**For public service programs, the City generally provides CDBG funds for personnel costs. However, in order to evaluate the entire Program/Project, all Program/Project costs must be provided and categorized under one of the three cost categories.*

^Leveraged funds are not required for Programs/Projects but will enhance your proposal. Leveraged funds are other non-CDBG funds that will be used in conjunction with CDBG funds to implement the Program/Project. Leveraged funds include, but are not limited to, cash, gifts, in-kind gifts, or volunteer labor. These funds must be firmly committed to the Program/Project and immediately available.

SOURCES OF FUNDING

Please list all of the sources of funding you anticipate using to implement the City CDBG Program/Project by source, amount, type and status below. The amount of CDBG funding you are seeking in this application is listed first. Fill in the remaining rows to indicate other leveraged funds. The total of all sources listed in the table below should equal the Total Program/Project Operating Budget in the table above.

Source	Amount	Status (Not yet applied), Committed, In-hand, or Unknown)	Comments
CDBG (this application)	$	Unknown	
	$		
	$		
	$		
	$		
	$		
	$		

TO BE COMPLETED FOR PUBLIC SERVICE PROGRAM APPLICATIONS ONLY	
PUBLIC SERVICE PROGRAM ACCOMPLISHMENTS	
Indicate the number of <u>unduplicated</u> people or households (ex. housing rehab.) served:	**Total Unduplicated People or HH Served**
Actually, served during Program Year 2025-26	
Expected to be served during the current Program Year 2026-27	
Expected to be served during the upcoming Program Year 2027-28	
What are their income levels? (Select all that apply) ☐ Extremely Low (Equal to or less than 30% AMI) ☐ Very Low (31% to 50% AMI) ☐ Low (51% to 80% AMI)	
Is target population limited to one or more special needs groups? (if yes, define below) ☐ Yes ☐ No	
Describe the target population:	

TO BE COMPLETED FOR CAPITAL IMPROVEMENT PROJECT APPLICATIONS ONLY		
CAPITAL IMPROVEMENT PROJECT IMPLEMENTATION SCHEDULE		
Milestone	**Target Date**	**Comments**
Phase 1: Preparation of Bid Document		
Phase 2: Pre-Bid		
Phase 3: Bid Opening		
Phase 4: Contract Award		
Phase 5: Pre-Construction / Notice to Proceed		
Phase 6: Mid-Construction		
Phase 7: Construction Completed		
Phase 8: Post Construction/Labor Clearance		

CAPITAL IMPROVEMENT PROJECT SPECIAL REQUIREMENTS	
Has your organization implemented a project within the last five years subject to the following requirements?	
The procurement and contracting requirements of 2 CFR Part 200	☐ Yes ☐ No
The prevailing wage requirements of the Davis-Bacon and Related Acts	☐ Yes ☐ No
The Equal Employment Opportunity and Women's/Minority-owned Business Requirements (W/MBE)	☐ Yes ☐ No
Section 3 of the Housing and Urban Development Act of 1968	☐ Yes ☐ No

I hereby certify that the aforementioned statements are true and correct.

PRINT NAME OF PERSON SIGNING CONTRACT	SIGNATURE	DATE