

City of El Monte



Notice of Funding Availability

COMMUNITY DEVELOPMENT BLOCK GRANT(CDBG)

HOME INVESTMENT PARTNERSHIPS PROGRAM

Deadline For Submitting Applications:

Friday, March 20, 2026

Community & Economic Development Department Housing
Division

Housing Manager: Vanessa Sedano

El Monte City Hall – West, 2nd Floor

El Monte, CA 91731

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Useful Links

[HUD Playing by the Rules: A Handbook for CDBG Subrecipients on Administrative Systems](#)

NOTICE OF FUNDING AVAILABILITY

CDBG, HOME
Request for Proposals

TO ALL INTERESTED PARTIES:

NOTICE IS HEREBY GIVEN that the City of El Monte (the “City”) is initiating its application process for the 2026-2027 Community Development Block Grant (CDBG) and HOME-funded programs. The City is an entitlement community and is expected to receive CDBG and HOME funds from the U.S. Department of Housing and Urban Development (HUD) for Fiscal Year 2026-2027. The Notice of Funding Availability (NOFA) covers a one-year period for CDBG and HOME activities that will begin July 1, 2026, and end June 30, 2027. Funding will be contingent on availability from HUD and will be administered by the City through its Housing Division.

Activities that benefit low and moderate-income El Monte residents, meet HUD program objectives and align with the City’s priorities are encouraged to apply.

All applications must be received no later than 5:00 p.m. on Friday, March 20, 2026. Applications not submitted via email prior to the deadline will not be eligible.

Applications are available now via the City’s website at: <https://www.ci.el-monte.ca.us/236/Housing>.

Applications **MUST** be submitted via email to the City’s Housing Manager, Vanessa Sedano at vsedano@elmonteca.gov. Attach only the required documentation. Any additional information not requested will be disposed of and not considered as part of the application.

Applications that are incomplete, have an inadequate number of copies, exceed the prescribed response limits, have content errors or deficiencies, or submitted after the deadline, will be rejected. Once submitted, proposals may not be amended, unless the amendment has been requested by the City. The City, at its sole discretion, with or without cause, and without liability to any applicant, reserves the right to accept or reject and/or all proposals, cancel this NOFA at any time, and/or take any action in the best interest of the City.

Potential applicants are encouraged to attend an application technical workshop on Wednesday, March 11, 2026, via zoom. Zoom information will be given after applicants RSVP by clicking the links below. The application technical workshops will be held to accommodate potential applicants:

- Workshop #1 CDBG/HOME: 9:00 a.m. to 10:00 a.m. (Public Service & Capital Improvement Projects, HOME)

<https://teams.microsoft.com/meet/28658539451137?p=QH8wHqssf9VIBKmdhs>

The City will evaluate proposals for CDBG and HOME eligibility. After the proposals are evaluated, City staff will make recommendations for the total amount of CDBG and HOME funds for consideration in the City's Draft Action Plan. The City Council will hold public hearings to consider funding allocation recommendations in the Draft Action Plan. The El Monte City Council approves final CDBG and HOME allocations.

It is the intent of the City of El Monte to comply with the Americans with Disabilities Act (ADA). If you should need special assistance, please contact Vanessa Sedano, Housing Manager, at (626) 258-8831, or via vsedano@elmonteca.gov TDD/Voice (626) 580-2078.

City Contact: For more information and to RSVP, contact Vanessa Sedano, Housing Manager

Phone: (626) 258-8831

Email: vsedano@elmonteca.gov

Notice Date: February 19, 2026

Published: February 19, 2026

The El Monte Examiner

REQUIREMENTS

The purpose of the CDBG and HOME programs is to provide housing, community development, and economic development opportunities for low and moderate income and homeless or at-risk of becoming homeless individuals or households. The U.S. Department of Housing and Urban Development establishes these income limits annually based upon the Area Median Income (AMI). Most recent income limits are provided in [Exhibit C](#).

Applicants must submit a complete application email to the City's Housing Manager. In addition to the Scope of Services, Project Budget and Budget Narrative, and Schedule of Performance, Leverage/Match Funds will be considered. The use of other funding sources (e.g. other federal, state, local, or private sources) to leverage HUD funds is highly recommended.

For the CDBG Program, leveraged funds are not required but will enhance your proposal.

For the HOME Programs, applicants must match grant funds with an equal amount of noncash contributions, which may include donated buildings, materials or volunteer services. Matching funds must be available at the time of application and must be spent prior to reimbursement.

Please note that funding is disbursed on a reimbursement basis.

If your organization is selected and awarded funding, your organization will be required to sign a Memorandum of Understanding or Subrecipient Agreement with the City of El Monte outlining the terms and conditions of funding. The Memorandum of Understanding or Subrecipient Agreement is a legally binding contract and failure to adhere to its terms and conditions can result in termination and require repayment of the funding award.

Licenses: Organizations approved for funding will be required to obtain a City of El Monte business license.

Insurance: Nonprofit agencies and organizations approved for funding will be required to obtain insurance coverage as specified in the Agreement and shall be evidenced by an original certificate of insurance provided to the City prior to the execution of the agreement.

The City's standard contract insurance coverage are as follows:

| INSURANCE TYPE | | MINIMUM EACH OCCURENCE | MINIMUM AGGREGATE |
|----------------|--------------------------------|------------------------|-------------------|
| ❖ | General Liability | \$1,000,000.00 | \$2,000,000.00 |
| ❖ | Automobile Liability Insurance | - | \$2,000,000.00 |
| ❖ | Workers Compensation | \$1,000,000.00 | \$1,000,000.00 |
| ❖ | Errors & Omissions | \$2,000,000.00 | |

Additional insurance requirements:

- An endorsement naming the CITY and CITY's elected and appointed officials, officers, employees, agents and volunteers as additional insurers.
- All required insurance will be procured from insurers who, according to the latest edition of the Best's Insurance Guide, have an A.M. Best's rating of no less than A:VII. The City may, at its sole and absolute discretion, accept policies procured by insurance carriers with a Standard & Poor's rating of no less than BBB according to the latest published edition of the Standard & Poor's rating guide.

Program Monitoring: Organizations approved for funding will be required to maintain and submit adequate information necessary to monitor program accountability and progress in accordance with the terms and conditions of the Subrecipient Agreement.

Award Recommendations: All applicants will be notified by the end of May 2025 of funding recommendations. Receipt of an award letter does not guarantee funding. Please be aware that past funding does not guarantee future funding or funding at the same level.

RESTRICTIONS

Only projects that meet the U.S. Department of Housing and Urban Development's criteria for CDBG OR HOME funding and 2020 Consolidated Plan Priorities will be awarded funds.

Applications will be reviewed as follows:

Project Appropriateness:

- The project demonstrates realistic and measurable outcomes.
- The outcomes are consistent with the goals of the program.
- The program's mission is consistent with the goals and outcomes of the program.

Target Population:

- The program will benefit special needs and/or low income El Monte residents.
- The proposal has realistic and sound methodology for determining the number of clients to be served.
- The program addresses the particular needs of the target population.

Marketing and Outreach:

- The proposal has an appropriate and realistic marketing plan to obtain potential clients from the target population.
- The proposal has an appropriate strategy for reaching potential clients from under-represented groups.

- The agency has the appropriate staff and resources to implement the outreach and marketing program to reach the target population.

Project Budget:

- The proposal identifies matching funding sources, if applicable.
- The agency has obtained matching funds, if applicable.
- The agency has previously successfully managed a CDBG/HOME funded public service program.

Project Use of Funds:

- Funds will be used to fulfill an unmet need.
- Without City funding the program cannot continue or would require substantial reduction in services.
- If previously funded with HUD funds, this program can demonstrate a quantifiable increase in the level of an existing service.



CITY OF EL MONTE

APPLICANT AGENCY INFORMATION

| | | | |
|--------------------------------|---|-------------------------------------|---|
| LEGAL Name of Agency: | | | |
| Physical Address: | | | |
| Organization's Website: | | | |
| Type of Organization: | <input type="checkbox"/> Non-Profit 501(c)(3) | <input type="checkbox"/> Government | <input type="checkbox"/> For-profit <input type="checkbox"/> CHDO |
| Years of Operation: | | | |
| Tax ID Number: | | Agency UEI Number: | |

To Register for an UEI: <https://sam.gov/content/entity-registration>

| | | | |
|---|--|---|---|
| Are you a Women owned, or a majority Women operated organization? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Decline to State |
| Are you a Minority owned, or a majority- Minority operated organization? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Decline to State |
| Select the category that best describes the agency's owner or majority board of directors. <small>Information is collected for reporting purposes only.</small> | <input type="checkbox"/> Black American(s) | <input type="checkbox"/> Native American(s) | <input type="checkbox"/> Hispanic American(s) |
| | <input type="checkbox"/> Asian/Pacific American(s) | <input type="checkbox"/> Hasidic Jew(s) | <input type="checkbox"/> Not Applicable |

| Contact information of person who will be responsible for the oversight of the proposed project: | | | |
|---|--|----------------------|--|
| Name and Title: | | | |
| Mailing Address: | | | |
| Email Address: | | Phone Number: | |

| Contact information of person who will be responsible for the day-to-day operations and management of the proposed project: | | | |
|--|--|----------------------|--|
| Name and Title: | | | |
| Mailing Address: | | | |
| Email Address: | | Phone Number: | |

Agency mission statement:

APPLICATION QUESTIONS

1. Are you applying for Community Development Block Grant (CDBG) funding, or HOME funding through this application? (If applying for multiple funding, you must complete an application for each.) *Choose only one.*

CDBG

HOME

2. Describe how your program meets the goals of the El Monte CDBG, or HOME program, as detailed in the Consolidated Plan and outlined in the Notice of Funding Availability (NOFA) for each respective program. (Limit to 150 words)

3. Describe the organization's ability or experience in government contract administration; knowledge of federal regulations under the CDBG, or HOME Program? (Limit to 150 words)

4. State the program outcomes and objectives. Indicate how the outcomes and objectives will be measured: *Outcomes and objectives must be results-oriented, specific, and measurable. Example: If your program provides workshops, list the number of workshops, how many participants expected to attend, how benefits to participants will be demonstrated.* (Limit to 150 words)

5. Describe the degree of need or the severity of a problem that will be addressed by the project. What are the consequences if the project is not funded? (Limit to 150 words)

PROJECT INFORMATION

| | | |
|--|---|---|
| Eligible Project Category: <i>ONLY check one (1)</i> | <input type="checkbox"/> Public Service <input type="checkbox"/> Economic and Community Development <input type="checkbox"/> Housing Rehabilitation/Preservation <input type="checkbox"/> Public Facilities and Improvements | <input type="checkbox"/> Housing Services <input type="checkbox"/> Planning/Studies <input type="checkbox"/> Real Property Acquisition <input type="checkbox"/> New Construction |
|--|---|---|

| | |
|--|----|
| Proposed Project Title: | |
| Total funding requested in this application: | \$ |
| Estimated cost per beneficiary: *Must provide an estimated cost | \$ |
| Estimated number of beneficiaries to be served with grant funds. The number of beneficiaries assisted shall be provided as an unduplicated count. | |

PROPOSED TARGET POPULATION:

| | | |
|--|--|--|
| Select the target population for the proposed project: | <input type="checkbox"/> Seniors <input type="checkbox"/> Victims of Child Abuse <input type="checkbox"/> Persons with HIV/AIDS <input type="checkbox"/> Illiterate Adults <input type="checkbox"/> Households <input type="checkbox"/> Low to Moderate Income residents <input type="checkbox"/> Businesses <input type="checkbox"/> Renters | <input type="checkbox"/> Youth <input type="checkbox"/> Victims of Domestic Violence <input type="checkbox"/> Persons with Mental Illness <input type="checkbox"/> Persons with Disabilities <input type="checkbox"/> Homeless Individuals <input type="checkbox"/> Low to Moderate Income Census Tracts <input type="checkbox"/> Homeowners <input type="checkbox"/> Landlords |
|--|--|--|

PROPOSED SERVICE DELIVERY METHOD:

| | | |
|--|---|--|
| Select the service delivery method for the proposed project: | <input type="checkbox"/> Counseling/Case Management <input type="checkbox"/> Shelter Services <input type="checkbox"/> Medical Services <input type="checkbox"/> Tutoring/Homework Assistance <input type="checkbox"/> Meals/Food Distribution Services <input type="checkbox"/> Child Care Services <input type="checkbox"/> Recreational Activities <input type="checkbox"/> Services for Persons with Disabilities <input type="checkbox"/> Housing Rehabilitation Services <input type="checkbox"/> Energy Efficiency Improvements | <input type="checkbox"/> Employment Training/Services <input type="checkbox"/> Legal Services <input type="checkbox"/> Health Services <input type="checkbox"/> Educational Services <input type="checkbox"/> Transportation Services <input type="checkbox"/> Fair Housing Services <input type="checkbox"/> Public Safety Services <input type="checkbox"/> Street Improvements <input type="checkbox"/> Food Banks <input type="checkbox"/> Homebuyer Assistance |
| Other Service Types: | | |

CDBG NATIONAL OBJECTIVE COMPLIANCE

The proposed project must meet one (1) of HUD's National Objectives listed below. Select the box to indicate the national objective this project will meet. **ONLY ONE (1) objective is allowed per project.*

1. Benefits Low to Moderate Income INDIVIDUALS:

The project will serve ONLY LOW TO MODERATE INCOME El Monte residents. Agencies must collect a beneficiary application form, proof of residence, identification, household income verifications and document demographic information for each applicant.

Note: The following groups are presumed by HUD to be low to moderate income: abused children, elderly persons (55 years or older), battered spouses, homeless persons, adults meeting the Census definition of severely disabled, illiterate adults, persons living with AIDS, and migrant farm workers. If projects serve a presumed group, agencies are NOT required to collect household income verifications but must collect a beneficiary application form, identification, proof of residence and document demographic information for each applicant.

2. Aid in the Prevention/Elimination of Slum or Blight:

Services must be within an officially DESIGNATED AREA (ex. census tract) as defined under State or local law and address one or more of the conditions that contribute to the deterioration of the area.

3. Urgent Community Needs:

Meeting other community needs having a PARTICULAR URGENCY because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available to meet such needs. For example, earthquake, fire, natural disaster, etc.

Category 1 - Benefit to Low- and moderate-income Persons (over 51% or program/project beneficiaries)

Please identify how you have documented that the persons to be served are low- and moderate- income persons by providing information in *either* A, B, or C below.

A. Area Benefit – The project serves and is available to all persons residing in Census Tract Block Groups identified as having 51% or more low- and moderate-income residents. Identify the CDBG Census Tract/Block map locations to be served by the project:

Please refer to Exhibit C: CDBG Eligible Census Tracts

B. Presumed Benefit – The project serves persons presumed by HUD to be principally low- and moderate-income persons. The following groups are presumed by HUD to meet this criterion: Abused children; battered spouses, elderly persons, severely disabled adults, homeless persons, illiterate adults, persons living with AIDS, and migrant farm workers. Describe the clientele to be served by your activity:

- C. Limited Clientele – The project has income eligibility requirements and serves clientele (persons) that have documented their income. Identify the procedures you currently have in place to document that the clientele you serve are 51% low- and moderate-income persons:

2025 HUD Income Limits

| FAMILY SIZE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|------------------------|----------|----------|-----------|------------------|-----------|-----------|-----------|-----------|
| EXTREMELY LOW (30%) | \$31,850 | \$36,400 | \$40,950 | \$45,450 | \$49,100 | \$52,750 | \$56,400 | \$60,000 |
| VERY LOW-INCOME 50% | \$53,000 | \$60,600 | \$68,150 | \$75,750 | \$81,800 | \$87,850 | \$93,900 | \$100,000 |
| LOW-MOD INCOME 80% | \$84,850 | \$96,950 | \$109,050 | \$121,150 | \$130,850 | \$140,550 | \$150,250 | \$159,950 |

Source: https://www.huduser.gov/portal/datasets/home-datasets/files/HOME_IncomeLmts_State_CA_2025.pdf

Category 2 – Prevention or Elimination of Slums or Blight

Is the project located within an area defined under state or local law as a slum or blighted area, and which contains a substandard number of deteriorating or dilapidated buildings or infrastructure. To meet eligibility requirements, the activity must be designed to address one or more of the conditions, which qualified the area as slum and blighted.

Yes

No

Category 3 – Documented Health or Safety Condition of Particular Urgency

The condition shall have been of recent (18 month) origin. Provide documentation and data source which demonstrates that the health or safety condition has existed only within the previous 18 months. (Limit to 75 words)

PROJECT DETAILS

Explain your proposed project and make the case why it should be awarded funding. Include the services to be provided, program goals, client characteristics and how grant funds will be utilized. (Limit to 150 words)

Does your proposed project address an identified gap in service or current need in the community? Summarize any statistics/supporting documentation that demonstrate the importance of addressing this need or problem. (Limit to 150 words)

Provide all the locations/addresses where beneficiaries will be able to access agency services/assistance for the proposed project. Include all relevant information, such as service hours, type of space: office, community room, classroom, community park, etc.

Will the project collaborate with other service providers in the community?

Yes. If yes, list them and briefly describe the collaboration.

No

Is a similar service provided by another organization?

Yes. If yes, how will your project differ?

No

Describe the program marketing/outreach and service delivery method: How will you reach the target population? How will your program be carried out? What service(s) will be provided and who will deliver those services?
(Limit to 150 words)

OTHER SOURCES OF FUNDS

List the other sources of funds that will be committed to the proposed project? (e.g., CDBG/HOME funding from other municipalities, grants, general fund, special funds, etc.) Pending donations or non-committed funds are not eligible.

Yes. If yes, identify below.

No. Projects relying solely on CDBG/HOME funds are ineligible. *(Some construction projects may be exempt)*

| Name of Fund | Date Awarded | Total |
|--|--------------|-------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| TOTAL OF OTHER FUNDS COMMITTED: | | \$ |

REMINDER

List these sources of funds in the proposed project budget (page 11, column C & D)

PROPOSED PROJECT BUDGET

Please use the following format to present the proposed project budget:

- Column A List the items for which the project anticipates the need for CDBG/HOME Funds.
Add additional rows as needed.
- Column B Provide the amount of CDBG/HOME funds requested for each line item.
- Column C List the name of other funding sources committed to the proposed project.
Projects relying solely on CDBG/HOME funds are INELIGIBLE. *(Some construction projects may be exempt)*
- Column D Provide the total amount of other funds committed for each line item.
- Column E List the total budget amount for each line item.

| Column A Budget Item | Column B CDBG/HOME Amount Requested | Column C Name of other funding source | Column D Amount of other funding committed | Column E Total Amount |
|------------------------------------|--|---|---|--------------------------|
| Personnel (list job titles below) | Salaries | | | |
| | \$ | | \$ | \$ |
| | \$ | | \$ | \$ |
| | \$ | | \$ | \$ |
| | \$ | | \$ | \$ |
| Contract Services: | \$ | | \$ | \$ |
| TOTAL PERSONNEL BUDGET: | \$ | | \$ | \$ |
| Soft Costs | \$ | | \$ | \$ |
| Hard Costs | \$ | | \$ | \$ |
| Materials | \$ | | \$ | \$ |
| Equipment | \$ | | \$ | \$ |
| Services | \$ | | \$ | \$ |
| Renovation/Construction | \$ | | \$ | \$ |
| Maintenance | \$ | | \$ | \$ |
| Other: | \$ | | \$ | \$ |
| Other: | \$ | | \$ | \$ |
| Other: | \$ | | \$ | \$ |
| Other: | \$ | | \$ | \$ |
| TOTAL NON-PERSONNEL BUDGET: | \$ | | \$ | \$ |
| TOTAL PROJECT BUDGET FOR: | Column B \$ | | Column D \$ | Column E \$ |

AGENCY CAPACITY

Provide a list of duties for each personnel listed in the proposed program budget.

If not applicable, check box.

| Job Title | Duties |
|-----------|--------|
| | |
| | |
| | |
| | |

Briefly highlight your agency's experience and major accomplishments in providing services to low to moderate income City residents and/or communities.

Will your agency still implement this project should CDBG/HOME funds not be awarded?

Yes. If yes, please explain below.

No

LEGAL REQUIREMENTS FOR NON-CITY APPLICANTS

If a government agency, check box.

| Check answer in the applicable box below: | | YES | NO |
|---|--|--------------------------|--------------------------|
| 1. | The applicant is incorporated as a Non-Profit organization and currently has exempt status 501(c)(3) of the IRS Code and 2370(d) of the California Code? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | The applicant has maintained its California Tax-Exempt Non-Profit Corporation status by filing the appropriate documents: | | |
| | a) IRS Form 990? | <input type="checkbox"/> | <input type="checkbox"/> |
| | b) California Franchise Tax Board Form 199? | <input type="checkbox"/> | <input type="checkbox"/> |
| | c) Articles of Incorporation organized under the Nonprofit Public Benefit Corporation Law? | <input type="checkbox"/> | <input type="checkbox"/> |
| | d) Date Articles of Incorporation filed with the Secretary of State? (mm/dd/yyyy) | | |
| 3. | All necessary licenses required to operate are maintained? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Worker's Compensation Insurance is active and current? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Name of Insurance: _____ | | |
| | Coverage Amount: _____ | | |
| | Expiration Date: _____ | | |
| 5. | General Liability and Property Damage Insurance is active and current? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Name of Insurance: _____ | | |
| | Coverage Amount: _____ | | |
| | Expiration Date: _____ | | |

CONFLICT OF INTEREST QUESTIONNAIRE

Federal, State, and City law prohibits employees and public officials of the City of El Monte from participating on behalf of the City in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant for CDBG/HOME funding. The purpose of this questionnaire is to determine if the applicant, its staff, or any of the applicant’s Board of Directors would be in conflict of interest.

1. Is there any member(s) of the applicant’s staff or governing body who is currently or has/have been within one year of the date of this application a City employee, consultant, or member of the City Council, and/or a City Committee?

Yes. If yes, list the name(s) and affiliation below.

No

| Name of Person | Job Title | Indicate: City Employee; City Council Member; or Committee Member | Identify City Department |
|----------------|-----------|---|--------------------------|
| | | | |
| | | | |

2. Will the CDBG/HOME funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who is currently or has/have been within one year of the date of this application a City employee, consultant, or member of the City Council, and/or a City Committee?

Yes. If yes, list the name(s) and affiliation below.

No

| Name of Person | Job Title | Indicate: City Employee; City Council Member; or Committee Member | Identify City Department |
|----------------|-----------|---|--------------------------|
| | | | |
| | | | |

3. Is there any member(s) of the applicant’s staff or member(s) of the applicant’s Board of Directors or other governing body who are business partners or family members of a City employee, consultant, or member of the City Council, and/or City Committee?

Yes. If yes, please identify the City employee or Council member with whom each individual has family or business ties.

No

| Name of Member | Indicate: City Employee; City Council Member; or Committee Member | Indicate Type of Tie (Family or Business) | If Family, Indicate Relationship |
|----------------|---|---|----------------------------------|
| | | | |
| | | | |

If you have answered “Yes” to any of the questions listed in this form, the CDBG Program Office, alongside the City Attorney’s Office, may need to determine whether a real or apparent conflict of interest exists.

AGENCY CERTIFICATION

The undersigned hereby acknowledges and confirms submittal of a response to the FY 2026-27 CDBG/HOME Program and certifies that, to their best knowledge and belief, all factual information provided is true and correct.

Name of Authorized Representative

Title

Signature of Authorized Representative

Date

Note: City sponsored projects must have department director's signature.

Exhibit A:
Documents Requested Checklist:

| | |
|--|--------------------------|
| Completed and Signed Application | <input type="checkbox"/> |
| Statement of Applicant | <input type="checkbox"/> |
| Articles of Incorporation | <input type="checkbox"/> |
| Charter and Bylaws | <input type="checkbox"/> |
| List of Board Members | <input type="checkbox"/> |
| Organizational Chart | <input type="checkbox"/> |
| IRS 501 (c) 3 letter | <input type="checkbox"/> |
| General Liability Insurance Certificate | <input type="checkbox"/> |
| Single Audit Report | <input type="checkbox"/> |

**Exhibit B:
Statement of Applicant:**



**CDBG, HOME Program
2026-2027 Funding Application**

The undersigned acknowledges the following:

1. That, by submission of this application, the organization agrees that the application will become a public document.
2. That, to the best of its knowledge and belief, all information provided is true and correct and all estimates are reasonable.
3. That no revised proposals/applications may be made in connection with this application once the deadline for applications has passed.
4. That the City of El Monte may request or require changes in the information submitted which it deems reasonable for any and all information provided.
5. That the applicant will cooperatively assist in the application review process.
6. That, if the program is recommended and approved by the City Council, the City reserves the right to fund less than the full amount requested. The City also reserves the right to reduce and/or cancel allocation if federal entitlements are cancelled, reduced, or rescinded.
7. That the City of El Monte reserves the right not to fund any submittals received.
8. By submission of this application, the organization agrees to abide by the federal regulations applicable to this program.
9. That past program and financial performance will be considered in reviewing this application.
10. That services are to be provided only to eligible El Monte residents at no cost during the grant period.
11. That, if the program is funded, the City or a designated agency may conduct an accounting system inspection to review internal controls, including procurement and uniform administrative procedures, prior to issuance of payments for program expenditures.
12. That, if the program is funded, the City will perform an environmental review prior to the obligation of funds.
13. That, if the program is funded, a written agreement will be required that includes, among other matters, a statement of work, records retention and reporting, local and federal requirements, and circumstances that would trigger grant suspensions and terminations.
14. That a program's funding does not guarantee its continuation in subsequent program years.
15. That proof of insurance (general comprehensive public liability insurance with a company licensed to do business in California, and in the aggregate naming the City, its employees and agents as additional insured) will be submitted to the City prior to receiving funds.
16. That written signature authority from the organization's governing body indicating who can execute contracts and amendments on its behalf will be submitted to the City prior to receiving funds.
17. That the organization agrees to abide by the City of El Monte's Conflict of Interest Policy. Items of concern would include Board of Directors or staff members' families having a monetary interest in any contract made by the City, and other matters that may give the appearance of a conflict of interest.

By signing below, the applicant acknowledges the above.

Name: _____ Title: _____

Signature: _____ Date: _____ 17 of 18

Exhibit C: LMI Area Census Tract Map



