

**THIS IS A NON-FILLABLE VERSION OF THE APPLICATION. TO OBTAIN THE REQUIRED FILLABLE VERSION OF THE APPLICATION, SUBMIT A REQUEST VIA EMAIL TO: [mлинаres@cityofrsm.org](mailto:mлинаres@cityofrsm.org).**



**CITY OF RANCHO SANTA MARGARITA  
2026-2027 COMMUNITY DEVELOPMENT BLOCK GRANT  
PUBLIC SERVICE GRANT APPLICATION**

**APPLICATION DUE DATE - 3:00 PM FEBRUARY 12, 2026**

Submit one original application to:

Mike Linares  
City of Rancho Santa Margarita  
22112 El Paseo Rancho Santa Margarita CA 92688

**Also, submit this Application Form (MS Word format) by the due date/time to:  
[mлинаres@cityofrsm.org](mailto:mлинаres@cityofrsm.org)**

Only complete applications will be considered. Use the checklist below to ensure your application package is complete. Ensure all required text fields and applicable boxes are completed or checked. Click on the appropriate box to insert text or a checkmark; "Tab" from field to field to complete the application. Avoid hard returns within the text box. Narrative text fields are limited in space, so provide concise responses.

**DO NOT MODIFY THE APPLICATION FORM**

Organization Legal Name: \_\_\_\_\_

Proposed Program Name: \_\_\_\_\_

CDBG Amount Requested: \$\_\_\_\_\_

☐ .... Application (including Attachment A: Proposed Budget & Attachment B: Proposed CDBG-Funded Personnel)

**SUBMIT THE FOLLOWING MATERIALS AS PDF FILES ON A USB DATA STORAGE DEVICE (NO CD-ROMS)**

- ☐ .... Proposed Program Application or Intake Sheet
- ☐ .... IRS Tax-Exempt Documentation
- ☐ .... Current Board of Directors Roster
- ☐ .... Most Recent 990 Tax Filing (remove password protection)
- ☐ .... Most Recent Financial Statement & Audit (remove password protection)

**Do not submit testimonials, letters of support, or program literature.**

**APPLICANT GENERAL INFORMATION**

A. Organization Legal Name: \_\_\_\_\_

B. Mailing Address: \_\_\_\_\_

C. Proposed Program Name: \_\_\_\_\_

D. Check the **ONE** category that best describes the proposed program

☐ Youth                      ☐ Senior                      ☐ Disabled Adults                      ☐ Low/Mod General

☐ Homeless                      ☐ Fair Housing                      ☐ Housing

E. Is this application submitted by a faith-based organization? ☐ Yes                      ☐ No

F. Is this request for a New ☐ or Existing ☐ program?

G. Location of where service will be provided (i.e., specify if the program is citywide, a street address, a school site, Census Tract/Block Group, etc.): \_\_\_\_\_

H. Person to contact regarding this application:

Name: \_\_\_\_\_                      Email Address: \_\_\_\_\_

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

I. Federal Tax ID Number: \_\_\_\_\_                      UEI Number: \_\_\_\_\_

J. Organization officials who will execute the grant agreement (2 required):

Name: \_\_\_\_\_                      Title: \_\_\_\_\_                      Email Address: \_\_\_\_\_

Name: \_\_\_\_\_                      Title: \_\_\_\_\_                      Email Address: \_\_\_\_\_

## **2. COMMUNITY NEED FOR PROGRAM**

- A. Summarize the nature and need for the proposed program in RSM. Include information regarding the characteristics of persons to be served (e.g., age, disability, income situation, and other distinguishing characteristics) and data that supports the unmet need for the proposed program in RSM. \_\_\_\_\_
- B. Discuss if other organizations provide a similar service to RSM residents and how the proposed program differs or augments these similar services. Explain why this program is cost-effective compared to similar services provided by another agency. \_\_\_\_\_

- C. Provide the following information regarding the anticipated number of individuals to be served by the proposed program between **7/1/2026 and 6/30/2027**:
1. How many unduplicated individuals will benefit from the proposed activity **regardless of the city of residence**? \_\_\_\_\_ Individuals
  2. How many unduplicated RSM residents will the proposed activity assist? \_\_\_\_\_ Individuals
  3. How many unduplicated lower-income RSM residents will the proposed activity assist with the requested CDBG funds? \_\_\_\_\_ Individuals
- D. Provide a Performance Plan (Goals and Objectives) via a "breakdown" of the number of RSM residents to be served and the type of service(s) to be provided. Each resident served should be counted once for the year and toward a single service category. See the sample below.

SAMPLE PERFORMANCE PLAN	
RSM Residents	Type of Service Provided
20	Phone Referrals
50	Education / Outreach (community presentations, distribution of flyers, pamphlets, etc.)
10	Counseling Services
5	Direct Assistance (rental, transitional housing, legal services, emergency shelter, etc.)
85	<b>TOTAL</b>

PROPOSED PERFORMANCE PLAN	
RSM Residents	Type of Service Provided
	<b>TOTAL</b>

- E. From the list below, select one HUD-required "Objective" and one HUD-required "Outcome" that the proposed activity will address.

#### HUD Objectives

- ☐ Create a Suitable Living Environment: Activity designed to benefit the community, families, or individuals by addressing living environment issues.
- ☐ Provide Decent Affordable Housing: Housing activity designed to meet individual family or community housing needs.
- ☐ Create Economic Opportunities: Activity such as economic development or commercial revitalization that creates or expands job opportunities.

#### HUD Outcomes

- ☐ Availability/Accessibility: Services, infrastructure, housing, or shelter will be available/accessible to Low- & Moderate-Income people, including people with disabilities.
- ☐ Affordability: The activity will provide affordability for Low- & Moderate-Income people, including the creation/maintenance of affordable housing, basic infrastructure, or services.
- ☐ Sustainability (Promoting Livable or Viable Communities): The program/project will improve the community by making it livable or viable by providing benefits to Low/Moderate-Income people.

- F. Regarding the "Outcome" selected above, describe how the success and effectiveness of the proposed services will be measured. Include a definition of success/effectiveness, tools to measure program success/effectiveness, and the percentage of individuals to be served that will meet the success/effectiveness threshold. Discuss steps to implement performance measures if outcome measurements are not in place. \_\_\_\_\_

### 3. ORGANIZATIONAL CAPACITY AND EXPERIENCE

- A. Summarize your organization's experience in carrying out the proposed program. Include information regarding the length of time providing service, staff professional qualifications (including license, academic credentials, etc.), and other relevant information. \_\_\_\_\_
- B. Has your agency previously received CDBG funding from the City of RSM? Yes ☐ No ☐
- C. Summarize your organization's experience administering CDBG public service grant funds.

Name of City or County Providing Prior CDBG \$	Year Funds Received	CDBG Grant Amount	Program Funded
		\$	
		\$	
		\$	

- D. Are you requesting funding for this program from any other City or County?  
Yes ☐ No ☐ If "Yes," from whom and how much?

City/County	Funding Source	Amount Requested
		\$
		\$
		\$

- E. Will volunteers, donated goods/services, and/or fundraising activities be used to supplement the proposed program? Yes ☐ No ☐ Summarize these efforts. \_\_\_\_\_
- F. Financial/Administrative Audit:
1. In any one of the past 3 years, has your agency expended more than \$1,000,000 in federal funds during a fiscal year? Yes ☐ No ☐
  2. During this year(s), did your agency prepare an audit compliant with OMB Circular A-133 or by an independent auditor? Yes ☐ No ☐ If "No," explain why an audit has not been conducted. \_\_\_\_\_

#### 4. PROGRAM INFORMATION AND BUDGET

A. Complete the following budget summary for the proposed program.

1. 2026-2027 CDBG Grant Funds Requested: \$ \_\_\_\_\_
2. Total 2026-2027 Program Budget: \$ \_\_\_\_\_
3. Total 2026-2027 Budget for **all programs offered by your agency**: \$ \_\_\_\_\_

B. Summarize how requested CDBG funds will be used (e.g., staff salaries, benefits, program supplies, insurance, direct client assistance, etc.). Include information on how the requested funds will directly benefit RSM residents. (Ensure that **Attachment A, "Proposed Program-Budget,"** reflects this outline.) \_\_\_\_\_

C. Provide the following information regarding full-time, part-time, contract, and volunteer staff that will be utilized to provide the proposed service. (If CDBG funds are requested for personnel costs, **Attachment B, "CDBG Funded Personnel,"** must be completed.)

Full-Time staff: \_\_\_\_\_  
Contract staff: \_\_\_\_\_

Part-Time staff: \_\_\_\_\_  
Program volunteers: \_\_\_\_\_

## 5. CLIENT INTAKE INFORMATION

- A. HUD requires that each organization that provides services to individuals with CDBG public service grant funds document the size, race/ethnicity, and income of assisted households.

Does the proposed program application/intake form collect this information?

Yes ☐ No ☐

If "**Yes**," how is the information documented?

1. Self-Certification: ☐
2. Analysis of household income documents such as tax returns/paychecks: ☐

If "**No**," how will this information be collected and/or reported to the City? \_\_\_\_\_

*Note: Income documentation is not required but requested for "**presumed beneficiary**" category clients. Per HUD regulations, presumed beneficiaries include abused children, seniors (over 62 years of age), battered spouses, severely disabled adults, homeless persons, illiterate persons, persons with HIV/AIDS, and migrant farmworkers. Documentation of "presumed beneficiary" status is required.*

- B. Will the proposed program exclusively serve presumed beneficiaries?

Yes, the proposed activity ☐ No ☐

If "**Yes**," list the category \_\_\_\_\_



## 6. CERTIFICATION

I hereby certify that I am authorized to submit this application for CDBG public service grant funding provided by the City of Rancho Santa Margarita ("City") by the Board of Directors of **{Insert Applicant Name}** ("Applicant"). If grant funds are granted, funds will be used solely to benefit low- and moderate-income Rancho Santa Margarita residents. Applicant understands that general liability, auto liability insurance, and workers' compensation insurance are required and will be provided per a grant agreement to be executed between the City and the Applicant. Applicant understands that grant funds are provided on a reimbursement basis and will provide appropriate documentation to substantiate expenditures submitted for reimbursement. Grant funds will be administered according to this agreement and consistent with applicable federal regulations. If the Applicant fails to serve eligible Rancho Santa Margarita residents during the term of the contract or fails to substantially attain projected accomplishments (defined as at least 75% of the projected number of persons to be served), Applicant may be required to repay all or a portion of funds already disbursed to the Applicant by the City and/or forego receipt of additional grant funds. The Applicant also certifies that it complies with all local zoning/land use regulations and possesses all required licenses and permits to operate/provide the program.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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Signature

Date

# ATTACHMENT A

## PROPOSED 2026-2027 PROGRAM BUDGET

BUDGET CATEGORY	CDBG FUNDS	OTHER FUNDS	TOTAL FUNDS
Agency Administration Staff Salaries & Benefits	\$	\$	\$
Program Staff Salaries & Benefits	\$	\$	\$
Program Supplies	\$	\$	\$
Rent/Lease	\$	\$	\$
Communications	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Professional Services (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

### List Source of "Other" Program Funds

SOURCE OF OTHER PROGRAM FUNDS	AMOUNT OF OTHER PROGRAM FUNDS	ARE FUNDS ALREADY SECURED VIA CONTRACT?
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>TOTAL</b>	<b>\$</b>	

# ATTACHMENT B

## PROPOSED CDBG FUNDED PERSONNEL

*(Only list staff for whom CDBG funding is requested)*

☐ Not Applicable – no CDBG funding is requested for staff.

### AGENCY ADMINISTRATION STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO RSM CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

### PROGRAM STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO RSM CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

### PROGRAM CONTRACT STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO RSM CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%