



County Executive Office  
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 Attn: Rosa Lopez-Solis  
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## COMMUNITY BENEFIT PROGRAM PHASE 3 APPLICATION

Applicants shall not contact County of Imperial Board members in preparing their applications. The contacting of individual board members by an applicant may disqualify an application from consideration.

### 1. APPLICANT INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

TIN \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Alt Phone (\_\_\_\_) \_\_\_\_\_

Email(s) \_\_\_\_\_

County District (select one) District 1 \_\_ District 2 \_\_ District 3 \_\_ District 4 \_\_ District 5 \_\_

### 2. ORGANIZATION INFORMATION

Legal Organization Name \_\_\_\_\_ Date established \_\_\_\_\_

Organization Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_

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

Type of entity (check one):  Government  Non-Profit  Partnership  Corporation

Type of Organization \_\_\_\_\_ Organization I.D. #: \_\_\_\_\_

### 3. MANAGEMENT (BOARD OF DIRECTORS, CEO, STAFF MEMBERS, ETC)

NAME	ADDRESS	TITLE	EMAIL

Only Complete Applications may be submitted electronically at [ICCBP@co.imperial.ca.us](mailto:ICCBP@co.imperial.ca.us).  
**Application period opens Wednesday, March 22, 2023 and closes when funds are exhausted.**

**4. USE OF FUNDS (ENTER GROSS DOLLAR AMOUNTS)**

	<b>AMOUNT REQUESTED (UP TO \$25,000)</b>	<b>OTHER FUNDS</b>	<b>TOTAL</b>
Program/Project Cost	\$	\$	\$
Equipment	\$	\$	\$
Other (Administrative Costs Not Allowed)	\$	\$	\$
<b>Total Amount Requested</b>	\$	\$	\$

**5. PROJECT INFORMATION**

GRANT     LOAN

Please select one or more categories for your application. Must fill out respective Attachment:

Community Services (attachment A)	
Community & Economic Development (attachment B)	
Wildlife & Habitat Conservation (attachment C)	

**6. AGENCY INFORMATION**

a) Has your organization ever filed bankruptcy?     No     Yes - Date \_\_\_\_\_

b) Is your organization currently involved in any pending lawsuit?     No  Yes  
If yes, please provide details.

c) Are you involved full time in the operation and management of this organization?     No     Yes  
If no, who oversees the operation and management? \_\_\_\_\_

**7. QUALIFICATIONS**

**Relevant Experience:** All services shall be performed by qualified personnel in the State of California. Minimum two years experience. Include the names, addresses and phone numbers of contact persons for several contracts for which you have performed services as solicited in this application. Applicant (and any of its employees) shall make every reasonable effort to keep itself fully informed of all applicable federal, state and local laws, ordinances, regulations, orders and decrees regarding loans and mortgages. Project/Program shall have a physical establishment and services shall be performed within and for residents of Imperial County.

**Relevant Education:** Applicant’s demonstration of certification and training required to perform services in the State of California, including licensing requirements and provide document(s) to that effect.

Responsiveness to Project Requirements: Applicant demonstrated success in completing projects on time and responsiveness to meeting changing requirements. Attentiveness to and compliance with instructions, and other aspects of the selection process will be considered as an indication of responsiveness.

Other factors: Since the Community Benefit Program has limited funding, selected applications may not receive full awards. Please provide an explanation of how would you implement a program or project if you were not to receive all funds requested. Applicant understands that the grant funds will be disbursed on a reimbursement basis.

**8. PROJECT PERSONNEL AND THEIR AVAILABILITY**

Provide resume(s) of the key personnel who would be assigned to perform the services as described. Indicate status of each person’s relationship to your agency, whether an employee, partner, subcontractor, or other contractual agreement. The statement should also identify for each member of the project team, their area of expertise, role in the project, and experience with similar or related projects.

Qualified personnel shall perform all services and shall maintain all necessary certificates and licenses required to perform such services.

NAME	TITLE	ROLE IN PROJECT/PROGRAM

**9. PROVISIONS**

Upon selection for an award under this Program, the County and the Grantee/Borrower agree to enter into a Grant Agreement or Loan which will be in accordance with the purposes of the application and also subject all provisions of the applicable statutes, and further are subject to the County laws and requirements governing County contracts.

1. All documents submitted to the County shall become public records and will be given to the public upon request pursuant to the California Public Records Act.
2. The following conditions may apply to grant recipients.
  - a. Funding shall only be on a reimbursement basis and used for an approved use, authorized by the Board of Supervisors.
  - b. The Grantee/Borrower is responsible for maintaining records which fully disclose the activities funded by the Grant/Loan. Community Benefit Funds are subject to audit and inspection at any time after award. Recipients will be required to retain records for a period up to five years.
  - c. Funding for work completed or money spent before award will not be paid or reimbursed.
  - d. Funding award may be a loan rather than a grant and shall be paid back to the County.

- e. Loan recipients will be required to provide financial assurances such as collateral, bonding or letters of credit to ensure the funds are used as agreed upon.
- f. Construction projects will be subject to California prevailing wage laws (California Labor Code 1720 et seq.). Note that use of public funding for construction may subject an entire project to prevailing wage requirements. Applicant shall seek advice from counsel regarding this requirement.
- g. The Grantee/Borrower is responsible for maintaining records which fully disclose the activities funded by the Grant/Loan. Adequate documentation of each transaction shall be maintained to permit the determination, through an audit if requested by the County, of the accuracy of the records and the allowability of expenditures charged to Grant/Loan funds.
- h. Grantee/Borrower shall submit written reports of all funding expenditures.

**10. ACKNOWLEDGEMENTS**

I acknowledge that I have authority to submit this application.

I hereby certify that all statements in this application, including any attachments or exhibits provided is true and complete. I agree and understand that any misstatements or omissions of material facts herein is grounds for disqualification. I have read the entire application and Community Benefit Program Guidelines and acknowledge all notices, terms and conditions.

Name of Manager/Director: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Board President/Chair: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_