

FISCAL PROCEDURES APPROVED

PAUL ANGULO, CPA, AUDITOR-CONTROLLER  
BY: Samuel Wong 7/2/12

FORM APPROVED COUNTY COUNSEL

NEAL R. KIPNIS  
DATE: 7/2/12  
Department: Finance

☐ Consent ☒ Policy  
☐ Consent ☒ Policy

Dep't Recomm.:  
Per Exec. Offc.:

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

529



**SUBMITTAL DATE:**  
7/5/12

**FROM:** Community Action Partnership of Riverside County

**SUBJECT:** Citi Foundation Grant #20120361 for the Step-Up to Assets Initiative

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Approve and accept the Citi Foundation Grant #20120361 between Citi Foundation and Community Action Partnership of Riverside County (CAP Riverside) for the term September 1, 2012 through August 31, 2013 in the amount of \$20,000; and
2. Approve and direct the Auditor Controller to adjust the budget as identified in the attached Schedule A;

**Continued (3-pages total)**

Maria Y. Juarez, CCAP, Executive Director

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$20,000	In Current Year Budget:	No
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	Yes
	Annual Net County Cost:	\$ 0	For Fiscal Year:	12/13

<b>SOURCE OF FUNDS:</b> 100% Citi Foundation	<b>Positions To Be Deleted Per A-30</b>	<input type="checkbox"/>
	<b>Requires 4/5 Vote</b>	<input checked="" type="checkbox"/>

**C.E.O. RECOMMENDATION:**

**APPROVE**

BY:   
Donna Shaw

**County Executive Office Signature**

**Prev. Agn. Ref.:** 4/12/11 (#3.7), 6/28/11 (#3.21) **District:** All **Agenda Number:**

ATTACHMENTS FILED  
WITH THE CLERK OF THE BOARD

3.7

**FROM:** CAP Riverside

**DATE:** 7/5/12

**SUBJECT:** Citi Foundation Grant #20120361  
for the Step-Up to Assets Initiative

**PAGE:** 2 of 3

**BACKGROUND:**

The Step-Up to Assets Initiative (Step-Up) is a pre-Individual Development Account (IDA) program for low-income individuals in Riverside County who may not currently be in a position to succeed in CAP Riverside's traditional IDA matched savings program. Step-up is designed to increase an individual's economic security by providing financial education workshops including budgeting, credit assessment, debt management strategies, and saving incentives. Participants will have the opportunity to leverage their success by transitioning into CAP Riverside's IDA program.

**FINANCIAL IMPACT:** No County General Funds will be required

**CONCURE/EXECUTE:** Auditor Controller

MYJ:KS:jb

**FROM:** CAP Riverside

**DATE:** 6/14/12

**SUBJECT:** Citi Foundation Grant #20120361  
for the Step-Up to Assets Initiative

**PAGE:** 3 of 3

**SCHEDULE A**  
Community Action Partnership of Riverside County  
Budget Adjustment  
Fiscal Year 2012/2013

**INCREASE ESTIMATED REVENUE:**

CAARC-21050-5200300000-781480	Program Revenue	\$20,000
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**INCREASE IN APPROPRIATIONS:**

CAARC-21050-5200300000-527780	Special Program Expense	\$20,000
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## **2012 Citi Foundation Direct Service Application Form (non-501(c)(3))**

### **General Information**

Please note that you are required to submit a draft of your application to the Citi Foundation for review before you are authorized to officially submit your application for funding consideration. Once you complete the application and upload the required documentation, please use the "E-mail Draft for Preview" button and send a draft of your full application to the Citi Foundation at CCDGrants@citi.com. Please note that all draft applications must be received by the Citi Foundation no later than February 24, 2012. The Citi Foundation will review your draft application and documentation and will contact you directly if additional information is required before you are authorized to submit your final application.

THE DEADLINE FOR DRAFT SUBMISSIONS IS FEBRUARY 24, 2012 AT 5:00 P.M. EST.

THE DEADLINE FOR OFFICIAL SUBMISSIONS IS APRIL 6, 2012 AT 5:00 P.M. EST.

#### **Organization's General Information**

Organization's Tax ID Number

**95-6000930**

Organization Name

**Community Action Partnership of Riverside County**

Organization Legal Name

(The name that appears on your IRS determination letter)

**Community Action Partnership of Riverside County**

Acronyms, DBA or other names by which organization is known

**CAP Riverside**

Mailing Address

**2038 Iowa Avenue, Suite B-102**

City

**Riverside**

State

**CA**

Postal Code

**92507**

Country

**United States**

**Website**

**www.capriverside.org**

**Primary Contact**

**Prefix**

**Ms.**

**First Name**

**Maria**

**Middle Name**

**Y.**

**Last Name**

**Juarez**

**Suffix**

**CCAP**

**Title**

**Executive Director**

**E-mail**

**mjuarez@capriverside.org**

**Direct Phone**

Please include extension if applicable.

**951-955-4900**

**Office Fax**

**951-955-6494**

**Financial Officer**

Below please provide the information for the individual primarily responsible for the financials of your organization (i.e. Director of Finance, Chief Financial Officer, etc.)

**Prefix**

**Mrs.**

**First Name**

**Kathryn**

**Middle Name**

**Last Name**

**Snyder**

**Suffix**

**CCAP**

**Title**

**Fiscal Officer**

**E-mail**

**ksnyder@capriverside.org**

**Direct Phone**

Please include extension if applicable.

**951-955-4900**

**Office Fax**

**951-955-1399**

**Financial Information**

If a grant to your organization is approved, the funds will be sent via ACH electronic payment (not wire transfer). Please provide your bank account information for ACH electronic payments below. You will be required to attach either a copy of a voided check or a letter from your bank confirming the account and routing numbers. The Citi Foundation will use this to validate the information that you provide below. If the document that you attach (the voided check or bank letter) does not validate the information below, the Citi Foundation will contact you for clarification.

NOTE: Your organization may have different routing numbers for the same bank account number. Your bank may assign a unique routing number for different types of transactions - ACH electronic payments or wire transfer. The Citi Foundation transfers funds via ACH electronic payment, so please make certain to confirm that the routing number you provide below is for ACH electronic payments. If you are uncertain about which routing number to provide, please check with your bank to ensure that the routing number you provide is for ACH electronic payments and not for wire transfers.

**Bank Name**

**Union Bank of California**

**Bank Code/Routing Transit Number/ABA # for ACH Electronic Payments**

This is a NUMBER field only. **Please include all 9-Digits including leading zeros.**

The Citi Foundation transfers funds via ACH electronic payment, so please make certain to confirm that the number you provide here is for ACH electronic payments and not wire transfers. If you are uncertain about your routing number, please check with your bank to ensure that the routing number you provide is for ACH electronic payments.

**122000496**

**Bank Account Number**

This is a NUMBER field only. **Please include all digits including leading zeros.**

The Citi Foundation requires you to attach a copy of your organization's voided check or a letter from your bank confirming your organization's bank account information. The bank account number you provide below must match against the documentation you attach on the last page of the application form.

**2740022345**

**By checking this box, I verify that the above bank account information is for the applying organization, and that the information provided is correct. I understand that providing the bank account information for the applying organization does not constitute an offer, promise or guarantee of funding from the Citi Foundation, Citigroup Inc., or any of its subsidiaries. If a grant is awarded and funds from the Citi Foundation are deposited into the applying organization's bank account, I verify that the funds will only be used for charitable purposes as described within this online application.**

**Yes**

**Annual Operating Budget**

What is your organization's total annual operating budget for the current year? (Whole numbers only. Include commas.)

**8,608,267**

**For what year is your most recent, completed audit?**

This audit should have been completed in at least 2010 and should be the audit attached to this request.

**2011**

**What were reported revenues as it appears in the attached audited financials?**

Whole numbers only. Include commas.

**10,203,867**

**What were reported expenses as it appears in the attached audited financials?**

Whole numbers only. Include commas.

**10,203,867**

**What were net assets for your organization as it appears in the attached audited financials?**

Whole numbers only. Include commas.

**0**

**What were liabilities for your organization as it appears in the attached audited financials?**

Whole numbers only. Include commas.

**0**

**Please provide an explanation if your organization has excessive liabilities, if expenses exceed revenues, and/or if there are any legal or fiduciary issues highlighted in the auditor's notes.**

**N/A**

**Prior Citi Foundation Funding**

**A) Has your organization received Citi Foundation funding in the past?**

**Yes**

**B) If your organization was funded by the Citi Foundation in 2011 and you have not yet submitted an online interim or final report, please provide below the grant amount, program title, a brief description of the funded program and an explanation as to whether you are on track to achieve the expected results, otherwise please enter N/A.**

Please note that your response should be 150 words or less. You will not be able to submit your application if your answer exceeds 150 words.

**Grant Amount: \$20,000**

**Program Title: The Riverside County Step Up to Assets Initiative**

**Brief Description: Provide low-to-moderate income families financial education and help to reduce debts, build assets, and gain long-term financial stability. The program is on track for completing expected results.**

*Example: In 2011, we received a \$60,000 grant from the Citi Foundation for the Small Business Development Program which will provide \$400,000 in direct investment for the establishment and growth of at least 40 small businesses and provide technical assistance to at least 100 microentrepreneurs in the San Francisco Bay Area. Four months into the grant period, we have provided services to 40 entrepreneurs and are on track to achieve our expected results by the end of the grant period. These individuals have benefited from up to ten hours of technical assistance as well as a business-to-business networking event. In addition, we approved a total of 15 microloans, totaling \$121,000 in direct investment for the establishment and growth of local small businesses. Thus far, a total of 6 small businesses have been established as a result of this program.*

**\*\*\*\*NOTE: The online grant application will time out after 30 minutes of inactivity. If you need to finish your application at a later time, please select the "Save and Finish Later" button at the bottom of each page of the application. You can access your account again at the following Web address using your account login and password:**  
**[https://www.GrantRequest.com/SID\\_584\\*\\*\\*\\*](https://www.GrantRequest.com/SID_584****)**

## **Proposal Overview**

### **1. Specify Program Start Date**

**Guidance:** Indicate the date that you will begin to use the funds from the requested grant. Note that the Citi Foundation requires the grant funds to be used within a 12-month period and that the deadline for your interim and final reports will be based on this date.

**09/01/2012**

### **2. Amount Requested**

**Guidance:** Indicate the amount you would like to request from the Citi Foundation as agreed upon by your Citi Contact. Please round off to the nearest thousand. (Whole numbers only. Include commas.)

**\$20,000**

### **3. Overall Program Budget**

**Guidance:** Indicate the total overall budget for this program. This must equal the dollar amount stated in the



required program budget template. (Whole numbers only. Include commas.)

**\$686,669**

#### 4. Program Title

**Guidance:** Please indicate the title of the program for which you are requesting funding. The title should be no longer than 7 words and end in "project", "program" or "initiative" and should not contain the name of the organization.

**The Riverside County Step Up to Assets Initiative**

#### 5. Focus Area for the Program

**Guidance:** Using the drop-down box below, select the Citi Foundation focus area to which your program clearly contributes (if you are uncertain, please see the Citi Foundation guidelines or ask your Citi Contact.)

**Financial Capability & Asset Building**

#### 6. Program Summary

**Guidance:** Please provide a brief description of the program for which you seek support. Please limit your description to no more than 5 sentences.

**Community Action Partnership of Riverside County (CAP Riverside) will increase the economic security of low-to moderate income individuals, especially veterans, in Riverside County. CAP Riverside will utilize a preparatory "learn how to save" program known as the Riverside County Step Up to Assets Initiative. This pre-Individual Development Account (IDA) matched savings incentive program helps qualifying participants, who may not currently be in a position to succeed in IDA, prepare for enrollment in the traditional IDA program. The Step Up to Assets Initiative provides financial education, a savings incentive, free tax preparation, community resource referrals, one-to-one case management services, and coaching for transition to the traditional IDA program at the close of the program cycle. This initiative helps to increase the self-sufficiency of struggling low-to-moderate income individuals and their families.**

*Example: Through our Financial Capability Program, we will conduct financial assessments, education and coaching for 450 low- to moderate-income families facing the threat of foreclosure, bankruptcy or income loss. Counselors will work with them to help establish a plan to stabilize their financial situation and provide long-term support in order to meet their financial goals. By the end of the grant period, we anticipate at least 375 of the participants in the program will have implemented at least one goal from their financial plans and will have begun to stabilize their financial situations.*

#### 7. Indicate how Citi Foundation funds will be used to support your program.

**Guidance:** Provide a brief narrative description of how Citi Foundation funds will be used. This should not be a detailed budget, but rather a brief description of how you will use the funds. Please limit your description to no more than 5 sentences.

**Citi Foundation Funds will be used to provide: 1) program management staff support for outreach, financial education training, case management, and evaluation; 2) training/workshop materials; and 3) outreach materials.**

*Example: Funds will be used to purchase program materials and support staff time for our financial counselors and educators who will coordinate, manage, market, implement and evaluate our foreclosure mitigation and financial education programs.*

**8. Indicate the Geographical Area(s) Served by the program where Citi Foundation funds will be used and the percentage of Citi Foundation grant funds utilized in each area. Please ensure that corresponding percentages are whole percentages and add up to 100%.**

**Guidance:** Select the state first, then the county from the available list. The number shown beside the county is the Metropolitan Statistical Area (MSA).

You may enter up to 10 counties. If your program serves more than 10 counties, please select 9 counties and select "\*\*Other" as the 10th county. You should list additional counties in question #9.

If the area(s) where your program will take place have not yet been determined, please select "\*\*Other". You will be asked to provide this information when it is available.

If the program is serving a national or statewide audience, please select the state\county\MSA of your Headquarter office.

A search box is provided so that you may easily make your selection(s). You can find your county and MSA in the available list by:

- 1) typing in the county name (do not include the word "county")
- 2) typing in the state (full name) and then selecting from the available counties
- 3) typing in the 5-digit MSA

After you have typed in one of these values, you should click on the magnifying glass icon beside the search box, which will cause a drop-down menu to only provide options that match your search criteria. Please select the correct geographical area served from this list and include the percentage of Citi Foundation funds that will be utilized in each area.

**UNITED STATES-United States-United States-California-Riverside\40140 (100%)**

**9. If your program serves more than 10 counties and you selected "\*\*Other" in question #8, please provide the state, county, and MSA for the additional areas that your program is serving along with the corresponding percentages. All entries should follow the format provided in the example; please note all percentages, including those indicated in question #8, must add up to 100%.**

Click [here](#) to find the Metropolitan Statistical Area (MSA) code based on the address of where this program will be implemented.

**N/A**

*Example: New York\Kings\35644 (100%)*

#### **10. Ethnicity Served by Program**

(The majority served by this program)

**All (not specified by ethnicity)**

#### **11. Gender Served by Program**

(The majority served by this program)

## General Population

### 12. Population Served by Program

(The majority served by this program)

#### Adults

\*\*\*\***NOTE: The online grant application will time out after 30 minutes of inactivity.** If you need to finish your application at a later time, please select the "Save and Finish Later" button at the bottom of each page of the application. You can access your account again at the following Web address using your account login and password:  
**[https://www.GrantRequest.com/SID\\_584](https://www.GrantRequest.com/SID_584)**\*\*\*\*

## Your Organization and Participants

### Your Organization

#### 13. What is your organization's current mission?

**Guidance:** Please describe the overall focus and objective of your organization. In addition, if the mission includes serving low- to moderate-income individuals or communities, please include this information in your response.

**CAP Riverside is a member of a national network of 1,100 community action agencies (CAAs). This network of CAAs was created through the 1964 War on Poverty legislation to end poverty. CAP Riverside follows the national promise, its own local vision, and its own local mission:**

**Promise: Community Action changes people's lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community, and we are dedicated to helping people help themselves and others.**

**Vision: To end poverty in Riverside County in 30 years.**

**Mission: Community Action Partnership of Riverside County, with community, will end poverty by offering opportunities for the poor through education, wealth building, advocacy and community organizing.**

*Example: The stated mission of the National Financial Capability Initiative (NFCI) is to promote wealth creation and economic self-sufficiency for its primarily low- to moderate-income clients through financial capability, homeownership counseling and job placement activities.*

#### 14. For the specific program for which you are requesting funding, please describe the strengths, expertise and track record of success at your organization that will enable you to implement the program?

**Guidance:** We are looking to understand what your organization does especially well as it relates to this

program area. This may include 4 elements: 1) Knowledge - your organization's unique insight into participant barriers and opportunities; 2) Skills - what your organization knows how to do; 3) Change agent - how your organization uses its skills and knowledge to influence others to change their behavior or condition; 4) Experience - length of time and track record in the proposed focus area and in the specific program for which you are requesting support. Please describe the impact your organization has had during the last 3 years including data on the sustained results of your participants over time.

Please note that your response should be 300 words or less. You will not be able to submit your application if your answer exceeds 300 words.

**CAP Riverside has been Riverside County's official anti-poverty agency since 1979. Low-income residents serve on the Community Action Commission to represent the interests of the poor.**

**CAP Riverside is one of eight out of 1,100 community action agencies nationwide to receive the National Award for Excellence in Community Action - - the only public community action agency to receive this honor.**

**CAP Riverside is a diverse multi-service organization. It annually provides direct and contracted services countywide to over 232,000 low-to-moderate income families, especially vulnerable populations such as the elderly, the disabled, families with very young children, and veterans. This holistic approach to self-sufficiency uses family preservation, support services, education, and economic independence to address the many factors that contribute to poverty. This includes: personal decision-making; motivation; guidance and recognition; asset/wealth development; economic opportunities; financial education workshops; free income tax preparation; life-skills development and coaching.**

**CAP Riverside practices the standard of excellence of sharing community resources rather than competing for resources to provide similar services. An expert in developing partners, CAP Riverside takes the lead in facilitating collaborative resource leveraging. CAP Riverside has a strong network of over 450 partners which enables CAP Riverside to provide community resource referrals to address customers' needs.**

**CAP Riverside staff serve on numerous local, state, and national boards and task forces such as the Workforce Investment Board, the Community Health Clinic Board, the Riverside County Child Care Consortium Board, the National Community Action Partnership.**

**Through CAP Riverside's asset building programs, 9,234 tax returns have been prepared free for taxpayers over the past 4 years, returning more than \$12 million to Riverside County residents. Over 117 families have achieved economic self-sufficiency through program participation. Participants' successes include: 44 purchased a first home; 32 attained advanced education goals; and 41 have capitalized a small business.**

*Example: NFCI has formed strong partnerships with financial lending institutions both nationally and locally over the course of its twenty-year history. NFCI's robust network of 100 affiliates has roots in low -to moderate-income neighborhoods and as a result has a deep understanding of the financial challenges facing these neighborhoods and residents. In the past three years, NFCI has graduated 25,000 low -to moderate-income individuals throughout the U.S. from our financial education program and enabled 15,500 individuals*

*to purchase a first home or stay in their current home through workshops and counseling. NCFI and its affiliates serve more than two million individuals each year by helping adults attain economic self-sufficiency through wealth accumulation and homeownership. We work with residents on a long-term basis and our work is designed to not only help households in times of crisis but also provide incentives and opportunities to help them move up the economic ladder.*

## Your Participants

### 15. What is the community need or issue you seek to address?

**Guidance:** If your organization operates at the local level, clearly state the local community need or issue affecting low- to moderate-income individuals or small businesses. If your organization operates on a national level, please include national needs, trends and statistics that relate to the issue you seek to address. Low- to moderate-income is defined as individual household income that is less than 80% of the Area Median Income (AMI). Small businesses are defined as businesses having annual revenues of \$1,000,000 or less.

**Riverside County is the second poorest of a six-county Southland region, which includes Riverside, Los Angeles, Orange, Imperial, San Bernardino and San Diego Counties. Of the more than 2 million permanent county residents, over 326,000 or 16.3% fall below the Federal Poverty Guideline (2010 American Community Survey 1-year Estimates -- U.S. Census Bureau). Many more residents, not considered to be in poverty, are identified as "working poor." They are on the edge of crisis if faced with a car repair, medical emergency, or job lay-off. A prolonged higher than average unemployment rate in Riverside County, reduced hours or wages, high population growth rate, and rising costs of living present challenges to a low-income family's ability to stabilize and thrive. Returning veterans often cannot find living-wage jobs in their communities. Like other low-income residents, they lack reliable transportation to seek employment or job training.**

**According to CAP Riverside 2011 Community Needs Assessment, low-income residents have indicated that their top three priorities of need are: 1) employment - including jobs, job placement services, and job training; 2) education - primarily access to educational slots; and 3) social services - lack of awareness of and the decline of available resources. Previous assessments show that low-income residents are often unbanked and have limited financial plans and knowledge.**

*Example: In just the past seven years, the household debt of residents in Bronx, New York has almost doubled and earning power per household has dramatically diminished over the course of the last two years. As a result, more families are in financial distress, the middle class is shrinking quickly and foreclosure and bankruptcy levels in this community are up 33% in the last year. The low- to moderate-income families served through our program will learn strategies to help them retain their financial assets and learn to better manage their household needs.*

### 16. Participant Demographic Data

**A) Please provide the Area Median Income (AMI) for each Metropolitan Statistical Area (MSA) you provided in questions #8 and #9.**

***If you answered "Other" in question #8 because the geographical area(s) served by this program is unknown at this time, please indicate this in your response here. You will be asked to provide the AMI when the geographical area(s) served information is available.***

**Guidance:** In order to find the AMI data for each MSA you provided in questions #8 and #9, [please access the 2011 HUD Estimated Metropolitan Area Median Family Income listing found here](#). The listing is sorted by MSA name and you should indicate the HUD Estimated Median Family Income for each MSA you provided in questions #8 and #9 in your response.

**According to the 2011 HUD estimated Metropolitan Area Median Family Income Listing, the AMI in this MSA is \$62,500.**

***Example:*** According to the 2011 HUD Estimated Metropolitan Area Median Family Income listing, the AMI in this MSA is \$67,400.

**B) If this program is serving small businesses, please provide the census tract income level for the address of each business served. If the businesses being served have not yet been identified, please provide the census track income level for the location where the program will be implemented. Similarly, if the program will be implemented in a government-designated redevelopment zone, empowerment zone or disaster area, please include the census tract data for each MSA provided in questions #8 and #9.**

**Guidance:** For programs serving small businesses that are located in low- to moderate-income geographies or that will take place in government-designated redevelopment, empowerment zones or disaster areas, you will also need to provide the census tract data for each MSA. To do this, [please visit the FFIEC website by clicking here](#). Once you access this page, you will be able to enter a street address along with either a city and state or a zip code. Entering this information will take you to the Geocode page for the specific MSA. In order to find the census tract for the MSA, click on "Get Census Demographic" and include the Tract Code and Tract Income Level in your answer. Be certain to include this information for each MSA you provided in questions #8 and #9.

**N/A**

***Example:*** According to the FFIEC website, the small businesses we will serve are located in tract code 1408 and the tract income level for this MSA is "Low".

#### **17. Who are your participants?**

**Guidance:** Describe the individuals, organizations or small businesses with which you will work during this program. Please be sure to include how your participants will be characterized *before* they begin your program and include any key barriers they face to achieve the anticipated results of this program.

**The Riverside County Step Up to Assets Initiative will recruit low-to-moderate income individuals countywide with a focus on veterans. As identified by CAP Riverside's 2011 and 2009 community needs assessment, this population is in need of financial education, products/services, and mentoring. Many of the target population are deeply in debt, do not have access to or use traditional banking services, do not have long-term financial plans, and are living pay-check to pay-check with no means or plans to address an emergency. Many low-to-moderate income veterans return home unable to find living wage jobs.**

**Financial services provided by Step Up to Assets will enable participants to reduce personal debt, develop a habit of saving, build assets, gain long-term financial stability, and build a foundation for transitioning into the traditional IDA program. This preparation will help to ensure successful completion of one of the traditional IDA savings goals.**

**Barriers to success include, but are limited to: reliable transportation; changing work schedules that prevent attendance to workshops; enough money to put towards savings even after budgeting; emergencies that interrupt saving such as car repairs, out-of-pocket medical expenses, job lay-offs, etc.; inability to stick to a budget; and lack of experience or reluctance to ask for help.**

**Other qualifiers for participation include being able to make savings deposits from earnings and income qualification based on 200% of the current Federal Poverty Income Guidelines to ensure that annual income is less than 80% of the AMI of \$62,500.**

*Example: The population served through our National Financial Capability Initiative (NFCI) is particularly in need of financial education. They are largely low- to moderate-income individuals who have an urgent need and a strong desire to improve their financial management skills so that they may avoid and/or break the cycle of over-indebtedness and ultimately build and preserve assets and family wealth. In 2012, we will serve 450 low- to moderate-income individuals in Bronx, New York. Many have recently lost their jobs, have significant debt issues, and most have no long-term financial plans to build or preserve their wealth.*

**18. Low- to moderate-income is defined as individual annual household income that is less than 80% of the Area Median Income (AMI). A small business is defined as a business with revenues of \$1,000,000 or less and, for our purposes, is located in a low -to moderate-income census tract. Based on these definitions, is the population or area served by this grant primarily (51% or more) low- to moderate-income and/or, if applicable, small businesses with revenues of \$1,000,000 or less?**

**Yes**

**19. How do you verify the percentage of low -to moderate-income individuals and/or small businesses that have annual revenues of \$1,000,000 or less and are located in low -to moderate-income census tracts? Please give a specific description of how you determined the answer provided in the previous question. (Please use the examples provided to guide you as you answer this question.)**

**Guidance:** Acceptable forms of data used to verify this percentage are: client intake forms that capture information related to household income and address of each participant; data that verifies the annual revenue and/or address of each small business served; client income verification; and federal free or reduced cost lunch data. If you are using household income to determine this percentage, please include how you will verify that the participants or small business owners served will meet the less than 80% AMI criteria. If you are using federal free or reduced cost lunch data to determine this percentage, please include the name(s) of the target school(s) and the percentage of students that qualify for free or reduced lunch at each school. If you are using census tract information, please include how you will verify that the participants or small businesses served are located within a low -to moderate-income census tract(s).

**CAP Riverside's general target population is the low-income as defined by a**

percentage of the Federal Poverty Income Guideline. This initiative will use the same percentage used for its traditional IDA program, which is 200 percent. This is a level at which we know that the majority of our participants will have an annual household income that is less than 80% of the AMI.

CAP Riverside will determine the percentage of low-to-moderate income participants by collecting a program application from each participant that captures data related to annual household income. Data will be validated with copies of income statements and tax returns. Based on the application and documentation that participants meet the required income qualification, CAP Riverside will be able to ensure that more than 50% of participants have an annual household income less than 80% of the AMI.

Examples:

**Financial Capability & Asset Building:** NFI will determine the number of participants who are classified as low-to-moderate-income by collecting client intake forms from each participant which will capture data related to household income. Based on the client intake forms, we will determine that more than 50% of our program participants have annual household income that is less than 80% of the AMI.

**Microfinance/Enterprise Development:** We obtain client intake forms from each small business owner which captures information related to the small business, including address and annual revenue. Based on the client intake forms, we will determine that more than 50% of small businesses served by this program have annual revenue of \$1 million or less and are located within a HUD-classified low-to-moderate-income census tract.

**College Success:** As outlined in our mission, we only serve students from low-to-moderate-income communities. This program will take place at the Stadium School, where 66% of the students are eligible for federal free or reduced cost lunch, and the Heritage School, where 68% of students are eligible for free or reduced cost lunch. This program will serve 50 students from the Heritage School and 50 students from the Stadium School; therefore, we can confirm that this program will primarily serve students who are classified as low-to-moderate-income.

**Neighborhood Revitalization:** We require a copy of federal income tax returns, pay stubs and the most recent utility bill of each program participant in order to determine the percentage of low-to-moderate-income participants served by this program. Since this program will serve the same participants as served in 2011, we know that more than 50% of our participants have annual household income that is less than 80% of the AMI.

## 20. Participant Types

**A) How many individuals do you plan on serving directly during the grant period? Be certain to include both new and existing participants.**

Whole numbers only. Include commas.

75

**B) How many micro or small businesses do you plan on serving directly during the grant period? Be certain to include both new and existing businesses.**

(Whole numbers only. Include commas.)

0

**C) How many organizations (i.e. microfinance institutions, community development financial**



institutions, community development organizations, etc.) do you plan on serving directly during the grant period? Be certain to include both new and existing organizations.

0

Example: 450

\*\*\*\***NOTE:** The online grant application will time out after 30 minutes of inactivity. If you need to finish your application at a later time, please select the "Save and Finish Later" button at the bottom of each page of the application. You can access your account again at the following Web address using your account login and password:  
[https://www.GrantRequest.com/SID\\_584](https://www.GrantRequest.com/SID_584)\*\*\*\*

## **Your Results, Program, and Key People and Groups**

### **Your Results**

#### **21. Please provide a summary results statement.**

**Guidance:** The fact that the participants in your program have completed the activities you implemented, read your materials, and sat through counseling or a workshop is not the result. The results we are referring to are the changes in the behaviors or conditions of your participants based on what you offered to them. This distinction is critical. Please be certain to include clear, measurable outcomes. Please do not focus on activities, programs implemented or levels of participation satisfaction. For additional reference materials for defining your program results, [please click here](#).

**Please note that your result statement should be 100 words or less. You will not be able to submit your application if your answer exceeds 100 words.**

**-By 11/01/2012, 75 participants will enroll in the program and open a savings account.  
-By 8/31/2013, participants who have been in the program for at least 9 months will stabilize their current financial situation and achieve one or more of the following indicators of financial success: 1) 66% (50) will increase their financial literacy by completing 10 workshops; 2) 66% (50) will maintain a budget for 90 days; 3) 66% (50) will qualify for a savings incentive; 4) 33% (25) will improve their credit score; and 5) 33% (50) will transfer their savings into a traditional IDA account.**

Example: By December 31, 2012, participants who have been in the program for at least 9 months will stabilize their current financial situation and achieve one or more of the following indicators of financial success: 1) 65% (245 participants) will reduce their debt by at least 15%; 2) 50% (187 participants) will start an emergency savings account; 3) 37% (140 participants) will improve their credit score. 4) 17% (75 participants) will avoid foreclosure and remain in their homes.

#### **22. Please provide some additional detail regarding your proposed results.**

**Guidance:** In each of our focus areas, there are specific results that will help us to better understand the

impact of each investment. For the specific focus area to which you are applying, please respond to all questions that apply to your program. Complete the questions that reflect the results you expect your participants to achieve during the grant period. Note that participants may achieve more than one result within a grant period and therefore, it is possible that the sum of your entries may equal or exceed the number of participants served. If your program participants will demonstrate results in more than one focus area, complete those questions as well.

Example:

*How many individuals will be able to demonstrate financial knowledge and skills as a result of this program?*  
**400**

*How many individuals will change and maintain changes to their financial behavior as a result of this program?*  
**375**

*How many individuals will build financial assets as a result of this program?* **187**

*How many individuals will preserve financial assets as a result of this program?* **75**

*How many organizations will be better able to provide services to clients as a result of this program?* **0**

**For Financial Capability & Asset Building programs:**

**How many individuals will be able to demonstrate financial knowledge and skills as a result of this program?**

(Whole numbers only. Include commas.)

**75**

**How many individuals will change and maintain changes to their financial behavior as a result of this program?**

(Whole numbers only. Include commas.)

**50**

**How many individuals will build financial assets as a result of this program?**

(Whole numbers only. Include commas.)

**50**

**How many individuals will preserve financial assets as a result of this program?**

(Whole numbers only. Include commas.)

**50**

**How many organizations will be better able to provide services to clients as a result of this program?**

(Whole numbers only. Include commas.)

**0**

**For Microfinance programs:**

**How many new financial products will be developed as a result of this program?**

(Whole numbers only. Include commas.)

0

**How many consumers will use financial products to help meet basic needs or create a financial safety net as a result of this program?**

(Whole numbers only. Include commas.)

0

**How many microfinance institutions (MFIs) will be better able to provide services to clients as a result of this program?**

(Whole numbers only. Include commas.)

0

**For Enterprise Development programs:**

**How many new jobs will be created as result of this program?**

(Whole numbers only. Include commas.)

0

**How many micro or small enterprises will be created, improved or expanded as a result of this program?**

(Whole numbers only. Include commas.)

0

**For College Success programs:**

**How many students will be prepared to enroll in postsecondary education as a result of this program?**

0

**How many students will enroll in postsecondary education as a result of this program?**

(Whole numbers only. Include commas.)

0

**How many students, already enrolled in postsecondary education, will receive support to continue postsecondary education as a result of this program?**

(Whole numbers only. Include commas.)

0

**How many students will complete a postsecondary degree as a result of this program?**

(Whole numbers only. Include commas.)

0

**How many organizations will be better able to provide services to students as a**

**result of this program?**

(Whole numbers only. Include commas.)

**0****For Neighborhood Revitalization programs:**

**How many units of affordable housing will be created as a result of this program? For predevelopment projects, please enter the anticipated number of affordable housing units that will be created/made available upon completion of the development.**

(Whole numbers only. Include commas.)

**0**

**How many community facilities will be created or revitalized as a result of this program?**

(Whole numbers only. Include commas.)

**0**

**How many small businesses will be created as a result of this program?**

(Whole numbers only. Include commas.)

**0**

**How many community development financial institutions (CDFIs) will expand their capacity to lend and invest as a result of this program?**

(Whole numbers only. Include commas.)

**0**

**How many community-based organizations (other than CDFIs) will be better able to provide services to clients as a result of this program?**

(Whole numbers only. Include commas.)

**0**

**23. How will you know when your program's results have been achieved? What data will you use to verify success and how will you capture this data in order to track results and make course corrections in your program?**

**Guidance:** Please explain how you will confirm that participant results were achieved, how you will collect this information and how you will use the data to keep participants on course to the result. Keep it as simple as possible and look to methods that are low effort and low cost. You may be able to use existing data sources, rely on existing measurement instruments, or use observations and reports by others and in some cases self-reported behaviors.

**Program staff will review the financial goals set by the participant and request / obtain copies of documents that substantiate goal achievement. Participants will receive referrals to the free tax preparation sites and must submit a copy of their 2012 tax return prior to 6/01/13. Additional documents used to show progress and confirm success may include workshop evaluations, pre- and post-tests, follow up credit reports, savings or checking account statements, bill statements and**

**budgeting sheets obtained during routine progress evaluation sessions.**

**CAP Riverside currently uses the CitiEscrow platform to manage traditional IDA savings accounts, and will continue to utilize this on-line tool for case management purposes to monitor participants' deposit activity.**

*Example: Our counselors will review the financial goals set by the participant and then ask for/use copies of documents that show they have achieved those goals. Examples of documents may include credit reports, savings or checking account statements, bill statements and budgeting sheets. These will be obtained during their monthly check in session to confirm success. We also capture client information that will help to inform program decision and refinements as well as marketing efforts; this includes demographic data, perceptions about banks and banking products, method of entry (marketing data), debt levels, numbers of credit cards, and more. At the end of each workshop module, trainers enter test scores for all participants. All of this data is available online in our secure client management database for both trainers and counselors to use. Counselors will also review module test scores to provide additional support where needed. If participants are not making strong progress towards their goals, counselors can use this information to help participants identify where they are stuck and provide additional resources/perspectives to help them get back on track towards their goals.*

**24. What will you do to support participants to sustain the positive results they achieve - both during and after they leave your program?**

**Guidance:** It is often easier to achieve a result than to sustain it over time. Please indicate what additional services, if any, may be available to program participants both during and after the grant period to help them sustain their results. Include how long you continue to follow up with clients to determine if outcomes have been sustained.

**Participants have the opportunity to be cross-enrolled in Project B.L.I.S.S. (Building Links Impact Self-Sufficiency) and paired with community allies who work with the family to set and achieve goals, specifically focusing on economic self-sufficiency. Participation time in B.L.I.S.S. is 12-18 months. Minimum participation time for the Step Up to Assets Initiative is 10 months. Minimum participation time for traditional IDA is 12 months. Program participation may be simultaneous or overlapped for a longer supportive period at the participant's discretion.**

**Post-completion counseling and supportive services are available to program participants for as long as the participant requests. Program graduates will be invited to share their knowledge with other participants as peer mentors during orientation and financial education workshops sessions or they may become allies to other program participants who are following in their footsteps.**

**Other CAP Riverside resources available to help stabilize participants are Utility Bill Payment Assistance, Home Weatherization, and Notary services.**

*Example: Participants have access to counseling and support for at least 6 months after program achievements have occurred. This enables participants to achieve their own financial goals and stay on track post-program.*

### Your Program

**25. What are the key elements of your program that are critical to achieve the stated results?**

**Guidance:** Describe the key elements of your program that must be in place for you to succeed with participants.

**Participants begin by attending a program orientation session detailing guidelines and program expectations and completing a program application. Participants are selected after review and approval of applications. Once selected for participation, a one-on-one enrollment session is scheduled to determine the participant's current financial condition and to establish a work plan identifying the participant's short and long-term goals. The work plan indicates specific steps with target completion dates to facilitate achievement of milestones to help the participant achieve their savings target.**

**Once specific goals are established, participants begin attending a 10-part financial education workshop series to provide the necessary training to ensure goal completion and success. Workshop topics include: budgeting, credit management, debt management, basic banking services, emergency financial planning, long-term financial planning and investments, planning and goal setting, and the Earned Income Tax Credit. Participants receive direct referrals to community partners such as the Inland Empire Small Business Development Center, Neighborworks, Springboard Non-Profit Financial Services and Fair Housing Council in preparation for program completion and transition to the traditional IDA program.**

**Program staff will schedule one-on-one follow up appointments with participants every 2-3 months to monitor progress, review financial goals, and to make additional referrals to ancillary support services as needed to ensure participants achieve results. Participants submit copies of attendance certificates or workshop evaluations signed by the instructor to show successful completion of financial education workshops.**

**Participants' savings deposits are monitored on a monthly basis with participants receiving monthly statements to track their progress and see immediate results. The Step Up to Assets Initiative will also prepare participants for saving part of their tax refund during the 2013 tax season to maximize their savings potential. Participants will receive referrals to free tax preparation sites during 4th quarter 2012 and 1st quarter 2013 and must submit a copy of their 2012 tax return prior to 6/01/13. Those participants who successfully complete the program are eligible for a savings incentive of 0.20 cents to each \$1.00 saved up to \$100 for \$500 saved. Additionally, these participants will be transitioned to the traditional IDA program with Step Up to Assets Initiative savings being transferred to a traditional IDA savings account.**

***Example:** In this program, we will work with 450 low- to moderate-income families facing the threat of foreclosure, bankruptcy or income loss to improve their financial situations and meet financial goals. Participants will receive financial assessments and one-on-one counseling to identify their current status and establish short- and long-term financial goals. Over the next twelve months, participants will supplement individual financial coaching sessions with financial education courses that include modules on Basic Banking*

*and Banking Services, Money Management and Budgeting, Saving and Investing, and Credit and Spending. Throughout the program, affiliate staff will provide opportunities to extend the learning process by connecting with other affiliate programs (e.g. homeownership, adult education courses, IDA, EITC programs, etc.) to help participants put learnings into action and achieve their financial goals.*

**26. Describe the critical activities you will implement, the milestones you anticipate achieving from each activity, and a timeline.**

**Guidance:** We do not need a list of every activity you will undertake, but are looking for major activities that will help you achieve 3-5 of the most critical participant milestones in your program. Our intent is to get a sense of the work it will take to achieve your results, the specific participant milestones that will be achieved during the grant period and timing to get to your results. There should be a clear "if-then" relationship between critical activities and the participant milestones that define success for those activities. Please ensure that the timeline you provide covers the entire 12-month duration of the requested grant and ensure that at least one activity and milestone focuses on evaluation activities that reflect the anticipated results stated in your result statement in question #21.

**1) Provide marketing and outreach to recruit 200 prospective participants of which 75 will enroll.**

**Milestone:** 75 participants will enroll in the program and open a savings account by 11/30/2012 (Months 1-3).

**2) Provide opportunities for participants to increase their financial literacy skills by completing financial education workshops.**

**Milestone 1:** By 8/31/2013, 50 of 75 participants will increase their financial literacy by completing 10 financial education workshops (Months 3-12).

**3) Provide guidance and counseling in regards to the importance of creating and sustaining a habit of saving.**

**Milestone 1:** By 8/31/2013, 50 of 75 participants will establish and maintain a budget for at least 90 days; **Milestone 2:** By 8/31/2013, 50 of 75 participants will increase economic stability by qualifying for a savings incentive. (Months 3-12); and, **Milestone 3:** By 8/31/2013, 25 of 75 participants will increase their credit score.

**4) Provide additional opportunities for program participants to achieve greater financial literacy and stability.**

**Milestone 1:** 25 of 75 participants will transfer their Step Up savings into a traditional IDA account for post-secondary education, first-time home purchase, or business start-up or expansion by 8/31/2013 (Months 10-12).

**Example:**

**Activities:** 1) Work with partner agencies to conduct outreach to introduce community to program. 2) Enroll 600 potential participants in the program.

**Milestone 1:** 600 participants sign up for their first financial capability course (Month 1).

**Activities:** 3) Conduct eight financial capability classes and an initial coaching session. 4) 300 participants attend all courses and develop a financial plan based on course learnings and individual coaching received.

**Milestone 2:** 300 participants submit a complete financial plan (Months 2-5).

**Activities:** 5) 300 participants attend six monthly financial coaching sessions as they implement their plan.

*Coaches track progress and evaluate client outcomes.*

**Milestone 3:** 200 participants implement at least one goal from their plan such as becoming banked, starting a savings program, reducing debt, etc. (Months 6-12).

**Activities:** 6) Analyze data on client results and identify at least one change in program to improve participant outcomes.

**Milestone 4:** Implement change in program to increase the number of participants in the financial counseling program that succeed in achieving results (Month 12).

**27. How much interaction and what type of interaction is required for participants to achieve the proposed results?**

**Guidance:** The frequency and duration of your interactions with participants should be consistent with the result you want them to achieve. Please clarify the amount of time and frequency you will interact with your participants while in your program.

**Participants will receive an average of 20-24 hours of financial literacy in a 10-part financial education workshop series over the course of a 10-month period. Each participant's needs and schedule will be considered in mutually determining additional time and resource referrals. Follow up progress appointments are scheduled every 2-3 months to monitor progress and to make additional referrals to ancillary support services as needed to help participants achieve goals.**

**Participant progress is monitored via attendance certificates or workshop evaluations signed by the instructor and submitted to show successful completion of financial education workshops. Participants' saving deposit history is monitored via monthly deposit activity reports provided by financial institutions for each participant account. Program staff will review the deposit history and financial goals with the participant during the quarterly progress monitoring sessions. Participants receive referrals to the free tax preparation sites and must submit a copy of their 2012 tax return prior to 6/01/2013.**

*Example: Participants will receive an average of 10-12 hours in a workshop setting and up to 20 hours of one-on-one counseling over a 12-month period.*

**Key People and Groups**

**28. Who is the person who will lead this program?**

**Guidance:** Explain why the person leading this program or effort is most qualified to achieve the results you seek, providing information on the person's responsibilities and past success with similar programs. If success of this program is dependent on a person's training or education, please be certain to explain the relevance.

**Kathrine Latta has served as the CAP Riverside Asset Building Program Manager for the past twelve years and has administered all Citi Foundation programs for CAP Riverside. Her education includes Master's degrees in both Public Administration and Leadership and Management. Kathrine is a nationally Certified Community Action Professional (CCAP) having demonstrated expertise in anti-poverty program development, administration, and leadership. Kathrine developed the Step Up to**



**Assets Initiative curriculum. She is responsible for program oversight and administration.**

*Example: K. Smith has been overseeing the NFCL program in partnership with the Citi Foundation for the past five years and has consistently ensured that the program is managed with the greatest attention to detail and with the flexibility required to meet the needs of the 13 affiliates participating in the program. She also initiated the recent results tracking program that has been integral to the success of this initiative, and the organization's ability to report on the participant behavior changes that represent success for those we serve.*

**29. Are any partners or intermediaries critical to your organization's success?**

**Guidance:** Name the partners or intermediaries and describe the relationship that your organization has with these partners. Include information on why these partners or intermediaries are needed for the program.

**CAP Riverside provides direct services and leverages resources available to participants via a network of over 450 community partners. This diverse network includes public and private low-income service providers, faith-based organizations, micro-enterprise development organizations, senior centers, school districts, post-secondary educational institutions, private enterprises, community centers, superior courts, law enforcement agencies, human rights commissions, etc. Services include job training and placement, family literacy, academic support, healthcare, childcare, elderly and disabled persons services, safe and affordable housing and/or repairs, emergency loans, safety-net services, and safe and healthy learning environments for youth.**

**CAP Riverside conducts training sessions for all community partner agencies making referrals directly to CAP Riverside's asset building programs to ensure that staff members understand program eligibility requirements and participant expectations. CAP Riverside will also identify in-kind supportive services that partner agencies will provide to program participants as they move toward self-sufficiency and program success.**

**CAP Riverside will increase the economic security of low-income individuals and veterans through a collaborative partnership with the Southwest Veteran's Business Resource Center located in Perris, CA. The Center, located in the heart of a designated poverty pocket, will serve as a host location for financial education and micro-enterprise development workshops for participants of the Step-Up to Assets Initiative and the traditional IDA program. It will serve as a major venue for referring veterans to the Step Up to Assets Initiatives. The Center is also a Volunteer Income Tax Assistance (VITA) site offering free income tax preparation services to the community. This partner recruits veterans and low-to-moderate income residents to serve as volunteer tax preparers and asset-building program participants. This partner will also provide: outreach; case management for veterans; supportive services available to veterans; and community resource referrals.**

*Example: We are pleased to work with the National Network for the Promotion of Financial Coaching (NNPFC), which has committed to provide our staff with monthly training in financial counseling and keep us informed of new developments and innovations in the field that we can incorporate into our work. We have*

*worked with NNPF for the past ten years and have just recently signed a 5-year contract with them ensuring that they will continue to provide the training to which they have committed.*

\*\*\*\***NOTE: The online grant application will time out after 30 minutes of inactivity. If you need to finish your application at a later time, please select the "Save and Finish Later" button at the bottom of each page of the application. You can access your account again at the following Web address using your account login and password:**  
**[https://www.GrantRequest.com/SID\\_584](https://www.GrantRequest.com/SID_584)**\*\*\*\*

## Additional Information

### Program Visibility

**30. How will this program be communicated to the public, professional peers and thought leaders? Please be specific and include detail such as press releases, convenings, web postings, brochures or other related materials.**

If applicable, please ensure that acknowledgement of our grant funding credits the Citi Foundation.

**Program information is listed on CAP Riverside's website, in its quarterly agency newsletters and agency annual report. Brochures, workshop calendars and other program materials are routinely distributed at all agency sponsored events including: energy conservation workshops, community forums, and HeadStart Policy Council meetings. Specific marketing and outreach presentations and networking meetings are scheduled. Press releases and success stories are publicized in local newspapers and on local radio stations.**

**31. Will this program include publication of any reports and/or research white papers?**

**No**

**If yes, when is this report expected to be produced? And, if known, please specify the anticipated title of the publication.**

**Note:** The Citi Foundation would like to highlight the accomplishments of our nonprofit partners on the Citi Foundation website by featuring any reports and/or white papers that are produced as a result of our funding. If your program will produce a publication, please complete a licensing agreement, the form of which is available for download in the link below, and attach the signed agreement to the last page of this application. Please ensure that the agreement is reviewed and signed by an individual with the authority to enter into a legal agreement on behalf of the organization that is producing the publication. Signing this agreement does not constitute an offer, promise or guarantee of funding from the Citi Foundation, Citigroup Inc., or any of its subsidiaries or affiliates. The Citi Foundation reserves the right to determine, in its sole discretion, whether or not to feature the publication on the Citi Foundation website. [Click here to download the agreement form.](#)

### Citi Engagement

**32. Will Citi employees participate/volunteer in this program? If yes, please indicate how many and describe in what capacity.**

Please note that although we encourage the engagement of Citi employees in Citi Foundation funded

programs, the involvement of Citi employees is not a determining factor for funding consideration.

**Yes, Citi employees have provided financial education training workshop presentations for the past nine years. Citi employees are encouraged to participate as volunteer income tax preparers, financial education workshop presenters and/or business networking mentors and workshop presenters.**

**33. Is there a Citi employee on the Board of the organization?**

If there is a Citi employee on the Board of your organization, please provide the Citi employee's full name, Citi business, and title as well as board position and/or whether the Citi employee serves in an advisory capacity regarding the finance, governance, or fundraising for the organization. Please note that the involvement of Citi employees is not a determining factor for funding consideration.

**No**

**Citi Contact Information**

**34. Citi Inviter Name**

Provide the name of the Citi Contact who invited your organization to apply for a grant. Please enter the name exactly as it appears in the Invitation to Apply that your organization received. Do not include title or address.

**Victor M. Ramirez**

**35. Grant Program**

Please select the appropriate grant program based on the instructions provided in the Invitation to Apply e-mail sent by your Citi Contact.

**West Region (Business Partner Sourced)**

**Compliance**

**36. Group Exemption**

Is your organization an affiliate of a large, national parent organization and does that organization have an IRS group tax exemption ruling?

**No**

If yes, please include a scanned copy of the page from the most recent published directory or online database, which identifies your organization as an affiliate member of the parent organization. Please upload this document on the last page of this application.

**37. Fiscal Sponsorship**

Is your organization acting as an official Fiscal Sponsor for this project/program?

**No**

If yes, please review the fiscal sponsorship guidelines [by clicking here](#) and attach the required documentation to the last page of this application.

**38. Supporting Organization**

As a 501 (c)(3), your organization may be further classified by the Internal Revenue Service (IRS). Is your organization a supporting organization as described in section 509 (a)(3)? (You can find this classification in

your organization's IRS determination letter.)

**No**

If yes, please note that you are required to complete and attach the Supporting Organization Form on the last page of this application. [Click here](#) to download the required form..

### 39. Public Schools and School Districts

If your organization is a public school or school district, please locate your organization on one of the following web sites. You will be asked to include a scanned copy on the last page of this application.

[Public Schools Search](#)

[Public School Districts Search](#)

[Public Colleges and Universities](#)

**40. By checking this box, I understand that submission of an application does not constitute an offer, promise or guarantee of funding from the Citi Foundation, Citigroup Inc., or any of its subsidiaries.**

**Yes**

Please note that you are required to e-mail a draft of the completed application to the Citi Foundation for preview before you can officially submit this application for funding consideration. When you have completed the entire application and attached all required documentation to the application form, please select "E-mail Draft for Preview" at the bottom of this screen and send a draft of the application to [CCDGrants@citi.com](mailto:CCDGrants@citi.com). The Citi Foundation will review the draft application and contact you if additional information is required before submission. Once the Citi Foundation authorizes the official submission of the application form, you will receive a Submission Code to enter in question #41. Please note that the deadline to submit a draft application to the Citi Foundation for authorization is February 24, 2012.

### 41. Submission Code

Once the Citi Foundation authorizes the official submission of this application form, you will be provided with a Submission Code. Please enter this Submission Code exactly as it appears in the authorization e-mail sent to you by the Citi Foundation.

**8050**

### Attachments

Title	File Name
Board of Directors and Organization's Senior Staff Listing	<a href="#">CAP Riverside 2012 Board of Directors.xls</a>

<b>Copy of Cancelled Check or Bank Letter for Verification of Depository Account</b>	<b><u>CAP Riverside Union Bank - Account Confirmation.pdf</u></b>
<b>Program Budget</b>	<b><u>CAP Riverside 2012 Program Budget.pdf</u></b>
<b>Most Recent IRS Form 990</b>	<b><u>CAP Riverside Internal Revenue Service Form 990 Exemption.docx</u></b>
<b>Organization's Most Recent Complete Audited Financial Statements</b>	<b><u>2011 Single Audit Mgt Letter June 2011.pdf</u></b>
<b>Organization's Most Recent Complete Audited Financial Statements</b>	<b><u>2011 Single Audit Report June 2011.pdf</u></b>
<b>Organization's Most Recent Complete Audited Financial Statements</b>	<b><u>Audit Note-CAP Riverside.docx</u></b>
<b>Organization's Most Recent Complete Audited Financial Statements</b>	<b><u>2011 Audit Supplemental Reports June 2011.pdf</u></b>

Files attached to this form may be deleted 120 days after submission.