

County of San Diego Health and Human Services Agency,

Housing and Community Development Services

2025-2026 Community Development Block Grant (CDBG) Application –  
Non-Profit, County, Cities, and Other



We encourage you to apply online. However, application packages may also be submitted via mail to the Housing and Community Development Services office at 3989 Ruffin Rd., San Diego, CA 92123.

**General Information**

**\* Indicates that the question is required**

I am filling this application out as a: \*  Non-profit  County  Participating City Other: \_\_\_\_\_

**1. Contact Information of Authorized Official \***

*An official representative and/or designated person with authority to sign grant submissions.*

**Name:**

**Title:**

**Phone Number:**

**2. Authorized Official's Email:**

**3. Name of Applicant: \*** *(Name of Organization, City Entity, or County Department.)*

**4. Organization Website:**

**5. Official Mailing Address: \***

**6. Federal UEI Number:**

**7. SAM/CCR Expiration Date:**

**8. Contact Information of Project Manager \***

*A representative who will be responsible for monitoring the CDBG activity/project.*

**Name:**

**Title:**

**Phone Number:**

**9. Project Manager Email:**

**10. Current Federal Funding \*** *(Does your program expend \$750,000 or more in federal funding annually?)*

**Yes**

**No**



11. Authorization Resolution Date

Provide the date (MM/DD/YYYY) that the Governing Board, City Council, etc. authorized the approval to apply and/or administer a CDBG project/activity and the administration to execute this project. Not applicable to County Departments.

Project Summary

1. Project/Activity Title: \* (Examples: Meal Preparation and Delivery Service, ADA Improvements, Park Equipment for Seniors, Family Shelter, etc.)

2. CDBG National Objective: \* (Which HUD-National Objective does your project meet?)

Primarily benefit low- and moderate-income households (under 80% AMI)

Aid in the elimination of slum or blight conditions

Meet an urgent community need (Applicable in very limited circumstances)

3. Type of CDBG Activity:

Community Infrastructure/Facility

Public Service

Economic Development

Other: \_\_\_\_\_

Planning/Administration

4. Project Beneficiaries: \* Select the clientele(s) who will primarily benefit from your project.

Children/Youth

Persons with Disabilities

Low-Moderately Low-Income Persons

Seniors (62+)

Persons Experiencing Homelessness

Special Populations/Other

Persons with AIDS

5. Requested CDBG Funds: \* (Put Dollar Amount)

6. CDBG Budget Narrative: \*

What will CDBG funds be used to reimburse? (Staff time, program supplies, purchase of service vehicle, construction, etc.)

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**7. Total Project Cost:** \* *What is the total operating cost for this project/activity?*

**8. Expenditure Schedule:** \* *Provide an approximate expenditure schedule for your project/activity.*

<b>2025</b>	<b>July – September:</b>	<b>\$</b>
<b>2025</b>	<b>October – December:</b>	<b>\$</b>
<b>2026</b>	<b>January – March:</b>	<b>\$</b>
<b>2026</b>	<b>April – June:</b>	<b>\$</b>

**9. Fiscal Capacity:** \*

*CDBG is a reimbursement-only program. Does your organization have adequate reserve funding to support this project for 2025-2026 fiscal year?*

**Yes                      No                      Not Sure**

**10. Davis-Bacon Prevailing Wage Requirements:** \*

*Davis-Bacon prevailing wage requirements apply to projects that include construction. Indicate your experience monitoring Federal Davis-Bacon or State prevailing wage requirements.*

- No experience
- Experienced - Monitored with qualified staff/subcontractor
- Experienced - Monitored with prevailing wage software
- Not applicable for this project

**11. Site Location:** \* *Project/activity site location.*

**12. Census Tract for Benefit Area:** \* *Identify the census tract(s) for your project/activity, as applicable.*

*(Tool: [LMI Census Tracts Map](#)). Please note this tool covers all LMI Census tracts in the region, including areas outside the County's CDBG jurisdiction. This application is only for the unincorporated areas of San Diego County.*



## Required Attachments Checklist

### ATTACHMENT 1 – Project Description

1. Identify a problem statement and the community need that your project/activity will work to address. Who will benefit from this project/activity? Include number of people served and demographic data of target beneficiaries as applicable.
2. Describe the long-term impact of your project/activity, as well as how your project will measure impact. Include measurable outcomes, outputs, goals and/or strategies.
3. Describe the timeline of project/activity.
4. Provide information about the benefit area for this project/activity. Describe the site location, characteristics of the community and geographic information including but not limited to public transportation, parking, community resources, public resources, amenities, etc.
5. Describe how this project/activity aligns with regional goals, County's Live Well San Diego vision, local initiatives, etc.
6. Describe the community engagement process or efforts that took place in the development of this project/activity? List any community stakeholders, advocacy and/or planning groups that are in support of this project.

### ATTACHMENT 2 – Organization Background

1. Organization background, overview of services/programs, mission statement, values, organizational chart, DEI statement, equity framework, workforce cultural diversity strategy, etc.
2. Describe the organizational capacity to administer a CDBG project? Provide a brief description of the staff/team who will assist in managing, monitoring, and providing fiscal oversight. Include positions and qualifications.
3. Describe the organizational methodology to measure, track and monitor program, service or project requirements, outcomes, organizational goals, as well as HUD requirements for Davis Bacon Labor Standards, Section 3 (if applicable for construction related projects). Describe organizational resources, tools, software, and/or methods your organization uses for reporting, compliance, or impact.
4. Provide supportive documentation reflecting the Board of Directors, and/or governing body.
5. Provide supportive documentation reflecting Articles of Incorporation and Bylaws.
6. Provide a supportive document reflecting proof of insurance coverage limit policy. Provide organization's general operating budget.

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**ATTACHMENT 3** – *Map of Service Area/Project with Income Eligibility Data (as applicable)*

**ATTACHMENT 4** – *Project Budget Template*

**ATTACHMENT 5** – *Letters of Commitment, if applicable (combine all letters into one document.)*

**ATTACHMENT 6** – *Full Financial Audit Report*

**ATTACHMENT 7** – *Proof of UEI from SAM.gov (attach as screenshot)*

**ATTACHMENT 8** – *Project Authorization (Authorizing Resolution, Board of Directors Minutes, etc.)*

**ATTACHMENT 9** – *Conflict of Interest Form*