



## Community Development Block Grant (CDBG) Application Resource

**Instructions:** The 2026-27 CDBG online application **does not allow applicants to save their progress**. To ensure readiness, please review the following application resource tool. This will assist applicants in organizing the necessary documents and drafting responses in advance.

**Application Link:** [2026-27 County of San Diego CDBG Application](#)

**Application Due Date:** 3:00 PM Friday, October 31, 2025

### Application Resource for Non-Profit Organizations & City, County or other Government Entity

SECTION 1: Application Type (*For more information refer to [24 CFR 570.202](#)*)

(Applicable to All: Non-Profit Organization, For-Profit, City, County or other Government Entity, & Residents)

Select the most appropriate type of CDBG application.

- ☐ City, County or other Government Entity
- ☐ For-Profit Organizations (for Microenterprise Economic Development Activities only)
- ☐ Non-Profit Organization or Institution of Higher Education
- ☐ Resident

SECTION 2: General Information (To be completed by all Except residents.)

1	Name of Applicant	
2	Authorized Official's Name	
3	Authorized Official's Title	
4	Authorized Official's Phone Number	
5	Authorized Official's Email	
6	Organization Website	
7	Official Mailing Address	
8	Federal UEI Number <a href="#">Home   SAM.gov</a>	
9	SAM/CCR Expiration Date <a href="#">Home   SAM.gov</a>	
10	Project Manger's Name	
11	Project Manger's Phone Number	
12	Project Manger's Email	
13	Current Federal Funding – Does your program expend \$1,000,000 or more in federal funding annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Authorization Resolution Date- Provide the date that the Governing Board, City Council, etc. authorized the approval to apply and/or administer a CDBG project and the administration to execute this project. <i>*Not applicable to County departments applying</i>	



**General Information - Residents Only:**

Applicant Name	
Phone Number	
Email	

**SECTION 3: Project Overview (To be completed by all)**

15	Project Title	
16	Brief Project Summary	
17	<p>CDBG National Objective</p> <p>(For more information on the Objectives of the CDBG program refer to <a href="#">24 CFR 570.208</a> and section 101(c) of the Act (<a href="#">42 U.S.C. 5301(c)</a>)</p>	<input type="checkbox"/> Primarily benefit low- and moderate-income households (under 80% AMI) <input type="checkbox"/> Aid in the elimination of slum or blight conditions <input type="checkbox"/> Meet an urgent community need (Applicable in very limited circumstances)
18	<p>Type of Activity</p> <p>(For more information on the CDBG program eligible activities refer to <a href="#">24 CFR 570.201</a>)</p>	<input type="checkbox"/> Public facility/Improvements <input type="checkbox"/> Public Service <input type="checkbox"/> Economic Development <input type="checkbox"/> Other, please specify: _____
19	<p>Population Served (Select all that apply)</p> <p>(For more information on populations served under the CDBG program refer to <a href="#">24 CFR 570.483(b)(1)(i)</a>)</p>	<input type="checkbox"/> Children/Youth <input type="checkbox"/> Low-Moderately Low-Income Persons <input type="checkbox"/> Persons Experiencing Homelessness <input type="checkbox"/> Persons with AIDS <input type="checkbox"/> Persons with Disabilities <input type="checkbox"/> Seniors (62+) <input type="checkbox"/> Other, please specify: _____
20	Location of Project (Site Physical Address)	<p>Address:</p> <p>City:</p> <p>Zip Code:</p> <p>Other Description:</p>
21	Total Project Cost (including use of other funds)	<b>Total \$</b> _____
22	CDBG Funds Requested	<b>Total \$</b> _____



23	Use of CDBG Funds- Specify how CDBG funds will be used (include detailed breakdown of costs such as design costs, staff time, materials, etc.)	
24	Other Funding Sources Used	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Other Federal: \$ _____ <input type="checkbox"/> State/Local: \$ _____ <input type="checkbox"/> Private Source: \$ _____ <input type="checkbox"/> Other: \$ _____ <input type="checkbox"/> Previous year CDBG funds allocated to this project \$ _____

SECTION 4: Organization Capacity (To be completed by all except residents)

25	CDBG is a reimbursement-only program. Does your organization have adequate funding to support this project for 2026-2027 fiscal year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
26	<b>Non-Profit Only:</b> Indicate how your organization will support the project expenses pending reimbursement.	
27	Does your organization have established policies and procedures to ensure compliance with the requirements of <a href="#">24 CFR Part 570</a> (CDBG regulations) and <a href="#">2 CFR Part 200</a> (Uniform Guidance), including eligibility of activities, cost allowability, internal controls, and audit standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28	Davis-Bacon prevailing wage requirements apply to projects that include construction. Indicate your experience monitoring Federal Davis-Bacon or State prevailing wage requirements.  For more information on the Davis-Bacon Act refer to <a href="#">29 CFR Part 5</a>	<input type="checkbox"/> No experience <input type="checkbox"/> Experienced - Monitored with qualified staff/subcontractor <input type="checkbox"/> Experienced - Monitored with prevailing wage software <input type="checkbox"/> Not applicable for this project
29	Any real property acquired or improved with \$25,000 or more in CDBG funds must continue to meet a national objective for at least 5 years after grant closeout. Describe how your agency will ensure compliance with this requirement.	



30	What is the anticipated expenditure schedule? describe how timeliness standards will be met, as required under <a href="#">24 CFR § 570.902</a> .	July-September 2026: \$ _____ October-December 2026: \$ _____ January-March 2027: \$ _____ April-June 2027: \$ _____
31	Will any part of the project be subcontracted? If so, who will the project be carried out by? City/County staff, Contractors, Non-Profit, etc.	<input type="checkbox"/> Yes, If yes, explain _____ <input type="checkbox"/> No

**SECTION 5: Supplemental Information (To be completed as applicable)**

<b><u>For Public Facility/Improvement Projects:</u></b>		
32	Indicate current project status. If project is phased, describe progress on the current phase and expected completion date of previously funded work.	
33	<p><b><u>Environmental Review Status:</u></b>            Check appropriate boxes regarding if environmental status for project is known. Include the City's California Environmental Quality Act (CEQA) Exemption Section from the State CEQA Guidelines and, if applicable, the National Environmental Policy Act (NEPA) Exemption Section of the NEPA Regulations.</p> <p>(Refer to <a href="#">24 CFR Part 58</a> for more information on environmental review requirements for CDBG)</p>	<input type="checkbox"/> Unknown status <input type="checkbox"/> Has not been completed <input type="checkbox"/> Exempt CEQA: CEQA Exemption Section: _____ <input type="checkbox"/> Exempt NEPA: NEPA Exemption: _____ <input type="checkbox"/> Environmental Assessment Needed: _____ <input type="checkbox"/> Underway <input type="checkbox"/> Completed <input type="checkbox"/> Environmental Impact Statement: _____ <input type="checkbox"/> Underway <input type="checkbox"/> Completed <input type="checkbox"/> No Environmental Review has been completed



## SECTION 6: Application Attachments

(Residents are only required to submit Attachments A. All others are required to submit all applicable attachments)

Note: Applicants must label their documents with naming conventions listed below in the attachment section

**Please submit the following attachments. Failure to do so will result in your application being considered incomplete.**

	Naming Convention	Attachment Description
Required Applicable Attachments		
<input type="checkbox"/>	<b>Attachment A: Project Narrative - Project Name</b>	<p>Include a narrative and/or documents that address the following questions (Note: ALL questions must be addressed)</p> <ol style="list-style-type: none"> <li>1. Describe the project. What specific problem does it address? What are your expected outcomes and community impact?</li> <li>2. Describe who will benefit from the project, including the number and demographics of those expected to serve?</li> <li>3. Describe the scope and timeline of the project. How will your agency measure success and effectiveness for meeting deliverables and ensuring the project stays on schedule?</li> <li>4. Provide information about the benefit area of this project. Describe the characteristics of the community, including but not limited to access to transportation and local public resources?</li> <li>5. What community engagement or support was involved in the development of the project, and who are the key stakeholders or partners?</li> <li>6. How does the project align with broader goals such as Live Well San Diego, local plans, or regional initiatives?</li> <li>7. Submit site plans and photos (for Public Facility/Improvement Projects)</li> </ol>
<input type="checkbox"/>	<b>Attachment B: Service Area Map – Project Name</b>	<p>Include a list of the census tracts and the map(s) of the project service area(s) clearly outlined and income eligibility data. Utilize the <a href="#">HUD Low/Moderate Income LMI Mapping Tool</a> to determine if the project service area is located within a predominantly LMI census tract.</p>
<input type="checkbox"/>	<b>Attachment C: Budget – Project Name</b>	<p>Complete one of the following budget templates as applicable.</p> <ul style="list-style-type: none"> <li>• <b>Project Development Budget Summary</b> for capital projects and supplement this with a detailed line-item budget; <u>or</u></li> </ul>



		<ul style="list-style-type: none"> <li>• <b>Project Operation Budget Form</b> for service projects, whichever is applicable to the proposed project. Include all other funding sources and indicate             <ul style="list-style-type: none"> <li>a) If funding is committed;</li> <li>b) If funding has been/will be applied for; <u>or</u></li> <li>c) When funds will be available.</li> </ul> </li> <li>• <b>General Operating Budget</b> Include current year's General Operating Budget.</li> </ul>
<input type="checkbox"/>	<b>Attachment D: Conflict of Interest Form – Project Name</b>	Complete and Include the Conflict-of-Interest Form.
<input type="checkbox"/>	<b>Attachment E: Application Authorization – Project Name</b>	Include Board of Directors/City Council minutes and/or resolution authorizing applications for CDBG. Refer to Sample Board Resolution.
<input type="checkbox"/>	<b>Attachment F: Sample Intake Form – Project Name</b>	<u>For Public Service/Economic Development</u> If a project serves primarily low-to-moderate income persons or households, provide a sample of the intake/assessment form(s) that are currently being used to document that at least 51% of beneficiaries are low to moderate income persons.
<b>Microenterprise and Non-Profit Organization Only</b>		
<input type="checkbox"/>	<b>Attachment G: Organizational Background – Project Name</b>	Include a narrative or documents that address the following (Note: ALL questions must be addressed) <ol style="list-style-type: none"> <li>1. What is the organization's mission, background, and core programs, and how do its values and structure support equitable service delivery?</li> <li>2. Does the organization have the staff capacity and qualifications necessary to manage, monitor, and oversee a federally funded project like CDBG?</li> <li>3. What systems or tools does the organization use to track performance, report outcomes, and ensure compliance with HUD and internal requirements?</li> <li>4. Include your organization's current Board of Directors list, including names and addresses.</li> <li>5. Include current organizational chart.</li> </ol>
<input type="checkbox"/>	<b>Attachment H: Articles of Incorporation and Bylaws – Project Name</b>	Include all current governing documents as applicable.
<input type="checkbox"/>	<b>Attachment I: Audit – Project Name</b>	Include the organization's most recent Financial Audit or A-133 Single audit (IRS Forms)
<input type="checkbox"/>	<b>Attachment J: Supportive Documents – Project Name</b>	Combined the following documents onto one attachment. <ul style="list-style-type: none"> <li>• <b>Certificate of Insurance Policy</b> - Include your current insurance policy including amounts covered. <a href="#">County of San Diego Insurance Requirements</a></li> <li>• <b>Proof of DUNS/UEI</b> – Include screenshot from <a href="#">Home   SAM.gov</a> that shows proof of DUNS number (note: the U.S. government now uses the <b>UEI – Unique</b></li> </ul>

		<p><b>Entity Identifier</b> as the primary ID, but older records still include DUNS).</p> <ul style="list-style-type: none"><li>• <b>CCR Registration-</b> Include screenshot from <a href="#">Home   SAM.gov</a> that shows proof of active Central Contractor Registration (SAM/COR) for organization.</li><li>• <b>Non-Profit Status-</b> If applicable, include proof of existing non-profit/tax/exempt status letters from the Federal Revenue Service and State Franchise Tax Board.</li><li>• <b>Letters of Commitment</b> – If applicable, include letters of commitment from collaborating agencies.</li></ul>
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## Conflict Of Interest and Lobbying Certification

By applying for CDBG funds, the Applicant certifies that:

No member, officer or employee of the applicant, or its designee or agents, no member of the governing body of the locality in which the program is situated, and no other public official of such locality or localities who exercises any functions or responsibilities with respect to the program during his/her tenure or for one year thereafter, shall have any interest, direct, or indirect, in any contract or subcontract, or the process thereof, for work to be performed in connection with the program assisted under the Grant, and that it shall incorporate, or cause to be incorporated, in all such contracts or subcontracts a provision prohibiting such interest pursuant to the purposes of this certification.

The Applicant certifies, that in accordance with Section 319 of Public Law 101-121, to the best of his or her knowledge and belief that:

No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative contract, and the extension, continuation, renewals, amendment, or modifications of any federal contract, grant loan, or cooperative contract.

If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative contract, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.

**Name of Organization:** \_\_\_\_\_

**Name of Applicant's Authorized Official:** \_\_\_\_\_

**Authorized Official's Title:** \_\_\_\_\_

**Signature of Authorized Official:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Sample Board Resolution

[Letterhead of Applicant]

### RESOLUTION OF BOARD OF DIRECTORS OF

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WHEREAS this entity has a minimum of four directors who constitute a quorum for conducting organizational business; the organization conducts quarterly board meetings; quarterly financial statements are reviewed by the board; and the executive director and other paid staff do not serve as voting board members.

WHEREAS \_\_\_\_ is a \_\_\_\_ [Status of Corporation, i.e., A Non-profit Public Benefit Corporation, qualified pursuant to the provisions of Internal Revenue Code Section 501 (c) (3), etc.]

WHEREAS \_\_\_\_ recognizes that the community at large, and especially low-income residents have many diverse needs for social, housing, education, and other services.

WHEREAS \_\_\_\_ is committed to effectively serving the communities referenced in the prior recital; and

NOW THEREFORE BE IT RESOLVED as follows:

1. That \_\_\_\_ is committed to providing safe, decent and affordable housing for persons of very low, low and moderate-income levels.
2. That on or about \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the Board of Directors voted to authorize the \_\_\_\_ [title of person authorized], or his designee, to apply for and accept assistance of the \_\_\_\_\_ Project, for the purpose of obtaining a grant to provide for the \_\_\_\_\_ [purpose; i.e., service provision, etc.] of the Project, in an amount not to exceed (\$\_\_\_\_) from the County of San Diego Health and Human Services Agency, Housing and Community Development Services.
3. That the Board of Directors further voted to authorize the [title of person], or his designee, to execute any and all documents required by the County of San Diego Health and Human Services Agency, Housing and Community Development Services to document and secure its grant.
4. That the Board of Directors further authorized the [title of person], or his designee, to perform all acts and to do all things necessary, in the opinion of the County of San Diego Health and Human Services Agency, Housing and Community Development Services to implement the funding and making of the grant.

I, the undersigned, certify that this Resolution was adopted at regularly or specially noticed meeting of the Board of Directors on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at which a quorum of the Board of Directors was present, and at which the requisite percentage of the quorum voted to adopt the Resolution and that the Resolution has not been rescinded, modified or canceled as of the date of my execution of the same and that it remains in full force and effect as of this date. I further understand that the County of San Diego Health and Human Services Agency, Housing and Community Development Services is relying on the validity of this Resolution in taking the actions to process and approve the application package.

I declare under the penalty of perjury, under the laws of the State of California that the foregoing is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at San Diego, California.

By: \_\_\_\_\_

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



## Documentation and Line-Item Budget

\*Insert: C=Committed Funds; P=Funds that have been applied for & decision is pending; or N=Funds that have not yet been requested. In addition, indicate the date when these funds will be available in the status column.



Applicant: \_\_\_\_\_

### Include Funding Source Commitment Documentation and Line-Item Budget

Budget Categories	Project Cost Estimates	Sources of Funds									
		CDBG Funds		Applicant's Funds		1.		2.		3.	
		Amount	Status*	Amount	Status*	Amount	Status*	Amount	Status*	Amount	Status*
Administration											
Communication											
Equipment											
Furnishings											
Housing subsidies/vouchers											
Insurance											
Maintenance and supplies											
Professional services											
Rent											
Security											
Staff Costs											
Utilities and fuels											
Other:											
Other:											
<b>SOURCE TOTAL</b>											
	TOTAL PROJECT COST	*Insert: C=Committed Funds; P=Funds that have been applied for & decision is pending; or N=Funds that have not yet been requested. In addition, indicate the date when these funds will be available in the status column.									