Community Development Block Grant (CDBG) Application Resource

Instructions: The 2027-28 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.

To submit required supportive documents, use a secure electronic document management system (such as SharePoint, OneDrive, or Dropbox) and send it to: Community.Development@sdcounty.ca.gov. Documents should be organized and named in accordance with the CDBG Application Attachment Checklist. Applications submitted for consideration must be complete. If any information requested in the Application is not applicable, indicate the section with "N/A". Applicants who do not submit the application with attachments on or before the application deadline will be deemed non-responsive. Late submissions will not be considered.

Application Link: FY 2027-28, County of San Diego CDBG Application

Application Due Date: 3:00 PM Friday, October 30, 2026

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)

1. Select the category that best describes the type of applicant submitting this application.

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

SECTION 2: Resident Application (Residents Only)		
	Requested Information	**Applicant Response**
2	Resident / Applicant Name	
3	Resident / Applicant Phone Number	
4	Resident / Applicant Email Address	
5	Estimated Project Cost (if known)	
6	Project Title	
7	Project Summary	

8	CDBG National Objective (For more information on the Objectives of the CDBG program refer to 24 CFR 570.208 and section 101(c) of the Act (42 U.S.C. 5301(c))	☐ 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)
9	Type of Activity (For more information on the CDBG program eligible activities refer to 24 CFR 570.201)	☐ Public facility/Improvements ☐ Public Service ☐ Economic Development ☐ Other, please specify: _____
10	Number of individuals to be served:	
11	Population Served (Select all that apply) (For more information on populations served under the CDBG program refer to 24 CFR 570.483(b)(1)(i))	☐ Children/Youth ☐ Low-Moderately Low-Income Persons ☐ Persons Experiencing Homelessness ☐ Persons with AIDS ☐ Persons with Disabilities ☐ Seniors (62+) ☐ Other, please specify: _____
12	Location of Project (Site Physical Address)	Address: City: Zip Code: Other Description:

SECTION 3: Organization & Government Applicant Information (To be completed by Non-profit organizations, for-profit microenterprise applicants, and government entities.)

	Requested Information	**Applicant Response**
13	Organization / Entity Name	
14	Authorized Official's Name	
15	Authorized Official's Title	
16	Authorized Official's Phone Number	
17	Authorized Official's Email	
18	Project Manager's Name	

19	Project Manager's Title	
20	Project Manager's Phone Number	
21	Project Manager's Email	
22	Organization Website	
23	Official Mailing Address	
24	Federal UEI Number Home | SAM.gov	
25	SAM/CCR Expiration Date Home | SAM.gov	
26	Current Federal Funding – Does your program expend $1,000,000 or more in federal funding annually?	☐ Yes ☐ No
27	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. **Not applicable to County departments applying*	

SECTION 4: Project Overview (To be completed by Non-profit organizations, for-profit microenterprise applicants, and government entities.)

	Requested Information	**Applicant Response**
28	Project Title	
29	Brief Project Summary	
30	CDBG National Objective (For more information on the Objectives of the CDBG program refer to 24 CFR 570.208 and section 101(c) of the Act (42 U.S.C. 5301(c)) Note: the County of San Diego almost exclusively funds projects that meet the National Objective of benefiting low and moderate income (LMI) persons. Projects proposing to qualify under either Slum/Blight or Urgent Need must contact HCDS staff for approval prior to applying.	☐ 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)

31	Type of Activity (For more information on the CDBG program eligible activities refer to 24 CFR 570.201)	☐ Public facility/Improvements ☐ Public Service ☐ Economic Development ☐ Other, please specify: _____
32	Number of individuals served specifically by the CDBG funded portion of the project. This number must reflect the people directly benefiting from the activities, services, or improvements paid for by CDBG funds, not the total number of people your organization serves overall.	
33	Population Served (Select all that apply) (For more information on populations served under the CDBG program refer to 24 CFR 570.483(b)(1)(i))	☐ Children/Youth ☐ Low-Moderately Low-Income Persons ☐ Persons Experiencing Homelessness ☐ Persons with AIDS ☐ Persons with Disabilities ☐ Seniors (62+) ☐ Other, please specify: _____
34	Location of Project (Site Physical Address)	Address: City: Zip Code: Other Description:
SECTION 5: Project Costs (To be completed by Non-profit organizations, for-profit microenterprise applicants, and government entities.)		
	Requested Information	**Applicant Response**
35	Total Project Cost (including use of other funds)	**Total** $_____
36	CDBG Funds Requested	**Total** $_____
37	Detailed use of CDBG funds. Clearly identify how CDBG funds will be used. Provide a breakdown of all anticipated cost and funding sources associated with the project. This must correspond to Attachment C.	

38	Other Funding Sources Used	☐ No ☐ Unknown ☐ Other Federal: $ _____ ☐ State/Local: $_____ ☐ Private Source: $_____ ☐Other: $_____ ☐ Previous year CDBG funds allocated to this project $_____
39	Subcontracting. Identify whether any portion of the project will be subcontracted and to whom	
SECTION 6: Expenditure Schedule (To be completed by Non-profit organizations, for-profit microenterprise applicants, and government entities.)		
	Requested Information: Quarterly projected expenditures for the contract period:	**Applicant Response**
40	July – September 2027	**Total** $_____
41	October – December 2027	**Total** $_____
42	January – March 2028	**Total** $_____
43	April – June 2028	**Total** $_____
SECTION 7: Organizational Capacity (To be completed by Non-profit organizations, for-profit microenterprise applicants, and government entities.)		
	Requested Information	**Applicant Response**
44	CDBG is a reimbursement-only program. Does your organization have adequate funding to support this project for 2026-2027 fiscal year?	☐ Yes ☐ No ☐ Not Sure
45	Does your organization have established policies and procedures to ensure compliance with the requirements of 24 CFR Part 570 (CDBG regulations) and 2 CFR Part 200 (Uniform Guidance), including eligibility of activities, cost allowability, internal controls, and audit standards?	

	Applicants should briefly describe these policies and be prepared to submit them upon request.	

SECTION 8: Supplemental Information (To be completed as applicable)

	Requested Information	Applicant Response
46	Davis-Bacon prevailing wage requirements apply to projects that **include construction.** Public Service project proposals may skip this question. Applicants must describe their experience implementing and monitoring prevailing wage requirements, including collecting certified payrolls, conducting wage interviews, ensuring contractor compliance, and addressing violations. If your organization has not previously administered projects subject to Davis-Bacon or State prevailing wage laws, describe the procedures you will use to ensure compliance. For more information on the Davis-Bacon Act, refer to 29 CFR Part 5.	
47	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.	
48	Indicate current project status. If project is phased, describe progress on the current phase and expected completion date of previously funded work.	
49	Site and Building Details: Indicate whether the building or site is currently occupied, the approximate year the structure was built, and any known environmental conditions (e.g., contamination, floodplain, coastal zone, historic significance).	
50	Environmental Review Supplemental Information: Our environmental team will complete the full NEPA/CEQA determination. Provide any additional relevant information that may affect environmental review.	

SECTION 9: Required Attachment Supportive Documents
(Residents are only required to submit Attachments A. All others are required to submit all applicable attachments)

Note: To submit required supportive documents, use a secure electronic document management system (such as SharePoint, OneDrive, or Dropbox) and send it to: Community.Development@sdcounty.ca.gov. Documents should be organized and named in accordance with the CDBG Application Attachment Checklist.

Applications submitted for consideration must be complete. If any information requested in the Application is not applicable, indicate the section with "N/A".		
Please submit the following attachments. Failure to do so will result in your application being considered incomplete.		
	Naming Convention	**Attachment Description**
Required Applicable Attachments		
☐	**CDBG Application Attachment Checklist**	Complete the application checklist below as the cover sheet for all required attachments.
☐	**Attachment A: Project Narrative - Project Name**	Include a narrative and/or documents that address the following questions (Note: ALL questions must be addressed) 1. Describe the project. What specific problem does it address? 2. Describe who will benefit from the project, including the number and demographics of those expected to be served through this project? 3. Describe the scope and timeline of the project. Explain how success, deliverables and timely progress will be measured? 4. Provide information about the benefit area of this project. Describe the characteristics of the community including community characteristics such as access to transportation, public resources, and location within LMI areas. 5. Describe community engagement conducted or support involved in the development of the project, and who are the key stakeholders or partners? 6. How does the project align with broader goals such as Live Well San Diego, Consolidated Plan, or regional initiatives? 7. **Public Facility/Improvement Projects Only:** Submit site plans, recent photos and a description of any previously funded phases.
☐	**Attachment B: LMI Justification – Project Name**	For facility, park, or infrastructure improvements, please include: • A map clearly outlining the service area census tracts; • Income eligibility data demonstrating that the service area meets CDBG requirements; • Documentation generated using the HUD Low/Moderate Income Mapping Tool. For public services or facilities that serve a limited

		clientele, provide a sample intake or assessment form demonstrating how your organization documents that at least 51% of beneficiaries are low-to-moderate income. Ensure any personally identifying information is removed.
☐	**Attachment C: Budget – Project Name**	Complete one of the following budget templates, as applicable: • Project Development Budget Summary (Tab 1, for capital/facility projects), plus a detailed line-item budget; or • Project Operation Budget (Tab 2, for public service projects). Include all funding sources and indicate: • If funding is committed; • If funding is pending or will be applied for. Also attach your General Operating Budget for the current year. Budget documents must clearly match the costs described in the "Use of CDBG Funds" question.
☐	**Attachment D: Conflict of Interest Form – Project Name**	Complete and Include the Conflict-of-Interest Form.
☐	**Attachment E: Application Authorization – Project Name**	Include Board of Directors/City Council minutes and/or resolution authorizing applications for CDBG and execution of project. Refer to Sample Board Resolution. Attachment should Include: 1. Date of approval; 2. The full resolution; 3. Supporting meeting minutes, if applicable.
Microenterprise and Non-Profit Organization Only		
☐	**Attachment F: Organizational Background – Project Name**	Include a narrative or documents that address the following (Note: ALL questions must be addressed) 1. Organization's mission, background, and core programs, and including how its values and structure support accessible service delivery. 2. Staff capacity and qualifications necessary to manage, monitor, and oversee a federally funded project like CDBG. 3. Systems or tools used to track performance, report outcomes, and ensure compliance with HUD and contract requirements? 4. Include your organization's current Board of Directors list, including names and addresses.

		5. Include current organizational chart identifying positions involved in the proposed project.
☐	**Attachment G: Articles of Incorporation and Bylaws – Project Name**	Include all current governing documents, as applicable.
☐	**Attachment H: Audit – Project Name**	Include the organization's most recent Financial Audit or A-133 Single audit (IRS Forms). If your organization does not meet the Single Audit threshold, upload your most recent financial statements.
☐	**Attachment I: Supportive Documents – Project Name**	Combined the following documents onto one attachment. • **Certificate of Insurance Policy** - Include your current insurance policy including amounts covered. County of San Diego Insurance Requirements • **Proof of DUNS/UEI –** Include screenshot from Home | SAM.gov that shows proof of DUNS number (note: the U.S. government now uses the **UEI – Unique Entity Identifier** as the primary ID, but older records still include DUNS). • **CCR Registration-** Include screenshot from Home | SAM.gov that shows proof of active Central Contractor Registration (SAM/COR) for organization. • **Non-Profit Status-** If applicable, include proof of existing non-profit/tax/exempt status letters from the Federal Revenue Service and State Franchise Tax Board. • **Letters of Commitment –** If applicable, include letters of commitment from collaborating agencies. Combine all letters into one document.

Housing and Community Development Services
FY 2027-28 CDBG Application Attachment Checklist

Please complete this form and submit with required attachments using a secure electronic document management system (such as SharePoint, OneDrive, or Dropbox) and send it to: Community.Development@sdcounty.ca.gov. Documents should be organized and named in accordance with the order listed below.

Requirements for Submittal:

1. ☐ CDBG Application Attachment Checklist
2. ☐ Attachment A – Project Narrative (Required for all applicants)
3. ☐ Attachment B – LMI Justification
4. ☐ Attachment C – Project Budget (Required for all applicants) -
5. ☐ Attachment D – Conflict of Interest Form (Required for all applicants)-
6. ☐ Attachment E – Application Authorization (Required for all applicants)-
7. ☐ Attachment F – Organizational Background (Required for nonprofits and microenterprise applicants)
8. ☐ Attachment G – Articles of Incorporation & Bylaws (Required for nonprofits and microenterprise applicants)
9. ☐ Attachment H – Audit (Required for nonprofits and microenterprise applicants
10. ☐ Attachment I — Supportive Documents (Required for all applications, combined into a single PDF)

Project/Program Title: _____

Name of Organization: _____

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
_____

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: _____

Capital Project Budget

Community Development Block Grant (CDBG)				
Capital Project Budget Template				
Project Title:		**Applicant:**		
The below budget must include all project expenses, including those covered by the applicant and other funding sources.				
Budget Items	**CDBG Funds Requested**	**Other Funds (List in section 10 below)**	**Total Cost**	**Budget Description (Include a detailed description of all budget expenses, including those covered by the municipality or other funding source. Specify what costs will be covered by CDBG funding)**
1. Administration	$ -	$ -	$ -	
2. Engineering/Architectural	$ -	$ -	$ -	
3. Acquisition	$ -	$ -	$ -	
4. Demolition	$ -	$ -	$ -	
5. Construction	$ -	$ -	$ -	
6. Rehabiliation	$ -	$ -	$ -	
7. Insurance/Legal	$ -	$ -	$ -	
8. Permits and Fees	$ -	$ -	$ -	
9. Other Costs (Specify Below)				
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
Total Activity Costs	$ -	$ -	$ -	

10. Other Funding Sources		
Funding Source	**Amount**	**Status of Funds**
	$ -	
	$ -	
	$ -	
	$ -	
	$ -	
	$ -	
	$ -	
Total	$ -	

Note: Please fill out budget template in provide Excel and submit as Attachment C.

Service Project Budget

Community Development Block Grant (CDBG)				
Service Project Budget Template				
Project Title:		**Applicant:**		
The below budget must include all project expenses, including those covered by the applicant and other funding sources.				
Budget Items	**CDBG Funds Requested**	**Other Funds (List in section 13 below)**	**Total Cost**	**Budget Description** (Include a detailed description of all budget expenses, including those covered by the municipality or other funding source. Specify what costs will be covered by CDBG funding)
1. Administration	$ -	$ -	$ -	
2. Communication	$ -	$ -	$ -	
3. Furnishings	$ -	$ -	$ -	
4. Housing subsidies/vouchers (limit 3 months per beneficiary)	$ -	$ -	$ -	
5. Insurance	$ -	$ -	$ -	
6. Maintenance and Supplies	$ -	$ -	$ -	
7. Professional Services	$ -	$ -	$ -	
8. Rent	$ -	$ -	$ -	
9. Security	$ -	$ -	$ -	
10. Staff Costs	$ -	$ -	$ -	
11. Utilities	$ -	$ -	$ -	
12. Other Costs (Specify Below)				
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
Total Activity Costs	$ -	$ -	$ -	

13. Other Funding Sources		
Funding Source	**Amount**	**Status of Funds**
	$ -	
	$ -	
	$ -	
	$ -	
	$ -	
	$ -	
	$ -	
Total	$ -	

Note: Please fill out budget template in provide Excel and submit as Attachment C.