

Community Development Block Grant Application

FY 2023 – 2024

**Proposals Due
5:00 P.M. Friday, November 4, 2022**



LIVEWELLSD.ORG

SDHCD.ORG

David Estrella

Director

Eligibility Checklist

Please review the below listed eligible requirements and ensure your project meets them before proceeding with the application.

<input type="checkbox"/>	Project serves the unincorporated County or has been approved by a Participating City Council
<input type="checkbox"/>	<p>Project is an eligible activity: <i>(please select one)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Public Facilities <input type="checkbox"/> Infrastructure <input type="checkbox"/> Non-Homeless Special Needs <input type="checkbox"/> Planning/Admin <input type="checkbox"/> Economic Development <input type="checkbox"/> Public Services <input type="checkbox"/> Other: _____ <p>Please click here to see the full list of eligible activities.</p>
<input type="checkbox"/>	<p>Project meets a national objective: <i>(please select one)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Primarily benefit low- and moderate-income households <i>(under 80% AMI)</i> <input type="checkbox"/> Aid in the elimination of slum or blight conditions <input type="checkbox"/> Meet an urgent community need <p>Please click here to see a detailed explanation of CDBG national objectives.</p>
<input type="checkbox"/>	<p>Project serves a County of San Diego goal: <i>(please select one)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Increase affordable housing opportunities for low- to moderate-income and special needs residents <input type="checkbox"/> Prevent and end homelessness through accessible housing and support services <input type="checkbox"/> Enhance community infrastructure and facilities to provide a suitable and sustainable living environment <input type="checkbox"/> Provide housing and support services for those living with HIV/AIDS <p>Please click here to view the County of San Diego's Consolidated Plan and goals.</p>
<input type="checkbox"/>	Applicant is a public entity or tax-exempt nonprofit organization
<input type="checkbox"/>	Applicant has a DUNS number and is registered and in good standing with SAM.Gov
<input type="checkbox"/>	Applicant has a financial audit or A-133 single audit
<input type="checkbox"/>	Applicant's governing body has authorized the application for CDBG funds

Authorized Official Signature:

Technical Assistance

The County will provide technical assistance to any organization planning to submit a proposal. Additionally, the County will provide guidance if your organization is concerned about meeting program or application requirements. To request assistance, contact the CDBG Administrator at (858) 694-8724. For the deaf or hard of hearing, please call (866) 945-2207.

Please note that Notices of Funding Availability (NOFAs) or Requests for Proposals (RFPs) are used by HCDS to disburse HOME Investment Partnerships Program and CDBG funds (when available) for housing development activities. NOFAs are posted from time to time on HCDS's website at www.sdhcd.org. RFPs are issued by the County's Department of Purchasing and Contracting (DPC). RFPs are announced through DPC to registrants of the [BuyNet](#) system.

PART I. Summary Information

1. Organization/Department:		2. Type of Organization: <input type="checkbox"/> Non-Profit <input type="checkbox"/> Participating City <input type="checkbox"/> County Department <input type="checkbox"/> Other:	
3. Project Title:			
4. Name/Title of Authorized Official:		5. Authorized Official's Email:	6. Authorized Official Signature:
7. Program Address:		8. Mailing Address (If different):	
9. Project Manager:	10. Contact Phone:		11. Contact Email:
12. Federal DUNS Number:	13. SAM/CCR Expiration Date:	14. Does your organization expend \$750,000 or more a year in federal funds? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PART II. Project Proposal Overview

1. Community/Population to be served (please be specific):		2. What Percent of request will serve unincorporated County? _____%	
3. Location of Project:		4. Census Tracts of Project:	
5. Type of Activity: (Please check <u>only one</u>) <input type="checkbox"/> Public Facilities <input type="checkbox"/> Infrastructure <input type="checkbox"/> Non-Homeless Special Needs <input type="checkbox"/> Planning/Admin <input type="checkbox"/> Economic Development <input type="checkbox"/> Public Services <input type="checkbox"/> Other: _____			
6. CDBG Funds Requested:		7. Total Project Cost:	
8. Specific Use of Requested CDBG Funds: (Please be specific and concise as to what CDBG funds will support.)			
9. Other Funding Sources: <i>(Please specify source for each)</i>	Other Federal:	\$	
	State/Local:	\$	
	Private Sources:	\$	
	Other:	\$	
	CDBG Funds Previously Allocated to Project:	\$	
10. Which CDBG National Objective does your project meet? (Please see Attachment C for details) <input type="checkbox"/> Primarily benefit low- and moderate-income households (<i>under 80% AMI</i>) <input type="checkbox"/> Aid in the elimination of slum or blight conditions <input type="checkbox"/> Meet an urgent community need (<i>Note: this is applicable in very limited circumstances.</i>)			
11. Any real property acquired or improved with \$25,000+ CDBG funds must continue to meet a national objective for 5 years after expiration of the contract/MOU. Describe how your agency will comply:			
12. Describe what types of permits, if any, are required for the project:			

PART III. Project Narrative

1. Project Title:

2. Project Goal:
Please select only one of the following that most accurately describes what you intend to accomplish by carrying out this activity.

- Increase affordable housing opportunities for low- to moderate-income and special needs residents
- Prevent and end homelessness through accessible housing and support services
- Enhance community infrastructure and facilities to provide a suitable and sustainable living environment
- Provide housing and support services for those living with HIV/AIDS

3. Project Outcome:
Please select only one of the following project performance measurement outcomes.

- Availability/Accessibility** – *Activities that make services, infrastructure, housing, and shelter accessible. Note that accessibility does not only refer to physical barriers.*
- Affordability** – *Activities that provide affordability in a variety of ways. It can include creation or maintenance of affordable housing, infrastructure hookups, or services.*
- Sustainability** – *Activities that promote livable or viable communities and neighborhoods by providing services or reviving slums/blighted areas.*

4. Statement of Problem: *Describe the problem or need the proposed activity is intended to address.*

5. Service Area and Target Population: *Describe the characteristics of the population to be served and the geographic area to be benefited. You must include a map showing project location and service area.*

6. Project Description: *Describe the proposed project and specifically how CDBG funds will be used.*

7. Proposal Beneficiaries: *Indicate the unduplicated number of people or households that will directly benefit from your proposal. Include a sample intake form or your methodology for calculation.*

8. Provide further information on property for which the improvements are being proposed. *If applicable.*

9. Will the proposed project meet Americans with Disabilities Act standards for access to persons with disabilities? *Explain.*

10. Performance Measures: *Provide a measure that can be used to gauge the effectiveness or impact of your proposal in meeting the needs of the community. How can it be determined whether your proposal yields the desired outcomes or shows an overall improvement in the lives of persons assisted with HUD funds?*

11. Documentation Process: *Describe your beneficiary income/qualification documentation standards and procedures. For limited clientele activities, describe procedures for documenting program participation including ethnic/income characteristics of participants.*

12. Describe relationship of project to local community facilities/services addressing a similar problem:

13. What community organizations are in support of this project?

14. Project Timeline: *Provide a detailed timeline for implementation of project, assuming availability of CDBG funds July 2023. CDBG requests must be limited to activities that can spend CDBG funds within 12 months of receipt.*

15. Estimated Expenditure Schedule (FY 2023-24) <i>Assuming funds are available July 1, 2023.</i>	July-September 2023	\$
	October-December 2023	\$
	January-March 2024	\$
	April-June 2024	\$

PART III. Community Organization Supplemental Information

*Please only complete Part III if you are submitting on behalf of a community organization.
Participating Cities and County Departments should skip to Part IV.*

1. Agency Purpose and Sources of Funding:

2. Agency Operation Time: *Indicate length of time agency has been in operation and date of incorporation.*

3. Current Services: *Describe services currently offered and the number/characteristics of clients served.*

4. Organizational Capacity: *Discuss agency's capability to develop, implement and administer project.*

5. Project Progress: *Describe how the agency will monitor project progress in and who will be responsible.*

6. Agency Staff: *Describe existing staff positions and qualifications.*

7. Project Manager: *Indicate who will work as project manager and describe the person's experience.*

8. Financial: *Briefly describe agency's fiscal management system, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements.*

9. Describe current zoning on the site and any discretionary land use permits/approvals necessary prior to project implementation: *(If applicable)*

10. For collaborative projects, name organizations involved and their roles. *Please include letters of intent from all participating agencies.*

11. Previous Accomplishments: *Agencies that have previously received County of San Diego CDBG funds, please describe accomplishments and note year funded. If the agency has not previously received County of San Diego CDBG funds, please describe accomplishments achieved through other funding sources. All descriptions should include the degree to which the objectives were met.*

12. Project Funding: *Describe how the project will be fully funded. Indicate status of other funds in the proposal budget and expected commitment dates, if applicable. Indicate when other funds will be available and include letters of commitment from other funding sources.*

13. Organizational Financial Capacity: *CDBG is a reimbursement-only program. Indicate specific amount of your organization's reserves and describe adequacy of these funds to pay invoices.*

14. Maintenance Funds: *Describe specific plans for fund maintenance of project beyond period supported by CDBG funds. Refer to Part II, Question 11.*

15. Davis-Bacon Prevailing Wage Requirements: *For public improvement construction projects, Davis-Bacon prevailing wage requirements apply. Please consider this in your budget and indicate source of project cost estimates on which you request for funds is based. Describe your experience with Federal Davis-Bacon or State prevailing wage requirements.*

16. Agency Operating Budget: *Include a summary of the agency's current General Operating Budget.*

Part IV. Participating City and County Department Supplemental Information

*Please only complete Part IV if you are submitting on behalf of a participating city or County Department.
Community Organizations should skip to Part V.*

1. Date of City Council authorization to submit CDBG application, administer project, and execute project:

2. Site Information: *Include a description of suitability of site, availability of land, effect on surrounding land use, and conformance with the General Plan.*

3. CDBG Funds Requested	Planning	\$	Inspections	\$
	Personnel/Administration	\$	Construction/Installations	\$
Total CDBG: \$ _____	Site Acquisition	\$	Consultant Cost	\$
	Relocation Assistance	\$	Supplies/Equipment	\$
	Permits and Fees	\$	Insurance/Legal	\$
	Engineering/Designs	\$	Other: _____	\$

4. Who will the project be carried out by? *City/County staff, Contractors, Non-Profit, etc.*

5. Indicate current project status. If project is phased, describe progress on the current phase and expected completion date of previously funded work.

6. Basis for Staff Recommendation: *Please include specific reasons why this project is a priority and note any anticipated problems or delays in implementation.*

7. Environmental Review Status: *Check appropriate boxes if environmental status is known. Include the City's CEQA Exemption Section from the State CEQA Guidelines and, if applicable, the NEPA Exemption Section of the NEPA Regulations.*

Exempt CEQA: CEQA Exemption Section: _____

Exempt NEPA: NEPA Exemption: _____

Exempt CEQA:

Exempt NEPA:

Environmental Assessment Needed

Underway Complete

Environmental Impact Statement

Underway Complete

County Departments should submit site plans, photos, and service area maps with their applications. Participating Cities should submit site plans, photos, service area maps, intake forms (if applicable), and authorizing resolutions with their applications.

County Departments and Participating Cities do not need to complete Section V.

Part V. Community Organization Required Documentation Checklist

Note: Community Organizations must label their documentation with naming convention listed.

Documentation:	
<input type="checkbox"/>	<p>“Attachment A: Budget – Project Name” <i>Attached Table I. Project Development Budget Summary Form for capital projects, and supplement this with a detailed line-item budget or Table II. Project Operating Budget Form for service projects, whichever is applicable to the proposed project. Include all other funding sources and indicate: a) if funding is committed; b) if funding has been/will be applied for; and c) when these funds will be available.</i></p>
<input type="checkbox"/>	<p>“Attachment B: Letters of Commitment – Project Name” <i>Letters of commitment from collaborating agencies, if applicable. Combine all letters into <u>one</u> document.</i></p>
<input type="checkbox"/>	<p>“Attachment C: Application Authorization – Project Name” <i>Board of Directors/City Council minutes and/or resolution authorizing application for CDBG funds.</i></p>
<input type="checkbox"/>	<p>“Attachment D: General Operating Budget – Project Name” <i>Current year General Operating Budget.</i></p>
<input type="checkbox"/>	<p>“Attachment E: Board of Directors – Project Name” <i>Current Board of Directors list, including names and addresses.</i></p>
<input type="checkbox"/>	<p>“Attachment F: Articles of Incorporation and Bylaws – Project Name” <i>Include all current governing documents.</i></p>
<input type="checkbox"/>	<p>“Attachment G: Non-Profit Status – Project Name” <i>Proof of existing non-profit/tax/exempt status letters from Federal Internal Revenue Service and State Franchise Tax Board</i></p>
<input type="checkbox"/>	<p>“Attachment H: Audit – Project Name” <i>Most recent Financial Audit or A-133 Single Audit</i></p>
<input type="checkbox"/>	<p>“Attachment I: Insurance Policy – Project Name” <i>Current insurance policy Including amounts covered</i></p>
<input type="checkbox"/>	<p>“Attachment J: License to Operate – Project Name”</p>
<input type="checkbox"/>	<p>“Attachment K: Designation of Authorized Official – Project Name” <i>Submit documentation from the Board of Director’s that authorizes the representative of the agency (including name and title) to negotiate for and contractually bind the agency.</i></p>
<input type="checkbox"/>	<p>“Attachment L: Organizational Chart – Project Name”</p>
<input type="checkbox"/>	<p>“Attachment M: DUNS – Project Name” <i>Proof of existing DUNS number</i></p>
<input type="checkbox"/>	<p>“Attachment N: CCR Registration – Project Name” <i>Proof of active Central Contractor Registration (SAM/CCR) for organization</i></p>
<input type="checkbox"/>	<p>“Attachment O: Service Area Map – Project Name” <i>If your project serves all the residents of a given area, please provide a map or maps with the project service area(s) clearly outlined.</i></p>
<input type="checkbox"/>	<p>“Attachment P: Sample Intake Form – Project Name” <i>If your 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- and moderate-income persons.</i></p>
<input type="checkbox"/>	<p>“Attachment Q: Contractor Estimates – Project Name” <i>If applicable, 2+ itemized contractor estimates for work to be performed and/or equipment to be purchased.</i></p>
<input type="checkbox"/>	<p>“Attachment R: Lease – Project Name” <i>Copy of current lease if project site/facility is leased</i></p>
<input type="checkbox"/>	<p>“Attachment S: Conflict of Interest Form – Project Name” <i>Complete and submit attached conflict of interest form.</i></p>