

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM NOTICE OF FUNDING AVAILABILITY

The City of Carlsbad is pleased to announce the availability of applications for the fiscal year 2025-26 Community Development Block Grant (CDBG) program. The CDBG program is federally funded by the Department of Housing and Urban Development and is administered by the city to provide assistance to lower-income residents and communities. For FY 2025-26, the total CDBG award to Carlsbad for local disbursement is estimated at **\$550,741** – available in the following categories:

<i>Category</i>	<i>Key Details</i>	<i>Estimated Available</i>
Public Services	<ul style="list-style-type: none"> • Programs assisting low-income households • Services carried out by non-profit agencies • Funding capped at 15% of grant 	\$82,611
Administration/ Fair Housing	<ul style="list-style-type: none"> • Subrecipient oversight • Compliance with federal requirements • Financial management • Fair Housing services • Funding capped at 20% of grant 	\$110,148
Affordable Housing/ Facility Improvements	<ul style="list-style-type: none"> • Facility improvements for non-profits • Acquisition/rehabilitation of affordable housing 	\$357,981

Applications Due: Jan. 17, 2025, by 5 p.m.

Contact:

Erin Peak

Details: housing@carlsbadca.gov

Program Manager

Email Submission Highly Encouraged

442-339-2043

erin.peak@carlsbadca.gov

Paper copies may be delivered to:

City of Carlsbad
Housing & Homeless Services
1200 Carlsbad Village Drive
Carlsbad, CA, 92008

ESTIMATED TIMELINE

Dates are tentative and subject to change. All public meetings and review and comment periods will be separately publicly noticed

Notice of Funding Availability	Nov. 20, 2024
Applications Due	Jan. 17, 2025
Housing Commission	March 2025
30-day public review/comment	April 2025
City Council Public Hearing	April 2025

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM FY 2025-26 FUNDING APPLICATION

INSTRUCTIONS

This application must be completed for each organization seeking CDBG funding from the City of Carlsbad. All information requested **must** be provided or the application will be considered incomplete and will not be further evaluated for funding consideration.

Step 1. Complete fillable application and submit prior to **Jan. 17, 2025 by 5 pm.**

Step 2. Include required attachments – combine into one file saved as “Applicant Name – Year – CDBG Application Attachments.”

- Board of Directors' resolution authorizing submittal of application
- Board of Directors' resolution designating official(s) authorized to enter into agreements on behalf of organization.

*(Note: One resolution both authorizing submittal of applications **and** entering into agreements may be substituted for the above two documents.)*

- Sample Intake Form
- List of Board of Directors
- Financial Audit Report for the most recently ending Fiscal Year
- Application executive summary, including key staff, budget, and timeline.
- Organizational chart
- Improvement/Construction projects only if applicable: Architectural plans, scope of work, cost estimates, property site information, as appropriate.

To be completed by Housing Services Division staff

Date Received:		Local Objective:	
Person Completing Review:		Complete:	

APPLICANT INFORMATION

Organization Name:		Federal Unique Entity Identification Number	
Address:		Contact Phone:	
Contact person/title:		Contact email:	
Organization Type:	<input type="checkbox"/> Nonprofit <input type="checkbox"/> For-profit <input type="checkbox"/> Local public agency <input type="checkbox"/> State public agency <input type="checkbox"/> Other (Please specify) _____		
Please describe the mission/purpose of the organization:			
Please provide the organization date of incorporation and number of years providing proposed program/project?			
Please describe the organization staff positions directly responsible for the proposed program and their qualifications and experience:			
Please indicate your agency's level of experience with the CDBG program:			
<input type="checkbox"/> No or little experience (up to 1 year of using CDBG funds) <input type="checkbox"/> Some experience (2 to 3 years of using CDBG funds) <input type="checkbox"/> Moderate experience (4 to 5 years of using CDBG funds) <input type="checkbox"/> Considerable experience (more than 5 years of using CDBG funds)			

PROJECT/PROGRAM INFORMATION

Please provide implementation schedule for proposed project or program, including important steps such as hiring staff, obtaining bids, acquiring property, etc. If project involves property acquisition or construction, include plans, scope of work, cost estimates, or other applicable documents in appendices.

<p>Describe steps already completed or to be completed to initiate project. These may include community support, staffing, securing an appropriate location, marketing and networking.</p>
<p> </p>
<p>Describe the program’s timeline with dates and times, including the earliest possible start dates, end dates and milestones, as applicable.</p>
<p> </p>
<p>Describe the work to be performed, including the activities to be undertaken or the services to be provided, and the goals and objectives of the program/project:</p>
<p> </p>
<p>How accessible or convenient is the proposed program/project to Carlsbad residents? (Please be specific such as direct services to client’s home, transportation provided to and from facility, or relation to public transportation.)</p>
<p> </p>
<p>Does your agency focus its activities on populations with special needs? If yes, please specify population (Homeless households, persons with disabilities, persons with substance abuse, veterans, farmworkers, seniors, children, etc.)</p>
<p> </p>
<p>Please describe how low-and-moderate income persons will benefit from the proposed program/project.</p>
<p> </p>
<p>What is the approximate percentage of your clients that have annual family incomes in each of the following ranges: (Percentages should add to 100%)</p>
<p>_____ % of clients are at 30% or below the area median income</p> <p>_____ % of clients are between 31% to 50% of the area median income</p> <p>_____ % of clients are between 51% to 79% of the area median income</p> <p>_____ % of clients are at 80% or above the area median income</p>

Please indicate the number of clients benefiting from the proposed activity and the percentage that are Carlsbad residents.

Persons of which ___% are Carlsbad residents

Does your organization charge recipients for the provided services?

No Yes (Please specify) \$ _____

How does your organization provide language access to recipients with less than proficient English?

How will recipients' information be collected and documented?

How will the outcomes be measured, collected and documented?

Describe collaboration with other agencies, such as the County Continuum of Care and other non-profit organizations and/or agencies to form a cohesive approach in serving the low income and most vulnerable populations.

FINANCIAL INFORMATION

CDBG Grant Request:	\$	Total Project/Program Cost:	\$
----------------------------	----	------------------------------------	----

Did you receive any of the following sources of funding from the City of Carlsbad within the last two fiscal years (2022-2023 and 2023-2024) for the proposed program/project?

CDBG	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Community Activity	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Funding General Funds	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other (specify):	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If you have received federal funds, including CDBG funds in previous years, have program violation findings ever been made against your agency/organization? If yes, please explain nature of finding(s) and how finding(s) has been addressed by your organization.

Did you receive any federal funds, including CDBG funding from other cities? If so, please describe source, year(s), and amounts.	
<u>Source</u>	<u>Amount</u>
-	\$
-	\$
-	\$

PROPOSED BUDGET			
Category/Item	CDBG Request	Other Sources	Total
Wages/Salaries	\$	\$	\$
Personnel Benefits	\$	\$	\$
Materials and Supplies	\$	\$	\$
Rent and Utilities	\$	\$	\$
Direct Program Expenses	\$	\$	\$
Mileage	\$	\$	\$
Other: _____	\$	\$	\$
TOTAL	\$	\$	\$

Please further describe "Other Sources" from previous table.		
Category/Item	Other Sources	Describe source and whether funding is secured or anticipated
Wages/Salaries	\$	
Personnel Benefits	\$	
Materials and Supplies	\$	
Rent and Utilities	\$	
Direct Program Expenses	\$	
Mileage	\$	
Other: _____	\$	
TOTAL	\$	

If your project or program requires ongoing funding, please describe how the program or project will continue to be funded.

Page is left intentionally blank. Please see following page for signed certification.

CERTIFICATION

I, the undersigned, do hereby attest that the above information is true and correct to the best of my knowledge.

Signature	Title	Date
-----------	-------	------

Signature	Title	Date
-----------	-------	------

NOTE: Applications must include a resolution from your organization’s Board of Directors authorizing the person(s) signing above to submit funding applications and to enter into funding agreements if selected.

Page intentionally left blank.