Community Development Block Grant (CDBG) Program
APPLICATION FOR FUNDING
Program Year 2026

The following application must be completed by each qualified organization interested in being considered for CDBG funding. Please type or print clearly. Attach additional sheets of information as necessary. **All information must be provided, or the application will be considered incomplete and will not be further evaluated for funding consideration.**

The application must not exceed a total of twenty (20) pages. The completed application must be submitted **by 5:00 P.M. on Monday, January 12, 2026**. Applications may be submitted either electronically to bgohres@cityofsanteeca.gov or by mail to the City of Santee, Planning & Building Department, Attn: Brittany Gohres, at 10601 Magnolia Avenue, Santee, CA 92071.

Potential applicants who have questions about the CDBG program may contact Brittany Gohres by email at bgohres@cityofsanteeca.gov or by telephone at (619) 258-4100 ext. 221. The deadline to submit questions is 5:00 pm (PST) on December 19, 2025. Please note that the Santee City Hall will be closed from Wednesday, December 24, 2025 through Friday, January 2, 2026. Additionally, information about the CDBG program for subrecipients (applicants) may be found on HUD Exchange website at https://www.hudexchange.info/resource/687/playing-by-the-rules-a-handbook-for-cdbg-subrecipients-on-administrative-systems/

GENERAL INFORMATION: Date: Click here to enter a date.

Agency Name: **[Click here to enter text]**
Agency Address: **[Click here to enter text]**
Agency Type (non-profit, for-profit, public, etc.): **[Click here to enter text]**

Phone: **[Click here to enter text]**   Fax: **[Click here to enter text]**
E-mail: **[Click here to enter text]**.

Project/Program Contact Person (Name and Title): **[Click here to enter text]**.
Project/Program Location: **[Click here to enter text]**

Phone: **[Click here to enter text]**   Fax: **[Click here to enter text]**
E-mail: **[Click here to enter text]**

Type of Project (check one):   Public Service Activity   ☐
                                  Public Improvement (Construction)   ☐
                                  Acquisition of property   ☐
                                  Other (describe) **[Click here to enter text]**

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Federal Unique Entity Identifier (UEI): **[Click here to enter text]**
NOTE: UEI may be accessed through the following website: https://sam.gov/content/home

Federal Tax ID: **[Click here to enter text]**

California Entity ID: **[Click here to enter text]**

Faith Based Organization:

☐ YES   ☐ NO

Person completing application: **[Click here to enter text]**

FUNDING INFORMATION:

Amount Requested from Santee: $ [Click here to enter text]

Total Project/Program Budget: $ [Click here to enter text]

Is the Project/Program scalable?   Meaning if awarded less than requested could the Project/Program still be carried out, albeit to a lesser degree? Please explain: [Click here to enter text]

Please complete Page 5 (CDBG Project Budget) itemizing revenues and expenses (sources and amounts) for the proposed project or activity in which CDBG funds would be used. Indicate how the requested CDBG funds would relate to the overall proposed budget.

PROJECT\ACTIVITY INFORMATION

A.   What is the purpose/mission of the applicant agency?

[Click here to enter text]

B.   Briefly describe the purpose of the project, the population to be served, the area to be benefited and <u>estimated number of Santee residents who would benefit from the project in the upcoming program year</u>. **Inclusion of the estimated number of Santee residents served is required.**

[Click here to enter text]

C.   Who will carry out the activities, the period over which the activities will be carried out, and the frequency with which the services will be delivered (be specific).

[Click here to enter text]

D.   Describe how the project meets the CDBG Program National Objectives, the City of Santee Priorities, and is included under the Eligible Activities. Please see the Request for Proposals to assist with this request.

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[Click here to enter text].

E.   Agency/Nonprofit Organization Information:

Outline the background of your agency/nonprofit organization, including the length of time your agency has been in operation, the date of incorporation, the type of corporation and the type of services provided. If the request for funding is submitted as part of a collaborative application, please provide information for each member of the collaborative. **If your organization has received CDBG funds from the City of Santee in the past, please note the <u>number of years</u> the organization has received CDBG funding.**

[Click here to enter text]

F.   Financial:

Describe your agency's fiscal management procedures including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. Describe how records are maintained to ensure the project benefits targeted groups.

[Click here to enter text]

G.   Personnel:

Identify the staff administering/implementing this project and provide their experience in similar programs.

[Click here to enter text]

H.   Conflict of Interest:

Please identify any member, officer, or employee of your organization who is an officer or employee of the City of Santee or a member of any of its boards, commissions, or committees or has any interest or holding which could be affected by any action taken in the execution of this application. Please also confirm that your organization has a Conflict of Interest policy in place, which all employees, officers, and members are required to adhere to.

[Click here to enter text]

I.   Policies and Procedures:

Your organization must have programmatic Policies and Procedures in place for the program you are applying for. Please describe the policies and procedures your organization has in place for determining program eligibility, income eligibility, record keeping\retention, reimbursement requests and procurement/contracting.

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[Click here to enter text]

BENEFITS AND BENEFICIARIES

A.   How accessible or convenient is the proposed project/activity to Santee residents? (Please be specific such as direct services to a client's home, Santee location, transportation provided, etc.)

[Click here to enter text]

B.   What is the approximate percentage of your clients that have annual family incomes in each of the following ranges: (Percentages should add to 100%)

_____% of clients are at 30 percent or below of the area median income.
_____% of clients are between 31 and 50 percent of the area median income.
_____% of clients are between 51 and 80 percent of the area median income.
_____% of clients are above 80 percent of the area median income.

[Click here to enter text]

C.   Does your agency focus its activities on populations with special needs?

☐ No   ☐ Yes (Please specify)

Please specify which special needs populations. (persons experiencing homelessness, persons with disabilities, persons with substance abuse problems, veterans, seniors, children, etc.)

[Click here to enter text]

DOCUMENTATION

A.   How will the recipients' information (e.g., race, ethnicity, income, household size, residency) be collected, documented and verified?

[Click here to enter text]

B.   How will the outcomes be measured, collected, and documented?

[Click here to enter text]

LEGAL REQUIREMENTS FOR APPLICANT AGENCIES

If applicant is a government agency, do not complete below.

	Check answer in the applicable boxes below	Yes	No

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1.	The applicant is incorporated as a Non-Profit organization and currently has exempt status 501(c)(3) of the IRS Code and 2370(d) of the California Code?		
2.	The applicant has maintained its California Tax-Exempt Non-Profit Corporation status by filing the appropriate documents:		
	a) IRS Form 990?		
	b) California Franchise Tax Board Form 199?		
	c) Articles of Incorporation organized under the Nonprofit Public Benefit Corporation Law?		
	d) Date Articles of Incorporation files with Secretary of State?	mm\dd\yyyy	
3.	All necessary licenses required to operate are maintained?		
4.	Worker's Compensation Insurance is active and current?		
5.	General Liability Insurance is active and current?		

Applicants **are required to** submit the documentation listed in items 2 and 3 above with their application.

Applicants are also required to provide a documentation, such as resolution for their governing board, authorizing the appropriate (named) staff to execute program applications, agreements, payment requests, and related documents on behalf of the agency related to the CDBG grant.

APPLICANT CERTIFICATION

To the best of my knowledge and belief, the information contained in this application is true and correct; the document has been duly authorized by the governing body of the applicant; and the applicant will comply with all assurances, federal, state, and local laws, and regulations if funding is approved.

[Click here to enter text]   _____
Type or Print Your Name and Title   Signature

CDBG Project Budget (See Next Page)

The Community Development Block Grant (CDBG) program allows subrecipients to use leveraged funds to complete larger projects that address multiple needs. Leveraged funds refers to non-match cash or in-kind resources that are used to make a project operational. The use of leveraged funds is not required but is encouraged where appropriate.

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CDBG PROJECT BUDGET

Organization: _____

Total organization budget $_____

Program/Project name requesting funds: _____

CDBG funds requested: $_____ Total program/project budget: $_____
Note: Indicate with an asterisk (*) funds that are volunteer time or in-kind contribution.

1. Sources of funding for program/project: (S)Secured or (A)Anticipated

a. Funding requested from the City $_____   (S) or (A)

b. Other federal funds (if any)   _____   (S) or (A)

c. State or local government funds   _____   (S) or (A)

d. Donations and contributions   _____   (S) or (A)

e. Fees or memberships   _____   (S) or (A)

f. In-kind contributions / Volunteer time   _____   (S) or (A)

g. Other funding   _____   (S) or (A)

h. TOTAL PROJECT FUNDING (project budget) $_____   (S) or (A)

2. Uses of CDBG funds requested for the program/project: (1.a.)

a. Wages and salaries $_____

b. Personnel benefits   _____

c. Materials and supplies   _____

d. Program expenses and evaluation   _____

e. Rent and utilities   _____

f. Insurance   _____

g. Mileage (____ @ 62.5 cents/mile)   _____

h. Incentives and Special Events   _____

i. Indirect costs   _____

j. _____   _____

k. _____   _____

l. TOTAL REQUESTED FUNDING (same as 1.a.) $_____

3. Percentage of project budget represented by CDBG request   _____%

4. If your project will require future funding, please provide information about how the program will be funded. **[Click here to enter text]**