



**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
NOTICE OF FUNDING AVAILABILITY (NOFA)**

The City of Carlsbad is pleased to announce the availability of applications for the FY 2023-24 Community Development Block Grant (CDBG) Program. The CDBG program is federally funded by the Department of Housing and Urban Development (HUD) and is administered by the city to provide assistance to lower-income residents and communities. For FY 2023-24 CDBG award of **\$476,057** – available in the following categories:

<b>ESTIMATED FY 2023-24 AWARD: \$ 476,057</b>		
<i>Category</i>	<i>Key Details</i>	<i>Estimated Available</i>
Public Services	<ul style="list-style-type: none"> <li>• Programs directly assisting low-income households</li> <li>• Services carried out by non-profit agencies</li> <li>• Funding capped at 15 percent of grant</li> </ul>	\$ 71,408
Administration/Fair Housing	<ul style="list-style-type: none"> <li>• Subrecipient oversight</li> <li>• Compliance with federal requirements</li> <li>• Financial management</li> <li>• Fair Housing services</li> <li>• Funding capped at 20 percent of grant</li> </ul>	\$ 95,211
Affordable Housing/Facility Improvements	<ul style="list-style-type: none"> <li>• Facility Improvements for non-profit service providers</li> <li>• Acquisition/rehabilitation of low-income housing</li> </ul>	\$ 309,438

**Submission Due by Feb. 22, 2023, by 5:00 p.m.**  
**Details:** [housing@carlsbadca.gov](mailto:housing@carlsbadca.gov)  
*\*Email Submission Highly Encouraged\**

**Contact:** **Nicole Piano-Jones**  
 Program Manager  
 (442) 339-2191  
[Nicole.pianojones@carlsbadca.gov](mailto:Nicole.pianojones@carlsbadca.gov)

Paper copies may be delivered to:  
 City of Carlsbad  
 Housing & Homeless Services  
 Attn: CDBG Program  
 1200 Carlsbad Village Drive  
 Carlsbad, CA, 92008

<b>Estimated Timeline</b>	
Notice of Funding Availability	Jan. 11, 2023
Applications Due	Feb. 22, 2023
CDBG Advisory Committee	March or April 2023
10-day public review/comment	April or May 2023
City Council Public Hearing	May 9, 2023

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



**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
FY 2023-24 FUNDING APPLICATION**

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**APPLICATION DETAILS & 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.

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**CHECKLIST OF REQUIRED DOCUMENTS:** The following information is required of all CDBG applicants even if they have been provided in the past.

- 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
- Funding proposal application (**Application format must remain as provided in the Request for Proposal Package**)

**Application not to exceed 20 pages total, including attachments. Pages included after the first 20 pages in an application package will not be distributed or used for evaluation purposes. The attachment of brochures or other documents will not be accepted in lieu of completing each question on the Funding Proposal Application.**

- ✓ Attachment A      Executive Summary, including key staff, budget, and timeline (**required**)
- ✓ Attachment B      Organizational chart (**required**)
- ✓ Attachment C      Acquisition of Property or Construction Related Projects: Architectural plans, scope of work, estimate of costs, listing of property to be acquired or other appropriate documentation (if applicable).

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*To be completed by Housing Services Division staff*

<b>Date Received:</b>		<b>Local Objective:</b>	
<b>National Objective:</b>		<b>Eligibility Citation:</b>	
<b>Person Completing Review:</b>		<b>Complete:</b>	

**FUNDING APPLICANT**

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Federal Unique Entity Identification (UEI) Number: \_\_\_\_\_

**PROPOSED PROGRAM/PROJECT**

Title of Program/Project: \_\_\_\_\_

Location of Program/Project: \_\_\_\_\_

Person completing application: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Financial Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Program Manager Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Executive Director Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

**Requested Funding Amount:** \$ \_\_\_\_\_

**Brief Description of Program/Project** (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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I. ORGANIZATIONAL ABILITY/CAPACITY**

A. This agency is:

- |  |  |
|--|--|
| <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.) _____ |  |

B. What is the purpose/mission of the agency?

C. How long has this agency been in operation? Please include the date of incorporation.

D. How long has this agency been providing the proposed program/project?

E. Please describe the agency's existing staff positions directly responsible for the proposed program/project and their qualifications and experience in implementing such a program/project. (Resumes may also be submitted as an optional attachment but not in lieu of a complete response.)

F. Please indicate your agency's level of experience with the CDBG program.

- No or little experience (up to 1 year of using CDBG funds)
- Some experience (2 to 3 years of using CDBG funds)
- Moderate experience (4 to 5 years of using CDBG funds)
- Considerable experience (more than 5 years of using CDBG funds)

G. If you have received federal funds, including CDBG funds, in previous years, have program violation findings ever been made against your agency/organization?

- No  Yes

If yes, please explain nature of finding(s) and how finding(s) has been addressed by your organization.

H. Describe the steps that have been completed or must be completed to initiate the project. These may include community support, staffing, securing an appropriate location, marketing and networking. Describe the program's timeline with dates and times, including the earliest possible start dates, end dates and milestones as applicable.

**II. FINANCIAL CAPACITY/STABILITY**

A. Please complete Page 7 itemizing revenues and expenses (sources and amounts) for the proposed program or project in which CDBG funds would be used. Indicate how the requested CDBG funds would relate to the overall proposed budget.

B. Did you receive any of the following sources of funding from the City of Carlsbad within the last two fiscal years (2021-2022 and 2022-2023) for the proposed program/project?

<u>Sources of Funding</u>	<u>No</u>	<u>Yes</u>
CDBG	<input type="checkbox"/>	<input type="checkbox"/>
Community Activities (or other General Fund monies)	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please indicate amount and status of previously awarded funds (fully expended, funds remaining, program/project discontinued, etc.).

	<u>Amount Received</u>	<u>Status</u>
CDBG funds		
Community Activities/Other		

C. Did you receive any federal funds, including CDBG funding from other cities?

No  Yes (Please list funds below)

<u>Program Source</u>	<u>Amount Received</u>
	\$
	\$
	\$

**III. BENEFITS & BENEFICIARIES**

A. 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.)

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% or below of the area median income  
 \_\_\_\_\_ % of clients are between 31% and 50% of the area median income  
 \_\_\_\_\_ % of clients are between 51% and 80% of the area median income  
 \_\_\_\_\_ % of clients are above 80% of the area median income

C. Please describe how low-and-moderate income persons will benefit from the proposed program/project. Include the need or problem to be addressed in relation to Consolidated Plan housing and community development priorities, as well as the population to be served or the area to be benefited. (Reference Consolidated Plan Priorities)

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

Persons of which \_\_\_\_\_% are Carlsbad residents

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

No  Yes (Please specify)

Please specify which special needs populations. (Homeless individuals/families, persons with disabilities, persons with substance abuse problems, veterans, farmworkers and day laborers, seniors, children, etc.)

F. Does your organization charge recipients for the provided services?

No  Yes (Please specify) \$ \_\_\_\_\_

**IV. IMPLEMENTATION OF ACTIVITY**

A. Please submit a schedule for implementation as Attachment C if this proposal is for construction, rehabilitation, property acquisition and construction related activities or a new public/community service program/project. Acquisition of property or construction related projects must also include an Attachment D for plans, scope of work, cost estimates, property listing or other appropriate documents.

**V. DOCUMENTATION**

A. How will the beneficiaries' information be collected and documented?

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

**VI. PARTNERSHIPS, COLLABORATION AND OUTREACH**

A. Describe how you are collaborating 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.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Date

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

**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. <b>TOTAL PROJECT FUNDING</b> (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 (____@ 56 cents/mile calendar year 2021) | _____    |
| h. Incentives and Special Events                    | _____    |
| i. Indirect costs                                   | _____    |
| j. _____  | _____    |
| k. _____  | _____    |
| l. <b>TOTAL REQUESTED FUNDING</b> (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.