Community Grant Program Application RFA 2027
EXHIBIT A TO GRANT AGREEMENT

APPLICANT CONTACT INFORMATION

1. Organization/Business Name	2. Organization/Business Address
⚠ Required.	⚠ Required.

3. Organization/Business Website

⚠ Required.

(Organization Representative authorized to sign contracts and bind the organization to an agreement)

4. Authorized Representative's First and Last Name	5. Authorized Representative's Title
⚠ Required.	⚠ Required.

6. Authorized Representative's Phone Number	7. Authorized Representative's Email Address
( ) -	
⚠ Required.	⚠ *Enter a valid email address.

8. Alternate Contact's First and Last Name	9. Alternate Contact's Title
Community Grant Program	
	⚠ Required.

10. Alternate Contact's Phone Number	11. Alternate Contact's Email Address
( ) -	communitygrant@sdcda.org
⚠ Required.	

12. Is your organization/business legally registered to operate in San Diego County? ○ Yes ○ No ⚠ Required.

13. Has your organization/business operated in San Diego County for a minimum of one (1) year? ○ Yes ○ No ⚠ Required.

14. Has this specific project or program previously received funding from the Community Grant Program? ○ Yes ○ No ⚠ Required.

Please note: *Community Grant Program awards are one-time funds intended to support the pilot or expansion of community-based solutions. Grants are not designed to serve as ongoing or sustainable funding sources.*

SAMPLE

Document Uploads

Upload California Form 590	Upload W-9 form
⚠ California Form 590 is required.	⚠ W-9 file is required.

PROPOSED PROJECT OR PROGRAM

15. Enter the amount of grant funding requested. $ ⚠ Required.

16. How many unduplicated (new) individuals will be served by the proposed project or program over the full 12-month grant period? Enter number ⚠ Required.

Unduplicated (new): *Participants or beneficiaries should be counted only once during the 12-month grant term, regardless of whether they return or resume services at a later time.* ***Only enter a numerical value.***

PROPOSED PROJECT SERVICE AREA

17. Select the geographic area(s) where the proposed project or program will be implemented: ⚠ This field is required.

○ All of San Diego County ○ Select Specific Region(s) and Zip Codes

18. Select the age group(s) that the proposed project or program will serve. Check all that apply: **⚠ At least one age group is required.**

- ☐ Age: 0 - 2
- ☐ Age: 3 - 12
- ☐ Age: 13 - 17
- ☐ Age: 18 - 24
- ☐ Age: 25 - 59
- ☐ Age: 60+
- ☐ Age: All ages (0 - 60+)

19. Select one of the following focus areas for the proposed project or program:
(See description of focus areas in grant application announcement)

⚠ This field is required.

- ○ Youth and Family Support
- ○ Protecting Vulnerable Youth
- ○ Victim Support
- ○ Environmental Justice

20. Select the subcategory(ies) that best describe the proposed project or program services. Check all that apply: **⚠ At least one subcategory is required.**

- ☐ Case Management Services
- ☐ Disability & Accessibility Services
- ☐ Educational Services
- ☐ Elder / Vulnerable Adult Services
- ☐ Emergency Shelter Services
- ☐ Employment Services
- ☐ Food Assistance and Stabilization
- ☐ Foster Youth Services
- ☐ Gang Violence Reduction Services
- ☐ Gun Violence Reduction Services
- ☐ Housing Support & Stabilization Services
- ☐ Human Trafficking Prevention & Intervention
- ☐ Legal Aid Services
- ☐ Mental Health Services
- ☐ Mentorship Services
- ☐ Neighborhood Revitalization
- ☐ Outreach Services
- ☐ Reentry Services
- ☐ Refugee Services
- ☐ Transitional Age Youth (TAY)
- ☐ Trauma Resiliency Services
- ☐ Violence Prevention & Intervention Services
- ☐ Youth Services
- ☐ Other

SAMPLE

INSTRUCTIONS TO ITEMS 21 TO 26

- **Please respond to all the following items based on the focus area selected in question 19.**
- **Refer to the CGP Crosswalk to Grant Application Requirements as a tool to assist with completing your application. The tool can be accessed here: CGP Crosswalk to Grant Application Requirements (PDF)**

21. Community Safety Connection and Rationale Explain the need for the proposed services or project and how it may impact community safety and well-being.

⚠ Required.

22. Program Description Describe the overall proposed program or project and how it will operate.

⚠ Required.

23. Outreach and Participant Identification Describe how participants and project locations will be identified and engaged.

⚠ Required.

24. Service Delivery Plan Describe where, how, and when services will be delivered, proposed aftercare and timelines.

⚠ Required.

25. Counting Unduplicated Individuals Explain how unique participants will be counted and tracked.

⚠ Required.

26. Budget and Use of Grant Funds Explain how grant funds will support program implementation and outcomes.

⚠ Required.

Proposed Budget

Complete the budget below for the 12-month grant term. Enter the total amount requested for each category that applies. The budget total must equal the grant amount requested in Question 15.

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Budget Category	Description	Total Amount
Personnel & Staffing	Salaries and benefits for program staff (e.g., Managers, Coordinators, Mentors).	$
Program Operations	Costs for program supplies, travel, outreach, and community event materials, etc.	$
Professional Services	Fees for external consultants, guest speakers, or independent evaluators.	$
Training & Staff Development	Costs for certifications, safety training, and professional workshops.	$
Equipment & Technology	Purchase/lease of field equipment, furniture, laptops, or communication devices.	$
Facilities & Utilities	Allocated rent, utilities, and office maintenance costs.	$
Other Costs	Other miscellaneous costs (please describe if total greater than $5,000).	$
TOTAL REQUESTED		**$0.00**

⚠ A proposed budget is required.

27. Please confirm your organization's ability and commitment to meet the Community Grant Program monitoring and evaluation requirements as described below.

The Community Grant Program's monitoring and reporting requirements include:

Report To Be Submitted by Grantee:	Frequency:	Information Collected
CGP Monthly Reporting	Monthly	Name(s) and quantity of individuals served, including both unduplicated and duplicated counts. Includes first and last names and/or unique identifiers. If the scope of the program plan does not include providing direct services to the public or there were no participants served during the month, provide a brief description of the program progress and status.
CGP Semiannual Reporting	Two (2) Semiannual Reports; submitted at 6- and 12-months of the grant term.	Upon successful notification of grant award, the District Attorney's Office will prescribe and provide the Grantee with performance metrics based on our review of the Grantee Application. The Grantee shall submit two semi-annual reports, one report at 6 months and one report at 12 months during the grant term to include: • Detailed program outcome: measurement achievement and progress. • Expenditure Status: Grantee shall complete and provide the prescribed expenditure status report.

◯ Yes

◯ No ⚠ **Required.**

SAMPLE