



City of Laguna Niguel Community Development Block Grant (CDBG) FY 2026-2027 Grant Application

Application is due February 6, 2026, by 5:00 PM
Submit original application and required documentation
to:

Community Development Department
30111 Crown Valley Pkwy
Laguna Niguel, CA 92677
and email to:
CDBG@CityofLagunaNiguel.org

SUBMITTAL OF AN APPLICATION IS NOT A GUARANTEE OF FUNDING

Only complete applications will be considered for funding. Use the checklist below to ensure your application package is complete. Ensure all required text fields and applicable boxes are completed or checked. Narrative text fields are limited in space, so ensure responses are concise and responsive.

APPLICANT NAME:

PROPOSED ACTIVITY NAME:

REQUIRED APPLICATION ATTACHMENTS

-Proposed Program Application or Intake Sheet
-Current job description for each position proposed for funding for this grant
-A current roster of Board of Directors
-Proof of 501(c)(3) federal tax-exempt status and current registration as a California non-profit, tax-exempt corporation
-A copy of your most recent audited financial statement and/or audit report
-A copy of your most recent 990 Tax Return

ADDITIONAL REQUIREMENTS FOR FIRST-TIME APPLICANTS

-Provide copies of articles of incorporation (including amendments) and by-laws

***The CDBG grant operates on a reimbursement basis only.
Quarterly reports must be submitted to be eligible for reimbursements.***



City of Laguna Niguel

CDBG FY 2026-2027

Application for CDBG Project Funding

Agency Legal Name:				
Address:				
Agency Type:		<input type="checkbox"/> Nonprofit <input type="checkbox"/> For-profit <input type="checkbox"/> Public/Quasi Public		
Faith-based Organization:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer Federal Id #:				UEI #:
Proposed Activity Name:				
Total Activity Cost:		\$	Total CDBG funds requested:	\$
Briefly describe how CDBG funds will be used:				
Have you ever received Laguna Niguel CDBG funds before?				<input type="checkbox"/> Yes <input type="checkbox"/> No
This request is for a:		<input type="checkbox"/> New Program <input type="checkbox"/> Existing Program <input type="checkbox"/> Expanded Program		
Contact person regarding the application:				
Name:			Title:	
Phone #:		Email:		
Contact person throughout the administration of the program:				
Name:			Title:	
Phone #:		Email:		
Two officials authorized to sign contracts and expend funds for the organization:				
Name:			Title:	
Name:			Title:	
<u>Authorized Signature:</u> To the best of my knowledge, the information provided on this application is true, and I am authorized to submit this application on behalf of the applicant agency. I hereby certify that if funds are granted from Laguna Niguel to our organization, they will be used to benefit lower-income residents of Laguna Niguel. I understand that funding is provided on a reimbursable basis only, that proof of General Liability, Auto Liability, and Worker's Compensation Insurance from insurance carriers that are licensed to do business in the State of California is required, and that our formal agreement with the City will define other reporting and programmatic requirements.				
Name:			Title:	
Signature:			Date:	

PART I: Additional Agency Information

A. Organization Mission Statement:

(Please limit response to the space provided)

B. Prior experience with the proposed activity and managing CDBG funds:

(Please limit response to the space provided)

C. Organizational capacity to carry out the proposed project:

Year organization was established:			
Total # of employees:		Total # of volunteers/other:	
# of employees to be assigned to project:			
# of volunteers/others to be assigned to project:			

D. Insurance:

If approved for funding no later than July 1, 2026, we certify that we will provide evidence of workers' compensation and comprehensive general liability insurance. Also, by July 1, 2026, we will provide "additional insured" certificates of comprehensive general liability insurance, with a minimum of \$1,000,000 coverage per incident, indemnifying the "City of Laguna Niguel and their officers and employees." Carriers must be licensed to do business in the State of California. We shall maintain both workers' compensation and general liability coverage, naming the City as an additional insured for the grant duration. (Please feel free to contact City staff for an example of the certificate if you are unfamiliar with this process.) Agree Do not agree

PART II: Activity Description

A. ACTIVITY CATEGORY

Applicants are to choose one of the following that best describes the activity.

<input type="checkbox"/> Elderly/Frail Elderly Services	<input type="checkbox"/> Physically/Developmentally Disabled Service
<input type="checkbox"/> Fair Housing Services	<input type="checkbox"/> Health Services
<input type="checkbox"/> Low-Mod Services	<input type="checkbox"/> Children or Youth Services
<input type="checkbox"/> Homeless Prevention or Homeless Assistance Services	
<input type="checkbox"/> Other Social Services (Specify): _____	

B. COMMUNITY NEED:

In the space below, provide data relevant to the need for the proposed activity in Laguna Niguel. Ensure information is specific to Laguna Niguel. Ensure you address how the proposed activity will impact community needs and how the proposed activity will eliminate/demonstrably reduce a service gap.

(Please limit response to the space provided)

C. STATUTORY OBJECTIVE:

In the space below, describe how the proposed activity meets the CDBG National Objective of benefiting low- and moderate-income persons residing in Laguna Niguel.

(Please limit response to the space provided)

D. PROGRAM ACCOMPLISHMENTS: In the table below, please provide information on the past, current, and the future number of persons served by the proposed program.

	Laguna Niguel Residents	Overall ¹
Number of persons served during program year 2024-2025		
Number of persons expected to be served during program year 2025-2026		
Number of persons proposed to be served during program year 2026-2027		
Number of Low/Mod persons proposed to be served during program year 2026-2027		

E. LOW- & MODERATE-INCOME ACTIVITY - IDENTIFIED NEED: Provide a breakdown of the projected program beneficiaries based on the HUD income groups listed in the table below. **Each activity must ensure at least 51% of the individuals served are within the Low & Moderate-Income ranges (i.e. Categories 1-3 below).**

Presumed Benefit Activity Guidance: A beneficiary income survey is not required; however, presumed benefit status must be documented.)

- Presumed to be **Extremely Low-Income:** Abused children, homeless persons
- Presumed to be **Very Low-Income:** Battered spouses, severely disabled adults, illiterate adults, persons with AIDS, migrant farmworkers, assistance to elderly (other than the senior center)
- Presumed to be **Low-Income:** Senior services or senior center construction

The HUD's income guidelines for the CDBG Program are listed below. These guidelines should be used to determine compliance with the CDBG National Objective of providing a benefit to low- and moderate-income persons. HUD updates income limits annually.

Household Size	2025 Household Income Limits			
	Category 1 Extremely Low Income (0% - 30% of Median)	Category 2 Very Low Income (31% - 50% of Median)	Category 3 Low Income (51% - 80% of Median)	Category 4 Moderate Income (Above 80% of Median)
1	\$35,550	\$59,250	\$94,750	\$94,751 and above
2	\$40,600	\$67,700	\$108,300	\$108,301 and above
3	\$45,700	\$76,150	\$121,850	\$121,851 and above
4	\$50,750	\$84,600	\$135,350	\$135,351 and above
5	\$54,850	\$91,400	\$146,200	\$146,201 and above
6	\$58,900	\$98,150	\$157,050	\$157,051 and above
7	\$62,950	\$104,950	\$167,850	\$167,851 and above
8	\$67,000	\$111,700	\$178,700	\$178,701 and above

2025 Orange County Median Household Income - \$136,600, effective 5/1/25.

¹ "Overall" encompasses **ALL** persons served by the proposed program in **ALL jurisdictions** where the proposed program is also provided.

F. PERFORMANCE PLAN (GOALS AND OBJECTIVES)

Provide a Performance Plan (Goals and Objectives) via a "break-down" of the number of Laguna Niguel residents to be served and the type of service(s) to be provided. Each resident obtaining services should be counted one time for the year and toward a single service category. See the sample below.

SAMPLE PERFORMANCE PLAN	
Laguna Niguel Residents	Type of Service Provided
20	Phone Referrals
50	Education / Outreach (community presentations, distribution of flyers, pamphlets, etc.)
10	Counseling Services
5	Direct Assistance (rental, transitional housing, legal services, emergency shelter, etc.)
85	TOTAL

PROPOSED PERFORMANCE PLAN	
Laguna Niguel Residents	Type of Service Provided
TOTAL	

G. All CDBG-funded activities must meet one HUD “Objective” and one “Outcome.”

OBJECTIVES - Check the box (only one) that best applies to the proposed program:

- Suitable Living Environment: The activity will benefit the community, families, or individuals by addressing issues in their living environment.
- Decent Affordable Housing: The activity provides housing opportunities that meet individual family or community needs.
- Creating Economic Opportunities: The activity will generate economic development, commercial revitalization, or jobs.

OUTCOMES- Check the box (only one) that best applies to the proposed program.

- Availability/Accessibility: The activity makes services, infrastructure, housing, or shelter available/accessible to low/mod-income people, including individuals with disabilities.
- Affordability: The activity provides affordability for low/mod-income people (includes creating affordable housing, basic infrastructure hook-ups, or services).
- Sustainability (promotes livable or viable communities): The activity improves the community or neighborhoods, helps to make them livable or viable by providing benefits to low/mod-income people or by removing/eliminating slums/blighted areas.

PART III:**A. 2026-2027 PROGRAM/PROJECT BUDGET**

Budget Category	Requested City CDBG Funds	Other Contributions	Total Cost
Agency Administration Staff Salaries & Benefits	\$	\$	\$
Program Staff Salaries & Benefits	\$	\$	\$
Program Supplies	\$	\$	\$
Agency Rent/Lease	\$	\$	\$
Communications	\$	\$	\$
Agency Utilities	\$	\$	\$
Insurance	\$	\$	\$
Professional Services (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
TOTAL	\$	\$	\$

B. MINIMUM BUDGET: If the City cannot fully fund the proposed activity, would you be willing to accept a reduced grant amount? (The minimum grant award is typically \$5,000.) Yes No

Please include any related comments in the space provided below.

(Please limit response to the space provided)

PART IV:**2026-2027 CDBG FUNDED PERSONNEL** **CHECK BOX IF NOT APPLICABLE****LIST ONLY POSITIONS FOR WHICH YOU ARE REQUESTING CDBG FUNDING****AGENCY ADMINISTRATION**

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO LN CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

PROPOSED PROGRAM STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO LN CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

PROPOSED PROGRAM CONTRACT STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO LN CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

As required by federal regulations, ALL staff funded with CDBG must maintain a codified timesheet that identifies time worked on Laguna Niguel grant related services/tasks.