

**County of San Diego Board of Supervisors  
AGENDA ITEM INFORMATION SHEET**

**AGENDA ITEM SUBJECT/TITLE:**

SUPPORT FIRST-TIME HOMEBUYERS AND ADOPT A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SAN DIEGO AUTHORIZING ACCEPTANCE OF CALHOME PROGRAM MORTGAGE ASSISTANCE FUNDS AND ADOPT A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SAN DIEGO AUTHORIZING APPLICATION FOR, AND RECEIPT OF, PROHOUSING INCENTIVE PROGRAM FUNDS (DISTRICTS: ALL)

**REQUIRES FOUR VOTES:**

Yes ☐ No ☒

**WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION §1000.1 REQUIRED:**

Yes ☐ No ☒

**NOTICED PUBLIC HEARING REQUIRED:**

Yes ☐ No ☒

**PROJECT UNDER CEQA:**

Yes ☐ No ☒

If Yes, approval of CEQA document required?

Yes ☐ No ☐

**DECISION WITHIN GOVERNMENT CODE SECTION 84308:**

Yes ☐ No ☒

**PREVIOUS RELEVANT BOARD ACTIONS:**

March 11, 2025 (8), Board authorized resolution to apply for additional funding opportunities to support future housing or community development; December 10, 2024 (11), Board authorized resolution to apply for Prohousing Incentive Program Round 3 funds; March 12, 2024 (6), Board authorized resolution to apply for Prohousing Incentive Program Round 2 funding; February 7, 2023 (20), Board authorized resolution to apply for and accept Prohousing Incentive Pilot program funding; December 13, 2022 (30), Board authorized application to and participation in the Prohousing Designation Program.

**BOARD POLICIES APPLICABLE:**

B-29 - Fees, Grants, Revenue Contracts - Department Responsibility for Cost Recovery

**BOARD POLICY STATEMENTS:**

In accordance with Board Policy B-29, HHSA certifies that activities funded by the Prohousing Incentive Program grant funds are worthy of funding with County resources if external financing were unavailable. If awarded, these program funds will provide additional support to the DPA program and first-time homebuyer programs.

**MANDATORY COMPLIANCE:**

Funding awarded by the State of California Department of Housing and Community Development requires compliance with the respective program guidelines.

**ORACLE AWARD NUMBER(S) AND CONTRACT AND/OR REQUISITION NUMBER(S):**

N/A

**ORIGINATING DEPARTMENT:** Health and Human Services Agency

**OTHER CONCURRENCE(S):** Auditor and Controller

INTERNAL REVIEW COMPLETED:    YES ☒    NO ☐

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