

**HOME Investment Partnerships Program****Part A Program Activities Application Summary****I.A. Applicant Information**

Applicant

Name: COUNTY OF EL DORADOAddress: 2850 FAIRLANE COURT, BLDG. CCity: PLACERVILLECounty: EL DORADOZip Code: 95667Entity Type:  CHDO  City/County PJ/Consortia MemberApplicant Website Address: [www.edcgov.us](http://www.edcgov.us)

Applicant

DUNS #: 965067382

Applicant

EIN #: 94-600511**I.B. Authorized Representative Information** Mr.  Ms.  Mrs.  Other \_\_\_\_\_First Name: TIFFANY MI: \_\_\_\_\_ Last Name: SCHMIDJob Title: DIRECTOR, PLANNING AND BUILDING DEPARTMENT Check if address is the same as Applicant, and fill in phone, fax and E-mail

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: 530-621-5132 Ext: \_\_\_\_\_ Fax: 530-642-0508E-mail: tiffany.schmid@edcgov.us**I.C. Applicant Contact Information (do not list admin sub or subrecipient)** Check if the same as Authorized Representative and go to next section Mr.  Ms.  Mrs.  Other \_\_\_\_\_First Name: C.J. MI: \_\_\_\_\_ Last Name: FREELANDJob Title: DEPARTMENT ANALYST II

Contact's

Organization: COUNTY OF EL DORADOAddress: 2850 FAIRLANE COURT, BLDG. CCity: PLACERVILLE Zip Code: 95667Phone: 530-621-5159 Ext: \_\_\_\_\_ Fax: 530-642-0508E-mail: cynthia.freeland@edcgov.us

**Part A Program Activities  
Application Summary**

**II. Expenditure Percentage/Maximum Application Amount**

**List all HOME PROGRAM ACTIVITIES contracts for years indicated**

"Drawn Amount" equals total of these contracts' valid  
**IMPORTANT:** draws (and TBRA project setups) received at HCD by 5  
p.m. as of the due date of the 2019 HOME NOFA  
application.

	HOME Contract #	Original Allocation Amount	Drawn Amount	Expenditure %
16-HOME-				
15-HOME-	15-HOME-10891	\$500,000	\$500,000	
14-HOME-				
	<b>TOTAL</b>	<b>\$500,000</b>	<b>\$500,000</b>	<b>100.00%</b>

The overall expenditure percentage determines the maximum amount that can be applied for, as follows:

Expenditure rate on 2014-2016 HOME Program Activities contracts	Maximum Application Amount
60% or more	\$1,000,000
55 – 59.99%	\$700,000
50 – 54.99%	\$500,000
No open contracts	\$500,000

**Maximum Application Amount based on Total Expenditure Percentage:**

**\$1,000,000**

**Part A Program Activities  
Application Summary**

**III. Funding by Activity**

**III.A. Activity**

A. Activity	B. Activity Funds Amount	C. Administration Amount	D. Activity Total <sup>1</sup>
First-Time Homebuyer Program (including Infill New Construction and Acquisition with Rehabilitation)	\$958,425.00	\$24,575.00	\$983,000.00
Owner-Occupied Rehabilitation Program	\$0.00	\$0.00	
Tenant-Based Rental Assistance Program	\$0.00	\$0.00	
<b>Total:</b>	<u>\$958,425.00</u>	<u>\$24,575.00</u>	<u>\$983,000.00</u>

**III.B. HOME Program Income/Recaptured Funds**

Program Income/Recaptured Funds balance as of June 30, 2019	<b>\$48,593</b>
Program Income/Recaptured Funds received in the last 12 Months	<b>\$40,578</b>

**Part A Program Activities  
Application Summary**

**IV. Proposed Other Funding Sources**

A. Name of HOME Activity	B. Name of Source	C. Funding Source Code*	D. Source Type	E. Match	F. Total Dollar Amount
Housing Acquisition w/Rehab	Private Loan Funds		Mortgage Lenders		\$ 846,000.00
Housing Acquisition w/Rehab	Owner Cash Contribution		Downpayment		\$ 54,000.00
<b>Proposed Other Funding Total</b>					\$900,000

## Part A Program Activities Application Summary

### V. Unit Information

A. Activity	B. HOME-Assisted Units	C. Total Units	D. Target Population <sup>1</sup>
First-Time Homebuyer Program	5	5	4,5,6,7,9,11,13
Owner-Occupied Rehabilitation Program			
Tenant-Based Rental Assistance Program			

<sup>1</sup>From the following list, enter the designated number for any target populations that will be served by your program.

### Target Populations

- |                        |                                  |
|------------------------|----------------------------------|
| 1. Physically Disabled | 9. Seniors                       |
| 2. Persons with AIDS   | 10. Mentally Ill                 |
| 3. Youths              | 11. Veterans                     |
| 4. Single Adults       | 13. Victims of Domestic Violence |
| 5. Single Men          | 12. Substance Abusers            |
| 6. Single Women        | 14. Dually-Diagnosed             |
| 7. Families            | 15. Homeless                     |
| 8. Farmworker          | 16. Other                        |

**PART A Program Activities  
Application Summary**

**VI. Legislative Information**

	District #	First Name	Last Name
Assembly	6	Kevin	Kiley
Senate	1	Brian	Dahle
Congress	4	Tom	McClintock

	District #	First Name	Last Name
Assembly	5	Frank	Biglow
Senate			
Congress			

	District #	First Name	Last Name
Assembly			
Senate			
Congress			

**Part A Program Activities  
Application Summary**

**VII. Applicant Certification and Commitment of Responsibility**

The person authorized in the resolution must also certify to knowledge of the responsibilities assumed when contracting with the State for HOME funds. The individual must also certify that the information, statements, and attachments contained in the application are, to the best of their knowledge and belief, true and correct. By signing this certification, the applicant is also authorizing the Department to contact any agency that may assist in determining applicant capability, whether or not that agency is named in the application.

As the official designated by the governing body, I hereby certify that if approved by the Department for a 2019 HOME funding allocation, the COUNTY OF EL DORADO (applicant name) assumes the responsibilities specified in the HOME Regulations.

1. It possesses the legal authority to apply for the allocation and to execute the proposed program or project;
2. It has resolved any audit findings for prior Department or federally-funded housing or community development projects or programs to the satisfaction of the Department or federal agency by which the finding was made;
3. It is not currently suspended or debarred from receiving federal funds;
4. It is currently in compliance with the submittal requirements of Office of Management and Budget Circular 2 CFR 200.512, pursuant to the Single Audit Act of 1984, P.L. 98-502, and the Single Audit Act amendments of 1996, P.L. 104-156;
5. There are no pending lawsuits that would impact the implementation of this program;
6. It will follow the State Relocation Plan and the federal Uniform Relocation Act requirements;
7. It will comply with all statutes and regulations governing the HOME Program;
8. It will comply with all State and federal requirements;
9. It has staff available or has committed to hiring staff able to operate a local HOME program or project and oversee the work of an administrative subcontractor or subrecipient, if any;
10. It will use HOME funds as grants solely for authorized activities;
11. If a CHDO, that it is currently certified or that it has submitted an application for certification, and that its organization is currently in compliance with section 8204.1 of the State HOME Regulations including:
  - Its certified service areas include the jurisdiction for which their proposed activity is located;
  - Its board composition complies with and will continue to comply with the requirements for CHDOs in the definition contained in 24 CFR Section 92.2;
  - The purpose of the organization complies with 24 CFR 92.2; and
  - It is not a public body nor is it controlled by, or under the direction of, a public body, or individuals or entities seeking to derive profit or gain from the organization.
12. If a CHDO, it will fulfill the role of sole project developer in the administration of the proposed activity/ies.

I authorize the Department of Housing and Community Development to contact any agency, whether or not named in this application, which may assist in determining the capability of the Applicant. All information contained in this application is acknowledged to be public information. **(This certification must be signed by the person authorized in the Resolution)**

Signature \_\_\_\_\_

Title Director, Planning & Building Dept.

Type Name Tiffany Schmid

Date \_\_\_\_\_



Part A Program Activities  
Application Summary

**IX. Reporting History**

**INSTRUCTIONS:**

1. A HOME Annual Performance Report (APR) is due by every July 31 after the first HOME contract is received, so enter all APR submittal dates below, regardless of when last HOME contract was received.
2. Fill in all HOME Program Activities contract numbers starting with 14, 15 or 16.
3. Fill in all HOME Program Activities contract numbers starting with 14, 15 or 16.
4. Indicate the date each quarterly report was e-mailed to the HOME Program.

Please note that most city and county HOME Project contracts have Quarterly Program Income reporting that starts in a different quarter than with HOME Program Activities Contracts.

**VERY IMPORTANT:** Attach to this form a printout of each e-mail to HOME in which quarterly and annual reports were transmitted, as evidence of the submittal date entered below. Even if HCD has evidence of reports received on time, no credit will be given for any report without a supporting printout attached in this NOFA application. There will be no appeal process.

If necessary, before you submit your application, ask your HOME Program Activities Representative to e-mail to you evidence that a particular report was e-mailed to HOME.

**HOME Project Contracts:**

- 16-HOME- [ ] First Program Income (P.I.) Report due for cities and counties for April - June 2017
- 15-HOME- [ ] First P.I. Reports due for Oct. - Dec. 2015 if executed in 9/2015 or 10/2015; OR due for Jan. - Mar. 2016 if executed in 11/2015  
Date Executed by HCD: [ ]
- 14-HOME- [ ] First P.I. Reports due for cities and counties for Oct. - Dec. 2014 if executed in 11/2014; OR due for Jan. - Mar. 2015 if executed between 12/1/2014 and 1/31/2015  
Date Executed by HCD: [ ]

**HOME Program Activities Contracts:**

- 16-HOME- [ ] First Quarterly Performance and (for cities and counties only) Program Income Reports due for January - March 2018
- 15-HOME- 10891 First Quarterly Performance and (for cities and counties only) Program Income Reports due for April - June 2016 if executed in 4/2016 or 5/2016, or due for July - September 2016 if executed between 6/1/2016 and 8/31/2016, or due for October - December 2016 if executed from 9/1/16 - 11/30/16  
Date Executed by HCD: 11/8/2016
- 14-HOME- [ ] Quarterly Performance and (for cities and counties only) Program Income Reports due for April - June 2015 and beyond

Quarterly Performance and Program Income Reports																			
14-HOME Contracts		15-HOME Contracts		16-HOME Contracts															
Performance	Program Income	Performance	Program Income	Performance	Program Income														
	Jan-Mar 15	Jan-Mar 16	Jan-Mar 16	Jan-Mar 18	Jan-Mar 18														
	Date Submitted	Date Submitted	Date Submitted 4/28/2016	Date Submitted	Date Submitted														
Apr-June 15	Apr-June 15	Apr-June 16	Apr-June 16	Apr-June 18	Apr-June 18														
	Date Submitted	Date Submitted	Date Submitted 7/28/2016	Date Submitted	Date Submitted														
July-Sep 15	July-Sep 15	July-Sep 16	July-Sep 16	Jul-Sep 18	Jul-Sep 18														
	Date Submitted	Date Submitted	Date Submitted 10/28/2016	Date Submitted	Date Submitted														
Oct-Dec 15	Oct-Dec 15	Oct-Dec 16	Oct-Dec 16	Oct-Dec 18	Oct-Dec 18														
	Date Submitted	Date Submitted	Date Submitted 1/31/2017	Date Submitted	Date Submitted														
Jan-Mar 16	Jan-Mar 16	Jan-Mar 17	Jan-Mar 17	Jan-Mar 19	Jan-Mar 19														
	Date Submitted	Date Submitted	Date Submitted 4/25/2017	Date Submitted	Date Submitted														
Apr-June 16	Apr-June 16	Apr-June 17	Apr-June 17	Apr-June 19	Apr-June 19														
	Date Submitted	Date Submitted	Date Submitted 7/28/2017	Date Submitted	Date Submitted														
July-Sep 16	July-Sep 16	Jul-Sep 17	Jul-Sep 17	<table border="1"> <tr> <th colspan="2">ANNUAL REPORTS</th> </tr> <tr> <td colspan="2">Fiscal Year 2016-17</td> </tr> <tr> <td>Date HOME APR Submitted</td> <td>7/28/2017</td> </tr> <tr> <td colspan="2">Fiscal Year 2017-18</td> </tr> <tr> <td>Date HOME APR Submitted</td> <td>7/31/2018</td> </tr> <tr> <td colspan="2">Fiscal Year 2018-19</td> </tr> <tr> <td>Date HOME APR Submitted</td> <td>7/31/2019</td> </tr> </table>		ANNUAL REPORTS		Fiscal Year 2016-17		Date HOME APR Submitted	7/28/2017	Fiscal Year 2017-18		Date HOME APR Submitted	7/31/2018	Fiscal Year 2018-19		Date HOME APR Submitted	7/31/2019
ANNUAL REPORTS																			
Fiscal Year 2016-17																			
Date HOME APR Submitted	7/28/2017																		
Fiscal Year 2017-18																			
Date HOME APR Submitted	7/31/2018																		
Fiscal Year 2018-19																			
Date HOME APR Submitted	7/31/2019																		
	Date Submitted	Date Submitted	Date Submitted 10/25/2017																
Oct-Dec 16	Oct-Dec 16	Oct-Dec 17	Oct-Dec 17																
	Date Submitted	Date Submitted	Date Submitted 1/31/2018																
Jan-Mar 17	Jan-Mar 17	Jan-Mar 18	Jan-Mar 18																
	Date Submitted	Date Submitted	Date Submitted 4/30/2018																
Apr-June 17	Apr-June 17	Apr-June 18	Apr-June 18																
	Date Submitted	Date Submitted	Date Submitted 10/7/2019																
Jul-Sep 17	Jul-Sep 17	Jul-Sep 18	Jul-Sep 18																
	Date Submitted	Date Submitted	Date Submitted 10/29/2018																
Oct-Dec 17	Oct-Dec 17	Oct-Dec 18	Oct-Dec 18	<p>Comments Box:</p>															
	Date Submitted	Date Submitted	Date Submitted 10/7/2019																
Jan-Mar 18	Jan-Mar 18	Jan-Mar 19	Jan-Mar 19																
	Date Submitted	Date Submitted	Date Submitted 10/7/2019																
Apr-June 18	Apr-June 18	Apr-June 19	Apr-June 19																
	Date Submitted	Date Submitted	Date Submitted 10/7/2019																
		10/7/2019	7/31/2019																