

# **El Dorado County**

# **APPLICATION**

# **Original**

**Community Development Block Grant Program  
2009-2010 General Allocation**

**July 14, 2009**

**Submitted to:**  
**STATE OF CALIFORNIA**  
**Department of Housing and Community Development**  
**Division of Financial Assistance**  
**Community and Economic Development Section**  
**Community Development Block Grant Program (CDBG)**

**Submitted by:**  
**El Dorado County**  
**Department of Human Services**  
**Housing and Economic Development**  
**937 Spring Street**  
**Placerville, California 95667**

**Telephone: (530) 642-7150**  
**Fax: (530) 295-2598**

## APPLICATION TABLE OF CONTENTS - Forms

Application submitted by: County of El Dorado (*jurisdiction*)

**General Allocation Application**       **Colonias Application**

*\*Click on the box, drop-down menu or text box to enter information.*

THRESHOLD DOCUMENTATION	Required or "Select"	PAGE(S)
Threshold Summary Forms	Required	1-2
Debarment Eligibility	Not on Hold-out	25
Holdout Status	Not on Hold-out	
Growth Control Information	No Restricting Ordinance	
Statement of Assurances	Required	26-30
Compliance with OMB Circular A-133	Required	31-32
Citizen Participation Documentation	Required	33-37
Original Resolution(s) of the Governing Body	Required	38-39
NEPA Forms For General Administration (only):		
➤ HUD Environmental Fining Form	Required	40
➤ HUD Environmental Form for Statutes and Regulations at 24 CFR Part 58.6	Required	41
<b>APPLICATION FORMS</b>		
Application Summary Forms (all pages)	Required	3-7
Joint Powers Agreement/MOU (if applicable)	N/A	
<b>GRANT ADMINISTRATIVE CAPACITY</b>		
Previous CDBG grant	Yes	6
No prior CDBG grant	No	
<b>LEVERAGE/SOURCES &amp; USES SUMMARY</b>		
Summary Form(s)	Required	7
<b>INDIVIDUAL ACTIVITY</b>		
Housing Rehabilitation Program	Required	8-16
Homeownership Assistance Program	Required	17-24
<b>OTHER</b>		
Copy of Resolution(s)	Required	Inner front pocket of "Original" application



The Department will review each application to determine whether the application meets all of the eligibility threshold criteria. Applications that meet all of the threshold criteria will be eligible to be rated and ranked.

**\*Click on the box or text box to enter information.**

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b><u>Debarment</u></b>            Is the applicant jurisdiction on the Federal Excluded Parties List (<a href="http://www.epls.gov">www.epls.gov</a>)?            ➤ If Yes, the applicant is <u>not eligible</u> to receive federal funding.            ➤ If No, the applicant has included a copy of the search with this application on page(s): <u>25</u></p>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b><u>Holdout Status</u></b>            Has the applicant received a written Holdout Letter from the Department?            ➤ If No, skip to the next section            ➤ If Yes, answer the following question:</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Has applicant received a written Holdout <u>Waiver</u> Letter from the Department?            Date of Letter: _____ Copy included on page(s): _____            ➤ If Waiver Letter has NOT been received, the applicant is <u>not eligible</u> to submit an application.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><b><u>Housing Element Compliance</u></b>            Does applicant have a Housing Element in CDBG compliance as of June 26, 2009?             If No, then the applicant is <u>not eligible</u> to receive funding.            The Department will verify compliance with HPD as of June 26, 2009.</p>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b><u>Growth Control</u></b>            Has the applicant jurisdiction enacted limitations on residential construction, which includes limitations other than establishing agricultural preserves, or limitations imposed by another agency, or limitations not based on a health and safety need?            ➤ If No, skip to next section.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>If yes, do these limitations meet any of the exceptions found in State CDBG Program Regulations, Section 7056(b)(2)(B)?            ➤ If "Yes" to the exceptions, the applicant has included a copy of the limitation with this application on page(s): _____            ➤ If "No" to the exception, the applicant jurisdiction is <u>not eligible</u> to receive federal funding.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><b><u>Statement of Assurances</u></b>            Applicant has included the correct version (revised 2009) of the Statement of Assurances, signed by the Chief Executive Officer of the applicant jurisdiction.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><b><u>Compliance with OMB Circular A-133</u></b>            Applicant has included a signed OMB Certification.</p>

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><b><u>Citizen Participation</u></b>  Applicant has met all the Public Hearings/Citizen Participation requirements, such as:</p> <ul style="list-style-type: none"> <li>• Public notices published in a local newspaper announcing the public hearings and containing the required information, as stated in the CDBG Grant Management Manual, and included in the application on page(s): <u>33</u> ; <u>and</u></li> <li>• At least one public hearing was held during the program design phase of the application on <u>5/20/09</u> (date); <u>and</u></li> <li>• At least one public hearing was held to approve submittal of the application on <u>6/30/09</u> (date); <u>and</u></li> <li>• Sign-in sheets are available for each public hearing; <u>and</u></li> <li>• Written comments received during the public hearing process are included with the application along with any responses on page(s): <u>35-36</u></li> </ul>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><b><u>Resolution(s) of the Governing Body</u></b>  Applicant has included a Resolution (sample in Appendices) that:</p> <ul style="list-style-type: none"> <li>• is an original or an original certified copy; <u>and</u></li> <li>• authorizes submission of the application; <u>and</u></li> <li>• approves the application's contents (funding requested, activities, committed leverage, etc.); <u>and</u></li> <li>• authorizes the execution of a grant agreement, and any amendments thereto, if funded; <u>and</u></li> <li>• designates a person (by title) authorized to enter into an agreement, if funded; <u>and</u></li> <li>• designates persons (by titles) authorized to sign all reports, Funds Requests and other program-supporting documentation.</li> </ul>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><b><u>NEPA Environmental Review for General Administrative Activities</u></b>  Applicant has included the Environmental Review documents for general grant <u>administrative</u> activities, consisting of an Environmental Finding Form and a HUD Environmental Form for Statutes and Regulations at 24 CFR Part 58.6.</p>

## APPLICATION SUMMARY - Forms

California Department of Housing and Community Development  
**State Community Development Block Grant Program**



- General Allocation (2009 - 2010)**
- Colonias Allocation (2008-09 & 2009-10)**

### Application Information

Applicant Agency Name: **County of El Dorado**

Address: **937 Spring Street**

City: **Placerville** State: **CA** Zip Code: **95667**

**Is this application being submitted on behalf of more than one jurisdiction?**

- NO** *Continue to Section 2.*
- YES** *Complete the following. (Please note that the implementation of a Joint Powers Agreement or Memorandum of Understanding between the applicants is required.)*

Second Applicant's Name: \_\_\_\_\_

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

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

### Authorized Representative Information (per the Resolution)

Name: **Janet Walker-Conroy** Title: **Acting Director Human Services Department**

Phone: **530-621-7272** Ext: \_\_\_\_\_ FAX: **530-295-2669**

E-mail: **jwconroy@co.el-dorado.ca.us**

*Check here if address information is the same as above; if not, fill in information below.*

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

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

Signature: \_\_\_\_\_  Date: \_\_\_\_\_

## APPLICATION SUMMARY - Forms

### Applicant Contact Information (if different than above)

Check here if address information is the same as above; if not, fill in information below.

Name: Shawna Purvines Title: Senior Planner, Development Services

Address: 2850 Fairlane Court, Bldg. C

City: Placerville State: CA Zip Code: 95667

Phone: 530-621-5362 E-mail: spurvines@co.el-dorado.ca.us

### Legislative Representative Information

	District #	First Name	Last Name
Assembly	<u>4</u>	<u>Ted</u>	<u>Gaines</u>
Senate	<u>1</u>	<u>Dave</u>	<u>Cox</u>
Congress	<u>4</u>	<u>Tom</u>	<u>McClintock</u>

	District #	First Name	Last Name
Assembly	_____	_____	_____
Senate	_____	_____	_____
Congress	_____	_____	_____

### Target Populations- Primary Purpose(s) of each proposed Activity

On the next page (Requested Funding for All Proposed Activities), in the noted column, enter the **primary** number(s) that correspond to the target population(s) that each activity will specifically address. For example, a homeless shelter will most likely serve many target populations shown, but the **primary** target population will be the homeless.

- |                        |                       |                                  |
|------------------------|-----------------------|----------------------------------|
| 1. Physically Disabled | 7. Families           | 13. Victims of Domestic Violence |
| 2. Persons with AIDS   | 8. Farmworkers        | 14. Dually-Diagnosed             |
| 3. Youths              | 9. Seniors            | 15. Prevent Homelessness         |
| 4. Single Adults       | 10. Mentally Ill      | 16. Help the homeless            |
| 5. Single Men          | 11. Veterans          | 17. Help those with HIV/AIDS     |
| 6. Single Women        | 12. Substance Abusers | 18. Other                        |

## APPLICATION SUMMARY - Forms

### Requested Funding for All Proposed Activities

Note: See instructions for funding limitations.

Activity	Amount Requested	Activity Administrator	Target Populations	Result of a Project-Specific CDBG PTA Grant?
<b>GENERAL ADMINISTRATION</b>				
(Maximum of 7.5% of total funding requested)	<b>\$ 45,000</b>	<input checked="" type="checkbox"/> Applicant Staff <input type="checkbox"/> Other <input type="checkbox"/> Combination		
<b>Activity # 1:</b> <u>Housing Combo Program – Housing Rehabilitation Program</u>				
Activity Amount	\$125,550	<input checked="" type="checkbox"/> Applicant Staff <input type="checkbox"/> Other <input type="checkbox"/> Combination	Target I.D. #: <u>18</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Grant # _____
Activity Delivery	\$ 29,450		Proposed # of Beneficiaries: <u>11</u>	
<b>Activity TOTAL</b>	<b>\$155,000</b>			
<b>Activity # 2:</b> <u>Housing Combo Program – Homeownership Assistance Program</u>				
Activity Amount	\$ 368,000	<input checked="" type="checkbox"/> Applicant Staff <input type="checkbox"/> Other <input type="checkbox"/> Combination	Target I.D. #: <u>7</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Grant # _____
Activity Delivery	\$ 32,000		Proposed # of Beneficiaries: <u>14</u>	
<b>Activity TOTAL</b>	<b>\$ 400,000</b>			
<b>Activity # 3:</b> _____				
Activity Amount	\$	<input type="checkbox"/> Applicant Staff <input type="checkbox"/> Other <input type="checkbox"/> Combination	Target I.D. #: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Grant # _____
Activity Delivery	\$		Proposed # of Beneficiaries: _____	
<b>Activity TOTAL</b>	<b>\$</b>			
<b>10% Set-Aside Activity:</b> _____				
Activity Amount	\$	<input type="checkbox"/> Applicant Staff <input type="checkbox"/> Other <input type="checkbox"/> Combination	Target I.D. #: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Grant # _____
Activity Delivery	\$		Proposed # of Beneficiaries: _____	
<b>Activity TOTAL</b>	<b>\$</b>			
<b>\$ <u>600,000</u></b>		<b>◀ TOTAL Funding Requested</b>		



## GENERAL ADMINISTRATIVE CAPACITY - Forms

A. Did the applicant have any CDBG General, Native American, or Colonias grants experience for the years 2005, 2006, 2007, or 2008? **(Do not include PTA grants)**

**Yes.** Identify which CDBG Allocation(s) and the applicable funding year(s).

**General** Allocation. Funding Year(s): 2005, 2008

Grant #'s: 05-STBG-1407, 08-STBG-4982

**Colonias** Allocation. Funding Year(s): \_\_\_\_\_

Grant #'s: \_\_\_\_\_

**Native American** Allocation. Funding Year(s): \_\_\_\_\_

Grant #'s: \_\_\_\_\_

**No.** Have not had any CDBG grants in 2005-2008.

B. If funded from this application, how will this grant be administered? Who will carry out the grant's General Administrative activities?

In-house staff only. (**Attach resumes and duty statements of staff that will be performing the work.**)

Subrecipient Agreement:

Draft  Executed. *Term of the Agreement:* \_\_\_\_\_

Other: \_\_\_\_\_

Procured administrator(s) per 24 CFR 85.36 and the GMM Chapter 8.

Per Small Purchase Authority

By Competitive Proposal

By Non-Competitive/Sole-Source

• Department approval documentation, pages: \_\_\_\_\_

Term of the agreement: \_\_\_\_\_

Some combination of the above. Describe: \_\_\_\_\_

**Please indicate the page numbers in your application where the supporting documentation can be found: 42-53**

**NOTE: Full points under this section will be awarded only for complete documentation, as noted in the application instructions.**

**APPLICATION FUNDING SOURCES/USES/PROGRAM INCOME/LEVERAGE - Forms**

**ALL ACTIVITIES – ALL FUNDING SOURCES**

USES	SOURCES							Totals:
	STATE OR FEDERAL			LEVERAGE				
ACTIVITY	State CDBG	Program Income Balance: \$181,356 (as of 3/31/09)	Other State Funds	Federal Funds	Local Funds	Private (list & identify)	Other:	
General Administration	45,000	n/a			500			\$ 45,500
Housing Rehabilitation	155,000	n/a		1,500	4,500			\$ 161,000
Homeownership Assistance	400,000	n/a		1,500	2,500	\$300,750 (Western Foothill Mortgage) \$300,300 (Norman Financial Mortgage)		\$ 1,005,050
								\$
								\$
								\$
								\$
<b>Totals:</b>	<b>\$ 600,000</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 3,000</b>	<b>\$ 7,500</b>	<b>\$ 601,050</b>	<b>\$ 0</b>	<b>\$ 1,211,550</b>

## HOUSING REHABILITATION - Forms

### TABLE OF CONTENTS

*\*Click on the box, drop-down menu or text box to enter information.*

ACTIVITY	YES or NO	DOCUMENTATION	PAGE(S)
Housing Rehab Forms (all pgs)	YES		8-16
Timeline/Schedule/Milestones	No	Projects Only	
State Objectives	YES	Miwok Tribe Letter	35
<b>BENEFIT</b>			
Service Area Documentation	YES	County Map	54
Income Documentation	YES	100% TIG	89
Other: _____			
<b>NEED</b>			
Housing Condition	YES	Housing Element	55
Age of Housing Stock	YES	Census Table	56-64
Overcrowding	No	"	57
Worsened Conditions	No		
Additional Supporting Documentation (list):			
<b>READINESS</b>			
Activity Administrator	YES	County of El Dorado	42-53
Environmental Finding Form	YES		65
Form 58.6	YES		66
RER, <i>excluding Appendix A</i>	No		
Environmental Assessment	No		
SHPO Letter	YES	Letter	67
Ready to Publish Notice	No		
Ready to sign RROF	No		
PI Reuse Plan	YES	Approved	72-78
Housing Rehab Guidelines	YES	Approved	79-105
Temporary Relocation Plan	YES	Included in Guidelines	80
Existing Program Continued	YES	Wait List	106-108
Potential Clients	YES	Wait List	106-108
Contractor List	YES	Interested Contractor List	109-110
Projects: Site Control	N/A		
Projects: Sources and Uses	N/A		
Projects: Plans and Specs	N/A		
Bid Package	N/A		

## HOUSING REHABILITATION - Forms

### A. ACTIVITY INFORMATION:

**1. How much is being requested for this activity?**

\$155,000 = \$125,550 + \$29,450

Total \$\$ Requested for this Activity = Activity \$\$+Activity Delivery \$\$

**2. How will the requested CDBG funds be used?**

Check **ONLY one** type of Program **OR one** type of Project. If more than one program/project is being proposed, submit a separate set of Activity Forms for each program/project:

a) Programs

- Rehab: Single-Unit Residential (14A)  
Component of Housing Combo Program?  Yes  No
- Rehab: Multi-Unit Residential (14B)  
Component of Housing Combo Program?  Yes  No
- Energy Efficiency Improvements (only) (14F)
- Lead-Based Paint/Lead Hazard Testing/Abatement (only) (14I)
- Residential Historic Preservation (16A)

b) Projects

- Housing Real Property Acquisition and Rehabilitation
- Multi-Family Rehabilitation Project
- Conversion of building(s) to housing units (must stay within the existing footprint)

**3. If a Project is being proposed, what is the location of the sites(s) where the activity will occur?**

N/A – Program Activity

Does the Applicant currently have site control?

- Yes  No

**4. Description of Activity:** (See instructions.)

As a component of the Housing Combo program, the County of El Dorado intends to use \$ 161,000 to partner with the Miwok Tribe of El Dorado Rancheria, a non-federally recognized tribe, to rehabilitate a least four (4) TIG/LTIG/Extremely LTIG owner-occupied single family units in the unincorporated area of the County. Total program costs include \$155,000 in CDBG funds, leverage of \$3,000 for in-kind staff time, \$1,500 in fee waivers and \$1,500 in federal funds for weatherization services. The County will provide low interest fully amortized or deferred payment loans, depending on applicant's household income, to improve health and safety issues and bring the units up to local housing code. It is expected that this funding will provide a public benefit to approximately eleven (11) TIG/LTIG/Extremely LTIG persons, and priority will be given to income eligible tribal member households.

## HOUSING REHABILITATION - Forms

The County of El Dorado has administered a Housing Rehabilitation loan program serving over 63 low-income homeowners in the unincorporated area of El Dorado County since 1994, and this funding will provide a continuation of existing services. The Program wait list currently includes 25 eligible households and additional calls are received weekly from TIG persons interested in participating in the program.

The Miwok Tribe of El Dorado Rancheria has agreed to work with County staff to market the Housing Rehabilitation program to income eligible tribal member households in the unincorporated area of the County. A direct mail campaign will be developed to inform all tribal members of program criteria.

**5. Who will be the Activity Administrator? (Check all that apply.)**

- Jurisdiction (Applicant)
- Consultant/Contractor (For-Profit entity)
- Non-Profit as Subrecipient
- CHDO (Community Housing Development Organization)
- Another unit of local government
- Another public agency
- Non-Profits not acting as Subrecipients
- Faith-based organization
- Institution of higher education

Name of all agencies/organizations indicated above:

- a) County of El Dorado
- b) n/a
- c) n/a
- d) n/a

**6. Timeline/Schedule/Milestones (for projects only):**

Indicate significant milestone accomplishments and the proposed date of completion. If awarded, these will become the contract expenditure milestones.

Activity Milestones		
	Description of Accomplishment	Proposed Date of Attainment
1.	n/a - Program Activity	n/a
2.		
3.		
4.		
5.		
6.		
7.		
8.		

## HOUSING REHABILITATION - Forms

**7. State Objectives:**

If you are claiming state objective points for this activity, note which objective(s) and indicate where supporting documentation can be found.

*>>See Application Section 9 and Appendix F for additional information<<*

<b>State Objective for this specific activity:</b>	<b>Application Page #</b>
1. 100% TIG	89
2. Native American Partnership Proposal	35

# HOUSING REHABILITATION - Forms

**B. BENEFIT:**

1. **Service area for Programs:** (*Check only one.*)

- Entire Jurisdiction
- Target Area(s)

Identify the Target Area(s) by Census Tract(s) and Block Group(s) and list the page(s) where the Census Tract/ Block Group Map(s) may be found in this application. Page(s): \_\_\_\_\_

Census Tract	Census Tract	Census Tract	Census Tract	Census Tract	Census Tract
Block Group(s)	Block Group(s)	Block Group(s)	Block Group(s)	Block Group(s)	Block Group(s)

2. **Beneficiaries by Income and Tenure:**

All Housing Rehabilitation activities are income restricted and benefit 100 percent TIG. Indicate the number of households that will be assisted by category of TIG and by owner- or renter-occupied units.

OWNER-OCCUPIED units -

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTALS
<i>not eligible</i>	2	1	1	4

RENTER-OCCUPIED units -

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTALS
<i>not eligible</i>	0	0	0	0

3. **Estimated number of:**    4 Loans            0 Grants

# HOUSING REHABILITATION - Forms

**C. NEED FOR ACTIVITY:**

**1. Housing Stock Conditions:**

Complete the required information on the chart that is applicable to the activity from either (*check one*):

- Housing Element**  
 **Survey**

**Date:** 7/1/08

**Date:** \_\_\_\_\_

- a) For a **JURISDICTION-WIDE** activity, attach copies of the page(s) from the Housing Element where these percentages are documented. Page(s) 55
- b) For a **TARGET-AREA** activity, a Housing Conditions Survey of the Target-Area must be used to document the need. You **must** attach a copy of the survey form used, a narrative of the survey methodology used and a summary of the survey results. Page(s) \_\_\_\_\_

Enter the percent of housing units that are:	Category	List %
<b>Sound</b> and not in need of Rehabilitation	<b>Sound</b>	69 %
Suitable for <b>Minor</b> Rehabilitation	<b>Minor</b>	25 %
Suitable for <b>Moderate</b> Rehabilitation	<b>Moderate</b>	5 %
Suitable for <b>Major</b> Rehabilitation	<b>Major</b>	%
<b>Dilapidated.</b> Not suitable for Rehabilitation.	<b>Dilapidated</b>	1 %
	<b>TOTAL:</b>	<b>100 %</b>

**2. Age of Housing Stock:**

This table will indicate the total percentage of the jurisdictions housing stock that was built pre-1970. Attach the applicable Census Tables. Also, show the calculations on the table as to the percentages.

Enter the percentage of housing stock that was built <b>pre-1970</b> as shown in the 2000 Census Summary File 3, Table DP-4	<b>Age of Housing Stock</b>	<b>20 %</b>
-----------------------------------------------------------------------------------------------------------------------------	-----------------------------	-------------

**3. Overcrowding:**

This table will indicate the total percentage of the jurisdictions housing stock that is overcrowded. Be sure to attach the applicable Overcrowding Census Tables. Also, show the calculations on the table as to the percentages.

Enter the percentage of households that are overcrowded as shown in the 2000 Census Summary File 3, Table DP-4	<b>Overcrowding</b>	<b>3 %</b>
----------------------------------------------------------------------------------------------------------------	---------------------	------------



## HOUSING REHABILITATION - Forms

**4. Supplemental Information: n/a**

This section is used to provide information being rebutted and/or not captured in the 2000 Census Table and/or your Housing Element with regards to the community's worsened condition of housing and/or worsened overcrowding needs. Provide all information that is requested.

*Check if providing supplemental information for: n/a*

- Worsened Condition of Housing Stock
- Worsened Housing Overcrowding

a) Describe the worsened condition:  
n/a

b) Describe how this issue is specific to your community?  
n/a

- c) List:
- Third-party documentation (must be less than 5 years old) that is being submitted to support the worsened condition(s), **AND**
  - The time period that the documentation supports as worsened (e.g., earthquake on 1/1/08; fire from 3/13/08-5/17/08, etc.), **AND**
  - The page numbers, in this application, where documentation can be found.

*Note: For lengthy reports/studies, please include the cover page, executive summary and only the pages needed to support worsened conditions.*

Description of Documentation:	Date of Doc.	Application Page #
1. n/a	n/a	n/a
2.		

**HOUSING REHABILITATION - Forms**

**D. READINESS:**

**1. Activity Administrator:**

If funded, how will this activity be administered?

- In-house Staff Only (Attach resumes and duty statements of staff that will be performing the work.)
- Subrecipient Agreement:  
 Draft     Executed     Other: \_\_\_\_\_  
 Term of the agreement: \_\_\_\_\_
- Procured Administrator(s) (per 24 CFR 85.36 and the GMM Chapter 8):  
 Per Small Purchase Authority  
 By Competitive Proposal  
 By Non-Competitive/Sole-Source  
Department approval documentation, pages: \_\_\_\_\_  
 Term of the agreement: \_\_\_\_\_
- Combination of the above. Describe: \_\_\_\_\_

**2. Environmental Review (check all applicable):**

- Environmental Finding Form (EFF)
- Form 58.6
- Rehabilitation Environmental Review (RER) excluding Appendix A
- Environmental Assessment
- SHPO Letter
- Ready to Publish Notice
- Ready to Sign Request for Release of Funds (RROF)

**3. Site Control (Projects only):    n/a - Program**

- | Draft                    | Executed                 |                                            |
|--------------------------|--------------------------|--------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | City/County owned site                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Purchase Agreement                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Option to Purchase                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Option to Lease                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Leasehold Interest                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Deed of Trust                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Other documentation of Site Control – List |

**4. Other Readiness Documentation Provided:**

- |                                                                |                                                     |
|----------------------------------------------------------------|-----------------------------------------------------|
| <input checked="" type="checkbox"/> Program Income Reuse Plan  | <input checked="" type="checkbox"/> Contractor List |
| <input checked="" type="checkbox"/> Housing Rehab Guidelines   | <input type="checkbox"/> Projects: Financing        |
| <input checked="" type="checkbox"/> Temporary Relocation Plan  | <input type="checkbox"/> Projects: Plans and Specs  |
| <input checked="" type="checkbox"/> Existing Program Continued | <input type="checkbox"/> Bid Package                |
| <input checked="" type="checkbox"/> Potential Clients          |                                                     |

**HOUSING REHABILITATION - Forms**

**HOUSING REHABILITATION – ALL FUNDING SOURCES**

USES	SOURCES									
	STATE OR FEDERAL					LEVERAGE				
	State CDBG	Program Income	Other State Funds	Federal Funds	Local Funds	Private (list & identify)	Other:	Totals:		
Housing Rehabilitation Loans	125,550							\$ 125,550		
Activity Delivery	29,450							\$ 29,450		
County of El Dorado – In-Kind Staff					3,000			\$ 3,000		
County of El Dorado – Building Department Fee Waivers					1,500			\$ 1,500		
County of El Dorado – Weatherization				1,500				\$ 1,500		
								\$		
								\$		
								\$		
								\$		
<b>Totals:</b>	<b>\$155,000</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 1,500</b>	<b>\$ 4,500</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 161,000</b>		

## HOMEOWNERSHIP ASSISTANCE - Forms

### TABLE OF CONTENTS

*\*Click on the box, drop-down menu or text box to enter information.*

ACTIVITY	SELECT	DOCUMENTATION	PAGE(S)
Homeownership Assistance (all pgs)	YES		17-24
State Objectives	YES	100% TIG	136
<b>BENEFIT</b>			
Service Area Documentation	YES	Unincorporated County	54
Income Documentation	YES	100% TIG	136
Other: _____			
<b>NEED</b>			
Homeownership Rate	NO		111
Overpayment	Yes	Census Table	112
Overcrowding	Yes	Census Table	113
Local Demand	YES	Waiting List	121-125
Worsened Conditions	No		
Additional Supporting Documentation (list): _____			
<b>READINESS</b>			
Activity Administrator	In-House Adminis	County of El Dorado	43-53
Environmental Finding Form	Yes		167
Form 58.6	YES		168
PI Reuse Plan	YES	Approved	72-78
Homeownership Assist. Guidelines	YES	Pending	128-166
Existing Program Continued	YES	Waiting List	121-125
Potential Client List	YES	Waiting List	121-125
Pre-Qualified Applicants List	YES	Waiting List	121-125
Marketing Plan	YES	Marketing Plan & Materials	169-174
Sources/Uses/Timeline	YES	Commitment Letters	177-178
Other: _____			
Other: _____			
Program Income Guidelines	Yes	Program Guidelines	136

## HOMEOWNERSHIP ASSISTANCE - Forms

### A. ACTIVITY INFORMATION:

1. **How much is being requested for this activity?**

\$400,000 = \$368,000 + \$32,000

Total \$\$ Requested for this Activity = Activity \$\$+Activity Delivery \$\$

2. **Is this activity a component of a Housing Combo program?**

Yes

No

3. **Description of Activity:** *(See instructions.)*

The County of El Dorado will use \$400,000 of the total grant award and leverage totaling \$1,005,050 to assist approximately 4 to 6 first time homebuyers to purchase new and existing homes in the unincorporated areas of El Dorado County. It is anticipated that one of the homebuyers will be LTIG, with the remaining falling within the 80% TIG.

The bank loan needed for each homebuyer assisted will be obtained individually by the homebuyers through a pre-approval process with Western Foothill Mortgage, Inc., Norman Financial Mortgage, or another participating mortgage company. A letter of interest from Western Foothill Mortgage, Inc. and Norman Financial Mortgage are attached to this application to document lender funds and fee waivers as leverage.

The County of El Dorado has successfully administered a First-Time Homebuyer Assistance program from CDBG grants received in 2003 and 2005 and has assisted 17 homebuyers achieve their dream of owning a home. The Program wait list currently includes 188 households.

Recently El Dorado County has experienced drastic reductions in home sale prices which will give first time homebuyers a greater opportunity to afford a home in El Dorado County. According to the El Dorado County Association of Realtors, the average sales price of a home in June of 2006 was \$549,878 and dropped in May 2009 to an average sales price of \$378,431. The County anticipates that the average purchase price for a modest home will be \$200,000 to \$250,000 plus closing costs. With that in mind, the gap financing provided through the Homeownership Assistance Program may assist more homebuyers than has been possible in the past.

The Miwok Tribe of El Dorado Rancheria has agreed to work with County staff to market the Homeownership Assistance program to income eligible tribal member households in the unincorporated area of the County. A direct mail campaign will be developed to inform all tribal members of program criteria.

4. **Who will be the Activity Administrator?** *(Check all that apply.)*

Jurisdiction (Applicant)

Consultant/Contractor (For-Profit entity)

Non-Profit as Subrecipient

CHDO (Community Housing Development Organization)

# HOMEOWNERSHIP ASSISTANCE - Forms

Name of all agencies/organizations indicated above:

- a) County of El Dorado
- b) n/a
- c) n/a
- d) n/a

**5. State Objectives:**

If you are claiming state objective points for this activity, note which objective(s) and indicate where supporting documentation can be found.

>>See Application Section 9 and Appendix F for additional information<<

State Objective for this specific activity:	Application Page #
1. 100% TIG/LTIG	
2.	

**B. BENEFIT:**

**1. Service Area: (Check only one.)**

Jurisdiction-wide Homeownership Assistance Program

Target Area(s) Homeownership Assistance Program.  
**(County applicants only).** Identify the Target Area(s) by Census Tract(s) and Block Group(s) and list the page(s) where the Census Tract/ Block Group Map(s) may be found in this application. Page(s): \_\_\_\_\_

Census Tract	Census Tract	Census Tract	Census Tract	Census Tract	Census Tract
Block Group(s)	Block Group(s)	Block Group(s)	Block Group(s)	Block Group(s)	Block Group(s)

## HOMEOWNERSHIP ASSISTANCE - Forms

**2. Beneficiaries (number of households):**

All Homeownership Assistance activities are income restricted and benefit 100 percent TIG.

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTALS
<i>not eligible</i>	3	1	0	4

**3. Estimated number of:**

4+ Loans

0 Grants

**C. NEED FOR ACTIVITY:**

*For assistance calculating Census information, please refer to Appendix H.*

**1. Homeownership Rate:**

This table will indicate the total percentage of the jurisdiction's owner-occupied housing units. Be sure to attach the applicable Census Table(s), and show the calculations on the table as to the percentages.

Enter the percentage of owner- vs. renter-occupied housing units as shown in the 2000 Census Summary File 1, Table DP-1	<b>Homeownership Rate</b>	<b>84%</b>
-------------------------------------------------------------------------------------------------------------------------	---------------------------	------------

Homeownership rate Census Table and calculations on page(s): 111

**2. Renter Overpayment:**

This table will indicate the total percentage of the jurisdiction's renters that are paying 25 percent or more (overpayment) of their income towards rent. Be sure to attach the applicable Census Table(s) and show the calculations on the table as to the percentages.

Enter the percentage of renter-occupied housing units that are paying 25 percent or more of their income towards rent, as shown in the 2000 Census Summary File 3, Table DP-4	<b>Renter Overpayment</b>	<b>39%</b>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------	------------

Renter overpayment census table and calculations on page(s): 112

## HOMEOWNERSHIP ASSISTANCE - Forms

**3. Overcrowding:**

This table will indicate the total percentage of the jurisdiction's housing stock that is overcrowded (1.01 or more occupants per room). Be sure to attach the applicable Census Table(s) and show the calculations on the table as to the percentages.

Enter the percentage of households that are overcrowded as shown in the 2000 Census Summary File 3, Table DP-4	<b>Overcrowding</b>	<b>3%</b>
----------------------------------------------------------------------------------------------------------------	---------------------	-----------

Overcrowding census table and calculations on page(s): 113

**4. Local Demand:**

- |                                                   |                         |
|---------------------------------------------------|-------------------------|
| <input checked="" type="checkbox"/> Waiting List. | Page(s): <u>121-125</u> |
| <input type="checkbox"/> Market Study.            | Page(s): _____          |
| <input type="checkbox"/> Other (describe): _____  | Page(s): _____          |

**5. Supplemental Information:**

*Check if providing supplemental information for.*

- Worsened Homeownership Rate       Worsened Housing Overcrowding

a) Describe the worsened condition:

b) Describe how this issue is specific to your community: \_\_\_\_\_

c) List:

- Third-party documentation (must be less than 5 years old) that is being submitted to support the worsened condition(s), **AND**
- The time period that the documentation supports as worsened (e.g., earthquake on 1/1/08; fire from 3/13/08-5/17/08, etc.), **AND**
- The page numbers, in this application, where documentation can be found.

***Note: For lengthy reports/studies, please include the cover page, executive summary and only the pages needed to support worsened conditions.***

Description of Documentation:	Date of Doc.	Application Page #
1.		



## HOMEOWNERSHIP ASSISTANCE - Forms

### D. READINESS:

#### 1. **Activity Administrator:**

If funded, how will this activity be administered?

- In-house Staff Only (Attach resumes and duty statements of staff that will be performing the work.)
  
- Subrecipient Agreement:
  - Draft       Executed       Other: \_\_\_\_\_
  - Term of the agreement: \_\_\_\_\_
  
- Procured Administrator(s) (per 24 CFR 85.36 and the GMM Chapter 8):
  - Per Small Purchase Authority
  - By Competitive Proposal
  - By Non-Competitive/Sole-Source
  - Department approval documentation, pages: \_\_\_\_\_
  - Term of the agreement: \_\_\_\_\_
  
- Combination of the above. Describe: \_\_\_\_\_

#### 2. **Environmental Review (check all applicable):**

- Environmental Finding Form (EFF)
- Form 58.6
- Rehabilitation Environmental Review (RER) excluding Appendix A
- Environmental Assessment
- SHPO Letter
- Ready to Publish Notice
- Ready to Sign Request for Release of Funds (RROF)

#### 3. **Site Control (Projects only):**      n/a - Program

- | Draft                    | Executed                 |                                            |
|--------------------------|--------------------------|--------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | City/County owned site                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Purchase Agreement                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Option to Purchase                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Option to Lease                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Leasehold Interest                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Deed of Trust                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Other documentation of Site Control – List |

#### 4. **Other Readiness Documentation Provided:**

- Sources/Uses/Timeline
- Homeownership Assistance Program Guidelines
- Program Income Reuse Plan
- Marketing Plan
- List of pre-qualified Applicants
- Existing Program Continued

#### 5. **Sources and Uses Chart:**

## HOMEOWNERSHIP ASSISTANCE - Forms

For each activity, applicants must identify the totality of all resources that are anticipated to be utilized in carrying out a specific activity. On the Funding Sources Chart:

- Under "Uses", identify cost categories applicable to the proposed activity.
- Examples include acquisition, plans and specs, fees, construction and other related costs.
- Fill out the columns to the right of the costs with the anticipated resources, by total dollar amount.
- Include the appropriate resource documentation and note the page(s) on the activity-specific Table of Contents under "Sources and Uses".

**HOMEOWNERSHIP ASSISTANCE - Forms**

**HOMEOWNERSHIP ASSISTANCE - ALL FUNDING SOURCES**

USES	SOURCES									
	STATE OR FEDERAL					LEVERAGE				
	State CDBG	Program Income	Other State Funds	Federal Funds	Local Funds	Private (list & identify)	Other:	Totals:		
Building Acquisition/ Homeownership Assistance Loans	368,000	n/a						\$ 368,000		
Activity Delivery	32,000							\$ 32,000		
Norman Financial Mortgage-Bank Loans						300,000		\$ 300,000		
Norman Financial Mortgage-Fee Waivers						300		\$ 300		
Western Foothill Mortgage-Bank Loans						300,000		\$ 300,000		
Western Foothill Mortgage-Fee Waivers						750		\$ 750		
County of El Dorado - In Kind Staff					2,500			\$ 2,500		
County of El Dorado - Weatherization				1,500				\$ 1,500		
<b>Totals:</b>	<b>\$400,000</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 1,500</b>	<b>\$ 2,500</b>	<b>\$ 601,050</b>	<b>\$ 0</b>	<b>\$ 1,005,050</b>		