

**Housing Choice Voucher
(HCV) Family Self-
Sufficiency (FSS)
Program Coordinator
Funding**

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian
Housing

OMB Approval No. 2577-0178
Exp. (07/31/2010)

Public reporting burden for this collection of information is estimated to average 0.75 hours. This includes the time for collecting, reviewing, and reporting the data. Information provided is to determine the eligibility of the applicant for funding for the salary of a program coordinator. HUD uses the information to determine eligibility of the applicant to receive funding. Information is required to obtain benefit under 24 CFR 982.302(b). The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

PART I: General Information. (To be completed by all applicants.)

Applicant Category: <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> New	Moving-to-Work PHA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DUNS Number of Applicant: 965067382	Funding Request for Fiscal Year: 08/09
A. PHA Legal Name (For joint applicants, lead PHA name): El Dorado County PHA (Community Services Dept.)			
Address: 937 Spring Street			
City: Placerville		County: El Dorado	
State: CA		Zip Code: 95667	
PHA Number of Applicant: CA151			
B. PHA Legal Name for Each Joint Applicant (if Applicable). Note: Use Additional pages if necessary.: N/A			
Address:			
City:		County:	
State:		Zip Code:	
PHA Number of Applicant:			
C. Evidence demonstrating salary comparability to similar positions in the local jurisdiction for each position requested is on file at the PHA.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
D. The applicant requests consideration for the following preference categories under this NOFA:			
Homeownership <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Colonias: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other - Specify Category (If applicable under this NOFA): <input type="checkbox"/> n/a
E. Name and telephone number of person most familiar with application:			
Name Joyce Aldrich		Telephone Number 530-642-6276	

PART II: Homeownership Information. (To be completed by all applicants.)

The PHA applicant currently administers or participates in a HCV Homeownership program or another homeownership program that serves HCV FSS families. Yes No

If yes, provide information requested in A – C below:

A. Name of qualifying homeownership program or programs:

Community Development Block Grant (CDBG) First Time Homebuyers Program

B. The total number of HCV FSS families enrolled in homeownership preparation activities in the qualifying homeownership program/programs identified above as of the publication date of the current NOFA:

1.	0	HCV homeownership program
2.	7	Other qualifying homeownership programs

C. Number of HCV FSS program participants and graduates that purchased homes between October 1, 2000 and the publication date of the current NOFA:

1.	0	HCV homeownership program
2.	3	Other qualifying homeownership programs

PART III: PHA Applicant Program Status and Accomplishments. (Renewal PHAs Only)

A. Program Status:

1. The applicant qualifies as an eligible renewal PHA under the NOFA. Yes No
2. The PHA has filled each position for which it is seeking renewal funding. Yes No
3. The applicant has submitted reports on participating families to HUD via the form HUD-50058, Family Self-Sufficiency/Welfare-to-Work Voucher Addendum. Yes No

B. Program accomplishments as of the publication date of the current NOFA:

1.	42	Total HCV FSS families under FSS Contract.
2.	21	The number of HCV FSS program participants with an escrow account balance greater than zero.

C. Program accomplishments for the period from October 1, 2003 through the publication date of the current NOFA:

1.	9	The number of HCV families that successfully completed their FSS contracts.
2.	9	The number of those graduates that no longer needed rental subsidy.
3.	15,151	The average escrow account distribution paid to families.

PART IV: Funding/Positions Requested. (Renewal PHAs Applicants Only)

For both renewal of currently funded positions and requests for new positions, provide the Information below for each position requested. Use additional pages as needed.

A. Renewal Positions - Funding requested to continue currently funded positions: (List FSS homeownership coordinators and regular FSS coordinators separately.)

FY Last Funded	Salary Amount Last Funded	Position Type 'H' or 'R' *	Salary Requested Per Position **	Number of Positions	Requesting an increase above percent allowed in the NOFA? 'Y' or 'N' ***
2007	46,512	R	\$66,000.00	1	N
2007	46,511	R	\$52,840.00	1	N

B. New Positions - Funding requested by coordinator type and salary level (If applicable. Refer to most recent FSS NOFA for maximum new positions that can be funded in the current year.) If more than one position, list each separately.

Position Type 'H' or 'R' *	Salary Requested, including Fringe Benefits**
	\$0.00

C. Total Requested

1.	2	Total number of new and renewal positions requested in this application.
2.	\$118,840.00	Total \$ requested.

* Type: R= Regular, H=Homeownership
 ** Salary awards will not exceed the cap per position stated in the most recent NOFA.
 *** For any renewal position, where the applicant is requesting a percentage increase above the amount provided for in the current NOFA, the applicant must comply with justification requirements in the current FSS NOFA.

PART V: Application Information. (New PHA Applicants Only.)

A. FSS Action Plan Information:

0	HCV FSS program size in the HUD-approved Action Plan. (For Joint applications, provide total approved slots for all participating PHAs.)
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B. Position/Salary Requested:

Number of Positions	Salary Requested, including Fringe Benefits**
	\$0.00

C. Total Requested.

1.	0	Total number of positions requested.
2.		Total \$ requested.

** Salary awards will not exceed the cap per position stated in the most recent NOFA.

REQUEST FOR FSS PROGRAM COORDINATOR FUNDS

Dear Director, Office of Public Housing (or Administrator, Native American Programs Office):

This is to request approval to hire (2.0) Family Self-Sufficiency (FSS) Program Coordinators for one year for the El Dorado County Housing Authority FSS Program.

1. Total Number of Currently Enrolled FSS Families:

42

2. Total Number of Required FSS Program Slots:

8

3. Service Coordinator Salary:

- a. Salary level, based on salaries for comparable jobs (multiplied by number of hours worked):

\$43,096
Program Coordinator (1.0 - Step 5)

\$46,270
Program Coordinator (1.0 - Step 5)

- b. Annual Salary plus Fringe Benefits:

Program Coordinator (1.0 - Step 5)

Program Coordinator (1.0 - Step 5)

<u>40</u>	Hours/Week/Person
<u>\$20.640</u>	\$/Hour
<u>23%</u>	Fringe Rate (%)
<u>\$52,840</u>	Annual Salary

<u>40</u>	Hours/Week/Person
<u>\$22.16</u>	\$/Hour
<u>58%</u>	Fringe Rate (%)
<u>\$73,132</u>	Annual Salary

If there are any questions, please contact Joyce Aldrich at (530) 642-6276.

Sincerely,

Doug Nowka
Executive Director

Human Services FSS Program Coordinators:

2 Full-time HS I/II - Step 5 (based on 40 hours/week)

Description	FSS Coord. Step 5	Step 5 1.0 Full-Time	FSS Coord. Step 5	Step 5 1.0 Full Time	Combined Total
Annual Salary	20.640	43,096	22.160	46,270	89,366
PERS - Retirement	20.05%	8,641	20.05%	9,277	17,918
Medicare	1.45%	625	1.45%	671	1,296
Health Benefits		0	Emp +2	16,400	16,400
Federal Unemployment	0.75%	323	0.75%	347	670
State Disability Ins	0.36%	155	0.36%	167	322
TOTAL		52,840		73,132	125,972