

Opportunity Title:	Housing Choice Voucher Family Self Sufficiency Program
Offering Agency:	US Department of Housing and Urban Development
CFDA Number:	14.871
CFDA Description:	Section 8 Housing Choice Vouchers
Opportunity Number:	FR-5415-N-14
Competition ID:	HCV-14
Opportunity Open Date:	10/21/2010
Opportunity Close Date:	12/06/2010
Agency Contact:	For answers to your questions, you may contact the Public and Indian Housing Resource Center at 800-955-2232. Persons with hearing or speech impairments may access this number via TTY (text telephone) by calling the Federal Information Relay Service at 800-877-8339. (These are toll-free

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

* Application Filing Name:

Mandatory Documents

Move Form to Complete

Move Form to Delete

Mandatory Documents for Submission

Application for Federal Assistance (SF-424)
HUD Facsimile Transmittal

Optional Documents

Disclosure of Lobbying Activities (SF-LLL)

Move Form to Submission List

Move Form to Delete

Optional Documents for Submission

HUD Applicant-Recipient Disclosure Report Attachments

Instructions

- 1** Enter a name for the application in the Application Filing Name field.

 - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
 - You can save your application at any time by clicking the "Save" button at the top of your screen.
 - The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.
- 2** Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.

 - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
 - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
 - To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
 - All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.
- 3** Click the "Save & Submit" button to submit your application to Grants.gov.

 - Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
 - Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
 - The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
 - You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
* 2. Type of Application: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision		
* If Revision, select appropriate letter(s): _____ * Other (Specify): _____		
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: _____
5a. Federal Entity Identifier: CA151		5b. Federal Award Identifier: CA151FSS8
State Use Only:		
6. Date Received by State: _____		7. State Application Identifier: _____
8. APPLICANT INFORMATION:		
* a. Legal Name: El Dorado County Public Housing Authority		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000511		* c. Organizational DUNS: 9650673820000
d. Address:		
* Street1: 937 Spring Street		
Street2: _____		
* City: Placerville		
County/Parish: El Dorado County		
* State: CA: California		
Province: _____		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 95667-4543		
e. Organizational Unit:		
Department Name: Department of Human Services		Division Name: Community Services
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____		* First Name: Cynthia
Middle Name: _____		
* Last Name: Kjellin		
Suffix: _____		
Title: Program Manager II		
Organizational Affiliation: _____		
* Telephone Number: 530-642-7266		Fax Number: 530-295-2598
* Email: cynthia.kjellin@edcgov.us		

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.871

CFDA Title:

Section 8 Housing Choice Vouchers

*** 12. Funding Opportunity Number:**

FR-5415-N-14

* Title:

Housing Choice Voucher Family Self Sufficiency Program

13. Competition Identification Number:

HCV-14

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

2010 App FSS Prog Coord. Position

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="59,902.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="59,902.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

- Yes
- No

If "Yes", provide explanation and at tach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

**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. (09/30/2013)

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 type="checkbox"/> PHAs Not Currently administering FSS <input checked="" type="checkbox"/> PHAs Currently administering FSS	Moving-to-Work PHA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No State or Regional PHA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DUNS Number of Applicant: 965067382	Funding Request for Fiscal Year: 2010
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 County State: CA Zip Code: 95667 PHA Number of Applicant: CA151			
B. Legal Name of Joint Applicant PHA. (If applicable.) Not Applicable Address: City: County: State: Zip Code: PHA Number of Applicant:			
Legal Name of Joint Applicant PHA. (If applicable.) Not Applicable Address: City: County: State: Zip Code: PHA Number of Applicant:			
Legal Name of Joint Applicant PHA. (If applicable.) Not Applicable Address: City: County: State: Zip Code: PHA Number of Applicant: PHA Number of Applicant:			
List any additional co-applicants on page 4			
C. Evidence demonstrating salary comparability to similar positions in the local jurisdiction for each position requested is on file at the PHA.			X <input type="checkbox"/> Yes <input type="checkbox"/> No
D. Contact information person most familiar with application: Name: Sharon Erwin Telephone Number: 530-621-6376 Email Address: Sharon.erwin@edcgov.us			

PART II: Funding/Positions Requested by PHAs that are Currently Administering HCV/FSS Programs

A. Previously Funded Positions

FY Last Funded	Salary Amount Last Funded	Salary Requested Per Position ** under this NOFA	Number of Positions at salary level	Is applicants request above percentage allowed in the NOFA? 'Y' or 'N' ***
2009	59,309	59,902	1	N

B. New Positions –Total salary requested per position including fringe benefits, if applicable. If more than one position, list each separately:

Salary Requested, including Fringe Benefits**

C. Total Requested

1.	1	Total number of positions requested in Part II
2.		Total \$ requested in Part II

** Salary awards will not exceed the cap per position stated in the most recent HCV/FSS NOFA.
 *** For any position, where the applicant is requesting a percentage increase above the amount provided for in the current HCV/FSS NOFA, the applicant must comply with justification requirements in the current HCV/FSS NOFA.

Additional space for Part II A and B on page 4

PART III: Requests for PHAs that are NOT currently administering HCV/FSS Programs

A. FSS Action Plan Information:

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

Number of Positions	Salary Requested, including Fringe Benefits if applicable**
0	

Additional space for Part III B on page 4

C. Total Requested.

1.	0	Total number of positions requested in Part III B
2.		Total \$ requested in Part III B

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

Continuation of Part I. B, Legal Name of Joint Applicant PHAs

Legal Name of Joint Applicant PHA. (If applicable.)	
Address:	
City:	County:
State:	Zip Code:
PHA Number of Applicant:	
Legal Name of Joint Applicant PHA. (If applicable.)	
Address:	
City:	County:
State:	Zip Code:
PHA Number of Applicant:	
PHA Number of Applicant:	

Continuation of Part II. A, Previously Funded Positions:

FY Last Funded	Salary Amount Last Funded	Salary Requested Per Position ** under this NOFA	Number of Positions at salary level	Is applicants request above percentage allowed in the NOFA? 'Y' or 'N' ***

Continuation of Part II. B, New Positions:

Salary Requested, including Fringe Benefits**

Continuation of Part III. B, Position/Salary Requested:

Number of Positions	Salary Requested, including Fringe Benefits if applicable**

**Applicant/Recipient
Disclosure/Update Report**

U.S. Department of Housing
and Urban Development

OMB Approval No. 2510-0011
(exp. 08/31/2009)

Applicant/Recipient Information

* Duns Number: 9650673820000

* Report Type: INITIAL

1. Applicant/Recipient Name, Address, and Phone (include area code):

* Applicant Name:

El Dorado County Public Housing Authority

* Street1: 937 Spring Street

Street2:

* City: Placerville

County: El Dorado County

* State: CA: California

* Zip Code: 95667-4543

* Country: USA: UNITED STATES

* Phone: 530-642-7266

2. Social Security Number or Employer ID Number: 94-6000511

* 3. HUD Program Name:

Section 8 Housing Choice Vouchers

* 4. Amount of HUD Assistance Requested/Received: \$ 59,902.00

5. State the name and location (street address, City and State) of the project or activity:

* Project Name: Fiscal Year 2010 Family Self-Sufficiency Program Coordinator

* Street1: 937 Spring Street

Street2:

* City: Placerville

County: El Dorado County

* State: CA: California

* Zip Code: 95667-4543

* Country: USA: UNITED STATES

Part I Threshold Determinations

* 1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).

Yes

No

* 2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1-Sep. 30)? For further information, see 24 CFR Sec. 4.9

Yes

No

If you answered " No " to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form.

However, you must sign the certification at the end of the report.

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name:

* Government Agency Name:

Government Agency Address:

* Street1:

Street2:

* City:

County:

* State:

* Zip Code:

* Country:

* Type of Assistance:

* Amount Requested/Provided: \$

* Expected Uses of the Funds:

Department/State/Local Agency Name:

* Government Agency Name:

Government Agency Address:

* Street1:

Street2:

* City:

County:

* State:

* Zip Code:

* Country:

* Type of Assistance:

* Amount Requested/Provided: \$

* Expected Uses of the Funds:

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must decide.

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and

2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

* Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)

* Social Security No. or Employee ID No.

* Type of Participation in Project/Activity

* Financial Interest in Project/Activity (\$ and %)

* Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	* Social Security No. or Employee ID No.	* Type of Participation in Project/Activity	* Financial Interest in Project/Activity (\$ and %)
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %

(Note: Use Additional pages if necessary.)

Add Attachment

Delete Attachment

View Attachment

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation. I certify that this information is true and complete.

* Signature:

* Date: (mm/dd/yyyy)

Completed Upon Submission to Grants.gov

Acknowledgment of Application Receipt

U.S. Department of Housing and Urban Development

OMB Approval No. 2577-0259 expires 2/29/2012

Type or clearly print the Applicant's name and full address in the space below.

County of El Dorado Dept. of Human Services Public Housing Authority - CA151 937 Spring Street Placerville, CA 95667
--

(fold line)

Type or clearly print the following information:

Name of the Federal Program to which the applicant is applying:

Family Self-Sufficiency Program

To Be Completed by HUD

- HUD received your application by the deadline and will consider it for funding. In accordance with Section 103 of the Department of Housing and Urban Development Reform Act of 1989, no information will be released by HUD regarding the relative standing of any applicant until funding announcements are made. However, you may be contacted by HUD after initial screening to permit you to correct certain application deficiencies.
- HUD did not receive your application by the deadline; therefore, your application will not receive further consideration. Your application is:
- Enclosed
 - Being sent under separate cover

Processor's Name _____

Date of Receipt _____

Facsimile Transmittal

**U. S. Department of Housing
and Urban Development**
Office of Department Grants
Management and Oversight

OMB Approval No. 2525-0118
exp. Date (5/30/2008)

1288023387-2408

*** Name of Document Transmitting:** HUD-52651 Funding Application; SF-424 App. for Federal Asst.

1. Applicant Information:

* Legal Name: El Dorado County Public Housing Authority
* Address:
* Street1: 937 Spring Street
Street2:
* City: Placerville
County: El Dorado County
* State: CA: California
* Zip Code: 95667-4543 * Country: USA: UNITED STATES

2. Catalog of Federal Domestic Assistance Number:

* Organizational DUNS: 9650673820000 CFDA No.: 14.871
Title: Section 8 Housing Choice Vouchers
Program Component:
Fiscal Year 2010 Family Self-Sufficiency Component

3. Facsimile Contact Information:

Department: Department of Human Services
Division: Community Services

4. Name and telephone number of person to be contacted on matters involving this facsimile.

Prefix: * First Name: Cynthia
Middle Name:
* Last Name: Kjellin
Suffix:
* Phone Number: 530-642-7266
Fax Number: 530-295-2598

* 5. Email: cynthia.kjellin@edcgov.us

*** 6. What is your Transmittal? (Check one box per fax)**

a. Certification b. Document c. Match/Leverage Letter d. Other

* 7. How many pages (including cover) are being faxed?

PHA Certifications of Compliance with PHA Plans and Related Regulations	U.S. Department of Housing and Urban Development Office of Public and Indian Housing Expires 4/30/2011
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**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the X 5-Year and/or Annual PHA Plan for the PHA fiscal year beginning 7/1/10 hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

El Dorado County Public Housing Auth
PHA Name



CA151
PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 2010 - 2015

Annual PHA Plan for Fiscal Years 20 - 20

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
Norma Santiago	Chair, EDC PHA Board of Commissioners

Signature 	Date 4/13/10	ATTEST: SUZANNE ALLEN de SANCHEZ, Clerk of the Board of Supervisors
		By  DEPUTY

Applicant Legal Name: El Dorado County Public Housing Authority
 HUD Program: HCVFSS
 Program Component: 2010 App FSS Prog Coord. Position
 Project Name:

DUNS No. 965067382 - 0000

2010

HUD Goals	Policy Priority	Needs	Services/Activities	Measures			Outcomes	Measures			Evaluation Tools
				Pre	Post	YTD		Pre	Post	YTD	
1	Policy	2 Planning There is a need to link FSS program participants to services and economic opportunities that will lead to employment and economic self-sufficiency.	3 Programming Policy Priority-Job Creation/ Employment- Partnership with Workforce Investment Board (WIB) to establish apprenticeship programs and/or job opportunities Partnerships	4 Partnerships	5 Impact Policy Priority-Job Creation/Employment- Number of job placements as a result of partnerships with the Workforce Investment Board FTE	6 FTE	7 Accountability				
3C	1a			1				5			A. Tools for Measurement
3C	1b		Employment-Skills assessment Persons	Persons	Employment-Job placement Persons	Persons	Survey	5			
				#VALUE!				#VALUE!			Interviews
3B	5b		Policy Priority-Housing as a Platform- Partnerships established with local community health clinics Partnerships	Partnerships	Policy Priority-Housing as a Platform-Number of households that have a medical home* Households	Households		20			B. Where Data Maintained
				#VALUE!				#VALUE!			Individual case records
				#VALUE!				#VALUE!			
				#VALUE!				#VALUE!			C. Source of Data
				#VALUE!				#VALUE!			Progress reports
				#VALUE!				#VALUE!			
				#VALUE!				#VALUE!			D. Frequency of Collection
				#VALUE!				#VALUE!			Quarterly