

PART A. – Application Summary

California Department of Housing and Community Development



Application Summary
State Community Development Block Grant –
General Allocation (2008-09)

1. Application Information

Applicant Agency Name: EL DORADO COUNTY HUMAN SERVICES

Address: 550 MAIN STREET, SUITE C

City: PLACERVILLE State: CA Zip Code: 95667

This application is being submitted on behalf of more than one jurisdiction:

Yes _____ (complete the following) **NO** X

Second Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

- Please note that the implementation of a Joint Powers Agreement or Memorandum of Understanding between the applicants is required.

2. Authorized Representative Information (per the Resolution)

Name: DOUG NOWKA Title: DIRECTOR

Phone: 530-621-6163 Ext: _____

FAX: 530-295-2597

E-mail: Nowka@co.el-dorado.ca.us

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

Address: 937 Spring Street

City: Placerville State: CA Zip Code: 95667



Signature: _____ Date: _____

3. Applicant Contact Information (if different than above)

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

Name: Joyce Aldrich Title: Program Manager

Address: _____

City: _____ State: _____ Zip Code: _____

PART A. – Application Summary

Phone: 530-642-7276 E-mail: jaldrich@co.el-dorado.ca.us

4. Target Populations

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

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

5. Legislative Representative Information

	District #	First Name	Last Name
Assembly	04	Ted	Gaines
Senate	01	Dave	Cox
Congress	04	John	Doolittle

	District #	First Name	Last Name
Assembly			
Senate			
Congress			

	District #	First Name	Last Name
Assembly			
Senate			

PART A. – Application Summary

Note: See instructions for funding limitations.

6. Requested Funding for All Proposed Activities				
Activity	Amount Requested	Program Operator	Result of CDBG Planning/TA Grant?	Target Populations (See previous pg.)
GENERAL ADMINISTRATION				
(Maximum of 7.5% of total funding requested)	\$ 89,315			

Activity # 1: <u>Public Facilities</u>				
Activity Amount	\$ 870,185	<input checked="" type="checkbox"/> Applicant Staff <input type="checkbox"/> Other Agency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Grant # <u>06-STBG-2532</u>	15
Activity Delivery	\$74,000			
Activity TOTAL	\$ 944,185			

Activity # 2: <u>Public Services</u>				
Activity Amount	\$ 425,000	<input checked="" type="checkbox"/> Applicant Staff <input type="checkbox"/> Other Agency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Grant # <u>06-STBG-2532</u>	15
Activity Delivery	\$37,500			
Activity TOTAL	\$ 462,500			

Activity # 3: _____				
_____	\$	<input type="checkbox"/> Applicant Staff <input type="checkbox"/> Other Agency	<input type="checkbox"/> Yes <input type="checkbox"/> No Grant # _____	
Activity Amount	\$			
Activity Delivery	\$			

10% Set-Aside Activity: _____				
Activity Amount	\$	<input type="checkbox"/> Applicant Staff <input type="checkbox"/> Other Agency	<input type="checkbox"/> Yes <input type="checkbox"/> No Grant # _____	
Activity Delivery	\$			
Activity TOTAL	\$			

TOTAL Funding Requested: \$1,496,000

PART B. – Required Certifications and Documentation

1. Resolution of the Governing Body This document is required. See sample in Appendices.

The Resolution submitted with this application must:

- be an **original or an original certified copy** of the Resolution; and
- authorize submission of the application; and
- approve the application's contents (funding requested, activities, committed leverage, etc.); and
- authorize its execution (and any amendments thereto); and
- designate a person (by title) authorized to enter into an agreement, if funded.
- designate persons (by titles) authorized to sign all reports, including Funds Requests.

CDBG strongly recommends that applicants use the suggested language in the sample Resolution. (See Appendices in this application package)

2. Statement of Assurances. This document is required.

All applicants must use the form provided by the State. (See Appendices this application package.) Original signature is required from Chief Executive Officer (in blue ink).

3. Hold Out Status

Has the applicant received a written **hold out letter** from the Department?

Yes. If yes, see note below. No.

Has the applicant received a written **hold out waiver letter** from the Department?

Yes. No. If no, the applicant is not eligible to submit an application.

4. Housing Element Status. CDBG compliance is required.

The Department will not award funds to any applicant who is not in CDBG compliance with their Housing Element by **May 1, 2008**. No extensions will be granted beyond that date. Call Paul McDougall, Manager of Housing Policy Development (HPD), at 916-322-7995 to verify status of the housing element.

PART B. – Required Certifications and Documentation

5. Compliance with OMB Circular A-133.

All applicants must use the form provided in the Appendices. Complete the form and have it signed in **blue ink**.

6. Residential Anti-Displacement and Relocation Assistance Plan Checklist *This document is required.*

1. Does the proposed activity include acquisition of real property?

No. (If no, go to #3 below)

Yes. If yes, check the appropriate box below and answer question 2 and 3.

Site Control under option to lease.

Site is identified but no negotiations have taken place.

Site not identified (Stop here and go to next Section)

2. Will site acquisition require use of eminent domain?

Yes. (see note) No.

Note: CDBG funds cannot be used with eminent domain. Site acquisition under this circumstance may not be eligible.

3. Will the activity involve acquisition or rehabilitation of site with structures and are structures currently occupied?

Yes. The applicant must provide documentation showing that persons in the project have received a General Information Notice and provide a copy of a project-specific relocation plan, which was made public. The plan must address how many persons will be displaced and services and benefits made available.

No. The applicant must provide documentation of why no person will be displaced (i.e., property being acquired has no structures on it, or structures on the property have been vacant for over 120 days).

Property is vacant

4. Will this project cause the elimination of affordable housing units and trigger Section 104(d) replacement requirements?

Yes. Successful applicants must provide a plan to CDBG staff for replacing all affordable housing units eliminated as a special condition of the contract.

No.

PART B. – Required Certifications and Documentation

7. Growth Control. *This information is required.*

Has the applicant enacted limitations on residential construction, which limitations are not establishing agricultural preserves, not imposed by another agency, or not based on a health and safety need?

Yes. If yes, see note below. No.

NOTE: If the applicant has a General Plan, ordinance, or other measure which directly limits by number either the building permits which may be issued for residential construction, or buildable lots which may be developed for residential purposes, and the measure does not meet any of the exceptions found in the Program Regulations, Section 7056 (b)(2)(B), check "Yes" and attach a copy of the measure in this section of the application.

8. Citizen Participation. *This information is required.*

The Program's Public Hearings/Citizen Participation requirements are described in the 2006 CDBG Grant Management Manual, Chapter 18. Use this section of the application to make sure you have met these requirements.

Public hearing was conducted during the **program design** phase of the application.

Public hearing was conducted to **approve submittal** of the application. (This hearing should have been conducted at least 30 days after program design phase hearing.)

Public notices announcing the public hearings were published in a local newspaper and contained the required information, as stated in the 2006 GDBG Grant Management Manual.

Sign-in sheets are available for each public hearing.

- Did the jurisdiction receive written comments during the public hearings process prior to submitting this application?

Yes. If yes, see note below. No.

Note: If a jurisdiction received written comments as part of the public hearings process prior to submitting the CDBG application, a copy of the comments must be submitted with the application. In addition, the jurisdiction's response must also be included.

Be sure to make an entry on the Application Checklist.

PART B. – Required Certifications and Documentation

9. Joint Powers Agreement. *This document may be required.*

A Joint Powers Agreement is required by the CDBG Regulations, Section 7060(c) as part of an application on behalf of another jurisdiction or for joint applications. Applicants must prepare a Joint Powers Agreement if the following conditions exist:

- if one application is submitted by two or more jurisdictions, or
- if a county is applying on behalf of a city in the same county, or
- if a county applicant is applying on behalf of itself and a city in the same county, or
- if a city/county is applying on behalf of a Native American target area that is located within another city/county.

The Department must approve the Joint Powers Agreement before it is executed.

If the applicant proposes to create a separate Joint Powers agency, the Department must be consulted regarding the inclusion of legal requirements.

PART B. – Required Certifications and Documentation

10. NEPA Environmental Certification.

If the proposed activity will include administration, engineering, architectural, or other related services prior to project implementation, the jurisdiction must prepare a Finding of Exemption before beginning work on any of these services (such services are exempt under Part 58.34 of the Federal environmental regulations pertaining to CDBG recipients). **In addition to the Finding of Exemption, the Environmental Form 58.6 must also be prepared for each exempt activity.**

The jurisdiction may choose to provide this environmental certification (Finding of Exemption and Form 58.6) with this application. If this application is funded, provision of this certification will expedite commencement of service work upon execution of the State contract.

Additional environmental review documents will be needed after contract execution for other phases of project implementation.

Finding of Exemption

It is the finding of the County of EL DORADO that the activities proposed in this application for State Community Development Block Grant funds are exempt from environmental review requirements under NEPA because they are defined as exempt activities in 24 CFR Part 58.34. The activity(ies) judged exempt consist(s) of:

<u>Brief Description of Activities:</u>	<u>NEPA Citation</u>
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<u>General Administration Activities</u>	<u>58.34 (a) (3)</u>
1. <u>Public Services</u>	<u>58.34 (a) (3)</u>
2. _____	_____
3. _____	_____

DOUG NOWKA	Director of Human Services
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Print/Type Name of Authorized Official (per resolution)	Title
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Signature	Date
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PART B. – Required Certifications and Documentation



Pacific/Hawaii Office
450 Golden Gate Avenue
San Francisco, California 94102-3448

ACTIVITY DESCRIPTION: General Administration and Public Services

Level of Environmental Review Determination: Exempt per 24 CFR 58.34

(Exempt per 24 CFR 58.34, Categorically excluded not subject to statutes per § 58.35(b), Categorically excluded subject to statutes per § 58.35(a), Environmental Assessment per § 58.36, or EIS per 40 CFR 1500)

STATUTES and REGULATIONS listed at 24 CFR 58.6

FLOOD DISASTER PROTECTION ACT

1. Does the project involve acquisition, construction or rehabilitation of structures located in a FEMA-identified Special Flood Hazard?

() No; Cite Source Document: Exempt General Admin Activities will not impact 100 year flood zones. (This factor is completed).

() Yes; Source Document: _____ (Proceed).

2. Is the community participating in the National Insurance Program (or has less than one year passed since FEMA notification of Special Flood Hazards)?

() Yes (Flood Insurance under the National Flood Insurance Program must be obtained and maintained for the economic life of the project, in the amount of the total project cost. A copy of the flood insurance policy declaration must be kept on file).

() No (**Federal assistance may not be used in the Special Flood Hazards Area**).

COASTAL BARRIERS RESOURCES ACT

1. Is the project located in a coastal barrier resource area?

() No; Cite Source Documentation: There are no Coastal Barrier Resources on West Coast of United States (This element is completed).

() Yes - **Federal assistance may not be used in such an area.**

AIRPORT RUNWAY CLEAR ZONES AND CLEAR ZONES DISCLOSURES

1. Does the project involve the sale or acquisition of existing property within a Civil Airport's Runway Clear Zone or a Military Installation's Clear Zone?

() No; SD Activity does not involve acquisition or sale of property. Project complies with 24 CFR 51.303(a)(3).

() Yes; **Disclosure statement must be provided** to buyer and a copy of the signed disclosure must be maintained in this Environmental Review Record.

Joyce Aldrich
Preparer Signature / Name /Date

Doug Nowka
Responsible Entity Official Signature / Name / Date

PART C - Applicant Capacity & Funding Sources

1. Capacity

1. Does the applicant have any CDBG General, Native American, or Colonias grants experience for the years 2003, 2004, 2005, or 2006?

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

General Allocation. Funding Year(s): 2003, 2005, 2007

Colonias Allocation. Funding Year(s): _____

Native American Allocation. Funding Year(s): _____

If yes, Skip question #2.

No. Have not had any CDBG grants in 2003-2006. **Continue** with question #2 below.

2. If funded from this application, how will you administer the grant? **You must attach supporting documentation for this part of the application.**

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

With program operator services only.

- **Attach a letter of interest from the program operator that includes a brief description of experience administering CDBG projects.**
- **Neighboring jurisdictions that have previously administered a CDBG project are considered program operators for purposes of this question.**
- **If funded, the Grantee will be required to enter into a contract or sub-recipient agreement, as applicable, with the program operator.**

With a faith-based organization only. (**attach items listed above**)

Some combination of in-house and program operator services/faith-based organization. Describe below. (**Attach resumes, duty statements, letters, etc. as indicated above.**)

Please indicate the page numbers in your application where the supporting documentation can be found: _____

PART C - Applicant Capacity & Funding Sources

2. LOCAL LEVERAGE FUNDING SOURCES

Please identify other funding sources (local), for all activities included in this application. (To be considered as leverage, funding must be committed.) Note: Program Income cannot be used as leverage for this application.

Name of CDBG Activity	Use of Funds (for the activity: construction, fees, land acquisition, etc.)	Source of Funds (Applicant's general fund, RDA funds, other local government, etc.) Specify Resolution #	Funding Type (Loan, grant, in- kind staffing, fee waivers, etc.)	Dollar Amount	Commitment Date	Page # in application
General Admin.	General Admin.	Resolution #	In-kind staffing	\$ 2,500	4-1-2008	
	Rehabilitation Permit	Resolution #	Fee waiver	\$14,829.64	4-1-2008	
	EDC Mental Health	Resolution #	In-kind staffing	\$25,785	4-1-2008	
	EDC Fleet Management	Resolution #	Fleet vehicle purchase	\$6,975	4-1-2008	
	Dept. of Transportation Permit Fee	Resolution #	Fee waiver	\$49,291.20	4-1-2008	
				\$		
				\$		
TOTAL	\$			\$99,380.84		

PART C - Applicant Capacity & Funding Sources

3. PRIVATE LEVERAGE FUNDING SOURCES

Please identify ALL PRIVATE funding sources, for EACH activity in this application. (funding shown will be placed in grant agreement)

Name of CDBG Activity	Use of Funds (Activity delivery, the activity)	Source of Funds (Name of Source) Include Commitment Letters	Funding Type (loan, grant, in-kind staffing, discounts, donations, etc.)	Dollar Amount	Commitment Date	Page # in application
Acquisition	Activity	El Dorado Union High School District	Donation of 4 modular classrooms	\$120,000	To follow	
Acquisition	Activity	El Dorado Irrigation District	Donation of 1 office/community room	\$30,000	To follow	
Services	Activity	Job One	Staff Time	\$20,000	3/11/2008	
Services	Activity	Launderland	Laundry Service	\$4,000	3/10/2008	
Staffing shelter	Sweat Equity* (volunteers)	2,000 per yr =	Hrs. X \$10 an hour	\$20,000	3/10/2008	
TOTAL				\$194,000		

*Sweat Equity/Lead-Based Paint compliance (see instructions): (check all that apply)

Homeowners will:

n/a be required to take a 1 day Work Safe class

n/a Not be allowed to work on any home built prior to 1979

n/a Not be allowed to work on any lead areas

PART C - Applicant Capacity & Funding Sources

4. STATE FUNDING AVAILABLE FOR ACTIVITIES (WILL NOT be counted as leverage; however, information is required for all sources of funds)

Please identify other funding sources (State), for all activities included in this application.

Name of CDBG Activity	Use of Funds	Source of Funds (Identify Source)	Funding Type (loan, grant, in-kind, fee waivers, etc.)	Dollar Amount	Committed? (Yes/no)
None currently				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
Total:				\$	

PART C - Applicant Capacity & Funding Sources

6. PROGRAM INCOME		
1. Enter the total amount of Program Income on account as of December 31, 2007:	\$ <u>184,319</u>	
2. Enter the amount of Program Income that has been committed to activities in this application:		
Activities/projects proposed in <u>this application</u> to which Program Income Funds will be added. Identify activities:	Use of Funds (as shown in project's sources and uses)	Dollar Amount Committed (per Resolution) Attach Resolution
None		
3. Total Dollar Amount of Program Income funds Committed to activities in this application.	\$ <u>-0-</u>	
4. Total Dollar Amount of Non-Committed Program Income: (1. – 3.)	\$ <u>184,319</u>	
Note: All Program Income that is being committed to activities in this application must be identified in the governing body resolution. In addition, the applicant must ensure that proper citizen participation guidelines were followed.		

ACTIVITY DESCRIPTION FORMS

This section of the application contains sets of forms for each of the different eligible activities under the NOFA. Each activity section begins with Instructions on how to complete the activity forms and how to provide the proper documentation so the activity can be rated and ranked.

Note: If the forms are completed incorrectly or if the proper documentation is not included, CDBG staff will disregard the information and **no** points will be assigned. Therefore, it is very important that the activity forms are completed thoroughly, accurately, and supporting documentation is provided.

How to proceed:

1. **Review the NOFA and the Application Package. Contact the CDBG Program staff for further technical assistance.** Select the category of activity you wish to propose. You may apply for more than one activity.
2. Open the appropriate activity sections of the application on a computer and complete them. **Please review the Instructions before filling out any activity forms.** Call your CDBG representative if you have any questions.
3. Complete all parts of the application. Photocopy additional pages as needed.
4. Review the application and Activity Checklist(s) to be sure you have included all the required forms and necessary documentation in this application.
5. Conduct all applicable public hearings. The application approval/submittal must be documented with a resolution of the governing body.
6. Submit application by the deadline.

Public Facilities

A. ACTIVITY INFORMATION:

1. Use of Funds:

Please indicate the proposed uses of the requested CDBG funds (for this activity).
Check all that apply. Please see the NOFA for detailed description and limitations of these uses.

Construction

Rehabilitation

Other: (describe) - United Outreach will obtain 5 modulars; 1 from El Dorado Irrigation District and 4 from the El Dorado Union High School District (letter attached on page # _____), that will be transported to the Pollock Pines site where they will be rehabilitated and equipped to serve as a permanent year round emergency shelter for the general population of El Dorado County. Once located on the Pollock Pines site, United Outreach has an Intent to Lease with Poly Corp, the non-profit organization that oversees the 'campus' (document on page # _____ of application)

Note: If applying for Public Facilities with more than one public service program (multi-service center), complete one set of Public Facilities activity "Need" forms for each service.

2. What is the dollar amount of CDBG funds that are proposed for this Public Facilities activity?

\$ 944,185 (inc. activity delivery)

2008-09 General Allocation

Public Facilities

3. For activities that will be carried out within a target area, identify the following (see *instructions*):

Census Tract	Census Tract	Census Tract	Census Tract	Census Tract
Countywide				
Block Groups	Block Groups	Block Groups	Block Groups	Block Groups

Public Facilities

4. Proposed Beneficiaries by Income Group (see instructions):

Number of Persons -

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTALS
		68	44	112

Number of Households -

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTALS
		3	2	5

5. This activity will be carried out by:

Jurisdiction Consultant Combination of jurisdiction/consultant

OR

Another unit of local government Another public agency Non-profit

For-profit Faith-based organization Other: _____

Name of the agency/organization: United Outreach of El Dorado County

Public Facilities

6. Description of Project:

Please provide a detailed description of the size and scope of project. Give steps in project development and timeline for completion.

El Dorado County is applying for \$996,000 (\$870,185 – Activity, \$74,000 – Activity Delivery, and \$51,815 – General Administration) in Community Development Block Grant funds on behalf of United Outreach of El Dorado County, a non-profit faith-based organization, to lease ground and rehabilitate and equip five donated modulars to use as a permanent year round emergency shelter for homeless men, women and children of El Dorado County. These funds represent the total cost of the project. The County estimates the Shelter will provide services to 64 men, woman and children nightly.

Upon award of grant and 90-day conditions being met, the County will work with United Outreach of El Dorado to do the following:

<u>Scheduled Date</u>	<u>Work to be performed</u>
November 1, 2008	Obtain necessary permits
November 15, 2008	RFP for construction on-site work
December 31, 2008	Hire contractor
January 15, 2009	Begin construction on-site
March 1, 2009	Permits finalized and signed off
March 1, 2009	Signed 5-year Lease Agreement w/ Poly Corp
March 15, 2009	Hire staff to run shelter
April 1, 2009	Shelter operations begin

7. Provide a description of service(s) to be provided in the public facility. *Check the appropriate box to indicate type of service(s).*

New Service.

Existing Service to be **Continued.**

Existing Service to be **Increased.**

This sheltering program currently utilizes the gymnasium at the Camino Seventh Day Adventist Church to provide shelter and showers to homeless families and individuals, and is open four to five days a week for a six-month period from November 1, 2007 through April 30, 2008. The temporary shelter is in its' third year of operation during the coldest months of the season at Camino Seventh Day Adventist Church gymnasium. Unfortunately, this is the last season that the Camino Seventh Day Adventist Church will be able to offer their gymnasium to provide shelter at this location and the United Outreach Board has been actively searching for a new location that will provide a permanent shelter on behalf of individuals/families that find themselves in need of temporary shelter in our jurisdiction.

Public Facilities

With a long term lease, acquisition of 5 modulars, and renovation to meet the needs of the homeless population, the shelter will provide staffing that can work with clients to connect them with the services they need to work towards self sufficiency, including Mental Health, Community Health, Human Services, and/or transitional housing.

8. Environmental Clearance. What is the anticipated level of environmental clearance under the National Environmental Policy Act (NEPA)?

Environmental Assessment

Categorically Excluded but subject to 58.5...

Other: Letter from El Dorado County Environmental Management Department stating underground storage tank removal was done according to Section 2721(3) of Title 23 of the California Code of Regulations (on page # of the application)

9. Site Control:

If the proposed project involves site acquisition, please answer the following question.

- Will the applicant have site control in place within 90 days after execution of contract?

Yes. Attach documentation.

No. Explain Below.

Note: Site acquisition costs incurred prior to the award of a grant, execution of a grant agreement, and satisfaction of any special conditions are not reimbursable from the grant.

Intent to Lease Agreement with Poly Corp

Commitment letter from El Dorado Union High School District with donation of four modulars

Commitment letter from EID with donation of one modular

Public Facilities

B. NEED FOR ACTIVITY:

1. **Service to be provided:** Permanent Emergency Homeless Shelter

If multiple services are proposed, the applicant must complete one set of Public Facilities NEED Forms (Section B.) for **each** service. (This is required) (See *instructions for clarification.*)

El Dorado County is applying for \$996,000 (\$870,185 – Activity, \$74,000 – Activity Delivery, and \$51,815 – General Administration) in CDBG funds on behalf of United Outreach of El Dorado County, a nonprofit faith-based organization for the purpose of providing permanent year round emergency shelter services for the general homeless population of El Dorado County. These funds will be used to acquire, rehabilitate, and equip a building for use as a permanent year round emergency shelter for the general population of El Dorado County and to provide funding for salary and operational expenses to increase the existing level of services and provide staffing that can work with clients to connect them with the services they need to work towards self sufficiency, including Mental Health, Community Health, Human Services, or transitional housing.

United Outreach of El Dorado County is a collaboration of eight faith-based groups, four service clubs, six local agencies and over 200 volunteers serving people in need in El Dorado County. They currently operate Grace Place, a nomadic sheltering program, and provide transportation from nearby towns and community food kitchens to a centrally located church that offers food, clothing and showers (portable) four to five nights per week for up to six months per year.

Even though Grace Place has received an outpouring of community support through these combined efforts, local resources have been overwhelmed and there are still many in need that have to be turned away. Therefore, United Outreach is aware that there is a tremendous need for a permanent site to be fully accessible to all who need shelter, as well as a need to increase the availability of shelter to 7 nights a week all year long.

In response to these unmet needs, the current owners of the now closed Pollock Pines Elementary School have approached United Outreach, in order to provide them with the opportunity to use this campus location to bring together supportive services as well as the shelter to assist those in need who are currently homeless or at risk of homelessness.

2. Describe the serious problem that exists if this service is not available and/or increased. (Be sure to complete the **Problem & Service Provider Documentation Chart** and attach appropriate documentation.)

Public Facilities

In order to determine the needs of the homeless in El Dorado County as part of the local Continuum of Care Plan, a homeless count and survey was conducted throughout El Dorado County during the last week in January 2008. This opportunity was provided by a Planning and Technical Grant #06-STBG-2532. The preliminary results of the count indicate that local law enforcement agencies and volunteers counted 76 people that were found sleeping in public places or without a place to stay for the night of January 28 (based on HUD's definition of homeless).

In addition to the public places count, surveys were administered to homeless persons at service center locations throughout the community. The survey document asked where individuals slept on the night of Monday, January 29, 2008. A total of 140 completed homeless surveys were received during this week, of which 32 individuals indicated they had slept in an Emergency Shelter on the night of the homeless count and an additional 25 persons indicated they were sleeping "on the street" or in their car on the night of the count. The results of the survey indicate that 20 of those individuals surveyed felt that they needed emergency shelter services during the last twelve months and were unable to receive it. In addition, most homeless clients surveyed have resided at least 4 years in El Dorado County and many have lived in the County for 20 to 30 years.

Grace Place currently provides the only emergency homeless shelter program for the general population, accepting men, women, and children. On an average night they have close to 22 clients checking into their facility, on the night of January 28, 2008, they reported 39 clients checking in to use the shelter. Grace Place reports that since opening in 2005 they have had an approximate 5,775 check-ins serving just over 416 clients.

3. Explain how and to what extent the proposed activity will solve the problem.
(Quantify current and proposed levels of service)

Attachment # _____

Include in the description:

- a. surveys of intended beneficiaries regarding their needs and the impacts of not having the facility or service.
 - b. surveys or records of existing service levels and needs showing the number of people served and turned away (unmet demand) due to inadequate facilities or funds.
 - c. letters from law enforcement, mental health, health and social services agencies describing the direct health and safety impact on primarily TIG people that results from the lack of services or facilities. Letters must be on Agency letterhead and not be older than six months.
4. Commitment From Service Providers:

Does the applicant have commitments from service providers?

Public Facilities

Yes. Include them on the chart. No.

- Complete the attached **Problem & Service Provider Documentation Chart**.
- Be sure to attach all documentation that is identified.
- All documentation must be on service provider letterhead and must be specific as to what services are being committed.

5. Documentation of Need.

a. How was the need determined?

- **Surveys of:**

INTENDED Beneficiaries and **EXISTING** Beneficiaries

Number of Intended or Existing Beneficiaries: 64
(check one)

per Day per Week per Month

- **Unmet Demand:**

Number of **Beneficiaries Currently Served:** 22-40
(check one)

per Day per Week per Month

Number of **Beneficiaries Turned Away:** 35 (- or +)
(check one)

per Day per Week per Month
When shelter is closed

Number of persons on a Waiting List: n/a

- **Other:**

Letters from Non-Profit Organization(s)

Newspaper Articles regarding the need for the service.

Third party letters describing the direct health and safety impact.

b. Is there a nearby facility providing the proposed service now?

No. (Skip remaining questions on this page)

Yes. (Continue with the following questions.)

- Where is the facility located?
Camino Seventh-Day Adventist Church gymnasium

Public Facilities

- Are there any special impediments for TIG households to access the service where it is located now?

No. (Skip remaining questions on this page)

Yes. (Continue with the following questions.)

- ❖ What are the impediments? *Check all that apply and describe each one.*

Transportation

Currently transportation is only provided through the use of donated vouchers for El Dorado Transit services. When transit shuts down for the evening, those needing transportation to the shelter are left without means to do so. Many end up sleeping under bridges due to lack of transportation. Due to the County's Rural environment, transportation is a must regardless of where the shelter is located.

Americans with Disabilities Act of 1990 (ADA). Describe other alternatives that have been evaluated and why this alternative is the best solution.

Other:

Yes, the Church is only a temporary measure until a suitable permanent location can be obtained. The Church cannot provide service for more than 4-5 days a week and only during the most inclement weather. Additionally the Church has expressed the need to end service to the shelter effective April 30, 2008.

- ❖ Is there an unmet demand?

No.

Yes. Describe the unmet demand.

Even though United Outreach of El Dorado County receives an outpouring of community support, local resources have been overwhelmed and appropriately trained staff is a liability concern. Volume of individuals desirous of using the service is a major concern. Another primary concern is the degree of need and dysfunction of some of the guests, more than untrained, volunteer help can properly serve. United Outreach Grace Place has indicated that many times someone newly released from jail arrives at their

Public Facilities

doorstep because "I was sent your way" or "there's no other place to go". Individuals with obvious behaviors that indicate significant mental health issues have become frequent and more than the temporary shelter can cope with. A qualified, trained staff and a facility than can be secured are necessary for long-term success in supporting the needs of the homeless population of El Dorado County.

- c. For existing services to be continued, what is the **date** that all existing funding will end:

Identify the date: April 30, 2008

Describe the financial situation (*attach any current financial statements*):

Current Financial Statement from United Outreach

Donations from the community

One time only MHSAs funds of \$21,000

- d. For existing services to be increased, provide a brief explanation of the costs to provide the existing level of services and the costs for the increased level of services. Also, be sure to attach any current financial statements.

Currently United Outreach provides shelter 4-5 nights a week during the coldest weather months in a temporary location situated inside the gymnasium of the Seventh Day Adventist Church. Although the Church has been extremely gracious in allowing this temporary shelter for the last 3 years, it can no longer sustain the program in its gymnasium after this winter. Therefore a permanent location is necessary to continue and expand this much needed service in the community.

United Outreach of El Dorado County statement of Financial Projections through 2012 is attached on page # _____

Public Facilities

6. PROBLEM AND SERVICE PROVIDER DOCUMENTATION CHART			
SOURCE	TYPE OF DOCUMENTATION (letter, reso., surveys, newspaper clipping, report, etc.)	Documentation to support PROBLEM and/or COMMITMENT TO PROVIDE SERVICES	Page # (in app.)
Dept. of Mental Health Services	Letter	<u> x </u> Problem <u> x </u> Service Provider Commitment	
County Health Department		<u> </u> Problem <u> </u> Service Provider Commitment	
Fire Department		<u> </u> Problem <u> </u> Service Provider Commitment	
Law Enforcement Agency	Letter	<u> X </u> Problem <u> </u> Service Provider Commitment	
Dept. of Social Services	Letter	<u> X </u> Problem <u> X </u> Service Provider Commitment	
Board of Supervisors	Resolution	<u> X </u> Problem <u> X </u> Service Provider Commitment	
Newspaper	Newspaper clipping	<u> X </u> Problem <u> </u> Service Provider Commitment	

C. TARGETED INCOME GROUP (TIG) BENEFIT

1. For this activity, what is the TIG benefit percentage and how was the TIG percentage determined?

TIG Percentage: 100%

 Income Restriction = 100% TIG

 Limited Clientele: (List): _____

Public Facilities

 Census Data (attach tables)

 X Other: Explain: Homeless survey completed 1-29-08

n/a Income Survey of EXISTING beneficiaries: (attach survey & results)

TIG Percentage: %

Survey Date:	
Total # of existing beneficiaries:	
Households or persons?	
How many were surveyed?	
Total number of responses:	
<i>Number of TIG responses:</i>	
<i>Number of Non-TIG responses:</i>	

n/a Income Survey of POTENTIAL beneficiaries: (attach survey & results)

TIG Percentage: %

Survey Date:	
Total # of potential beneficiaries:	
Households or persons?	
How many were surveyed?	
Total number of responses:	
<i>Number of TIG responses:</i>	
<i>Number of Non-TIG responses:</i>	

Public Facilities

D. SOURCES AND USES FORM. Show all funds that have been budgeted for the entire project (CDBG funds requested and all other funding sources).

USES	SOURCES								Totals:
	State CDBG	Local Financial	Private Financial	Program Income	Federal	Other State Funds	Other: List Donations		
Land Acquisition- Lease for 5 years	272,160								\$272,160
Building Acquisition (5 modulars)							150,000		\$150,000
Construction On-Site	510,000								\$510,000
Construction Off-Site									\$
Equipment (commercial kitchen oven hood)	13,000								\$13,000
Final Plans & Specs.									\$
Fees - Permits		14,829.64							\$14,829.64
Contingency (5%)	50,000								\$50,000
Relocation(n/a)									\$
Dept. of Transportation									\$
Other: 7 passenger 4-wheel drive Van	25,025	6,975							\$32,000
Other: Mental Health		25,785							\$25,785
Totals:	\$870,185	\$47,589.64	\$	\$	\$	\$	\$150,000	\$	\$1,067,774.64

Public Facilities

Public Facilities

E. STATE OBJECTIVES (Maximum of 50 points for all activities in the application)

1. Does the activity qualify for one (or more) of the State Objectives listed below? If so, check those State Objectives that the applicant is committing to fulfill.

Important Notice: Failure to comply with any State Objective requirements may result in the applicant having to return CDBG funds.

X Energy Efficiency Proposals: Up to 50 points will be awarded for activities that commit to using the established minimum level of green building standards. At a minimum, the applicant must commit to doing the following (where applicable to the program/project):

(Note: Applicants that commit to fulfilling the Energy Efficiency State Objective will be required to maintain evidence that all required energy efficiency criteria was met. Such evidence may include purchase order information from contractors, maintaining detailed work write-ups that include all criteria, pictures, inspections, etc.)

Site:	
	Use plant and tree species that require low water use in sufficient quantities.
	Install irrigation system using only low-flow drip, bubblers, or low-flow sprinklers.
Materials and Resources:	
	Use engineered lumber - a. Beams and Headers b. Wood I-Joists or web trusses for floors and ceilings
	Use Oriented Strand Board (OSB) for floor, wall, and roof sheathing.
	Provide effective air sealing – a. Seal sole plates. b. Seal exterior penetrations at plumbing, electrical, and other penetrations. c. Seal top plate penetrations at plumbing, electrical, cable, and other penetrations d. Weatherstrip doors and attic access openings. e. Seal penetrations in interior equipment closets and rooms. f. Seal around bathtub drain penetrations in raised floors.

Public Facilities

	Install and flash windows in compliance with window installation protocols.
X	Exterior Doors – a. Insulated or solid core. b. Flush, paint or stain grade shall be metal clad or have hardwood faces. c. Factory primed on six sides with a one year warranty.
	Select durable non-combustible roofing materials which carry a three-year contractor installation guarantee – a. 20-year manufacturer’s warranty; or b. 30-year manufacturer’s warranty.
Energy Efficiency:	
X	Install ENERGY STAR® Ceiling Fans in living areas and all bedrooms; install a whole house fan with insulated louvers; or install an economizer.
X	Install ENERGY STAR® Appliances (where applicable)
X	Install gas storage water heater with an Energy Factor (EF) of 0.62 or greater and a capacity of at least 30 gallons for one- and two-bedroom units and 40 gallons for three-bedroom units or larger.
Water Efficiency:	
X	Use water-saving fixtures or flow restrictors. a. Kitchen and Service Areas < 2 gallons per minute (gpm). b. Bathroom Sinks < or = 1.5 gallons per minute (gpm). c. Showers and Bathtubs < or = 2.5 gallons per minute (gpm).
Indoor Environmental Quality:	
	Use Low-VOC paint and stain. a. Flat interior wall/ceiling paints & stains < 50gpl VOCs. b. Non-flat wall/ceiling paints & stains < 150gpl VOCs
X	Provide window coverings – a. Drapes or blinds may be fire retardant.

Public Facilities

X	<p>Floor coverings –</p> <ul style="list-style-type: none"> a. Light and medium traffic areas shall have vinyl or linoleum at least 3/32” in thickness. b. Heavy traffic areas shall have vinyl or linoleum at least 1/8” in thickness. c. Carpet shall comply with U.S. Department of Housing and Urban Development/Federal Housing Administration UM 44C, or alternatively, cork, bamboo, linoleum, or hardwood floors shall be provided in all other floor areas.
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n/a **Native American partnership Proposals:** Up to 50 points will be awarded for activities that propose a partnership with eligible non-federally recognized tribes/areas in which, at a minimum, 51% of the beneficiaries are Native American tribal members. (The activity description must clearly indicate how this State Objective will be implemented.)

n/a **Farmworker Housing/Health Services:** Up to 25 points will be awarded to proposals which facilitate the development and/or operation of migrant or permanent farmworker housing or proposals which facilitate the provision of health services in combination with farmworker housing. To receive these points, a minimum of 90% of the beneficiaries of the proposed activity must be farmworkers. (The activity description must clearly indicate how this State Objective will be implemented.)

Capacity Building (*check one*):

n/a Up to 25 points will be awarded to jurisdictions that applied for CDBG funding but fell below the funding cut-off in the 2006 General Allocation competition.

n/a Up to 35 points will be awarded to applicants who applied at least two times in the last four years (2004 to 2007) in the General Allocation and who were not funded either time.

Identify the two years that a CDBG General Allocation application was submitted and not funded:

Years: _____ **and** _____

Public Facilities

F. READINESS CHART – Public Facilities

See Instructions for details of how to complete this form and provide proper documentation. No partial points will be given. If all readiness documents are not submitted and completed properly, no points will be awarded in that category.

PROGRAM OPERATOR	INDICATE “Yes” OR “No”	DOCUMENTATION Submitted	PAGE NO.
In-House Administration	Yes	Resumes	
Sub-recipient Agreement	n/a		
Consultant	n/a		

ENVIRONMENTAL	INDICATE “Yes” OR “No”	DOCUMENTATION Submitted	PAGE NO.
Complete Environmental Review Record (ERR)	ERR to be determined	Letter	
Ready to Publish Public Notice	Yes		
Environmental Finding Form	Yes	Attachment to application	
Form 58.6	Yes	Attachment to application	

SPECIAL CONDITIONS	INDICATE “Yes” OR “No”	DOCUMENTATION Submitted	PAGE NO.
PI Reuse Plan Approved	Yes	Letter	
Site Control	Yes	Intent to Lease	
All financing in place	Proposed	Upon approval of application	
Section 504 Certification	Yes	Attachment to application	
Five Year Use Restriction in Place	Proposed	Service Agreement	
Timeline for completion	Yes	#6: Description of Project	
Current cost estimate by engineer	Yes	Attachment #	

READINESS	INDICATE “Yes” OR “No”	DOCUMENTATION Submitted	PAGE NO.
Waiting List – Eligible Participants	n/a		
Final Plans and Specs	Yes	Attachment #	
Bid Documents Completed	No	As part of 90-day conditions	

Public Services

A. ACTIVITY INFORMATION:

If multiple services are proposed, complete one set of Public Services Activity Forms for each service. (This is required)

1. **Use of Funds:** Please indicate the proposed uses of the requested CDBG funds (for this activity). *(Please see the NOFA for detailed description and limitations of these eligible uses.)*

Salary

Other: (describe) Operational Expenses to increase the existing level of services

2. What is the dollar amount of CDBG funds that is proposed for this specific Public Services activity?

\$ 462,500 (inc. activity delivery)

3. **Service to be provided:** Homeless Shelter staffing, start up costs in permanent shelter, and operational expenses

4. For activities that will be carried out within a target area, identify the following (see instructions):

Census Tract	Census Tract	Census Tract	Census Tract	Census Tract
countywide				
Block Groups	Block Groups	Block Groups	Block Groups	Block Groups

Public Services

5. Proposed Beneficiaries by Income Group (see instructions):

Number of Persons -

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTALS
		68	44	112

Number of Households -

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTALS
		3	2	5

6. This activity will be carried out by:

Jurisdiction
 Consultant
 Combination of jurisdiction/consultant

OR

Another unit of local government
 Another public agency
 Non-profit

For-profit
 Faith-based organization
 Other: _____

Name of the agency/organization: United Outreach of El Dorado County

Public Services

7. Description of Activity (*see instructions*):

United Outreach will provide a year round 64 bed emergency homeless shelter facility to provide shelter, meals, showers and case management services to needy families and individuals, without regard to religious affiliation and agrees to be responsible for the overall administration, operation and staffing of the shelter including all operation expenses and maintenance associated with the shelter.

Award of this grant will provide start-up and operational expenses for the permanent homeless shelter including necessary medical, dental, mental and counseling services that will allow the homeless to hold a job and survive financially in the community. This includes an estimated \$12,000 cost to purchase 32 bunk beds and approximately \$25,000 to purchase a four-wheel drive van to transport clients to and from the facility.

It is expected that Job One will provide satellite job training and help locate employment opportunities for the clients. The Department of Mental Health will provide in-kind services of a Mental Health Worker II for approximately 4 hours per week for the next 5 years for outreach, assessment, case management and linkages with ongoing mental health services. Shelter staff will provide case management services to assist clients to locate and secure mainstream assistance and permanent housing that will allow them to move out of the shelter and into their own residence. United Outreach goals are to assist homeless people in the County to secure access to basic human care services; to assist homeless people in improving the care system established to provide assistance; and to assist all County residents in understanding the needs and interests of homeless people through outreach activities.

8. **Description of Program:** Please provide a brief description of the service(s) to be provided. *Check the appropriate type of service.*

NEW Service.

EXISTING Service to be **Continued**.

EXISTING Service to be **Increased**.

There has not been a year-round permanent shelter for the homeless in our jurisdiction. This will increase the numbers of beds available to 64, while allowing the operation to increase to 7 days a week all year long versus the shelter that has been in a temporary location open when enough volunteers can work the shelter but for no more than 5 days a week in the 4 coldest months of winter.

This increase in hours will also allow the shelter staff to provide case management services to the clients to create linkages with community

Public Services

and mainstream programs and to assist them to set goals and to work towards achieving self-sufficiency.

9. **Environmental Clearance.** Indicate the anticipated level of NEPA environmental clearance.

Exempt.

Categorically Excluded, but NOT Subject to 58.5...

Other: _____

Public Services

B. NEED FOR ACTIVITY:

If multiple services are proposed, the applicant must complete one set of Public Services Activity Forms for **each** service. (This is required)

1. **Describe the Problem if this Service is Not Provided, Continued, or Expanded:**

(Be sure to complete the ***Problem & Service Provider Documentation Chart*** and attach appropriate documentation.)

As demonstrated in the preliminary results of the homeless count (attachment # _____), El Dorado County has seen a significant increase in the need for a year round homeless shelter. Currently, on any given night, there are 143 people homeless in El Dorado County. The number of people who are homeless identified in the point-in-time count, represent an undercount due to the lack of full provider participation and bad weather resulting in low turnout and program closure, particularly in the South Lake Tahoe area.

Grace Place currently provides the only emergency homeless shelter program for the general population, accepting men, women, and children. On an average night they have close to 22-30 clients checking into their facility, even though it is a temporary location. Other emergency shelter programs in the community include the El Dorado Women's Center and South Lake Tahoe Women's Center, but they only provide shelter for persons in domestic violence situations. The HELP (Housing Emergency Lodging Program) of Placerville provides motel vouchers for persons that are homeless for an average of two nights, every three months. During the cold weather season, they provide an average of 14 vouchers per week, but when Grace Place closes its doors at the end of the cold-weather season the motel vouchers provided by HELP doubles and often triples, if they have a sufficient level of funding to accommodate the increased workload. They have found times when they have to turn away those in need. A letter demonstrating need is attached to this application from HELP (attachment # _____).

Public Services

2. **Solving the Problem:**

Explain **how and to what** extent the proposed activity will solve the problem. (Quantify current and proposed levels of service that clearly demonstrates the impact of providing CDBG funding.)

Include in the description:

- a. Surveys of intended beneficiaries regarding their needs and the impacts of not having the facility or service.

Result of Homeless Count 1-29-2008 (attachment # _____)

- b. Surveys or records of existing service levels and needs showing the number of people served and turned away (unmet demand) due to inadequate facilities or funds.

Result of Homeless Count 1-29-2008 (attachment # _____)

- c. Letters from law enforcement, mental health, health and social services agencies describing the direct health and safety impact on primarily TIG people that results from the lack of services or facilities. Letters must be on Agency letterhead and not be older than six months.

Placerville Police Department (attachment # _____)

El Dorado County Sheriff's Department (attachment # _____)

Every year there are an estimated 418 people experiencing homelessness in El Dorado County. On any given night, there are an approximate 143 homeless people and over half (52%) of those are unsheltered, living on the street, under a bridge, in abandoned or public buildings, cars, camping, etc.. According to information obtained from the 2008 Homeless Count and Survey:

- Seventeen percent (17%) of those surveyed meet HUD's definition of Chronically Homeless.
- Thirty percent (30%) of those surveyed have been homeless for more than one year.
- Twenty-One percent (21%) of those surveyed in the 2008 El Dorado County Homeless Count and Survey indicated that they had a need for emergency shelter but were unable to receive it.

Grace Place is currently providing emergency shelter without case management services, five days a week during the cold weather season from November 1st through April 30th. The short-term of the cold-weather sheltering program does not allow the current shelter staff to effectively work with the homeless and community agencies in addressing the needs of the clients to remove the underlying causes of their homelessness. This could be the result of health issues, mental health related concerns, lack of knowledge in how to obtain assistance through mainstream or housing programs, as well as job training or vocational programs.

Public Services

When Grace Place closes its doors in April, the homeless are put back out on the street. They not only are without shelter, but they do not know where to go to obtain the assistance they truly need. Due to the relationship and the trust that the homeless have developed with staff and volunteers at Grace Place, their ability to work with the homeless year-round in order to provide linkages to the necessary programs to help them attain self sufficiency is highly achievable.

Public Services

3. Commitments from Service Providers:

Complete the attached *Problem & Service Provider Documentation Chart*.

Does the applicant have commitments from service providers?

Yes. Include them on the chart. No.

- Be sure to attach all documentation that has been identified.
 - All documentation must be on service provider letterhead and must be specific as to what services are being committed.
-

Public Services

4. DOCUMENTATION OF NEED:

If multiple services are proposed, the applicant must complete one set of Public Services NEED Forms (Section B.) for **each** service. (This is required)
(See instructions for clarification.)

a. How was the need determined?

- **Surveys of:**

 X **INTENDED** Beneficiaries **OR** **EXISTING** Beneficiaries

Number of Intended or Existing Beneficiaries: 64
(check one)

 X per Day per Week per Month

- **Unmet Demand:**

Number of **Beneficiaries Currently Served:** 18-30
(check one)

 X per Day per Week per Month

Number of **Beneficiaries Turned Away:** unknown
(check one)

 X per Day per Week per Month

Number of persons on a Waiting List: n/a

- **Other:**

 X Letters from Non-Profit Organization(s)

 X Newspaper Articles regarding the need for the service.

 X Third party letters describing the direct health and safety impact.

Public Services

b. Is there a nearby facility providing the proposed service now?

No. (Skip remaining questions on this page)

Yes. (Continue with the following questions.)

- Where is the facility located?
Camino Seventh-Day Adventist Church provides a temporary shelter 4-5 nights a week from November to April (this year)
- Are there any special impediments for TIG households to access the service where it is located now?

No. (Skip remaining questions on this page)

Yes. (Continue with the following questions.)

- ❖ What are the impediments? *Check all that apply and describe each one.*

Transportation – need for a vehicle to transport individuals to the shelter, especially during inclement weather

Americans with Disabilities Act of 1990 (ADA). Describe other alternatives that have been evaluated and why this alternative is the best solution.

Other: This is a temporary location without the ability to make it a 365 day a year permanent homeless shelter

- ❖ Is there an unmet demand?

No.

Yes. Describe the unmet demand.
Individuals/families have to stay in one common room due to the temporary location of the shelter

c. For EXISTING services to be continued, what is the date that all existing funding will end:

Public Services

Identify the date: 4-1-2008

Describe the financial situation (*attach any current financial statements*):

The United Outreach Grace Place has worked entirely with volunteers and donations since inception in 2005. Due to shortfalls in donations the homeless shelter could not stay open for more than a month this year; therefore the County donated enough to keep the temporary shelter open for the winter months with one-time only discretionary funds. Due to budget shortfalls both at the state and county levels, the discretionary funds are no longer available.

- d. For EXISTING services to be increased, provide a brief explanation of the costs to provide the existing level of services and the costs for the increased level of services. Also, be sure to attach any current financial statements.

United Outreach of El Dorado County current and projected operating budget attached as attachment # _____

Public Services

5. PROBLEM AND SERVICE PROVIDER DOCUMENTATION CHART

SOURCE	TYPE OF DOCUMENTATION (letter, reso., surveys, newspaper clipping, report, etc.)	Documentation to support PROBLEM and/or COMMITMENT TO PROVIDE SERVICES	Page # (in app.)
Dept. of Mental Health	Letter	<input checked="" type="checkbox"/> Problem <input checked="" type="checkbox"/> Service Provider Commitment	
County Health Department		____ Problem ____ Service Provider Commitment	
Fire Department		____ Problem ____ Service Provider Commitment	
Law Enforcement Agency	Letter (to follow)	<input checked="" type="checkbox"/> Problem ____ Service Provider Commitment	
Dept. of Human Services	Resolution	<input checked="" type="checkbox"/> Problem <input checked="" type="checkbox"/> Service Provider Commitment	
Board of Supervisors	Resolution	<input checked="" type="checkbox"/> Problem ____ Service Provider Commitment	
Newspaper	Newspaper clipping	<input checked="" type="checkbox"/> Problem ____ Service Provider Commitment	
Other: <u>Job One</u> _____	Letter (to follow)	<input checked="" type="checkbox"/> Problem <input checked="" type="checkbox"/> Service Provider Commitment	
Other: <u>Food Bank of El Dorado County</u>	Letter (to follow)	____ Problem <input checked="" type="checkbox"/> Service Provider Commitment	
Other: <u>Launderland</u> _____	Letter (to follow)	____ Problem <input checked="" type="checkbox"/> Service Provider Commitment	

Public Services

C. TARGETED INCOME GROUP (TIG) BENEFIT

1. For this activity, what is the TIG benefit percentage and how was the TIG percentage determined?

TIG Percentage: 100%

 Income Restriction = 100% TIG

X Limited Clientele: (List): **Homeless persons**

 Other: Explain: _____

 N/A Income Survey of EXISTING beneficiaries: (attach survey & results)

TIG Percentage: _____%

Survey Date:	
Total # of existing beneficiaries:	
Households or persons?	
How many were surveyed?	
Total number of responses:	
<i>Number of TIG responses:</i>	
<i>Number of Non-TIG responses:</i>	

 N/A Income Survey of POTENTIAL beneficiaries: (attach survey & results)

TIG Percentage: _____%

Survey Date:	
Total # of potential beneficiaries:	
Households or persons?	
How many were surveyed?	
Total number of responses:	
<i>Number of TIG responses:</i>	
<i>Number of Non-TIG responses:</i>	

Public Services

D. STATE OBJECTIVES (Maximum of 50 points for all activities in the application)

1. Does the activity qualify for one (or more) of the State Objectives listed below? If so, check those State Objectives that the applicant is committing to fulfill.

Important Notice: Failure to comply with any State Objective requirements may result in the applicant having to return CDBG funds.

N/A **Native American partnership Proposals:** Up to 50 points will be awarded for activities that propose a partnership with eligible non-federally recognized tribes/areas in which, at a minimum, 51% of the beneficiaries are Native American tribal members. (The activity description must clearly indicate how this State Objective will be implemented.)

N/A **Farm worker Housing/Health Services:** Up to 25 points will be awarded to proposals which facilitate the development and/or operation of migrant or permanent farm worker housing or proposals which facilitate the provision of health services in combination with farm worker housing. To receive these points, a minimum of 90% of the beneficiaries of the proposed activity must be farm workers. (The activity description must clearly indicate how this State Objective will be implemented.)

Capacity Building (*check one*):

N/A

Up to 25 points will be awarded to jurisdictions that applied for CDBG funding but fell below the funding cut-off in the 2006 General Allocation competition. The activity applied for during this funding cycle does not have to be the same as the 2006 proposed activity.

N/A

Up to 35 points will be awarded to applicants who applied at least two times in the last four years (2004 to 2007) in the General Allocation and who were not funded either time.

Identify the two years that a CDBG General Allocation application was submitted and not funded:

Years: _____ **and** _____

Public Services

E. READINESS CHART – Public Services

Provide proper documentation to evidence readiness factors. No partial points will be given. If all readiness documents are not submitted and completed properly, no points will be awarded in that category.

PROGRAM OPERATOR	INDICATE “Yes” OR “No”	DOCUMENTATION Submitted	PAGE NO.
In-House Administration	yes	Resumes	
Sub-recipient Agreement	no	n/a	
Consultant Hired	no	n/a	

ENVIRONMENTAL	INDICATE “Yes” OR “No”	DOCUMENTATION Submitted	PAGE NO.
Complete Environmental Review Record (ERR)	no	n/a	
Environmental Finding Form	Yes		
Form 58.6	Yes		

SPECIAL CONDITIONS	INDICATE “Yes” OR “No”	DOCUMENTATION Submitted	PAGE NO.
PI Reuse Plan Approved	yes	Letter from State	
PI RLA Program Guidelines	Yes	Attached	

READINESS	INDICATE “Yes” OR “No”	DOCUMENTATION Submitted	PAGE NO.
Waiting List – Eligible Participants or Demand	Yes	Draft of Home Base homeless count results	
New program with hired staff and ready to start operations	Yes		
Existing program in process now	Yes		