

RENTAL HOUSING DEVELOPMENT SUMMARY FORM

County Mental Health Department: El Dorado County

Name of Development: The Aspens at South Lake

Site Address: 3521 and 3541 Pioneer Trail (adjacent to the intersection of Pioneer & Ski Run Blvd.)

City: South Lake Tahoe State: CA Zip: 96150

Development Sponsor: SLT Pacific Associates

Development Developer: Pacific West Communities, Inc.

Primary Service Provider: El Dorado County Health & Human Services Agency, Mental Health Division

New Construction Acquisition/Rehabilitation of an existing structure

Type of Building: Apartment Building Single Family Home
 Condominium Other

Total Development		MHSA Funds	
Total Number of Units:	48	Total Number of MHSA Units:	6
Total Cost of Development:	\$ 15,928,893	Amount of MHSA Funds Requested:	\$ 1,279,970
		Capital:	\$ 948,770
		Capitalized Operating Subsidies:	\$ 331,200

Other Rental Subsidy Sources (if applicable): N/A

Target Population (please check all that apply):

Adults Transition-Age Youth Older Adults

County Contact

Name and Title: Patricia Charles-Heathers

Agency or Department Address: 670 Placerville Drive, Suite 1B, Placerville CA 95667

Agency or Department Phone: 530 621-6270

Agency or Department Email: patricia.charles-heathers@edcgov.us

Supportive Services Chart

List all the services to be provided to MHSA tenants in the MHSA Rental Housing Development, including any in-kind services essential to the success of your Supportive Services Plan. Add additional lines to the Supportive Services Chart as needed.

Supportive Service		Target Population	Service Provider(s)	Service Location
List each service separately (e.g., case management, mental health services, substance abuse services, etc.)		Name the target population(s) that will be receiving the supportive service listed.	List the name of the proposed service provider.	Indicate where the service is to be provided - onsite or offsite. For offsite services, indicate the means by which residents will access the service.
1	Service Coordination	Tenants of MHSA-financed units	MHD or designee	On-site, community-based, and clinic-based services
2	Intake/ Assessment	Tenants of MHSA-financed units	MHD or designee	On-site, community-based, and clinic-based services
3	Mental Health Services	Tenants of MHSA-financed units	MHD or designee	On-site, community-based, and clinic-based services
4	Case Management Services	Tenants of MHSA-financed units	MHD or designee	On-site, community-based, and clinic-based services
5	Housing Retention Services	Tenants of MHSA-financed units	MHD or designee and Cambridge Real Estate Services (property manager)	On-site, community-based, and clinic-based services
6	Community Building	Tenants of MHSA-financed units	MHD or designee and Cambridge Real Estate Services (property manager)	On-site, community-based, and clinic-based services
7	Budget & Financial Planning Services	Tenants of MHSA-financed units	MHD or designee	On-site, community-based, and clinic-based services
8	Linkage to Substance Abuse Treatment Services	Tenants of MHSA-financed units	MHD or designee	Onsite, community-based, and clinic-based services
9	Linkage to Physical Health Services	Tenants of MHSA-financed units	MHD or designee	Onsite, community-based, and clinic-based services
10	Linkage to Employment/ Vocational Services & Educational Opportunities	Tenants of MHSA-financed units	MHD or designee	Onsite, community-based, and clinic-based services

Supportive Services Chart, continued

List all the services to be provided to MHSA tenants in the MHSA Rental Housing Development, including any in-kind services essential to the success of your Supportive Services Plan. Add additional lines to the Supportive Services Chart as needed.

Supportive Service		Target Population	Service Provider(s)	Service Location
List each service separately (e.g., case management, mental health services, substance abuse services, etc.)		Name the target population(s) that will be receiving the supportive service listed.	List the name of the proposed service provider.	Indicate where the service is to be provided - onsite or offsite. For offsite services, indicate the means by which residents will access the service.
11	Transportation Assistance and Mobility Training	Tenants of MHSA-financed units	MHD or designee	Onsite, community-based, and clinic-based services
12	Assistance with Benefits and Entitlements	Tenants of MHSA-financed units	MHD or designee	Onsite, community-based, and clinic-based services
13	Linkage to Community-based Services & Resources	Tenants of MHSA-financed units	MHD or designee	Onsite, community-based, and clinic-based services

Primary Service Provider:	El Dorado County Health and Human Services Agency – Mental Health Division (MHD)
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(Indicate the primary service provider, i.e., entity responsible for providing services to the tenants of the MHSA Housing Program units, and for overall implementation of the Supportive Services Plan, including coordination between multiple service providers where applicable.)

DMH OUTCOME REPORTING REQUIREMENTS

To the development sponsor: Provide the development information indicated below. This form must be completed by the county mental health department, verifying the County's commitment to comply with outcome reporting requirements for the MHSA Rental Housing tenants.

Development Sponsor: SLT Pacific Associates, a CA LP
El Dorado County Health & Human Services
 Primary Service Provider: Agency - Mental Health Division

Development Name: The Aspens at South Lake

Development City: South Lake Tahoe

Development County: El Dorado County

To the county mental health department: Please complete this form. The county mental health director must sign the form certifying that the County will comply with the outcomes reporting requirements for all MHSA Housing Program tenants.

Commitment to Comply:

We commit to providing the timely submission of all required outcomes reporting to the California Department of Mental Health specific to this application for the duration of the State loan for tenants of the supportive housing development described above.

I hereby certify under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for this County, that this development does not result in the supplantation of funds as set forth in Welfare and Institutions Code Section 5891, and that to the best of my knowledge and belief all statements on this form are true and correct.

Signature: _____
 County Mental Health Director

Dated: _____
 Agency or Department: El Dorado County Health & Human Services Agency
Mental Health Division

Agency or Department Address: 670 Placerville Drive #1B, Placerville, CA 95667

Agency or Department Phone: 530 621-6270

County Mental Health Sponsorship and Services
Verification Form

To the development sponsor: Provide the development information indicated below. This form must be completed by the county mental health department, verifying its commitment to provide supportive services to this development.

Development Sponsor: SLT Pacific Associates, a CA LP

Primary Service Provider: El Dorado County Health & Human Services Agency - Mental Health Division

Development Name: The Aspens at South Lake

Development City: South Lake Tahoe

Development County: El Dorado County

Name of verifying county mental health department: El Dorado County Health & Human Services Agency - Mental Health Division

To the county mental health department: Please complete the remainder of this form. The county mental health director must sign the form certifying that services will be provided as stated:

Commitment to Provide Supportive Services

We commit to provide supportive services as described in the final approved service plan specific to this application for the duration of the State loan for tenants of the supportive housing development described above. The approved supportive services plan is an update to our Three-Year Program and Expenditure Plan for the Community Services and Supports component. We further commit that providing supportive services for this development will be a priority use for county mental health services funds.

I hereby certify under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for this county, that this development does not result in the supplantation of funds as set forth in Welfare and Institutions Code Section 5891, and that to the best of my knowledge and belief all statements on this form are true and correct.

Signature: County Mental Health Director

Dated:

Agency or Department: El Dorado County Health & Human Services Agency - Mental Health Division

Agency or Department Address: 670 Placerville Dr. #1B, Placerville, CA 95667

Agency or Department Phone: 530 621-6270



County Fair Housing Certification

Directions: This form is to be completed and signed by the County Mental Health Director.

I hereby certify that I am the official responsible for the administration of Community Mental Health services for my County and a co-applicant for MHSA Housing Program funds for The Aspens at South Lake project and that I am aware of the following:

- That CalHFA is not reviewing this application for compliance with federal fair housing laws including without limitation the Fair Housing Act and Section 504 of the Rehabilitation Act of 1973 which may apply to the Developments.
- That federal and state fair housing law, including without limitation the Fair Housing Act and Section 504 of the Rehabilitation Act of 1973, apply to the Developments and may affect occupancy restrictions imposed by the MHSA Housing Program.
- That changes in or interpretations of federal or state law or regulations, including fair housing, may result in CalHFA making necessary changes to the MHSA loan documents to ensure compliance.
- Unless required by State DMH, such changes made to the MHSA loan documents by CalHFA will not trigger an early loan payoff of either principal or accrued interest request from CalHFA.

I hereby certify under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for this county, and that to the best of my knowledge and belief all statements on this form are true and correct.

Signature:

County Mental Health Director

Dated:

El Dorado County Health & Human Services Agency
Mental Health Division

Agency or Department:

Address:

670 Placerville Drive #1B, Placerville, CA 95667

Phone:

530 621-6270