

Opportunity Title:	Family Unification Program
Offering Agency:	US Department of Housing and Urban Development
CFDA Number:	14.880
CFDA Description:	Family Unification Program (FUP)
Opportunity Number:	FR-5415-N-15
Competition ID:	FUP-15
Opportunity Open Date:	10/05/2010
Opportunity Close Date:	12/01/2010
Agency Contact:	Questions regarding specific program requirements should be directed to Amaris Rodriguez at (202) 708-0477 or by email at amaris.rodriguez@hud.gov or the NOFA Information Center at (800) HUD-8929 (toll free). Persons with hearing or speech impairments may access these numbers via TTY by calling the Federal

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
HUD Applicant-Recipient Disclosure Report

Optional Documents

Disclosure of Lobbying Activities (SF-LLL)

Move Form to Submission List

Move Form to Delete

Optional Documents for Submission

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 checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
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* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____
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5a. Federal Entity Identifier: CA151	5b. Federal Award Identifier: _____
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State Use Only:

6. Date Received by State: _____	7. State Application Identifier: _____
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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
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d. Address:

* Street1: 937 Spring Street
Street2: _____
* City: Placerville
County/Parish: _____
* 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
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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
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* 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:

14.880

CFDA Title:

Family Unification Program (FUP)

*** 12. Funding Opportunity Number:**

FR-5415-N-15

* Title:

Family Unification Program

13. Competition Identification Number:

FUP-15

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Application for the Fiscal year 2010 Family Unification Program Voucher Allocation

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="15,248.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="15,248.00"/>

*** 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 attach

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:

Funding Application

Section 8 Tenant-Based Assistance
 Rental Certificate Program
 Rental Voucher Program

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

OMB Approval No. 2577-0169
 (exp.10/31/2010)

Send the original and two copies of this application form and attachments to the local HUD Field Office

Public reporting burden for this collection of information is estimated to average 1 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

Eligible applicants (HAs) must submit this information when applying for grant funding for tenant-based housing assistance programs under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). HUD will use the information to evaluate an application based on selection criteria stated in the Notice of Funding Availability (NOFA). HUD will notify the HA of its approval/disapproval of the funding application. Responses are required to obtain a benefit from the Federal Government. The information requested does not lend itself to confidentiality.

Name and Mailing Address of the Housing Agency (HA) requesting housing assistance payments

EI Dorado County Public Hsg Auth - CA151
 937 Spring Steet
 Placerville, CA 95667
 sharon.erwin@edcgov.us
 Ph: (530) 621-6376 Fax: (530) 295-2598

Do you have an ACC with HUD	No	Yes	Date of Application	Legal Area of Operation (area in which the HA has authority under State and local law to administer the program)
for Section 8 Certificates?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12/01/2010	EI Dorado County
for Section 8 Vouchers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

A. Area(s) From Which Families To Be Assisted Will Be Drawn.
 Locality (city, town, etc.)

Locality (city, town, etc.)	County	Congressional District	Units

B. Proposed Assisted Dwelling Units. (Complete this section based on the unit sizes of the applicants at the top of the waiting list)	Number of Dwelling Units by Bedroom Size							Total Dwelling Units
	0-BR	1-BR	2-BR	3-BR	4-BR	5-BR	6+BR	
Certificates								
Vouchers								

C. Average Monthly Adjusted Income. Complete this section based on actual incomes of current participants by unit size. Enter average monthly adjusted income for each program separately and only for the unit sizes requested in Section B.

	0-BR	1-BR	2-BR	3-BR	4-BR	5-BR	6+BR
Certificates	\$	\$	\$	\$	\$	\$	\$
Vouchers	\$	\$	\$	\$	\$	\$	\$

D. Need for Housing Assistance. Demonstrate that the project requested in this application is responsive to the condition of the housing stock in the community and the housing assistance needs of low-income families residing in or expected to reside in the community. (If additional space is needed, add separate pages)

- (i) Authorized Baseline HCV units: 4,488
- (ii) Vouchers requested: 25
- (iii) Minimum willing to accept: 15
- (iv) Proposed leasing schedule: It is anticipated that four (4) households will be leased in the first month of the award and an additional three (3) households will be leased during the second through eighth month with full lease-up expected by month eight (8).

E. Housing Quality Standards (HQS). (Check applicable box)

- HUD's HQS will be used with no modifications Attached for HUD approval are HQS acceptability criteria variations

F. New HA Information. Complete this section if HA currently does not administer a tenant-based certificate or voucher program.

Financial and Administrative Capability. Describe the experience of the HA in administering housing or other programs and provide any other relevant information which evidences present or potential management capability for the proposed rental assistance program. Submit this narrative on a separate page.

Qualification as an HA. Demonstrate that the applicant qualifies as an HA and is legally qualified and authorized to administer the funds applied for in this application. Submit the relevant enabling legislation and a supporting legal opinion.

Note: If this application is approved, the HA must submit for HUD approval a utility allowance schedule and budget documents.

G. Certifications. The following certifications are incorporated as a part of this application form. The signature on the last page of this application of the HA representative authorized to sign the application signifies compliance with the terms of these certifications.

Equal Opportunity Certification

The Housing Agency (HA) certifies that:

- (1) The HA will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) and regulations issued pursuant thereto (24 CFR Part 1) which state that no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives financial assistance; and will take any measures necessary to effectuate this agreement.
- (2) The HA will comply with the Fair Housing Act (42 U.S.C. 3601-19) and regulations issued pursuant thereto (24 CFR Part 100) which prohibit discrimination in housing on the basis of race, color, religion, sex, handicap, familial status, or national origin, and administer its programs and activities relating to housing in a manner to affirmatively further fair housing.
- (3) The HA will comply with Executive Order 11063 on Equal Opportunity in Housing which prohibits discrimination because of race, color, creed, or national origin in housing and related facilities provided with Federal financial assistance and HUD regulations (24 CFR Part 107).
- (4) The HA will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) and regulations issued pursuant thereto (24 CFR Part 8) which state that no otherwise qualified individual with handicaps in the United States shall solely by reason of the handicap be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.
- (5) The HA will comply with the provisions of the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) and regulations issued pursuant thereto (24 CFR Part 146) which state that no person in the United States shall on the basis of age be excluded from participation in, be denied the benefits of, or be subjected to discrimination under a program or activity receiving Federal financial assistance.
- (6) The Housing Agency will comply with the provisions of Title II of the Americans with Disabilities Act (42 U.S.C. 12131) and regulations issued pursuant thereto (28 CFR Part 35) which state that subject to the provisions of Title II, no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs or activities of a public entity, or be subjected to discrimination by any such entity.

The following provisions apply only to housing assisted with Project-Based Certificates:

- (7) The HA will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1) which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity.
- (8) The HA will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701u) and regulations issued pursuant thereto (24 CFR Part 135), which require that, to the greatest extent feasible, opportunities for training and employment be given to low-income persons residing within the unit of local government for metropolitan area (or non-metropolitan county) in which the project is located.

Certification Regarding Lobbying

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Certification Regarding Drug-Free Workplace Requirements

Instructions for Drug-Free Workplace Requirements Certification:

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.
2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
4. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).
5. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph three).
6. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

Controlled substance means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

Conviction means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

Criminal drug statute means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

Employee means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All *direct charge* employees; (ii) All *indirect charge* employees unless their impact or involvement is insignificant to the performance of the grant; and, (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees or subrecipients or subcontractors in covered workplaces).

A. The grantee certifies that it will or will continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted:

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, State, zip code)

El Dorado County
Department of Human Services
937 Spring Street
Placerville, CA 95667

3368 Lake Tahoe Blvd, Suite 202
South Lake Tahoe, CA 96150

Check if there are workplaces on file that are not identified here.

Housing Agency Signature

Signature of HA Representative

Print or Type Name of Signatory

Daniel Nielson, Executive Director

Phone No.

530-642-7275

Date

**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:

* 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:

Family Unification Program (FUP)

* 4. Amount of HUD Assistance Requested/Received: \$ 15,248.00

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

* Project Name: Family Unification Program

* Street1: 937 Spring Street

Street2:

* City: Placerville

County:

* State: CA: California

* Zip Code: 95667

* 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.)

Add Attachment

Delete Attachment

View Attachment

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 %)
<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.)

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
Department of Human Services
Public Housing Authority
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 Unification 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)

1287501861 - 5705

* Name of Document Transmitting: HUD-52515 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:

* State: CA: California

* Zip Code: 95667-4543 * Country: USA: UNITED STATES

2. Catalog of Federal Domestic Assistance Number:

* Organizational DUNS: 9650673820000 CFDA No.: 14.880

Title: Family Unification Program (FUP)

Program Component:
Fiscal Year 2010 Family Unification Program

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?

2010 Family Unification Program Application Narrative

The El Dorado County Public Housing Authority (PHA) is applying for funding for up to 25 Family Unification Program vouchers to assist families and youth aged 18 to 21 who have exited foster care and lack adequate housing. The PHA currently administers 374 vouchers, including 50 previously awarded Family Unification Program (FUP) vouchers that are currently fully utilized by eligible households. The Housing Authority receives referrals from the Public Child Welfare Agency (PCWA) on a continual and regular basis for families who are separated or are at risk of separation due to a lack of adequate housing.

There continues to be little or no help for families facing eviction because of an inability to pay rent. Many of these families are in jeopardy of being separated due to lack of housing. A one-time emergency housing assistance program is provided through the Department of Human Services for families eligible for Temporary Assistance to Needy Families (TANF). Additional assistance is available through local faith-based and community-based organizations. However, these options cannot meet the needs of many of the families and youth seeking assistance.

The El Dorado County Department of Human Services has provided homeless assistance to approximately 35 families at risk in 2009. During that same time frame 16 families were denied assistance because they did not meet the eligibility criteria for the TANF once-in-a-lifetime homeless assistance program. El Dorado County has an average of 5 - 10 families on the FUP waiting list at any particular time. In 2009, 53 youth aged 16 or older were emancipated from foster care in El Dorado County. These and other local former foster care youth are potentially eligible for housing assistance through the expanded eligibility criteria for the Family Unification Program.

Should a new increment of up to 25 Family Unification Vouchers be awarded to the PHA under the 2010 NOFA, assistance will be provided to eligible families and youth. The program will continue to be administered per the HCV Program regulations and as the vouchers become available for re-use they will be provided to the next available, qualified family or youth from the waiting list.

Affirmatively Furthering Fair Housing

Under Section 808(e)(5) of the Fair Housing Act, El Dorado County Public Housing Authority will affirmatively further fair housing opportunities for classes protected under the Fair Housing Act. Protected classes are race, color, national origin, religion, sex, disability, and familial status.

Further, pursuant to 24 CFR 903.7(o), *Civil Rights Certification*, the PHA will carry out its 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 of 1990 and will affirmatively further fair housing.

The steps the PHA will take include but are not limited to:

1. Provide Fair Housing information to voucher holders regarding unlawful discrimination and any recourse available to families who believe they have been a victim of a discriminatory act. Such information will be made available during the family briefing session upon voucher issuance;
2. PHA staff will continue to educate landlords of privately owned properties throughout the jurisdiction to encourage rental of such units to Housing Choice Voucher Program participants. A list of available privately owned units will continue to be maintained by the PHA and provided to participants for potential rental opportunities;
3. PHA staff will work directly with disabled participants and potential landlords to overcome the effects of impediments to fair housing choice by accessing available resources to address reasonable accommodations and unit modifications;
4. The PHA will offer a reasonable accommodation of a higher subsidy standard to assist disabled and larger households in obtaining housing units of their choice.
5. Remedy discrimination in housing by making available informational material on Fair Housing; and
6. Promote fair housing rights and fair housing choice

These activities will overcome impediments to fair housing by informing participants and landlords of their rights and obligations and by identifying solutions to identified impediments. The above steps will meet the following objected as outlined in the 2010 Family Unification Program Notice of Funding Availability:

- (i) Help overcome any impediments to fair housing choice related to the assisted program or activity itself;
- (ii) Promote racially, ethnically, and socioeconomically diverse communities;
- (iii) Promote housing-related opportunities that overcome the effects of past discrimination because of race, color, national origin, religion, sex, disability, and familial status.

Accessibility for Persons with Disabilities

Furthermore, the PHA will take the following steps to address accessibility problems for persons with disabilities:

- (i) Where requested by an individual, assist program applicants and participants gain access to supportive services available within the community, but not require eligible applicants or participants to accept supportive services as a condition of continued participation in the program. Potential supportive services may include, but are not limited to, In-Home Supportive Services, Multi-Purpose Senior Service Program, service clubs, and faith- and community-based organizations.
- (ii) Identify public and private funding sources to assist participants with disabilities in covering the costs of structural alterations and other accessibility features that are needed as accommodations for their disabilities.
- (iii) Not deny persons who qualify for a HCV under this program other housing opportunities, or otherwise restrict access to PHA programs to eligible applicants who choose to participate;
- (iv) Provide housing search assistance;
- (v) In accordance with rent reasonableness requirements, approve higher rents to owners that provide accessible units with structural modifications for persons with disabilities; and
- (vi) Provide technical assistance, through referrals to local fair housing and equal opportunity offices, to owners interested in making reasonable accommodations or units accessible to persons with disabilities.

Self-Sufficiency Programs

A. HUD-FSS Program

The El Dorado County Public Housing Authority began administration of the HUD Family Self Sufficiency Program in 1995 with 16 mandatory slots. Currently, there are 47 families with active Contracts of Participation who are working toward meeting their established goals and moving toward self-sufficiency.

The following excerpt from the FSS Action Plan outlines the PHA's strategies to encourage enrollment of families into the program:

To be eligible for the Family Self-Sufficiency Program, potential applicants must be current HCV Program participants, reside within EDCHA's service area and have full-time employment goals. Selection of the participating families will be made from current HCV Program participants without regard to race, religion, color, sex, handicap, age, family status or national origin.

Motivational Screening

1. When a HCV participant expresses interest in applying to the FSS program, a letter along with an FSS Intake Form is sent. The FSS applicant shall have two weeks to complete and return the Intake Form (form requests more specific information regarding goals, barriers, education, work experience, and times and days applicant is available for appointment). If the FSS applicant fails to complete and return the form within the allotted time, the application to FSS is withdrawn and the HCV participant must re-apply if interested.
2. Once the Intake Form has been received within the allotted time, an appointment is scheduled with the applicant. At this appointment, the FSS case manager will give an in-depth explanation of the Family Self-Sufficiency Program, including the responsibilities of both the Head of Household and the Housing Authority.
3. At the conclusion of the interview, the FSS Case Manager may assign motivational tasks that consist of attendance at one informational meeting, and follow-up on appropriate referrals made by the case manager for child care, transportation, job training programs and other job related needs. Motivational screening will consist only of referrals that measure the family's interest and willingness to participate in the FSS program and

which may be readily achievable by the family, based on the family members' educational level, and disabilities, if any.

Motivational screening will **NOT** include screening for: education level, educational testing, previous job history or performance, credit rating, marital status, number of children or other factors such as sensory or manual skills or any factors which may result in discrimination towards individuals with disabilities or minority or non-minority groups.

Waiting List

Depending on available space in the FSS program, applicants may be placed on a waiting list, and selected in the order that they expressed an interest in the FSS Program. The EDCHA will not employ preferences in the FSS Selection Process.

Incentives

HCV Program participants are offered a myriad of incentives for FSS participation. In addition to the HUD mandated Escrow Account Program, the FSS Program offers:

- One-on-one career/education counseling sessions with EDCHA staff or other resources where available
- Referrals to life and job skills workshops
- Home-ownership education referrals
- Budget and credit counseling and referrals

Outreach Efforts

Outreach for the FSS program and recruitment of FSS participants is conducted at each HCV participant's annual reexamination, as well as through FSS orientation meetings. Every HCV family is notified of and invited to these meetings by mail. These outreach efforts to every HCV family ensure that each family is informed about the FSS program, regardless of age, disability or minority status.

B. FUP families and/or FUP youths enrolled

See attached certification letter



**EL DORADO COUNTY
DEPARTMENT OF HUMAN SERVICES**

Public Housing Authority

**Daniel Nielson, M.P.A.
Director**

Family Self-Sufficiency Program Participation Certification

El Dorado County Public Housing Authority – CA151

The El Dorado County Public Housing Authority administers an active Family Self-Sufficiency Program which is made available to all Housing Choice Voucher (HCV) Program participants. There are currently 47 FSS participants under contract, including 11 Family Unification Program households.

This information has been verified to be accurate by a review of the active FSS participant caseload.

Should any further information be required please do not hesitate to contact me at (530) 642-7275.

Daniel Nielson, M.P.A.
Executive Director
El Dorado County PHA

Date




**EL DORADO COUNTY PUBLIC HOUSING AUTHORITY (PHA),
COMMUNITY & ECONOMIC DEVELOPMENT
CODE OF CONDUCT**

All employees, officers and agents of the PHA are responsible for honesty and professional conduct in carrying out assigned duties and responsibilities. The following are considered the Standards of Conduct for El Dorado County Housing Authority.

1. Do not accept any money, gifts, services, loans, entertainment or anything else of value from applicants, tenants or landlords.
2. Do not request, coerce or threaten any person to do something for you as a condition of participating or remaining in an assisted housing program.
3. Do not process an application for a relative or a business partner without prior approval of the appropriate officials.
4. Do not give to any person favored treatment that is not permitted by laws or local policies.
5. Do not encourage or coach applicants, tenants or landlords to ignore or violate any rule or policy.
6. Do not ignore or fail to pursue questionable response from applicants, tenants or landlords or to appropriately investigate suspected violations.
7. Do not falsely create, forge or alter any documents that are used to determine eligibility or level of benefits in an assisted housing program.
8. Do not submit or process any documents for nonexistent tenants/homebuyers or scheme with actual applicants, tenants or landlords to share any program benefits.
9. All applicant / tenant files should be kept under lock and key in a physically secure location and handled with care and accountability by all staff.
10. Any discussion of information in applicant / participant files should be limited to staff that are involved with the file for a business purpose only.
11. All information needed to determine eligibility of applicants / participants is private and confidential in nature. The information obtained on applicants / participants will be used only for the purpose of determining eligibility and tenant payment for the program.
12. No information will be released from staff without prior written consent from the family.

Should any violations occur by staff of the PHA, Community or Economic Development Programs, appropriate disciplinary actions will be taken in accordance with El Dorado County Human Resources policy and procedures and may be a warning, letter of counseling, letter of reprimand, demotion in class or salary step, suspension without pay or termination from employment depending on the gravity of the offense.

Employees were notified of this Code of Conduct: all PHA employees are provided with this Code of Conduct upon hiring and must sign that they have read the Code of Conduct and understand them; that they will not violate the above listed prohibitions; and that they understand there will be administrative or criminal penalties for doing so.



Daniel Nielson
Daniel Nielson, Executive Director