

Opportunity Title:	Rental Assistance for Non-Elderly Persons Disabilities
Offering Agency:	US Department of Housing and Urban Development
CFDA Number:	14.871
CFDA Description:	Section 8 Housing Choice Vouchers
Opportunity Number:	FR-5332-N-02
Competition ID:	RANE-PWD2
Opportunity Open Date:	04/07/2010
Opportunity Close Date:	07/07/2010
Agency Contact:	Phyllis Smelkinson 202-402-4138

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: Rental Asst. for Non-Elderly Persons

Mandatory Documents

Move Form to Complete

Move Form to Delete

Mandatory Documents for Submission

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

Optional Documents

Disclosure of Lobbying Activities (SF-LLL)

Move Form to Submission List

Move Form to Delete

Optional Documents for Submission

HUD Applicant-Recipient Disclosure Report
Attachments

Instructions

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

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

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

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

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
 Application
 Changed/Corrected Application

*** 2. Type of Application:**

- New
 Continuation
 Revision

*** If Revision, select appropriate letter(s):**

*** Other (Specify):**

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

CA151

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

El Dorado County Public Housing Authority

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

94-6000511

*** c. Organizational DUNS:**

9650673820000

d. Address:

*** Street1:**

937 Spring Street

Street2:

*** City:**

Placerville

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95667-4543

e. Organizational Unit:

Department Name:

Department of Human Services

Division Name:

Community Services

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

*** First Name:**

Cynthia

Middle Name:

*** Last Name:**

Wallington

Suffix:

Title:

Program Manager II

Organizational Affiliation:

*** Telephone Number:**

530-642-7266

Fax Number:

530-295-2598

*** Email:**

cynthia.wallington@edcgov.us

Application for Federal Assistance SF-424

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

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.871

CFDA Title:

Section 8 Housing Choice Vouchers

*** 12. Funding Opportunity Number:**

FR-5332-N-02

* Title:

Rental Assistance for Non-Elderly Persons Disabilities

13. Competition Identification Number:

RANE-PWD2

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 Fiscal Year 2009 Rental Assistance for Non-Elderly Persons with Disabilities

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="30,496.00"/>
* 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="30,496.00"/>

* 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:

Facsimile Transmittal

1275946705-2819

**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)

* 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.: 14.871

Title: Section 8 Housing Choice Vouchers

Program Component:
Fiscal Year 2009 Rental Assistance for Non-Elderly Persons with Disabilities

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: Wallington

Suffix:

* Phone Number: 530-642-7266

Fax Number: 530-295-2598

* 5. Email: cynthia.wallington@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?

**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:

Section 8 Housing Choice Vouchers

* 4. Amount of HUD Assistance Requested/Received: \$ 30,496.00

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

* Project Name: El Dorado County Public Housing Authority

* Street1: 937 Spring Street

Street2:

* City: Placerville

County: El Dorado County

* State: CA: California

* Zip Code: 95667-4543

* Country: USA: UNITED STATES

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)

ATTACHMENTS FORM

Instructions: On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

Important: Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	<input type="text" value="52515.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
2) Please attach Attachment 2	<input type="text" value="HUD_50077_Consistency_with_Co"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
3) Please attach Attachment 3	<input type="text" value="Northstar_MOU.PDF"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
4) Please attach Attachment 4	<input type="text" value="Alta_Ca_MOU.PDF"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
5) Please attach Attachment 5	<input type="text" value="2000_Census_Data.PDF"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
6) Please attach Attachment 6	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
7) Please attach Attachment 7	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
8) Please attach Attachment 8	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
9) Please attach Attachment 9	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
10) Please attach Attachment 10	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
11) Please attach Attachment 11	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
12) Please attach Attachment 12	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
13) Please attach Attachment 13	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
14) Please attach Attachment 14	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
15) Please attach Attachment 15	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

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.9/30/2012)

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

EL Dorado Co Public Hsg Auth, 937 Spring St, Placerville, CA 95667

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"/>	07/6/10	El 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.	County	Congressional District	Units
Locality (city, town, etc.)			

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		34	8	7	1			50

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.)

The El Dorado County Public Housing Authority is applying for funding for up to 50 additional vouchers under Category 1 of the Rental Assistance for Non-Elderly Person with Disabilities opportunity. The Public Housing Authority currently administers 4,488 annual baseline units, or 374 vouchers each month, under the existing HCV Program. In the event that the request for 50 vouchers is not able to be fulfilled and a lottery system is used to allocate the vouchers the El Dorado County PHA will accept 10 vouchers which can be leased within 180 days of the award of funding from HUD.

The PHA is currently providing rental assistance to 369 households, 202 of which are non-elderly disabled families which accounts for 54% of the households assisted. According to the 2000 Census data, El Dorado County has approximately 18,651 non-elderly persons with a disability. The total population in El Dorado County is 156,299 which reflects a 12% total disabled population in our jurisdiction. Vouchers received under this funding opportunity will be provided throughout the jurisdiction allowing non-elderly disabled families the opportunity to rent from private landlords in the community.

The PHA has a cooperative working relationship with local supportive service providers that serve disabled persons. The service providers and the PHA work together to assist common consumers with affording and locating safe and affordable housing. Additionally, the service providers assist consumers with needs such as budgeting, medical care, transportation, education, employment, childcare, and accessing other supportive services, as needed.

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

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**

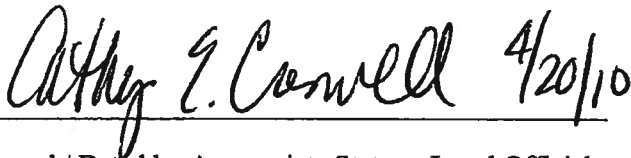
Date

**Certification by State or Local
Official of PHA Plans Consistency
with the Consolidated Plan**

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011**

**Certification by State or Local Official of PHA Plans Consistency with the
Consolidated Plan**

I, Cathy E. Creswell the Deputy Director certify that the Five Year and
Annual PHA Plan of the El Dorado County Housing Authority is consistent with the Consolidated Plan of
the State of California prepared pursuant to 24 CFR Part 91.

 Cathy E. Creswell 4/20/10

Signed / Dated by Appropriate State or Local Official

MEMORANDUM OF UNDERSTANDING #238-S0810

THIS MEMORANDUM OF UNDERSTANDING (MOU) made and entered by and between the El Dorado County Department of Human Services Public Housing Authority (EDCPHA) and Alta California Regional Center, a California corporation, duly qualified to conduct business in the State of California, whose principal place of business is 2135 Butano Drive, Sacramento, CA 95825, (hereinafter referred to as "ACRC");

WITNESSETH

WHEREAS, EDCPHA is responsible for administering the Housing Choice Voucher rental assistance program, and

WHEREAS, EDCPHA provides rental assistance to disabled households, and

WHEREAS, ACRC has the experience and expertise to provide supportive services to disabled clients.

NOW, THEREFORE, EDCPHA and ACRC mutually agree as follows:

I. PURPOSE

The purpose of this Memorandum of Understanding, hereinafter referred to as MOU, is to establish a cooperative working relationship among the parties and to define roles and responsibilities with respect to providing affordable rental housing and supportive services to disabled households.

II. TERM OF AGREEMENT

The MOU shall be effective upon execution by all parties and shall remain in effect until terminated by written notification by either party to the Agreement.

III. SCOPE OF SERVICES

1. EDCPHA agrees to:

- A. Provide rental assistance to wait-list, eligible disabled households through the Housing Choice Voucher program.**
- B. Communicate with partner to determine the necessary supportive services for mutual clients to ensure success in obtaining safe, affordable housing.**
- C. Communicate with partner the ongoing needs for mutual clients in order to ensure continued success in maintaining safe, affordable housing.**
- D. Assistance in gaining access to other supportive services**

2. ACRC agrees to:

A. Provide the following supportive services to mutual clients as outlined on the client's Individual Program Plan (IPP):

- a. Assist clients to budget funds to cover the cost of moving**
- b. Assist clients to budget security deposit funds**
- c. Assist clients to budget utility hook-up fees**
- d. Medical care**
- e. Assist clients to arrange transportation for rental housing selection**
- f. Assist clients to arrange transportation to appointments with EDCPHA**
- g. Educational opportunities**
- h. Employment**
- i. Child care**
- j. Assistance in gaining access to other supportive services**
- k. Identification of private funding sources to cover the cost of unit modifications**

B. ACRC agrees to submit to the EDCPHA on a quarterly basis the Client Services Summary Report (Attachment A) for mutual clients.

III. MODIFICATION

This Agreement may be amended by mutual consent of the parties hereto. Said amendments shall become effective only when in writing and fully executed by duly authorized officers of the parties hereto. Either party may terminate this Agreement for any reason upon thirty (30) days written notice to the other party.

IV. GOALS

Jointly, the parties to this Memorandum of Understanding agree to work together to:

1. Provide disabled households with safe, affordable rental housing;
2. Ensure clients remain housed after initial placement;
3. Provide clients with tools to become self-sufficient.

V. CONTRACT ADMINISTRATOR

The County employee with responsibility for administering this MOU is Joyce Aldrich, Program Manager, Human Services Department, or successor.

VI. NOTICES TO PARTIES:

All notices to be given by the parties hereto shall be in writing. Notices to EDCPHA shall be addressed as follows:

**DOUG NOWKA, DIRECTOR
DEPARTMENT OF HUMAN SERVICES
HOUSING AND COMMUNITY DEVELOPMENT PROGRAMS
550 MAIN STREET, SUITE C
PLACERVILLE, CA 95667
ATTN: JOYCE ALDRICH
PROGRAM MANAGER
Or such other location/person as EDCPHA directs.**

Notices to ACRC shall be addressed as follows:


**ALTA CALIFORNIA REGIONAL CENTER
2135 BUTANO DRIVE
SACRAMENTO, CA 95825
ATTN: PHIL BONNET**

Or such other location/person as ACRC directs.

VII. TIME IS OF THE ESSENCE


Time is hereby expressly declared to be of the essence in this Agreement and of each and every provision hereof, and each such provision is hereby made and declared to be a material, necessary, and essential part of this Agreement.

IN WITNESS WHEREOF, this MOU has been executed as of the date herein below appearing:




Doug Nowka, Director
Human Services Department

12/26/07
Date



Joyce Aldrich, Program Manager
Public Housing Authority

12/21/07
Date



Phil Bonnet, Executive Director
Alta California Regional Center

1/2/08
Date

ORIGINAL

237-S0810

MEMORANDUM OF UNDERSTANDING

Between

Northstar, Supported Living Services, Inc.

And

**El Dorado County Department of Human Services, Community Services Division –
Public Housing Authority**

For

**Supportive Services for Housing Choice Voucher Program
for Clients with Disabilities**

This Memorandum of Understanding (MOU) is a supportive services agreement entered into by and between the El Dorado County Department of Human Services Public Housing Authority (hereinafter referred to as EDCPHA) and Northstar, Supported Living Services, Inc. (hereinafter referred to as "Contractor"). This MOU sets forth each partner's role and responsibilities relative to the Housing Choice Voucher Rental Assistance Program.

WITNESSETH

WHEREAS, the EDCPHA is responsible for administering the Housing Choice Voucher rental assistance program, and

WHEREAS, the EDCPHA provides rental assistance to disabled households, and

WHEREAS, Northstar, Supported Living Services, Inc., has the experience and expertise to provide supportive services to disabled clients.

NOW, THEREFORE, EDCPHA and Northstar, Supported Living Services, Inc. mutually agree as follows:

I. PURPOSE

The purpose of this Memorandum of Understanding, hereinafter referred to as MOU, is to establish a cooperative working relationship among the parties and to define roles and responsibilities with respect to providing affordable rental housing and supportive services to disabled households.

II. TERM OF AGREEMENT

The MOU shall be effective upon execution by all parties and shall remain in effect until terminated by written notification by either party to the Agreement.

III. SCOPE OF SERVICES

1. EDCPHA agrees to:

- A. Provide rental assistance to wait-list, eligible disabled households through the Housing Choice Voucher program.**
- B. Communicate with partner to determine the necessary supportive services for mutual clients to ensure success in obtaining safe, affordable housing.**
- C. Communicate with partner the ongoing needs for mutual clients in order to ensure continued success in maintaining safe, affordable housing.**
- D. Assistance in gaining access to other supportive services**

2. Northstar, Supported Living Services, Inc. agrees to:

- A. Provide the following supportive services to mutual clients:**
 - a. Assist clients to budget funds to cover the cost of moving**
 - b. Assist clients to budget security deposit funds**
 - c. Assist clients to budget utility hook-up fees**
 - d. Medical care**

- e. Assist clients to arrange transportation for rental housing selection
 - f. Assist clients to arrange transportation to appointments with EDCPHA
 - g. Educational opportunities
 - h. Employment
 - i. Child care
 - j. Assistance in gaining access to other supportive services
 - k. Identification of private funding sources to cover the cost of unit modifications
- B. Northstar, Supported Living Services, Inc. agrees to submit to the EDCPHA on a quarterly basis the Client Services Summary Report (Attachment A) for mutual clients.

V. COMPENSATION

For the purposes of this Agreement, no compensation shall be exchanged by either party.

VI. MODIFICATION

This Agreement may be amended by mutual consent of the parties hereto. Said amendments shall become effective only when in writing and fully executed by duly authorized officers of the parties hereto. Either party may terminate this Agreement for any reason upon thirty (30) days written notice to the other party.

VII. GOALS

Jointly, the parties to this Memorandum of Understanding agree to work together to:

1. Provide disabled households with safe, affordable rental housing;
2. Ensure clients remain housed after initial placement;
3. Provide clients with tools to become self-sufficient.

VIII. NOTICES TO PARTIES:

All notices to be given by the parties hereto shall be in writing. Notices to EDCPHA shall be addressed as follows:

DOUG NOWKA, DIRECTOR
DEPARTMENT OF HUMAN SERVICES
HOUSING AND COMMUNITY DEVELOPMENT PROGRAMS
550 MAIN STREET, SUITE C
PLACERVILLE, CA 95667
ATTN: JOYCE ALDRICH
PROGRAM MANAGER

Or such other location/person as EDCPHA directs.

Notices to Northstar, Supported Living Services, Inc. shall be addressed as follows:

NORTHSTAR SERVICES
ATTENTION: CLAUDIA BOLTON, PRESIDENT
4171 STARKES GRADE ROAD
PLACERVILLE, CA 95667

IX. TIME IS OF THE ESSENCE

Time is hereby expressly declared to be of the essence in this Agreement and of each and every provision hereof, and each such provision is hereby made and declared to be a material, necessary, and essential part of this Agreement.

X. CONTRACT ADMINISTRATOR

The County officer or employee with responsibility for administering this Agreement is Joyce Aldrich, Program Manager, Human Services Department, or successor.

REQUESTING CONTRACT ADMINISTRATOR CONCURRENCE:

By: Joyce Aldrich Dated: 11/15/07
Joyce Aldrich, Program Manager
Human Services Department

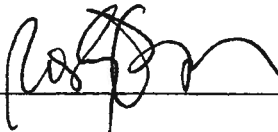
REQUESTING DEPARTMENT HEAD CONCURRENCE:

By: D. Nowka Dated: 11/20/07
Doug Nowka, Director
Human Services Department

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the dates indicated below, the latest of which shall be deemed to be the effective date of this Agreement.

-- COUNTY OF EL DORADO --

Dated: 3/11/08

By: 
Chairman
Board of Supervisors
"County"

acting as the governing board of
the El Dorado County Public
Housing Authority

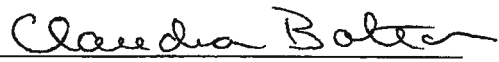
ATTEST:
Cindy Keck, Clerk
of the Board of Supervisors

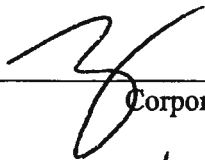
By:  Date: 3/11/08
Deputy Clerk

-- CONTRACTOR --

Dated: 1-10-08

NORTHSTAR, SUPPORTED LIVING SERVICES, INC.
A CALIFORNIA CORPORATION

By: 
Claudia Bolton
President
"Contractor"

By: 
Corporate Secretary

Dated: 1/17/08



U.S. Census Bureau
American FactFinder



DP-2. Profile of Selected Social Characteristics: 2000
 Data Set: Census 2000 Summary File 4 (SF 4) - Sample Data
 Geographic Area: El Dorado County, California

NOTE: Data based on a sample. For information on confidentiality protection, sampling error, nonsampling error, definitions, and count corrections see <http://factfinder.census.gov/home/en/datanotes/expsf4.htm>.

Subject	Number	Percent
SCHOOL ENROLLMENT		
Population 3 years and over enrolled in school	44,193	100.0
Nursery school, preschool	2,445	5.5
Kindergarten	2,404	5.4
Elementary school (grades 1-8)	19,880	45.0
High school (grades 9-12)	10,176	23.0
College or graduate school	9,288	21.0
EDUCATIONAL ATTAINMENT		
Population 25 years and over	105,034	100.0
Less than 9th grade	2,941	2.8
9th to 12th grade, no diploma	8,539	8.1
High school graduate (includes equivalency)	23,316	22.2
Some college, no degree	33,117	31.5
Associate degree	9,254	8.8
Bachelor's degree	19,015	18.1
Graduate or professional degree	8,852	8.4
Percent high school graduate or higher	89.1	(X)
Percent bachelor's degree or higher	26.5	(X)
MARITAL STATUS		
Population 15 years and over	122,911	100.0
Never married	25,929	21.1
Now married, except separated	75,234	61.2
Separated	1,910	1.6
Widowed	6,543	5.3
Female	4,985	4.1
Divorced	13,295	10.8
Female	7,576	6.2
GRANDPARENTS AS CAREGIVERS		
Grandparent living in household with one or more own grandchildren under 18 years	2,719	100.0
Grandparent responsible for grandchildren	1,189	43.7
VETERAN STATUS		
Civilian population 18 years and over	115,552	100.0
Civilian veterans	18,407	15.9
DISABILITY STATUS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION		
Population 5 to 20 years	36,880	100.0
With a disability	2,593	7.0
Population 21 to 64 years	90,515	100.0
With a disability	16,058	17.7
Percent employed	60.3	(X)
No disability	74,457	82.3
Percent employed	76.5	(X)
Population 65 years and over	19,278	100.0
With a disability	6,884	35.7
RESIDENCE IN 1995		
Population 5 years and over	147,368	100.0
Same house in 1995	77,608	52.7
Different house in the U.S. in 1995	67,806	48.0

18,651

Subject	Number	Percent
Same county	30,981	21.0
Different county	36,825	25.0
Same state	28,564	19.4
Different state	8,261	5.6
Elsewhere in 1995	1,954	1.3
NATIVITY AND PLACE OF BIRTH		
Total population	156,299	100.0
Native	145,116	92.8
Born in United States	143,845	92.0
State of residence	97,898	62.6
Different state	45,947	29.4
Born outside United States	1,271	0.8
Foreign born	11,183	7.2
Entered 1990 to March 2000	3,825	2.4
Naturalized citizen	4,548	2.9
Not a citizen	6,635	4.2
REGION OF BIRTH OF FOREIGN BORN		
Total (excluding born at sea)	11,183	100.0
Europe	2,492	22.3
Asia	2,071	18.5
Africa	131	1.2
Oceania	160	1.4
Latin America	5,364	48.0
Northern America	965	8.6
LANGUAGE SPOKEN AT HOME		
Population 5 years and over	147,368	100.0
English only	132,474	89.9
Language other than English	14,894	10.1
Speak English less than "very well"	5,789	3.9
Spanish	9,470	6.4
Speak English less than "very well"	4,290	2.9
Other Indo-European languages	3,284	2.2
Speak English less than "very well"	705	0.5
Asian and Pacific Island languages	1,784	1.2
Speak English less than "very well"	717	0.5

(X) Not applicable.

Place of Birth Code List (PDF 74KB)

Language Code List (PDF 17KB)

Source: U.S. Census Bureau, Census 2000 Summary File 4, Matrices PCT35, PCT36, PCT38, PCT43, PCT45, PCT47, PCT49, PCT61, PCT64, PCT67, and PCT70.