

El Dorado County
APPLICATION
ORIGINAL

Community Development Block Grant Program
2010-2011 General Allocation

June 25, 2010

Submitted to:
STATE OF CALIFORNIA
Department of Housing and Community Development
Division of Financial Assistance
Community and Economic Development Section
Community Development Block Grant Program (CDBG)

Submitted by:
El Dorado County
Department of Human Services
Housing and Community Development
3057 Briw Road, Bldg. A
Placerville, California 95667

Telephone: (530) 621-7266
Fax: (530) 295-2672

HOUSING REHABILITATION FORMS

HOUSING REHABILITATION TABLE OF CONTENTS

**Click on the box, drop-down menu or text box to enter information.*

ACTIVITY	SELECT	DOCUMENTATION	PAGE(S)
Housing Rehab Forms (all pgs)	YES		✓
Activity Sources and Uses	YES		✓
HR Leverage Documentation	YES	Letters of support to follow	✓
STATE OBJECTIVES			
Claimed in Application Summary Section H	YES	Capacity Building	
BENEFIT			
Service Area Documentation	YES	US Census Map of El Dorado County	✓
Beneficiary Documentation	YES	Eligibility Guidelines	✓
Other: _____	NO		
NEED			
Housing Condition	Program	Housing Element	✓
Age of Housing Stock	YES	US Census Data	✓
Overcrowding	YES	US Census Data	✓
Supplemental Information	NO		
Additional Supporting Documentation (list): _____	NO		
READINESS			
Activity Administrator	In-House Administ	Duty Statements & Resumes	✓
Environmental Finding Form	Yes	Exempt	✓
Form 58.6	YES		✓
RER, <i>excluding Appendix A</i>	Select		
Environmental Assessment	Select		
SHPO Letter	YES	SHPO Letter	✓
Ready to Publish Notice	YES	Draft Notice	✓
Ready to sign RROF	YES	Draft RROF	✓
PI Reuse Plan	YES	Approved	✓
Housing Rehab Guidelines	YES	Approved	✓
Temporary Relocation Plan	YES	Approved	✓
Contractor List	Yes	Interested Parties List	✓
Existing Program Continued	YES	05-STBG-1407	
Program: Potential Clients	YES	Waiting List	✓
Projects Only:	N/A		

APPLICATION SUMMARY - Forms

The Department will review each application to determine whether the application meets all of the eligibility threshold criteria. Applications that meet all of the threshold criteria will be eligible to be rated and ranked.

***Click on the box or text box to enter information.**

	Yes	No	
A.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p><u>Debarment</u> Is the applicant jurisdiction on the Federal Excluded Parties List (www.epls.gov)? ➤ If Yes, the applicant is <u>not eligible</u> to receive federal funding. ➤ No. The applicant has included a copy of the search on page(s): _____</p>
B.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p><u>Holdout Status</u> Has the applicant received a written Holdout Letter from the Department? ➤ If No, skip to the next section ➤ If Yes, answer the following question:</p> <p><input type="checkbox"/> <input type="checkbox"/> Has applicant received a written Holdout <u>Waiver</u> Letter from the Department? Date of Letter: _____ Copy included on page(s): _____ ➤ If Waiver Letter has NOT been received, the applicant is <u>not eligible</u> to submit an application.</p>
C.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><u>Housing Element Compliance</u> Does applicant have a Housing Element in compliance with CDBG requirements as of the application submittal deadline? If No, then the applicant is <u>not eligible</u> to receive funding. The Department will verify CDBG compliance with HPD as of June 25, 2010.</p>
D.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p><u>Growth Control</u> Has the applicant jurisdiction enacted limitations on residential construction, which includes limitations other than establishing agricultural preserves, or limitations imposed by another agency, or limitations not based on a health and safety need? ➤ If No, skip to next section.</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>If yes, do these limitations meet any of the exceptions found in State CDBG Program Regulations, Section 7056(b)(2)(B)? ➤ If "Yes" to the exceptions, the applicant has included a copy of the limitation with this application on page(s): _____ ➤ If "No" to the exception, the applicant jurisdiction is <u>not eligible</u> to receive federal funding.</p>
E.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><u>Statement of Assurances</u> Applicant has included the correct version (revised 2010) of the Statement of Assurances, signed by the Chief Executive Officer of the applicant jurisdiction.</p>
F.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><u>Compliance with OMB Circular A-133</u> Applicant has included a signed OMB Certification.</p>

APPLICATION SUMMARY - Forms

	Yes	No	
G.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><u>Citizen Participation</u> Applicant has met all the Public Hearings/Citizen Participation requirements, such as:</p> <ul style="list-style-type: none"> • Public notices published in a local newspaper announcing the public hearings and containing the required information, as stated in the CDBG Grant Management Manual. • At least one public hearing was held during the program design phase of the application. <ul style="list-style-type: none"> ➢ Design Hearing was <u>published/posted</u> on <u>7/6/09</u> ; and <ul style="list-style-type: none"> ○ documentation is included on page(s): ✓ ➢ Design Hearing was <u>held</u> on <u>7/28/09</u> ; and <ul style="list-style-type: none"> ○ documentation is included on page(s): ✓ • At least one public hearing was held to approve submittal of the application <ul style="list-style-type: none"> ➢ Application Submittal Hearing was <u>published/posted</u> on <u>5/28/10</u> ; and <ul style="list-style-type: none"> ○ documentation is included on page(s): ✓ ➢ Application Submittal Hearing was <u>held</u> on <u>6/15/10</u> ; and <ul style="list-style-type: none"> ○ documentation is included on page(s): <u>To follow</u> • Sign-in sheets and all documentation are in the public information file and available for review and monitoring; <u>and</u> • Written comments received during the public hearing process are included with the application along with any responses on page(s):
H.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><u>Resolution(s) of the Governing Body</u> Applicant has included a Resolution (sample in Appendix I) that:</p> <ul style="list-style-type: none"> • is an original or an original certified copy; <u>and</u> • authorizes submission of the application; <u>and</u> • approves the application's contents (funding requested, activities, committed leverage, etc.); <u>and</u> • authorizes the execution of a grant agreement, and any amendments thereto, if funded; <u>and</u> • designates a person (by title) authorized to enter into an agreement, if funded; <u>and</u> • designates persons (by titles) authorized to sign all reports, Funds Requests and other program-supporting documentation.

APPLICATION SUMMARY - Forms

	Yes	No	
I.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><u>NEPA Environmental Review for General Administrative Activities</u> Applicant has included the Environmental Review documents for general grant <u>administrative</u> activities, consisting of an Environmental Finding Form and a HUD Environmental Form for Statutes and Regulations at 24 CFR Part 58.6.</p>

After the application due date, the Department will not consider unsolicited information from an applicant. However, the Department may contact an applicant to clarify an item in the application. Applicants should note that the Department will not seek clarification of items or responses that improve the substantive quality of the applicant's response to any eligibility or selection criterion.

I certify on behalf of the County of El Dorado (name of entity) that the Threshold information provided is true and accurate.

Daniel Nielson, M.P.A.
 (Printed/Typed Name)

Director Human Services
 (Title)

 (Signature) (blue ink)

June 16, 2010
 (Date signed)

APPLICATION SUMMARY - Forms



A. State Community Development Block Grant Program Allocation

- General Allocation 2010 - 2011**
or
 Native American Allocation 2008 – 2011

If applying for both, separate applications are required.

B. Application Information

Jurisdiction Name: County of El Dorado

DUNS #: 96-506-7382

Address: 3057 Briw Road, Suite A

City: Placerville State: CA Zip Code: 95667

Is this application being submitted on behalf of more than one jurisdiction?

- NO**
 YES *Complete the following. (Please note that the implementation of a Joint Powers Agreement or Memorandum of Understanding between the applicants is required.)*

Second Jurisdiction's Name: _____

Address: _____

JPA or MOU on Page _____

City: _____ State: _____ Zip Code: _____

C. Authorized Representative Information (per the Resolution)

Name: Daniel Nielson Title: Director of Human Services

Phone: 530-621-7275 Ext: _____ FAX: 530-295-8669

E-mail: daniel.nielson@edcgov.us

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

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____



APPLICATION SUMMARY - Forms

D. Applicant Contact Information (if different from above)

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

Name: Cynthia Wallington Title: Program Manager II

Agency: El Dorado County Department of Human Services

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: 530-621-7266 E-mail: cynthia.wallington@edcgov.us FAX: 530-295-2672

E. Legislative Representative Information

	District #	First Name	Last Name
Assembly	<u>4</u>	<u>Ted</u>	<u>Gaines</u>
Senate	<u>1</u>	<u>Dave</u>	<u>Cox</u>
Congress	<u>4</u>	<u>Tom</u>	<u>McClintock</u>
	District #	First Name	Last Name
Assembly	_____	_____	_____
Senate	_____	_____	_____
Congress	_____	_____	_____

F. Target Populations- Primary Purpose(s) of each proposed Activity

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

- | | | |
|------------------------|-----------------------|----------------------------------|
| 1. Physically Disabled | 7. Families | 13. Victims of Domestic Violence |
| 2. Persons with AIDS | 8. Farmworkers | 14. Dually-Diagnosed |
| 3. Youths | 9. Seniors | 15. Prevent Homelessness |
| 4. Single Adults | 10. Mentally Ill | 16. Help the homeless |
| 5. Single Men | 11. Veterans | 17. Help those with HIV/AIDS |
| 6. Single Women | 12. Substance Abusers | 18. Other |

APPLICATION SUMMARY - Forms

G. Requested Funding for All Proposed Activities

Note: See instructions for funding limitations.

Activity	Amount Requested	Activity Administrator	Target Populations	Result of PTA grant/Phase of previously funded activity?
GENERAL ADMINISTRATION				
(Maximum of 7.5% of total funding requested)	\$ 60,000	<input checked="" type="checkbox"/> Applicant Staff <input type="checkbox"/> Other <input type="checkbox"/> Combination		
Activity # 1: <u>Housing Rehabilitation</u>				
Activity Amount	\$215,000	<input checked="" type="checkbox"/> Applicant Staff <input type="checkbox"/> Other <input type="checkbox"/> Combination	Target I.D. #: <u>7.9</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Grant # _____
Activity Delivery	\$ 40,850 (19%)		Proposed # of Beneficiaries: <u>27</u>	
Activity TOTAL	\$ 174,150			
Activity # 2: <u>Public Improvements in Support of New Housing Construction</u>				
Activity Amount	\$ 525,000	<input checked="" type="checkbox"/> Applicant Staff <input type="checkbox"/> Other <input type="checkbox"/> Combination	Target I.D. #: <u>7</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Grant # _____
Activity Delivery	\$ 42,000 (8%)		Proposed # of Beneficiaries: <u>140</u>	
Activity TOTAL	\$483,000			
Activity # 3: _____				
Activity Amount	\$	<input type="checkbox"/> Applicant Staff <input type="checkbox"/> Other <input type="checkbox"/> Combination	Target I.D. #: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Grant # _____
Activity Delivery	\$		Proposed # of Beneficiaries: _____	
Activity TOTAL	\$			
10% Set-Aside Activity: _____				
Activity Amount	\$	<input type="checkbox"/> Applicant Staff <input type="checkbox"/> Other <input type="checkbox"/> Combination	Target I.D. #: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Grant # _____
Activity Delivery	\$		Proposed # of Beneficiaries: _____	
Activity TOTAL	\$			
\$ <u>800,000</u>		◀ TOTAL Funding Requested		

APPLICATION SUMMARY - Forms

H. State Objectives:

If you are claiming state objective points for activities within this application, select which objective(s) and indicate for which activity and where supporting documentation can be found.

Note: *The Capacity Building objective is not activity-specific and can only be claimed once per application.*

Although only a maximum of 50 points will be awarded per application, select all objectives that are applicable to this application.

>>See Appendix F for additional information on State Objectives<<

State Objective Claimed:	For Activity(ies):	Application Page #
1. Capactiy Building	Housing Rehab	✓
2. Infrastructure Proposals	PIHNC	✓
3.		_____
4.		_____

I. Section 504 Self-Evaluation:

HUD requires jurisdictions to have documented their compliance with Section 504. Applicants must attach a Section 504 Self-Certification form with their Application Package. It is important to note that the form itself does not constitute the jurisdiction's efforts to meet Section 504. The jurisdiction should have performed an analysis and evaluation of each factor and prepared a Section 504 Plan. The self-certification form is used to certify that the jurisdiction has performed this analysis and evaluation and to record areas of compliance or problems.

>>See the CDBG Grant Management Manual for additional information<<

SECTION 504 SELF-EVALUATION

Applicant: COUNTY OF EL DORADO

SECTION 504 SELF-EVALUATION

Jurisdiction: El Dorado County

Date: 6-8-09

AREAS DISCUSSED	PROBLEMS IDENTIFIED	MODIFICATIONS MADE
<p><u>COMMUNICATIONS: Program Publicity</u></p> <p>Public Notices and ads in newspaper? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Public Service Announcements? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Posters or fliers? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Letters to homeowners in area? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Informational public meetings? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Interpreters, readers, or TDD's available upon request? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Equal Opportunity statement in ads, fliers, and letters? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>		
<p><u>EMPLOYMENT:</u></p> <p>Does the City make reasonable accommodation to known physical or mental limitations of qualified applicants or employees with disabilities? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Pre-employment inquiries and tests do not screen out disabled persons? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>		
<p><u>PROGRAM ACCESSIBILITY:</u></p> <p>Are City/County facilities accessible to and usable by individuals with disabilities (e.g., ramps, space at meetings)? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Disability modifications offered in the rehabilitation program? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Disabled individuals with limited mobility assisted with applications at their homes? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>		
<p><u>ENFORCEMENT - Evaluate how policies meet 504 requirements:</u></p> <p>Statement of Assurances in grant applications? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Non-discrimination clause in deed of trust? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Names of Advisors on Disabled issues: <i>(this is required)</i></p> <p><u>Thomas A. Fossum</u> <u>Ron Conway</u></p>		
<p>Does the City/County have procedures for complaints? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Is a log maintained of any complaints? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>		

Name of Section 504 Coordinator: Thomas A. Fossum

Signature: 

**J. Residential Anti-Displacement and Relocation Assistance Plan
Checklist (Required for All Applicants)**

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

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

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

Site Control under option to purchase.

Site is identified but no negotiations have taken place.

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

2. Will site acquisition require use of eminent domain?

Yes. (see note) No.

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

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

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

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

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

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

No.

STATEMENT OF ASSURANCES (2010) - Forms

By checking the boxes, the certifier assures the statements are true.

The County of El Dorado hereby assures and certifies that:

1. Legal Authority
It possesses legal authority to apply for the grant and to execute the proposed program.
2. Application Authorization
Its governing body has duly adopted or passed as an official act or resolution, motion, or similar action authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the applicant's chief executive officer or other designee to act in connection with the application and to provide such additional information as may be required.
3. Citizen Participation
It has or will comply with all citizen participation requirements, which include, at a minimum, the following components:
- a. Provides for and encourages citizen participation, with particular emphasis on participation by persons of low and moderate income who are residents of slum and blight areas and of areas in which CDBG funds are proposed to be used, and provides for participation of residents in low- and moderate-income neighborhoods as defined by the local jurisdiction; and
 - b. Provides citizens with reasonable and timely access to local meetings, information, and records relating to the grantee's proposed use of funds, as required by CDBG regulations, and relating to the actual use of funds under this title; and
 - c. Provides for technical assistance to groups representative of persons of low and moderate income that request such assistance in developing proposals with the level and type of assistance to be determined by the grantee; and
 - d. Provides for public hearings to obtain citizen views and to respond to proposals and questions at all stages of the community development program. These include at least the development of needs, the review of proposed activities, and review of program performance, which hearings shall be held after adequate notice, at times and locations convenient to potential or actual beneficiaries and with accommodation for the handicapped. This shall include one public meeting during the program design, annual performance report preparation, and formal amendments. A public hearing shall be conducted prior to application submittal; and
 - e. Solicits and provides for a timely written answer to written complaints and grievances, within 15 working days where practicable; and

STATEMENT OF ASSURANCES (2010) - Forms

f. Identifies how the needs of non-English speaking residents will be met in the case of public hearings where a significant number of non-English speaking residents can reasonably be expected to participate.

4.

National Objective

The CDBG Program has been developed so as to primarily benefit targeted income persons and households, and each activity in the program meets one of the three national objectives: benefit to low- and moderate-income persons, elimination of slums and blight, or meets an urgent community need certified by the grantee as such.

5.

NEPA Environmental Review

Consents to assume the responsibilities for environmental review and decision-making in order to ensure compliance with NEPA by following the procedures for recipients of block grant funds as set forth in 24 CFR, Part 58, titled "Environmental Review Procedures for Title I Community Development Block Grant Programs." Also included in this requirement is compliance with Executive Order 11988 relating to the evaluation of flood hazards, and Section 102(a) of the Flood Disaster Protection Act of 1973 (Public Law 93-234) regarding purchase of flood insurance, and the National Historic Preservation Act of 1966 (16 USC 470) and implementing regulations (36 CFR 800.8).

6.

CEQA

Consents to assume the role of either Lead Agency as defined by Section 21067 of the California Public Resources Code, or if another public agency is or will be designated Lead Agency, it consents to assume the role of Responsible Agency as defined by Section 21069 of the California Public Resources Code, in order to ensure compliance with CEQA.

7.

Audit/Performance Findings

Has resolved any audit findings or performance problems for prior CDBG grants awarded by the State.

8.

Growth Control

Certifies that there is no plan, ordinance, or other measure in effect which directly limits, by number, the building permits that may be issued for residential construction or the buildable lots which may be developed for residential purposes; or if such a plan, ordinance, or measure is in effect, it will either be rescinded before receiving funds, or it need not be rescinded because it:

- a. Imposes a moratorium on residential construction, to protect the health and safety, for a specified period of time which will end when the public health and safety is no longer jeopardized; or
- b. Creates agricultural preserves under Chapter 7 (commencing with Section 51200) of Part 2 of Division 1 of Title 5 of the Government Code; or
- c. Was adopted pursuant to a specific requirement of a State or multi-State board, agency, department, or commission; or

STATEMENT OF ASSURANCES (2010) - Forms

- d. The applicant has an adopted housing element which the Department has found to be in compliance, unless a final order has been used by a court in which the court determined that it is not in compliance with Article 10.6 of Chapter 3 of Division 1 of Title 7 of the Government Code; or
- e. The use of the funds applied for in this application is restricted for housing for the targeted income group.

9. Uniform Administrative Requirements

Will comply with the regulations, policies, guidelines, and requirements of OMB Circular Numbers A-87, A-133, A-122, and 24 CFR Part 85, where appropriate, and the State CDBG regulations.

10. Nondiscrimination

Shall comply with the following regarding nondiscrimination:

- a. Title VI of the Civil Rights Act of 1964 (Public Law 88-352).
- b. Title VIII of the Civil Rights Act of 1968 (Public Law 90-284) as amended; and will administer all programs and activities related to housing and community development in a manner affirmatively furthering fair housing.
- c. Section 109 of the Housing and Community Development Act of 1974, as amended.
- d. Section 3 of the Housing and Urban Development Act of 1968, as amended.
- e. Executive Order 11246, as amended by Executive Orders 11375 and 12086.
- f. Executive Order 11063, as amended by Executive Order 12259.
- g. Section 504 of the Rehabilitation Act of 1973 (Public Law 93-112), as amended, and implementing regulations.
- h. The Age Discrimination Act of 1975 (Public Law 94-135).
- i. The prospective contractor's signature affixed hereon and dated shall constitute a certification under the penalty of perjury under the laws of the State of California that the bidder has, unless exempted, complied with the nondiscrimination program requirements of Government Code Section 12990 and Title 2, California Code of Regulations, Section 8103.

11. Anti-Displacement/Relocation

Will comply with the Federal Relocation Act (42 U.S.C. 4601 et seq.) and certifies that it will follow the state's residential anti-displacement and relocation plan located in Appendix L of the State's 2005-2010 Consolidated Plan. The Plan can be found at: <http://www.hcd.ca.gov/hpd/hrc/rep/fed/conplan05-10final.pdf>.

STATEMENT OF ASSURANCES (2010) - Forms

12. Labor Standards
Will comply with the following regarding labor standards:
- a. Section 110 of the Housing and Community Development Act of 1974, as amended.
 - b. Section 1720 et seq. of the California Labor Code regarding public works labor standards.
 - c. Davis-Bacon Act as amended (40 USC. 276a) regarding prevailing wage rates.
 - d. Contract Work Hours and Safety Standards Act (40 USC 3702) regarding overtime compensation.
 - e. Anti-Kickback Act of 1934 (41 USC 51-58) prohibiting "kickbacks" of wages in federally assisted construction activities.
13. Architectural Barriers
Will comply with the Architectural Barriers Act of 1968 (42 USC 4151-4157) and implementing regulations (24 CFR Part 40-41).
14. Conflict of Interest
Will enforce standards for conflicts of interest which govern the performance of their officers, employees, or agents engaged in the award and administration, in whole or in part, of State CDBG grant funds (Section 7126 of the State regulations).
15. Limitations on Political Activities
Will comply with the Hatch Act (5 USC 1501 et seq.) regarding political activity of employees.
16. Lead-Base Paint
Will comply with the Lead-Based Paint Regulations (24 CFR Part 35) which prohibits the use of lead-based paint on projects funded by the program.
17. Debarred Contractors
The applicant or its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in federal assistance programs, in any proposal submitted in connection with the CDBG program, per the Excluded Party List System (www.epls.gov). In addition, the applicant will not award contracts to or otherwise engage the services of any contractor while that contractor (or its principals) is debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation from the covered transaction, in any proposal submitted in connection with the CDBG program under the provisions of 24 CFR part 24.

STATEMENT OF ASSURANCES (2010) - Forms

18. Inspection of Grant Activities
Will give HUD, the Comptroller General, the State Department of Housing and Community Development, or any of their authorized representatives access to and the right to examine all records, books, papers, or documents related to the grant.
19. Cost Recovery
Will not attempt to recover any capital costs of public improvements assisted in whole or in part with CDBG funds by assessing properties owned and occupied by targeted income persons unless:
- a. CDBG funds are used to pay the proportion of such assessment that relates to non-CDBG funding; or
 - b. For the purposes of assessing properties owned and occupied by targeted income persons who are not of the lowest targeted income group, it does not have sufficient CDBG funds to comply with the provisions of "a" above.
20. Procurement
Will follow the federal procurement policies per 24 CFR Sec. 85.36
21. Excessive Force
Will adopt and enforce policies:
- a. Prohibiting the use of excessive force by its law enforcement agencies against individuals engaged in non-violent civil rights demonstrations; and
 - b. Enforcing applicable State and local law against physically barring entrance to or exit from a facility or location which is the subject of such non-violent civil rights demonstration within its jurisdiction.
22. Compliance with Laws. The jurisdiction will comply with applicable laws.

The Certification is made under penalty of perjury under the laws of the State of California.

NAME OF CERTIFYING OFFICIAL:

Norma Santiago (print/type)

CHIEF ADMINISTRATIVE EXECUTIVE:

Chairman, El Dorado County Board of Supervisors (enter exact title of person signing)

Signature (blue ink)

6/15/2010
Date certified

OMB CIRCULAR A-133 - Forms

OMB CIRCULAR A-133

Office of Management and Budget (OMB) Circular A-133 is used pursuant to the Single Audit Act of 1984, P.L. 98-502, and the Single Audit Act Amendments of 1996, P.L. 104-156. It sets forth the standards for obtaining consistency and uniformity among Federal agencies for the audit of states, local governments, and non-profit organizations expending Federal awards. Cities and counties not exempted from the requirements of OMB Circular A-133 must submit their audits to the State Controller. Non-profit organizations not exempted must submit their audits to the California Department of Housing and Community Development.

Pursuant to the requirements of OMB Circular A-133, please check the appropriate statement and certify at the bottom of the page:



The County of El Dorado (name of entity) has expended more than \$500,000 in Federal funds in fiscal year 2008/2009 and is required to conduct a single audit or program specific audit for this year in accordance with the provisions of OMB Circular A-133:



The audit has been completed and has been submitted to the appropriate control agency. (Proof of submittal must be submitted with this form and the application. Failure to do so may result in denial of CDBG funds.)



The audit has not been completed. It is anticipated that the audit will be completed and submitted to the appropriate control agency by: _____ (date). (Upon completion of audit, proof of submittal must be submitted to CDBG in order to be eligible to access CDBG funding, if awarded.)



The _____ (name of entity) has expended less than \$500,000 in federal funds in fiscal year 2008/2009 and is exempt from the requirements of OMB Circular A-133. Non-Federal entities that expend less than \$500,000 a year in Federal awards are exempt from Federal audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal agency, pass-through entity, and the General Accounting Office. (Submit proof of this statement, such as proof of sending the exemption letter to SCO, with this form and the application)

I certify on behalf of the County of El Dorado (name of entity) that the above is a true and accurate statement.

Daniel Nielson
(Printed/Typed Name)

Director Human Services
(Title)

(Signature) (blue ink)

6/16/10
(Date signed)

**HUD ENVIRONMENTAL FORM FOR STATUTES AND REGULATIONS AT
24 CFR 58.6 - Forms**



U.S. Department of Housing and Urban Development
Pacific/Hawaii Office
450 Golden Gate Avenue
San Francisco, California 94102-3448

CDBG Grantee: County of El Dorado

The environmental level of review for:

GENERAL ADMINISTRATIVE ACTIVITY is:

Exempt (24 CFR Part 58.34)

Daniel Nielson
(Print or type name)

Director Human Services
(Print or type title)

Certifying Officer Signature

6/16/2010
Date Certified

HUD ENVIRONMENTAL FORM FOR STATUTES AND REGULATIONS AT 24 CFR 58.6 - Forms



U.S. Department of Housing and Urban Development
Pacific/Hawaii Office
450 Golden Gate Avenue
San Francisco, California 94102-3448

ACTIVITY DESCRIPTION: GENERAL ADMINISTRATIVE ACTIVITIES

Level of Environmental Review Determination (per EFF): Exempt

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

STATUTES and REGULATIONS listed at 24 CFR 58.6

FLOOD DISASTER PROTECTION ACT

1. Does the project involve acquisition, construction or rehabilitation of structures located in a FEMA identified Special Flood Hazard?
 No Cite Source Document: Exempt General Admin Activities will not impact 100 year flood zones. (This factor is completed; go to next factor).
 Yes Source Document: _____
2. Is the community participating in the National Insurance Program (or has less than one year passed since FEMA notification of Special Flood Hazards)?
 Yes Flood Insurance under the National Flood Insurance Program must be obtained and maintained for the economic life of the project, in the amount of the total project cost. A copy of the flood insurance policy declaration must be kept on file.
 No Federal assistance may not be used in the Special Flood Hazards Area.

COASTAL BARRIERS RESOURCES ACT

1. Is the project located in a coastal barrier resource area?
 No Cite Source Documentation: There are no Coastal Barrier Resources on West Coast of United States. (This factor is completed; go to next factor).
 Yes Federal assistance may not be used in such an area.

AIRPORT RUNWAY CLEAR ZONES AND CLEAR ZONES DISCLOSURES

1. Does the project involve the sale or acquisition of existing property within a Civil Airport's Runway Clear Zone or a Military Installation's Clear Zone?
 No Activity does not involve acquisition or sale of property. Project complies with 24 CFR 51.303(a)(3). **(This factor is completed)**
 Yes **Disclosure statement must be provided** to buyer and a copy of the signed disclosure must be maintained in this Environmental Review Record.

Preparer Signature

Shawna Purvines
Print Name

6/16/10
Date Certified

Certifying Officer Signature

Daniel Nielson
Print Name

6/16/10
Date Certified

GRANT ADMINISTRATIVE CAPACITY - Forms

A. Did the applicant have any CDBG General, Native American, or Colonias grants experience for the years 2006, 2007, 2008, or 2009? (Do not include PTA grants)

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

General Allocation. Funding Year(s): 2008

Grant #'s: 08-STBG-4982

Colonias Allocation. Funding Year(s): _____

Grant #'s: _____

Native American Allocation. Funding Year(s): _____

Grant #'s: _____

No. Have not had any CDBG grants in 2006-2009.

B. If funded from this application, how will this grant be administered? Who will carry out the grant's General Administrative activities?

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

Supporting documentation on page(s): ✓

Subrecipient Agreement:

Draft Executed. Term of the Agreement: _____

Other: _____

Supporting documentation on page(s): _____

Procured administrator(s) per 24 CFR 85.36 and the GMM Chapter 8.

Per Small Purchase Authority

By Competitive Proposal

By Non-Competitive/Sole-Source

• Department approval documentation, pages: _____

Term of the agreement: _____

Supporting documentation on page(s): _____

Some combination of the above. Describe: _____

Supporting documentation on page(s): _____

NOTE: Full points under this section will be awarded only for answering both questions and including supporting documentation, as noted in the NOFA and in Application instructions.

APPLICATION FUNDNG SOURCES/USES/PROGRAM INCOME/LEVERAGE - Forms

ALL ACTIVITIES – ALL FUNDING SOURCES

USES	SOURCES							LEVERAGE		
	STATE OR FEDERAL				Federal Funds	Private	Totals:	Local Funds	Private	Totals:
ACTIVITY (Separate Act. Delivery and General Admin)	State CDBG	Program Income Available: <u>208,441</u> (all uncommitted RLA funds)	Other State Funds	Program Income Committed:						
<u>General Admin</u>	\$ <u>60,000</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ <u>500</u>	\$ _____	\$ _____	\$ <u>61,800</u>
<u>Activity Delivery</u>	\$ <u>82,850</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ <u>7,000</u>	\$ _____	\$ _____	\$ <u>88,475</u>
<u>Housing Rehabilitation Loans</u>	\$ <u>174,150</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ <u>174,150</u>
<u>PIHNC</u>	\$ <u>483,000</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ <u>483,000</u>
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Totals:	\$ <u>800,000</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ <u>807,500</u>

HOUSING REHABILITATION FORMS

HOUSING REHABILITATION TABLE OF CONTENTS

**Click on the box, drop-down menu or text box to enter information.*

ACTIVITY	SELECT	DOCUMENTATION	PAGE(S)
Housing Rehab Forms (all pgs)	YES		✓
Activity Sources and Uses	YES		✓
HR Leverage Documentation	YES	Letters of support to follow	✓
STATE OBJECTIVES			
Claimed in Application Summary Section H	YES	Capacity Building	
BENEFIT			
Service Area Documentation	YES	US Census Map of El Dorado County	✓
Beneficiary Documentation	YES	Eligibility Guidelines	✓
Other: _____	NO		
NEED			
Housing Condition	Program	Housing Element	✓
Age of Housing Stock	YES	US Census Data	✓
Overcrowding	YES	US Census Data	✓
Supplemental Information	NO		
Additional Supporting Documentation (list): _____	NO		
READINESS			
Activity Administrator	In-House Administ	Duty Statements & Resumes	✓
Environmental Finding Form	Yes	Exempt	✓
Form 58.6	YES		✓
RER, <i>excluding Appendix A</i>	YES		✓
Environmental Assessment	YES		✓
SHPO Letter	YES	SHPO Letter	✓
Ready to Publish Notice	YES	Draft Notice	✓
Ready to sign RROF	YES	Draft RROF	✓
PI Reuse Plan	YES	Approved	✓
Housing Rehab Guidelines	YES	Approved	✓
Temporary Relocation Plan	YES	Approved	✓
Contractor List	Yes	Interested Parties List	✓
Existing Program Continued	YES	05-STBG-1407	✓
Program: Potential Clients	YES	Waiting List	✓
Projects Only:	N/A		

HOUSING REHABILITATION FORMS

A. ACTIVITY INFORMATION:

1. **How much is being requested for this activity?**

\$215,000 = \$174,150 + \$40,850

Total \$\$ Requested for this Activity = Activity \$\$+Activity Delivery \$\$

2. **How will the requested CDBG funds be used?**

Check **ONLY one** type of Program **OR one** type of Project. If more than one program/project is being proposed, submit a separate set of Activity Forms for each program/project:

a) Programs

- Rehab: Single-Unit Residential (14A)
Component of Housing Combo Program? Yes No
- Rehab: Multi-Unit Residential (14B)
Component of Housing Combo Program? Yes No
- Energy Efficiency Improvements (*only*) (14F)
- Lead-Based Paint/Lead Hazard Testing/Abatement (*only*) (14I)
- Residential Historic Preservation Program (16A)

b) Projects

- Multi-Family Rehabilitation Project (14B)
- Public Housing Modernization (14C)
- Rehab of Other Publicly Owned Residential Buildings (14D)
- Housing Real Property Acquisition for Rehabilitation (14G)
- Residential Historic Project (16A)
- Conversion of building(s) to housing units (must stay within the existing footprint)

3. **If a Project is being proposed, what is the location of the sites(s) where the activity will occur?**

N/A

Does the Applicant currently have site control?

- Yes No

4. **Description of Activity:** (*See instructions.*)

The County of El Dorado intends to use \$ 217,500 to rehabilitate and repair four to six TIG/LTIG/Extremely LTIG owner-occupied single family units in the unincorporated area of the County. Total program costs include \$215,000 in CDBG funds and leverage of \$2,500 for in-kind staff time.

According to the 2000 Census data, 45% of the housing stock in El Dorado County is now over 30 years old and 20% was built over 40 years ago. In order to preserve the existing housing for low income households, the County will provide low interest fully amortized or deferred payment loans, depending on applicant's household income, to correct health and safety issues, bring the units up to local housing code and to a minimum of HUD housing quality standards. The maximum loan amount will be \$40,000, or the amount required

HOUSING REHABILITATION FORMS

to fund costs associated with eligible improvements and non-recurring closing costs, whichever is less. It is expected that this funding will provide a public benefit to approximately fifteen (15) TIG/LTIG/Extremely LTIG persons.

The County of El Dorado has administered a Housing Rehabilitation loan program since 1994 serving over 64 low-income homeowners in the unincorporated area of El Dorado County and this funding will provide a continuation of existing services. The Program wait list currently includes 61 eligible households. The Department of Human Services is also working closely with the County's Code Enforcement Division to address 52 current cases of dangerous or substandard housing conditions.

El Dorado County staff will administer the rehabilitation loan program. A marketing campaign will be developed to inform county residents in the unincorporated area of the County of program criteria. Rehabilitation loans to eligible owner-occupants shall meet the underwriting criteria established by CDBG and program guidelines in assisting TIG households in the jurisdiction with loans to bring their homes up to a minimum of HUD housing quality standards.

5. Who will be the Activity Administrator? (Check all that apply.)

- Jurisdiction (Applicant)
- Consultant/Contractor (For-Profit entity)
- Non-Profit as Subrecipient
- CHDO (Community Housing Development Organization)
- Another unit of local government
- Another public agency
- Non-Profits not acting as Subrecipients
- Faith-based organization
- Institution of higher education

Name of all agencies/organizations indicated above:

- a) County of El Dorado
- b) _____
- c) _____
- d) _____

6. Timeline/Schedule/Milestones (for projects only):

Indicate significant milestone accomplishments and the proposed date of completion. If awarded, these will become the contract expenditure milestones.

Activity Milestones		
	Description of Accomplishment	Proposed Date of Attainment
1.	N/A – Program Activity	

HOUSING REHABILITATION FORMS

B. BENEFIT:

1. **Service area for Programs:** (*Check only one.*)

- Entire Jurisdiction
 Target Area(s):

All applicants: Identify the Service Area(s) by Census Tract(s) and Block Group(s) in the table below and list the page(s) where the Census Tract/ Block Group Map(s) may be found in this application. Page(s): _____

Census Tract	Census Tract	Census Tract	Census Tract	Census Tract	Census Tract
_____	_____	_____	_____	_____	_____
Block Group(s)	Block Group(s)	Block Group(s)	Block Group(s)	Block Group(s)	Block Group(s)
_____	_____	_____	_____	_____	_____

2. **Beneficiaries by Income and Tenure:**

Housing Rehabilitation programs are income restricted and benefit 100 percent TIG. Indicate the number of households that will be assisted by category of TIG and by owner- or renter-occupied units.

OWNER-OCCUPIED units -

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTALS
<i>not eligible</i>	2	2	1	5

RENTER-OCCUPIED units -

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTALS
<i>not eligible</i>				0

3. **Estimated number of:** 5 Loans 0 Grants

C. NEED FOR ACTIVITY: *Carry out all percents to two decimal points, e.g. 32.68 %.*

1. **Housing Stock Conditions:**

Complete the required information on the chart that is applicable to the activity from either (*check one*):

- Housing Element

Date: 04/21/2009

HOUSING REHABILITATION FORMS

Survey

Date: _____

- a) For a **JURISDICTION-WIDE** activity, attach copies of the page(s) from the Housing Element where these percentages are **documented**.
Page(s) ✓
- b) For a **TARGET-AREA** activity, a Housing Conditions Survey of the Target-Area must be used to document the need. You **must** attach a copy of the survey form used, a narrative of the survey methodology used and a summary of the survey results. Page(s) _____

Enter the percent of housing units that are:	Category	List %	% in Need of Rehab
Sound and not in need of Rehabilitation	Sound	69%	N/A
Suitable for Minor Rehabilitation	Minor	25%	25%
Suitable for Moderate Rehabilitation	Moderate	5%	5%
Suitable for Major Rehabilitation	Major	0%	0%
Dilapidated . Not suitable for Rehabilitation.	Dilapidated	1%	0%
	TOTAL:	100 %	30 %

2. Age of Housing Stock:

This table will indicate the total percentage of the jurisdictions housing stock that was built pre-1970. Attach the applicable Census Tables. Also, show the calculations on the table as to the percentages.

Enter the percentage of housing stock that was built pre-1970 as shown in the 2000 Census Summary File 3, Table DP-4-	Age of Housing Stock	20%	Page#
Percentage of housing stock that was built pre-1980 as shown in the Census Summary File 3, Table DP-4 (Housing Stock over 30 years old)		45%	✓

3. Overcrowding:

This table will indicate the total percentage of the jurisdictions housing stock that is overcrowded. Be sure to attach the applicable Overcrowding Census Tables. Also, show the calculations on the table as to the percentages.

Enter the percentage of households that are overcrowded as shown in the 2000 Census Summary File 3, Table DP-4	Overcrowding	3%	Page#
			✓

HOUSING REHABILITATION FORMS

4. Supplemental Information:

This section is used to provide information that rebuts and/or is not captured in the 2000 Census Table with regards to the community's worsened condition of housing and/or worsened overcrowding needs. Provide all information that is requested.

Check if providing supplemental information for.

- Worsened Condition of Housing Stock
- Worsened Housing Overcrowding

a) Describe the worsened condition:

b) Describe how this issue is specific to your community?

c) List:

- Third-party documentation (must be less than 5 years old) that is being submitted to support the worsened condition(s), **AND**
- The time period that the documentation supports as worsened (e.g., earthquake on 1/1/08; fire from 3/13/08-5/17/08, etc.), **AND**
- The page numbers, in this application, where documentation can be found.

Note: *For lengthy reports/studies, please include the cover page, executive summary and only the pages needed to support worsened conditions. A more current Housing Stock survey cannot be submitted here – it must be submitted under the Housing Stock Condition section.*

Description of Documentation:	Date of Doc.	Application Page #
1. N/A		

D. READINESS:

1. Activity Administrator:

If funded, how will this activity be administered?

In-house Staff Only (Attach resumes and duty statements of staff that will be performing the work.)

Subrecipient Agreement:
 Draft Executed Other: _____
 Term of the agreement: _____

Procured Administrator(s) (per 24 CFR 85.36 and the GMM Chapter 8):
 Per Small Purchase Authority
 By Competitive Proposal

HOUSING REHABILITATION FORMS

- By Non-Competitive/Sole-Source
 Include Department approval documentation, pages: _____
 Term of the agreement: _____
 Combination of the above. Describe: _____

2. Environmental Review (check all applicable):

- Environmental Finding Form (EFF)
 Form 58.6
 Rehabilitation Environmental Review (RER) excluding Appendix A
 Environmental Assessment
 SHPO Letter
 Ready to Publish Notice
 Ready to Sign Request for Release of Funds (RROF)

3. Site Control (Projects only):

- | Draft | Executed | |
|--------------------------|--------------------------|--------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | City/County owned site |
| <input type="checkbox"/> | <input type="checkbox"/> | Purchase Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Option to Purchase |
| <input type="checkbox"/> | <input type="checkbox"/> | Option to Lease |
| <input type="checkbox"/> | <input type="checkbox"/> | Leasehold Interest |
| <input type="checkbox"/> | <input type="checkbox"/> | Deed of Trust |
| <input type="checkbox"/> | <input type="checkbox"/> | Other documentation of Site Control – List _____ |

4. Other Readiness Documentation Provided:

- | | |
|----------------------------------------------------------------|-----------------------------------------------------|
| <input checked="" type="checkbox"/> Program Income Reuse Plan | <input checked="" type="checkbox"/> Contractor List |
| <input checked="" type="checkbox"/> Housing Rehab Guidelines | Projects Only: |
| <input checked="" type="checkbox"/> Temporary Relocation Plan | <input type="checkbox"/> Project Financing |
| <input checked="" type="checkbox"/> Existing Program Continued | <input type="checkbox"/> Project Plans and Specs |
| <input checked="" type="checkbox"/> Potential Clients | <input type="checkbox"/> Bid Package |

Note: If the applicant's Program Guidelines have been approved by the Department, provide only the Department's approval letter.

HOUSING REHABILITATION FORMS

HOUSING REHABILITATION – ALL FUNDING SOURCES

USES	SOURCES									
	STATE OR FEDERAL					LEVERAGE				
	State CDBG	Program Income	Other State Funds	Federal Funds	Local Funds	Private	Identify Leverage	Totals:		
<u>Housing Rehab Loans</u>	\$ <u>174,150</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ <u>174,150</u>		
<u>Activity Delivery</u>	\$ <u>40,850</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ <u>40,850</u>		
<u>Activity Delivery</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ <u>2,500</u>	\$ _____	<u>Staff in kind</u>	\$ <u>2,500</u>		
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____		
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____		
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____		
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____		
Totals:	\$ <u>215,000</u>	\$ _____	\$ _____	\$ _____	\$ <u>2500</u>	\$ _____	_____	\$ _____		

**PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW
CONSTRUCTION (PIHNC) - Forms**

PIHNC TABLE OF CONTENTS

**Click on the box, drop-down menu or text box to enter information.*

ACTIVITY	SELECT	DOCUMENTATION	PAGE(S)
PIHNC Forms (all pages)	YES		✓
Activity Sources and Uses	YES		✓
PIHNC Leverage Documentation	YES	Staff In Kind	✓
Conditions of Approval Documentation	REQUIRED		✓
STATE OBJECTIVES			
Claimed in Application Summary Section H	YES	Infrastructure	
BENEFIT			
Service Area Documentation	YES	US Census Map of El Dorado County	✓
Beneficiary Documentation	YES	Project Description	✓
NEED			
Renter Overpayment	YES	US Census Data	✓
Overcrowding	YES	US Census Data	✓
Vacancy Rates	YES	US Census Data	✓
On Waiting List for Other Funding	NO		
READINESS			
Activity Administrator	Combination	Other	✓
Environmental Finding Form	Yes	Project	✓
Form 58.6	YES	Project	✓
Statutory Worksheet	NO		
Environmental Assessment	NO		
SHPO Letter	NO		
Ready to Publish Notice (NOI/RROF)	NO		
Ready to Sign (RROF)	NO		
Site Control	YES	Option to Purchase	✓
All Financing in Place	YES	TIM Fee Offset	✓
Project Timeline	YES		✓
Cost Estimate	YES		✓
Local Approvals	Yes	Zoning	✓
Sources and Uses Form	YES		✓
Plans and Specifications	Yes	Conceptual Drawings	✓
Bid Package	No		

**PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW
CONSTRUCTION (PIHNC) - Forms**

Other: Community Support	YES	Letters	✓
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**PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW
CONSTRUCTION (PIHNC) - Forms**

A. ACTIVITY INFORMATION:

1. How much is being requested for this activity?

\$525,000 = \$483,000 + \$42,000

Total \$\$ Requested for this Activity = Activity \$\$+Activity Delivery \$\$

2. How will the requested CDBG funds be used?

a) Type of Project:

- Water/Sewer Improvements (03J)
- Street Improvements (03K)
- Sidewalks (03L)
- Tree Planting (03N)
- Payment of Eligible Assessments for Public Improvements
- Other (describe): Utility Improvements, Testing, Contingency

b) What type of improvements?

- On-site Improvements Off-Site Improvements

c) Is acquisition of Real Property included in this Activity?

- Yes No

3. Location of sites(s) where activity will occur:

East side of Sunset Lane, 700ft south of intersection with Mother Lode Drive,
Shingle Springs CA

Does the Applicant have site control?

- Yes No

4. Describe the Activity: (See instructions.)

The Sunset Lane Apartments project is conditioned by El Dorado County Department of Transportation to provide a variety of new Public Improvements on Becken Lane and Sunset Lane in Support of this New Housing Construction. The improvements will first require the support of a civil engineer to plan the improvements, an erosion control plan to meet California State and Local requirements as well as soil tests. Generally, the first tasks will include the demolition/removal and relocation of existing improvements followed by grading activities to prepare the sites for the new improvements. Once complete, the underground improvements will proceed, including storm drainage, sanitary sewer and water distribution services. Overhead electrical power lines will likely be removed and placed in new underground utility conduits together with street lighting electrical systems. New curb gutter and sidewalk will then be installed followed by new asphalt road sections. Local government inspections and testing will follow the tasks to maintain quality control. A recent cost estimate conducted by a licensed civil engineer has determined the Public offsite Improvements in Support of the Housing New Construction to be \$483,000.

Sunset Lane Apartments is Mercy Housing's proposed new construction of up to 50

PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW CONSTRUCTION (PIHNC) - Forms

units of family "work force / affordable housing" apartments in the community of Shingle Springs in unincorporated El Dorado County. The apartments will be situated within several separate and various sized 2 and 3 story buildings with walk-up flats. These will be a mix of one through three bedroom apartments affordable to a range of El Dorado County household sizes with incomes ranging from 30% to 50% of the Area Median Income. Five of the units are proposed to be reserved for disabled persons who are eligible for special services. The project will also include a 2,500 SF community building. Total project costs are approximately \$13,168,000.

The sizes of the proposed one through three bedroom units are as follows:

One Bedroom	=	650 square feet
Two bedroom	=	775 square feet
Three Bedroom	=	1000 square feet

The exterior will be stucco and hardi-plank siding with additional architectural accents. The buildings will be slab-on-grade, wood frame with pitched roofs and will have central heating and air conditioning. Ample parking will be provided on-site. The grounds surrounding the buildings will be landscaped with drought resistant grass, shrubs and trees. Every effort has been taken to preserve two wooded areas on the site with mature oak trees. These open spaces will be well preserved for the future and will provide a stunning amenity for the residents of Sunset Lane when enhanced with walking trails and picnic areas.

The apartment units will include wall-to-wall carpeting throughout the unit except for in the entry ways, kitchens and baths which will have vinyl flooring. Ample storage will be provided throughout the unit. Kitchens will include full size refrigerators, garbage disposals, central heat and air, electric ranges, ample cabinets and dishwashers. Water, sewer and garbage will be provided to each unit, while the tenant will be responsible for electric, telephone, television and internet services. All appliances will be electric. The buildings and the units will be designed to exceed Title 24 energy standards by at least 15%, which will be accomplished through the latest and most innovative cost conscious materials and construction methods.

Mercy Housing owns and operates 26 rental properties in the Sacramento Valley, Sierra and foothill region, including 3 properties in El Dorado County. Mercy Housing is well connected to social service agencies through its operation of the Diamond Sunrise Apartments Phases 1 and II, White Rock Village Apartments in El Dorado Hills and Tahoe Valley Apartments in South Lake Tahoe. This will increase the number of Mercy managed units in El Dorado County. The on-site community building will have property management and social services offices, as well as a resident computer lab and a multipurpose event/meeting room. Mercy Housing's management affiliate, Mercy Services Corporation, will provide professional property management services. Mercy staff will coordinate many on-site services at the multipurpose room and outdoor recreation at the nearby parks and on-site. Of the many community services Mercy Housing is already linked with at other properties in the region, the following are services that are most appropriate for Sunset Lane Apartments:

**PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW
CONSTRUCTION (PIHNC) - Forms**

After-school Programs
Employment Development
Health services

The 2.98 acre vacant parcel is located on the east side of Sunset Lane, approximately 700 feet south of the intersection with Mother Lode Drive in the Shingle Springs area of El Dorado County. The seller initiated a successful zone change application in April of 2009 for this parcel which resulted in the current zoning of RM / DC

The site is currently owned by the Brown Family trust. An option agreement is in effect between Mercy Housing California and the current owners.

5. Who will be the Activity Administrator? (Check all that apply.)

- Jurisdiction (Applicant)
- Consultant/Contractor (For-Profit entity)
- Non-Profit as Subrecipient
- CHDO (Recognized Community Housing Development Organization)
- Another unit of local government
- Another public agency
- Non-Profit's not acting as Subrecipients
- Faith-based organization
- Institution of higher education

Name of all agencies/organizations indicated above:

- a) County of El Dorado
- b) Mercy Housing California LP - To Be Formed

6. Timeline/Schedule/Milestones:

Indicate significant milestone accomplishments and the proposed date of completion. If awarded funds, these milestones will be included in the contract language as expenditure milestones.

Activity Milestones		
	Description of Accomplishment	Proposed Date of Attainment
1.	Award of CDBG Commitment	11/2010
2.	Award of HOME Commitment	12/2010
3.	Award of Tax Credit Reservation	08/2011
4.	Start Construction	01/2012
5.	Complete Construction	05/2013
6.		
7.		
8.		

**PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW
CONSTRUCTION (PIHNC) - Forms**

B. BENEFIT:

1. **Service Area:** (Check only one.)

- Entire Jurisdiction
- Target Area(s)

All applicants: Identify the Service Area(s) by Census Tract(s) and Block Group(s) in the table below and list the page(s) where the Census Tract/ Block Group Map(s) may be found in this application. Page(s): _____

Census Tract	Census Tract	Census Tract	Census Tract	Census Tract	Census Tract
_____	_____	_____	_____	_____	_____
Block Group(s)	Block Group(s)	Block Group(s)	Block Group(s)	Block Group(s)	Block Group(s)
_____	_____	_____	_____	_____	_____

2. **Beneficiaries (people):**

- Income Restricted** (100 percent TIG – support Affordable Housing Dev)
- Primarily TIG** (List % of total):
 - Based on HUD Low/Mod charts on Page _____
 - Based on Income Survey.
Survey methodology and results on page(s) _____

3. **Number of people who will benefit:**

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTAL # of People
_____	_____	<u>92</u>	<u>14</u>	<u>106*</u>

*County average household size is 2.71 persons

C. NEED FOR NEW UNITS: Carry out all percents to two decimal points, e.g. 32.68 %.

1. **Renter Overpayment:**

From the 2000 US Census Summary File 3, Table DP-4, "Gross Rent as Percentage of Household Income", indicate the percentage of renter-occupied households paying more than 25 percent of their income for housing. 53.10%

Copy the table used, note your calculations on the table and include the table and calculations in the application.

Table and calculations on Page(s): _____

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2. Overcrowding:

A housing unit is determined to be overcrowded when there are 1.01 or more occupants per room. From the 2000 US Census Summary File 3, Table DP-4, "Occupants Per Room", indicate the overcrowding percentage: 5.21%

Copy the "Occupants Per Room" table, note the calculations on the table and include the table and calculations in the application.

Table and calculations on Page(s): _____

3. Vacancy Rates:

From the 2000 US Census Summary File 1, Table DP-1, "Homeowner and Renter Vacancy Rates", indicate the:

Homeowner Vacancy Rate 1.2% and Renter Vacancy Rate 5.8%.

Copy the table and include it in the application.

Table on Page(s): _____

4. Other Supporting Need Documentation:

Waiting List. Page(s): PHA Letter

Market Study. Page(s): _____

Applicant has applied to another funding agency for all or a portion of this activity.
Name of agency: _____

Are you on the other agency's waiting list? Yes No

Other (describe): _____ Page(s): _____

5. Supplemental Information:

This section is used to provide information being rebutted and/or not captured in the 2000 Census and/or your Housing Element with regards to the community's worsened condition of housing and/or worsened overcrowding needs. Provide all information that is requested.

Check if providing supplemental information for.

Worsened Condition of Housing Worsened Housing Overcrowding

a) Describe the worsened condition:

b) Describe how this issue is specific to your community?

c) List:

- Third-party documentation (must be less than 5 years old) that is being submitted to support the worsened condition(s), **AND**

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- The time period that the documentation supports as worsened (e.g. Earthquake on 1/1/08; Fire from 3/13/08-5/17/08, etc.), **AND**
- The page numbers, in this application, where documentation can be found.

Note: For lengthy reports/studies, please include the cover page, executive summary and only the pages needed to support worsened conditions.

	Source (Agency, other)	Description of Documentation:	Date of Doc.	Application Page #
1.				
2.				
3.				
4.				
5.				
6.				

D. READINESS:

1. Activity Administrator:

If funded, how will this activity be administered?

- In-house Staff Only (Attach resumes and duty statements of staff that will be performing the work.)
- Subrecipient Agreement:
 Draft Executed Other: _____
 Term of the agreement: _____
- Procured Administrator(s) (per 24 CFR 85.36 and the GMM Chapter 8):
 Per Small Purchase Authority
 By Competitive Proposal
 By Non-Competitive/Sole-Source
 Department approval documentation, pages: _____
 Term of the agreement: _____
- Combination of the above. Describe: Jurisdiction (Applicant) & Non-Profit not acting as Subrecipients

2. Environmental Review: (Check all applicable.)

- Environmental Finding Form (EFF)
 Form 58.6
 Statutory Worksheet
 Environmental Assessment
 SHPO Letter

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- Ready to Publish Notice ()
- Ready to Sign Request for Release of Funds (RROF)

3. Site Control (projects only):

- | Draft | Executed | |
|--------------------------|-------------------------------------|--------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | City/County owned site |
| <input type="checkbox"/> | <input type="checkbox"/> | Purchase Agreement |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Option to Purchase (extension in progress) |
| <input type="checkbox"/> | <input type="checkbox"/> | Option to Lease |
| <input type="checkbox"/> | <input type="checkbox"/> | Leasehold Interest |
| <input type="checkbox"/> | <input type="checkbox"/> | Deed of Trust |
| <input type="checkbox"/> | <input type="checkbox"/> | Other documentation of Site Control – List |

4. Other Readiness Documentation Provided:

- | | |
|-----------------------------------------------------------|--------------------------------------------------------------|
| <input checked="" type="checkbox"/> Sources and Uses Form | <input checked="" type="checkbox"/> Architect/Engineer |
| <input type="checkbox"/> Bid Package | <input checked="" type="checkbox"/> Plans and Specifications |
| <input checked="" type="checkbox"/> Cost Estimate | <input type="checkbox"/> Permits |
| <input type="checkbox"/> Contractor List | <input type="checkbox"/> Other: _____ |

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USES	SOURCES									
	STATE OR FEDERAL					LEVERAGE				
	State CDBG	Program Income	Other State Funds	Federal Funds	Local Funds	Private	Identify Leverage	Totals:		
<u>Site Preparation, Grading & Roadway Imp.</u>	\$ 176,359	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ 176,359		
<u>Storm Drainage & Sanitary Sewers</u>	\$ 52,700	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ 52,700		
<u>Water Dist</u>	\$ 44,260	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ 44,260		
<u>Street Lighting & Utility Improv</u>	\$ 40,750	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ 40,750		
<u>Erosion Control & Consult Fees</u>	\$ 103,130	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ 103,130		
<u>County Permits & Fees</u>	\$ 21,000	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ 21,000		
<u>Contingency</u>	\$ 44,801	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ 44,801		
<u>Activity Delivery</u>	\$ 42,000	\$ _____	\$ _____	\$ _____	\$ 4,500	\$ _____	_____	\$ 46,500		
Totals:	\$ 525,000	\$ _____	\$ _____	\$ _____	\$ 4,500	\$ _____	_____	\$ 529,500		

County Of El Dorado
Department of Human Services
Housing, Community & Economic Development
Block Grant Programs
3057 Briw Road, Bldg. A
Placerville, CA 95667

Phone (530) 621-7300

Contact:
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Phone (530) 621-7266
cynthia.wallington@edcgov.us