

Use 130% zoom for optimum viewing

Read Only
 Fill Out

| Jurisdiction | |
|------------------|------------------|
| Type | Name |
| County of | El Dorado |

| Application Summary Contents | Required or "Select" | Documentation Location (page #) |
|------------------------------------------------------|----------------------|------------------------------------|
| Tab 2: Jurisdiction Information | Required | |
| - Joint Powers Agreement/MOU (If applicable) | N/A | |
| Tab 3: Legislative Representative Information | Required | |
| Tab 4: CD and ED | Required | |
| Tab 5: Colonia and Native American | Required | |
| Tab 6: Supplementals | Required | |
| Tab 7: ED OTC | Required | |
| Tab 8: Activity Funding Sources | Required | |
| Tab 9: Section 504 Self Certification | Required | |

| Threshold Documentation | Required or "Select" | Documentation Location (page #) |
|----------------------------------------------------|----------------------|------------------------------------|
| Contents | | |
| Tab 10: Threshold Requirement Certification | Required | |
| - Non-Debarment Documentation | Required | |
| - Citizen Participation Documentation | Required | |
| - Original Resolution(s) of the Governing Body | Required | |

| Statement of Assurances | Required or "Select" | Documentation Location (page #) |
|---------------------------------------------|----------------------|------------------------------------|
| Contents | | |
| Tab 11: Statement of Assurances Form | Required | |

| Jurisdictional Capacity | Required | Documentation Location (page #) |
|------------------------------------------------------------|-----------------|------------------------------------|
| All Grant Administrative Capacity Application Forms | Required | |

| Individual Activities (populates from <u>green</u> tabs) | Required or "Select" | Documentation Location (page #) |
|----------------------------------------------------------|----------------------|------------------------------------|
| Activities (CD, ED, PTA) | | |
| Rehab; Single-Unit Residence (14A) | Required | |
| Homeownership Direct Assistance (13) | Required | |
| Public Facilities & Improvements (General) (03) | Required | |
| | Required | |
| | Required | |
| | Required | |
| | Required | |
| | Required | |
| | Required | |
| | Required | |

| | | |
|-------------------------------------------------------|-----------------|--|
| Other Activities (Colonia and Native American) | | |
| | Required | |
| | Required | |
| | Required | |
| | Required | |
| | Required | |
| | Required | |

2017 CDBG Application Summary

CFDA 14.228
rev. 08.17

1. Table of Contents

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Read Only
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| Jurisdiction | | |
|--------------|-----------|--|
| Type | Name | |
| County of | El Dorado | |
| | Required | |
| | Required | |

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| Jurisdiction | | |
|----------------------------------|------------------|--|
| Type | Name | |
| County of | El Dorado | |
| Supplementals | | |
| Senior Services (05A) | Required | |
| | Required | |
| | Required | |
| ED-Over the Counter (OTC) | | |
| | Required | |

A. Application Information

Jurisdiction: County of El Dorado **Duns #:** 965067382

Address: 2850 Fairlane Court, Bldg. C **EIN/TIN#:** 94-6000511

City: Placerville, CA **Zip Code:** 95667

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

Select
No

Complete the following. (Please note the inclusion of a Joint Powers Agreement or Memorandum of Understanding in the application is required).

Second Jurisdiction's Name: _____

Address: _____

City: _____

Zip Code: _____

B. Authorized Representative Information (per the Resolution)

Name: Roger Trout **Title:** Director, Planning & Building Dept.

Phone: 530-621-5369 **Ext:** _____ **Fax:** 530-642-0508

Email: roger.trout@edcgov.us

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

Address: _____

City: _____

Zip Code: _____

Signature: _____

Date: _____

(Blue Ink)

C. Jurisdictional Contact Information

Check here if address and contact person is the same as the Authorized Representative information above; if not, fill in information below.

Name: C.J. Freeland **Title:** Department Analyst II
(must be [jurisdiction](#) staff)

Agency: County of El Dorado

Address: 2850 Fairlane Court, Bldg. C

City: Placerville

Zip Code: 95667

Phone: 530-621-5159 **E-mail:** cynthia.freeland@edcgov.us **Fax:** 530-642-0508

Jurisdiction: County of El Dorado

D. Legislative Representative Information

| | District # | First Name | Last Name |
|---|------------|------------|------------|
| 1 | Assembly 5 | Frank | Bigelow |
| | Senate 1 | Ted | Gaines |
| | Congress 4 | Tom | McClintock |
| 2 | Assembly 6 | Kevin | Kiley |
| | Senate | | |
| | Congress | | |
| 3 | Assembly | | |
| | Senate | | |
| | Congress | | |
| 4 | Assembly | | |
| | Senate | | |
| | Congress | | |

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Jurisdiction: County of El Dorado

1 Activity

Rehab; Single-Unit Residence (14A)

Result of a Previous PTA?
Yes

PTA Contract #
09-PTAG-6497

Requested Amounts

| Select AD % | a. Total | b. Gen Admin <small>(a - (a / 1.075))</small> | c. Activity Delivery <small>((a - b) - (a-b)/(1+AD%))</small> | d. Net Activity <small>(a - b - c)</small> |
|-------------|-----------|--------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------|
| 19% | \$300,000 | \$20,930 | \$44,557 | \$234,512 |

National Objective
LMH

| Proposed Beneficiaries | |
|------------------------|---|
| Target ID (see below) | # |
| 7 | 8 |

2 Activity

Homeownership Direct Assistance (13)

Result of a Previous PTA?
No

PTA Contract #

Requested Amounts

| Select AD % | a. Total | b. Gen Admin <small>(a - (a / 1.075))</small> | c. Activity Delivery <small>((a - b) - (a-b)/(1+AD%))</small> | d. Net Activity <small>(a - b - c)</small> |
|-------------|-----------|--------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------|
| 8% | \$700,000 | \$48,837 | \$48,234 | \$602,929 |

National Objective
LMH

| Proposed Beneficiaries | |
|------------------------|---|
| Target ID (see below) | # |
| 7 | 8 |

3 Activity

Public Facilities & Improvements (General) (03)

Result of a Previous PTA?
No

PTA Contract #

Requested Amounts

| Select AD % | a. Total | b. Gen Admin <small>(a - (a / 1.075))</small> | c. Activity Delivery <small>((a - b) - (a-b)/(1+AD%))</small> | d. Net Activity <small>(a - b - c)</small> |
|-------------|-------------|--------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------|
| 12% | \$4,000,000 | \$279,070 | \$398,671 | \$3,322,259 |

National Objective
LMC

| Proposed Beneficiaries | |
|------------------------|----|
| Target ID (see below) | # |
| 9 | 25 |

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Jurisdiction: County of El Dorado

4 Activity

[Yellow Input Field]

Result of a Previous PTA?
[Yellow Input Field]

PTA Contract #
[Yellow Input Field]

Requested Amounts

| | a. | b. | c. | d. |
|-------------|----------------------|-----------------------------------------------|---------------------------------------------------------------|--------------------------------------------|
| Select AD % | Total | Gen Admin <small>(a - (a / 1.075))</small> | Activity Delivery <small>((a - b) - (a-b)/(1+AD%))</small> | Net Activity <small>(a - b - c)</small> |
| Select | [Yellow Input Field] | [Blue Input Field] | [Blue Input Field] | [Blue Input Field] |

National Objective
LMH

Proposed Beneficiaries

| | |
|-----------------------|----------------------|
| Target ID (see below) | # |
| [Yellow Input Field] | [Yellow Input Field] |

5 Activity

[Yellow Input Field]

Result of a Previous PTA?
[Yellow Input Field]

PTA Contract #
[Yellow Input Field]

Requested Amounts

| | a. | b. | c. | d. |
|-------------|----------------------|-----------------------------------------------|---------------------------------------------------------------|--------------------------------------------|
| Select AD % | Total | Gen Admin <small>(a - (a / 1.075))</small> | Activity Delivery <small>((a - b) - (a-b)/(1+AD%))</small> | Net Activity <small>(a - b - c)</small> |
| Select | [Yellow Input Field] | [Blue Input Field] | [Blue Input Field] | [Blue Input Field] |

National Objective
[Yellow Input Field]

Proposed Beneficiaries

| | |
|-----------------------|----------------------|
| Target ID (see below) | # |
| [Yellow Input Field] | [Yellow Input Field] |

6 Activity

[Yellow Input Field]

Result of a Previous PTA?
[Yellow Input Field]

PTA Contract #
[Yellow Input Field]

Requested Amounts

| | a. | b. | c. | d. |
|-------------|----------------------|-----------------------------------------------|---------------------------------------------------------------|--------------------------------------------|
| Select AD % | Total | Gen Admin <small>(a - (a / 1.075))</small> | Activity Delivery <small>((a - b) - (a-b)/(1+AD%))</small> | Net Activity <small>(a - b - c)</small> |
| Select | [Yellow Input Field] | [Blue Input Field] | [Blue Input Field] | [Blue Input Field] |

National Objective
[Yellow Input Field]

Proposed Beneficiaries

| | |
|-----------------------|----------------------|
| Target ID (see below) | # |
| [Yellow Input Field] | [Yellow Input Field] |

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rev. 08.17

Jurisdiction: County of El Dorado

7 Activity

| | | | | | | |
|-------------|-------------|-----------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------|---------------------------|----------------|
| | | | | | Result of a Previous PTA? | PTA Contract # |
| | | | | | National Objective | |
| Select AD % | a. Total | b. Gen Admin <small>(a - (a / 1.075))</small> | c. Activity Delivery <small>((a - b) - (a-b)/(1+AD%))</small> | d. Net Activity <small>(a - b - c)</small> | Proposed Beneficiaries | |
| Select | | | | | Target ID (see below) | # |

8 Activity

| | | | | | | |
|-------------|-------------|-----------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------|---------------------------|----------------|
| | | | | | Result of a Previous PTA? | PTA Contract # |
| | | | | | National Objective | |
| Select AD % | a. Total | b. Gen Admin <small>(a - (a / 1.075))</small> | c. Activity Delivery <small>((a - b) - (a-b)/(1+AD%))</small> | d. Net Activity <small>(a - b - c)</small> | Proposed Beneficiaries | |
| Select | | | | | Target ID (see below) | # |

9 Activity

| | | | | | | |
|-------------|-------------|-----------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------|---------------------------|----------------|
| | | | | | Result of a Previous PTA? | PTA Contract # |
| | | | | | National Objective | |
| Select AD % | a. Total | b. Gen Admin <small>(a - (a / 1.075))</small> | c. Activity Delivery <small>((a - b) - (a-b)/(1+AD%))</small> | d. Net Activity <small>(a - b - c)</small> | Proposed Beneficiaries | |
| Select | | | | | Target ID (see below) | # |

10 Activity

| | | | | | | |
|-------------|-------------|-----------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------|---------------------------|----------------|
| | | | | | Result of a Previous PTA? | PTA Contract # |
| | | | | | National Objective | |
| Select AD % | a. Total | b. Gen Admin <small>(a - (a / 1.075))</small> | c. Activity Delivery <small>((a - b) - (a-b)/(1+AD%))</small> | d. Net Activity <small>(a - b - c)</small> | Proposed Beneficiaries | |
| Select | | | | | Target ID (see below) | # |

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Jurisdiction: County of El Dorado

Select

Requested for Activity(ies)

General Administration (21A)

CD & ED Total

\$5,000,000

\$348,837

Enter the **primary** number(s) that correspond to the target population(s) 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.

| | | | |
|------------------|-------------------------------|------------------------------|-----------------------------------------|
| Target ID | 1. Physically Disabled | 7. Families | 13. Victims of Domestic Violence |
| | 2. Persons with AIDS | 8. Farmworkers | 14. Duly 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 |

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Jurisdiction: County of El Dorado

1 Activity

Senior Services (05A)

| | | | | |
|---------------------------|----------------|--------------------|------------------------|----|
| Result of a Previous PTA? | PTA Contract # | National Objective | Proposed Beneficiaries | |
| Yes | 95-STBG-956 | LMC | Target ID (see below) | # |
| | | | 9 | 10 |

2 Activity

[Redacted]

| | | | | |
|---------------------------|----------------|--------------------|------------------------|---|
| Result of a Previous PTA? | PTA Contract # | National Objective | Proposed Beneficiaries | |
| | | | Target ID (see below) | # |
| | | | | |

3 Activity

[Redacted]

| | | | | |
|---------------------------|----------------|--------------------|------------------------|---|
| Result of a Previous PTA? | PTA Contract # | National Objective | Proposed Beneficiaries | |
| | | | Target ID (see below) | # |
| | | | | |

Enter the **primary** number(s) that correspond to the target population(s) 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.

| | | | |
|------------------|-------------------------------|------------------------------|-----------------------------------------|
| Target ID | 1. Physically Disabled | 7. Families | 13. Victims of Domestic Violence |
| | 2. Persons with AIDS | 8. Farmworkers | 14. Duly 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 |

2017 CDBG Application Summary

8. Activity Funding Sources

rev. 08.17

Jurisdiction: County of El Dorado

| | | | | | | |
|-------------------------------|--------------------------------------------|-----------------------------------|----------------------------|----------------------|------------------------|-----------------------------|
| Program Income On Hand | Funding Request Summary (CDBG only) | CD & ED \$4,651,163 | Col & NA \$0 | ED-OTC \$0 | GA \$348,837 | Total \$5,000,000 |
|-------------------------------|--------------------------------------------|-----------------------------------|----------------------------|----------------------|------------------------|-----------------------------|

| Activity | CDBG | Activity Delivery | Federal | State | Local | Private | Total |
|----------|------|-------------------|---------|-------|-------|---------|-------|
|----------|------|-------------------|---------|-------|-------|---------|-------|

Community Development & Economic Development (CD & ED) Funding

| | | | | | | | |
|------------------------------------|-----------|-----|--|--|--|--|-----------|
| General Administration (GA) | \$348,837 | N/A | | | | | \$348,837 |
|------------------------------------|-----------|-----|--|--|--|--|-----------|

| | | | | | | | |
|----|-------------------------------------------------|-------------|-----------|--|-------------|-----------|-------------|
| 1 | Rehab; Single-Unit Residence (14A) | \$234,512 | \$44,557 | | | | \$279,070 |
| 2 | Homeownership Direct Assistance (13) | \$602,929 | \$48,234 | | | \$595,700 | \$1,246,863 |
| 3 | Public Facilities & Improvements (General) (03) | \$3,322,259 | \$398,671 | | \$1,000,000 | | \$4,720,930 |
| 4 | | | | | | | \$0 |
| 5 | | | | | | | \$0 |
| 6 | | | | | | | \$0 |
| 7 | | | | | | | \$0 |
| 8 | | | | | | | \$0 |
| 9 | | | | | | | \$0 |
| 10 | | | | | | | \$0 |

| | | | | | | | |
|------------------------------------------|--------------------|------------------|------------|------------|--------------------|------------------|--------------------|
| CD & ED Total (Activity + AD) | \$4,159,700 | \$491,463 | \$0 | \$0 | \$1,000,000 | \$595,700 | \$6,246,863 |
|------------------------------------------|--------------------|------------------|------------|------------|--------------------|------------------|--------------------|

Colonia & Native American (Col. & NA) Funding

| | | | | | | | |
|-------------------------------|--|-----|--|--|--|--|-----|
| General Administration | | N/A | | | | | \$0 |
|-------------------------------|--|-----|--|--|--|--|-----|

| | | | | | | | |
|---|--|--|--|--|--|--|-----|
| 1 | | | | | | | \$0 |
| 2 | | | | | | | \$0 |
| 3 | | | | | | | \$0 |
| 4 | | | | | | | \$0 |
| 5 | | | | | | | \$0 |
| 6 | | | | | | | \$0 |
| 7 | | | | | | | \$0 |
| 8 | | | | | | | \$0 |

Jurisdiction: **County of El Dorado**

| | | | | | | |
|-------------------------------|--------------------------------------------|-----------------------------------|----------------------------|----------------------|------------------------|-----------------------------|
| Program Income On Hand | Funding Request Summary (CDBG only) | CD & ED \$4,651,163 | Col & NA \$0 | ED-OTC \$0 | GA \$348,837 | Total \$5,000,000 |
|-------------------------------|--------------------------------------------|-----------------------------------|----------------------------|----------------------|------------------------|-----------------------------|

| Activity | CDBG | Activity Delivery | Federal | State | Local | Private | Total |
|-------------------------------------------|------|-------------------|---------|-------|-------|---------|-------|
| Col & NA Total (Activity + AD) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

Supplementals Informational Only

| | |
|---|-----------------------|
| 1 | Senior Services (05A) |
| 2 | |
| 3 | |

Economic Development/ Over-the-Counter (ED OTC)

| | | | | | | | | |
|---|------------------------------------|--|-----|--|--|--|--|-----|
| | General Administration (GA) | | N/A | | | | | \$0 |
| 1 | | | | | | | | \$0 |

Jurisdiction: County of El Dorado

- 1) HUD requires jurisdictions to have documented their compliance with Section 504.
- 2) 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 requirements. The jurisdiction should have performed an analysis and evaluation of each factor and prepared a Section 504 Plan.
- 3) The following self-certification form should be used with this application to certify that the jurisdiction has performed this analysis and evaluation and to record areas of compliance or problems. Please complete this form, sign and date it, and include it as part of this application.

>>See the **CDBG Grant Management Manual Chapter 4** for additional information<<

| Communications (Program Publicity) | Y/N | Problems |
|-------------------------------------------------------------|-----|----------|
| Public Notices & Newspaper Ads | YES | |
| Public Service Announcements | Yes | |
| Posters/ Flyers | YES | |
| Letters to Homeowners in the Area | YES | |
| Informational Public Meetings | YES | |
| Interpreters/ Readers/ TDD Available on Request | YES | |
| Equal Opportunity Statements in Ads, Flyers and/ or Letters | Yes | |
| Modifications Made | | |

| Employment | Y/N | Problems |
|-----------------------------------------------------------------------------------------------------------------------------|-----|----------|
| City Makes Reasonable Accommodation to Known Physical/ Mental Limitations of Qualified Applicant/ Employees with Handicaps. | Yes | |
| Pre-Employment Inquiries and Test Do Not Screen Out Handicapped Persons. | Yes | |
| Modifications Made | | |

| Program Accessibility | Y/N | Problems |
|--------------------------------------------------------------------------------------------------------------------|-----|----------|
| Are City County Facilities Accessible to and Useable by Individuals with Handicaps (i.e. Ramps, Space at Meetings. | Yes | |
| Handicap Modifications Offered in Rehabilitation Program. | Yes | |
| Handicapped Individuals with Limited Mobility Assisted with Applications in Their Homes. | Yes | |
| Modifications Made | | |

Jurisdiction: County of El Dorado

Enforcement (How policies meet 504 requirements)

Y/N

Problems

Statement of Assurances in Grant Applications

Yes

Non-Discrimination Clause in Deed-of-Trust

Yes

Names of Advisors on Handicapped Issues

1

2

City/ County has Procedures for Complaints.

Yes

Is a Log Maintained of any Complaints?

Yes

[Large yellow redacted area for Problems]

Modifications Made

[Large yellow redacted area for Modifications Made]

Section 504 Coordinator

Name: Russ Fackrell

Date:

Signature:

(Blue Ink)

Jurisdiction: County of El Dorado

The department will review each application to determine whether the application meets all of the eligibility threshold criteria.

A Debarment

Select
No Is the applicant jurisdiction on the Federal Excluded parties List? (<https://www.sam.gov>)
If "Yes" - applicant is **not** eligible to receive Federal Funding.

Copy of the search is on page(s):

B Housing Element Compliance

Select
Yes Does the applicant have a Housing Element in compliance with CDBG requirements as of the application submittal deadline?
If "No" - applicant is **not** eligible to receive Federal Funding.

The Department will verify CDBG compliance with HPD as of the application due date.

C Growth Control

Select
No Has the applicant's jurisdiction enacted limitations on residential construction, which includes limitations other than: establishing agricultural preserves, limitations imposed by another agency or limitations not based on health and safety needs?
If "No" - skip to next section

Select
Yes Do these limitations meet any of the exceptions found in State Statute at Health and Safety Code 50830?
If "Yes" - applicant includes a copy of the limitation with the application.

Copy of the limitation is on page(s):

If "No" - applicant is **not** eligible to receive Federal Funding.

D Statement of Assurances

Select
Yes Applicant has printed and included the Excel version of the Statement of Assurances (last tab in this workbook) signed in **blue ink** by the **Authorized Representative** of the applicant jurisdiction as listed in the Authorizing Resolution.

E OMB Circular A-133

Select
Yes Per OMB Circular A-133 .315(e) - Applicant asserts that the State Controller's Office (SCO) was in receipt of the complete Single Audit Package by the NOFA application due date.

The Department will verify compliance with SCO.

F Citizen Participation

Select
Yes Applicant has met all Public Hearing/ Citizen Participation requirements:

1 A) Public notices published in a local newspaper announcing the Public hearings and containing the required information as stated in the CDBG Grant Management Manual, applicable Management Memos and as applies to all parts of the Statement of Assurances in this Application Summary.

B) Applicant has read, implemented and followed all citizen participation requirements as discussed in Appendix D - including holding all public hearings in ADA accessible locations and meeting all requirements for serving citizens with limited English proficiency.

2 C) At least one public hearing was held during the program design prior to application submittal,

- Hearing prior to application submission was published/ posted on: 03/17/17 ; and,

- Hearing **prior** to application submission was held on: 11/03/17 ; and,

3 D) Sign-in sheets and all documentation are in the public information file available for review and monitoring **and**,

Jurisdiction: County of El Dorado

The department will review each application to determine whether the application meets all of the eligibility threshold criteria.

- 4 E) Written comments received during the public hearing process are included with the application along with any responses.

Jurisdiction: **County of El Dorado**

The department will review each application to determine whether the application meets all of the eligibility threshold criteria.

G Resolution(s) of the Governing Body

Select
Yes

Applicant has included a Resolution (sample in Appendix E) that:

- 1 Is an original certified copy; **and**,
- 2 Authorizes submission of the application; **and**,
- 3 Approves the application's contents (funding requested, activities, committed funding other than CDBG Program Income, etc...); **and**,
- 4 Authorizes the execution of a grant agreement and any amendments thereto (if funded); **and**,
- 5 Designates a person (by title) authorized to enter into an agreement (if funded); **and**,
- 6 Designates persons (by title) authorized sign all reports, Funds Requests and other program-supporting documentation (if funded); **and**,
- 7 Authorizes the request for and execution of a **Waiver to the 50% Expenditure Rule**.

H 50% Expenditure Rule/Waiver

Select
Yes

Has the applicant expended at least 50% of **all** funds awarded under the 2012 NOFA and later (excludes funds awarded for ED-OTC, DRI and NSP)?

To validate the definition of **expended** has been met, please select **Yes** or **No** for each of the following:

Yes
Yes
Yes

- 1 The work is complete.
- 2 Associated costs have been paid by the applicant.
- 3 The associated reimbursement Funds Request has been submitted to the Department.

If the answer to any of the items above is, "No" the applicant is not eligible under this NOFA.

Select
No

Is the applicant requesting a "Waiver" to the 50% Rule? *If "Yes", please refer to Appendix N for instructions.*

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 related to the above threshold questions and any other eligible application issue. **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.**

Authorized Representative (per the Resolution):

I certify on behalf of **County of El Dorado** that the Threshold information provided is true and accurate.

Date: _____

Signature: _____

(Blue Ink)

Name: **Roger Trout**

Title: **Director, Planning and Building Department**

The **County of El Dorado** hereby assures and certifies that:

Select
Yes

Legal Authority - It possesses legal authority to apply for the grant and to execute the proposed program.

Select
Yes

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.

Select
Yes

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 ADA compliant 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**
- F** Identifies how the needs of limited-English speaking residents will be met in the case of public hearings where limited-English speaking residents can reasonably be expected to participate.

Select
Yes

National Objective - It has developed its CDBG Program 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.

Select
Yes

NEPA Environmental Review – It 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).

Select
Yes

Audit/Performance Findings – It has resolved or is currently working with the Department to resolve any audit findings or CDBG performance problems.

The **County of El Dorado** hereby assures and certifies that:

Select
Yes

Growth Control - 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**,
- 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**,
- D** The use of the funds applied for in this application is restricted for housing for Low/ Mod Income persons.

Select
Yes

Uniform Administrative Requirements – It 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.

Select
Yes

Nondiscrimination – It shall comply with the following regarding nondiscrimination laws and practices:

- 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).

Select
Yes

Anti-Displacement/Relocation – It 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 E of the State's Annual Plan.

The plan can be found at: [Annual Plan Update 2014-2015](#)

Select
Yes

Labor Standards – It 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.

Select

Architectural Barriers – It will comply with the Architectural Barriers Act of 1968 (42 USC 4151-4157) and implementing regulations.

The **County of El Dorado** hereby assures and certifies that:

Yes regulations (24 CFR Part 40-41).

The **County of El Dorado** hereby assures and certifies that:

Select
Yes **Conflict of Interest** – It 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).

Select
Yes **Limitations on Political Activities** – It will comply with the Hatch Act (5 USC 1501 et seq.) regarding political activity of employees.

Select
Yes **Lead-Based Paint** – It 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.

Select
Yes **Debarred Contractors** - The applicant or its staff 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 (<https://www.sam.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.

Select
Yes **Inspection of Grant Activities** – It 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.

Select
Yes **Cost Recovery** – It 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 Low/ Mod 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 Low/ Mod 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.

Select
Yes **Procurement** – It will follow the federal procurement policies per 24 CFR Sec. 85.36

Select
Yes **Excessive Force** – It 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.

Select
Yes **Compliance with Laws** - The jurisdiction will comply with applicable laws.

The **County of El Dorado** hereby assures and certifies that:

I hereby certify under penalty of perjury that all the information contained in this Statement of Assurances (including all supporting documentation) is true and correct. I understand and acknowledge that making false statements on this certification, including any documents submitted in support of it, is a crime under federal and California state laws, which may result in criminal prosecution.

Certifying Officials Name: Roger Trout

Certifying Officials Title: Director, Planning and Building Department

Certification Date:

Signature: (Blue Ink)