

**2018 CDBG Application Summary - Table of Contents**

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<b>Applicant/Jurisdiction Name</b>	<b>COUNTY OF EL DORADO</b>	<b>Type</b>	<b>County</b>
<b>Application Summary Contents (worksheet)</b>			<b>Document Location (page #)</b>
<b>Jurisdiction and Leg Info</b>		Required	<b>COUNTY OF EL DORADO</b>
<b>Joint Powers Agreement/MOU (if applicable)</b>			
<b>CD and ED Activites (Community Development and Economic Development)</b>		Required	
<b>Col and NA Activites (Colonia and Native American)</b>		Required	N/A
<b>ED OTC (Economic Development Over the Counter)</b>		Required	N/A
<b>Active Funding Sources</b>		Required	N/A
<b>Jurisdiction and Legislative Information</b>		Required	
<b>Threshold Documentation</b>			<b>Document Location (page #)</b>
<b>Threshold Requirement Certification</b>		Required	
<b>Non-Debarment Documentation</b>		Required	
<b>Citizen Participation Documentation</b>		Required	
<b>Original Resolution(s) of the Governing Body</b>		Required	
<b>Statement of Assurances</b>			<b>Document Location (page #)</b>
<b>Statement of Assurances Form</b>		Required	
<b>Request for Waiver</b>			<b>Document Location (page #)</b>
<b>Request for Waiver Form</b>		Required	N/A
<b>Jurisdictional Capacity</b>			<b>Document Location (page #)</b>
<b>All Grant Administrative Capacity Application Forms</b>		Required	
<b>Individual Activities (will autofill once activities are selected on Activites worksheets - green tabs)</b>			<b>Document Location (page #)</b>
<b>Activities (CD, ED, PTA)</b>			
1	03A Senior Centers	Required	
2	13 Direct Homeownership Assistance	Required	
3	14A Rehab: Single-Unit Residential	Required	
4		Required	
5		Required	
<b>Other Activities (Colonia and Native American)</b>			
1		Required	
2		Required	
3		Required	
4		Required	
5		Required	
<b>Supplementals</b>			
1		Required	
2		Required	
3		Required	
<b>Request for Waiver</b>			
1		Required	
2		Required	

**2018 CDBG Application Summary - Jurisdiction and Legislative Information**

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<b>Jurisdiction #1</b>											
Name	COUNTY OF EL DORADO				Type	County	Duns #	965064382	EIN/TIN#	94-6000511	
Address	2650 FAIRLANE COURT			City	PLACERVILLE	State	CA	Zip	95667		
Auth Rep Name	TIFFANY SCHMID		Title	DIRECTOR	Authorized Rep. Email			tiffany.schmid@edcgov.us	Phone		530-621-5132
Contact Name	C.J. FREELAND			Title	DEPARTMENT ANALYST II	Agency Name			COUNTY OF EL DORADO		
Address	2650 FAIRLANE COURT			City	PLACERVILLE	State	CA	Zip	95667		
Contact Email	cynthia.freeland@edcgov.us			Contact Phone			530-621-5159				

<b>File Name:</b>	<b>J1 Reso</b>	<i>Resolutions (see Resolution section below)</i>	Hardcopy Included?	Yes	File Uploaded?	
<b>File Name:</b>	<b>J1 Payee Data</b>	<i>STD-204 Payee Data Record (See Payee Data Record section below)</i>	Hardcopy Included?	No	File Uploaded?	

<b>Jurisdiction #2</b> <i>(complete if Application is being submitted on behalf of more than one jurisdiction)</i>											
Name					Type	County	Duns #		EIN/TIN#		
Address				City		State		Zip			
Auth Rep Name			Title		Authorized Rep. Email				Phone		
Contact Name				Title		Agency Name					
Address				City		State		Zip			
Contact Email				Contact Phone							
<b>File Name:</b>	<b>J2 Reso</b>	<i>Resolutions (see Resolution section below)</i>	Hardcopy Included?	Yes	File Uploaded?						
<b>File Name:</b>	<b>J2 Payee Data</b>	<i>STD-204 Payee Data Record (See Payee Data Record section below)</i>	Hardcopy Included?	Yes	File Uploaded?						

**Resolution**

A resolution is required of each Joint Applicant - both private and public entities. A sample resolution template is available by clicking [here](#).

Applicants are required to use this resolution in content and form, pursuant to Health and Safety Code 50406(c).

- The person attesting to the signing of the resolution cannot be the same person authorized to execute the documents in the name of the applicant.
- If more than one authorized signatory is identified in the resolution, specifically state whether both signatories are required (i.e. x and y) or only one signatory (i.e. x or y) is required to submit and execute the SHMHP Program documents.
- If the application is being signed by a designee of the authorized signatory, the applicant must also submit a designee letter or other proof of signing authority.

**Payee Data Record STD-204**

All Applicants, including public entities, must submit a Payee Data Record. A wet signature original must be submitted to HCD with hardcopy application as detailed in NOFA. A copy of the required Payee Data Record (STD-204) can be downloaded by clicking [here](#).

<b>Legislative Representative Information</b>									
		District #	First Name	Last Name		District #	First Name	Last Name	
1	Assembly	6	Kevin	Kiley	2	Assembly			
	Senate	1	Ted	Gaines		Senate			
	Congress	4	Tom	McClintock		Congress			
3	Assembly	5	Frank	Bigelow	4	Assembly			
	Senate					Senate			
	Congress					Congress			

**2018 CDBG Application Summary - Community Development (CD) and Economic Development (ED)**

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Name: **COUNTY OF EL DORADO** Type: **County**

**Activity #1** 03A Senior Centers  
 (03A) Acquisition, construction, or rehabilitation of facilities (except permanent housing) for seniors. 03A may be used for a facility serving both the elderly and the handicapped provided it is not intended primarily to serve persons with handicaps. If it is, use 03B instead. For the construction of permanent housing for the elderly, use code 12; for the rehabilitation of such housing, use the appropriate 14\* code.

Result of previous PTA contract? **No** PTA Contract #

**Matrix Code Category:** Public Facilities and Infrastructure Improvements

**National Objective Codes (items marked "N" are not allowed, App. F)**

LMA	LMC	LMCMC	LMH	LMJ	LMJFI	LMJP	URG
N		N	N				

**Activity Delivery (AD) Category:** Public Facilities or Public Improvements **AD Percentage %:** 12%

**CDBG Requested Amounts**

(a) Total Requested	(b) General Administrative (GA): (a - (a/1.075))	Max GA	(c) Activity Delivery: ((a - b) - ((a - b) / 1 + AD%))	Max AD	(d) Net Activity: (a - b - c)
\$2,060,000	\$143,721	\$143,721	\$205,316	\$205,316	\$1,710,963
<b>GA/AD Override</b>					<b>\$1,710,963</b>

**National Objective choice:** (LMC) Low/mod limited clientele benefit  
 Activities that benefit a limited clientele, at least 51% of whom are low/mod income. LMC activities provide benefits to a specific group of persons rather than to all the residents of a particular area. 24 CFR §570.483(b)(2)

**CDBG Unit of Measure Indicator (select the applicable measure below)**

Select a Measure Indicator	describe "Other" indicator	For indicator chosen, enter the number of proposed beneficiaries
<b>Proposed Beneficiaries for Public Facilities/Public Services (Number at right represents Target ID):</b>	1. Physically Disabled	
	2. Persons with AIDS	
	3. Youths	
	4. Single Adults	
	5. Single Men	
	6. Single Women	
	7. Families	
	8. Farmworkers	
9. Seniors	Yes	
10. Mentally ill		
11. Veterans		
12. Substance Abusers		
13. Victims of Domestic Violence		
14. Duly Diagnosed		
15. Prevent Homelessness		
16. Help the Homeless		
17. Help those with HIV/AIDS		
18. Other		

**Activity #2** 13 Direct Homeownership Assistance  
 (13) Homeownership assistance to LMI households as authorized under 105(a)(24). Forms of assistance include subsidizing interest rates and mortgage principal, paying up to 50% of down payment costs, paying reasonable closing costs, acquiring guarantees for mortgage financing from private lenders, and financing the acquisition by LMI households of the housing they already occupy. All recipients of assistance provided under matrix code 13 must be LMI.

Result of previous PTA contract? PTA Contract #

**Matrix Code Category:** Housing

**National Objective Codes (items marked "N" are not allowed)**

LMA	LMC	LMCMC	LMH	LMJ	LMJFI	LMJP	URG
N	N	N		N	N	N	N

**Activity Delivery (AD) Category:** Homeownership Assistance **AD Percentage %:** 8%

**CDBG Requested Amounts**

(a) Total Requested	(b) General Administrative (GA): (a - (a/1.075))	Max GA	(c) Activity Delivery: ((a - b) - ((a - b) / 1 + AD%))	Max AD	(d) Net Activity: (a - b - c)
\$700,000	\$48,837	\$48,837	\$48,234	\$48,234	\$602,929
<b>GA/AD Override</b>					<b>\$602,929</b>

**National Objective choice:** (LMH) Low/mod housing benefit  
 Activities undertaken to provide or improve permanent residential structures that will be occupied by low/mod income households. 24 CFR §570.483(b)(2)(v)

**CDBG Unit of Measure Indicator (select the applicable measure below)**

Select a Measure Indicator	describe "Other" indicator	For indicator chosen, enter the number of proposed beneficiaries
<b>Proposed Beneficiaries for Public Facilities/Public Services (Number at right represents Target ID):</b>	1. Physically Disabled	
	2. Persons with AIDS	
	3. Youths	
	4. Single Adults	
	5. Single Men	
	6. Single Women	
	7. Families	
	8. Farmworkers	
9. Seniors		
10. Mentally ill		
11. Veterans		
12. Substance Abusers		
13. Victims of Domestic Violence		
14. Duly Diagnosed		
15. Prevent Homelessness		
16. Help the Homeless		
17. Help those with HIV/AIDS		
18. Other		

**Activity #3** 14A Rehab: Single-Unit Residential  
 (14A) Rehabilitation of privately owned, single-unit homes.

Result of previous PTA contract? **Yes** PTA Contract # 09-PTAG-6497

**Matrix Code Category:** Housing

**National Objective Codes (items marked "N" are not allowed)**

LMA	LMC	LMCMC	LMH	LMJ	LMJFI	LMJP	URG
N	N	N		N	N	N	

**Activity Delivery (AD) Category:** Housing Rehabilitation Program (1-4 Units) **AD Percentage %:** 19%

**CDBG Requested Amounts**

(a) Total Requested	(b) General Administrative (GA): (a - (a/1.075))	Max GA	(c) Activity Delivery: ((a - b) - ((a - b) / 1 + AD%))	Max AD	(d) Net Activity: (a - b - c)
\$150,000	\$10,465	\$10,465	\$22,279	\$22,279	\$117,256
<b>GA/AD Override</b>					<b>\$117,256</b>

**National Objective choice:** (LMH) Low/mod housing benefit  
 Activities undertaken to provide or improve permanent residential structures that will be occupied by low/mod income households. 24 CFR §570.483(b)(2)(v)

**CDBG Unit of Measure Indicator (select the applicable measure below)**

Select a Measure Indicator	describe "Other" indicator	For indicator chosen, enter the number of proposed beneficiaries
<b>Proposed Beneficiaries for Public Facilities/Public Services (Number at right represents Target ID):</b>	1. Physically Disabled	
	2. Persons with AIDS	
	3. Youths	
	4. Single Adults	
	5. Single Men	
	6. Single Women	
	7. Families	
	8. Farmworkers	
9. Seniors		
10. Mentally ill		
11. Veterans		
12. Substance Abusers		
13. Victims of Domestic Violence		
14. Duly Diagnosed		
15. Prevent Homelessness		
16. Help the Homeless		
17. Help those with HIV/AIDS		
18. Other		

**2018 CDBG Application Summary - Community Development (CD) and Economic Development (ED)**

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Name: COUNTY OF EL DORADO										Type County							
Activity #4				Result of previous PTA contract?		PTA Contract #											
Matrix Code Category:										National Objective Codes (items marked "N" are not allowed)							
												LMA	LMC	LMCMC	LMH	LMJ	LMJFI
										Activity Delivery (AD) Category:							
CDBG Requested Amounts																	
(a) Total Requested	(b) General Administrative (GA): (a - (a/1.075))			Max GA	(c) Activity Delivery: ((a - b) - ((a - b) / 1 + AD%))			Max AD	(d) Net Activity: (a - b - c)								
	\$0			\$0	\$0			\$0	\$0								
GA/AD Override																	
National Objective choice:																	
CDBG Unit of Measure Indicator (select the applicable measure below)																	
Select a Measure Indicator		describe "Other" indicator				For indicator chosen, enter the number of proposed beneficiaries											
Proposed Beneficiaries for Public Facilities/Public Services (Number at right represents Target ID):	1. Physically Disabled		2. Persons with AIDS		3. Youths		4. Single Adults										
	5. Single Men		6. Single Women		7. Families		8. Farmworkers										
	9. Seniors		10. Mentally ill		11. Veterans		12. Substance Abusers										
	13. Victims of Domestic Violence		14. Duly Diagnosed		15. Prevent Homelessness		16. Help the Homeless										
	17. Help those with HIV/AIDS		18. Other														
Activity #5																	
Result of previous PTA contract?				PTA Contract #													
Matrix Code Category:										National Objective Codes (items marked "N" are not allowed)							
												LMA	LMC	LMCMC	LMH	LMJ	LMJFI
										Activity Delivery (AD) Category:							
CDBG Requested Amounts																	
(a) Total Requested	(b) General Administrative (GA): (a - (a/1.075))			Max GA	(c) Activity Delivery: ((a - b) - ((a - b) / 1 + AD%))			Max AD	(d) Net Activity: (a - b - c)								
	\$0			\$0	\$0			\$0	\$0								
GA/AD Override																	
National Objective choice:																	
CDBG Unit of Measure Indicator (select the applicable measure below)																	
Select a Measure Indicator		describe "Other" indicator				For indicator chosen, enter the number of proposed beneficiaries											
Proposed Beneficiaries for Public Facilities/Public Services (Number at right represents Target ID):	1. Physically Disabled		2. Persons with AIDS		3. Youths		4. Single Adults										
	5. Single Men		6. Single Women		7. Families		8. Farmworkers										
	9. Seniors		10. Mentally ill		11. Veterans		12. Substance Abusers										
	13. Victims of Domestic Violence		14. Duly Diagnosed		15. Prevent Homelessness		16. Help the Homeless										
	17. Help those with HIV/AIDS		18. Other														
<b>Community Development (CD) and Economic Development (ED) Total</b>				<b>Requested for Activity(ies)</b>				<b>General Administrative (21A)</b>									
				<b>\$2,910,000</b>				<b>\$203,023</b>									

**2018 CDBG Application Summary - Activity Funding Sources**

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Name	COUNTY OF EL DORADO					Type	County
<b>Program Income on Hand</b>							
\$84,027	CD and ED	Col and NA	ED OTC	GA	Total		
	\$2,706,977	\$0	\$0	\$203,023	\$2,910,000		
<b>Community Development &amp; Economic Development (CD &amp; ED) Funding</b>							
	CDBG	Activity Del.	Federal	State	Local	Private	Total
<i>General Administration (GA)</i>	\$203,023	\$0					\$203,023
03A Senior Centers	\$1,710,963	\$205,316					\$1,916,279
13 Direct Homeownership Assistance	\$602,929	\$48,234					\$651,163
14A Rehab: Single-Unit Residential	\$117,256	\$22,279					\$139,535
	\$0	\$0					\$0
	\$0	\$0					\$0
<b>Community Development &amp; Economic Development Activity Funding TOTAL</b>	\$2,431,148	\$275,829	\$0	\$0	\$0	\$0	\$2,706,977
<b>Colonia and Native American (Col &amp; NA) Funding</b>							
	CDBG	Activity Del.	Federal	State	Local	Private	Total
<i>General Administration (GA)</i>	\$0	\$0					\$0
	\$0	\$0					\$0
	\$0	\$0					\$0
	\$0	\$0					\$0
	\$0	\$0					\$0
	\$0	\$0					\$0
<b>Colonia and Native American Activity Funding TOTAL</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Economic Development Over the Counter (ED OTC) Funding</b>							
	CDBG	Activity Del.	Federal	State	Local	Private	Total
<i>General Administration (GA)</i>	\$0	\$0					\$0
	\$0	\$0					\$0
<b>Economic Development Over the Counter Activity Funding TOTAL</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Supplementals (information only)</b>							
Activity							

**2018 CDBG Application Summary - Threshold**

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Name	COUNTY OF EL DORADO		Type	County		
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.						
<b>Debarment</b>						
Is applicant on the Federal Excluded parties List? ( <a href="https://www.sam.gov">https://www.sam.gov</a> )	No	If "Yes", applicant is not eligible to receive Federal Funding.		Copy of search is on page(s): XX		
<b>Housing Element Compliance</b>						
Does applicant have a Housing Element in compliance with CDBG requirements as of the application submittal deadline?	Yes	If "No", applicant is not eligible to receive Federal Funding.				
<b>Growth Control</b>						
Has 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?				No		
Do these limitations meet any of the exceptions found in State Statute at Health and Safety Code 50830?				No		
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.			
<b>Statement of Assurances</b>						
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?				Yes		
<b>Per 2 Code of Federal Regulations (CFR) Part 200</b>						
Per 2 CFR Part 200 - Applicant asserts that the State Controller's Office (SCO) was in receipt of the complete Single Audit Package by the NOFA application due date?				Yes		
<b>Citizen Participation</b>						
Applicant has met all Public Hearing/ Citizen Participation requirements: 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. C) At least one public hearing was held during the program design prior to application submittal, <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Hearing prior to application submission was published/ posted on: #####</td></tr><tr><td>Hearing prior to application submission was held on: #####</td></tr></table> D) Sign-in sheets and all documentation are in the public information file available for review and monitoring and, E) Written comments received during the public hearing process are included with the application along with any responses.				Hearing prior to application submission was published/ posted on: #####	Hearing prior to application submission was held on: #####	Yes
Hearing prior to application submission was published/ posted on: #####						
Hearing prior to application submission was held on: #####						
<b>Resolution(s) of the Governing Body</b>						
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.				Yes		
<b>50% Expenditure Rule/Waiver</b>						
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)?				Yes		
To validate the definition of expended has been met, please select Yes or No for each of the following:						
1. The work is complete.	If the answer to any of these items is, "No" the applicant is not eligible under this NOFA.			Yes		
2. Associated costs have been paid by the applicant.				Yes		
3. The associated reimbursement Funds Request has been submitted to the Department.				Yes		
Is the applicant requesting a "Waiver" to the 50% Rule? If "Yes", please refer to Appendix N for instructions?				No		
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. <b>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.</b>						
<b>Authorized Representative (per the Resolution)</b>						
I certify on behalf of		COUNTY OF EL DORADO	that the Threshold information provided is true and accurate.			
Name	TIFFANY SCHMID	Title	DIRECTOR PLANNING AND BUILDING DEPT.	Date Signed:		
Signature						