COUNTY OF LOS ANGELES

MARVIN J. SOUTHARD, D.S.W.
Director

ROBIN KAY, Ph.D.
Chief Deputy Director

RODERICK SHANER, M.D.
Medical Director

BOARD OF SUPERVISORS

GLORIA MOLINA
MARK RIDLEY-THOMAS
ZEV YAROSLAVSKY
DON KNABE
MICHAEL D. ANTONOVICH

DEPARTMENT OF MENTAL HEALTH

http://dmh.lacounty.gov

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To: (213) 738-4601
Fax: (213) 386-1297

September 06, 2011

ADOPTED
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

#25 SEPTEMBER 6, 2011

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

ADOPT RESOLUTION TO APPLY FOR GRANT FUNDING FROM THE STATE OF CALIFORNIA COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM FISCAL YEAR 2011-12 (ALL SUPERVISORIAL DISTRICTS) (3 VOTES)

SUBJECT

Request adoption of a resolution enabling the Department of Mental Health to apply for grant funding from the State of California Community Development Block Grant Program, for further development of documents that will detail how to resume or maintain delivery of essential services during and after a major disaster event.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Adopt the attached resolution (Attachment I) approving the Department of Mental Health's submittal of an application for funding and the execution of a grant agreement and any amendments thereto from the 2008 Disaster Recovery Initiative (DRI) Allocation of the State Community Development Block Grant (CDBG) Program and instruct the Executive Officer, Board of Supervisors, to certify and sign two copies of the Resolution.

2. Authorize the Director of Mental Health, or his designee, to file an application, substantially similar to Attachment II, for grant funding from the 2008 DRI Allocation of the State CDBG Program, established through the Federal Emergency Management Agency, in an amount up to $250,000, for further development of the Department of Mental Health (DMH) Continuity of Operations planning documents.

3. Delegate authority to the Director of Mental Health, or his designee, to accept grant funding awarded from the 2008 DRI Allocation of the State CDBG Program and to execute any grant agreements required by the 2008 DRI Allocation of the State CDBG Program, and authorize the Director of Mental Health, or his designee, to act as the lead agent for the County when conducting business with the involved government entities on all matters related to this grant subject to the review and approval by County Counsel, and notification to your Board and the Chief Executive Office (CEO).

4. Delegate authority to the Director of Mental Health, or his designee, to execute amendments to the original grant agreement provided that any such amendments: 1) provide for additional grant funding in an amount not to exceed an increased of ten (10) percent of the original grant award; 2) improve efficiencies and/or add clarity; 3) are consistent with the related funding agreement and the scope of the funded project; 4) approval of County Counsel, or designee, is obtained prior to any such amendment; and 5) the Director notifies your Board and CEO of amendments in writing within 30 days after the execution of each amendment.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

DMH has completed an Interim Continuity of Operations (COOP) Guide in compliance with the County's Business Continuity Planning (BCP) Program and Executive Order S-04-06 issued by the Governor of the State of California, and approval of the recommended actions will enable DMH to apply for and accept grant funding that will be utilized to fully formulate its COOP Plan.

Using this grant funding, DMH will further identify and analyze essential operations at DMH directly operated clinics, administrative offices, and co-located sites through the development of the Business Impact Analysis documents. These documents will provide the necessary statistical data to transition DMH from the Interim COOP Guide to the fully formulated COOP Plan, which will detail the processes necessary to resume or maintain delivery of essential services during and after a major disaster event.

DMH anticipates that the noted grant funding will greatly assist in decreasing the current projected completion timeline for the COOP Plan from five years to two years. More importantly, this grant funding will allow for planning activities that will guide continuation and long-term recovery efforts of DMH's essential units experiencing a stoppage in work that is expected to last or has exceeded 12 hours due to a major disaster.

If awarded for this grant, DMH will return to your Board to seek approval of the subsequent consultant contract for delivery of services funded by this grant and to process a Budget Adjustment to include the funds in the department's budget.

Implementation of Strategic Plan Goals

The recommended Board actions support the County's Strategic Plan Goal 1: Operational Effectiveness; Goal 4: Health and Mental Health; and Goal 5: Public Safety.

FISCAL IMPACT/FINANCING

Grant funding of up to $250,000 from the State of California CDBG Program will be used to fund

contract services for the development of the COOP Plan which will include the development of the Business Impact Analysis. Two percent or $5,000 of the grant funds are allowed for general administrative costs. The remaining $245,000 will be used to fund contract services. The grant funds are limited to a 24-month period. There is no local match requirement.

There is no net County cost associated with these actions.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Projects eligible for this grant are required to develop and adopt forward thinking recovery strategies and activities. The DMH COOP Plan meets this requirement. The enclosed Resolution has been reviewed and approved as to form by County Counsel.

As administrator of the Federal funding provided through the provisions of the Presidentially Declared 2008 California Wildfire Disasters, the CDBG Program has provided specific guidelines that must be met as a part of the application process, such as citizen participation through public meetings, and approval of a resolution for submittal of the grant application. The department will adhere to the grant guidelines and will conduct public hearings for community input during the design phase as well as the application preparation/submission phase. A public hearing was held on August 10, 2011 and approval of this Board letter serves as a public hearing.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Current programs and services will not be impacted by the development of the COOP Plan and Business Impact Analysis. The Plan will provide processes necessary to resume or maintain delivery of essential services during and after a major disaster event.

CONCLUSION

Please return two executed originals of the Resolution to the Department of Mental Health, Contracts Administration and Development Division.

Respectfully submitted,

MARVIN J. SOUTHARD, D.S.W.
Director of Mental Health

MJS:MM:MA

Enclosures

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors
Chairperson, Mental Health Commission

A RESOLUTION APPROVING AN APPLICATION FOR FUNDING AND THE EXECUTION OF A GRANT AGREEMENT AND ANY AMENDMENTS THERETO FROM THE 2008 DRI ALLOCATION OF THE STATE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

BE IT RESOLVED by the County Board of Supervisors of the County of Los Angeles as follows:

SECTION 1:

The County has reviewed and hereby approves an application for up to $250,000 for the following activities:

General Program Administration (up to)	$5,000.00
Planning Activities (Business Continuity) (up to)	$245,000.00

SECTION 2:

The County has determined that federal Citizen Participation requirements were met during the development of this application.

SECTION 3:

The Director of the Department of Mental Health is hereby authorized and directed to sign this application and act on the County's behalf in all matters pertaining to this application.

SECTION 4:

If the application is approved, the Director of the Department of Mental Health is authorized to enter into and sign the grant agreement and any subsequent amendments with the State of California for the purposes of this grant.

SECTION 5:

If the application is approved, the Director of the Department of Mental Health or his designee is authorized to sign Funds Requests and other required reporting forms.

The foregoing Resolution was on the 6th day of September, 2011, adopted by the Board of Supervisors of the County of Los Angeles and ex-officio the governing body of all other special assessment and taxing districts, agencies and authorities for which said Board so acts.

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SACHI A. HAMAI, Executive Officer
Clerk of the Board of Supervisors of
the County of Los Angeles

By Benjamin Zavala
Deputy

APPROVED AS TO FORM:
BY COUNTY COUNSEL

ANDREA SHERIDAN ORDIN,
County Counsel

By: Stephanie Jo Farrell
Deputy

DISASTER RECOVERY INITIATIVE 2008 (DRI) PROGRAM APPLICATION

Presidentially Declared 2008 California Wildfire Disasters

July 2011

PLANNING APPLICATION

Submitted by:

Los Angeles County
Department of Mental Health
Administrative Support Bureau
Continuity of Operations Section
550 S. Vermont Avenue, 2nd Floor
Los Angeles, California 90020

Office: (213)738-4639
FAX: (213)480-0671

Department of Mental Health Website:
http://dmh.lacounty.gov/

CONTACTS:

Margaret A. Ayala
Continuity of Operations
Department of Mental Health
Administrative Support Bureau
550 S. Vermont Avenue, 2nd Floor
Los Angeles, California 90020
213-739-5556
maayala@dmh.lacounty.gov

Joseph Simoneschi
Chief, Administrative Support Bureau
Department of Mental Health
Office of the Administrative Deputy
550 South Vermont Avenue, 2nd Floor
Los Angeles, California 90020
(213) 738-4639
jsimoneschi@dmh.lacounty.gov

APPLICATION TABLE OF CONTENTS

APPLICATION TABLE OF CONTENTS: County of Los Angeles, California

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

APPLICATION FORMS	Required or "Select"	Located Page #s
Application Summary - Forms	Required	Pgs 4-10
Joint Powers Agreement/MOU (if applicable)	NA	NA
Section 504 Self Evaluation	YES	Pgs 8-9
THRESHOLD DOCUMENTATION		
Threshold Requirement Forms	Required	Pgs 11-13
Debarment Eligibility	Not on Debarment List	Tab B
Growth Control Information	No Restricting Ordinance	NA
Statement of Assurances (2010)	Required	Pgs 14-18
Compliance with OMB Circular A-133	Required	Pg 19
Citizen Participation Documentation	Required	Tab A
Original Resolution(s) of the Governing Body	Required	Front Pocket, Tab A
NEPA Forms For General Administration (only):	Exempt	Exempt
➢ HUD Environmental Finding Form	Exempt	Exempt
➢ HUD Environmental Form for Statutes and Regulations at 24 CFR Part 58.6	Exempt	Exempt
GRANT ADMINISTRATIVE CAPACITY		
Previous CDBG Grant(s) Experience	Yes	Tab C
Proposed Grant Administrator	In-house Staff	Tab C
SOURCES & USES SUMMARY		
Sources & Uses Summary Form	Required	Pgs 28-29
INDIVIDUAL ACTIVITY(IES)		
Planning Only Forms	Required	Pgs 24-29
OTHER		
Copy of Resolution: County of Los Angeles Board of Supervisors	Required	Inner front pocket of "Original" application and Public Information Tab A
Board meeting sign-in sheet, minutes	Required	Public Information Tab A
Los Angeles County Mental Health Commission sign-in sheet and minutes	Required	Public Information Tab A

NOTE: This Application Table of Contents **must** be submitted with the completed application package. All items listed **must** be submitted in the order listed. Enter the page number(s) for each item that is included in the application. **Incomplete applications may not meet threshold review requirements. You may add additional rows to any form in the application if you need more space.**

APPLICATION TABLE OF CONTENTS

Tabs

Tab A – Public Information

Public Meeting July 28: Mental Health Commission

Publication of Notice documentation

Sign-in Sheet

Written Comments and Responses

Public Hearing August 2: Los Angeles County Board of Supervisors

Resolution

Publication of Notice documentation

Sign-in Sheet

Written Comments and Responses

Tab B – Excluded Parties List System (EPLS) Search Results

Tab C – Administration Capacity Documentation

APPLICATION SUMMARY - FORMS

A. Application Information

Jurisdiction Name: **County of Los Angeles** **DUNS #: 104277942**

Address: **550 S. Vermont Ave., ASB 2nd Floor**

City: **Los Angeles** State: **CA** Zip Code: **90020**

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

☑ **NO** *Continue to next section.*

☐ **YES** *Complete the following. (Please note that the implementation of a Joint Powers Agreement (JPA) or Memorandum of Understanding (MOU) between the applicants is required.)*

Second Jurisdiction's Name: _____

Address: _____ JPA or MOU on Page_____

City: _____ State: _____ Zip Code: _____

B. Authorized Representative Information (per the Resolution)

Name: **Marvin J. Southard, D.S.W.** Title: **Director of Mental Health**

Phone: **213-738-4601** Ext: **direct** FAX: **213-386-1297**

E-mail: **MSouthard@dmh.lacounty.gov**

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

Address: **550 S. Vermont Ave., 12th Floor**

City: **Los Angeles** State: **CA** Zip Code: **90020**

Signature:_____ **Date:** _____

C. Applicant Contact Information (if different from above)

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

Name: **Margaret Ayala** Title: **Continuity Coordinator**

Agency: **Department of Mental Health**

Address: **550 S. Vermont Ave., ASB 2nd Floor**

City: **Los Angeles** State: **CA** Zip Code: **90020**

Phone: **213-739-5556** E-mail: **maayala@dmh.lacounty.gov** FAX: **213-480-0671**

D. Legislative Representative Information

	District #	First Name	Last Name
Assembly	36th Assembly Dist	Steve	Knight (R)
Assembly	37th Assembly Dist	Jeff	Gorell (R)
Assembly	38th Assembly Dist	Cameron	Smyth (R)
Assembly	39th Assembly Dist	Felipe	Fuentes (D)
Assembly	40th Assembly Dist	Bob	Blumenfield (D)
Assembly	41st Assembly Dist	Julia	Brownley (D)
Assembly	42nd Assembly Dist	Mike	Feuer (D)
Assembly	43rd Assembly Dist	Mike	Gatto (D)
Assembly	44th Assembly Dist	Anthony J.	Portantino (D)
Assembly	45th Assembly Dist	Gilbert	Cedillo (D)
Assembly	46th Assembly Dist	John A.	Perez (D) Speaker
Assembly	47th Assembly Dist	Holly J.	Mitchell (D)
Assembly	48th Assembly Dist	Mike	Davis (D)
Assembly	49th Assembly Dist	Mike	Eng (D)
Assembly	50th Assembly Dist	Ricardo	Lara (D)
Assembly	51st Assembly Dist	Steven	Bradford (D)
Assembly	52nd Assembly Dist	Isadore	Hall III (D)
Assembly	53rd Assembly Dist	Betsy	Butler (D)
Assembly	54th Assembly Dist	Bonnie	Lowenthal (D)
Assembly	55th Assembly Dist	Warren T.	Furutani (D)
Assembly	56th Assembly Dist	Tony	Mendoza (D)
Assembly	57th Assembly Dist	Roger	Hernandez (D)
Assembly	58th Assembly Dist	Charles M.	Calderon (D)
Assembly	59th Assembly Dist	Tim	Donnelly (R)
Assembly	60th Assembly Dist	Curt	Hagman (R)
Assembly	61st Assembly Dist	Norma J.	Torres (D)
Senate	17th Senate Dist	Sharon	Runner
Senate	20th Senate Dist	Alex	Padilla
Senate	21st Senate Dist	Carol	Liu

Senate	22nd Senate Dist	Gilbert	Cedillo
Senate	23rd Senate Dist	Fran	Pavley
Senate	24th Senate Dist	Edward	Hernandez
Senate	25th Senate Dist	Rod	Wright
Senate	26th Senate Dist	Curren	Price
Senate	27th Senate Dist	Alan	Lowenthal
Senate	28th Senate Dist	Ted	Lieu
Senate	29th Senate Dist	Bob	Huff
Senate	30th Senate Dist	Ronald	Calderon
Congress	25th Congress. Dist	Howard	McKeon
Congress	27th Congress. Dist	Brad	Sherman
Congress	28th Congress. Dist	Howard L.	Berman
Congress	29th Congress. Dist	Adam	Schiff
Congress	30th Congress. Dist	Henry A.	Waxman
Congress	31st Congress. Dist	Xavier	Becerra
Congress	32nd Congress. Dist	Judy	Chu
Congress	33rd Congress. Dist	Karen	Bass
Congress	34th Congress. Dist	Lucille	Roybal-Allard
Congress	35th Congress. Dist	Maxine	Waters
Congress	36th Congress. Dist	Jane	Harman
Congress	37th Congress. Dist	Laura	Richardson
Congress	39th Congress. Dist	Linda	Sanchez
Congress	46th Congress. Dist	Dana	Rohrabacher

E. 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 would most likely serve several of the target populations shown below, but the **primary** target population would be the homeless, which is Target I.D. #5 on the list below.

By special waiver from HUD, planning activities are presumed to meet the National Objective for Low-Mod Income beneficiaries, which is Target I.D. #1.

1 Low-Mod Income Persons	**2** Low-Mod Income Households	**3** Low-Mod Income Jobs
4 Limited Clientele	**5** Homeless	**6** Other

F. Requested Funding for All Proposed Activities

Note: See NOFA for funding limitations.

Activity	Amount Requested	Activity Administrator	Target Populations	
GENERAL ADMINISTRATION				
(Maximum of 2% of total funding requested)	**$** 5,000	☒ Applicant Staff ☐ Other ☐ Combination		
Activity: Planning – Only				
Activity Amount	$ 245,000	☒ Applicant Staff ☐ Other ☐ Combination	Target I.D. # 1 Proposed # of Beneficiaries: 10 million	
Activity Delivery	$			
Activity TOTAL	**$** 250,000			
	$ 250,000	◄ **TOTAL Funding Requested**		

NOTE: If additional activities are proposed, copy this page, fill in appropriately, and include in Application Package.

G. 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<<

<<Please complete Section 504 Self-Certification Form located on next page>>

APPLICATION SUMMARY - FORMS

SECTION 504 SELF-EVALUATION **Applicant: County of Los Angeles, California**

AREAS DISCUSSED	PROBLEMS	MODIFICATIONS MADE
COMMUNICATIONS: Program Publicity - Public Notices and ads in newspaper? YES - Public Service Announcements? NO - Posters or fliers? YES - Letters to homeowners in area? NO - Informational public meetings? YES - Interpreters, readers, or TDD's available upon request? YES - Equal Opportunity statement in ads, fliers, letters? YES	Cost to place Notice in highest circulation paper for one day very expensive.	No options available had to provide the funds to apply for the grant.
EMPLOYMENT: - Does the County make reasonable accommodation to known physical or mental limitations of qualified applicants or employees with handicaps? YES - Pre-employment inquiries and tests do not screen out handicapped persons? NO		
PROGRAM ACCESSIBILITY: - Are County facilities accessible to and usable by individuals with handicaps (for example: ramps, space at meetings)? YES - Handicap modifications offered in rehabilitation program? NA - Handicapped individuals with limited mobility assisted with applications at their homes? NA		
ENFORCEMENT - Evaluate how policies meet 504 requirements: - Statement of Assurances in grant applications? YES Non-discrimination clause in deed of trust? NA Names of Advisors on Handicapped are: Margo Morales, Office of the Administrative Deputy Does the County have procedures for complaints? YES Is log maintained of any complaints? YES		

Name and signature of Section 504 Coordinator: Margo Morales /_____

Date Signed: _____

H. Residential Anti-Displacement and Relocation Assistance Plan Checklist (Completed 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).

   The proposed activity is for Planning Only and will not include the acquisition of real property.

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.

THRESHOLD DOCUMENTATION

THRESHOLD REQUIREMENTS

The Department will review each application to confirm all required threshold criteria are met. Note: Applications found to have NOT met required threshold criteria will NOT be eligible for further evaluation. Please complete all required forms and include them in your application.

Click on the box or text box to enter information.

	Yes	No	
A.	☐	☑	**Debarment** Is the applicant jurisdiction on the Federal Excluded Parties List (www.epls.gov)? ➢ *If Yes, the applicant is not eligible to receive federal funding.* ➢ *No.* *The applicant has included a copy of the search on page(s):* Tab B
B.	☐	☑	**Growth Control** 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.*
	☐	☐	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 not eligible to receive federal funding.*
C.	☑	☐	**Statement of Assurances** Applicant has included the correct version (revised 2010) of the Statement of Assurances, signed by the Chief Executive Officer of the applicant jurisdiction.
D.	☑	☐	**Compliance with OMB Circular A-133** Applicant has included a signed OMB Certification.

THRESHOLD DOCUMENTATION

	Yes	No	
E.	☑	☐	**Citizen Participation** Applicant has met all the Public Hearings/Citizen Participation requirements, such as: • 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. ➢ **Design Hearing was published/posted on July 31, 2011 ;** and o **documentation is included on page(s): Tab A** ➢ **Design Hearing was held on August 10, 2011 ;** and o **documentation is included on page(s): Tab A** • At least one public hearing was held to approve submittal of the application ➢ **Application Submittal Hearing was published/posted on August 28, 2011 ;** and o **documentation is included on page(s): Tab A** ➢ **Application Submittal Hearing was held on September 6, 2011 ;** and o **documentation is included on page(s): Tab A** • Sign-in sheets and all documentation are in the public information file and available for review and monitoring; and • Written comments received during the public hearing process are included with the application along with any responses on page(s): Tab A

THRESHOLD DOCUMENTATION

	Yes	No	
F.	☑	☐	**Resolution(s) of the Governing Body** Applicant has included a Resolution that: • is an original or an original certified copy; and • authorizes submission of the application; and • approves the application's contents (funding requested, activities, committed leverage, etc.); and • authorizes the execution of a grant agreement, and any amendments thereto, if funded; and • designates a person (by title) authorized to enter into an agreement, if funded; and • designates persons (by titles) authorized to sign all reports, Funds Requests and other program-supporting documentation.
G.	☐	☑	**NEPA Environmental Review for General Administrative Activities** Applicant has included the Environmental Review documents for general grant administrative activities, consisting of an Environmental Finding Form and a HUD Environmental Form for Statutes and Regulations at 24 CFR Part 58.6. **EXEMPT**

Joe, I have asked State CDBG if it is correct for us to list item G as 'exempt'; waiting for response.

CERTIFICATION:

I certify on behalf of Los Angeles County Department of Mental Health that the Threshold information provided is true and accurate.

Marvin J. Southard, D.S.W.
(Printed/Typed Name)

Director of Mental Health
(Title)

_____
(Signature) (**blue** ink)

_____
(Date signed)

STATEMENT OF ASSURANCES (2010) - Forms

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

The County of Los Angeles, California 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 fifteen (15) working days where practicable; and

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 to primarily benefit targeted income persons and households, and each activity in the grantee's 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
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).

☑ 6. CEQA
It 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
It has resolved any audit findings or performance problems for prior CDBG grants awarded by the State.

☑ 8. Growth Control
It 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

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
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.

☑ 10. Nondiscrimination
It 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
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 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.

☑12. 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.

☑ 13. Architectural Barriers
It 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
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).

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

☑ 16. Lead-Base 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.

☑ 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.

☑ 18. 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.

☑ 19. 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 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
It will follow the federal procurement policies per 24 CFR Sec. 85.36

☑ 21. 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.

☑ 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:

Marvin J. Southard, D.S.W. *(print/type)*

CHIEF ADMINISTRATIVE EXECUTIVE:
Director, Department of Mental Health

_____ _____
Signature (**blue** ink) Date certified

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 Los Angeles Department of Mental Health 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. The fiscal year 2008/2009 single audit report is available at County website: http://file.lacounty.gov/auditor/portal/cms1_158228.pdf
- ☐ 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 Los Angeles County Department of Mental Health (name of entity) that the above is a true and accurate statement.

Marvin J. Southard, D.S.W.
(Printed/Typed Name)

Director, Department of Mental Health
(Title)

_____
(Signature) (**blue** ink)

_____
(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

DRI/CDBG Grantee: County of Los Angeles, California

The environmental level of review for:

GENERAL ADMINISTRATIVE ACTIVITY is:

☒ Exempt (24 CFR Part 58.34)

Marvin J. Southard, D.S.W.
(Print or type name)

Director, Department of Mental Health
(Print or type title)

Certifying Officer Signature (blue ink)

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): Select

(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.

_____	Margaret Ayala	_____
Preparer Signature	Print Name	Date Certified
_____	Marvin J. Southard, D.S.W.	_____
Certifying Officer Signature (**blue** ink)	Print Name	Date Certified

A. Does the applicant have CDBG grant administration experience

☑ **Yes**

☐ **No**

Although the DMH staff designated to manage the grant does not have specific CDBG grant management experience, the County of Los Angeles certainly does. DMH staff will have full access to Los Angeles County's CDBG staff for technical assistance as needed.

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): **Tab C**

☐ 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): _____

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

ALL ACTIVITIES – ALL FUNDING SOURCES

USES	SOURCES						
	STATE OR FEDERAL				OTHER LEVERAGE		
ACTIVITY	State DRI/CDBG	Program Income Available: ____ (all uncommitted RLA funds) Program Income Committed:	Other State Funds	Federal Funds	Local Funds	Private	Totals:
General Admin. (GA)	$ 5,000	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____
Activity Delivery (AD)	$ 245,000	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____
Totals:	$ 250,000	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____

PLANNING ONLY ACTIVITIES

A. PLANNING ONLY ACTIVITY INFORMATION:

1. How much is being requested for this activity?

$250,000 = (General Administration $5,000) + (Activity $245,000)

2. What type of Planning Activity is being proposed?

Activity #2: The development of forward-thinking strategies – Continuity of Operations planning documents.

3. Description of activity:

The Los Angeles County Department of Mental Health requests grant funding for the further development and completion of the Department's Continuity of Operations planning documents beginning fiscal year 2011-2012 through fiscal year 2013-2014. This planning effort will impact facilities jurisdiction-wide to include all 77 directly operated clinics and administrative offices as well as over 100 co-located sites. This grant will enable the timely development of the Business Impact Analysis, Vulnerability Assessment, Risk Analysis, Communications Plan, and Vital Records Plan which will provide the means to transition the current Interim Continuity of Operations Guide into the Continuity Plan.

Continuity of Operations for local jurisdictions is a relatively new field within emergency management planning and fits into the categories of recovery and mitigation. As such, it meets the intension of Activity #2: Develop plans that will guide long-term recovery efforts and/or other disaster-related planning activities.

4. Who will carry out this activity?

The Los Angeles County Department of Mental Health Administrative Support Bureau Business Continuity Section will supervise this activity. Specifically the Continuity Coordinator will manage and administer the overall scope of work with additional administrative resources provided through the DMH Office of the Administrative Deputy. Management of this activity will include but is not limited to the following objectives:

a. Procure contract consultant services to carry out development of business continuity planning documents

b. Establish priorities and timeframes for all deliverables

c. Actively participate in the development of business continuity planning documents along side the contract consultant

d. Provide hands-on guidance to contract consultant

e. Initiate and coordinate on-going support from appropriate County of Los Angeles departments for technical, contractual, and billing/reimbursement resources

f. Serve as point of contact between the Department of Mental Health and the State Community Development Block Grant DRI Section and the County of Los Angeles Community Development Block Grant Division

B. BENEFIT:

NOTE: The 2008 DRI Program includes a HUD waiver that permits DRI Planning Grants to automatically meet the National Objective for Low- and Moderate-Income Persons, Households and Businesses.

C. NEED FOR ACTIVITY:

There are eleven County agencies identified as lead agencies to serve in the Los Angeles County Emergency Operations Center during a disaster or emergency event. The Department of Mental Health is one of the eleven lead County agencies and has responsibility to the 10 million residents of the County of Los Angeles to ensure the Department has the capability to continue or resume essential functions such as emergency psychiatric intervention; participating in legally mandated proceedings; providing clinical services to current consumers and/or disaster victims; as well as maintaining medication services during a stoppage in work that may or will exceed 12-hours in duration. Additionally, the Department must ensure the capability of essential support units to provide critical goods and services to the essential units which enables them to deliver their direct mental health services. Essential and essential support units are identified through the Business Impact Analysis process which measures the result of losing a function in terms of (1) the ability of the Department to render direct services; (2) imposed fines, penalties, or legal fees due to regulatory or contractual requirements not being met in a specified period of time; (3) the ability of the unit to implement manual or work-around procedures that ensure there is no breakdown in service delivery; and (4) the capability to maintain manual procedures for 30 or more days without causing severe consequences.

D. READINESS:

In October 2009 the Department of Mental Health Administrative Support Bureau established a new, permanent full-time staff position for the explicit task of developing a viable Business Continuity of Operations program for the Department. In the 20-month period from October 2009 through June 2011 the Continuity Coordinator has developed a continuity plan methodology modeled after Federal Emergency Management Agency guidance to complete this task. To date DMH has outlined a phased-in process to develop the Business Impact Analysis for 18 identified essential DMH units; establish a Business Continuity Steering Committee that has met quarterly since August 2010; established a working group with the DMH Chief Information Office Bureau (information technology unit), developed an Interim Continuity of Operations Guide that provides the recovery structure for the Department during an extended disruption of mental health services, and begun the development of individual essential unit checklists. In summary, a solid foundation has been established to manage and administer this grant in order to develop and/or complete the planning documents as described previously. This grant will allow for the current development schedule of five years to be shortened to full completion in two years.

PLANNING ONLY ACTIVITIES

This advanced development schedule will provide the completed planning documents required to take the next steps into establishing a comprehensive continuity of operations program which include the ability to implement, test, train, and exercise all continuity program components.

1. **Activity Administrator:**
   How will this activity be administered? *(Include details of all that apply.)*

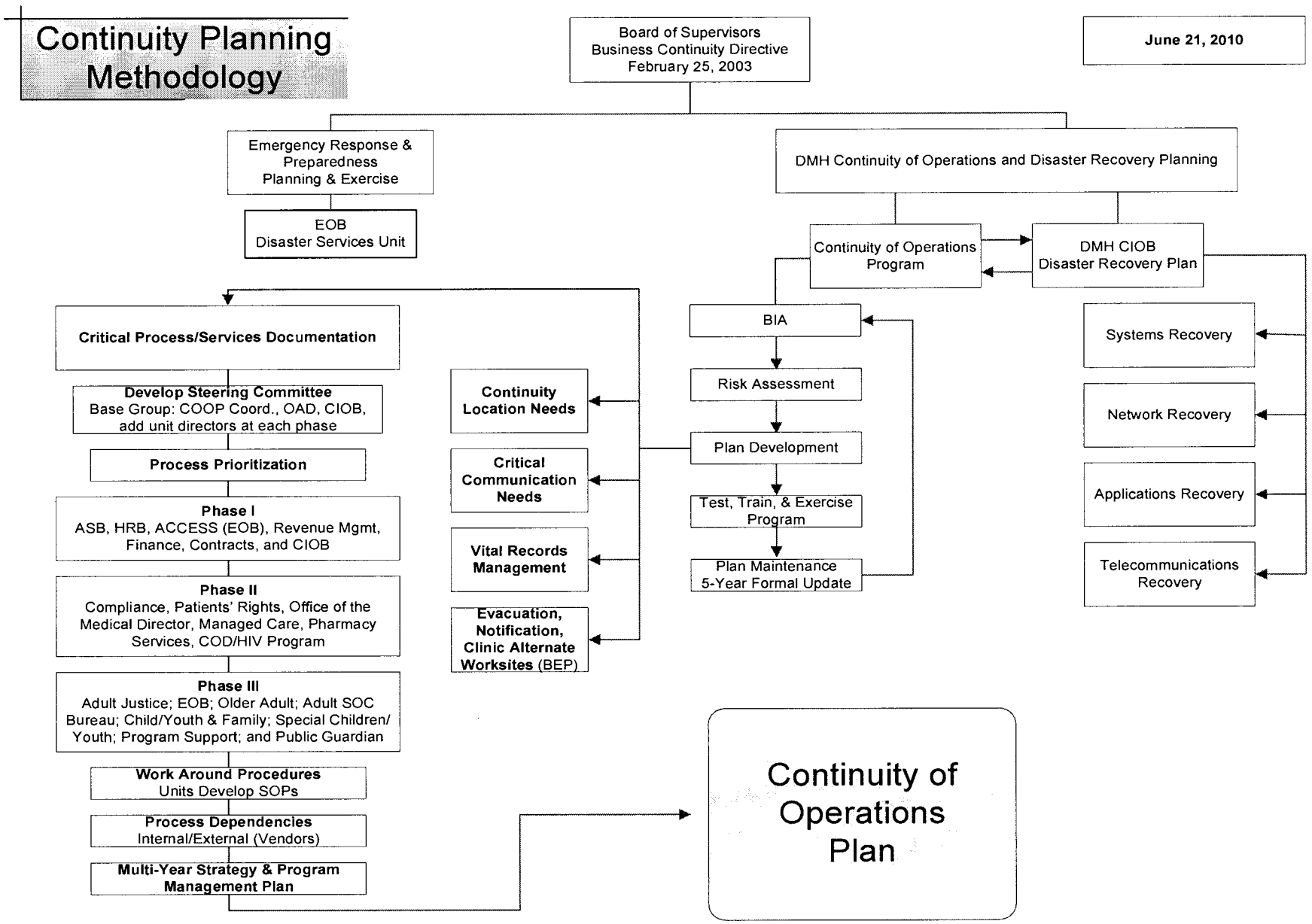
   ☑ In-house

   This activity will be supervised through the Department of Mental Health (DMH) Administrative Support Bureau and administered by the Continuity Coordinator with all activities directed through the Office of the Administrative Deputy. Additional administration support will be provided by DMH Financial Services Bureau and Contracts Development and Administration Division. Most importantly, the County of Los Angeles Community Development Block Grant staff will be fully available to provide technical assistance and guidance through each phase of this project. Although contract consultant services will be procured (strictly following federal procurement policies per 24 CFR Sec. 85.36) those services will be utilized to develop the business continuity planning documents only; they will not be utilized under any circumstances in an administrator capacity. As such, this business continuity planning activity will be administered solely through Los Angeles County in-house resources. See Tab C – Administration Capacity Documentation.

2. **Other Readiness Documentation:**

   An overview of the Department's readiness level has been provided above in section D. Readiness. In support of this description, the Continuity Planning Methodology diagram has been inserted on the next page to provide a visual overview of the steps necessary to develop a continuity plan.

PLANNING ONLY ACTIVITIES



3. Sources and Uses Chart:

This chart indicates only one funding source – the Disaster Recovery Initiative planning grant. From our perspective the additional Department of Mental Health human and material resources required to complete this planning project are not considered a match or other leverage. The development, completion, and implementation of the deliverables from this project is our job; with or without this grant this project will be completed. The difference this grant will make is that it will allow DMH to achieve this objective in two years as opposed to five years. Our urgency to develop a comprehensive continuity program is two-fold.

(1) Recent studies strongly indicate that Southern California is approximately 150 years overdue for a major earthquake along the southern tip of the San Andreas Fault. See website:
http://pubs.usgs.gov/of/2008/1150/of2008-1150small.pdf
page 2, section, "The Earthquake Source".

(2) In November 2010 the State of California received approval to implement provisions of their 1115 Demonstration Project (1115 waiver) proposal which would serve as a bridge utilizing incremental implementation moving towards full health care reform with a final due date of 2014. This 1115 waiver provision translates into an estimated 64 percent increase in Los Angeles County Department of Mental Health services. See website:
http://lacdmh.lacounty.gov/News/Publications/Enews/Documents/FEB1011ENEWS.html

This project supports the development of a comprehensive DMH Continuity of Operations Program and is of the highest priority to the Department.

PLANNING ONLY ACTIVITIES

USES	SOURCES						
	STATE OR FEDERAL				OTHER LEVERAGE		
ACTIVITY	State DRI/CDBG	Program Income Available: ____ (all uncommitted RLA funds) Program Income Committed:	Other State Funds	Federal Funds	Local Funds	Private	Totals:
General Admin. (GA)	$ 5,000	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____
Activity Delivery (AD)	$ 245,000	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____
____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____
____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____
____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____
____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____
____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____
____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____
Totals:	$ 250,000	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____

PUBLIC SERVICES – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Public Services" section is not applicable to this application.

PUBLIC SERVICES TABLE OF CONTENTS

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

ACTIVITY	SELECT	DOCUMENTATION	PAGE(S)
Public Services Forms (this activity)	N-A		
Activity Sources and Uses	N-A		
BENEFIT			
Service Area Documentation	N-A		
Beneficiary Documentation	N-A		
Other: _____	N-A		
NEED			
Current Level of Service	N-A		
Proposed Beneficiaries - Need Determination	N-A		
Existing Beneficiaries - Need Determination	N-A		
Unmet Demand - Need Determination	N-A		
Availability of Similar Services	N-A		
Service Not Provided - Description	N-A		
Service Will Solve Need - Description	N-A		
Need Documentation Chart	N-A		
READINESS			
Activity Administrator	N-A	N-A	
Environmental Finding Form	N-A		
Form 58.6	N-A		
Site Control of Facility	N-A		
Waiting List/Demand List	N-A		
New Program with Staff Hired	N-A		

NOT APPLICABLE

PUBLIC SERVICES – Forms

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Existing Program	N-A		
Program Income Reuse Plan	N-A	N-A	
Other Readiness	N-A		

NOT APPLICABLE

PUBLIC SERVICES - Forms

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If multiple services are proposed, complete one set of Public Service Activity forms for each service.

A. ACTIVITY INFORMATION:

1. How much is being requested for this activity?

$_____ = $_____ + $_____
Total $$ Requested for this Activity = (Activity $$) + (Activity Delivery $$)

2. What type of Public Service will be provided? (Select only one.)

- ☐ Senior Services (05A)
- ☐ Services for the Disabled (05B)
- ☐ Legal Services (05C)
- ☐ Youth Service (05D)
- ☐ Transportation Services (05E)
- ☐ Substance Abuse Services (05F)
- ☐ Battered and Abused Spouses (05G)
- ☐ Employment Training (05H)
- ☐ Crime Awareness (05I)
- ☐ Fair Housing (05J)
- ☐ Code Enforcement (15)
- ☐ Tenant/Landlord Counseling (05K)
- ☐ Child Care Services (05L)
- ☐ Health Services (05M)
- ☐ Abused & Neglected Children (05N)
- ☐ Mental Health Services (05O)
- ☐ Screening for Lead (05P)
- ☐ Subsistence Payments (05Q)
- ☐ Security Deposits (05T)
- ☐ Homeless/AIDS Programs (03T)
- ☐ Other Public Services (05)
  (specify): _____

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

_____

Does the Applicant currently have site control?

- ☐ Yes **Supporting Documentation on page(s):** _____
- ☐ No

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

_____

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

NOT APPLICABLE

PUBLIC SERVICES - Forms

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Name of all agencies/organizations indicated above:

a) _____
b) _____
c) _____

B. BENEFIT:

1. **Service Area:** *(Check only one.)*
   - ☐ Entire Jurisdiction
   - ☐ Target Area(s):
     - TIG benefit for a target area **must** contain information/ documentation as to how only those within the Target Area will benefit from the activity. Page(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 Track/ 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):** *See NOFA and Appendix B for additional information.*
   - ☐ Income Restricted (100 percent TIG). Support Documentation on Page _____
   - ☐ Limited Clientele - (list type): _____. Support Documentation on Page _____
   - ☐ Primarily TIG (List % of total): _____
     - ☐ Based on HUD Low/Mod charts. Charts on Page _____
     - ☐ Based on Income Survey, Survey results on page(s)_____ (This applies to services open to all residents in the service area, where at least 51% of the residents are TIG)

Note: Activities with 90% TIG benefit and above will receive more points for Benefit in the event of a tie-breaker.

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

NOT PUBLICABLE

PUBLIC SERVICES - Forms

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81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTAL # of People

C. **NEED FOR ACTIVITY:**

Severity of Problem

1. **What level of service is needed?**
   - ☐ A new service.
     Supporting Documentation on page(s): _____
   - ☐ An existing service to be continued, but for which funding has been or will be decreased.
     - Currently funded by: _____
     - Describe current financial situation: _____
     - Page(s) current financial statement located in application: _____
     - Date all existing funding will end: _____
       Supporting Documentation on page(s): _____
   - ☐ An existing service to be increased.
     - Currently funded by: _____
     - Describe current financial situation: _____
     - Anticipated increase in service: _____ %
     - Page(s) current financial statement located in application: _____
     - Page(s) where quantification documentation is included: _____
       Supporting Documentation on page(s): _____
   - ☐ An existing service funded by prior CDBG funds. List _____

2. **How was the need for this Activity determined?**
   - ☐ Need Survey of **proposed** Beneficiaries
     - Proposed to serve: _____ (#)
       Per: ☐Day ☐Week ☐Month
       Supporting Documentation on page(s): _____
   - ☐ Need Survey of **existing** Beneficiaries
     - Currently serve: _____ (#)
       Per: ☐Day ☐Week ☐Month
       Supporting Documentation on page(s): _____
   - ☐ Unmet demand

NOT APPLICABLE

PUBLIC SERVICES - Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Public Services" section is not applicable to this application.

- People on a waiting list: _____ (#)
  Per: ☐Day ☐Week ☐Month
- People turned away: _____ (#)
  Per: ☐Day ☐Week ☐Month
- Other *(describe)*: _____
  Supporting Documentation on page(s): _____

Extent to Which Activity Will Resolve the Problem

3. **Are there similar services currently being provided within the community?**
   - ☐ No. *If no, skip to next question.*
   - ☐ Yes.
     - If yes, where are they being provided? _____
       What is the distance to the proposed service location? _____
       Include a map with the location(s) of similar services.
       Supporting Documentation on page(s): _____
     - If yes, are there any special impediments for TIG households to access the existing services?
       - ☐ No. *If no, skip to next question..*
       - ☐ Yes.
         - If yes, what are the impediments? *Check all that apply* ***and*** *describe each one.*
           - ☐ Transportation: _____
           - ☐ ADA access: _____
           - ☐ Other: _____
             Supporting Documentation on page(s): _____

4. **Describe the problem if is this service is not provided, continued or expanded:**
   _____

5. **Explain how and to what extent the proposed activity will solve the problem (quantify)**
   _____

Third Party Documentation

6. **Additional supporting documentation for this specific Public Service.**
   - Letters from Non-Profit Organization(s)
     Supporting Documentation on page(s): _____
   - News articles regarding the need for the service.
     Supporting Documentation on page(s): _____
   - Third-party letters describing the direct **health and safety** impact.

NOT APPLICABLE

PUBLIC SERVICES - Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Public Services" section is not applicable to this application.

Supporting Documentation on page(s): _____

- Documentation to support the need(s) must be less than 5 years old.
- Note 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 the need for the Public Services. Highlight the pertinent information.*

PUBLIC SERVICES NEED DOCUMENTATION MATRIX

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

Source	Type of Documentation	Quantification	Page # (in app.)
DOCUMENTATION SUPPORTING SEVERITY OF PROBLEM ADDRESSED			
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
DOCUMENTATION OF THE EXTENT TO WHICH THE PROPOSED SERVICE(S) WOULD SOLVE THE PROBLEM			
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
ADDITIONAL THIRD PARTY SUPPORTING DOCUMENTATION			
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Other	_____	_____	

NOT APPROVED

PUBLIC SERVICES – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Public Services" section is not applicable to this application.

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: _____

2. Environmental Review (check all applicable):
☐ Environmental Finding Form (EFF)
☐ Form 58.6

3. Site Control (for the location where services are provided):

Draft	Executed	
☐	☐	City/County owned site
☐	☐	Purchase Agreement
☐	☐	Option to Purchase
☐	☐	Option to Lease
☐	☐	Leasehold Interest
☐	☐	Deed of Trust
☐	☐	Other documentation of Site Control – List

4. Other Readiness Documentation:
☐ Sources and Uses Form
☐ PI Reuse Plan
☐ Other: _____

NOT APPLICABLE

PUBLIC SERVICES – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Public Services" section is not applicable to this application.

PUBLIC SERVICES – ALL FUNDING SOURCES

USES	SOURCES							
Activity Cost Categories	STATE OR FEDERAL				LEVERAGE			
	State DRI/CDBG	Program Income	Other State Funds	Federal Funds	Local Funds	Private	Identify Leverage	Totals:
General Admin (GA)	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	____	$ ____
Activity Delivery (AD)	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	____	$ ____
____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	____	$ ____
____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	____	$ ____
____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	____	$ ____
____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	____	$ ____
____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	____	$ ____
____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	____	$ ____
Totals:	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____

NOT APPLICABLE

PUBLIC FACILITIES – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Public Facilities" section is not applicable to this application.

PUBLIC FACILITIES TABLE OF CONTENTS

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

ACTIVITY	SELECT	DOCUMENTATION	PAGE(S)
Public Facility Forms (all pgs)	N-A		
Sources and Uses Form	N-A		
BENEFIT			
Service Area Documentation	N-A		
Beneficiary Documentation	N-A		
NEED			
Current Level of Service	N-A		
Proposed Beneficiaries	N-A		
Existing Beneficiaries	N-A		
Unmet Demand	N-A		
Availability of Similar Services	N-A		
Description – Service Not Provided	N-A		
Description - Service Will Solve Need	N-A		
Need Documentation	N-A		
READINESS			
Activity Administrator	N-A	Select	
Environmental Finding Form	N-A		
Form 58.6	N-A		
Statutory Worksheet	N-A		
Environmental Assessment	N-A		
SHPO Letter	N-A		
Ready to Publish Notice ()	N-A		
Ready to Sign RROF	N-A		
Program Income Reuse Plan	N-A	Select	
Anti-Displacement/Relocation Plan	N-A		
Site Control	N-A	Select	
Project Timeline	N-A		
Use Limitation Agreement	N-A	Select	
Architect/Engineer	N-A	Select	
Plans and Specs	N-A	Select	
Bid Package	N-A	Select	

NOT APPLICABLE

PUBLIC FACILITIES – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Public Facilities" section is not applicable to this application.

Local Approvals	N-A	Select	
Cost Estimate	N-A	Select	
Other Readiness:	N-A		

A. ACTIVITY INFORMATION:

1. How much is being requested for this activity?

$_____ = $_____ + $_____
Total $$ Requested for this Activity = (Activity $$) +(Activity Delivery $$)

2. How will the requested DRI/CDBG funds be used?

a. Type of Project. *Select all that apply.*

	w/DRI/CDBG funding	w/other funding
☐ Acquisition	☐	☐
☐ New Construction	☐	☐
☐ Rehabilitation	☐	☐
☐ Other (describe): _____		

b. Type of Public Facility. *Select only one.*

- ☐ Senior Center (03A)
- ☐ Centers for the Disabled/Handicapped (03B)
- ☐ Homeless Facility - not operating costs (03C)
- ☐ Youth Center/Facility (03D)
- ☐ Neighborhood Facilities (03E)
- ☐ Parks, Recreational Facilities (03F)
- ☐ Parking Facilities (03G)
- ☐ Solid Waste Disposal Facilities (03H)
- ☐ Flood and Drainage Facilities (03I)
- ☐ Other (specify): _____

3. How many Public Services will be provided at this facility?

☐ One Public Service: List: _____

☐ More than one Public Service: List all: _____

*If more than one Public Service will be conducted within the proposed facility, the applicant **must** complete one set of activity **"NEED"** forms (Section B) for **each** proposed service.*

☐ Public Service Activity(ies), as noted above, and other non-public service activities. Explain: _____

NOT APPLICABLE

PUBLIC FACILITIES – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Public Facilities" section is not applicable to this application.

4. What type of Public Service will be provided at this facility?
Check all that apply.

- ☐ Senior Services (05A)
- ☐ Services for the Disabled (05B)
- ☐ Legal Services (05C)
- ☐ Youth Service (05D)
- ☐ Transportation Services (05E)
- ☐ Substance Abuse Services (05F)
- ☐ Battered & Abused Spouses (05G)
- ☐ Employment Training (05H)
- ☐ Crime Awareness (05I)
- ☐ Fair Housing (05J)
- ☐ Tenant/Landlord Counseling (05K)
- ☐ Child Care Services (05L)
- ☐ Health Services (05M)
- ☐ Abused & Neglected Children (05N)
- ☐ Mental Health Services (05O)
- ☐ Screening for Lead (05P)
- ☐ Subsistence Payments (05Q)
- ☐ Security Deposits (05T)
- ☐ Homeless/AIDS Programs (03T)
- ☐ Other Public Services (05)

(Specify): _____

5. Where will this public facility be located?

_____

Does the Applicant currently have site control?

- ☐ Yes **Supporting Documentation on page(s):** _____
- ☐ No

6. Description of Project: *(See instructions. Include description of structure and type of rehabilitation or construction proposed)*

_____

7. Who will be the Activity Administrator? *Check all that apply.*

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

Name of all agencies/organizations indicated above:

a) _____
b) _____
c) _____
d) _____

NOT APPLICABLE

PUBLIC FACILITIES – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Public Facilities" section is not applicable to this application.

8. **Proposed Timeline/Schedule/Milestones:**
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.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

B. BENEFIT

1. **Service Area:** *(Check only one.)*
   - ☐ Entire Jurisdiction
   - ☐ Target Area(s):
     - TIG benefit for a target area **must** contain information/ documentation as to how only those within the Target Area will benefit from the activity. Page(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 Track/ 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)**

1. **Beneficiaries (people):**

   ☐ Income Restricted (100 percent TIG). Documentation on Page: _____
   ☐ Limited Clientele (List type): _____ Documentation on Page: _____
   ☐ Primarily TIG (List % of total): _____

NOT APPLICABLE

PUBLIC FACILITIES – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Public Facilities" section is not applicable to this application.

☐ Based on HUD Low/Mod charts. Charts on Page: _____

☐ Based on Income Survey. Survey results on page(s)_____

(This applies to services open to all residents in the service area, where at least 51% of the residents are TIG)

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

C. NEED FOR ACTIVITY:

If more than one public service will be conducted at the proposed facility, the applicant must complete one set of activity "NEED" forms for each proposed service.

1. Is the applicant also requesting DRI/CDBG funding for the proposed public service(s) at this facility?

☐ Yes ☐ No

2. What level of service needed?

☐ A new service.
Supporting Documentation on page(s): _____

☐ An existing service to be continued, but for which funding has been or will be decreased.
- Currently funded by: _____
- Describe current financial situation: _____
- Page(s) current financial statement located in application: _____
- Date all existing funding will end: _____

Supporting Documentation on page(s): _____

☐ An existing service to be increased.
- Currently funded by: _____
- Describe current financial situation: _____
- Anticipated increase in service: _____ %
- Page(s) current financial statement located in application: _____
- Page(s) where quantification documentation is included: _____

Supporting Documentation on page(s): _____

NOT APPLICABLE

PUBLIC FACILITIES – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Public Facilities" section is not applicable to this application.

3. **How was the need for this Activity determined?**

☐ Need survey of **proposed** Beneficiaries
- Proposed to serve: _____ (#)
  Per: ☐Day ☐Week ☐Month
  Supporting Documentation on page(s): _____

☐ Need survey of **existing** Beneficiaries
- Currently serve: _____ (#)
  Per: ☐Day ☐Week ☐Month
  Supporting Documentation on page(s): _____

☐ Unmet demand
- People on a waiting list: _____ (#)
  Per: ☐Day ☐Week ☐Month
- People turned away: _____ (#)
  Per: ☐Day ☐Week ☐Month
- Other *(describe)*: _____
  Supporting Documentation on page(s): _____

4. **Are there similar services currently being provided within the community?**

☐ No. *If no, skip to next question.*
☐ Yes.
- If yes, where are they being provided? _____
  Include a map with the location(s) of similar services.
  Supporting Documentation on page(s): _____

- If yes, are there any special impediments for TIG households to access the existing services?
  ☐ No. *If no, skip to next question..*
  ☐ Yes.
  - If yes, what are the impediments? *Check all that apply **and** describe each one.*
    ☐ Transportation: _____
    ☐ ADA access: _____
    ☐ Other: _____
    Supporting Documentation on page(s): _____

5. **Describe the problem if is this service is not provided, continued or expanded.** _____

6. **Describe the need for the acquisition, construction or rehabilitation of the facility.** _____

7. **Explain how and to what extent the proposed activity will solve the problem.**
_____

NOT APPLICABLE

PUBLIC FACILITIES – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Public Facilities" section is not applicable to this application.

8. **Additional supporting documentation for this specific Public Facility.**
   - Letters from Non-Profit Organization(s)
     Supporting Documentation on page(s): _____
   - News articles regarding the need for the facility and/or service(s) therein.
     Supporting Documentation on page(s): _____
   - Third-party letters describing the direct **health and safety** impact.
     Supporting Documentation on page(s): _____
   - Documentation to support the need(s) must be less than 5 years old.
   - Note 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 the need for the Public Services.

NOT APPLICABLE

PUBLIC FACILITIES – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Public Facilities" section is not applicable to this application.

NEED DOCUMENTATION MATRIX

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

Source	Type of Documentation	Quantification	Page # (in app.)
DOCUMENTATION SUPPORTING SEVERITY OF PROBLEM ADDRESSED			
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
DOCUMENTATION OF THE EXTENT TO WHICH THE PROPOSED SERVICE(S) WOULD SOLVE THE PROBLEM			
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
ADDITIONAL THIRD PARTY SUPPORTING DOCUMENTATION			
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	

NOT APPLICABLE

PUBLIC FACILITIES – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Public Facilities" section is not applicable to this application.

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: _____

2. Environmental Review: *(Check all applicable.)*

- ☐ Environmental Finding Form (EFF)
- ☐ Form 58.6
- ☐ Statutory Worksheet
- ☐ Environmental Assessment
- ☐ SHPO Letter
- ☐ Ready to Publish Notice ()
- ☐ Ready to Sign Request for Release of Funds (RROF)

3. Site Control:

Draft	Executed	
☐	☐	City/County owned site
☐	☐	Purchase Agreement
☐	☐	Option to Purchase
☐	☐	Option to Lease
☐	☐	Leasehold Interest
☐	☐	Deed of Trust
☐	☐	Other documentation of Site Control – List _____

NOT APPLICABLE

PUBLIC FACILITIES – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Public Facilities" section is not applicable to this application.

4. Other Readiness Documentation Provided:

- ☐ Sources and Uses Form
- ☐ Program Income Reuse Plan
- ☐ Anti-displacement and Relocation Plan
- ☐ Project Timeline
- ☐ Use Limitation Agreement
- ☐ Architect/Engineer
- ☐ Plans and Specs
- ☐ Bid Package
- ☐ Local Approvals (Use Permit or Zoning)
- ☐ Cost Estimate from Engineer/Architect
- ☐ Draft Use Limitation Agreement
- ☐ Other: _____

NOT APPLICABLE

PUBLIC FACILITIES – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Public Facilities" section is not applicable to this application.

PUBLIC FACILITIES– ALL FUNDING SOURCES

USES	SOURCES							
Activity Cost Categories	STATE OR FEDERAL				LEVERAGE			
	State DRI/CDBG	Program Income	Other State Funds	Federal Funds	Local Funds	Private	Identify Leverage	Totals:
General Admin (GA)	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	____	$ ____
Activity Delivery (AD)	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	____	$ ____
____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	____	$ ____
____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	____	$ ____
____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	____	$ ____
____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	____	$ ____
____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	____	$ ____
____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	____	$ ____
Totals:	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____

NOT APPLICABLE

PUBLIC IMPROVEMENTS – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Public Improvements" section is not applicable to this application.

PUBLIC IMPROVEMENTS TABLE OF CONTENTS

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

ACTIVITY	SELECT	DOCUMENTATION	PAGE(S)
Public Improvement Forms (all pages)	N-A		
Activity Sources and Uses	N-A		
BENEFIT			
Service Area Documentation	N-A		
Beneficiary Documentation	N-A		
NEED			
Regulatory Agency Order(s)	N-A		
Regulatory Agency Order(s)	N-A		
Enforcement Agency Letter	N-A		
On Waiting List for Other Funding	N-A		
Study Documentation	N-A		
Supplemental Information (list):	N-A		
READINESS			
Activity Administrator	N-A	N-A	
Environmental Finding Form	N-A		
Form 58.6	N-A		
Statutory Worksheet	N-A		
Environmental Assessment	N-A		
SHPO Letter	N-A		
Ready to Publish Notice (NOI/RROF)	N-A		
Ready to Sign (RROF)	N-A		
Site Control	N-A	N-A	
All Financing in Place	N-A		

NOT APPLICABLE

PUBLIC IMPROVEMENTS – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Public Improvements" section is not applicable to this application.

Timeline	N-A		
Cost Estimate	N-A	N-A	
Plans and Specifications	N-A		
Bid Package	N-A		
Contractor List	N-A		
Local Approvals	N-A	N-A	
Other Readiness	N-A		

NOT APPLICABLE

PUBLIC IMPROVEMENTS – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Public Improvements" section is not applicable to this application.

A. ACTIVITY INFORMATION:

1. How much is being requested for this activity?

$_____ = $_____ + $_____

Total $$ Requested for this Activity = (Activity $$) + (Activity Delivery $$)

2. How will the requested DRI/CDBG funds be used?

a) Type of Project:

- ☐ Water/Sewer Improvements (03J)
- ☐ Street Improvements (03K)
- ☐ Sidewalks (03L)
- ☐ Street/Road Improvements
- ☐ Payment of Eligible Assessments for Public Improvements
- ☐ Other (describe): _____

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

☐ Yes ☐ No

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

_____

Does the Applicant currently have site control?

☐ Yes ☐ No

4. Describe the Activity: *(See instructions.)*

_____

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-Profit's not acting as Subrecipients
- ☐ Faith-based organization
- ☐ Institution of higher education

Name of all agencies/organizations indicated above:

a) _____

b) _____

NOT APPLICABLE

PUBLIC IMPROVEMENTS – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Public Improvements" section is not applicable to this application.

c) _____
d) _____

6. **Proposed Timeline/Schedule/Milestones:**
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.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

B. BENEFIT:

1. **Service Area:** *(Check only one.)*
☐ Entire Jurisdiction
☐ Target Area(s)

- TIG benefit for a specific area **must** contain information/ documentation as to how only those within the Target Area will benefit from the activity. Page(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 Track/ 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)**
_____	_____	_____	_____	_____	_____

NOT PUBLICABLE

PUBLIC IMPROVEMENTS – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Public Improvements" section is not applicable to this application.

1. **Beneficiaries (people):**

- ☐ Income Restricted (100 percent TIG) for Payment of Assessments only.
- ☐ Primarily TIG (List % of total): _____
  - ☐ Based on HUD Low/Mod charts
  - ☐ Based on Income 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
_____	_____	_____	_____	_____

C. NEED FOR ACTIVITY:

1. **Describe the need(s) this activity will address:**

_____

2. **How was the need for this activity determined?**

_____

Documentation	Page(s):
☐ **Damage/Destruction from 2008 Wildfire**	_____
☐ Cease and Desist Order	_____
☐ Letter from Enforcement Agency	_____
☐ Letter from other Funding Agency re: eligibility status	_____
☐ Study documenting problem; proposed solution	_____
☐ Other: _____	_____

3. **Describe how and to what extent DRI/CDBG funding will eliminate/improve the problem.**

_____

4. **Describe the financial systems that will ensure long-term operation and maintenance if this improvement is funded.**

_____

5. **Additional supporting documentation for this *specific* activity.**
   - News articles regarding the need for the service.
   - Third-party letters describing the direct **health and safety** impact.
   - Documentation to support the need(s) must be less than 5 years old.

NOT APPLICABLE

PUBLIC IMPROVEMENTS – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Public Improvements" section is not applicable to this application.

- Note 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 the need for the specific Public Improvements that are proposed.*

	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: _____

NOT APPLICABLE

PUBLIC IMPROVEMENTS – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Public Improvements" section is not applicable to this application.

2. Environmental Review (check all applicable):

- ☐ Environmental Finding Form (EFF)
- ☐ Form 58.6
- ☐ Statutory Worksheet
- ☐ Environmental Assessment
- ☐ SHPO Letter
- ☐ Ready to Publish Notice ()
- ☐ Ready to Sign Request for Release of Funds (RROF)

3. Site Control (Projects only):

Draft	Executed	
☐	☐	City/County owned site
☐	☐	Purchase Agreement
☐	☐	Option to Purchase
☐	☐	Option to Lease
☐	☐	Leasehold Interest
☐	☐	Deed of Trust
☐	☐	Other documentation of Site Control – List

____

4. Other Readiness Documentation Provided:

- ☐ Plans and Specification
- ☐ Sources and Uses Form
- ☐ Financing
- ☐ Timeline
- ☐ Cost Estimate
- ☐ Other: _____
- ☐ Bid Package
- ☐ Contractor List
- ☐ Local Approvals

NOT APPLICABLE

PUBLIC IMPROVEMENTS – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Public Improvements" section is not applicable to this application.

PUBLIC IMPROVEMENTS – ALL FUNDING SOURCES

USES	SOURCES							
Activity Cost Categories	STATE OR FEDERAL				LEVERAGE			
	State DRI/CDBG	Program Income	Other State Funds	Federal Funds	Local Funds	Private	Identify Leverage	Totals:
General Admin (GA)	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	____	$ ____
Activity Delivery (AD)	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	____	$ ____
____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	____	$ ____
____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	____	$ ____
____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	____	$ ____
____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	____	$ ____
____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	____	$ ____
____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	____	$ ____
Totals:	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____		$ ____

NOT APPLICABLE

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

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Public Improvements (PIHNC)" section is not applicable to this application.

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)	N-A		
Activity Sources and Uses	N-A		
Conditions of Approval Documentation	**N-A**		
BENEFIT			
Service Area Documentation	N-A		
Beneficiary Documentation	N-A		
NEED			
On Waiting List for Other Funding	N-A		
Supplemental Information (list): _____	N-A		
READINESS			
Activity Administrator	N-A	N-A	
Environmental Finding Form	N-A		
Form 58.6	N-A		
Statutory Worksheet	N-A		
Environmental Assessment	N-A		
SHPO Letter	N-A		
Ready to Publish Notice (NOI/RROF)	N-A		
Ready to Sign (RROF)	N-A		
Site Control	N-A	N-A	
All Financing in Place	N-A		
Project Timeline	N-A		

NOT APPLICABLE

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

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Cost Estimate	N-A		
Local Approvals	N-A	N-A	
Sources and Uses Form	N-A		
Plans and Specifications	N-A		
Bid Package	N-A		
Other:	N-A		

NOT APPLICABLE

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

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Public Improvements (PIHNC)" section is not applicable to this application.

A. ACTIVITY INFORMATION:

1. How much is being requested for this activity?

$_____ = $_____ + $_____
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): _____

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:

_____

Does the Applicant have site control?
- ☐ Yes ☐ No

4. Describe the Activity: *(See instructions.)*

_____

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-Profits not acting as Subrecipients
- ☐ Faith-based organization
- ☐ Institution of higher education

Name of all agencies/organizations indicated above:
a) _____

NOT APPLICABLE

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

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b) _____
c) _____
d) _____

6. **Proposed 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.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

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 Track/ 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)**
_____	_____	_____	_____	_____	_____

1. **Beneficiaries (people):**

☐ Income Restricted (100 percent TIG) for Payment of Assessments only.
☐ Primarily TIG (List % of total): _____

NOT APPLICABLE

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

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Public Improvements (PIHNC)" section is not applicable to this application.

☐ 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
_____	_____	_____	_____	_____

C. NEED FOR NEW UNITS:

Refer to Appendix A of NOFA for a list of typical activities and a description of how to document need for the activity. All applications must describe why the proposed activity is the community's highest disaster-related need, and the process used to make such a determination.

1. Supporting Need Documentation:

☐ Waiting List. Page(s): _____
☐ 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): _____

2. Supplemental Information:

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:

NOT A LOAN

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

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Public Improvements (PIHNC)" section is not applicable to this application.

- 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.

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

NOT APPLICABLE

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: _____

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

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Public Improvements (PIHNC)" section is not applicable to this application.

2. **Environmental Review**: *(Check all applicable.)*
   - ☐ Environmental Finding Form (EFF)
   - ☐ Form 58.6
   - ☐ Statutory Worksheet
   - ☐ Environmental Assessment
   - ☐ SHPO Letter
   - ☐ Ready to Publish Notice ()
   - ☐ Ready to Sign Request for Release of Funds (RROF)

3. **Site Control (projects only):**

Draft	Executed	
☐	☐	City/County owned site
☐	☐	Purchase Agreement
☐	☐	Option to Purchase
☐	☐	Option to Lease
☐	☐	Leasehold Interest
☐	☐	Deed of Trust
☐	☐	Other documentation of Site Control – List

4. **Other Readiness Documentation Provided:**
   - ☐ Sources and Uses Form
   - ☐ Bid Package
   - ☐ Cost Estimate
   - ☐ Contractor List
   - ☐ Architect/Engineer
   - ☐ Plans and Specifications
   - ☐ Permits
   - ☐ Other: _____

NOT APPLICABLE

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

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Public Improvements (PIHNC)" section is not applicable to this application.

PIHNC – ALL FUNDING SOURCES

USES	SOURCES							
	STATE OR FEDERAL				LEVERAGE			
Activity Cost Categories	State DRI/CDBG	Program Income	Other State Funds	Federal Funds	Local Funds	Private	Identify Leverage	Totals:
General Admin. (GA)	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	____	$ ____
Activity Delivery (AD)	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	____	$ ____
____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	____	$ ____
____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	____	$ ____
____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	____	$ ____
____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	____	$ ____
____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	____	$ ____
____	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____	____	$ ____
Totals:	$ ____	$ ____	$ ____	$ ____	$ ____	$ ____		$ ____

NOT APPLICABLE

ECONOMIC DEVELOPMENT ACTIVITIES – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Economic Development Activities" section is not applicable to this application.

California Department of Housing and Community Development

Disaster Recovery Initiative (DRI)
Economic Development Activity Application

1.a Applicant Information

Applicant Name: _____ DUNS # _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

☐ *Check here if this is a Joint Application and complete an Application Summary for each applicant.*

1.b Authorized Representative Information (Per Resolution)

First Name: _____ Last Name: _____

Job Title: _____

☐ *Check if the address information is the same as above in 1.1, if not fill in information below*

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Ext.: _____ Fax: _____

E-mail: _____

1.c Applicant Contact Information

☐ *Check if the contact information is the same above in 1.b, if not fill in the information below*

First Name: _____ Last Name: _____

Name of Agency: _____ Job Title: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____ Ext.: _____ Fax: _____

E-mail:

SOLICITABLE

ECONOMIC DEVELOPMENT PROGRAM – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Economic Development Activities" section is not applicable to this application.

Please check the appropriate box for your proposed activity.

❑ **BUSINESS ASSISTANCE ACTIVITY**

❑ **MICROENTERPRISE ASSISTANCE ACTIVITY**

NOT APPLICABLE

2. Requested Funding By Activity

Activity	Activity Amount Requested ($)	Activity Delivery Amount Requested ($)	Result of CDBG PTA Grant?	Total Amount Requested ($)
Business Assistance				
Loans	$	$	❑ Yes ❑ No PTA #	$
Grants/Loans Supporting Infrastructure	$	$	❑ Yes ❑ No PTA #	$
Microenterprise Assistance				
Technical Assistance	$	$	❑ Yes ❑ No PTA #	$
General Support	$	$	❑ Yes ❑ No PTA #	$
Loans	$	$	❑ Yes ❑ No PTA #	$
Activity Totals	$	$		$
General Administration (not to exceed two percent (2%))				$
Total Amount Requested				$

Notes:
* All leverage must be reflected on this chart. It is important to note that leverage is a commitment that is included by source and dollar amount in the grant agreement, and will held as a monitoring standard should the application be funded. The proposed leverage should be a realistic one that will be fully expended during the term of the grant.

Redevelopment funds must be in the Applicant's resolution to be count as leverage in this criterion.

ECONOMIC DEVELOPMENT PROGRAM – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Economic Development Activities" section is not applicable to this application.

1. Identify sub-category of activity such as Loans under Business Assistance or Technical Assistance under Microenterprise Assistance.
2. Identify source of funding such as City, County, RDA, EDC, SBA, etc. State or Federal organizations are not eligible to be counted.
3. Identify the type of leverage such as cash, "in-kind", match funds.
4. Identify the Type of documentation such as Letter of Support, Resolution.
5. Identify amount of leverage either cash or in-kind cash equivalent. The amount of leverage must be documented in a resolution or letter.

3. Location Of Activities – U.S. Census		
Name of CDBG Activity	**Is Activity Jurisdiction-Wide or Target Area** ***(check one below)***	Census Tract Numbers (all applications) and Block Group Numbers (for target area activities only). Attach a map showing the Target Area and Census Tract and Block Group information. Label this attachment as "Census Data Attachment" in Section 1 Application Summary Attachment, Census Data Attachment.
Business Assistance		
Business Loans	❑ Jurisdiction-Wide ❑ Target Area	
Public Infrastructure	❑ Jurisdiction-Wide ❑ Target Area	
Microenterprise Assistance		
Technical Assistance	❑ Jurisdiction-Wide ❑ Target Area	
General Support	❑ Jurisdiction-Wide ❑ Target Area	

COPY

ECONOMIC DEVELOPMENT PROGRAM – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Economic Development Activities" section is not applicable to this application.

Micro Business Loans	❑ Jurisdiction-Wide ❑ Target Area	

4. Proposed Activity(ies) And Beneficiaries

Activity	# of Business Expansions	# of Business Start-Ups	# Jobs Created/ Retained	# TIG Jobs	# TIG Clients (ME)	# TIG House-holds	CDBG National Objective*
Business Assistance							
Business Loans							❑ Slums/ Blight ❑ TIG - Jobs
Supporting Infrastructure							❑ Slums/ Blight ❑ TIG - Jobs
Microenterprise Assistance							
Technical Assistance							❑ TIG - Clients
General Support							❑ TIG - Clients
Business Micro Loans							❑ TIG - Clients

** If TIG Jobs is checked then the number of jobs created/retained entered must comply with 51% TIG requirement.*

5. Proposed Business Assistance Activity (S) National Objective

Enter the projected number of businesses to be assisted and jobs created/retained by the proposed activity. Indicate N/A above if application is not proposing business assistance activity.

1. Not Applicable

DRAFT

ECONOMIC DEVELOPMENT PROGRAM – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Economic Development Activities" section is not applicable to this application.

Activity	# of Businesses Assisted	# of Jobs Created/retained	# of TIG Jobs*
Business Assistance: Business Loans and Infrastructure Grants			

** If TIG Jobs is checked then the number of jobs created/retained entered must comply with 51% TIG requirement.*

6. Proposed Business Assistance Activity (S) Public Benefit

Enter the amount of CDBG funding, the projected total number of jobs created/retained, and the projected cost per job. Check N/A above if application is not proposing business assistance activity.

❑ Not Applicable

Activity	Amount of CDBG Funds	# of Jobs Created/Retained	Cost per Job Created/Retained
	a	b	a/b
Business Assistance: Business Loans and Infrastructure Grants			

7. Proposed Microenterprise Assistance Activity (S) Projected Beneficiaries

Enter the amount of CDBG funding, the projected number of microenterprise Targeted Income Group (TIG) clients to be served, the projected number of business startups, and the projected number of businesses expanded. Check N/A if the application is not proposing Microenterprise Assistance activities.

❑ Not Applicable

DRAFT

ECONOMIC DEVELOPMENT PROGRAM – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Economic Development Activities" section is not applicable to this application.

Activity	Amount of CDBG Funds	# of TIG Clients Served	# of Business Start-ups	# of Businesses Expanded
Microenterprise Assistance – TIG				

NOT AVAILABLE

8. Other Projected Microenterprise Performance Indicators

Other Projected Microenterprise Assistance Performance Indicators: Enter the projected units of benefit related to other applicable performance indicators. Check N/A if application is not proposing Microenterprise Assistance activities.

1. Not Applicable

Projected Benefits	# of Beneficiaries
Clients entering Program	
Clients receiving technical assistance and business support	
Clients completing Program	
Clients receiving General Support	
Business start-ups	
CDBG loans to microenterprises	
Business expansions	
Non-CDBG loans to microenterprises	

9. Target Populations

Check all target populations that will be served by CDBG funds.

❑ Physically Disabled	❑ Seniors
❑ Persons with AIDS	❑ Mentally Ill
❑ Youths	❑ Veterans

ECONOMIC DEVELOPMENT PROGRAM – Forms

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❑ Single Adults	❑ Victims of Domestic Violence
❑ Single Men	❑ Substance Abusers
❑ Single Women	❑ Dually-Diagnosed
❑ Families	❑ Homeless
❑ Farm worker	❑ Other (specify):

NOT APPLICABLE

10. Maps

If the application is proposing targeted activities, please submit the following maps. Enter "No" if proposed activity is jurisdiction wide.

1. ❑ Yes, a location map is attached. Label the attachment as "*Location Map Attachment: Section 1-1.5*"

   ❑ No, the proposed activity is jurisdiction wide.

Note: A location map must include:

a. The number and boundaries of census tract(s) or enumeration districts(s) within which CDBG funds will be spent;
b. The general location of the proposed activities, including geographic; the boundaries of the target or service areas covered by each activity; and
a. Attach census tape printouts showing income levels for targeted area.

ECONOMIC DEVELOPMENT PROGRAM – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Economic Development Activities" section is not applicable to this application.

2. ❑ Yes, an Ethnic/TIG Map is attached. Label the attachment *as "Ethnic/TIG Map/ Attachment: Section I.5."*

❑ No, the proposed activity is jurisdiction-wide.

Note: Based on the applicant's knowledge of the area and available data, the Ethnic/TIG Map should show:

a. The location of concentrations of non-white persons and Hispanic persons within the entire city or county; and
b. The location of concentrations of targeted income group families within the jurisdiction.

NOT APPLICABLE

ECONOMIC DEVELOPMENT PROJECT – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Economic Development Project" section is not applicable to this application.

INSTRUCTIONS FOR OVER-THE-COUNTER ED PRE-APPLICATION FORM

(Pre-Application form for Economic Development Activities starts after these special instructions)

A.1. Name of Applicant Jurisdiction – The CDBG Economic Development Allocation entertains applications from eligible cities and counties only. Therefore, a city or county must be the applicant for funds. In limited cases where multiple jurisdictions are involved in a single application both should be listed as the applicant. A.3. asks for information about the developer or business on behalf of whom the eligible jurisdiction is applying.

A.2. Staff Contact – The staff contact is the individual with whom CDBG staff will be interfacing on a regular basis.

A.3. Responsible Party: Individual designated by Resolution with the authorization to execute agreements with HCD on behalf of the city or county.

A.4. Other Project Participants – This section provides additional information on all the various parties that will be involved in the project and/or in preparing the application.

Application to be Prepared by: Provide the name and phone number for the city or county staff person who will be preparing the application. If this task is being performed by the person identified in A.2. indicate (same as above). If this task is being performed by a consultant provide their name and phone number in this space.

Developer: If this is a development project, provide the requested information for the developer(s) that will be involved in developing the project. Typically, the developer is not the job creator, but will lease or build to suit for the business that is creating the jobs.

Business(es) responsible for job creation: Provide the requested information for the business or businesses that will be creating the jobs to make this an eligible CDBG project. In the case of a development project these businesses may be tenants that have signed leases or letters of intent to occupy space in the project.

B.2. Public Benefit – Jobs to be created refers to "net new" jobs. Net new jobs are full-time equivalents (FTE), which equate to 1750 hours per year, or aggregated part-time (875 hours per year) positions that are to be created as a result of (and after approval of) funding by the CDBG OTC allocation.

Retained jobs are existing, threatened FTE and aggregated (see above) positions that are retained due to the CDBG injection of funds. Retention does not apply to businesses that may be relocating their business operations and employees to another city or county within the United States. In certain circumstances retaining jobs that

NOT FOR BID

may be outsourced outside the United States may be eligible under this category. These positions must be documented with certification of the hours worked and position held by name and hire date of the individual who will be retained in that

position. The certification will indicate household income for applications that are meeting the 51 percent benefit to TIG national objective eligibility requirement. Should individual certifications fail to demonstrate that the 51 percent TIG benefit will be met by existing employees, the application must include a written agreement between the business and the grantee that any vacancies during the term of the grant will be filled by income eligible recipients until the 51 percent threshold of benefit has been documented.

C. **TIG Employment Certification** – Identify the organization and contact person responsible to coordinate the document the TIG certifications.

E.1. **Type of Project** – The type of project will encompass not only the activity that is funded by CDBG funds, but the entire scope of the work, which will be enabled by the injection of CDBG funds.

Example: CDBG funds are being requested to cover the cost of off-site infrastructure improvements so that a business can expand its operations through the lease of space in a building that is being constructed by a developer. The infrastructure improvements are required for the new construction to take place. The business will be creating the jobs. The developer will construct the building. The jurisdiction does not have funds to cover the cost of the off-site improvements and the cost of these improvements will not allow the developer to make a reasonable return on investment. Therefore, CDBG funds may be used to pay for the cost of the infrastructure improvements, but the entire project includes the development of the new commercial space as well as the infrastructure that made it possible to complete the project. This type of project will require underwriting of the developer and the business to insure that the new construction can be completed and the business will successfully expand to a size that can sustain the projected new jobs.

E.4. **Broader Community/Economic Development Need** – This section should give as much detail as is known at the time, including how this assistance will meet the broader community and economic development needs of the jurisdiction. Describe to what extent this project is in line with local strategic planning.

E.6. **Return on Investment (ROI)** – To the extent practicable, CDBG funds cannot be used in a project when the use of such funds unduly enriches a business or developer, i.e., providing an unreasonable increase in the return on investment for that specific type of business. Calculate and present the return on investment both with and without CDBG funds.

NOT CBL

ECONOMIC DEVELOPMENT PROJECT – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Economic Development Project" section is not applicable to this application.

E.7. Status of Project Activities – Status of each item will reflect the maturity of the proposal. All project funds must be expended, work must be completed and jobs must be in place within the grant term. Please indicate to extent to which each of these boxed items has been resolved or will affect the timing of project completion.

F.1 Amount Requested from CDBG – List total amount requested from CDBG, including general administration and activity delivery funds. Grantees are limited to 7.5 percent of the total grant amount for General Administration expenses. See paragraph E under "Stage Two: Program Threshold Criteria," for more information on threshold point impacts in regards to the amount of general administration selected. Grantees are allowed up to 8 percent of the Activity Budget (i.e., the application amount less the general administration amount) for Activity Delivery costs, not to exceed $40,000 unless approved in advance by the Department.

G.1. The project financing sources and uses tables must include all costs, and all participating or yet to be determined sources of financing.

Business Project Sources and Uses – Owner's equity refers to the amount of cash (or cash equivalent) contributed by the owners of the business for the proposed project. Equity contributed to the business prior to the application (e.g., land and equipment) may be included if it is considered a part of the proposed project. Non cash equity contributions should be explained.

APPLICATION FORM

This application, if approved for funding, will be a part of your grant agreement with the Department. In order to be considered for funding, all sections of this application (Section I through IV) and attachments must be complete and accurate. DO NOT REVISE THIS FORM IN ANY MANNER UNLESS OTHERWISE NOTED ON THE APPLICATION FORM. Refer to the Application and Program regulations (federal regulations are found at 24 CFR Part 570, Subpart I and State Regulations at Title 25, Subchapter 2, commencing with Section 7050) for additional information. If you have any questions about the application, or if you require technical assistance, please contact program staff for assistance.

NOT PRINCIPLE

ECONOMIC DEVELOPMENT PROJECT – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Economic Development Project" section is not applicable to this application.

PRE-APPLICATION

A. PRE-APPLICANT INFORMATION

1. Name of Applicant Jurisdiction: _____

2. Staff Contact:

Last:	First:	MI:
Title:		
Mailing Address:		
City:	State:	Zip:
Telephone #: ( )	Fax #: ( )	Email:

3. Name of Responsible Authority of Applicant Jurisdiction:

_____ _____

Name Title

4. Other Project Participants

Application to be prepared by: _____ Phone: _____

Developer (if applicable):

Company Name: _____ Contact Name: _____ Phone: _____

Business(es) responsible for job creation:

Company Name: _____ Contact Name: _____ Phone: _____

Company Name: _____ Contact Name: _____ Phone: _____

5. CDBG Economic Development Program Area Representative:

B. ELIGIBILITY COMPLIANCE

1. National Objective (All Projects)

☐ Low Income Household Job Creation	☐ Slums and Blight Eradication	☐ Urgent Need

2. Public Benefit (All Projects)

Number "Net New" Jobs Created: _____ Jobs to be Retained (documented): _____

CDBG Cost Per Job: $ Projected Targeted Income Group Jobs: _____%

NOT APPLICABLE

ECONOMIC DEVELOPMENT PROJECT – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Economic Development Project" section is not applicable to this application.

3. Most recent annual Program Income Balance: $_____

PRE-APPLICATION

C. TIG EMPLOYMENT INCOME VERIFICATION

Agency Coordinating TIG Income Self Certification:_____

Contact Name/Title:_____/_____ Phone:_____

☐ Not required because business is located in RDA area.

D. PLANNING/TECHNICAL ASSISTANCE (P/TA) GRANTS

Is this application the result of a **PTA** grant? Yes ☐ No ☐

If yes, please provide Grant #_____

E. PROJECT DESCRIPTION

1. Type of Project:
   - ☐ **Business Loan (e.g. FFE, Inv, real estate, construction)**
     - ☐ Expansion
     - ☐ Start-up
   - ☐ **Development Project (check appropriate boxes below)**
     - ☐ Private
       - ☐ single tenant
       - ☐ multi-tenant
     - ☐ Public
       - ☐ Industrial park
       - ☐ single tenant
     - ☐ Multi-tenant
       - ☐ Incubator (multi-tenant only)
   - ☐ **Infrastructure, in support of: (check appropriate boxes below)**
     - ☐ Business Start-up
     - ☐ Business Expansion
     - ☐ Development Project
       - ☐ Private
         - ☐ single tenant
         - ☐ multi-tenant
       - ☐ Public
         - ☐ Industrial park
         - ☐ single tenant
         - ☐ multi-tenant
       - ☐ Incubator (multi-tenant only)

2. If project is to support a specific business, indicate:
   Date Business Established: ___/___/

Type of Business

☐ Sole Proprietorship	☐ Corporation	☐ Partnership

NOT APPLICABLE

ECONOMIC DEVELOPMENT PROJECT – Forms

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3. Project Summary: Provide a brief summary of the Type of Project identified in #1 above. The summary must include a discussion of all public and private components and, specifically, the proposed use of CDBG funds (refer to Instructions, pages 2 & 3): _____

PRE-APPLICATION

4. Project Need: Provide a brief description of the broader community/economic development need of the area and how the proposed project will address this need:
_____
_____

5. Project Timeframes:

a. Projected Environmental Clearance Date: _____

b. Projected Construction Start Date:

Off-site Infrastructure Improvements _____

On-site Improvements including Structures _____

c. Projected Construction Completion Date:

Off-site Infrastructure Improvements _____

On-site Improvements including Structures _____

d. Job Creation:

Projected Start Date: _____

Total "net new" jobs at grant expiration _____

Total "net new" jobs, one year past construction completion _____
(for over-sized infrastructure – only when meeting the National

Objective of benefit to the TIG)

6. Return on Investment

With CDBG Funds _____%	Without CDBG Funds _____%

7. Other information: Describe other information/issues that may affect project timelines and/or project feasibility:

Business Loan:

- ☐ Business Plan/Pro Forma Status:
- ☐ Other Funding Sources Status:
- ☐ Permits & Clearances Status:
- ☐ Market/Management Team Status:

NOT APPLICABLE

ECONOMIC DEVELOPMENT PROJECT – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Economic Development Project" section is not applicable to this application.

- ☐ Property Appraisal Status:
- ☐ 3rd Party Cost Estimates Status:
- ☐ Davis-Bacon Status:
- ☐ Current Debt Schedule Status:
- ☐ Pending Litigation Status:
- ☐ History of Bankruptcy Status:

PRE-APPLICATION

Developer Project:

- ☐ Site control Status:
- ☐ Market Assessment Status:
- ☐ Business Plan/Pro Forma Status:
- ☐ Other Funding Sources Status:
- ☐ Permits & Clearances Status:
- ☐ Developer Track Record Status:
- ☐ Market/Management Team Status:
- ☐ Tenant Leases/Letters Status:
- ☐ Property Appraisal Status:
- ☐ 3rd Party Cost Estimates Status:
- ☐ Davis-Bacon Status:
- ☐ Pending Litigation Status:
- ☐ History of Bankruptcy Status:

Infrastructure Project: (specific to infrastructure projects in support of private development or business activity)

- ☐ 3rd Party Cost Estimates
  On infrastructure only Status:
- ☐ Davis-Bacon
  On infrastructure only Status:
- ☐ Permits & Clearances Status:
- ☐ Completed Business Project checklist
- ☐ Completed Developer Project checklist

Incubator Project:

- ☐ Market Feasibility Study Status:

NOT APPLICABLE

ECONOMIC DEVELOPMENT PROJECT – Forms

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- ☐ Business Plan/Pro Forma Status:
- ☐ Other Funding Sources Status:
- ☐ Permits & Clearances Status:
- ☐ Developer Track Record Status:
- ☐ Market/Management Team Status:
- ☐ Property Appraisal Status:
- ☐ 3rd Party Cost Estimates Status:
- ☐ Davis-Bacon Status:

PRE-APPLICATION

F. AMOUNT REQUESTED

Activity	Requested Amount
a. Business Loan Specify business	
b. Infrastructure Project Specify project	
c. Development Project Specify type:	
d. Activity Delivery	
e. General Administration	
Total Amount Requested from CDBG	

G. PROJECT FINANCING

1. Sources and Uses: Complete a "Business Assistance Sources and Uses" for startup or expansion projects. Complete a "Developer or Incubator Project Sources and Uses" for a developer deal or incubator project. Complete an "Infrastructure Sources and Uses" for public infrastructure improvements to be made in support of a developer deal or business project.

Business Assistance Project Sources and Uses

	Private Lender	Owner's Equity	CDBG Requested	CDBG Program Income	Other Specify	TOTAL
Acquisition: Land Building	$ $	$ $	$ $	$ $	$ $	$ $

NOT APPLICABLE

ECONOMIC DEVELOPMENT PROJECT – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Economic Development Project" section is not applicable to this application.

New Construction	$	$	$	$	$	$
On-site Improvements	$	$	$	$	$	$
Rehabilitation/TI's	$	$	$	$	$	$
Machinery/Equipment	$	$	$	$	$	$
Working Capital	$	$	$	$	$	$
Inventory	$	$	$	$	$	$
Debt Retirement	$	$	$	$	$	$
Other	$	$	$	$	$	$
Total Funds:	$	$	$	$	$	$

PRE-APPLICATION

Developer or Incubator Project Sources and Uses

	Private Lender	Developer Equity	CDBG Requested	CDBG Program Income	Other Specify	TOTAL
Acquisition:						
Land	$	$	$	$	$	$
Building	$	$	$	$	$	$
New Construction	$	$	$	$	$	$
On-site Improvements	$	$	$	$	$	$
Rehabilitation/TI's	$	$	$	$	$	$
Machinery/Equipment	$	$	$	$	$	$
Debt Retirement	$	$	$	$	$	$
Other	$	$	$	$	$	$
Total Funds:	$	$	$	$	$	$

Infrastructure Project (off-site) Sources and Uses

	Local Gov.	CDBG Requested	CDBG Program Income	Business or Developer	Other Specify	TOTAL
Roads	$	$	$	$	$	$
Utilities	$	$	$	$	$	$
Water	$	$	$	$	$	$
Sewer	$	$	$	$	$	$
Other	$	$	$	$	$	$

COPY APPLICABLE

ECONOMIC DEVELOPMENT PROJECT – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Economic Development Project" section is not applicable to this application.

Total Funds:	$	$	$	$	$	$

2. Funding Ratio: Ratio of Private Funds to CDBG Funds: _____ %

3. Financing structure of funds to business: Identify proposed project financing structure to be used to recover CDBG funds from benefiting developer or business(es): (check all that apply)

☐ Infrastructure: Provide discussion on recapture of CDBG funds.

☐ Business Grant: Provide documentation of no undue enrichment.

☐ Business Loan: Interest Rate: _____ Term: _____

Repayment Terms: _____

PRE-APPLICATION

Proposed Security:

☐ Real Estate Status: _____

☐ Equipment Status: _____

☐ Other Assets

_____ Status: _____

_____ Status: _____

Proposed Conditions: _____

_____

4. Resources:
List all proposed sources of funds (e.g., owner's equity, private bank loan, redevelopment funds, general funds, program income, etc.) and describe the status of each funding commitment (e.g., letter of interest, funds applied for, funds committed, funding awaiting CDBG approval, etc.)

Source of Funds	Commitment Status

Signatures of Applicant and Project Participants (listed on page 4): We, the undersigned, have agreed to participate in the application process to seek funding from the State of California Community Development Block Grant Program Over-the-Counter component to support the proposed project outlined in this pre-application. We acknowledge that participation in the application process does not guarantee that funding will be provided.

NOT APPLICABLE

ECONOMIC DEVELOPMENT PROJECT – Forms

This is a Planning Only application and as such is not intended to provide any type of public service activity as defined by HUD. Therefore, the "Economic Development Project" section is not applicable to this application.

Applicant Jurisdiction:

Authorized Representative:

Name (Print)	Title
Signature	Date

Developer (if applicable):

Name (Print)	Title
Signature	Date

PRE-APPLICATION

Business(es) Responsible for Job Creation (attach additional sheets if necessary):

Business Name/Business Representative Name (Print)	Title
Signature	Date
Business Name/Business Representative Name (Print)	Title
Signature	Date

NOT APPLICABLE

TABS

Tab A – Public Information

- Public Meeting July 28: Mental Health Commission
  - Publication of Notice documentation
  - Sign-in Sheet
  - Written Comments and Responses
- Public Hearing August 2: Los Angeles County Board of Supervisors
  - Resolution
  - Publication of Notice documentation
  - Sign-in Sheet
  - Written Comments and Responses

Tab B – Excluded Parties List System (EPLS) Search Results

Tab C – Administration Capacity Documentation

Tab A – Public Information

TO BE COMPLETED AND DOCUMENTATION INSERTED

Tab B – Excluded Parties List System (EPLS) Search Results

EPLS

Excluded Parties List System

Search - Current Exclusions

- > Advanced Search
- > Multiple Names
- > Exact Name and SSN/TIN
- > MyEPLS
- > Recent Updates
- > Browse All Records

View Cause and Treatment Code Descriptions

- > Reciprocal Codes
- > Procurement Codes
- > Nonprocurement Codes

Agency & Acronym Information

- > Agency Contacts
- > Agency Descriptions
- > State/Country Code Descriptions

OFFICIAL GOVERNMENT USE ONLY

- > Debar Maintenance
- > Administration
- > Upload Login

EPLS Search Results

Search Results for Parties Excluded by

Firm, Entity, or Vessel : County and Los Angeles
State : CALIFORNIA
Country : UNITED STATES
As of 26-May-2011 6:26 PM EDT
Save to MyEPLS

Your search returned no results.

Back New Search Printer-Friendly

Resources

- > Search Help
- > Advanced Search Tips
- > Public User's Manual
- > FAQ
- > Acronyms
- > Privacy Act Provisions
- > News

Reports

- > Advanced Reports
- > Recent Updates
- > Dashboard

Archive Search - Past Exclusions

- > Advanced Archive Search
- > Multiple Names
- > Recent Updates
- > Browse All Records

Contact Information

- > For Help: Federal Service Desk

EPLS

Excluded Parties List System

Search - Current Exclusions

- > Advanced Search
- > Multiple Names
- > Exact Name and SSN/TIN
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View Cause and Treatment Code Descriptions

- > Reciprocal Codes
- > Procurement Codes
- > Nonprocurement Codes

Agency & Acronym Information

- > Agency Contacts
- > Agency Descriptions
- > State/Country Code Descriptions

OFFICIAL GOVERNMENT USE ONLY

- > Debar Maintenance
- > Administration
- > Upload Login

EPLS Search Results

Search Results for Parties Excluded by

Firm, Entity, or Vessel : County and Los Angeles and Mental Health
State : CALIFORNIA
Country : UNITED STATES
As of 26-May-2011 6:24 PM EDT
Save to MyEPLS

Your search returned no results.

Back New Search Printer-Friendly

Resources

- > Search Help
- > Advanced Search Tips
- > Public User's Manual
- > FAQ
- > Acronyms
- > Privacy Act Provisions
- > News

Reports

- > Advanced Reports
- > Recent Updates
- > Dashboard

Archive Search - Past Exclusions

- > Advanced Archive Search
- > Multiple Names
- > Recent Updates
- > Browse All Records

Contact Information

- > For Help: Federal Service Desk

Tab C – Administration Capacity Documentation

To support the Los Angeles County Department of Mental Health throughout this project, the Community Development Commission of the County of Los Angeles is available to provide technical support and guidance. The lead representative for this project is:

Raymond Webster, Development Specialist
Community Development Block Grant Division
Community Development Commission of the County of Los Angeles
2 Coral Circle, Monterey Park, CA 91107
(323) 890-7317

The Department of Mental Health Continuity Coordinator, Margaret Ayala is the primary contact and coordinator for this planning project. Her resume is below. Please note: all instances where the development of a Federal Emergency Management Agency approved Hazard Mitigation Plan was developed the project was grant funded. Additionally, Mrs. Ayala provided grant-writing services to the State of Nevada to develop and submit their 2008 Homeland Security Grant Proposal.

Margaret A. Ayala

Emergency Management Planner

Areas of Expertise

Continuity of Operations/Business Continuity
Emergency Operations Planning
Hazard Mitigation Planning
Exercise Design and Facilitation
EOC Management and Design
Disaster Response Assistance: State and Federal

Years of Experience

Los Angeles County, Department of Mental Health, Continuity Senior Analyst – 1.9 years
URS Corporation, Senior Planner – 5 years
Maricopa County Department of Emergency Management, Planner – 6 years
American Red Cross, Emergency Services Specialist – 12 years

Overview

My emergency management knowledge and experience spans 25 years, allowing me to have been involved in a broad variety of continuity, disaster and emergency response, planning, mitigation, and exercise development and facilitation activities. Beginning in 2009 I accepted a new position with the Los Angeles County Department of Mental Health to establish and develop their continuity plan and program. This opportunity allowed me to apply my years of operational and response experience to develop a continuity program for the largest public mental health agency in the nation. During the period of 2000 to 2009, I developed FEMA approved mitigation plans for Maricopa County and Pima County, Arizona; and the following Nevada counties: Clark, Lincoln, Nye, Elko, Esmeralda, and Storey; produced Emergency Operations Plans for Carson City, Nevada and Maricopa County, Arizona; crafted the methodology and implementation for an early warning system for the rural communities within the Spring Mountain National Recreation Area in Clark County Nevada to include coordinating and procuring interoperable communications equipment; participated in TOPOFF 4 as a controller for the EPA; provided services as a grant writer to develop and finalize the 2008 Homeland Security Grant Program Investment

Justifications for the State of Nevada; and developed the Special Needs Appendix - Deaf and Hard of Hearing for each of the 17 Nevada counties.

Employment

Los Angeles County Department of Mental Health
Los Angeles, California, Senior Disaster Services Analyst, 10-19-2009 to Present

To initiate the continuity of operations planning process a Steering Committee and structure were developed to include separate working groups for information technology and county-wide internal services. Consulted with other county departments with completed continuity plans then began the Business Impact Analysis process for 17 identified essential units. Structured a 5-year timeline to complete all BIAs, draft an interim COOP Guide, and approved COOP Plan to include a comprehensive test, training, and exercise component. Developed a working relationship with Los Angeles County Office of Emergency Management to ensure department plan nested into local plan and state recommendations.

URS Corporation
Las Vegas, Nevada, Senior Planner, October 4, 2004 to October 9, 2009

I joined URS as a Senior Planner to assist in the company's emergency management projects throughout the Western United States. A brief summary of the projects I managed or participated in the development of is attached.

Maricopa County Department of Emergency Management
Phoenix, Arizona, Emergency Management Planner, 11-2-1998 to 7-23-2004

Developed and maintained the emergency operations plans for assigned cities and towns. Designed and facilitated exercises for six Maricopa County agencies: Correctional Health, Medical Examiners Office, Public Health, Environmental Services, Human Services and Animal Control. Coordinated and/or participated in over 20 exercises and training sessions hosted by Maricopa County Department of Emergency Management to include two annual exercises for Palo Verde Nuclear Generating Station in the capacity of Assistant Operations Chief, Public Information Officer and County Liaison in the State EOC. Established public outreach efforts in the following areas: drowning prevention, workplace violence, and emergency preparedness for schools. Developed Y2K annex for the Maricopa County Emergency Operations Plan. Directed the Maricopa County Multi-Jurisdictional All-Hazard Mitigation Plan, which included 27 jurisdictions; this plan was approved by FEMA.

American Red Cross
Los Angeles Chapter, Los Angeles, California, Emergency Services Specialist, 12-26-1988 to 3-20-1998
Central Arizona Chapter, Phoenix, Arizona, Disaster Services Coordinator, 11-1-1986 to 12-16-1988

Designed, facilitated, and participated in over 30 disaster exercises. Scenarios included earthquake, fire, Hazardous Materials, and transportation incidents for local municipalities, schools and businesses within the Los Angeles area. Primary responsibility was to manage the volunteer-supported 24-hour disaster response program. During this period was assigned to over 15 federally declared disasters primarily in the western United States to include flood, typhoon, earthquake, wildfire, mudslide, and civil disturbance to provide mass feeding, shelter, family services, and training.

Professional Societies/Affiliates

Arizona Emergency Services Association

- Past-President, President, President-Elect, 2001-2004

Maricopa County Hospital Council Training Subcommittee

Tribal Emergency Response Commission (TERC), Gila River Indian Community, Salt River Pima-Maricopa Indian Community

Beach Cities, Torrance, and Bay Area CAER (Community Awareness Emergency Response)

Awards

Arizona Emergency Services Association

- Excellence in Emergency Management 2001

Arizona Division of Emergency Management

- Excellence in Emergency Management Multi-Jurisdictional Hazard Mitigation Planning 2004

Summary of URS Projects (2004 – Present):

Deputy Project Manager, Clark County-State of Nevada, Deaf and Hard of Hearing Appendix to the Special Population Annex, Clark County Office of Emergency Management, Las Vegas, Nevada, 2009: Develop Deaf and Hard of Hearing Appendix for each of the 17 Nevada counties. Develop and deliver a training module to demonstrate specialized equipment purchased under this project as well as to introduce the Appendix to emergency management personnel throughout the State at three state-wide locations.

Deputy Project Manager, Clark County-State of Nevada Homeland Security Grant Program FY 2008 Investment Justification Applications, Clark County Office of Emergency Management, Las Vegas, Nevada, 2008: Coordinated efforts with the State of Nevada and Clark County Office of Emergency Management to develop and finalize the HSGP Investment Justifications for the State of Nevada.

Deputy Project Manager, Clark County OEM/EOC Multi-Agency Coordination Center (MACC) Operating Guides, Clark County Office of Emergency Management, Las Vegas, Nevada, 2008: Developed detailed functional guides for 52 identified EOC/MACC positions anticipated during a full county EOC activation.

Deputy Project Manager, Storey County Hazard Mitigation Plan, Storey County, Nevada 2008: Managed the development of the hazard mitigation plan for the single jurisdiction of Storey County, Nevada. Coordinated with State agencies regarding unique mining hazards originating in the 1920's.

Controller for EPA, TOPOFF 4, Phoenix, Arizona, October 2007: Participated in Federal level full-scale exercise as one of the controllers for the EPS. The TOPOFF 4 exercise was designed to occur concurrently in Portland, Ore., Phoenix, Arizona, and on the island of Guam.

Deputy Project Manager, Esmeralda County Hazard Mitigation Plan, Esmeralda County, Nevada 2007-08: Managed the development of the hazard mitigation plan for the single jurisdiction of Esmeralda County, Nevada. Close coordination with FEMA RIX NFIP Specialist to define status of County NFIP participation.

Deputy Project Manager, Clark County OEM/EOC Dispatch Center Overview, Clark County Office of Emergency Management, Las Vegas, Nevada, 2007: Conducted a review of the interoperability equipment maintained for Clark County Office of Emergency Management. Prepared detailed recommendation report to integrate the OEM/EOC Dispatch Center into regular EOC activation.

Deputy Project Manager, Spring Mountains National Recreation Area Early Warning System, Clark County Office of Emergency Management, Nevada, 2006-2007: Coordinated with stakeholder group to determine most effective emergency warning systems available in the mountainous area, identify and recommend products and vendors to meet notification needs, the write corresponding appendix to warning section of Basic Plan.

Mass Care Team Leader, Regional Emergency Coordination Plan, City/County of San Francisco for the 10-county Bay Area, San Francisco, California, 2005-2007: First phase was to coordinate with stakeholder group to develop regional mass care response plan. The second phase focused on the development of mass care regional resource capabilities.

Deputy Project Manager, Emergency Operations Plan, Maricopa County Department of Emergency Management, Phoenix, Arizona, 2005-2007: Update to reflect current NIMS guidance and re-design the format of the 450+-page EOP document.

Deputy Project Manager, Hazard Mitigation Plans, Elko, Clark, Lincoln, and Nye Counties, City of Las Vegas, City of North Las Vegas, City of Henderson, City of Mesquite, City of Boulder City, Nevada, and Pima County, Arizona, 2004-2007: Managed the development of hazard mitigation plans for Elko, Clark, Lincoln and Nye Counties (NV) and Pima County (AZ) to include each county's incorporated cities.

Deputy Project Manager, Emergency Operations Plan & Functional Exercise, Carson City, Nevada, 2004-2006: Developed the Emergency Operations Plan for Carson City, Nevada. Designed and facilitated a separate training session and functional exercise to test and introduce the new EOP for city staff.

Contact Information:

Margaret A. Ayala
Los Angeles County
Department of Mental Health
Administrative Support Bureau
Senior Disaster Services Analyst
600 Commonwealth, 15th Floor
Los Angeles, CA 90020
213-739-5556
maayala@dmh.lacounty.gov