



**PUBLIC REQUEST TO ADDRESS
THE BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES, CALIFORNIA**

MEMBERS OF THE BOARD

HILDA L. SOLIS
HOLLY J. MITCHELL
LINDSEY P. HORVATH
JANICE HAHN
KATHRYN BARGER

Correspondence Received

The following individuals submitted comments on agenda item:				
Agenda #	Relate To	Position	Name	Comments
3.	84-A	Favor	GENEVIEVE M CLAVREUL	I'm pleased to see additional focus on the needs of children and youth mental health.
			Tanisha A Brown	Good Morning Council, My name is Tanisha Brown and I have received the opportunity to serve as the SPOC of California based on my lived experience, workforce development, and corporate experience. Unfortunately, this experience has been horrible based on the lack of care from Wilfred Marshall, the West Coast rep. He not only cursed me out but refused to answer my calls. I have missed all meetings because I was never aware of the opportunity. This is truly unacceptable, and I would love to support to see out this mission for LA, and those who have been neglected for years. Thank you Tanisha Brown
			Verneen S Mincey	
		Oppose	Ericka Luna	
			Janette Monfared	No
			Jorge Lara	
		Item Total	6	
84-A.		Favor	V V Citizen	

The following individuals submitted comments on agenda item:				
Agenda #	Relate To	Position	Name	Comments
84-A.		Oppose	Monisha Parker	<p>Dear Supervisor Barger,</p> <p>I am writing to express my concern regarding the adequacy of the Crisis Residential Treatment Program (CRTP) in Los Angeles County. As a resident who understands the critical need for mental health services, I believe that the current allocation of 16 beds is insufficient.</p> <p>The county faces a severe shortage of psychiatric beds, leading to long wait times and inadequate care for individuals experiencing mental health crises. The CRTP provides a vital safety net for these individuals, offering stabilization and support in a non-institutional setting. By increasing the number of CRTP beds, we can reduce the strain on overcrowded emergency rooms and provide more timely and appropriate treatment for those in need.</p> <p>Additionally, I question the excessive spending in the project budget summary for the CRTP. The County of Los Angeles has a responsibility to allocate its resources wisely and prioritize the well-being of its residents. By reducing unnecessary expenses, we can free up funds to support essential services like the CRTP, which directly impact the quality of life for countless individuals.</p> <p>I urge you to reconsider the current CRTP bed count and budget allocation. The well-being of our community depends on having adequate mental health resources. By investing in the expansion of the CRTP, we can provide hope and support to those who need it most.</p> <p>Thank you for your attention to this urgent matter.</p> <p>Sincerely,</p> <p>Monisha Parker</p>
		Item Total	2	
Grand Total			8	

BUDGET INFORMATION - Construction Programs

NOTE: Certain Federal assistance programs require additional computations to arrive at the Federal share of project costs eligible for participation. If such is the case, you will be notified.

COST CLASSIFICATION	a. Total Cost	b. Costs Not Allowable for Participation	c. Total Allowable Costs (Columns a-b)
1. Administrative and legal expenses	\$ <input style="width: 100%;" type="text" value="25.000"/>	\$ <input style="width: 100%;" type="text" value=""/>	\$ <input style="width: 100%;" type="text" value="25.000"/>
2. Land, structures, rights-of-way, appraisals, etc.	\$ <input style="width: 100%;" type="text" value="0"/>	\$ <input style="width: 100%;" type="text" value=""/>	\$ <input style="width: 100%;" type="text" value="0"/>
3. Relocation expenses and payments	\$ <input style="width: 100%;" type="text" value="205.000"/>	\$ <input style="width: 100%;" type="text" value=""/>	\$ <input style="width: 100%;" type="text" value="205.000"/>
4. Architectural and engineering fees	\$ <input style="width: 100%;" type="text" value="0"/>	\$ <input style="width: 100%;" type="text" value=""/>	\$ <input style="width: 100%;" type="text" value="0"/>
5. Other architectural and engineering fees	\$ <input style="width: 100%;" type="text" value="0"/>	\$ <input style="width: 100%;" type="text" value=""/>	\$ <input style="width: 100%;" type="text" value="0"/>
6. Project inspection fees	\$ <input style="width: 100%;" type="text" value="0"/>	\$ <input style="width: 100%;" type="text" value=""/>	\$ <input style="width: 100%;" type="text" value="0"/>
7. Site work	\$ <input style="width: 100%;" type="text" value="0"/>	\$ <input style="width: 100%;" type="text" value=""/>	\$ <input style="width: 100%;" type="text" value="0"/>
8. Demolition and removal	\$ <input style="width: 100%;" type="text" value="0"/>	\$ <input style="width: 100%;" type="text" value=""/>	\$ <input style="width: 100%;" type="text" value="0"/>
9. Construction	\$ <input style="width: 100%;" type="text" value="100.000"/>	\$ <input style="width: 100%;" type="text" value=""/>	\$ <input style="width: 100%;" type="text" value="100.000"/>
10. Equipment	\$ <input style="width: 100%;" type="text" value="20.000"/>	\$ <input style="width: 100%;" type="text" value=""/>	\$ <input style="width: 100%;" type="text" value="20.000"/>
11. Miscellaneous	\$ <input style="width: 100%;" type="text" value="50.000"/>	\$ <input style="width: 100%;" type="text" value=""/>	\$ <input style="width: 100%;" type="text" value="50.000"/>
12. SUBTOTAL <i>(sum of lines 1-11)</i>	\$ <input style="width: 100%;" type="text" value="400.000"/>	\$ <input style="width: 100%;" type="text" value="0"/>	\$ <input style="width: 100%;" type="text" value="400.000"/>
13. Contingencies	\$ <input style="width: 100%;" type="text" value="0"/>	\$ <input style="width: 100%;" type="text" value=""/>	\$ <input style="width: 100%;" type="text" value="0"/>
14. SUBTOTAL	\$ <input style="width: 100%;" type="text" value="400.000"/>	\$ <input style="width: 100%;" type="text" value="0"/>	\$ <input style="width: 100%;" type="text" value="400.000"/>
15. Project (program) income	\$ <input style="width: 100%;" type="text" value="30.000"/>	\$ <input style="width: 100%;" type="text" value=""/>	\$ <input style="width: 100%;" type="text" value="30.000"/>
16. TOTAL PROJECT COSTS <i>(subtract #15 from #14)</i>	\$ <input style="width: 100%;" type="text" value="370.000"/>	\$ <input style="width: 100%;" type="text" value="0"/>	\$ <input style="width: 100%;" type="text" value="370.000"/>
FEDERAL FUNDING			
17. Federal assistance requested, calculate as follows: (Consult Federal agency for Federal percentage share.) Enter eligible costs from line 16c Multiply X <input style="width: 50px;" type="text" value="100"/> % Enter the resulting Federal share.			\$ <input style="width: 100%;" type="text" value="370.000"/>

INSTRUCTIONS FOR THE SF-424C

Public reporting burden for this collection of information is estimated to average 180 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0041), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This sheet is to be used for the following types of applications: (1) "New" (means a new [previously unfunded] assistance award); (2) "Continuation" (means funding in a succeeding budget period which stemmed from a prior agreement to fund); and (3) "Revised" (means any changes in the Federal Government's financial obligations or contingent liability from an existing obligation). If there is no change in the award amount, there is no need to complete this form. Certain Federal agencies may require only an explanatory letter to effect minor (no cost) changes. If you have questions, please contact the Federal agency.

Column a. - If this is an application for a "New" project, enter the total estimated cost of each of the items listed on lines 1 through 16 (as applicable) under "COST CLASSIFICATION."

If this application entails a change to an existing award, enter the eligible amounts *approved under the previous award* for the items under "COST CLASSIFICATION."

Column b. - If this is an application for a "New" project, enter that portion of the cost of each item in Column a. which is *not* allowable for Federal assistance. Contact the Federal agency for assistance in determining the allowability of specific costs.

If this application entails a change to an existing award, enter the adjustment [+ or (-)] to the previously approved costs (from column a.) reflected in this application.

Column. - This is the net of lines 1 through 16 in columns "a." and "b."

Line 1 - Enter estimated amounts needed to cover administrative expenses. Do not include costs which are related to the normal functions of government. Allowable legal costs are generally only those associated with the purchases of land which is allowable for Federal participation and certain services in support of construction of the project.

Line 2 - Enter estimated site and right(s)-of-way acquisition costs (this includes purchase, lease, and/or easements).

Line 3 - Enter estimated costs related to relocation advisory assistance, replacement housing, relocation payments to displaced persons and businesses, etc.

Line 4 - Enter estimated basic engineering fees related to construction (this includes start-up services and preparation of project performance work plan).

Line 5 - Enter estimated engineering costs, such as surveys, tests, soil borings, etc.

Line 6 - Enter estimated engineering inspection costs.

Line 7 - Enter estimated costs of site preparation and restoration which are not included in the basic construction contract.

Line 9 - Enter estimated cost of the construction contract.

Line 10 - Enter estimated cost of office, shop, laboratory, safety equipment, etc. to be used at the facility, if such costs are not included in the construction contract.

Line 11 - Enter estimated miscellaneous costs.

Line 12 - Total of items 1 through 11.

Line 13 - Enter estimated contingency costs. (Consult the Federal agency for the percentage of the estimated construction cost to use.)

Line 14 - Enter the total of lines 12 and 13.

Line 15 - Enter estimated program income to be earned during the grant period, e.g., salvaged materials, etc.

Line 16 - Subtract line 15 from line 14.

Line 17 - This block is for the computation of the Federal share. Multiply the total allowable project costs from line 16, column "c." by the Federal percentage share (this may be up to 100 percent; consult Federal agency for Federal percentage share) and enter the product on line 17.

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
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* 3. Date Received: <input type="text"/>	4. Applicant Identifier: <input type="text"/>
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5a. Federal Entity Identifier: <input type="text" value="FEMA-FMA-2023"/>	5b. Federal Award Identifier: <input type="text" value="FEMA-FMA-2023"/>
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State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
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8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="68-0278801"/>	* c. UEI: <input type="text" value="UTM3S7LKYQZ4"/>
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d. Address:

* Street1:
Street2:
* City:
County/Parish:
* State:
Province:
* Country:
* Zip / Postal Code:

e. Organizational Unit:

Department Name: <input type="text" value="CA Office of Emergency Service"/>	Division Name: <input type="text" value="Recovery - Hazard Mitigation"/>
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

Title:

Organizational Affiliation:

* Telephone Number: Fax Number:

* Email:

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Federal Emergency Management Agency (FEMA)

11. Catalog of Federal Domestic Assistance Number:

97.029

CFDA Title:

Flood Mitigation Assistance

*** 12. Funding Opportunity Number:**

DHS-23-MT-029-000-98

* Title:

Fiscal Year 2023 Flood Mitigation Assistance (FMA)

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Cal OES is submitting 5 competitive project for \$178,396,166.60 (Federal Share) and 3 Capability & Capacity Building projects \$2,035,280.00 (Federal Share) for consideration. The Subrecipient Management Costs requested is \$933,110.00.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="181,364,556.60"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="167,509,411.40"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="348,873,968.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed: