ATTACHMENT C



Second Program Year Action Plan 2006-2007

<u>SF 424</u>

	Applicant Identifier 95-6002833	Type of Submission N/A						
	State Identifier	Application	Pre-application					
	ederal Identifier	☐ Construction	Construction					
		☐ Non Construc	tion Non Construction					
Applicant Informat								
Jurisdiction Santa Barbara		CA63348 SANTA BARBARA						
Street Address Line 1: 105 E	. Anapamu Street,		Organizational DUNS					
Street Address Line 2: Roon	n 3	Organizational Unit						
City: Santa Barbara S	State: California	Department: Housing and Community Development						
	Country: U.S.A.	Division: Housing Finance						
Employer Identification Number (El			County: Santa Barbara					
##-######	,		Program Year Start Date (MM/DD): 2006-2007					
Applicant Type:			Specify Other Type if necessary:					
Local Government: Township		Specify Other	Specify Other Type					
Program Funding	Assistance Numbers, I	U.S. Department of Housing and Urban Development escriptive Title of Applicant Project(s); Areas Affected by						
Project(s) (cities, Counties, loc			of Applicant Project(s); Areas Affected by					
Community Development I	Block Grant	14.218 Entitlement Grant						
CDBG Project Titles N/A		Description of Areas Affected by CDBG Project(s)						
\$CDBG Grant Amount 0	\$Additional HUD G	rant(s) Leveraged	nt(s) Leveraged Describe					
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged						
\$Locally Leveraged Funds		\$Grantee Funds Leveraged						
\$Anticipated Program Income		Other (Describe)						
Total Funds Leveraged for CDBG-based Project(s)								
Home Investment Partners	hips Program	14.239 HOME	239 HOME					
HOME Project Titles 1. Carpinteria Agricu Workforce Housin 2. Good Samaritan SI 3. Ted Zenich Garder 4. Casa de Desarrollo	Iture Industry ng helter TC House II ns	Santa Barbara	escription of Areas Affected by HOME Project(s) anta Barbara HOME Consortium					
\$HOME Grant Amount HOME: \$1,660, 2005 ADDI Funds: \$27,464		tunt(s) Leveragea	Describe					

TOTAL: \$1,6	688,437							
\$Additional Federal Funds Lever	ŭ	\$Additional State F			unds Leveraged			
			\$G	Grantee Funds Leveraged				
\$Anticipated Program Income			Ot	ther (Describe)(Equity, Bank Loan, Land) \$4,609,451.00				
Total Funds Leveraged for HOME	E-based Proje	ect(s)	45.4	00.454				
\$5,199,451								
Housing Opportunities	for Peopl	e with AI	DS	14.241 HOPV	WA			
HOPWA Project Titles N/A				Description of Areas Affected by HOPWA Project(s)				
\$HOPWA Grant Amount		\$Addition	al HUD (Grant(s) Leveraged	d Describe			
\$Additional Federal Funds Lever	aged			\$Additional State Funds Leveraged				
\$Locally Leveraged Funds				\$Grantee Funds Leveraged				
\$Anticipated Program Income				Other (Describe)				
Total Funds Leveraged for	HOPWA-ba	ased Projec	ct(s)					
Emergency Shelter Grants Program				14.231 ESG				
ESG Project Titles N	/A			Description of	Areas Affected by ESG Project(s)			
\$ESG Grant Amount	\$Add	litional HUD	Grant(s) I	Leveraged	Describe			
\$Additional Federal Funds Leveraged				\$Additional State Funds Leveraged				
\$Locally Leveraged Funds				\$Grantee Funds Leveraged				
\$Anticipated Program Income				Other (Describe)				
Total Funds Leveraged for	ESG-base	d Project(s))					
Congressional Districts of			Is app	lication subjec	t to review by state Executive Order			
Applicant Districts 23 rd & 24 th	ant Districts Project Districts 12372		12372	2 Process?				
Is the applicant delinquent on any federal		Yes	This application was made available to the state EO 12372 process for review on DATE					
debt? If "Yes" please include an additional document explaining the situation.		X No	Program is not covered by EO 12372					
Yes X No		□ N/A	Program has not been selected by the state for review					
				1	ш			
erson to be contacted rega	rding this	application	1:					
irst Name: Yekaterina	Middl	e Initial			Last Name: Mishina			
itle	Phon	Phone: 805-568-3521			Fax: 805-560-1091			
Mail: kmishina@co.santa-		Grantee Website www.countyofsb.org/housing			Other Contact			
barbara.ca.us					Data Signad			
ignature of Authorized Rep	resemaniv	C			Date Signed			