



COUNTY OF SANTA BARBARA
HOUSING AND COMMUNITY DEVELOPMENT

CDBG CAPITAL PROJECT

Project Proposal for Program Year 2012-2013

FOR OFFICIAL USE ONLY

Rec'd _____

Initials _____

Logged

Scanned

Total Requested Program Funding by Jurisdiction¹:

(Check all that apply)

Santa Barbara County \$ 250,000

Carpinteria \$ _____

Solvang \$ _____

Are you also applying for program funding through any of the listed jurisdictions' NOFAs? (Check all that apply)

Goleta \$ _____

Lompoc \$ _____

Santa Maria \$ _____

Section A – General Project Information Summary

- Project Title: Sewer main extension on Mission Canyon Road
- Brief Summary of the Project: This project will extend an 8 inch sewer main (off site improvements) from Mission Creek to Las Canoas Road to connect the Garden to public sewer.
- Project Address: 1212 Mission Canyon Rd, Santa Barbara, A 93105
- Service Area of Proposed Project (i.e., specific city, countywide, etc.) City-wide and County-wide

Section B – General Applicant Information

- Legal Name of Applicant Organization: Santa Barbara Botanic Garden
- Are you a 501(c) organization? yes no
(All agencies must complete a Board of Directors Affidavit on page 17)
- Address of Organization:
 - Street: 1212 Mission Canyon Rd Apt. # _____
 - City: Santa Barbara State: CA Zip: 93105
- Mailing Address (if different from above):
 - Street: _____ Apt. # _____
 - City: _____ State: _____ Zip: _____

¹ Reminder: Please be sure to include 5% in your budget to cover project activity delivery costs incurred by the implementing jurisdiction. Activity costs are those associated with administration of Federal compliance requirements such as environmental review, contract preparation, bid packet review and other supplementary program-related regulations.

5. Person to Contact Regarding this Application:

- a. Name: Steve Windhager
- b. Relationship to Agency: Executive Director
- c. Street: 1212 Mission Canyon Rd Apt. # _____
- d. City: Santa Barbara State: CA Zip: 93105
- e. Work Phone: (805) 682-4726 Ext. 123
- f. Fax: (805) 563-0352
- g. E-mail: swindhager@sbbg.org

6. Name and contact information of Fiscal Agent:

- a. Name: Gayle Kopitzke
- b. Agency / Organization: Santa Barbara Botanic Garden
- c. Street: 1212 Mission Canyon Road Apt. # _____
- d. City: Santa Barbara State: CA Zip: 93105
- e. Work Phone: (805) 682-4726 Ext. 125
- f. Fax: (805) 563-0352
- g. E-mail: gkopitzke@sbbg.org

7. Organization's Federal Identification Number (Tax ID #) 95-1644628

8. Agency Organizational DUNS number: 075313379
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register.)

9. Is the applicant organization or any parties associated with the applicant or proposed project debarred from entering into federal, state or local contracts? yes no
*If yes, explain under separate cover. **Please note, this will be verified pursuant to federal program requirements, and applications containing false information will be deemed ineligible for funding.*

Federal Grant Experience within past 5 years:

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
IMLS-MFA	Digital Image Library	develop digital image database	8/1/2008	\$143,469
IMLS-MFA	Website Planning	plan for a new web presence	8/1/2009	\$57,836
IMLS-MFA	GIS Mapping	map living collections	8/1/2010	\$148,895
IMLS	Irrigation Practices	nat'l study of irrigation practices	8/1/2009	\$23,778

Fiscal Year and Audit Reports

1. What is your agency's fiscal year end date? December 31
 2. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. (Please include a copy of the most recent financial audit with your completed application—See Required Attachments). What fiscal year did this most recent audit include?
1/1/2010 - 12/31/2010 (Month/Year - Month/Year)
 3. Are there any outstanding financial audit findings which remain unresolved? yes no
If yes, please explain. _____
 4. Has your agency expended more than \$500,000 in federal funds in its last operating year? yes no
(Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)
- If you answered "yes" to question 4, please answer questions 5 and 6 below. If you answered "no" to question 4, please proceed to question 7.
5. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)? yes no
 6. Are there any outstanding single audit findings which remain unresolved? yes no
If yes, please explain. _____
 7. If your organization is a non-profit organization, does your organization comply with the following:
 - a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations" yes no
 - b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations" yes no

- c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations" yes no
- d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments" yes no
- e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month? yes no
- f) Does your organization have any outstanding litigation or other legal issues? yes no
If yes, please attach written explanation as a separate sheet.

10. How many members serve on your Board of Directors? 13

11. How often does your Board of Directors meet? 6 times a year

12. Does your Board of Directors have an audit committee? Yes

13. Describe the financial expertise currently serving on your Board of Directors. Chair of our finance committee is a practicing CPA, members include 2 CEOs and 1 CFO.

14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.
SBB&T, Todd McGinley, CFA, PO Box 2340, SB, CA 93120-2340, 805-564-6233
MacFarlane, Faletti & Co. LLP, Gail Anikouchine, 115 E Micheltorena Street, Ste 200, 805-966-4157

15. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

Section C – National Objective

Please choose one of the following national objectives pertaining to your project:

- Benefiting low- and moderate- income persons
- Preventing or eliminating slums or blight
- Meeting urgent needs (having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available to meet such needs)

Section D – Activity Eligibility

Which specific HUD Activity best describes your project proposal?

<input type="checkbox"/>	Acquisition of Real Property	<input type="checkbox"/>	Removal of Architectural Barriers
<input type="checkbox"/>	Disposition of Real Property	<input type="checkbox"/>	Rehabilitation
<input checked="" type="checkbox"/>	Public Facilities and Improvements (General)	<input type="checkbox"/>	Energy Efficiency Improvements
<input type="checkbox"/>	Senior Centers	<input checked="" type="checkbox"/>	Code Enforcement
<input type="checkbox"/>	Handicapped Centers	<input type="checkbox"/>	Parks, Recreational Facilities
<input type="checkbox"/>	Homeless Facilities (not operating costs)	<input type="checkbox"/>	Parking Facilities
<input type="checkbox"/>	Youth Centers	<input checked="" type="checkbox"/>	Solid Waste Disposal Improvements
<input checked="" type="checkbox"/>	Neighborhood Facilities	<input checked="" type="checkbox"/>	Flood Drainage Improvements
<input checked="" type="checkbox"/>	Water/Sewer Improvements	<input type="checkbox"/>	Facilities for AIDS Patients
<input type="checkbox"/>	Street Improvements	<input type="checkbox"/>	Clearance and Demolition
<input type="checkbox"/>	Child Care Centers	<input type="checkbox"/>	Cleanup of Contaminated Sites
<input type="checkbox"/>	Tree Planting	<input type="checkbox"/>	Fire Station
<input type="checkbox"/>	Health Facilities	<input type="checkbox"/>	Asbestos Removal
<input type="checkbox"/>	Abused and Neglected Children Facilities	<input type="checkbox"/>	Commercial / Industrial Land Acquisition
<input type="checkbox"/>	Commercial / Industrial Rehabilitation	<input type="checkbox"/>	Other Commercial / Industrial Improvements
<input type="checkbox"/>	Commercial / Industrial Infrastructure Development		

Section E – Project Information

1. Explain how your project will meet the national objective and activity eligibility as identified above. (200 words or less)

The proposed project meets the urgent need national objective and is mandated in the Santa Barbara Botanic Garden's conditional use permit because sewer capacity (septic) has been identified as being inadequate to the volume of use. By extending the sewer main we are adhering to code. The project will benefit not only the Garden, but all residences in the Mission Canyon area. The Garden is visited by 90,000 tourists and more each year and this sewer project improves public facilities they use as well as being available to all residences to convert from septic systems to City sewer. The more people convert their septic systems, the less likelihood there is for waste seepage into Mission Creek. Eventually the health of Mission Creek will improve and send less pollution to the ocean just 4 miles away. Our existing septic field will no longer be saturated by grey water, leaving the field better able to drain in times of heavy rain.

2. **Personnel/Staff Capacity:** Briefly describe the agency's existing staff positions and qualifications (including whether staff is full-time, part-time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (150 words or less)

The Santa Barbara Botanic Garden employs 19 full-time and 18 part-time staff, in total we have 29.1 FTE. The Garden's Project Facilities Manager, Ed Marini, is a Civil Engineer and worked for the County of Santa Barbara for 30 years and the University of California, Santa Barbara for 10 years. He has been employed at the Garden part-time for the past year. His vast experience not only qualifies him to oversee this project, it enables him to efficiently navigate the permit process. We do have a personnel policy manual with an affirmative action plan and grievance procedures.

The constructed facilities will be owned and maintained by County Service Area 12 (CSA 12). CSA 12 is managed by the County of Santa Barbara Public Works Department and contracts with the City of Santa Barbara for operational services.

Section F – Beneficiary Information

Verification of Eligibility: Please identify how client eligibility is determined.

1. **Low/Moderate Income Area Benefit**

yes no

Program service area has been identified and determined to be statistically low-income based on the 2010 Census. (Please attach map to allow us to determine Census Tract eligibility.)

If you answered yes here, please proceed to "Additional Beneficiary Information" on the following page.

2. **Low/Moderate Income Limited Clientele and Low/Moderate Income Housing**

Self Certification:

yes no

Clients independently "self-certify" on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)

Client Document Review:

yes no

Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)

Presumed Beneficiaries:

yes no

Clients served are primarily and specifically from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. (If you use this method, please indicate which group.) _____

Other:

yes no

If yes, please explain: Our education programs primarily serve students from Adams, Cleaveland, Franklin, Harding, McKinley, and Monroe elementary schools. Statistics indicate 63.5% of these students qualify for the free or reduced school lunch program. We are open to the general public.

Ethnicity and Race (*HUD exemptions in this area are limited.*)

1. Does your organization request information on whether your clients are of Hispanic ethnicity? yes no
2. Does your organization ask all clients (including Hispanic clients) whether they are the one or more of the following races: yes no
 - White
 - Black or African American
 - American Indian or Alaska Native
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - American Indian or Alaska Native and White
 - Asian and White
 - Black or African American and White
 - American Indian or Alaska Native and Black or African American
 - Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)
3. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:
We conduct annual exit polling of a sampling of our visitors and compare variation from year to year.
We conduct target surveys for specific outreach efforts to measure impact.

Additional Beneficiary Information

1. Number of persons with access to a **new** facility or infrastructure that did not previously exist or was not available for this new purpose: 0
2. Number of persons with access to an **improved or expanded** facility or infrastructure: 90,000
3. Number of persons that no longer have access to only a **substandard** facility or infrastructure: 90,000
4. Number of beds created in overnight shelter or other emergency housing: 0
5. **Total persons benefiting from this project:** 90,000

Section G – Property Ownership

1. Who (agency name) is the legal owner of the property? SB County Service Area 12, Garden will need a road encroachment permit.
2. Do you have site control (purchase agreement, entitlements, permits)? yes no
3. If yes, date site control was obtained various dates from 1926 - 2010
4. If you are pursuing site control, please provide status summary and date site control expected:
The Garden anticipates having road encroachment permit in April, 2012.
5. Who (agency name) will be the final owner of the property? Santa Barbara County Service Area 12

Section H – Financial Feasibility

A. Project Budget

Please note that Community Development Block Grant funds may not be utilized for ongoing maintenance and operation costs of capital improvements/facilities.

Cost Category	Amount From County CDBG	Amount From Other Sources	Total Cost
Site Acquisition (Including real estate, closing costs, escrow costs, etc.)			
Architectural and Engineering Services		60,000	60,000
Pre-Construction costs (appraisal, fees, studies, permits, etc.)			
Off-Site Development Costs (Utilities, roads, access. Please specify)	225,000		225,000
Site Preparation costs (not included in construction contract)		750,000	750,000
Construction labor and materials			
Contingency	25,000	75,000	100,000
Project Management/Activity Delivery (Including Davis-Bacon compliance)		12,000	12,000
Eligible Energy Improvements			
Other costs (Please specify)			
Other costs (Please specify)			

Cost Category	Amount From County CDBG	Amount From Other Sources	Total Cost
Total	250,000	897,000	1,147,000

If project involves construction, Please attach a budget for the construction cost items. Project will not be considered for approval until it has been received.

Financial Capacity: Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

The Garden's approved 2012 operating budget shows income of \$1,814,300 & expense of \$2,389,100 with an operating deficit of \$574,800. The Garden's endowment is \$6,246,000 and we have \$3,877,000 in campaign funds. The Garden owns considerable assets including 158 acres of land. We have a business plan to reduce our operating deficit over the next 5 years after which we will have a balanced budget. We are also conducting a capital campaign which will add \$3,000,000 to the endowment. The Garden's finance committee meets monthly and is chaired by our Board Treasurer, who is a CPA. The budget, audit, and 990 are approved by the Board of Trustees. We are audited annually by an independent auditing firm who also prepares the 990. Our payment terms are net 30. We use MAS200 accounting software.

B. Funding Sources for Proposed Project

Sources of revenue to be utilized on the project	Amount Secured	Amount Unsecured
CDBG funds requested in this application:		250,000
CDBG funds requested from other jurisdictions (Please list those jurisdictions):		
Other Federal funds:		
State funds:		
Local government funds:		
Private funds:	897,000	
Other funds (explain):		
Total Project Budget (may be multi-year funds):	897,000	250,000

- Will your organization be applying for any additional funding (grants or loans) for this project? yes no
- When do you anticipate securing 100% of the funds needed for the completion of this project? April 1, 2012

3. Please indicate the sources and amounts of future funds, and anticipated date funds will be made available:

SOURCES	AMOUNTS	DATE
N/A - additional funds are in hand		

Section I – Project Readiness²

Preconstruction (environmental clearance, plans and specifications, entitlements and permits, procurement / bidding)

Major Milestones	Date Commenced	Date Completed
Conditional use permit		June 10, 2010
Construction documents	July 1, 2011	March 1, 2012
County review / Permits	March 1, 2012	April 1, 2012
Bidding	April 1, 2012	May 1, 2012

Construction (100% budget secured, other construction milestones)

Major Milestones	Date Commenced	Date Completed
100% Budget Secured	March 15, 2012	April 1, 2012
Construction	June 1, 201	Sept 1, 2012

² Please be realistic in your timeline and milestones, as failure to meet milestones may be grounds for deobligation of funds from the project in order to remain in compliance with HUD expenditure deadlines and requirements.

Section J – Applicant Experience

Describe your organization's previous experience in implementing programs/projects similar to the activity proposed. Attach resumes and references for each member of the proposed development team (i.e. developer, architect, consultants, and project coordinator, if applicable). (250 words or less)

The Garden has been in operation for over 85 years. We have built several commercial structures and remodeled them from time to time. Recently, we installed a new computer-operated irrigation system over 13 acres of highly manicured displays and oversaw the recovery of our facilities following the Jesusita fire of 2009 which burned 70% of our property in Mission Canyon. We are well-versed in managing large construction and/or rehabilitation projects.

The engineer for the project is Vern Williams, Principal at Flowers & Associates.

The project coordinator is Ed Marini, Manager, Design & Construction at the Santa Barbara Botanic Garden. Ed is a Civil Engineer and worked for the County of Santa Barbara for 30 years and the University of California, Santa Barbara for 10 years. Ed has overseen numerous capital projects including those involving solid waste management. He has been employed at the Garden part-time for the past year.

Their resumes are attached.

1. Who will be administering your Davis-Bacon compliance?

- a. Name: Cherie Welsh
- b. Agency / Organization: Santa Barbara Botanic Garden
- c. Work Phone: (805) 682 - 4726
- d. Fax: (805) 563 - 0352
- e. E-mail: cwelsh@sbbg.org

2. Who will be preparing the Bid packet and administering the Bid process?

- a. Name: Vern Williams
- b. Agency / Organization: Flowers & Associates
- c. Work Phone: (805) 966 - 2224
- d. Fax: (805) 965 - 3372
- e. E-mail: vwilliams@flowersassoc.com

Section K – Energy Efficiency and Conservation Design Measures

Explain what design features and improvements will be implemented in your project to minimize the use of energy and natural resources while maximizing the operational savings derived from energy efficient technologies.
(150 words or less)

Off-site improvements have limited opportunity to minimize the Garden's use of energy and natural resources. The on-site improvements replace the sewer main extension in Mission Canyon and Las Canoas roads, eliminating the need to export excavation, import trench backfill, and provide extensive traffic control.

Section L – Maintenance and Operational Feasibility

1. Who (agency name) will be responsible for the ongoing maintenance and operations of the facility?
County Service Area 12
Please note an authorized person representing the responsible organization must sign the certification enclosed.
2. Please attach the proposed maintenance and operations budget reflecting both revenues and expenditures.
3. Add any comments here: Attached is our statement County Service Area #12 is responsible for
maintenance and operations of this segment of the sewer line, thus the Garden does not have a
budget reflecting revenues and expenditures for ongoing maintenance of the project.

Section M – Environmental Review

A. Project Information

1. Assessor's Parcel Number of project site: The offsite improvements benefit many parcels-see map
(Please attach a map of the site)
2. Parcel Size: The 11 parcels benefitting from the project comprise 39.04 acres.

B. Historic Preservation

1. Note the year that each of the structure(s) on the parcel was constructed? N/A
2. Are any of the structures designated or eligible for listing on the National Register of Historic Places? yes no

3. Please indicate how these structures are currently used (i.e., real estate office, residential apartment, etc.)
Recreation, Education, Scientific Research, Business Offices

4. Are any of the structures considered of local historic significance? yes no
If yes, please cite the source: _____

6. If any of the structures have been remodeled, please note when the remodeling occurred and which portions of the building were impacted. N/A

C. Local Land Use Review

1. What is the local land use authority for this site County of Santa Barbara
(city or unincorporated county)

2. What is the zoning for this parcel? Recreation
(Contact the appropriate local planning official)

3. Is the project's land use consistent with the zoning designation? yes no

4. What is the General Plan and/or Area Plan Designation? Recreation
(Contact the appropriate local planning official)

5. Is the project's land use consistent with the General Plan and/or Area Plan Designation? yes no

6. Please list all local permits required to approve the proposed project
(e.g. project approval, conditional use permit, land use permit, grading permit, building permit, etc.).
Road encroachment permit.

7. Have the listed permit applications been initiated? yes no
Please note the status of any required permit applications that are outstanding.
Final coordination and plan review will take place with County Public Works, Transportation
Division, and Resource Recovery / Waste Management Division.

8. Has a CEQA environmental document been prepared for this project? yes no
If completed, what was date and nature of the determination (i.e., MND, ND, EIR, etc.)?
June 1, 2010 EIR OTEIR-00000-00001; Case No 72-CP-116 RVDI and 99-DP-043

9. Has a NEPA review for this project been completed? yes no
If yes, which agency completed the NEPA review? _____

D. Environmental Compliance

1. Has a Phase I Environmental Site Assessment Report been completed for this project? yes no
If yes, when was this completed? June 1, 2010

2. Has an Archaeological or Cultural Resource Survey been completed for this site? yes no

3. Is the Project located near areas where flammable, explosive, or toxic chemicals are stored or transported? yes no
If so, describe. _____

4. Are there any endangered or threatened species known to be on the project site? yes no

5. Is the project site within line-of-sight of an arterial roadway or railway? yes no
If yes, list the name of the road/railroad and the distance to the nearest proposed structure(s) on the site.
Within Mission Canyon Road

6. Will this project create noise sensitive uses? yes no

7. Is the project site located on existing or previously cultivated farmland? yes no

8. Is the project site in either a 100-year or 500-year floodplain?
(Contact the local Public Works Department for the site's flood zone designation) yes no

9. Does this property have flood insurance? yes no

10. Is the project located near wetlands? yes no

11. Approximately how far is the project site from the nearest airport? 10 miles

12. Have the structure(s) been tested for asbestos, mold, or lead-based paint? yes no

13. Will the project involve Lead – Based Paint mitigation? yes no

Section N – Certifications *(Please note that all certifications must be executed in BLUE INK)*

Agency Certification

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached documentation (if applicable) is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. The federal assistance made available through the CDBG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.

Santa Barbara Botanic Garden

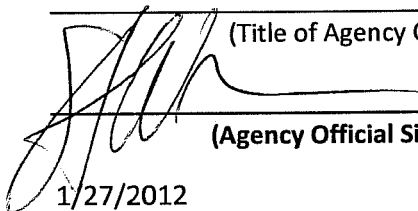
(Name of Agency)

Steve Windhager, Ph.D.

(Typed Name of Agency Official)

Executive Director

(Title of Agency Official)



(Agency Official Signature)

1/27/2012

(Date of Signature)

805-682-4726 ext. 123

(Telephone Number of Agency Official)

swindhager@sbbg.org

(Email address of Agency Official)

(CERTIFICATIONS CONTINUED ON NEXT PAGE)

Maintenance and Operations Budget Certification

The governing body of the County of Santa Barbara through County Service Area #12, a public entity, has the financial capacity and is willing to assume the maintenance and operation responsibility and costs associated with the public portions of the indicated Community Development project. This body has reviewed the proposed operation and maintenance budget stated above and to the best of its ability has determined this budget to be a true and accurate estimate of the annual maintenance and operation costs for the proposed budget.

The following is the name and address of the entity which is proposed to provide maintenance and operation services for the proposed project:

Full Name: County of Santa Barbara Public Works

Street Address: 123 E Anapamu St

City, State, Zip Code: Santa Barbara, CA 93101

It is understood that without a commitment for maintenance and operation, the indicated project may not be considered for funding under the Community Development Block Grant Program.

Please note that Community Development Block Grant Funds may not be utilized for ongoing maintenance and operation costs of capital improvements/facilities.

Acknowledge by Authorized Agency Representative: Martin Aldea

Title of Authorized Agency Representative: UTILITIES MANAGER

Date Certification Signed: JAN 18, 2012

BOARD OF DIRECTORS AFFIDAVIT

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee John Wiemann
depose and say that I am Chair

[insert title, President, Vice President, etc.] of the Board of Trustees of the
Santa Barbara Botanic Garden, 1212 Mission Canyon Road, Santa Barbara, CA 93105

_____ [insert name and address of Agency].

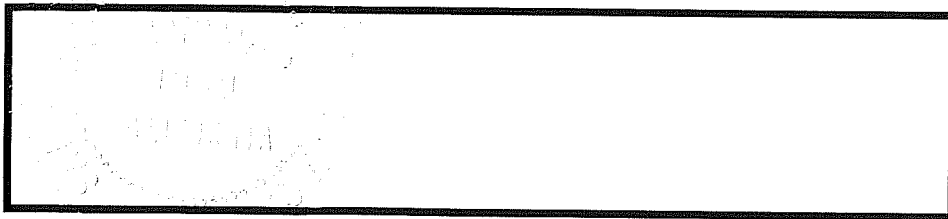
The other members and officers of the Board of Directors of this Agency are:
(Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. <u>John Gabbert</u>	<u>Director</u>	<u>12/2014</u>
2. <u>Elizabeth Keate</u>	<u>Director</u>	<u>05/2012</u>
3. <u>William Koonce, MD</u>	<u>Director</u>	<u>03/2012</u>
4. <u>Charles J. Rennie III, MD</u>	<u>Director</u>	<u>07/2012</u>
5. <u>Victor Schaff</u>	<u>Director</u>	<u>01/2014</u>
6. <u>Peter Schuyler</u>	<u>Director</u>	<u>04/2014</u>

DATE: 1/27/2012

AT: Santa Barbara, California (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.

John M. Wiemann
Signature

John M. Wiemann, Ph.D.
Print Name and Title

BOARD OF DIRECTORS AFFIDAVIT

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee John Wiemann
depose and say that I am Chair

[insert title, President, Vice President, etc.] of the Board of Trustees of the
Santa Barbara Botanic Garden, 1212 Mission Canyon Road, Santa Barbara, CA 93105

_____ [insert name and address of Agency].

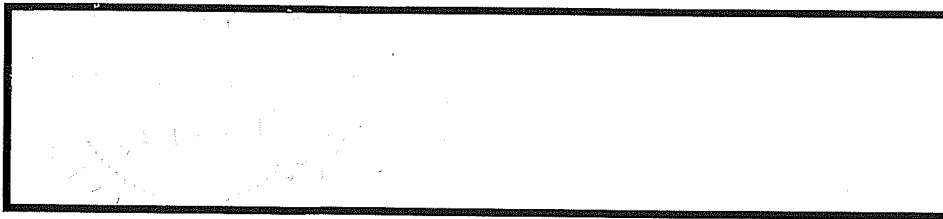
The other members and officers of the Board of Directors of this Agency are:
(Please list names of current Board Members and attach an additional sheet if necessary):

	<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1.	<u>Gary Robinson</u>	<u>Director</u>	<u>09/2014</u>
2.	<u>Carolyn Kincaid-Henderson</u>	<u>Secretary</u>	<u>01/2013</u>
3.	<u>James O. Koopmans, CPA</u>	<u>Treasurer</u>	<u>05/2012</u>
4.	<u>Sue Adams</u>	<u>Director</u>	<u>12/2014</u>
5.	<u>John Brinker</u>	<u>Vice Chair</u>	<u>01/2014</u>
6.	<u>Patrick Connelly</u>	<u>Director</u>	<u>01/2014</u>

DATE: 1/27/2012

AT: Santa Barbara, California (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.

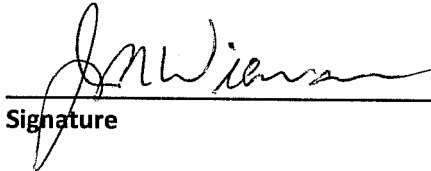
John M. Wiemann
Signature

John M. Wiemann, Ph.D.
Print Name and Title

CHECKLIST OF REQUIRED ATTACHMENTS

Note: This completed checklist must be signed and submitted with the funding application. The documents listed below are required of Agencies applying for CDBG Capital funds.

- Bylaws**
- Organization Chart**
- Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
 - Form 501(c)
- Evidence of Insurance**
 - Copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.)
 - Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured"
- Project Budget for Construction**
- Most recent financial audit**
- Project Maintenance and Operational Budget**
- Project Location Map**
- Self-Certification intake form (if applicable)**
- Client document review worksheet (if applicable)**
- Client race / ethnicity data collection form (if applicable)**
- Resumes for each member of the proposed development team**
- Explanation of outstanding legal/litigation issues, if applicable**



Signature

John M. Wiemann, Ph.D.

Print Name & Title



**COUNTY OF SANTA BARBARA
HOUSING AND COMMUNITY DEVELOPMENT
CDBG CAPITAL PROJECT**

Project Proposal for Program Year 2012 2013

FOR OFFICIAL USE ONLY

Rec'd _____

Initials _____

Logged

Scanned

Total Requested Program Funding by Jurisdiction¹:
(Check all that apply)

✓ Santa Barbara County \$ 200,000.00

Carpinteria \$ _____

Solvang \$ _____

Are you also applying for program funding through any of the listed jurisdictions' NOFAs? (Check all that apply)

Goleta \$ _____

Lompoc \$ _____

Santa Maria \$ _____

Section A – General Project Information Summary

1. Project Title: Cuyama Valley Library and Community Resources Center
2. Brief Summary of the Project: Provide a new family resource center, including classrooms & food storage, and replace inadequate library with expanded computer internet access.
3. Project Address: 60 Newsome St., New Cuyama, CA 93254
4. Service Area of Proposed Project (i.e., specific city, countywide, etc.) New Cuyama

Section B – General Applicant Information

1. Legal Name of Applicant Organization: County of Santa Barbara
2. Are you a 501(c) organization? yes no
(All agencies must complete a Board of Directors Affidavit on page 17)
3. Address of Organization:
 - a. Street: 1105 Santa Barbara Street, ATTN: General Services Apt. # _____
 - b. City: Santa Barbara State: CA Zip: 93101
4. Mailing Address (if different from above):
 - a. Street: _____ Apt. # _____
 - b. City: _____ State: _____ Zip: _____

¹Reminder: Please be sure to include 5% in your budget to cover project activity delivery costs incurred by the implementing jurisdiction. Activity costs are those associated with administration of Federal compliance requirements such as environmental review, contract preparation, bid packet review and other supplementary program related regulations.

Federal Grant Experience within past 5 years:

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
CDBG	Rec Hall Renov. Ph. 2	Struct. Integrity & Energy Effic.	2011	\$350,000.00
CDBG	Rec Hall Renov. Ph. 1	Correct life safety & accessibil.	2009	\$353,766.00
CDBG	Cuyama Center	Library/Social Services Center	2010	\$250,000.00
CDBG	Public Health Clinic	Install Elevator	2010	\$300,000.00
CDBG	Lompoc Vets Hall	Electrical Upgrades	2009	\$309,545.00

Fiscal Year and Audit Reports

1. What is your agency's fiscal year end date? June 30
2. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. (Please include a copy of the most recent financial audit with your completed application— See Required Attachments). What fiscal year did this most recent audit include?
August, 2011 (Month/Year Month/Year)
3. Are there any outstanding financial audit findings which remain unresolved? yes no
If yes, please explain. _____

4. Has your agency expended more than \$500,000 in federal funds in its last operating year? ✓ yes no
(Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)

If you answered "yes" to question 4, please answer questions 5 and 6 below. If you answered "no" to question 4, please proceed to question 7.

5. Was there an audit conducted in compliance with the Single Audit Act (OMB A 133)? ✓ yes no
6. Are there any outstanding single audit findings which remain unresolved? yes no
If yes, please explain. _____

7. If your organization is a non profit organization, does your organization comply with the following:
 - a) OMB Circular A 110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non Profit Organizations" ✓ yes no
 - b) OMB Circular A 122 "Cost Principles for Non Profit Organizations" ✓ yes no

- c) OMB Circular A 133 "Audits of States, Local Governments and Non Profit Organizations" yes no
- d) OMB Circular A 87 "Cost Principles for State, Local and Indian Tribal Governments" yes no
- e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month? yes no
- f) Does your organization have any outstanding litigation or other legal issues? yes no
If yes, please attach written explanation as a separate sheet.

10. How many members serve on your Board of Directors? 5

11. How often does your Board of Directors meet? Weekly

12. Does your Board of Directors have an audit committee? Yes

13. Describe the financial expertise currently serving on your Board of Directors. County Government. Board of Supervisors.

14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.

County of Santa Barbara. Project would be managed by General Services. Brian Duggan, 568-2631.

15. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

Section C – National Objective

Please choose one of the following national objectives pertaining to your project:

- Benefiting low and moderate income persons
- Preventing or eliminating slums or blight
- Meeting urgent needs (having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available to meet such needs)

Section D – Activity Eligibility

Which specific HUD Activity best describes your project proposal?

<input type="checkbox"/>	Acquisition of Real Property	<input type="checkbox"/>	Removal of Architectural Barriers
<input type="checkbox"/>	Disposition of Real Property	<input type="checkbox"/>	Rehabilitation
<input checked="" type="checkbox"/>	Public Facilities and Improvements (General)	<input checked="" type="checkbox"/>	Energy Efficiency Improvements
<input type="checkbox"/>	Senior Centers	<input type="checkbox"/>	Code Enforcement
<input type="checkbox"/>	Handicapped Centers	<input type="checkbox"/>	Parks, Recreational Facilities
<input type="checkbox"/>	Homeless Facilities (not operating costs)	<input type="checkbox"/>	Parking Facilities
<input checked="" type="checkbox"/>	Youth Centers	<input type="checkbox"/>	Solid Waste Disposal Improvements
<input checked="" type="checkbox"/>	Neighborhood Facilities	<input type="checkbox"/>	Flood Drainage Improvements
<input type="checkbox"/>	Water/Sewer Improvements	<input type="checkbox"/>	Facilities for AIDS Patients
<input type="checkbox"/>	Street Improvements	<input type="checkbox"/>	Clearance and Demolition
<input checked="" type="checkbox"/>	Child Care Centers	<input type="checkbox"/>	Cleanup of Contaminated Sites
<input type="checkbox"/>	Tree Planting	<input type="checkbox"/>	Fire Station
<input type="checkbox"/>	Health Facilities	<input type="checkbox"/>	Asbestos Removal
<input type="checkbox"/>	Abused and Neglected Children Facilities	<input type="checkbox"/>	Commercial / Industrial Land Acquisition
<input type="checkbox"/>	Commercial / Industrial Rehabilitation	<input checked="" type="checkbox"/>	Other Commercial / Industrial Improvements
<input type="checkbox"/>	Commercial / Industrial Infrastructure Development		

Section E – Project Information

1. Explain how your project will meet the national objective and activity eligibility as identified above. (200 words or less)

The remote, low-income community of Cuyama has a population of 800 and is located an hour from the closest full-service city (Santa Maria). It is in great need of an adequately sized library and a family resource center that provides children's resources, adult training and food storage. The existing library is a 20-year old 16x64 foot trailer. One of the greatest needs expressed by the community is Internet access for education and job development. The new facility will be a modular building that will house both programs, share common space, and provide training space with Internet access shared by both programs. The center will be appx. 4,500 sf, and be located on existing County property where the existing library sits. The total project cost is \$775,000, including design and management. The project received a \$250,000 CDBG in 2010. It is anticipated that \$325,000 will be received from private donations; \$20,000 has been received to date. Three large donors have pledged to fund the balance once the county completes establishment of a non-profit organization, set for February, 2012.

- 2. **Personnel/Staff Capacity:** Briefly describe the agency’s existing staff positions and qualifications (including whether staff is full time, part time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (150 words or less)

This project is a joint effort by the County's Departments of Social Services, and the First 5 Children and Family Commission. The county is partnering with the Cuyama Valley Family Resource Center (CVFRC) and the Santa Maria Public Library (SMPL). The Operation of the family resource programs are overseen and supported by the county. The CVFRC, with board of directors and a staff of 2, provide direct operational support. The library has a staff of 2 on site, and is supported by the SMPL. Planning and construction of the project will be managed by the County of Santa Barbara's Capital Projects Division of General Services. Capital Projects has a staff of 7 project managers, including one engineer, two architects, a certified construction manager and a former licensed contractor. County-wide there are hundreds of environmental planners, accountants, attorneys and other support staff.

Section F – Beneficiary Information

Verification of Eligibility: Please identify how client eligibility is determined.

- 1. **Low/Moderate Income Area Benefit** ✓ yes no
 Program service area has been identified and determined to be statistically low income based on the 2010 Census. (Please attach map to allow us to determine Census Tract eligibility.)
If you answered yes here, please proceed to “Additional Beneficiary Information” on the following page.
- 2. **Low/Moderate Income Limited Clientele and Low/Moderate Income Housing**
 - Self Certification:** yes no
 Clients independently “self certify” on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)
 - Client Document Review:** yes no
 Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)
 - Presumed Beneficiaries:** yes no
 Clients served are primarily and specifically from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. (If you use this method, please indicate which group.) _____

Section G – Property Ownership

1. Who (agency name) is the legal owner of the property? County of Santa Barbara
2. Do you have site control (purchase agreement, entitlements, permits)? ✓ yes no
3. If yes, date site control was obtained 1951
4. If you are pursuing site control, please provide status summary and date site control expected:

5. Who (agency name) will be the final owner of the property? County of Santa Barbara

Section H – Financial Feasibility

A. Project Budget

Please note that Community Development Block Grant funds may not be utilized for ongoing maintenance and operation costs of capital improvements/facilities.

Cost Category	Amount From County CDBG	Amount From Other Sources	Total Cost
Site Acquisition (Including real estate, closing costs, escrow costs, etc.)			
Architectural and Engineering Services	\$68,100		\$68,100
Pre Construction costs (appraisal, fees, studies, permits, etc.)	\$7,343		\$7,343
Off Site Development Costs (Utilities, roads, access. Please specify)		\$4,500	\$4,500
Site Preparation costs (not included in construction contract)		\$55,000	\$55,000
Construction labor and materials	\$280,590	\$185,850	\$466,440
Contingency	\$45,000	\$644	\$45,644
Project Management/Activity Delivery (Including Davis Bacon compliance)	\$45,000	\$644	\$45,644
Eligible Energy Improvements			
Other costs (Please specify)		\$78,362	\$78,362
Other costs (Please specify)	\$3,967		\$3,967

Cost Category	Amount From County CDBG	Amount From Other Sources	Total Cost
Total	\$450,000	\$325,000	\$775,000

If project involves construction, Please attach a budget for the construction cost items. Project will not be considered for approval until it has been received.

Financial Capacity: Describe the agency’s current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency’s fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

The library is administered by Santa Maria Public Library staff whose salary funding is provided 50% by the county and 50% by the City of Santa Maria. Financial record keeping and payment is managed by the City of Santa Maria’s Administrative Services Dept. The Family Resource Center is funded partially by the county’s Social Services Department, and partially by volunteers and private donations to the CVFRC. The current funding of operations will be retained for the new facility provided by this project. Cost savings from reduced O&M costs provided by the new building, supplemented by additional volunteers if needed, will offset new operational costs of the expanded services. The current O&M budgets for both are attached.

B. Funding Sources for Proposed Project

Sources of revenue to be utilized on the project	Amount Secured	Amount Unsecured
CDBG funds requested in this application:		\$200,000
CDBG funds requested from other jurisdictions (Please list those jurisdictions):		
CDBG Funds from previous application	\$250,000	
Other Federal funds:		
State funds:		
Local government funds:		
Private funds:		\$305,000
Other funds (explain):	\$20,000 (private donation)	
Total Project Budget (may be multi year funds):	\$270,000	\$505,000

- Will your organization be applying for any additional funding (grants or loans) for this project? yes no
- When do you anticipate securing 100% of the funds needed for the completion of this project? Oct., 2012

3. Please indicate the sources and amounts of future funds, and anticipated date funds will be made available:

SOURCES	AMOUNTS	DATE

Section I – Project Readiness²

Preconstruction (environmental clearance, plans and specifications, entitlements and permits, procurement / bidding)

Major Milestones	Date Commenced	Date Completed
Design	December, 2011	February, 2012

Construction (100% budget secured, other construction milestones)

Major Milestones	Date Commenced	Date Completed
Advertise for Bids	April, 2012	May, 2012
Award Contract and Begin Construction	June, 2012	May, 2013

² Please be realistic in your timeline and milestones, as failure to meet milestones may be grounds for deobligation of funds from the project in order to remain in compliance with HUD expenditure deadlines and requirements.

Section J – Applicant Experience

Describe your organization's previous experience in implementing programs/projects similar to the activity proposed. Attach resumes and references for each member of the proposed development team (i.e. developer, architect, consultants, and project coordinator, if applicable). (250 words or less)

The County Capital Projects Division has managed the design and construction of several, similar modular projects. These include the \$1 million project for Santa Barbara County's Probation Department in 2007 and the \$350,000 for Santa Barbara County's Fire Department in 2011. This team is also currently working on a library in the city of Solvang, and has completed similar Social Services facilities such as the La Morada youth program. This team has successfully completed one project in New Cuyama, and is currently working on another in addition to the subject project. See attached flyer for description of project management staff and team experience. The Capital Projects team maintains a working and contractual relationship with several dozen architectural, engineering and construction firms who provide design and construction services for the county routinely. The Capital Project Division maintains an average of approximately \$30 million in building projects under it's management, ranging in size from \$50,000 to \$80 million.

1. Who will be administering your Davis Bacon compliance?

- a. Name: Todd Morrison
- b. Agency / Organization: County of Santa Barbara
- c. Work Phone: (805) 934 6228
- d. Fax: (805) 934 6550
- e. E mail: tmorris@co.santa-barbara.ca.us

2. Who will be preparing the Bid packet and administering the Bid process?

- a. Name: Todd Morrison
- b. Agency / Organization: County of Santa Barbara
- c. Work Phone: (805) 934 6228
- d. Fax: (805) 934 6550
- e. E mail: tmorris@co.santa-barbara.ca.us

3. Please indicate how these structures are currently used (i.e., real estate office, residential apartment, etc.)
Public Library

4. Are any of the structures considered of local historic significance? yes no
If yes, please cite the source: _____

6. If any of the structures have been remodeled, please note when the remodeling occurred and which portions of the building were impacted. _____

C. Local Land Use Review

1. What is the local land use authority for this site unincorporated
(city or unincorporated county)

2. What is the zoning for this parcel? Public Buildings
(Contact the appropriate local planning official)

3. Is the project's land use consistent with the zoning designation? ✓ yes no

4. What is the General Plan and/or Area Plan Designation? Public Buildings
(Contact the appropriate local planning official)

5. Is the project's land use consistent with the General Plan and/or Area Plan Designation? ✓ yes no

6. Please list all local permits required to approve the proposed project
(e.g. project approval, conditional use permit, land use permit, grading permit, building permit, etc.).
County Building Permit

7. Have the listed permit applications been initiated? yes no
Please note the status of any required permit applications that are outstanding.

8. Has a CEQA environmental document been prepared for this project? yes no
 If completed, what was date and nature of the determination (i.e., MND, ND, EIR, etc.)?
MND - February, 2008
9. Has a NEPA review for this project been completed? yes no
 If yes, which agency completed the NEPA review? _____

D. Environmental Compliance

1. Has a Phase I Environmental Site Assessment Report been completed for this project? yes no
 If yes, when was this completed? February, 2008
2. Has an Archaeological or Cultural Resource Survey been completed for this site? yes no
3. Is the Project located near areas where flammable, explosive, or toxic chemicals are stored or transported? yes no
 If so, describe. _____
4. Are there any endangered or threatened species known to be on the project site? yes no
5. Is the project site within line of sight of an arterial roadway or railway? yes no
 If yes, list the name of the road/railroad and the distance to the nearest proposed structure(s) on the site.
Highway 166
6. Will this project create noise sensitive uses? yes no
7. Is the project site located on existing or previously cultivated farmland? yes no
8. Is the project site in either a 100 year or 500 year floodplain?
(Contact the local Public Works Department for the site's flood zone designation) yes no
9. Does this property have flood insurance? yes no
10. Is the project located near wetlands? yes no
11. Approximately how far is the project site from the nearest airport? 1 hour
12. Have the structure(s) been tested for asbestos, mold, or lead based paint? yes no
13. Will the project involve Lead – Based Paint mitigation? yes no

Section N – Certifications (Please note that all certifications must be executed in BLUE INK)

Agency Certification

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached documentation (if applicable) is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. The federal assistance made available through the CDBG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.

County of Santa Barbara

(Name of Agency)

Grady Williams

(Typed Name of Agency Official)

Manager, Capital Projects Division

(Title of Agency Official)



(Agency Official Signature)

January 27, 2012

(Date of Signature)

(805) 568-3083

(Telephone Number of Agency Official)

gwilli@co.santa-barbara.ca.us

(Email address of Agency Official)

(CERTIFICATIONS CONTINUED ON NEXT PAGE)

(CERTIFICATIONS CONTINUED FROM PREVIOUS PAGE)

***All certifications must be executed in BLUE INK**

Maintenance and Operations Budget Certification

The governing body of (insert agency name) County of Santa Barbara, a Public, Quasi Public, or Non Profit entity, has the financial capacity and is willing to assume the maintenance and operation responsibility and costs associated with the indicated Community Development project. This body has reviewed the proposed operation and maintenance budget stated above and to the best of its ability has determined this budget to be a true and accurate estimate of the annual maintenance and operation costs for the proposed budget.

The following is the name and address of the entity which is proposed to provide maintenance and operation services for the proposed project:

Full Name: County of Santa Barbara, General Services Dep't

Street Address: 1105 Santa Barbara St.

City, State, Zip Code: Santa Barbara, CA 93101

It is understood that without a commitment for maintenance and operation, the indicated project may not be considered for funding under the Community Development Block Grant Program.

Please note that Community Development Block Grant Funds may not be utilized for ongoing maintenance and operation costs of capital improvements/facilities.

Acknowledged by Authorized Agency Representative: Paddy Langlands

Title of Authorized Agency Representative: Assistant Department Director

Date Certification Signed: January 27, 2012

BOARD OF DIRECTORS AFFIDAVIT

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee _____
depose and say that I am _____
[insert title, President, Vice President, etc.] of _____

_____ [insert name and address of Agency].

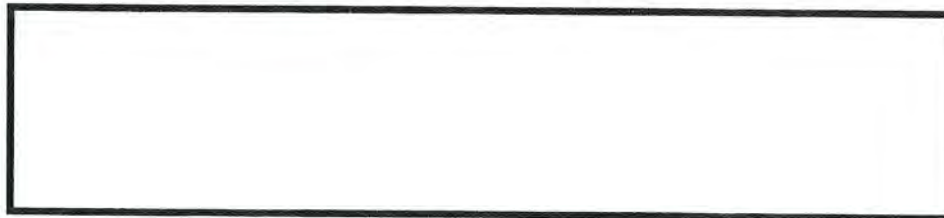
The other members and officers of the Board of Directors of this Agency are:
(Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

DATE: _____

AT: _____ (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.

Signature

Print Name and Title

CHECKLIST OF REQUIRED ATTACHMENTS

Note: This completed checklist must be signed and submitted with the funding application. The documents listed below are required of Agencies applying for CDBG Capital funds.

Bylaws

Organization Chart

Non Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board

- Form 501(c)

/ Evidence of Insurance

- Copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.)
- Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured"

/ Project Budget for Construction

Most recent financial audit

/ Project Maintenance and Operational Budget

/ Project Location Map

Self Certification intake form (if applicable)

Client document review worksheet (if applicable)

Client race / ethnicity data collection form (if applicable)

Resumes for each member of the proposed development team

Explanation of outstanding legal/litigation issues, if applicable



Signature

Grady Williams, Manager, Cap. Proj.

Print Name & Title



COUNTY OF SANTA BARBARA
HOUSING AND COMMUNITY DEVELOPMENT

CDBG CAPITAL PROJECT

Project Proposal for Program Year 2012-2013

FOR OFFICIAL USE ONLY

Rec'd _____

Initials _____

Logged

Scanned

Total Requested Program Funding by Jurisdiction¹:
(Check all that apply)

- Santa Barbara County \$ 150,000
- Carpinteria \$ _____
- Solvang \$ _____

Are you also applying for program funding through any of
the listed jurisdictions' NOFAs? (Check all that apply)

- Goleta \$ _____
- Lompoc \$ _____
- Santa Maria \$ 150,000

Section A – General Project Information Summary

1. Project Title: Newlove Homes
2. Brief Summary of the Project: The Newlove Homes project involves the development of 9 condominiums for low-income first-time homebuyers in Santa Maria.
3. Project Address: 202 & 222 Newlove Drive, Santa Maria, CA 93454
4. Service Area of Proposed Project (i.e., specific city, countywide, etc.) Santa Maria Valley

Section B – General Applicant Information

1. Legal Name of Applicant Organization: Habitat for Humanity of Northern Santa Barbara County
2. Are you a 501(c) organization? yes no
(All agencies must complete a Board of Directors Affidavit on page 17)
3. Address of Organization:
 - a. Street: 2049 Preisker Lane, Suite C Apt. # _____
 - b. City: Santa Maria State: CA Zip: 93454
4. Mailing Address (if different from above):
 - a. Street: P.O. Box 5873 Apt. # _____
 - b. City: Santa Maria State: CA Zip: 93456

¹ Reminder: Please be sure to include 5% in your budget to cover project activity delivery costs incurred by the implementing jurisdiction. Activity costs are those associated with administration of Federal compliance requirements such as environmental review, contract preparation, bid packet review and other supplementary program-related regulations.

5. Person to Contact Regarding this Application:

- a. Name: Richard Brown
- b. Relationship to Agency: Executive Director
- c. Street: 2049 Preisker Lane, Suite C Apt. # _____
- d. City: Santa Maria State: CA Zip: 93454
- e. Work Phone: (805) 928 - 5399 Ext. _____
- f. Fax: (805) 928 - 8108
- g. E-mail: brownie1430@msn.com

6. Name and contact information of Fiscal Agent:

- a. Name: Lisa McGrath
- b. Agency / Organization: Moss, Levy & Hartzheim
- c. Street: 802 East Main Street Apt. # _____
- d. City: Santa Maria State: CA Zip: 93454
- e. Work Phone: (805) 925 - 2579 Ext. _____
- f. Fax: (805) 925 - 2147
- g. E-mail: _____

7. Organization's Federal Identification Number (Tax ID #) 77-0385021

8. Agency Organizational DUNS number: 964059609
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register.)

9. Is the applicant organization or any parties associated with the applicant or proposed project debarred from entering into federal, state or local contracts? yes no
*If yes, explain under separate cover. **Please note, this will be verified pursuant to federal program requirements, and applications containing false information will be deemed ineligible for funding.*

Federal Grant Experience within past 5 years:

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
CDBG	Rehab	Rehabilitation	11/20/2010	\$106,130

Fiscal Year and Audit Reports

1. What is your agency's fiscal year end date? June 30th
2. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. *(Please include a copy of the most recent financial audit with your completed application— See Required Attachments).* What fiscal year did this most recent audit include?
June 30, 2011 (Month/Year - Month/Year)
3. Are there any outstanding financial audit findings which remain unresolved? yes no
If yes, please explain. _____
4. Has your agency expended more than \$500,000 in federal funds in its last operating year? yes no
(Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)

If you answered "yes" to question 4, please answer questions 5 and 6 below. If you answered "no" to question 4, please proceed to question 7.

5. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)? yes no
6. Are there any outstanding single audit findings which remain unresolved? yes no
If yes, please explain. _____
7. If your organization is a non-profit organization, does your organization comply with the following:
 - a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations" yes no
 - b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations" yes no

- c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations" yes no
- d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments" yes no
- e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month? yes no
- f) Does your organization have any outstanding litigation or other legal issues?
If yes, please attach written explanation as a separate sheet. yes no

10. How many members serve on your Board of Directors? 12
11. How often does your Board of Directors meet? monthly
12. Does your Board of Directors have an audit committee? yes
13. Describe the financial expertise currently serving on your Board of Directors. One Board member is a certified financial planner; another Board member is a licensed Real Estate broker.
14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.
Lisa McGrath, Moss, Levy & Hartzheim, 802 E. Main Street, Santa Maria, CA 93454 805-925-2579
15. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

Section C – National Objective

Please choose one of the following national objectives pertaining to your project:

- Benefiting low- and moderate- income persons
- Preventing or eliminating slums or blight
- Meeting urgent needs (having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available to meet such needs)

Section D – Activity Eligibility

Which specific HUD Activity best describes your project proposal?

<input checked="" type="checkbox"/>	Acquisition of Real Property	<input type="checkbox"/>	Removal of Architectural Barriers
<input type="checkbox"/>	Disposition of Real Property	<input type="checkbox"/>	Rehabilitation
<input type="checkbox"/>	Public Facilities and Improvements (General)	<input type="checkbox"/>	Energy Efficiency Improvements
<input type="checkbox"/>	Senior Centers	<input type="checkbox"/>	Code Enforcement
<input type="checkbox"/>	Handicapped Centers	<input type="checkbox"/>	Parks, Recreational Facilities
<input type="checkbox"/>	Homeless Facilities (not operating costs)	<input type="checkbox"/>	Parking Facilities
<input type="checkbox"/>	Youth Centers	<input type="checkbox"/>	Solid Waste Disposal Improvements
<input type="checkbox"/>	Neighborhood Facilities	<input type="checkbox"/>	Flood Drainage Improvements
<input type="checkbox"/>	Water/Sewer Improvements	<input type="checkbox"/>	Facilities for AIDS Patients
<input type="checkbox"/>	Street Improvements	<input type="checkbox"/>	Clearance and Demolition
<input type="checkbox"/>	Child Care Centers	<input type="checkbox"/>	Cleanup of Contaminated Sites
<input type="checkbox"/>	Tree Planting	<input type="checkbox"/>	Fire Station
<input type="checkbox"/>	Health Facilities	<input type="checkbox"/>	Asbestos Removal
<input type="checkbox"/>	Abused and Neglected Children Facilities	<input type="checkbox"/>	Commercial / Industrial Land Acquisition
<input type="checkbox"/>	Commercial / Industrial Rehabilitation	<input type="checkbox"/>	Other Commercial / Industrial Improvements
<input type="checkbox"/>	Commercial / Industrial Infrastructure Development		

Section E – Project Information

1. Explain how your project will meet the national objective and activity eligibility as identified above. (200 words or less)

This funding request is to assist in the purchase of land for the Newlove Homes project, which will provide first-time homebuyer opportunities for very low- and low-income households in the Santa Maria Valley. The project involves the development of 9 condominiums, and is comprised of 4 three-bedroom units and 5 four-bedroom units, with 2 baths per unit. All units will have carport parking, private patios or decks, and enclosed storage space. Because the Newlove Homes will have sales prices affordable to households at 50% of Area Median Income (4 condominiums) and 60% of Area Median Income (5 condominiums), this project meets the national objective of benefiting low-income persons.

2. **Personnel/Staff Capacity:** Briefly describe the agency's existing staff positions and qualifications (including whether staff is full-time, part-time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (150 words or less)

Habitat for Humanity of Northern Santa Barbara County (HHNSBC) has a few part-time staff positions, including the Executive Director, a bookkeeper, and a building construction supervisor. HHNSBC has a pool of volunteers that exceeds 500 people, including experts in a wide variety of building trades and real estate professionals. In addition, HHNSBC works with several key contractors who perform tasks, such as electrical work, that cannot be performed by volunteers. All HHNSBC projects have a volunteer Health and Safety Manager on site. Lastly, HHNSBC has a personnel policy manual that includes a grievance procedures and equal opportunity hiring policies.

Section F – Beneficiary Information

Verification of Eligibility: Please identify how client eligibility is determined.

1. **Low/Moderate Income Area Benefit** yes no
Program service area has been identified and determined to be statistically low-income based on the 2010 Census. (Please attach map to allow us to determine Census Tract eligibility.)
If you answered yes here, please proceed to "Additional Beneficiary Information" on the following page.
2. **Low/Moderate Income Limited Clientele and Low/Moderate Income Housing**
- Self Certification:** yes no
Clients independently "self-certify" on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)
- Client Document Review:** yes no
Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)
- Presumed Beneficiaries:** yes no
Clients served are primarily and specifically from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. (If you use this method, please indicate which group.) _____
-

Other:

yes no

If yes, please explain: _____

Ethnicity and Race (HUD exemptions in this area are limited.)

1. Does your organization request information on whether your clients are of Hispanic ethnicity? yes no
2. Does your organization ask all clients (including Hispanic clients) whether they are the one or more of the following races: yes no
 - White
 - Black or African American
 - American Indian or Alaska Native
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - American Indian or Alaska Native and White
 - Asian and White
 - Black or African American and White
 - American Indian or Alaska Native and Black or African American
 - Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

3. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:
N/A

Additional Beneficiary Information

1. Number of persons with access to a **new** facility or infrastructure that did not previously exist or was not available for this new purpose: 41
2. Number of persons with access to an **improved or expanded** facility or infrastructure: _____
3. Number of persons that no longer have access to only a **substandard** facility or infrastructure: _____
4. Number of beds created in overnight shelter or other emergency housing: _____
5. **Total persons benefiting from this project:** 41

Section G – Property Ownership

1. Who (agency name) is the legal owner of the property? Coast National Bank
2. Do you have site control (purchase agreement, entitlements, permits)? yes no
3. If yes, date site control was obtained 12/15/10
4. If you are pursuing site control, please provide status summary and date site control expected:

5. Who (agency name) will be the final owner of the property? Each homeowner household

Section H – Financial Feasibility

A. Project Budget

Please note that Community Development Block Grant funds may not be utilized for ongoing maintenance and operation costs of capital improvements/facilities.

Cost Category	Amount From County CDBG	Amount From Other Sources	Total Cost
Site Acquisition (Including real estate, closing costs, escrow costs, etc.)	150,000	150,000	300,000
Architectural and Engineering Services		70,000	70,000
Pre-Construction costs (appraisal, fees, studies, permits, etc.)		35,000	35,000
Off-Site Development Costs (Utilities, roads, access. Please specify)			
Site Preparation costs (not included in construction contract)		76,985	76,985
Construction labor and materials		945,720	945,720
Contingency		75,070	75,070
Project Management/Activity Delivery (Including Davis-Bacon compliance)		57,250	57,250
Eligible Energy Improvements			
Other costs (Please specify)		131,875	131,875
Other costs (Please specify)		165,000	165,000

Cost Category	Amount From County CDBG	Amount From Other Sources	Total Cost
Total	150,000	1,706,900	1,856,900

If project involves construction, Please attach a budget for the construction cost items. Project will not be considered for approval until it has been received.

Financial Capacity: Describe the agency’s current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency’s fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

Habitat for Humanity of Northern Santa Barbara County is a volunteer-based organization and donations are the primary sources of revenue, supplemented by income from our Re-Store. Financial reporting, record keeping, and accounting systems are administered by a retired corporate controller (a long-term volunteer) and assisted by our auditor from Moss, Levy & Hartzheim.

B. Funding Sources for Proposed Project

Sources of revenue to be utilized on the project	Amount Secured	Amount Unsecured
CDBG funds requested in this application:		150,000
CDBG funds requested from other jurisdictions (Please list those jurisdictions):		150,000
Other Federal funds:		
State funds:		
Local government funds:		
Private funds:		1,349,600
Other funds (explain):		207,300
Total Project Budget (may be multi-year funds):		1,856,900

1. Will your organization be applying for any additional funding (grants or loans) for this project? yes no
2. When do you anticipate securing 100% of the funds needed for the completion of this project? September 2012

3. Please indicate the sources and amounts of future funds, and anticipated date funds will be made available:

SOURCES	AMOUNTS	DATE
Private Lender Construction Loan	1,624,600	September 2012
Affordable Housing Program	165,000	September 2012
City of Santa Maria CDBG	150,000	September 2012
Sponsor Cash	12,000	September 2012
Donated Building Materials	195,300	September 2012

Section I – Project Readiness²

Preconstruction (environmental clearance, plans and specifications, entitlements and permits, procurement / bidding)

Major Milestones	Date Commenced	Date Completed
Plans completed	March 2011	June 2012
Entitlements	February 2012	July 2012
Purchase of Property completed		September 2012

Construction (100% budget secured, other construction milestones)

Major Milestones	Date Commenced	Date Completed
100% of project funding secured	October 2011	September 2012
Construction	September 2012	December 2013

² Please be realistic in your timeline and milestones, as failure to meet milestones may be grounds for deobligation of funds from the project in order to remain in compliance with HUD expenditure deadlines and requirements.

Section K – Energy Efficiency and Conservation Design Measures

Explain what design features and improvements will be implemented in your project to minimize the use of energy and natural resources while maximizing the operational savings derived from energy efficient technologies.
(150 words or less)

HHNSBC is committed to sustainable development, and will include Energy Star appliances, recycled fixtures and materials made from recycled content (e.g., carpet, cabinets, etc.), thermal pane windows, low flow toilets and shower heads, tankless water heaters, and drought tolerant landscaping. In addition, HHNSBC plans to install solar energy panels on the roofs of the Newlove Homes buildings (solar panels and their installation are donated to HHNSBC by PG&E).

Section L – Maintenance and Operational Feasibility

- Who (agency name) will be responsible for the ongoing maintenance and operations of the facility?
N/A
Please note an authorized person representing the responsible organization must sign the certification enclosed.
- Please attach the proposed maintenance and operations budget reflecting both revenues and expenditures.
- Add any comments here: _____

Section M – Environmental Review

A. Project Information

- Assessor’s Parcel Number of project site: 128-075-007
(Please attach a map of the site)
- Parcel Size: 28,855 square feet

B. Historic Preservation

- Note the year that each of the structure(s) on the parcel was constructed? Unknown
- Are any of the structures designated or eligible for listing on the National Register of Historic Places? yes no

3. Please indicate how these structures are currently used (i.e., real estate office, residential apartment, etc.)

Dilapidated and boarded up

4. Are any of the structures considered of local historic significance? yes no

If yes, please cite the source: _____

6. If any of the structures have been remodeled, please note when the remodeling occurred and which portions of the building were impacted. N/A

C. Local Land Use Review

1. What is the local land use authority for this site City of Santa Maria
(city or unincorporated county)

2. What is the zoning for this parcel? R-2
(Contact the appropriate local planning official)

3. Is the project's land use consistent with the zoning designation? yes no

4. What is the General Plan and/or Area Plan Designation? MDR-12, Medium Density Residential
(Contact the appropriate local planning official)

5. Is the project's land use consistent with the General Plan and/or Area Plan Designation? yes no

6. Please list all local permits required to approve the proposed project
(e.g. project approval, conditional use permit, land use permit, grading permit, building permit, etc.).
Administrative Conditional Use Permit, Grading Permit, Building Permit

7. Have the listed permit applications been initiated? yes no
Please note the status of any required permit applications that are outstanding.

8. Has a CEQA environmental document been prepared for this project? yes no

If completed, what was date and nature of the determination (i.e., MND, ND, EIR, etc.)?

9. Has a NEPA review for this project been completed? yes no

If yes, which agency completed the NEPA review? _____

D. Environmental Compliance

1. Has a Phase I Environmental Site Assessment Report been completed for this project? yes no

If yes, when was this completed? _____

2. Has an Archaeological or Cultural Resource Survey been completed for this site? yes no

3. Is the Project located near areas where flammable, explosive, or toxic chemicals are stored or transported? yes no

If so, describe. _____

4. Are there any endangered or threatened species known to be on the project site? yes no

5. Is the project site within line-of-sight of an arterial roadway or railway? yes no

If yes, list the name of the road/railroad and the distance to the nearest proposed structure(s) on the site.

6. Will this project create noise sensitive uses? yes no

7. Is the project site located on existing or previously cultivated farmland? yes no

8. Is the project site in either a 100-year or 500-year floodplain? yes no
(Contact the local Public Works Department for the site's flood zone designation)

9. Does this property have flood insurance? yes no

10. Is the project located near wetlands? yes no

11. Approximately how far is the project site from the nearest airport? 15 miles

12. Have the structure(s) been tested for asbestos, mold, or lead-based paint? yes no

13. Will the project involve Lead – Based Paint mitigation? yes no

Section N – Certifications *(Please note that all certifications must be executed in BLUE INK)*

Agency Certification

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached documentation (if applicable) is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. The federal assistance made available through the CDBG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.

Habitat for Humanity of Northern SB County

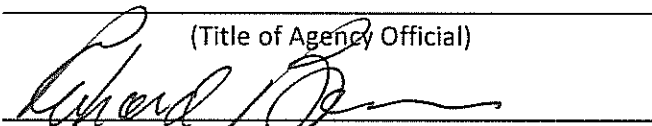
(Name of Agency)

Richard Brown

(Typed Name of Agency Official)

Executive Director

(Title of Agency Official)



(Agency Official Signature)

1-27-2012

(Date of Signature)

805-928-5399

(Telephone Number of Agency Official)

brownie1430@msn.com

(Email address of Agency Official)

(CERTIFICATIONS CONTINUED ON NEXT PAGE)

(CERTIFICATIONS CONTINUED FROM PREVIOUS PAGE)

***All certifications must be executed in BLUE INK**

Maintenance and Operations Budget Certification

The governing body of (insert agency name) N/A, a Public, Quasi-Public, or Non-Profit entity, has the financial capacity and is willing to assume the maintenance and operation responsibility and costs associated with the indicated Community Development project. This body has reviewed the proposed operation and maintenance budget stated above and to the best of its ability has determined this budget to be a true and accurate estimate of the annual maintenance and operation costs for the proposed budget.

The following is the name and address of the entity which is proposed to provide maintenance and operation services for the proposed project:

Full Name: _____

Street Address: _____

City, State, Zip Code: _____

It is understood that without a commitment for maintenance and operation, the indicated project may not be considered for funding under the Community Development Block Grant Program.

Please note that Community Development Block Grant Funds may not be utilized for ongoing maintenance and operation costs of capital improvements/facilities.

Acknowledged by Authorized Agency Representative: _____

Title of Authorized Agency Representative: _____

Date Certification Signed: _____

BOARD OF DIRECTORS AFFIDAVIT

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Elsa Parra
depose and say that I am Corporate Secretary
[insert title, President, Vice President, etc.] of Habitat for Humanity of Northern
Santa Barbara County

_____ [insert name and address of Agency].

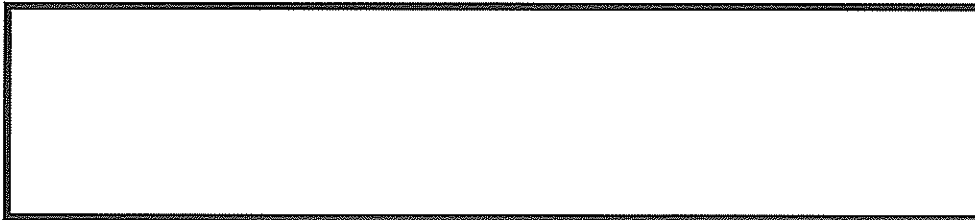
The other members and officers of the Board of Directors of this Agency are:
(Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. <u>Please see attached Board roster</u>	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

DATE: January 27, 2012

AT: Santa Maria, CA (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.


Signature

Elsa Parra Corporate Secretary
Print Name and Title



Northern Santa Barbara County, Inc. PO Box 5873, Santa Maria, California 93456-5873
 805-928-5399 - FAX 805-928-8108 - email:office@habitatforhumanity-nsbc.org
 www.habitatforhumanity-nsbc.org

Officers

NAME	ADDRESS	POSITION	PRIMARY PHONE	HOME PHONE	E-MAIL ADDRESS	CELLPHONE	CHDO
Richard N. Brown	1430 W. Via Rosa, Santa Maria, CA 93458	President	805-928-5399	805-928-3686	Brownie1430@msn.com	805-720-4842	
Jessie Jones	312 South 6 th Street, Lompoc, CA 93436	1 st Vice President	805-737-1170		trivynne@gmail.com	805-588-3606	
Jerrienne Phillips	P.O. Box 2337, Lompoc, CA 93438	2 nd Vice President	805-736-1709		heavenrosegardn@yahoo.com	805-717-1529	
Elsa Parra	842 W. Barrett Street, Santa Maria, CA 93458	Treasurer	805-928-6992		3jandc@msn.com	805-478-0697	**
Elsa Parra	842 W. Barrett Street, Santa Maria, CA 93458	Corporate Secretary	805-928-6992		3jandc@msn.com	805-478-0697	
Harvey Wynne	312 South 6 th Street Lompoc, CA 93436	Lompoc V.P.	805-737-1170		trivynne@gmail.com	805-588-3606	**
(open)		Santa Maria V.P.					
Apel, Dennis	4575 9 th Street, Guadalupe, CA 93434	Guadalupe V.P.	805-343-6322		jdapel@yahoo.com		**
(open)		Buellton V.P.					
Susan G. Ehrlich	399 Poppinga Way, Orcutt, CA 93455	Board Consultant	805-934-3534		sueehrlch@aol.com		

Directors

NAME	ADDRESS	POSITION	PRIMARY PHONE	HOME PHONE	E-MAIL ADDRESS	CELLPHONE

Federer, Susie	2218 Almond Lane, Santa Maria, CA 93458	Director	805-346-1107	Sflc4245@yahoo.com		**
Mariscal, Marty						
O'Toole, Robert	50 Aldebaran Ave., Lompoc, CA 93436	Director	805-733-2104	bobtoole@comcast.net	805-878-0297	
Scott, Joe						
Smits, Margaret (Peggy)	321 N. Las Flores Drive, Nipomo, CA 93444	Director/Recording Sec.	805-929-6791	peggysmits@charter.net	805-291-6861	
Worthington, Susan	4017 Polaris Avenue, Lompoc, CA 93436	Director	805-733-1632	Wort2501@chapman.edu		
Wynne, Harvey	312 South 6 th Street Lompoc, CA 93436	Director	805-737-1170	trivynne@gmail.com	805-588-3606	

Advisors

Santa Maria Advisory Board

NAME	ADDRESS	PRIMARY PHONE	HOME PHONE	E-MAIL ADDRESS	CELL PHONE
Asbury, Herb	4435 Foxenwood Lane, Santa Maria, CA 93455	805-937-0628		Asburyh@aol.com	805-451-5907
Ferguson, Kate	3109 S. Dian Drive, Santa Maria, CA 93455	805-347-3218	805-331-6204	just_kate@live.com	805-331-6204
Gallagher, Kathy	1543 Heatherwood Lane, Santa Maria, CA 93455	805-346-7108	805-938-0612	kathyg3717@aol.com k.gallagher@sbsocialserv.org	
Hunter, Lawnae	204 East Enos Drive Santa Maria, CA 93454	805-925-7750	805-437-3035	lhunter@hunterproperties.info	
Johnson, Sue	4249 Fernview Street, Santa Maria, CA 93455	805-937-8877		Sooz007@aol.com	
Juarez, Mario, Esq.	918 E. Cypress Street Santa Maria, CA 93454	President	805-922-4553	mjuarez@bjalaw.net	
Lopez, Dan A.	3143 Montiano Drive Santa Maria, CA 93455	805-937-5567		SALLYLEEANDDAN@AOL.COM	
Luna, Richard	616 W. Fesler Santa Maria, CA 93458	805-478-8324		rchrdluna@yahoo.com	805-478-8324
Mushegan, David	1636 N. Bay, Santa Maria, CA 93454	805-922-6205			805-714-3220
Nichols, Juanita	2580 Bridle Trails, Santa Maria, CA 93454	805-343-2114	805-349-8910		
Reynoso, Didi	402 E Main Street, Santa Maria, CA 93454	805-349-9394	805-934-2134	Didi.reynoso@lospadresbank.com	805-310-6611
Wells, Alan	P.O. Box 1355, Santa	805-598-7900	805-598-5437	awrealtor@email.com	805-680-9665

CHECKLIST OF REQUIRED ATTACHMENTS

Note: This completed checklist must be signed and submitted with the funding application. The documents listed below are required of Agencies applying for CDBG Capital funds.

- Bylaws**
- Organization Chart**
- Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
 - Form 501(c)
- Evidence of Insurance**
 - Copy of current insurance coverage (General Liability, Automobile, Worker’s Compensation, etc.)
 - Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as “additionally insured”
- Project Budget for Construction**
- Most recent financial audit**
- Project Maintenance and Operational Budget**
- Project Location Map**
- Self-Certification intake form (if applicable)**
- Client document review worksheet (if applicable)**
- Client race / ethnicity data collection form (if applicable)**
- Resumes for each member of the proposed development team**
- Explanation of outstanding legal/litigation issues, if applicable**



Signature

Richard Brown, Executive Director

Print Name & Title



COUNTY OF SANTA BARBARA
HOUSING AND COMMUNITY DEVELOPMENT

CDBG CAPITAL PROJECT

Project Proposal for Program Year 2012-2013

FOR OFFICIAL USE ONLY

Rec'd _____

Initials _____

Logged

Scanned

Total Requested Program Funding by Jurisdiction¹:
(Check all that apply)

Santa Barbara County \$ 220,000

Carpinteria \$ _____

Solvang \$ _____

Are you also applying for program funding through any of
the listed jurisdictions' NOFAs? (Check all that apply)

Goleta \$ _____

Lompoc \$ _____

Santa Maria \$ _____

Section A – General Project Information Summary

1. Project Title: American Legion Hall URM Project

2. Brief Summary of the Project: Complete the unfunded seismic retrofit of the American Legion Hall.

3. Project Address: 1025 Guadalupe Street

4. Service Area of Proposed Project (i.e., specific city, countywide, etc.) City of Guadalupe and surrounding area

Section B – General Applicant Information

1. Legal Name of Applicant Organization: City of Guadalupe

2. Are you a 501(c) organization? yes no
(All agencies must complete a Board of Directors Affidavit on page 17)

3. Address of Organization:

a. Street: 918 Obispo Street Apt. # _____

b. City: Guadalupe State: CA Zip: 93434

4. Mailing Address (if different from above):

a. Street: _____ Apt. # _____

b. City: _____ State: _____ Zip: _____

¹ Reminder: Please be sure to include 5% in your budget to cover project activity delivery costs incurred by the implementing jurisdiction. Activity costs are those associated with administration of Federal compliance requirements such as environmental review, contract preparation, bid packet review and other supplementary program-related regulations.

5. Person to Contact Regarding this Application:

- a. Name: Regan M. Candelario
- b. Relationship to Agency: City Administrator
- c. Street: 918 Obispo Street Apt. # _____
- d. City: Guadalupe State: CA Zip: 93434
- e. Work Phone: (805) 356-3892 Ext. _____
- f. Fax: (805) 343-5512
- g. E-mail: rc@ci.guadalupe.ca.us

6. Name and contact information of Fiscal Agent:

- a. Name: Carolyn Galloway Cooper
- b. Agency / Organization: City of Guadalupe
- c. Street: 918 Obispo Street Apt. # _____
- d. City: Guadalupe State: CA Zip: 93434
- e. Work Phone: (805) 356-3895 Ext. _____
- f. Fax: (805) 343-5512
- g. E-mail: carolyn@ci.guadalupe.ca.us

7. Organization's Federal Identification Number (Tax ID #) 95-6000716

8. Agency Organizational DUNS number: 137572322
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register.)

9. Is the applicant organization or any parties associated with the applicant or proposed project debarred from entering into federal, state or local contracts? yes no
*If yes, explain under separate cover. **Please note, this will be verified pursuant to federal program requirements, and applications containing false information will be deemed ineligible for funding.*

Federal Grant Experience within past 5 years:

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
FEMA	Elevated Water Tank	Remove and replace	2005	\$2 mill.
CalEma	Sewer System	replace	2005	\$2 mill.

Fiscal Year and Audit Reports

1. What is your agency's fiscal year end date? June 30
2. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. (Please include a copy of the most recent financial audit with your completed application— See Required Attachments). What fiscal year did this most recent audit include?
07/2009 to 06/2010 (Month/Year - Month/Year)
3. Are there any outstanding financial audit findings which remain unresolved? yes no
If yes, please explain. _____
4. Has your agency expended more than \$500,000 in federal funds in its last operating year? yes no
(Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)

If you answered "yes" to question 4, please answer questions 5 and 6 below. If you answered "no" to question 4, please proceed to question 7.

5. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)? yes no
6. Are there any outstanding single audit findings which remain unresolved? yes no
If yes, please explain. _____
7. If your organization is a non-profit organization, does your organization comply with the following:
 - a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations" yes no
 - b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations" yes no

- c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations" yes no
- d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments" yes no
- e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month? yes no
- f) Does your organization have any outstanding litigation or other legal issues? yes no
If yes, please attach written explanation as a separate sheet.

10. How many members serve on your Board of Directors? 5

11. How often does your Board of Directors meet? twice per month

12. Does your Board of Directors have an audit committee? no

13. Describe the financial expertise currently serving on your Board of Directors. SBCAG board member, Project Manager, Retired Post Master

14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.

Dudek Engineering

City Engineer

City Attorney

Constuction Management Firms (Cannon)

15. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

Section C – National Objective

Please choose one of the following national objectives pertaining to your project:

- Benefiting low- and moderate- income persons
- Preventing or eliminating slums or blight
- Meeting urgent needs (having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available to meet such needs)

Section D – Activity Eligibility

Which specific HUD Activity best describes your project proposal?

<input type="checkbox"/>	Acquisition of Real Property	<input type="checkbox"/>	Removal of Architectural Barriers
<input type="checkbox"/>	Disposition of Real Property	<input checked="" type="checkbox"/>	Rehabilitation
<input checked="" type="checkbox"/>	Public Facilities and Improvements (General)	<input type="checkbox"/>	Energy Efficiency Improvements
<input type="checkbox"/>	Senior Centers	<input type="checkbox"/>	Code Enforcement
<input type="checkbox"/>	Handicapped Centers	<input type="checkbox"/>	Parks, Recreational Facilities
<input type="checkbox"/>	Homeless Facilities (not operating costs)	<input type="checkbox"/>	Parking Facilities
<input type="checkbox"/>	Youth Centers	<input type="checkbox"/>	Solid Waste Disposal Improvements
<input checked="" type="checkbox"/>	Neighborhood Facilities	<input type="checkbox"/>	Flood Drainage Improvements
<input type="checkbox"/>	Water/Sewer Improvements	<input type="checkbox"/>	Facilities for AIDS Patients
<input type="checkbox"/>	Street Improvements	<input type="checkbox"/>	Clearance and Demolition
<input type="checkbox"/>	Child Care Centers	<input type="checkbox"/>	Cleanup of Contaminated Sites
<input type="checkbox"/>	Tree Planting	<input type="checkbox"/>	Fire Station
<input type="checkbox"/>	Health Facilities	<input type="checkbox"/>	Asbestos Removal
<input type="checkbox"/>	Abused and Neglected Children Facilities	<input type="checkbox"/>	Commercial / Industrial Land Acquisition
<input type="checkbox"/>	Commercial / Industrial Rehabilitation	<input type="checkbox"/>	Other Commercial / Industrial Improvements
<input type="checkbox"/>	Commercial / Industrial Infrastructure Development		

Section E – Project Information

1. Explain how your project will meet the national objective and activity eligibility as identified above. (200 words or less)

Completion of seismic improvements to unreinforced masonry buildings is a requirement of the State of California by January 1, 2013. These funds will ensure that this project is completed so that the public facility will continue to be of service to the community. The facility is used for many nonprofit activities and local social and governmental events. The project also included ADA accessibility improvements and other tenant improvements that make the facility more accessible to the community.

2. **Personnel/Staff Capacity:** Briefly describe the agency's existing staff positions and qualifications (including whether staff is full-time, part-time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (150 words or less)

The City has completed 17 other seismic retrofit project over the past three years to meet State unreinforced masonry building requirements. All of those staff members are still on staff and will facilitate this project. Staff members include the City Administrator, the Building Official, Building Inspector and Finance staff members.

Section F – Beneficiary Information

Verification of Eligibility: Please identify how client eligibility is determined.

1. **Low/Moderate Income Area Benefit**

yes no

Program service area has been identified and determined to be statistically low-income based on the 2010 Census. (Please attach map to allow us to determine Census Tract eligibility.)

If you answered yes here, please proceed to "Additional Beneficiary Information" on the following page.

2. **Low/Moderate Income Limited Clientele and Low/Moderate Income Housing**

Self Certification:

yes no

Clients independently "self-certify" on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)

Client Document Review:

yes no

Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)

Presumed Beneficiaries:

yes no

Clients served are primarily and specifically from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. (If you use this method, please indicate which group.) _____

Other:

yes no

If yes, please explain: _____

Ethnicity and Race (HUD exemptions in this area are limited.)

1. Does your organization request information on whether your clients are of Hispanic ethnicity? yes no

2. Does your organization ask all clients (including Hispanic clients) whether they are the one or more of the following races: yes no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

3. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:

Additional Beneficiary Information

1. Number of persons with access to a **new** facility or infrastructure that did not previously exist or was not available for this new purpose: 0

2. Number of persons with access to an **improved or expanded** facility or infrastructure: 4000

3. Number of persons that no longer have access to only a **substandard** facility or infrastructure: 4000

4. Number of beds created in overnight shelter or other emergency housing: 100

5. **Total persons benefiting from this project:** 7000

Section G – Property Ownership

1. Who (agency name) is the legal owner of the property? City of Guadalupe
2. Do you have site control (purchase agreement, entitlements, permits)? yes no
3. If yes, date site control was obtained 1980 or thereabouts
4. If you are pursuing site control, please provide status summary and date site control expected:

5. Who (agency name) will be the final owner of the property? City of Guadalupe

Section H – Financial Feasibility

A. Project Budget

Please note that Community Development Block Grant funds may not be utilized for ongoing maintenance and operation costs of capital improvements/facilities.

Cost Category	Amount From County CDBG	Amount From Other Sources	Total Cost
Site Acquisition (Including real estate, closing costs, escrow costs, etc.)	0		
Architectural and Engineering Services	20,000		0
Pre-Construction costs (appraisal, fees, studies, permits, etc.)	0		
Off-Site Development Costs (Utilities, roads, access. Please specify)	0		
Site Preparation costs (not included in construction contract)	10,000		
Construction labor and materials	130,000		
Contingency	20,000		
Project Management/Activity Delivery (Including Davis-Bacon compliance)	25,000		
Eligible Energy Improvements	15,000		
Other costs (Please specify)			
Other costs (Please specify)			

Cost Category	Amount From County CDBG	Amount From Other Sources	Total Cost
Total	220,000	130,000	350,000

If project involves construction, Please attach a budget for the construction cost items. Project will not be considered for approval until it has been received.

Financial Capacity: Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

The City of Guadalupe currently has paid and complete set of engineering drawings and is ready to go out to bid for the seismic rehabilitation and ADA improvements for the building. The completed portion of this project was funded through Redevelopment Agency bonds. The Agency also has \$20,000 remaining in the project budget for this building. The Agency has annual audits completed by a qualified third party organization. The accounting for the URM program, of which the American Legion Hall is a single project, is done by the City Finance Department.

B. Funding Sources for Proposed Project

Sources of revenue to be utilized on the project	Amount Secured	Amount Unsecured
CDBG funds requested in this application:	220,000	
CDBG funds requested from other jurisdictions (Please list those jurisdictions):		
Other Federal funds:		
State funds:		
Local government funds:	130,000	
Private funds:		
Other funds (explain):		
Total Project Budget (may be multi-year funds):	350,000	

1. Will your organization be applying for any additional funding (grants or loans) for this project? yes no
2. When do you anticipate securing 100% of the funds needed for the completion of this project? March 2012

3. Please indicate the sources and amounts of future funds, and anticipated date funds will be made available:

SOURCES	AMOUNTS	DATE

Section I – Project Readiness²

Preconstruction (environmental clearance, plans and specifications, entitlements and permits, procurement / bidding)

Major Milestones	Date Commenced	Date Completed
Plans are complete, ready for bids.		

Construction (100% budget secured, other construction milestones)

Major Milestones	Date Commenced	Date Completed
Constuction bids are needed.		

² Please be realistic in your timeline and milestones, as failure to meet milestones may be grounds for deobligation of funds from the project in order to remain in compliance with HUD expenditure deadlines and requirements.

Section J – Applicant Experience

Describe your organization's previous experience in implementing programs/projects similar to the activity proposed. Attach resumes and references for each member of the proposed development team (i.e. developer, architect, consultants, and project coordinator, if applicable). (250 words or less)

The City has completed 17 other URM projects over the past three years. The same team will be in place to complete this project.

1. Who will be administering your Davis-Bacon compliance?
 - a. Name: City of Guadalupe Building Official and Finance.
 - b. Agency / Organization: City of Guadalupe
 - c. Work Phone: (805) 356 _ 3892
 - d. Fax: (805) 343 _ 5512
 - e. E-mail: rc@ci.guadalupe.ca.us

2. Who will be preparing the Bid packet and administering the Bid process?
 - a. Name: Building Official
 - b. Agency / Organization: City of Guadalupe
 - c. Work Phone: (805) 356 _ 3904
 - d. Fax: (805) 343 _ 5512
 - e. E-mail: jmcmillan@ci.guadalupe.ca.us

Section K – Energy Efficiency and Conservation Design Measures

Explain what design features and improvements will be implemented in your project to minimize the use of energy and natural resources while maximizing the operational savings derived from energy efficient technologies.
(150 words or less)

The American Legion hall has already been retrofit as part of the Staples Energy Santa Maria Chamber of Commerce program for lighting and energy efficiency improvements.

Section L – Maintenance and Operational Feasibility

1. Who (agency name) will be responsible for the ongoing maintenance and operations of the facility?
The American Legion Hall Post 371 as part of an exiting lease agreement for the facility.
Please note an authorized person representing the responsible organization must sign the certification enclosed.
2. Please attach the proposed maintenance and operations budget reflecting both revenues and expenditures.
3. Add any comments here: The American Legion Hall Post 371 take excellent care of the facility and regularly make improvements and upgrades at their own expense. Also, the Hall requires deposits and cleanup as part of all events. The exterior is very well maintained and is a quality facility.

Section M – Environmental Review

A. Project Information

1. Assessor's Parcel Number of project site: 115-051-07
(Please attach a map of the site)
2. Parcel Size: 150'x130' 19,500 Square Feet

B. Historic Preservation

1. Note the year that each of the structure(s) on the parcel was constructed? tbd
2. Are any of the structures designated or eligible for listing on the National Register of Historic Places? yes no

3. Please indicate how these structures are currently used (i.e., real estate office, residential apartment, etc.)
Community events. Office Space. Cultural attractions.

4. Are any of the structures considered of local historic significance? yes no

If yes, please cite the source: Guadalupe Historical Society

6. If any of the structures have been remodeled, please note when the remodeling occurred and which portions of the building were impacted. One half of the facility received some improvements. Date unknown

C. Local Land Use Review

1. What is the local land use authority for this site City of Guadalupe
(city or unincorporated county)

2. What is the zoning for this parcel? General Commercial
(Contact the appropriate local planning official)

3. Is the project's land use consistent with the zoning designation? yes no

4. What is the General Plan and/or Area Plan Designation? Commercial
(Contact the appropriate local planning official)

5. Is the project's land use consistent with the General Plan and/or Area Plan Designation? yes no

6. Please list all local permits required to approve the proposed project
(e.g. project approval, conditional use permit, land use permit, grading permit, building permit, etc.).
Permits are already approved and in place.

7. Have the listed permit applications been initiated? yes no

Please note the status of any required permit applications that are outstanding.
All are approved and in place.

8. Has a CEQA environmental document been prepared for this project? yes no

If completed, what was date and nature of the determination (i.e., MND, ND, EIR, etc.)?
ND

9. Has a NEPA review for this project been completed? yes no

If yes, which agency completed the NEPA review? City of Guadalupe

D. Environmental Compliance

1. Has a Phase I Environmental Site Assessment Report been completed for this project? yes no

If yes, when was this completed? _____

2. Has an Archaeological or Cultural Resource Survey been completed for this site? yes no

3. Is the Project located near areas where flammable, explosive, or toxic chemicals are stored or transported? yes no

If so, describe. _____

4. Are there any endangered or threatened species known to be on the project site? yes no

5. Is the project site within line-of-sight of an arterial roadway or railway? yes no

If yes, list the name of the road/railroad and the distance to the nearest proposed structure(s) on the site.
Guadalupe Steet/Highway One

6. Will this project create noise sensitive uses? yes no

7. Is the project site located on existing or previously cultivated farmland? yes no

8. Is the project site in either a 100-year or 500-year floodplain? yes no
(Contact the local Public Works Department for the site's flood zone designation)

9. Does this property have flood insurance? yes no

10. Is the project located near wetlands? yes no

11. Approximately how far is the project site from the nearest airport? 10 miles

12. Have the structure(s) been tested for asbestos, mold, or lead-based paint? yes no

13. Will the project involve Lead – Based Paint mitigation? yes no

Section N – Certifications (Please note that all certifications must be executed in BLUE INK)

Agency Certification

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached documentation (if applicable) is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. The federal assistance made available through the CDBG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.

City of Guadalupe

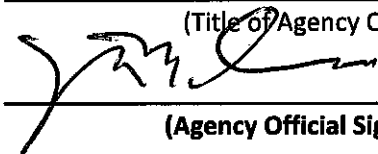
(Name of Agency)

Regan M. Candelario

(Typed Name of Agency Official)

City Administrator

(Title of Agency Official)



(Agency Official Signature)

1-23-12

(Date of Signature)

805/356-3892

(Telephone Number of Agency Official)

rc@ci.guadalupe.ca.us

(Email address of Agency Official)

(CERTIFICATIONS CONTINUED ON NEXT PAGE)

(CERTIFICATIONS CONTINUED FROM PREVIOUS PAGE)

***All certifications must be executed in BLUE INK**

Maintenance and Operations Budget Certification

The governing body of (insert agency name) City of Guadalupe, a Public, Quasi-Public, or Non-Profit entity, has the financial capacity and is willing to assume the maintenance and operation responsibility and costs associated with the indicated Community Development project. This body has reviewed the proposed operation and maintenance budget stated above and to the best of its ability has determined this budget to be a true and accurate estimate of the annual maintenance and operation costs for the proposed budget.

The following is the name and address of the entity which is proposed to provide maintenance and operation services for the proposed project:

Full Name: City of Guadalupe (American Legion Post 371)
Street Address: 918 Obispo Street
City, State, Zip Code: Guadalupe, CA 93434

It is understood that without a commitment for maintenance and operation, the indicated project may not be considered for funding under the Community Development Block Grant Program.

Please note that Community Development Block Grant Funds may not be utilized for ongoing maintenance and operation costs of capital improvements/facilities.

Acknowledged by Authorized Agency Representative: Regan M. Candelario
Title of Authorized Agency Representative: City Administrator
Date Certification Signed: 1-23-12

BOARD OF DIRECTORS AFFIDAVIT

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Regan M. Candelario
depose and say that I am City Administrator
[insert title, President, Vice President, etc.] of the City of Guadalupe

_____ [insert name and address of Agency].

The other members and officers of the Board of Directors of this Agency are:
(Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. <u>Lupe Alvarez</u>	<u>Mayor</u>	<u>2012</u>
2. <u>Ariston Julian</u>	<u>Council Member</u>	<u>2012</u>
3. <u>Virginia Ponce</u>	<u>Council Member</u>	<u>2012</u>
4. <u>John Sabedra</u>	<u>Council Member</u>	<u>2014</u>
5. <u>John Lizalde</u>	<u>Council Member</u>	<u>2014</u>
6. _____	_____	_____

DATE: 1-23-12

AT: Guadalupe, CA (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.

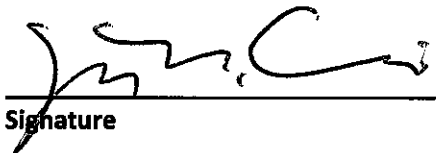
Signature

Regan M. Candelario/City Administrator
Print Name and Title

CHECKLIST OF REQUIRED ATTACHMENTS

Note: This completed checklist must be signed and submitted with the funding application. The documents listed below are required of Agencies applying for CDBG Capital funds.

- Bylaws**
- Organization Chart**
- Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
 - Form 501(c)
- Evidence of Insurance**
 - Copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.)
 - Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured"
- Project Budget for Construction**
- Most recent financial audit**
- Project Maintenance and Operational Budget**
- Project Location Map**
- Self-Certification intake form (if applicable)**
- Client document review worksheet (if applicable)**
- Client race / ethnicity data collection form (if applicable)**
- Resumes for each member of the proposed development team**
- Explanation of outstanding legal/litigation issues, if applicable**



Signature

Regan M. Candelario/City Administrator

Print Name & Title



COUNTY OF SANTA BARBARA
HOUSING AND COMMUNITY DEVELOPMENT

CDBG CAPITAL PROJECT

Project Proposal for Program Year 2012-2013

FOR OFFICIAL USE ONLY

Rec'd _____

Initials _____

Logged

Scanned

Total Requested Program Funding by Jurisdiction¹:
(Check all that apply)

- Santa Barbara County \$ 432,826.00
- Carpinteria \$ _____
- Solvang \$ _____

Are you also applying for program funding through any of the listed jurisdictions' NOFAs? (Check all that apply)

- Goleta \$ _____
- Lompoc \$ _____
- Santa Maria \$ _____

Section A – General Project Information Summary

1. Project Title: New Cuyama Recreation Hall Renovation Phase 3
2. Brief Summary of the Project: Renovations needed because of severe lack of maintenance.
3. Project Address: 4885 Primero Street, New Cuyama, CA 93254
4. Service Area of Proposed Project (i.e., specific city, countywide, etc.) New Cuyama

Section B – General Applicant Information

1. Legal Name of Applicant Organization: Cuyama Valley Recreation District
2. Are you a 501(c) organization? yes no
(All agencies must complete a Board of Directors Affidavit on page 17)
3. Address of Organization:
 - a. Street: 4885 Primero Street Apt. # _____
 - b. City: New Cuyama State: CA Zip: 93254
4. Mailing Address (if different from above):
 - a. Street: _____ Apt. # _____
 - b. City: _____ State: _____ Zip: _____

¹ Reminder: Please be sure to include 5% in your budget to cover project activity delivery costs incurred by the implementing jurisdiction. Activity costs are those associated with administration of Federal compliance requirements such as environmental review, contract preparation, bid packet review and other supplementary program-related regulations.

5. Person to Contact Regarding this Application:

- a. Name: Todd Morrison, County of Santa Barbara Gen. Svcs.
- b. Relationship to Agency: Agent
- c. Street: 912 W. Foster Road Apt. #
- d. City: Santa Maria State: CA Zip: 93455
- e. Work Phone: (805) 934 - 6228 Ext.
- f. Fax: (805) 934 - 6550
- g. E-mail: tmorris@co.santa-barbara.ca.us

6. Name and contact information of Fiscal Agent:

- a. Name: Brian Duggan
- b. Agency / Organization: County of Santa Barbara General Services Department
- c. Street: 105 E. Anapamu, Room 108 Apt. #
- d. City: Santa Barbara State: CA Zip: 93101
- e. Work Phone: (805) 568 - 2631 Ext.
- f. Fax: (805) 568 - 2663
- g. E-mail: bduggan@co.santa-barbara.ca.us

7. Organization's Federal Identification Number (Tax ID #) 52-1769414

8. Agency Organizational DUNS number: 02-197-1564

(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register.)

9. Is the applicant organization or any parties associated with the applicant or proposed project debarred from entering into federal, state or local contracts? yes no
*If yes, explain under separate cover. **Please note, this will be verified pursuant to federal program requirements, and applications containing false information will be deemed ineligible for funding.*

Federal Grant Experience within past 5 years:

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
CDBG	Rec Hall Renov. Ph. 2	Struct. Integrity & Energy Effic.	2011	\$350,000.00
CDBG	Rec Hall Renov. Ph. 1	Correct life safety & accessibil.	2009	\$353,766.00
CDBG	Aquatics Complex	Pool Facility for New Cuyama	2008	\$395,000.00

Fiscal Year and Audit Reports

1. What is your agency's fiscal year end date? June 30
2. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. *(Please include a copy of the most recent financial audit with your completed application— See Required Attachments).* What fiscal year did this most recent audit include?
July/2010 - June/2011 (Month/Year - Month/Year)
3. Are there any outstanding financial audit findings which remain unresolved? yes no
If yes, please explain. _____
4. Has your agency expended more than \$500,000 in federal funds in its last operating year? yes no
(Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)

If you answered “yes” to question 4, please answer questions 5 and 6 below. If you answered “no” to question 4, please proceed to question 7.

5. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)? yes no
6. Are there any outstanding single audit findings which remain unresolved? yes no
If yes, please explain. _____
7. If your organization is a non-profit organization, does your organization comply with the following:
 - a) OMB Circular A-110, as implemented at 24 CFR Part 84 “Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations” yes no
 - b) OMB Circular A-122 “Cost Principles for Non-Profit Organizations” yes no

- c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations" yes no
- d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments" yes no
- e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month? yes no
- f) Does your organization have any outstanding litigation or other legal issues? yes no
If yes, please attach written explanation as a separate sheet.

10. How many members serve on your Board of Directors? 5

11. How often does your Board of Directors meet? Monthly

12. Does your Board of Directors have an audit committee? No

13. Describe the financial expertise currently serving on your Board of Directors. Recreation District
Financial and accounting services provided by office of the Auditor-Controller / \$5,000.00 yearly cost.

14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.
Cuyama Valley Recreation District. Project would be managed by County of Santa Barbara General Services. Brian Duggan, 568-2631.

15. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

Section C – National Objective

Please choose one of the following national objectives pertaining to your project:

- Benefiting low- and moderate- income persons
- Preventing or eliminating slums or blight
- Meeting urgent needs (having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available to meet such needs)

Section D – Activity Eligibility

Which specific HUD Activity best describes your project proposal?

<input type="checkbox"/>	Acquisition of Real Property	<input checked="" type="checkbox"/>	Removal of Architectural Barriers
<input type="checkbox"/>	Disposition of Real Property	<input checked="" type="checkbox"/>	Rehabilitation
<input checked="" type="checkbox"/>	Public Facilities and Improvements (General)	<input type="checkbox"/>	Energy Efficiency Improvements
<input type="checkbox"/>	Senior Centers	<input type="checkbox"/>	Code Enforcement
<input type="checkbox"/>	Handicapped Centers	<input checked="" type="checkbox"/>	Parks, Recreational Facilities
<input type="checkbox"/>	Homeless Facilities (not operating costs)	<input type="checkbox"/>	Parking Facilities
<input checked="" type="checkbox"/>	Youth Centers	<input type="checkbox"/>	Solid Waste Disposal Improvements
<input checked="" type="checkbox"/>	Neighborhood Facilities	<input type="checkbox"/>	Flood Drainage Improvements
<input type="checkbox"/>	Water/Sewer Improvements	<input type="checkbox"/>	Facilities for AIDS Patients
<input type="checkbox"/>	Street Improvements	<input type="checkbox"/>	Clearance and Demolition
<input type="checkbox"/>	Child Care Centers	<input type="checkbox"/>	Cleanup of Contaminated Sites
<input type="checkbox"/>	Tree Planting	<input type="checkbox"/>	Fire Station
<input type="checkbox"/>	Health Facilities	<input type="checkbox"/>	Asbestos Removal
<input type="checkbox"/>	Abused and Neglected Children Facilities	<input type="checkbox"/>	Commercial / Industrial Land Acquisition
<input type="checkbox"/>	Commercial / Industrial Rehabilitation	<input type="checkbox"/>	Other Commercial / Industrial Improvements
<input type="checkbox"/>	Commercial / Industrial Infrastructure Development		

Section E – Project Information

1. Explain how your project will meet the national objective and activity eligibility as identified above. (200 words or less)

The small 800 person low-income community of New Cuyama is located about an hour from the closest full-service city (Santa Maria) and is in great need of recreational and other facilities that other communities in Santa Barbara County either have or have easy access to. The New Cuyama Recreation District currently has a building that it has used in the past for both recreation events and town hall meetings. The building was built in the 1950's and has about 5,000 square feet gross. An architecture firm was hired to assess the feasibility of salvaging and renovating the building. Their findings are documented in a report dated October 23, 2008. They found that the building is structurally in good condition and that renovation is entirely feasible. They identified items that should be repaired, and estimated the cost of construction for several categories of work. Many of these items were completed within the latest renovation project or will be completed with the funding already reserved for the 2nd phase of the project. If \$432,826 additional CDBG funding is granted all of the remaining items can be completed including the new HVAC system.

2. **Personnel/Staff Capacity:** Briefly describe the agency's existing staff positions and qualifications (including whether staff is full-time, part-time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (150 words or less)

There is one full-time Recreation District Director who is responsible for all operations of the building. The Recreation District is working along with the County of Santa Barbara General Services as their agent on the current renovation project.

Section F – Beneficiary Information

Verification of Eligibility: Please identify how client eligibility is determined.

1. **Low/Moderate Income Area Benefit** yes no
Program service area has been identified and determined to be statistically low-income based on the 2010 Census. (Please attach map to allow us to determine Census Tract eligibility.)
If you answered yes here, please proceed to "Additional Beneficiary Information" on the following page.
2. **Low/Moderate Income Limited Clientele and Low/Moderate Income Housing**
- Self Certification:** yes no
Clients independently "self-certify" on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)
- Client Document Review:** yes no
Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)
- Presumed Beneficiaries:** yes no
Clients served are primarily and specifically from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. (If you use this method, please indicate which group.) _____

Other:

yes no

If yes, please explain: _____

Ethnicity and Race *(HUD exemptions in this area are limited.)*

1. Does your organization request information on whether your clients are of Hispanic ethnicity? yes no

2. Does your organization ask all clients (including Hispanic clients) whether they are the one or more of the following races: yes no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

3. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:

Additional Beneficiary Information

1. Number of persons with access to a **new** facility or infrastructure that did not previously exist or was not available for this new purpose: _____

2. Number of persons with access to an **improved or expanded** facility or infrastructure: 800

3. Number of persons that no longer have access to only a **substandard** facility or infrastructure: _____

4. Number of beds created in overnight shelter or other emergency housing: _____

5. **Total persons benefiting from this project:** 800

Section G – Property Ownership

1. Who (agency name) is the legal owner of the property? Cuyama Valley Recreation District
2. Do you have site control (purchase agreement, entitlements, permits)? yes no
3. If yes, date site control was obtained _____
4. If you are pursuing site control, please provide status summary and date site control expected:

5. Who (agency name) will be the final owner of the property? Cuyama Valley Recreation District

Section H – Financial Feasibility

A. Project Budget

Please note that Community Development Block Grant funds may not be utilized for ongoing maintenance and operation costs of capital improvements/facilities.

Cost Category	Amount From County CDBG	Amount From Other Sources	Total Cost
Site Acquisition (Including real estate, closing costs, escrow costs, etc.)			
Architectural and Engineering Services	\$54,580		\$54,580
Pre-Construction costs (appraisal, fees, studies, permits, etc.)	\$3,324		\$3,324
Off-Site Development Costs (Utilities, roads, access. Please specify)			
Site Preparation costs (not included in construction contract)			
Construction labor and materials	\$303,225		\$303,225
Contingency	\$30,323		\$30,323
Project Management/Activity Delivery (Including Davis-Bacon compliance)	\$36,387		\$36,387
Eligible Energy Improvements			
Other costs (Please specify)	\$4,987		\$4,987
Other costs (Please specify)			

Cost Category	Amount From County CDBG	Amount From Other Sources	Total Cost
Total	\$432,826		\$432,826

If project involves construction, Please attach a budget for the construction cost items. Project will not be considered for approval until it has been received.

Financial Capacity: Describe the agency’s current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency’s fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

The County of Santa Barbara General Services Department will administer the grant and reimbursements and has the financial capacity necessary.

B. Funding Sources for Proposed Project

Sources of revenue to be utilized on the project	Amount Secured	Amount Unsecured
CDBG funds requested in this application:		\$432,826
CDBG funds requested from other jurisdictions (Please list those jurisdictions):		
Other Federal funds:		
State funds:		
Local government funds:		
Private funds:		
Other funds (explain):		
Total Project Budget (may be multi-year funds):		\$432,826

1. Will your organization be applying for any additional funding (grants or loans) for this project? yes no
2. When do you anticipate securing 100% of the funds needed for the completion of this project? Sept. 17, 2012

3. Please indicate the sources and amounts of future funds, and anticipated date funds will be made available:

SOURCES	AMOUNTS	DATE
CDBG	\$432,826	Sept. 17, 2012

Section I – Project Readiness²

Preconstruction (environmental clearance, plans and specifications, entitlements and permits, procurement / bidding)

Major Milestones	Date Commenced	Date Completed
Planning and Design of Renovation	Upon award	90 dys after awrd

Construction (100% budget secured, other construction milestones)

Major Milestones	Date Commenced	Date Completed
Estimated Dates of Construction	110 dy aftr awrd	290 dys after awrd

² Please be realistic in your timeline and milestones, as failure to meet milestones may be grounds for deobligation of funds from the project in order to remain in compliance with HUD expenditure deadlines and requirements.

Section J – Applicant Experience

Describe your organization's previous experience in implementing programs/projects similar to the activity proposed. Attach resumes and references for each member of the proposed development team (i.e. developer, architect, consultants, and project coordinator, if applicable). (250 words or less)

\$395,000 CDBG Grant for Cuyama Aquatics Complex. \$353,776 CDBG Grant for previous New Cuyama Recreation Hall Renovation Ph. 1. \$350,000 CDBG Grant for previous New Cuyama Recreation Hall Renovation Ph. 2.

1. Who will be administering your Davis-Bacon compliance?

- a. Name: Todd Morrison
- b. Agency / Organization: County of Santa Barbara General Services Department
- c. Work Phone: (805) 934 - 6228
- d. Fax: (805) 934 - 6550
- e. E-mail: tmorris@co.santa-babara.ca.us

2. Who will be preparing the Bid packet and administering the Bid process?

- a. Name: Todd Morrison
- b. Agency / Organization: County of Santa Barbara General Services Department
- c. Work Phone: (805) 934 - 6228
- d. Fax: (805) 934 - 6550
- e. E-mail: tmorris@co.santa-barbara.ca.us

Section K – Energy Efficiency and Conservation Design Measures

Explain what design features and improvements will be implemented in your project to minimize the use of energy and natural resources while maximizing the operational savings derived from energy efficient technologies.
(150 words or less)

Better energy efficiency of building through new HVAC System.

Section L – Maintenance and Operational Feasibility

1. Who (agency name) will be responsible for the ongoing maintenance and operations of the facility?
Cuyama Valley Recreation District
Please note an authorized person representing the responsible organization must sign the certification enclosed.
2. Please attach the proposed maintenance and operations budget reflecting both revenues and expenditures.
3. Add any comments here: Income equals outgo. We will not use grant money or future grant money for operation and maintenance costs.

Section M – Environmental Review

A. Project Information

1. Assessor's Parcel Number of project site: 149-032-009
(Please attach a map of the site)
2. Parcel Size: 1/2 acre

B. Historic Preservation

1. Note the year that each of the structure(s) on the parcel was constructed? 1953, 1958, 2011
2. Are any of the structures designated or eligible for listing on the National Register of Historic Places? yes no

3. Please indicate how these structures are currently used (i.e., real estate office, residential apartment, etc.)

Public recreational hall and office space

4. Are any of the structures considered of local historic significance? yes no

If yes, please cite the source: _____

6. If any of the structures have been remodeled, please note when the remodeling occurred and which portions of the building were impacted. At the beginning of 2011 a small addition was added for the

restrooms to make them ADA accessible. The kitchen was also remodeled at this time. The

existing canopy was demolished. Doors were replaced and made ADA accessible. Electrical

Work was completed to bring the building to code.

C. Local Land Use Review

1. What is the local land use authority for this site unincorporated
(city or unincorporated county)

2. What is the zoning for this parcel? Public Facility
(Contact the appropriate local planning official)

3. Is the project's land use consistent with the zoning designation? yes no

4. What is the General Plan and/or Area Plan Designation? Public Facility
(Contact the appropriate local planning official)

5. Is the project's land use consistent with the General Plan and/or Area Plan Designation? yes no

6. Please list all local permits required to approve the proposed project
(e.g. project approval, conditional use permit, land use permit, grading permit, building permit, etc.).

Building Permit

7. Have the listed permit applications been initiated? yes no
Please note the status of any required permit applications that are outstanding.

8. Has a CEQA environmental document been prepared for this project? yes no

If completed, what was date and nature of the determination (i.e., MND, ND, EIR, etc.)?
CEQA Exemption

9. Has a NEPA review for this project been completed? yes no

If yes, which agency completed the NEPA review? HCD

D. Environmental Compliance

1. Has a Phase I Environmental Site Assessment Report been completed for this project? yes no

If yes, when was this completed? _____

2. Has an Archaeological or Cultural Resource Survey been completed for this site? yes no

3. Is the Project located near areas where flammable, explosive, or toxic chemicals are stored or transported? yes no

If so, describe. _____

4. Are there any endangered or threatened species known to be on the project site? yes no

5. Is the project site within line-of-sight of an arterial roadway or railway? yes no

If yes, list the name of the road/railroad and the distance to the nearest proposed structure(s) on the site.

Highway 166

6. Will this project create noise sensitive uses? yes no

7. Is the project site located on existing or previously cultivated farmland? yes no

8. Is the project site in either a 100-year or 500-year floodplain?
(Contact the local Public Works Department for the site's flood zone designation) yes no

9. Does this property have flood insurance? yes no

10. Is the project located near wetlands? yes no

11. Approximately how far is the project site from the nearest airport? 1 hour

12. Have the structure(s) been tested for asbestos, mold, or lead-based paint? yes no

13. Will the project involve Lead – Based Paint mitigation? yes no

Section N – Certifications *(Please note that all certifications must be executed in BLUE INK)*

Agency Certification

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached documentation (if applicable) is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. The federal assistance made available through the CDBG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.

Cuyama Valley Recreation District

(Name of Agency)

Roxanne Tidd

(Typed Name of Agency Official)

Chair

(Title of Agency Official)

Roxanne Tidd

(Agency Official Signature)

1-20-12

(Date of Signature)

(661) 766-2270

(Telephone Number of Agency Official)

tiddr@co.kern.ca.us

(Email address of Agency Official)

(CERTIFICATIONS CONTINUED ON NEXT PAGE)

*All certifications must be executed in BLUE INK

Maintenance and Operations Budget Certification

The governing body of (insert agency name) Cuyama Valley Recreation District, a Public, Quasi-Public, or Non-Profit entity, has the financial capacity and is willing to assume the maintenance and operation responsibility and costs associated with the indicated Community Development project. This body has reviewed the proposed operation and maintenance budget stated above and to the best of its ability has determined this budget to be a true and accurate estimate of the annual maintenance and operation costs for the proposed budget.

The following is the name and address of the entity which is proposed to provide maintenance and operation services for the proposed project:

Full Name: Cuyama Valley Recreation District
Street Address: 4885 Primero Street
City, State, Zip Code: New Cuyama, CA 93254

It is understood that without a commitment for maintenance and operation, the indicated project may not be considered for funding under the Community Development Block Grant Program.

Please note that Community Development Block Grant Funds may not be utilized for ongoing maintenance and operation costs of capital improvements/facilities.

Acknowledged by Authorized Agency Representative: Royanne Tisdal
Title of Authorized Agency Representative: Chair
Date Certification Signed: 1-20-12

BOARD OF DIRECTORS AFFIDAVIT

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Roxanne Tidd
depose and say that I am Chair

[insert title, President, Vice President, etc.] of Cuyama Valley Recreation
District, 4885 Primero Street, New Cuyama, CA 93254

_____ [insert name and address of Agency].

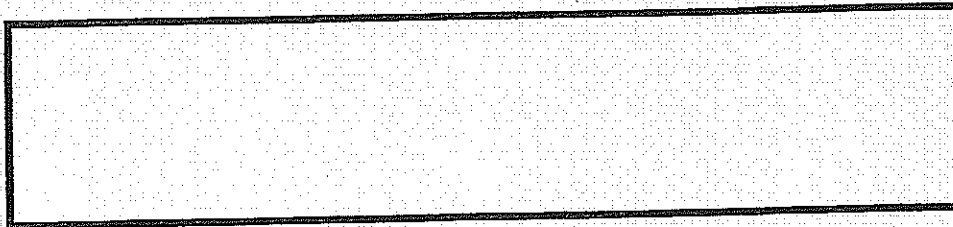
The other members and officers of the Board of Directors of this Agency are:
(Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. <u>Karen Stockton</u>	<u>Vice-Chair</u>	<u>2012</u>
2. <u>Lynn Vincent</u>	<u>Secretary</u>	<u>2012</u>
3. <u>Sonya Herrera</u>	<u>Treasurer</u>	<u>2012</u>
4. <u>Sally Bornand</u>	<u>Board Member</u>	<u>2014</u>
5. _____	_____	_____
6. _____	_____	_____

DATE: 1-20-12

AT: New Cuyama, CA (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.

Roxanne Tidd
Signature

Roxanne Tidd, Chair
Print Name and Title

CHECKLIST OF REQUIRED ATTACHMENTS

Note: This completed checklist must be signed and submitted with the funding application. The documents listed below are required of Agencies applying for CDBG Capital funds.

- Bylaws**
- Organization Chart**
- Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
 - Form 501(c)**
- Evidence of Insurance**
 - Copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.)**
 - Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured"**
- Project Budget for Construction**
- Most recent financial audit**
- Project Maintenance and Operational Budget**
- Project Location Map**
- Self-Certification intake form (if applicable)**
- Client document review worksheet (if applicable)**
- Client race / ethnicity data collection form (if applicable)**
- Resumes for each member of the proposed development team**
- Explanation of outstanding legal/litigation issues, if applicable**

Roxanne Tidd
Signature

Roxanne Tidd, Chair

Print Name & Title



**COUNTY OF SANTA BARBARA HOUSING AND
COMMUNITY DEVELOPMENT
CDBG CAPITAL PROJECT**

Project Proposal for Program Year 2012-2013

FOR OFFICIAL USE ONLY

Rec'd _____

Initials _____

Logged

Scanned

Total Requested Program Funding by Jurisdiction¹:

(Check all that apply)

Santa Barbara County \$ 250,000

Carpinteria \$ _____

Solvang \$ _____

Are you also applying for program funding through any of the listed jurisdictions' NOFAs? *(Check all that apply)*

Goleta \$ _____

Lompoc \$ _____

Santa Maria \$ 100,000

Section A – General Project Information Summary

- Project Title: Luis Oasis Senior Center Relocation
- Brief Summary of the Project: Construction of a new Orcutt Senior Center on land leased to O.A.S.I.S. by SB County. OASIS is responsible for all permits, licenses and construction and ongoing operating costs.
- Project Address: Foster Road Complex, Santa Maria, Santa Barbara County
- Service Area of Proposed Project (i.e., specific city, countywide, etc.) SB County, Orcutt/Santa Maria Unincorporated County

Section B – General Applicant Information

- Legal Name of Applicant Organization: Orcutt Area Seniors In Service, Inc. (O.A.S.I.S.)
- Are you a 501(c) organization? √ yes no
(All agencies must complete a Board of Directors Affidavit on page 17)
- Address of Organization:
 - Street: 420 Soares Avenue Apt. # _____
 - City: Orcutt State: CA Zip: 93455
- Mailing Address (if different from above):
 - Street: PO Box 2637 Apt. # _____
 - City: Santa Maria State: CA Zip: 93457

¹ *Reminder: Please be sure to include 5% in your budget to cover project activity delivery costs incurred by the implementing jurisdiction. Activity costs are those associated with administration of Federal compliance requirements such as environmental review, contract preparation, bid packet review and other supplementary program-related regulations.*

5. Person to Contact Regarding this Application:

- a. Name: Rovi Butcher
- b. Relationship to Agency: Executive Director
- c. Street: 420 Soares Avenue Apt. # _____
- d. City: Orcutt State: CA Zip: 93455
- e. Work Phone: (805) 937 - 9750 Ext.
- f. Fax: (805) 937 - 0440
- g. E-mail: rovi@oasisorcutt.org

6. Name and contact information of Fiscal Agent:

- a. Name: Ricardo Velasco
- b. Agency / Organization: Orcutt Area Seniors in Service, Inc.
- c. Street: 634 Tamara Court Apt. # _____
- d. City: Orcutt State: CA Zip: 93455
- e. Work Phone: (805) 621 - 3522 Ext.
- f. Fax: () -
- g. E-mail: rickandmarty@verizon.net

7. Organization's Federal Identification Number (Tax ID #) 77-0058257

8. Agency Organizational DUNS number: 827554460
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register.)

9. Is the applicant organization or any parties associated with the applicant or proposed project debarred from entering into federal, state or local contracts? yes no
*If yes, explain under separate cover. **Please note, this will be verified pursuant to federal program requirements, and applications containing false information will be deemed ineligible for funding.*

Federal Grant Experience within past 5 years:

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
HUD	Reservation	Environmental Review	2008-2009	\$5,000
CDBG	Reservation	Construction New Facility	2010-2011	\$80,482
CDBG	Reservation	Construction New Facility	2011-2012	\$107,598

Fiscal Year and Audit Reports

1. What is your agency's fiscal year end date? June 30
2. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. *(Please include a copy of the most recent financial audit with your completed application— See Required Attachments).* What fiscal year did this most recent audit include?
June 30, 2009 (Month/Year - Month/Year)
3. Are there any outstanding financial audit findings which remain unresolved? yes no
If yes, please explain. June 30, 2010 Audit in progress, to be completed February 2012
4. Has your agency expended more than \$500,000 in federal funds in its last operating year? yes no
(Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)

If you answered “yes” to question 4, please answer questions 5 and 6 below. If you answered “no” to question 4, please proceed to question 7.

5. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)? yes no
6. Are there any outstanding single audit findings which remain unresolved? yes no
If yes, please explain. _____
7. If your organization is a non-profit organization, does your organization comply with the following:
 - a) OMB Circular A-110, as implemented at 24 CFR Part 84 “Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations” yes no
 - b) OMB Circular A-122 “Cost Principles for Non-Profit Organizations” yes no

- c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations" yes no
- d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments" yes no
- e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month? yes no
- f) Does your organization have any outstanding litigation or other legal issues? yes no
If yes, please attach written explanation as a separate sheet.

10. How many members serve on your Board of Directors? 15

11. How often does your Board of Directors meet? monthly

12. Does your Board of Directors have an audit committee? yes

13. Describe the financial expertise currently serving on your Board of Directors. The Board President is a retired bank executive, the Treasurer has an MBA and is a retired businessman.

14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.

President, Joe Sheaff is a retired bank executive, address: 4560 Coachman Way, Santa Maria, CA 93455

Treasurer, Rick Velasco is a retired businessman, address: 634 Tamara Court, Santa Maria, CA 93455

Audit Committee, Aubrey Collins owns ARC Tax Preparation Service 4791 Titan Street, Santa Maria, CA

15. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

Section C – National Objective

Please choose one of the following national objectives pertaining to your project:

- Benefiting low- and moderate- income persons
- Preventing or eliminating slums or blight
- Meeting urgent needs (having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available to meet such needs)

Section D – Activity Eligibility

Which specific HUD Activity best describes your project proposal?

- | | |
|---|---|
| <input type="checkbox"/> Acquisition of Real Property | <input type="checkbox"/> Removal of Architectural Barriers |
| <input type="checkbox"/> Disposition of Real Property | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Public Facilities and Improvements (General) | <input type="checkbox"/> Energy Efficiency Improvements |
| <input checked="" type="checkbox"/> Senior Centers | <input type="checkbox"/> Code Enforcement |
| <input type="checkbox"/> Handicapped Centers | <input type="checkbox"/> Parks, Recreational Facilities |
| <input type="checkbox"/> Homeless Facilities (not operating costs) | <input type="checkbox"/> Parking Facilities |
| <input type="checkbox"/> Youth Centers | <input type="checkbox"/> Solid Waste Disposal Improvements |
| <input type="checkbox"/> Neighborhood Facilities | <input type="checkbox"/> Flood Drainage Improvements |
| <input type="checkbox"/> Water/Sewer Improvements | <input type="checkbox"/> Facilities for AIDS Patients |
| <input type="checkbox"/> Street Improvements | <input type="checkbox"/> Clearance and Demolition |
| <input type="checkbox"/> Child Care Centers | <input type="checkbox"/> Cleanup of Contaminated Sites |
| <input type="checkbox"/> Tree Planting | <input type="checkbox"/> Fire Station |
| <input type="checkbox"/> Health Facilities | <input type="checkbox"/> Asbestos Removal |
| <input type="checkbox"/> Abused and Neglected Children Facilities | <input type="checkbox"/> Commercial / Industrial Land Acquisition |
| <input type="checkbox"/> Commercial / Industrial Rehabilitation | <input type="checkbox"/> Other Commercial / Industrial Improvements |
| <input type="checkbox"/> Commercial / Industrial Infrastructure Development | |

Section E – Project Information

1. Explain how your project will meet the national objective and activity eligibility as identified above. (200 words or less)

The OASIS senior center is governed by a 15-member Board of Directors supported by 120 volunteers and a staff of two full-time equivalent. Social, educational, artistic, and cultural programs serve moderate to low income individuals for free or at a very low cost. Services are designed to provide senior citizens with activities and tools to stay mentally, socially and physically active. The organization maintains a lending library, provides seven weekly exercise classes, two grief support groups, three dance classes, twelve arts and crafts classes and five social groups. We also offer reflexology massage by appointment, there is a monthly pancake breakfast, and many social events off-site. Senior volunteers distribute USDA Commodities at the Center to approximately 170 low-income families monthly. The CAC of Santa Barbara County provides a daily hot meal at our Center, and delivers meals to home-bound people through the Center. OASIS has over 600 members (age 50 and above) and 120 active volunteers that serve over 4,000 unduplicated people in the region annually. The present Center is located on land owned by the Orcutt Union School District which has requested we vacate the property.

2. **Personnel/Staff Capacity:** Briefly describe the agency's existing staff positions and qualifications (including whether staff is full-time, part-time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (150 words or less)

Rovi Butcher, Executive Director, has a B.S. in Psychology from the University of Phoenix, AZ and works full-time. Prior employment was with the Solvang Senior Center as Executive Director which she held for almost three years. She has strong organizational and professional skills, a strong background in customer relations and outreach capability and is proficient with computers.

Doug Dougherty, Administrative Assistant, has a B.S. in Economic Anthropology from UCLA. He works part-time (75%) and will achieve his Masters in Public Policy from Cal Poly, San Luis Obispo by June 2012. He has worked at UCLA Athletics as an Administrative Assistant to the Athletic Director; as a designer at a civil engineering firm; and as a District Fellow for California's 15th Senate district.

OASIS, Inc. has a Personnel Policy Manual with an affirmative action plan and grievance procedure.

Section F – Beneficiary Information

Verification of Eligibility: Please identify how client eligibility is determined.

1. **Low/Moderate Income Area Benefit**

yes no

Program service area has been identified and determined to be statistically low-income based on the 2010 Census. (Please attach map to allow us to determine Census Tract eligibility.)

If you answered yes here, please proceed to "Additional Beneficiary Information" on the following page.

2. **Low/Moderate Income Limited Clientele and Low/Moderate Income Housing**

Self Certification:

yes no

Clients independently "self-certify" on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)

Client Document Review:

yes no

Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)

Presumed Beneficiaries:

yes no

Clients served are primarily and specifically from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. (If you use this method, please indicate which group.) We serve elderly persons primarily 62 years of age and older.

Other:

yes no

If yes, please explain: _____

Ethnicity and Race *(HUD exemptions in this area are limited.)*

1. Does your organization request information on whether your clients are of Hispanic ethnicity? yes no

2. Does your organization ask all clients (including Hispanic clients) whether they are the one or more of the following races: yes no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

3. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:

Presently we have requested ethnicity and race information from those who receive USDA Food Commodities and who are assisted by the Community Action Commission of Santa Barbara County

Additional Beneficiary Information

1. Number of persons with access to a **new** facility or infrastructure that did not previously exist or was not available for this new purpose: 400
2. Number of persons with access to an **improved or expanded** facility or infrastructure: _____
3. Number of persons that no longer have access to only a **substandard** facility or infrastructure: _____
4. Number of beds created in overnight shelter or other emergency housing: _____
5. **Total persons benefiting from this project:** 4,400

Section G – Property Ownership

1. Who (agency name) is the legal owner of the property? Santa Barbara County
2. Do you have site control (purchase agreement, entitlements, permits)? yes no
3. If yes, date site control was obtained _____
4. If you are pursuing site control, please provide status summary and date site control expected:
Letter of agreement 9/12/08 from Santa Barbara County General Services to lease the land.
5. Who (agency name) will be the final owner of the property? Santa Barbara County

Section H – Financial Feasibility

A. Project Budget

Please note that Community Development Block Grant funds may not be utilized for ongoing maintenance and operation costs of capital improvements/facilities.

Cost Category	Amount From County CDBG	Amount From Other Sources	Total Cost
Site Acquisition (Including real estate, closing costs, escrow costs, etc.)		Santa Barbara County Lease	
Architectural and Engineering Services		194,400*	\$194,400
Pre-Construction costs (appraisal, fees, studies, permits, etc.)		293,018	\$293,018
Off-Site Development Costs (Utilities, roads, access. Please specify)	200,000		\$200,000
Site Preparation costs (not included in construction contract)	50,000		\$50,000
Construction labor and materials		2,050,374	\$2,050,374
Contingency		211,709	\$211,709
Project Management/Activity Delivery (Including Davis-Bacon compliance)		In Kind Donation	
Eligible Energy Improvements			
Other costs (Please specify)			
Other costs (Please specify)		(* two CDBG awards)	

Cost Category	Amount From County CDBG	Amount From Other Sources	Total Cost
Total	\$250,000	\$2,749,501	\$2,999,501

If project involves construction, Please attach a budget for the construction cost items. Project will not be considered for approval until it has been received.

Financial Capacity: Describe the agency’s current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency’s fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

The current annual operating budget is \$127,100 for fiscal year ending June 30, 2012. The budget has increased proportionally annually to prepare for additional participation and programs at a new larger facility to be built on Foster Road. Contributions and grants received in support of the capital project are kept in separate temporarily restricted bank accounts. An audit for the period 6/30/2010 will be completed February 2012, the June 30, 2009 Audited Financial Statement is enclosed. The IRS 990 Return for the period ending June 30, 2011 is on extension until audit for this fiscal year is completed in February 2012. The 15-member Board of Directors meet monthly and review the financial statements prepared by the Treasurer and received the audited financial statements prepared by an outside CPA firm.

B. Funding Sources for Proposed Project

Sources of revenue to be utilized on the project	Amount Secured	Amount Unsecured
CDBG funds requested in this application:		250,000
CDBG funds requested from other jurisdictions (Please list those jurisdictions):	City of Santa Maria	100,000
SB County CDBG Grant 2010-2011	80,482	
SB County CDBG Grant 2011-2012	107,598	
SB County CDBG Grant 2013		250,000
SB County CDBG Grant 2014		100,000
Other Federal funds:		
State funds:		
Local government funds:		
Private funds:	\$698,920	\$1,412,501
Other funds (explain):		
Total Project Budget (may be multi-year funds):	\$887,000	\$2,112,501

1. Will your organization be applying for any additional funding (grants or loans) for this project? yes no
2. When do you anticipate securing 100% of the funds needed for the completion of this project? 2014

3. Please indicate the sources and amounts of future funds, and anticipated date funds will be made available:

SOURCES	AMOUNTS	DATE
Private Donations	\$1,062,501	2012-2014
Private Foundation Grants	\$225,000	2012-2014
Annual Fundraising Events	\$125,000	2012-2014
CDBG Grants	\$250,000	2013
CDBG Grants	\$100,000	2014

Section I – Project Readiness²

Preconstruction (environmental clearance, plans and specifications, entitlements and permits, procurement / bidding)

Major Milestones	Date Commenced	Date Completed
Lease arrangement with Santa Barbara County	4/9/2008	10/29/2009
Conditional Use Permit City of Santa Maria	7/28/2008	
Programming and Concept Plans	12/12/2008	7/15/2009
Architectural Schematic Plans	10/13/2009	7/15/2010
Fish & Game Section 7 Endangered Species Take Permit	6/17/2011	

Construction (100% budget secured, other construction milestones)

Major Milestones	Date Commenced	Date Completed

² Please be realistic in your timeline and milestones, as failure to meet milestones may be grounds for deobligation of funds from the project in order to remain in compliance with HUD expenditure deadlines and requirements.

Section J – Applicant Experience

Describe your organization's previous experience in implementing programs/projects similar to the activity proposed. Attach resumes and references for each member of the proposed development team (i.e. developer, architect, consultants, and project coordinator, if applicable). (250 words or less)

OASIS planned; funded and managed a 14 X 60 foot addition at the existing facility in 2005. Brian Hall, AIA, Oasis member and volunteer, is an experienced architect and construction administrator who has served on new construction and remodeling projects in nine school districts in Santa Barbara County and Alan Hancock College. He served as project architect for the Santa Maria Airport Terminal Facility and Administrative Building, the Santa Maria Valley YMCA, and the Santa Barbara County Sheriff Station, Juvenile Hall and Mental Health Facilities located adjacent to the parcel OASIS is developing on Foster Road for the new senior center. Oasis has contracted with PMSM Architects, Urban Planning Concepts, Bethel Engineering, and GSI Soils for architectural and engineering services. Netzel Grigsby Associates completed a feasibility study for OASIS in 2009. In 2010 OASIS contracted with development consultant Yvon Gresser to plan the capital campaign and manage the silent phase for two years. Mrs. Gresser brings 21 years experience planning and managing nonprofit capital campaigns for local projects such as: the Performing Arts Center at California Polytechnic State University, Woods Humane Society in San Luis Obispo, Santa Maria Valley Humane Society, the Children's Museum in San Luis Obispo, VTC Enterprises in Santa Maria and Hospice Partners general inpatient unit at Mission View in San Luis Obispo.

1. Who will be administering your Davis-Bacon compliance?
 - a. Name: Brian Hall
 - b. Agency / Organization: Orcutt Area Seniors in Service, Inc.
 - c. Work Phone: (805) 937 - 9750
 - d. Fax: (805) 937 - 0440
 - e. E-mail: hbhall32@msn.com or rovi@orcuttoasis.org

2. Who will be preparing the Bid packet and administering the Bid process?
 - a. Name: Vivek Harris
 - b. Agency / Organization: Phillips Metsch Sweeny Moore Architects
 - c. Work Phone: (805) 476 - 0399
 - d. Fax: (805) 594 - 1322
 - e. E-mail: vharris@pmsm-architects.com

Section K – Energy Efficiency and Conservation Design Measures

Explain what design features and improvements will be implemented in your project to minimize the use of energy and natural resources while maximizing the operational savings derived from energy efficient technologies.

(150 words or less)

The building site will take advantage of sun and shade topography. The building will use natural lighting from skylights, light shelves and high windows. Operational windows will allow natural ventilation. A energy efficient management system for HVAC and occupancy sensors in main rooms and areas will control energy use. The HVAC equipment will contain economizer units and the building is designed to reduce heat transfer. The cool roof construction is designed to accommodate future solar panels.

Section L – Maintenance and Operational Feasibility

1. Who (agency name) will be responsible for the ongoing maintenance and operations of the facility?

Orcutt Area Seniors In Service, Inc.

Please note an authorized person representing the responsible organization must sign the certification enclosed.

2. Please attach the proposed maintenance and operations budget reflecting both revenues and expenditures.

3. Add any comments here: _____

Section M – Environmental Review

A. Project Information

1. Assessor’s Parcel Number of project site: a portion of APN 111-231-004

(Please attach a map of the site)

2. Parcel Size: 2.6 acres

B. Historic Preservation

1. Note the year that each of the structure(s) on the parcel was constructed? N/A

2. Are any of the structures designated or eligible for listing on the National Register of Historic Places? yes no

3. Please indicate how these structures are currently used (i.e., real estate office, residential apartment, etc.)

4. Are any of the structures considered of local historic significance? yes no

If yes, please cite the source: _____

6. If any of the structures have been remodeled, please note when the remodeling occurred and which portions of the building were impacted. No structure on property

C. Local Land Use Review

1. What is the local land use authority for this site City of Santa Maria
(city or unincorporated county)

2. What is the zoning for this parcel? General Public Facilities
(Contact the appropriate local planning official)

3. Is the project's land use consistent with the zoning designation? yes no

4. What is the General Plan and/or Area Plan Designation? Community Facilities
(Contact the appropriate local planning official)

5. Is the project's land use consistent with the General Plan and/or Area Plan Designation? yes no

6. Please list all local permits required to approve the proposed project
(e.g. project approval, conditional use permit, land use permit, grading permit, building permit, etc.).

Conditional Use Permit (July 2008 in process)

Mitigated Negative Declaration (in process)

Section 7 Take Permit (June 2011 in process)

Grading Permit and Building Permit

7. Have the listed permit applications been initiated? yes no

Please note the status of any required permit applications that are outstanding.

Conditional Use Permit pending receipt of Section 7 Take Permit

Once Conditional Use Permit is issued by City of Santa Maria, PMSM Architect will prepare

working construction documents and submit to City of Santa Maria for approval. Contractor

will secure building permit after plans are approved by the City of Santa Maria.

8. Has a CEQA environmental document been prepared for this project? yes no

If completed, what was date and nature of the determination (i.e., MND, ND, EIR, etc.)?
MND pending Planning Commission action

9. Has a NEPA review for this project been completed? yes no

If yes, which agency completed the NEPA review? _____

D. Environmental Compliance

1. Has a Phase I Environmental Site Assessment Report been completed for this project? yes no

If yes, when was this completed? _____

2. Has an Archaeological or Cultural Resource Survey been completed for this site? yes no

3. Is the Project located near areas where flammable, explosive, or toxic chemicals are stored or transported? yes no

If so, describe. _____

4. Are there any endangered or threatened species known to be on the project site? yes no

5. Is the project site within line-of-sight of an arterial roadway or railway? yes no

If yes, list the name of the road/railroad and the distance to the nearest proposed structure(s) on the site.
Union Valley Parkway adjacent to south property boundary

6. Will this project create noise sensitive uses? yes no

7. Is the project site located on existing or previously cultivated farmland? yes no

8. Is the project site in either a 100-year or 500-year floodplain?
(Contact the local Public Works Department for the site's flood zone designation) yes no

9. Does this property have flood insurance? yes no

10. Is the project located near wetlands? yes no

11. Approximately how far is the project site from the nearest airport? 1 mile

12. Have the structure(s) been tested for asbestos, mold, or lead-based paint? yes no

13. Will the project involve Lead – Based Paint mitigation? yes no

Section N – Certifications *(Please note that all certifications must be executed in BLUE INK)*

Agency Certification

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached documentation (if applicable) is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. The federal assistance made available through the CDBG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.

Orcutt Area Seniors In Service, Inc.

(Name of Agency)

Joe Sheaff

(Typed Name of Agency Official)

President

(Title of Agency Official)

(Agency Official Signature)

January 26, 2012

(Date of Signature)

(805) 934-3376

(Telephone Number of Agency Official)

jlsheaff@yahoo.com

(Email address of Agency Official)

***All certifications must be executed in BLUE INK**

Maintenance and Operations Budget Certification

The governing body of (insert agency name) Orcutt Area Seniors In Service, Inc.
, a Public, Quasi-Public, or Non-Profit entity, has the financial capacity and is willing to assume the maintenance and operation responsibility and costs associated with the indicated Community Development project. This body has reviewed the proposed operation and maintenance budget stated above and to the best of its ability has determined this budget to be a true and accurate estimate of the annual maintenance and operation costs for the proposed budget.

The following is the name and address of the entity which is proposed to provide maintenance and operation services for the proposed project:

Full Name: Orcutt Area Seniors in Service, Inc.

Street Address: 420 Soares Avenue

City, State, Zip Code: Orcutt, CA 93455

It is understood that without a commitment for maintenance and operation, the indicated project may not be considered for funding under the Community Development Block Grant Program.

Please note that Community Development Block Grant Funds may not be utilized for ongoing maintenance and operation costs of capital improvements/facilities.

Acknowledged by Authorized Agency Representative: _____

Title of Authorized Agency Representative: Treasurer

Date Certification Signed: January 26, 2012

BOARD OF DIRECTORS AFFIDAVIT

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee _____
depose and say that I am _____
[insert title, President, Vice President, etc.] of _____

_____ [insert name and address of Agency].

The other members and officers of the Board of Directors of this Agency are:
(Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

DATE: _____

AT: _____ (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.

Signature

Print Name and Title

CHECKLIST OF REQUIRED ATTACHMENTS

Note: This completed checklist must be signed and submitted with the funding application. The documents listed below are required of Agencies applying for CDBG Capital funds.

- Bylaws**
- Organization Chart**
- Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
 - Form 501(c)
- Evidence of Insurance**
 - Copy of current insurance coverage (General Liability, Automobile, Worker’s Compensation, etc.)
 - Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as “additionally insured”
- Project Budget for Construction**
- Most recent financial audit**
- Project Maintenance and Operational Budget**
- Project Location Map**
- Self-Certification intake form (if applicable)**
- Client document review worksheet (if applicable)**
- Client race / ethnicity data collection form (if applicable)**
- Resumes for each member of the proposed development team**
- Explanation of outstanding legal/litigation issues, if applicable**

Signature

Print Name & Title



COUNTY OF SANTA BARBARA
HOUSING AND COMMUNITY DEVELOPMENT

CDBG CAPITAL PROJECT

Project Proposal for Program Year 2012-2013

FOR OFFICIAL USE ONLY

Rec'd _____

Initials _____

Logged
 Scanned

Total Requested Program Funding by Jurisdiction¹:
(Check all that apply)

- Santa Barbara County \$ 10,000
- Carpinteria \$ _____
- Solvang \$ _____

Are you also applying for program funding through any of the listed jurisdictions' NOFAs? (Check all that apply)

- Goleta \$ _____
- Lompoc \$ _____
- Santa Maria \$ _____

Section A – General Project Information Summary

1. Project Title: St. Mark's Homeless Lunch Program
2. Brief Summary of the Project: provides daily (M-F) free lunch to homeless and needy individuals and families
3. Project Address: 6550 Picasso Road, Isla Vista
4. Service Area of Proposed Project (i.e., specific city, countywide, etc.) Isla Vista and Goleta

Section B – General Applicant Information

1. Legal Name of Applicant Organization: St. Mark's University Parish
2. Are you a 501(c) organization? yes no
(All agencies must complete a Board of Directors Affidavit on page 17)
3. Address of Organization:
 - a. Street: 6550 Picasso Road Apt. # _____
 - b. City: Isla Vista State: CA Zip: 93117
4. Mailing Address (if different from above):
 - a. Street: same as above Apt. # _____
 - b. City: _____ State: _____ Zip: _____

¹ Reminder: Please be sure to include 5% in your budget to cover project activity delivery costs incurred by the implementing jurisdiction. Activity costs are those associated with administration of Federal compliance requirements such as environmental review, contract preparation, bid packet review and other supplementary program-related regulations.

5. Person to Contact Regarding this Application:

- a. Name: Fr. John Love
- b. Relationship to Agency: pastor
- c. Street: 6550 Picasso Road Apt. #
- d. City: Isla Vista State: CA Zip: 93117
- e. Work Phone: (805) 968 - 1078 Ext.
- f. Fax: (805) 968 - 3965
- g. E-mail: frjlove@saint-marks.net or frjlove@gmail.com

6. Name and contact information of Fiscal Agent:

- a. Name: Rev. Msgr. Royale Vadakin, Moderator of the Curia
- b. Agency / Organization: Archdiocese of Los Angeles
- c. Street: 3424 Wilshire Blvd Apt. #
- d. City: Los Angeles State: CA Zip: 90010
- e. Work Phone: (213) 637 - 7000 Ext.
- f. Fax: (805) 637 - 6000
- g. E-mail: msgrrvadakin@la-archdiocese.org

7. Organization's Federal Identification Number (Tax ID #) 95-1642382 (diocese) 95-2460854 (parish)

8. Agency Organizational DUNS number: 184491702
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register.)

9. Is the applicant organization or any parties associated with the applicant or proposed project debarred from entering into federal, state or local contracts? yes no
*If yes, explain under separate cover. ***Please note, this will be verified pursuant to federal program requirements, and applications containing false information will be deemed ineligible for funding.*

Federal Grant Experience within past 5 years:

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
	none			

Fiscal Year and Audit Reports

1. What is your agency's fiscal year end date? July-July
2. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. (Please include a copy of the most recent financial audit with your completed application— See Required Attachments). What fiscal year did this most recent audit include?
July 2009 - July, 2010 (Month/Year - Month/Year)

3. Are there any outstanding financial audit findings which remain unresolved? yes no
If yes, please explain. Standard audit upon arrival of new pastor. All issues resolved.

4. Has your agency expended more than \$500,000 in federal funds in its last operating year? yes no
(Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)

If you answered "yes" to question 4, please answer questions 5 and 6 below. If you answered "no" to question 4, please proceed to question 7.

5. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)? yes no
6. Are there any outstanding single audit findings which remain unresolved? yes no
If yes, please explain. _____

7. If your organization is a non-profit organization, does your organization comply with the following:
 - a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations" yes no
 - b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations" yes no

- c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations" yes no
- d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments" yes no
- e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month? yes no
- f) Does your organization have any outstanding litigation or other legal issues?
If yes, please attach written explanation as a separate sheet. yes no

10. How many members serve on your Board of Directors? 6

11. How often does your Board of Directors meet? bi-monthly

12. Does your Board of Directors have an audit committee? no

13. Describe the financial expertise currently serving on your Board of Directors. banking, business, labor relations expert, business formation, accounting

14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.

Terri Ipsen - Banking (personnel) TERRI.IPSEN@sbbt.com

Al Rotella - Banking (retirement plans) sba15@cox.net

Kathy Drake - Accounting and Bookkeeping karsdrake@gmail.com

Christopher Sandner - Business Formation sandner@verizon.net

15. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

Section C – National Objective

Please choose one of the following national objectives pertaining to your project:

- Benefiting low- and moderate- income persons
- Preventing or eliminating slums or blight
- Meeting urgent needs (having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available to meet such needs)

Section D – Activity Eligibility

Which specific HUD Activity best describes your project proposal?

<input type="checkbox"/>	Acquisition of Real Property	<input type="checkbox"/>	Removal of Architectural Barriers
<input type="checkbox"/>	Disposition of Real Property	<input type="checkbox"/>	Rehabilitation
<input type="checkbox"/>	Public Facilities and Improvements (General)	<input type="checkbox"/>	Energy Efficiency Improvements
<input type="checkbox"/>	Senior Centers	<input type="checkbox"/>	Code Enforcement
<input type="checkbox"/>	Handicapped Centers	<input type="checkbox"/>	Parks, Recreational Facilities
<input checked="" type="checkbox"/>	Homeless Facilities (not operating costs)	<input type="checkbox"/>	Parking Facilities
<input type="checkbox"/>	Youth Centers	<input type="checkbox"/>	Solid Waste Disposal Improvements
<input type="checkbox"/>	Neighborhood Facilities	<input type="checkbox"/>	Flood Drainage Improvements
<input type="checkbox"/>	Water/Sewer Improvements	<input type="checkbox"/>	Facilities for AIDS Patients
<input type="checkbox"/>	Street Improvements	<input type="checkbox"/>	Clearance and Demolition
<input type="checkbox"/>	Child Care Centers	<input type="checkbox"/>	Cleanup of Contaminated Sites
<input type="checkbox"/>	Tree Planting	<input type="checkbox"/>	Fire Station
<input type="checkbox"/>	Health Facilities	<input type="checkbox"/>	Asbestos Removal
<input type="checkbox"/>	Abused and Neglected Children Facilities	<input type="checkbox"/>	Commercial / Industrial Land Acquisition
<input type="checkbox"/>	Commercial / Industrial Rehabilitation	<input type="checkbox"/>	Other Commercial / Industrial Improvements
<input type="checkbox"/>	Commercial / Industrial Infrastructure Development		

Section E – Project Information

1. Explain how your project will meet the national objective and activity eligibility as identified above. (200 words or less)

(1) We would like to purchase new table and chairs. We use these tables and chairs every weekday (M-F) for our Homeless Lunch Program. Current equipment is 15 years old and nearing the end of lifespan due to constant rolling and re-stacking.

(2) We would also like to install an ADA approved drinking fountain for homeless use and upgrade the hot water electrical system to comply to code for handwashing and sanitation (both of these items have been requested by the SB County Health Department.)

This is a one-time grant request.

2. **Personnel/Staff Capacity:** Briefly describe the agency's existing staff positions and qualifications (including whether staff is full-time, part-time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (150 words or less)

We are a Roman Catholic student parish in Isla Vista. We serve the local student population along with the local community members, the majority of whom are first-generation Hispanic. We have two full-time employees, two part-time employees, and five student interns from UCSB.

To accomplish the mission of feeding the homeless each weekday, we work directly with Casa Esperanza. Casa Esperanza provides the pre-packaged food and one supervisor, and St. Mark's provides the location, a crew of local student and other volunteers, church hall, kitchenette, restroom facilities (heavy use), paper and sanitation supplies, tables, chairs, water, power and heat (when needed).

Section F – Beneficiary Information

Verification of Eligibility: Please identify how client eligibility is determined.

1. **Low/Moderate Income Area Benefit** yes no
Program service area has been identified and determined to be statistically low-income based on the 2010 Census. Please attach map to allow us to determine Census Tract eligibility.
If you answered yes here, please proceed to "Additional Beneficiary Information" on the following page.
2. **Low/Moderate Income Limited Clientele and Low/Moderate Income Housing**
- Self Certification:** yes no
Clients independently "self-certify" on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)
- Client Document Review:** yes no
Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)
- Presumed Beneficiaries:** yes no
Clients served are primarily and specifically from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. (If you use this method, please indicate which group.) Homeless people in Isla Vista

Other:

yes no

If yes, please explain: _____

Ethnicity and Race (HUD exemptions in this area are limited.)

1. Does your organization request information on whether your clients are of Hispanic ethnicity? yes no

2. Does your organization ask all clients (including Hispanic clients) whether they are the one or more of the following races: yes no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

3. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:

Additional Beneficiary Information

1. Number of persons with access to a **new** facility or infrastructure that did not previously exist or was not available for this new purpose: unknown

2. Number of persons with access to an **improved or expanded** facility or infrastructure: unknown

3. Number of persons that no longer have access to only a **substandard** facility or infrastructure: unknown

4. Number of beds created in overnight shelter or other emergency housing: 0

5. **Total persons benefiting from this project:** @75 clients served

Section G – Property Ownership

1. Who (agency name) is the legal owner of the property? Archdiocese of Los Angeles
2. Do you have site control (purchase agreement, entitlements, permits)? yes no
3. If yes, date site control was obtained 1965
4. If you are pursuing site control, please provide status summary and date site control expected:

5. Who (agency name) will be the final owner of the property? Archdiocese of Los Angeles

Section H – Financial Feasibility

A. Project Budget

Please note that Community Development Block Grant funds may not be utilized for ongoing maintenance and operation costs of capital improvements/facilities.

Cost Category	Amount From County CDBG	Amount From Other Sources	Total Cost
Site Acquisition (Including real estate, closing costs, escrow costs, etc.)			0
Architectural and Engineering Services			0
Pre-Construction costs (appraisal, fees, studies, permits, etc.)			300.00
Off-Site Development Costs (Utilities, roads, access. Please specify)			0
Site Preparation costs (not included in construction contract)			0
Construction labor and materials			\$4,150.00
Contingency			\$ 742.88 (5%)
Project Management/Activity Delivery (Including Davis-Bacon compliance)			0
Eligible Energy Improvements			0
Other costs (Please specify)	tables and chairs		\$10,407.65
Other costs (Please specify)			

Cost Category	Amount From County CDBG	Amount From Other Sources	Total Cost
Total	10,000	5,600.53	15,600.53

If project involves construction, Please attach a budget for the construction cost items. Project will not be considered for approval until it has been received.

Financial Capacity: Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

Please refer to attached published annual report for St. Mark's University Parish

B. Funding Sources for Proposed Project

Sources of revenue to be utilized on the project	Amount Secured	Amount Unsecured
CDBG funds requested in this application:		\$10,000
CDBG funds requested from other jurisdictions (Please list those jurisdictions):		
Other Federal funds:		
State funds:		
Local government funds:		
Private funds:		
Other funds (explain):	(parish funds) \$5,600	
Total Project Budget (may be multi-year funds):		\$15,600

1. Will your organization be applying for any additional funding (grants or loans) for this project? yes no
2. When do you anticipate securing 100% of the funds needed for the completion of this project? February, 2012

3. Please indicate the sources and amounts of future funds, and anticipated date funds will be made available:

SOURCES	AMOUNTS	DATE
Parish funds (savings)	5,600	current

Section I – Project Readiness²

Preconstruction (environmental clearance, plans and specifications, entitlements and permits, procurement / bidding)

Major Milestones	Date Commenced	Date Completed
permitting for drinking fountain	Jan, 2012	to commence

Construction (100% budget secured, other construction milestones)

Major Milestones	Date Commenced	Date Completed
estimates (2) received	Jan, 2012	Jan, 2012

² Please be realistic in your timeline and milestones, as failure to meet milestones may be grounds for deobligation of funds from the project in order to remain in compliance with HUD expenditure deadlines and requirements.

Section J – Applicant Experience

Describe your organization's previous experience in implementing programs/projects similar to the activity proposed. Attach resumes and references for each member of the proposed development team (i.e. developer, architect, consultants, and project coordinator, if applicable). (250 words or less)

St. Mark's University Parish applied for this funding last year and was turned down. We are resubmitting a very similar proposal for 2012. The homeless lunch program has been in place for over five years, and we plan to continue this service to the homeless community into the foreseeable future.

1. Who will be administering your Davis-Bacon compliance?

- a. Name: Kathy Drake (parish bookkeeper)
- b. Agency / Organization: St. Mark's University Parish
- c. Work Phone: (805) 968 _ 1078
- d. Fax: (806) 968 _ 3965
- e. E-mail: karsdrake@gmail.com

2. Who will be preparing the Bid packet and administering the Bid process?

- a. Name: Fr. John Love
- b. Agency / Organization: St. Mark's University Parish, Isla Vista
- c. Work Phone: (805) 968 _ 1078
- d. Fax: (805) 968 _ 3965
- e. E-mail: frjlove@saint-marks.net

Section K – Energy Efficiency and Conservation Design Measures

Explain what design features and improvements will be implemented in your project to minimize the use of energy and natural resources while maximizing the operational savings derived from energy efficient technologies.

(150 words or less)

We will install a low-flow drinking fountain.

Section L – Maintenance and Operational Feasibility

1. Who (agency name) will be responsible for the ongoing maintenance and operations of the facility?
St. Mark's University Parish
Please note an authorized person representing the responsible organization must sign the certification enclosed.
2. Please attach the proposed maintenance and operations budget reflecting both revenues and expenditures.
3. Add any comments here: _____

Section M – Environmental Review

A. Project Information

1. Assessor's Parcel Number of project site: 075-036-001 (SB County)
(Please attach a map of the site)
2. Parcel Size: 1.10 acres

B. Historic Preservation

1. Note the year that each of the structure(s) on the parcel was constructed? 1967 (en toto)
2. Are any of the structures designated or eligible for listing on the National Register of Historic Places? yes no

3. Please indicate how these structures are currently used (i.e., real estate office, residential apartment, etc.)

Church

4. Are any of the structures considered of local historic significance? yes no

If yes, please cite the source: _____

6. If any of the structures have been remodeled, please note when the remodeling occurred and which portions of the building were impacted. Interior of church remodeled in 2001

C. Local Land Use Review

1. What is the local land use authority for this site unincorporated county
(city or unincorporated county)

2. What is the zoning for this parcel? commercial
(Contact the appropriate local planning official)

3. Is the project's land use consistent with the zoning designation? yes no

4. What is the General Plan and/or Area Plan Designation? mixed
(Contact the appropriate local planning official)

5. Is the project's land use consistent with the General Plan and/or Area Plan Designation? yes no

6. Please list all local permits required to approve the proposed project
(e.g. project approval, conditional use permit, land use permit, grading permit, building permit, etc.).
plumbing permit for drinking fountain. Must be ADA approved.

7. Have the listed permit applications been initiated? yes no
Please note the status of any required permit applications that are outstanding.

No
Permitting process will commence depending on funding of project

8. Has a CEQA environmental document been prepared for this project? yes no
If completed, what was date and nature of the determination (i.e., MND, ND, EIR, etc.)?

9. Has a NEPA review for this project been completed? yes no
If yes, which agency completed the NEPA review? _____

D. Environmental Compliance

1. Has a Phase I Environmental Site Assessment Report been completed for this project? yes no
If yes, when was this completed? n/a

2. Has an Archaeological or Cultural Resource Survey been completed for this site? yes no

3. Is the Project located near areas where flammable, explosive, or toxic chemicals are stored or transported? yes no

If so, describe. _____

4. Are there any endangered or threatened species known to be on the project site? yes no

5. Is the project site within line-of-sight of an arterial roadway or railway? yes no

If yes, list the name of the road/railroad and the distance to the nearest proposed structure(s) on the site.

6. Will this project create noise sensitive uses? yes no

7. Is the project site located on existing or previously cultivated farmland? yes no

8. Is the project site in either a 100-year or 500-year floodplain?
(Contact the local Public Works Department for the site's flood zone designation) yes no

9. Does this property have flood insurance? yes no

10. Is the project located near wetlands? yes no

11. Approximately how far is the project site from the nearest airport? 1 mile

12. Have the structure(s) been tested for asbestos, mold, or lead-based paint? yes no

13. Will the project involve Lead – Based Paint mitigation? yes no

Section N – Certifications (Please note that all certifications must be executed in BLUE INK)

Agency Certification

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached documentation (if applicable) is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. The federal assistance made available through the CDBG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.

St. Mark's University Parish

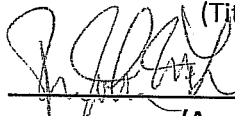
(Name of Agency)

Rev. Fr. John W. Love, D.Min

(Typed Name of Agency Official)

Pastor

(Title of Agency Official)



(Agency Official Signature)

27 January, 2012

(Date of Signature)

(805) 968-1078

(Telephone Number of Agency Official)

frjlove@saint-marks.net

(Email address of Agency Official)

(CERTIFICATIONS CONTINUED ON NEXT PAGE)

***All certifications must be executed in BLUE INK**

Maintenance and Operations Budget Certification

The governing body of (insert agency name) St. Mark's University Parish, Isla Vista, a Public, Quasi-Public, or Non-Profit entity, has the financial capacity and is willing to assume the maintenance and operation responsibility and costs associated with the indicated Community Development project. This body has reviewed the proposed operation and maintenance budget stated above and to the best of its ability has determined this budget to be a true and accurate estimate of the annual maintenance and operation costs for the proposed budget.

The following is the name and address of the entity which is proposed to provide maintenance and operation services for the proposed project:

Full Name: St. Mark's University Parish

Street Address: 6550 Picasso Road

City, State, Zip Code: Isla Vista, CA 93117

It is understood that without a commitment for maintenance and operation, the indicated project may not be considered for funding under the Community Development Block Grant Program.

Please note that Community Development Block Grant Funds may not be utilized for ongoing maintenance and operation costs of capital improvements/facilities.

Acknowledged by Authorized Agency Representative: Fr. John Love

Title of Authorized Agency Representative: Pastor

Date Certification Signed: 27 January, 2012

BOARD OF DIRECTORS AFFIDAVIT

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Fr. John Love

depose and say that I am pastor

[insert title, President, Vice President, etc.] of St. Mark's University Parish of the Archdiocese of Los Angeles in California

_____ [insert name and address of Agency].

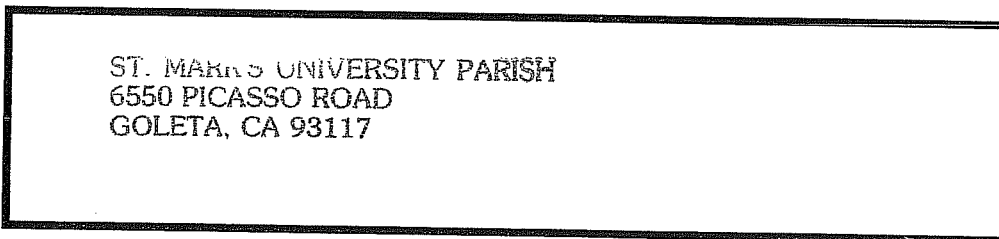
The other members and officers of the Board of Directors of this Agency are:
(Please list names of current Board Members and attach an additional sheet if necessary):

	<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1.	<u>Barbara Regis</u>	<u>Chair - Finance Council</u>	<u>2012</u>
2.	<u>Richard Lacey</u>	<u>Finance Council Member</u>	<u>2012</u>
3.	<u>Kevin O'Dea</u>	<u>Finance Council Member</u>	<u>2012</u>
4.	<u>Terri Ipsen</u>	<u>Finance Council Member</u>	<u>2015</u>
5.	<u>Christopher Sandner</u>	<u>Finance Council Member</u>	<u>2015</u>
6.	<u>Fr. John Love</u>	<u>Pastor</u>	<u>N/A</u>

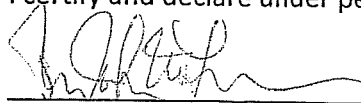
DATE: 27 Jan, 2012

AT: Isla Vista, CA (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.

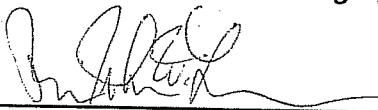

Signature

Rev. John W. Love, pastor
Print Name and Title

CHECKLIST OF REQUIRED ATTACHMENTS

Note: This completed checklist must be signed and submitted with the funding application. The documents listed below are required of Agencies applying for CDBG Capital funds.

- Bylaws**
- Organization Chart**
- Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
 - Form 501(c)
- Evidence of Insurance**
 - Copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.)
 - Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured"
- Project Budget for Construction**
- Most recent financial audit**
- Project Maintenance and Operational Budget**
- Project Location Map**
- Self-Certification intake form (if applicable)**
- Client document review worksheet (if applicable)**
- Client race / ethnicity data collection form (if applicable)**
- Resumes for each member of the proposed development team**
- Explanation of outstanding legal/litigation issues, if applicable**



Signature

Rev. John W. Love, D.Min, Pastor

Print Name & Title



COUNTY OF SANTA BARBARA
HOUSING AND COMMUNITY DEVELOPMENT

CDBG CAPITAL PROJECT

Project Proposal for Program Year 2012-2013

FOR OFFICIAL USE ONLY

Rec'd _____

Initials _____

Logged

Scanned

Total Requested Program Funding by Jurisdiction1:
(Check all that apply)

Santa Barbara County \$

Carpinteria \$

Solvang \$

Are you also applying for program funding through any of
the listed jurisdictions' NOFAs? (Check all that apply)

Goleta \$

Lompoc \$

Santa Maria \$

Section A - General Project Information Summary

- 1. Project Title: Kitchen Remodel
2. Brief Summary of the Project: We are requesting funds to complete a kitchen remodel of our Storyteller 2 site. The kitchen as is has no counter space and usable cabinets and is in a state of disrepair.
3. Project Address: 2121 De la Vina Street, Santa Barbara, CA 93105
4. Service Area of Proposed Project (i.e., specific city, countywide, etc.) Santa Barbara

Section B - General Applicant Information

- 1. Legal Name of Applicant Organization: Storyteller Children's Center
2. Are you a 501(c) organization? yes no
3. Address of Organization:
a. Street: 2115 State Street Apt. #
b. City: Santa Barbara State: CA Zip: 93105
4. Mailing Address (if different from above):
a. Street: Apt. #
b. City: State: Zip:

1 Reminder: Please be sure to include 5% in your budget to cover project activity delivery costs incurred by the implementing jurisdiction. Activity costs are those associated with administration of Federal compliance requirements such as environmental review, contract preparation, bid packet review and other supplementary program-related regulations.

5. Person to Contact Regarding this Application:

- a. Name: Eryn Eckert
- b. Relationship to Agency: Program Manager
- c. Street: 2115 State Street Apt. # _____
- d. City: Santa Barbara State: CA Zip: 93105
- e. Work Phone: (805) 682 - 9585 Ext. _____
- f. Fax: (805) 687 - 0780
- g. E-mail: eryn@storytellercenter.org

6. Name and contact information of Fiscal Agent:

- a. Name: Dannette Soto
- b. Agency / Organization: Balance Financial Management
- c. Street: 1205 Coast Village Rd. Apt. # _____
- d. City: Santa Barbara State: CA Zip: 93108
- e. Work Phone: (805) 618 - 3125 Ext. _____
- f. Fax: (805) 648 - 6566
- g. E-mail: dannette@balancefm.com

7. Organization's Federal Identification Number (Tax ID #) 770283072

8. Agency Organizational DUNS number: 967782298
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register.)

9. Is the applicant organization or any parties associated with the applicant or proposed project debarred from entering into federal, state or local contracts? yes no
*If yes, explain under separate cover. **Please note, this will be verified pursuant to federal program requirements, and applications containing false information will be deemed ineligible for funding.*

Federal Grant Experience within past 5 years:

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
SBCountyCDBG	Storyteller Children's	Re-roofing	October 2009	\$28,000

Fiscal Year and Audit Reports

1. What is your agency's fiscal year end date? June 30
2. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. (Please include a copy of the most recent financial audit with your completed application— See Required Attachments). What fiscal year did this most recent audit include?
July 2009-June 2010 (Month/Year - Month/Year)
3. Are there any outstanding financial audit findings which remain unresolved? yes no
If yes, please explain. _____
4. Has your agency expended more than \$500,000 in federal funds in its last operating year? yes no
(Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)

If you answered "yes" to question 4, please answer questions 5 and 6 below. If you answered "no" to question 4, please proceed to question 7.

5. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)? yes no
6. Are there any outstanding single audit findings which remain unresolved? yes no
If yes, please explain. Please note that I did not mean to answer questions 5 and 6. When I tried to erase the checkmarks above, I was unable to.
7. If your organization is a non-profit organization, does your organization comply with the following:
 - a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations" yes no
 - b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations" yes no

- c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations" yes no
- d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments" yes no
- e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month? yes no
- f) Does your organization have any outstanding litigation or other legal issues? yes no
If yes, please attach written explanation as a separate sheet.

10. How many members serve on your Board of Directors? 15

11. How often does your Board of Directors meet? Monthly

12. Does your Board of Directors have an audit committee? Yes

13. Describe the financial expertise currently serving on your Board of Directors. Ken Slaught-CEO of Investec Estate Companies. Tiffany Foster-Harvard Business School graduate, High Level Manager at Reebok Int'l

14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.

1. Ed Birch-Chairman of the Board-Santa Barbara Bank and Trust. 4584 Viega Dr., Santa Barbara, CA 93110

2. Tim Casey-Entrepreneur and Businessman. 1465 Cantera Ave., Santa Barbara, CA 93110

15. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

Section C – National Objective

Please choose one of the following national objectives pertaining to your project:

- Benefiting low- and moderate- income persons
- Preventing or eliminating slums or blight
- Meeting urgent needs (having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available to meet such needs)

Section D – Activity Eligibility

Which specific HUD Activity best describes your project proposal?

<input type="checkbox"/>	Acquisition of Real Property	<input type="checkbox"/>	Removal of Architectural Barriers
<input type="checkbox"/>	Disposition of Real Property	<input type="checkbox"/>	Rehabilitation
<input type="checkbox"/>	Public Facilities and Improvements (General)	<input type="checkbox"/>	Energy Efficiency Improvements
<input type="checkbox"/>	Senior Centers	<input type="checkbox"/>	Code Enforcement
<input type="checkbox"/>	Handicapped Centers	<input type="checkbox"/>	Parks, Recreational Facilities
<input type="checkbox"/>	Homeless Facilities (not operating costs)	<input type="checkbox"/>	Parking Facilities
<input type="checkbox"/>	Youth Centers	<input type="checkbox"/>	Solid Waste Disposal Improvements
<input type="checkbox"/>	Neighborhood Facilities	<input type="checkbox"/>	Flood Drainage Improvements
<input type="checkbox"/>	Water/Sewer Improvements	<input type="checkbox"/>	Facilities for AIDS Patients
<input type="checkbox"/>	Street Improvements	<input type="checkbox"/>	Clearance and Demolition
<input checked="" type="checkbox"/>	Child Care Centers	<input type="checkbox"/>	Cleanup of Contaminated Sites
<input type="checkbox"/>	Tree Planting	<input type="checkbox"/>	Fire Station
<input type="checkbox"/>	Health Facilities	<input type="checkbox"/>	Asbestos Removal
<input type="checkbox"/>	Abused and Neglected Children Facilities	<input type="checkbox"/>	Commercial / Industrial Land Acquisition
<input type="checkbox"/>	Commercial / Industrial Rehabilitation	<input type="checkbox"/>	Other Commercial / Industrial Improvements
<input type="checkbox"/>	Commercial / Industrial Infrastructure Development		

Section E – Project Information

1. Explain how your project will meet the national objective and activity eligibility as identified above. (200 words or less)

Our program will benefit low and moderate income persons. All families of children attending Storyteller's program are in this income range, with 97% falling below the federal poverty level. Many of our families are homeless and living in homeless or domestic violence shelters when their children enter our program. Most families are in situations of dire poverty. Our program is additionally eligible as we are a child care center.

2. **Personnel/Staff Capacity:** Briefly describe the agency's existing staff positions and qualifications (including whether staff is full-time, part-time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (150 words or less)

Terri Allison has been Executive Director of Storyteller for the past 6 years. Prior to this, Terri served on the Board for 15 years, and has been a teacher and educational administrator for 30 years. Eryn Eckert, Ph.D., is Program Manager, with a doctoral degree in psychology and 8 years experience in non-profit management. Melissa Walker is Director of Development, and holds a BA degree from UCSB and 6 years of professional fundraising experience. Jaime Quirino is Program Administrator. Jaime has a college degree in accounting and has worked for Storyteller for over 10 years. We have 12 certificated teachers trained in early childhood education. One is a Master Teacher, one holds a bilingual/bicultural specialization, another specializes in working with children with special needs and four are credentialed (two with their B.A. and two with their A.A.). All of our staff are full-time.

Section F – Beneficiary Information

Verification of Eligibility: Please identify how client eligibility is determined.

1. **Low/Moderate Income Area Benefit**

yes no

Program service area has been identified and determined to be statistically low-income based on the 2010 Census. (Please attach map to allow us to determine Census Tract eligibility.)

If you answered yes here, please proceed to "Additional Beneficiary Information" on the following page.

2. **Low/Moderate Income Limited Clientele and Low/Moderate Income Housing**

Self Certification:

yes no

Clients independently "self-certify" on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)

Client Document Review:

yes no

Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)

Presumed Beneficiaries:

yes no

Clients served are primarily and specifically from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. (If you use this method, please indicate which group.) _____

Other:

yes no

If yes, please explain: _____

Ethnicity and Race (HUD exemptions in this area are limited.)

1. Does your organization request information on whether your clients are of Hispanic ethnicity? yes no

2. Does your organization ask all clients (including Hispanic clients) whether they are the one or more of the following races: yes no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

3. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:

Additional Beneficiary Information

1. Number of persons with access to a **new** facility or infrastructure that did not previously exist or was not available for this new purpose: 0
2. Number of persons with access to an **improved or expanded** facility or infrastructure: 150
3. Number of persons that no longer have access to only a **substandard** facility or infrastructure: 150
4. Number of beds created in overnight shelter or other emergency housing: N/A
5. **Total persons benefiting from this project:** 150

Section G – Property Ownership

1. Who (agency name) is the legal owner of the property? Orfalea Foundation
2. Do you have site control (purchase agreement, entitlements, permits)? yes no
3. If yes, date site control was obtained 9/12/2007
4. If you are pursuing site control, please provide status summary and date site control expected:

5. Who (agency name) will be the final owner of the property? Orfalea Foundation

Section H – Financial Feasibility

A. Project Budget

Please note that Community Development Block Grant funds may not be utilized for ongoing maintenance and operation costs of capital improvements/facilities.

Cost Category	Amount From County CDBG	Amount From Other Sources	Total Cost
Site Acquisition (Including real estate, closing costs, escrow costs, etc.)	0	0	0
Architectural and Engineering Services	0	0	0
Pre-Construction costs (appraisal, fees, studies, permits, etc.)	250	0	250
Off-Site Development Costs (Utilities, roads, access. Please specify)	0	0	0
Site Preparation costs (not included in construction contract)	0	0	0
Construction labor and materials	14,017	6900	20,917
Contingency	0	0	0
Project Management/Activity Delivery (Including Davis-Bacon compliance)	1058	0	1058
Eligible Energy Improvements	0	0	0
Other costs (Please specify)	0	0	0
Other costs (Please specify)	0	0	0

Cost Category	Amount From County CDBG	Amount From Other Sources	Total Cost
Total	15,325	6900	22,225

If project involves construction, Please attach a budget for the construction cost items. Project will not be considered for approval until it has been received.

Financial Capacity: Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

Income is budgeted at \$1,356,726 and comes from donations, grants, investment and in-kind income. Expenses are budgeted at \$1,550,365, and include salaries/benefits, program/maintenance costs, plus insurance. We expect much of our government grant and campaign pledge income will continue. Campaign income totaling \$2.7 million is being used to help cover additional expenses. Balance Financial Management handles our fiscal activities. Financial reports are compiled monthly in accordance with generally accepted accounting principles. Balance maintains electronic records of all financial documents, and uses Serenic Navigator accounting systems. Payments are reviewed by the Program Administrators prior to being processed. Yearly standard audits are completed by an independent external auditor.

B. Funding Sources for Proposed Project

Sources of revenue to be utilized on the project	Amount Secured	Amount Unsecured
CDBG funds requested in this application:	0	15,325
CDBG funds requested from other jurisdictions (Please list those jurisdictions):	0	0
Other Federal funds:	0	0
State funds:	0	0
Local government funds:	0	0
Private funds:	4,400 Tuohy Fdn	0
Other funds (explain):	2,500 Sunrise Rotary	0
Total Project Budget (may be multi-year funds):	\$6,900	\$15,325

- Will your organization be applying for any additional funding (grants or loans) for this project? yes no
- When do you anticipate securing 100% of the funds needed for the completion of this project? July 1, 2012

3. Please indicate the sources and amounts of future funds, and anticipated date funds will be made available:

SOURCES	AMOUNTS	DATE
N/A		

Section I – Project Readiness²

Preconstruction (environmental clearance, plans and specifications, entitlements and permits, procurement / bidding)

Major Milestones	Date Commenced	Date Completed
Environmental Clearance not required	N/A	N/A
Plans and Specifications	August 2011	January 2012
Permit-over the counter upon receipt of funding	July 2012	July 2012
Procurement bidding	August 2012	September 2012

Construction (100% budget secured, other construction milestones)

Major Milestones	Date Commenced	Date Completed
Construction period to commence after procurement and completion of above tasks	October 2012	December 2012

²Please be realistic in your timeline and milestones, as failure to meet milestones may be grounds for deobligation of funds from the project in order to remain in compliance with HUD expenditure deadlines and requirements.

Section J – Applicant Experience

Describe your organization's previous experience in implementing programs/projects similar to the activity proposed. Attach resumes and references for each member of the proposed development team (i.e. developer, architect, consultants, and project coordinator, if applicable). (250 words or less)

In 2009, we received a CDBG grant from the City of Santa Barbara for 28,000 to re-roof our Storyteller one site located at 2115 State Street. This project was overseen by our Executive Director, Terri Allison.

1. Who will be administering your Davis-Bacon compliance?

- a. Name: Terri Allison
- b. Agency / Organization: Storyteller Children's Center
- c. Work Phone: (805) 682 _ 9585
- d. Fax: (805) 687 _ 0780
- e. E-mail: terri@storytellercenter.org

2. Who will be preparing the Bid packet and administering the Bid process?

- a. Name: Eryn Eckert
- b. Agency / Organization: Storyteller Children's Center
- c. Work Phone: (805) 682 _ 9585
- d. Fax: (805) 687 _ 0780
- e. E-mail: eryn@storytellercenter.org

Section K – Energy Efficiency and Conservation Design Measures

Explain what design features and improvements will be implemented in your project to minimize the use of energy and natural resources while maximizing the operational savings derived from energy efficient technologies.
(150 words or less)

The addition of a dishwasher to the kitchen will save water and energy as well as staff time and costs. Adding counter top work space, functioning cabinets and linoleum to the kitchen will allow our kitchen staff to safely work in this more hygienic environment; and provide wholesome meals and snacks for the children that we serve.

Section L – Maintenance and Operational Feasibility

1. Who (agency name) will be responsible for the ongoing maintenance and operations of the facility?
Storyteller Children's Center
Please note an authorized person representing the responsible organization must sign the certification enclosed.
2. Please attach the proposed maintenance and operations budget reflecting both revenues and expenditures.
3. Add any comments here: _____

Section M – Environmental Review

A. Project Information

1. Assessor's Parcel Number of project site: 25-232-04
(Please attach a map of the site)
2. Parcel Size: 12,092 square feet

B. Historic Preservation

1. Note the year that each of the structure(s) on the parcel was constructed? 1907
2. Are any of the structures designated or eligible for listing on the National Register of Historic Places? yes no

3. Please indicate how these structures are currently used (i.e., real estate office, residential apartment, etc.)
Child Care Facility

4. Are any of the structures considered of local historic significance? yes no

If yes, please cite the source: _____

6. If any of the structures have been remodeled, please note when the remodeling occurred and which portions of the building were impacted. Minor renovations and remodeling has occurred approximately every other year.

C. Local Land Use Review

1. What is the local land use authority for this site City of Santa Barbara
(city or unincorporated county)

2. What is the zoning for this parcel? R-4
(Contact the appropriate local planning official)

3. Is the project's land use consistent with the zoning designation? yes no

4. What is the General Plan and/or Area Plan Designation? Downtown: Oak Park
(Contact the appropriate local planning official)

5. Is the project's land use consistent with the General Plan and/or Area Plan Designation? yes no

6. Please list all local permits required to approve the proposed project
(e.g. project approval, conditional use permit, land use permit, grading permit, building permit, etc.).
If the project requires no electrical or plumbing work, then a permit will not be required. If
minor plumbing or electrical work is needed, an "over the counter" permit will be obtained.

7. Have the listed permit applications been initiated? yes no
Please note the status of any required permit applications that are outstanding.

8. Has a CEQA environmental document been prepared for this project? yes no

If completed, what was date and nature of the determination (i.e., MND, ND, EIR, etc.)?

9. Has a NEPA review for this project been completed? yes no

If yes, which agency completed the NEPA review? _____

D. Environmental Compliance

1. Has a Phase I Environmental Site Assessment Report been completed for this project? yes no

If yes, when was this completed? _____

2. Has an Archaeological or Cultural Resource Survey been completed for this site? yes no

3. Is the Project located near areas where flammable, explosive, or toxic chemicals are stored or transported? yes no

If so, describe. _____

4. Are there any endangered or threatened species known to be on the project site? yes no

5. Is the project site within line-of-sight of an arterial roadway or railway? yes no

If yes, list the name of the road/railroad and the distance to the nearest proposed structure(s) on the site.

6. Will this project create noise sensitive uses? yes no

7. Is the project site located on existing or previously cultivated farmland? yes no

8. Is the project site in either a 100-year or 500-year floodplain? yes no

(Contact the local Public Works Department for the site's flood zone designation)

9. Does this property have flood insurance? yes no

10. Is the project located near wetlands? yes no

11. Approximately how far is the project site from the nearest airport? 8 miles

12. Have the structure(s) been tested for asbestos, mold, or lead-based paint? yes no

13. Will the project involve Lead – Based Paint mitigation? yes no

Section N – Certifications (Please note that all certifications must be executed in BLUE INK)

Agency Certification

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached documentation (if applicable) is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. The federal assistance made available through the CDBG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.

Storyteller Children's Center

(Name of Agency)

Tiffany Foster

(Typed Name of Agency Official)

Board Vice President

(Title of Agency Official)



(Agency Official Signature)

1/25/12

(Date of Signature)

(805) 705-5263

(Telephone Number of Agency Official)

tiffany@foster.net

(Email address of Agency Official)

(CERTIFICATIONS CONTINUED ON NEXT PAGE)

Maintenance and Operations Budget Certification

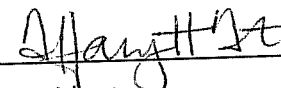
The governing body of (insert agency name) Storyteller Children's Center, a Public, Quasi-Public, or Non-Profit entity, has the financial capacity and is willing to assume the maintenance and operation responsibility and costs associated with the indicated Community Development project. This body has reviewed the proposed operation and maintenance budget stated above and to the best of its ability has determined this budget to be a true and accurate estimate of the annual maintenance and operation costs for the proposed budget.

The following is the name and address of the entity which is proposed to provide maintenance and operation services for the proposed project:

Full Name: Storyteller Children's Center
Street Address: 2115 State Street
City, State, Zip Code: Santa Barbara, CA 93105

It is understood that without a commitment for maintenance and operation, the indicated project may not be considered for funding under the Community Development Block Grant Program.

Please note that Community Development Block Grant Funds may not be utilized for ongoing maintenance and operation costs of capital improvements/facilities.

Acknowledged by Authorized Agency Representative: 
Title of Authorized Agency Representative: Board Vice-President
Date Certification Signed: 1/25/12

BOARD OF DIRECTORS AFFIDAVIT

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Tiffany Foster
depose and say that I am Vice-President
[insert title, President, Vice President, etc.] of Storyteller Children's Center
2115 State Street, Santa Barbara, CA 93110

_____ [insert name and address of Agency].

The other members and officers of the Board of Directors of this Agency are:
(Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. <u>Jon Clark</u>	<u>Board President</u>	<u>2014</u>
2. <u>Tiffany Foster</u>	<u>Vice President</u>	<u>2014</u>
3. <u>Dana Gamble</u>	<u>Secretary</u>	<u>2014</u>
4. <u>Ken Slaught</u>	<u>Treasurer</u>	<u>2014</u>
5. <u>Kim Blankenhorn</u>	<u>Member</u>	<u>2014</u>
6. <u>Michele Cuttler</u>	<u>Member</u>	<u>2014</u>

DATE: January 25, 2012

AT: Santa Barbara, CA (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:

We don't have a corporate seal. Please see notarization on the following page

I certify and declare under penalty of perjury that the foregoing is true and correct.

Tiffany Foster
Signature

TIFFANY FOSTER, VICE PRESIDENT
Print Name and Title



**COUNTY OF SANTA BARBARA
HOUSING AND COMMUNITY DEVELOPMENT
CDBG CAPITAL PROJECT**

Project Proposal for Program Year 2012-2013

FOR OFFICIAL USE ONLY	
Rec'd	_____
Initials	_____
<input type="checkbox"/> Logged	
<input type="checkbox"/> Scanned	

Total Requested Program Funding by Jurisdiction¹:
(Check all that apply)

- Santa Barbara County \$ 250,000.00
- Carpinteria \$ _____
- Solvang \$ _____

Are you also applying for program funding through any of the listed jurisdictions' NOFAs? *(Check all that apply)*

- Goleta \$ _____
- Lompoc \$ _____
- Santa Maria \$ _____

Section A – General Project Information Summary

- Project Title: Newman House Renovation
- Brief Summary of the Project: Addition of wall insulation, replacement of plumbing, replacement of flooring, replacement of electrical/data, addition of solar panels, energy conservation, general upgrade.
- Project Address: 6503 Madrid Road, Isla Vista, CA
- Service Area of Proposed Project (i.e., specific city, countywide, etc.) Isla Vista, CA

Section B – General Applicant Information

- Legal Name of Applicant Organization: Santa Barbara Student Housing
- Are you a 501(c) organization? yes no
(All agencies must complete a Board of Directors Affidavit on page 17)
- Address of Organization:
 - Street: 777 Camino Pescadero, Suite J Apt. # _____
 - City: Isla Vista State: CA Zip: 93117
- Mailing Address (if different from above):
 - Street: _____ Apt. # _____
 - City: _____ State: _____ Zip: _____

¹ *Reminder: Please be sure to include 5% in your budget to cover project activity delivery costs incurred by the implementing jurisdiction. Activity costs are those associated with administration of Federal compliance requirements such as environmental review, contract preparation, bid packet review and other supplementary program-related regulations.*

5. Person to Contact Regarding this Application:

- a. Name: Jeffrey Bessmer
- b. Relationship to Agency: Executive Director
- c. Street: 777 Camino Pescadero, Suite J Apt. # _____
- d. City: Isla Vista State: CA Zip: 93117
- e. Work Phone: (805) 685-6964 Ext. _____
- f. Fax: (805) 685-0898
- g. E-mail: jeff@sbcoop.org

6. Name and contact information of Fiscal Agent:

- a. Name: Jeffrey Bessmer
- b. Agency / Organization: Executive Director
- c. Street: 777 Camino Pescadero, Suite J Apt. # _____
- d. City: Isla Vista State: CA Zip: 93117
- e. Work Phone: (805) 685-6964 Ext. _____
- f. Fax: (805) 685-0898
- g. E-mail: jeff@sbcoop.org

7. Organization's Federal Identification Number (Tax ID #) 95-3183693

8. Agency Organizational DUNS number: 053598814
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register.)

9. Is the applicant organization or any parties associated with the applicant or proposed project debarred from entering into federal, state or local contracts? yes no
*If yes, explain under separate cover. **Please note, this will be verified pursuant to federal program requirements, and applications containing false information will be deemed ineligible for funding.*

Federal Grant Experience within past 5 years:

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
CDBG	URC Legacy Project	Renovation	July 2010	\$175,000

Fiscal Year and Audit Reports

1. What is your agency's fiscal year end date? June 30
2. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. (Please include a copy of the most recent financial audit with your completed application— See Required Attachments). What fiscal year did this most recent audit include?
N/A (Month/Year - Month/Year)
3. Are there any outstanding financial audit findings which remain unresolved? yes no
 If yes, please explain. _____
4. Has your agency expended more than \$500,000 in federal funds in its last operating year? yes no
 (Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)

If you answered "yes" to question 4, please answer questions 5 and 6 below. If you answered "no" to question 4, please proceed to question 7.

5. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)? yes no
6. Are there any outstanding single audit findings which remain unresolved? yes no
 If yes, please explain. _____
7. If your organization is a non-profit organization, does your organization comply with the following:
 - a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations" yes no
 - b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations" yes no

- c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations" yes no
- d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments" yes no
- e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month? yes no
- f) Does your organization have any outstanding litigation or other legal issues?
If yes, please attach written explanation as a separate sheet. yes no

10. How many members serve on your Board of Directors? 9

11. How often does your Board of Directors meet? Every 2 weeks

12. Does your Board of Directors have an audit committee? No

13. Describe the financial expertise currently serving on your Board of Directors. General accountancy, business administration, real estate development

14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.

Mary Widiner, CPA, Walpole & Co. 805-569-9864

Daniel Miller, NASCO Properties. 773-404-2667

15. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

Section C – National Objective

Please choose one of the following national objectives pertaining to your project:

- Benefiting low- and moderate- income persons
- Preventing or eliminating slums or blight
- Meeting urgent needs (having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available to meet such needs)

Section D – Activity Eligibility

Which specific HUD Activity best describes your project proposal?

<input type="checkbox"/>	Acquisition of Real Property	<input type="checkbox"/>	Removal of Architectural Barriers
<input type="checkbox"/>	Disposition of Real Property	<input checked="" type="checkbox"/>	Rehabilitation
<input type="checkbox"/>	Public Facilities and Improvements (General)	<input type="checkbox"/>	Energy Efficiency Improvements
<input type="checkbox"/>	Senior Centers	<input type="checkbox"/>	Code Enforcement
<input type="checkbox"/>	Handicapped Centers	<input type="checkbox"/>	Parks, Recreational Facilities
<input type="checkbox"/>	Homeless Facilities (not operating costs)	<input type="checkbox"/>	Parking Facilities
<input type="checkbox"/>	Youth Centers	<input type="checkbox"/>	Solid Waste Disposal Improvements
<input type="checkbox"/>	Neighborhood Facilities	<input type="checkbox"/>	Flood Drainage Improvements
<input type="checkbox"/>	Water/Sewer Improvements	<input type="checkbox"/>	Facilities for AIDS Patients
<input type="checkbox"/>	Street Improvements	<input type="checkbox"/>	Clearance and Demolition
<input type="checkbox"/>	Child Care Centers	<input type="checkbox"/>	Cleanup of Contaminated Sites
<input type="checkbox"/>	Tree Planting	<input type="checkbox"/>	Fire Station
<input type="checkbox"/>	Health Facilities	<input type="checkbox"/>	Asbestos Removal
<input type="checkbox"/>	Abused and Neglected Children Facilities	<input type="checkbox"/>	Commercial / Industrial Land Acquisition
<input type="checkbox"/>	Commercial / Industrial Rehabilitation	<input type="checkbox"/>	Other Commercial / Industrial Improvements
<input type="checkbox"/>	Commercial / Industrial Infrastructure Development		

Section E – Project Information

1. Explain how your project will meet the national objective and activity eligibility as identified above. (200 words or less)

This project benefits low income persons by rehabilitating a building which has successfully provided housing and training for hundreds of low income individuals since 1981. The building houses 27 individuals at any given time and through their participation in the cooperative which owns the building, these members learn skills of maintenance, real estate development, business financial management, event planning, governance, and more. This project will enable us to improve these services and correct problems that the building has had since our initial acquisition of the property. The project will also improve the building's efficiency, provide improved amenities, and make the operation of our organization more sustainable. Electrical and plumbing problems have been persistent throughout the 31 years we have owned this property as we did not have the capital at the time of our initial acquisition to renovate and improve these elements. These improvements will make the building meet current standards for these utilities and provide improved services to the residents of this building.

2. **Personnel/Staff Capacity:** Briefly describe the agency's existing staff positions and qualifications (including whether staff is full-time, part-time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (150 words or less)

Santa Barbara Student Housing has two full-time staff, an Executive Director and Membership Services Coordinator. Outside of that, the 77 members of the cooperative assist in the daily operations and governance of the organization. Santa Barbara Student Housing maintains a personnel committee, as well as policies for all branches of its operations including personnel policy, grievance procedures, and protections for protected classes of individuals. We also maintain a Member Advocate on our Board of Directors to assist people in their grievance procedures.

This organization has recently completed a more extensive renovation than this project at one of our other sites, and have done an additional renovation at another site of ours in the past 10 years. Staff have experience in property management, maintenance, business management & administration.

Section F – Beneficiary Information

Verification of Eligibility: Please identify how client eligibility is determined.

1. **Low/Moderate Income Area Benefit**

yes no

Program service area has been identified and determined to be statistically low-income based on the 2010 Census. (Please attach map to allow us to determine Census Tract eligibility.)
If you answered yes here, please proceed to "Additional Beneficiary Information" on the following page.

2. **Low/Moderate Income Limited Clientele and Low/Moderate Income Housing**

Self Certification:

yes no

Clients independently "self-certify" on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)

Client Document Review:

yes no

Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)

Presumed Beneficiaries:

yes no

Clients served are primarily and specifically from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. (If you use this method, please indicate which group.) _____

Other:

yes no

If yes, please explain: _____

Ethnicity and Race *(HUD exemptions in this area are limited.)*

1. Does your organization request information on whether your clients are of Hispanic ethnicity? yes no

2. Does your organization ask all clients (including Hispanic clients) whether they are the one or more of the following races: yes no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

3. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:

Additional Beneficiary Information

1. Number of persons with access to a **new** facility or infrastructure that did not previously exist or was not available for this new purpose: 0

2. Number of persons with access to an **improved or expanded** facility or infrastructure: 27

3. Number of persons that no longer have access to only a **substandard** facility or infrastructure: 0

4. Number of beds created in overnight shelter or other emergency housing: 0

5. **Total persons benefiting from this project:** 27

Section G – Property Ownership

1. Who (agency name) is the legal owner of the property? Santa Barbara Student Housing
2. Do you have site control (purchase agreement, entitlements, permits)? yes no
3. If yes, date site control was obtained 1981
4. If you are pursuing site control, please provide status summary and date site control expected:

5. Who (agency name) will be the final owner of the property? Santa Barbara Student Housing

Section H – Financial Feasibility

A. Project Budget

Please note that Community Development Block Grant funds may not be utilized for ongoing maintenance and operation costs of capital improvements/facilities.

Cost Category	Amount From County CDBG	Amount From Other Sources	Total Cost
Site Acquisition (Including real estate, closing costs, escrow costs, etc.)	0	0	0
Architectural and Engineering Services	3,640	2,360	6,000
Pre-Construction costs (appraisal, fees, studies, permits, etc.)	2,000	569	2,569
Off-Site Development Costs (Utilities, roads, access. Please specify)	0	0	0
Site Preparation costs (not included in construction contract)	2,000	0	2,000
Construction labor and materials	187,860	37,500	225,360
Contingency	26,000	0	26,000
Project Management/Activity Delivery (Including Davis-Bacon compliance)	4,000	0	4000
Eligible Energy Improvements	23,000	0	23,000
Other costs (Please specify)	1,500	0	1,500
Other costs (Please specify)	0	0	0

Cost Category	Amount From County CDBG	Amount From Other Sources	Total Cost
Total	250,000	40,429	290,429

If project involves construction, Please attach a budget for the construction cost items. Project will not be considered for approval until it has been received.

Financial Capacity: Describe the agency’s current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency’s fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

Our operating budget is \$499,578 and we have \$3,691,539 in assets and \$2,968,298 in liabilities. Our revenues come almost exclusively from member dues \$310 anticipated in interest income this fiscal year. This fiscal year we are anticipating \$39,950 in utilities, \$46,247 in maintenance, \$7,130 for education & governance, \$97,790 for central management and staff, \$51,964 in legal & accounting, with the remainder paying for our financing. Our only ongoing funding sources are First Republic Bank and the County of Santa Barbara for a 2010 CDBG awarded for our Thomas Merton House project.

B. Funding Sources for Proposed Project

Sources of revenue to be utilized on the project	Amount Secured	Amount Unsecured
CDBG funds requested in this application:	0	250,000
CDBG funds requested from other jurisdictions (Please list those jurisdictions):	0	0
Other Federal funds:	0	0
State funds:	0	0
Local government funds:	0	0
Private funds:	0	0
Other funds (explain):	40,429 (from operations)	0
Total Project Budget (may be multi-year funds):	40,429	250,000

- Will your organization be applying for any additional funding (grants or loans) for this project? yes no
- When do you anticipate securing 100% of the funds needed for the completion of this project? August, 2012

3. Please indicate the sources and amounts of future funds, and anticipated date funds will be made available:

SOURCES	AMOUNTS	DATE
Operations (Capital Improvement funds)	\$40,429	06/01/2012
County of Santa Barbara - CDBG	\$250,000	08/01/2012

Section I – Project Readiness²

Preconstruction (environmental clearance, plans and specifications, entitlements and permits, procurement / bidding)

Major Milestones	Date Commenced	Date Completed
Building Permit (Electrical)	12/18/2011	01/05/2012
Plans & Specifications	09/01/2012	01/01/2013
Build Permit (Plumbing, Solar Panels)	09/01/2012	01/01/2013
Procurement & Bidding	09/01/2012	01/01/2013
CDBG Financing Secured	01/25/2012	08/01/2012

Construction (100% budget secured, other construction milestones)

Major Milestones	Date Commenced	Date Completed
100% Budget Secured	01/25/2012	08/01/2012
Electrical Rewiring	12/18/2011	09/15/2012
Plumbing Replacement	06/15/2013	09/15/2013
Solar Panel Installation / Other Energy Improvements	06/15/2013	09/15/2013
Flooring / Insulation / General Improvements	06/15/2013	09/15/2013

² Please be realistic in your timeline and milestones, as failure to meet milestones may be grounds for deobligation of funds from the project in order to remain in compliance with HUD expenditure deadlines and requirements.

Section J – Applicant Experience

Describe your organization's previous experience in implementing programs/projects similar to the activity proposed. Attach resumes and references for each member of the proposed development team (i.e. developer, architect, consultants, and project coordinator, if applicable). (250 words or less)

Between June and September 2011 we completed a major renovation of another property of ours at 6612 Sueno Road in Isla Vista. That project's budget was over \$800,000 and contained all of the improvement suggested in this project plus additional roof, walling, and appliance work. We engaged a general contractor and a number of sub-contractors. We closed the facility for three months to complete this project on Sueno, which ended up coming in on-time and under-budget. We are using the same internal staff on this project and following a similar time line although we have less work to do in the same amount of time. However we will not be engaging a general contractor on this project, and rather working directly with a plumber, electricians, flooring, and drywall experts. Earlier in 2005 we replaced the roof, kitchen, and installed solar panels on another facility of ours, 732 Embarcadero del Norte in Isla Vista. That project was also a success and has furthered our mission in providing affordable housing in Isla Vista.

1. Who will be administering your Davis-Bacon compliance?
 - a. Name: Jeffrey Bessmer
 - b. Agency / Organization: Santa Barbara Student Housing
 - c. Work Phone: (805) 685 - 6964
 - d. Fax: (805) 685 - 0898
 - e. E-mail: jeff@sbcoop.org

2. Who will be preparing the Bid packet and administering the Bid process?
 - a. Name: Jeffrey Bessmer
 - b. Agency / Organization: Santa Barbara Student Housing
 - c. Work Phone: (805) 685 - 6964
 - d. Fax: (805) 685 - 0898
 - e. E-mail: jeff@sbcoop.org

Section K – Energy Efficiency and Conservation Design Measures

Explain what design features and improvements will be implemented in your project to minimize the use of energy and natural resources while maximizing the operational savings derived from energy efficient technologies.
(150 words or less)

A number of improvements will be implemented during this project:

- Addition of insulation that reduce heat transfer including replacement of doors
- Addition of appliances that increase net energy savings (ceiling fans, etc)
- Replacement of inefficient appliances and fixtures (lighting, etc)
- Replacement of inefficient electrical infrastructure including all wiring and panels
- Addition of solar panels

Section L – Maintenance and Operational Feasibility

1. Who (agency name) will be responsible for the ongoing maintenance and operations of the facility?
Santa Barbara Student Housing
Please note an authorized person representing the responsible organization must sign the certification enclosed.
2. Please attach the proposed maintenance and operations budget reflecting both revenues and expenditures.
3. Add any comments here: Included is the budget for this fiscal year for the organization.

Section M – Environmental Review

A. Project Information

1. Assessor’s Parcel Number of project site: 075-171-006
(Please attach a map of the site)
2. Parcel Size: 0.2 acres

B. Historic Preservation

1. Note the year that each of the structure(s) on the parcel was constructed? 1961
2. Are any of the structures designated or eligible for listing on the National Register of Historic Places? yes no

3. Please indicate how these structures are currently used (i.e., real estate office, residential apartment, etc.)

Residential Apartments

4. Are any of the structures considered of local historic significance? yes no

If yes, please cite the source: _____

6. If any of the structures have been remodeled, please note when the remodeling occurred and which portions of the building were impacted. Windows were replaced and electrical/internet are presently being replaced. No other remodels have been performed.

C. Local Land Use Review

1. What is the local land use authority for this site Unincorporated County
(city or unincorporated county)

2. What is the zoning for this parcel? SR-H-20 Student Residential High Density
(Contact the appropriate local planning official)

3. Is the project's land use consistent with the zoning designation? yes no

4. What is the General Plan and/or Area Plan Designation? Mixed Residential 28
(Contact the appropriate local planning official)

5. Is the project's land use consistent with the General Plan and/or Area Plan Designation? yes no

6. Please list all local permits required to approve the proposed project
(e.g. project approval, conditional use permit, land use permit, grading permit, building permit, etc.).

Building Permit (Electrical)

Building Permit (Plumbing, Solar)

7. Have the listed permit applications been initiated? yes no

Please note the status of any required permit applications that are outstanding.
Electrical permit has been attained, permit for other project elements will be attained upon securing the funds for those elements.

8. Has a CEQA environmental document been prepared for this project? yes no
If completed, what was date and nature of the determination (i.e., MND, ND, EIR, etc.)?

9. Has a NEPA review for this project been completed? yes no
If yes, which agency completed the NEPA review? _____

D. Environmental Compliance

1. Has a Phase I Environmental Site Assessment Report been completed for this project? yes no
If yes, when was this completed? _____
2. Has an Archaeological or Cultural Resource Survey been completed for this site? yes no
3. Is the Project located near areas where flammable, explosive, or toxic chemicals are stored or transported? yes no
If so, describe. _____

4. Are there any endangered or threatened species known to be on the project site? yes no
5. Is the project site within line-of-sight of an arterial roadway or railway? yes no
If yes, list the name of the road/railroad and the distance to the nearest proposed structure(s) on the site.

6. Will this project create noise sensitive uses? yes no
7. Is the project site located on existing or previously cultivated farmland? yes no
8. Is the project site in either a 100-year or 500-year floodplain?
(Contact the local Public Works Department for the site's flood zone designation) yes no
9. Does this property have flood insurance? yes no
10. Is the project located near wetlands? yes no
11. Approximately how far is the project site from the nearest airport? 3 miles
12. Have the structure(s) been tested for asbestos, mold, or lead-based paint? yes no
13. Will the project involve Lead – Based Paint mitigation? yes no

Section N – Certifications *(Please note that all certifications must be executed in BLUE INK)*

Agency Certification

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached documentation (if applicable) is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. The federal assistance made available through the CDBG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.

Santa Barbara Student Housing

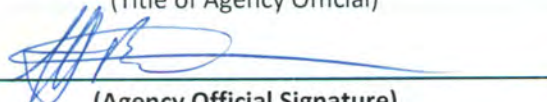
(Name of Agency)

Jeffrey Bessmer

(Typed Name of Agency Official)

Executive Director

(Title of Agency Official)



(Agency Official Signature)

24 January, 2012

(Date of Signature)

805-685-6964

(Telephone Number of Agency Official)

jeff@sbcoop.org

(Email address of Agency Official)

(CERTIFICATIONS CONTINUED ON NEXT PAGE)

***All certifications must be executed in BLUE INK**

Maintenance and Operations Budget Certification

The governing body of (insert agency name) Santa Barbara Student Housing, a Public, Quasi-Public, or Non-Profit entity, has the financial capacity and is willing to assume the maintenance and operation responsibility and costs associated with the indicated Community Development project. This body has reviewed the proposed operation and maintenance budget stated above and to the best of its ability has determined this budget to be a true and accurate estimate of the annual maintenance and operation costs for the proposed budget.

The following is the name and address of the entity which is proposed to provide maintenance and operation services for the proposed project:

Full Name: Santa Barbara Student Housing

Street Address: 777 Camino Pescadero, Suite J

City, State, Zip Code: Isla Vista, CA 93117

It is understood that without a commitment for maintenance and operation, the indicated project may not be considered for funding under the Community Development Block Grant Program.

Please note that Community Development Block Grant Funds may not be utilized for ongoing maintenance and operation costs of capital improvements/facilities.

Acknowledged by Authorized Agency Representative: Jeffrey Bessmer

Title of Authorized Agency Representative: Executive Director

Date Certification Signed: 24 January, 2012

BOARD OF DIRECTORS AFFIDAVIT

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Ross Miletich
 depose and say that I am President
 [insert title, President, Vice President, etc.] of _____
Santa Barbara Student Housing
777 Camino Pescadero, Suite J
Isla Vista, CA 93117 [insert name and address of Agency].

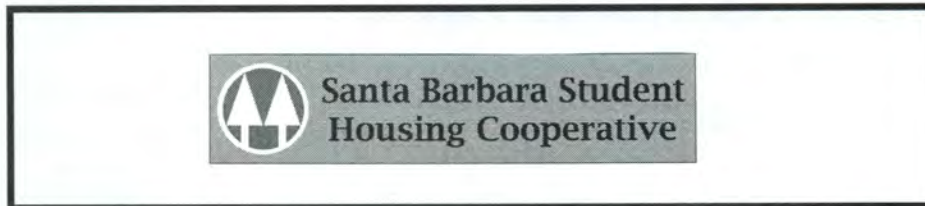
The other members and officers of the Board of Directors of this Agency are:
 (Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. <u>William Radis</u>	<u>Vice President</u>	<u>09/2012</u>
2. <u>Kristal Caballero</u>	<u>Treasurer</u>	<u>09/2012</u>
3. <u>Molly Gordon</u>	<u>Secretary</u>	<u>09/2012</u>
4. <u>Cathy Pringle</u>	<u>Board Member</u>	<u>09/2012</u>
5. <u>Sierra Belden</u>	<u>Board Member</u>	<u>09/2012</u>
6. <u>Jordan Maxfield</u>	<u>Board Member</u>	<u>09/2012</u>

DATE: 01/25/2012

AT: Goleta, California (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.

[Handwritten Signature]
 Signature 1/25/2012

Ross Miletich, President
 Print Name and Title

CHECKLIST OF REQUIRED ATTACHMENTS

Note: This completed checklist must be signed and submitted with the funding application. The documents listed below are required of Agencies applying for CDBG Capital funds.

- Bylaws**
- Organization Chart**
- Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
 - Form 501(c)
- Evidence of Insurance**
 - Copy of current insurance coverage (General Liability, Automobile, Worker’s Compensation, etc.)
 - Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as “additionally insured”
- Project Budget for Construction**
- Most recent financial audit**
- Project Maintenance and Operational Budget**
- Project Location Map**
- Self-Certification intake form (if applicable)**
- Client document review worksheet (if applicable)**
- Client race / ethnicity data collection form (if applicable)**
- Resumes for each member of the proposed development team**
- Explanation of outstanding legal/litigation issues, if applicable**



Signature

Jeffrey Bessmer, Executive Director

Print Name & Title



COUNTY OF SANTA BARBARA
HOUSING AND COMMUNITY DEVELOPMENT

CDBG CAPITAL PROJECT

Project Proposal for Program Year 2012 2013

FOR OFFICIAL USE ONLY	
Rec'd	_____
Initials	_____
Logged	_____
Scanned	_____

Total Requested Program Funding by Jurisdiction¹:
(Check all that apply)

- Santa Barbara County \$ 550,000.00
- Carpinteria \$ _____
- Solvang \$ _____

Are you also applying for program funding through any of the listed jurisdictions' NOFAs? (Check all that apply)

- Goleta \$ _____
- Lompoc \$ _____
- Santa Maria \$ _____

Section A – General Project Information Summary

1. Project Title: Add Elevator in Lompoc Veterans Memorial Building
2. Brief Summary of the Project: Construct elevator in the 3-story building to provide access for disabled veterans to the dining room on the third level, and other areas of the building.
3. Project Address: 100 East Locust Avenue, Lompoc CA 93436
4. Service Area of Proposed Project (i.e., specific city, countywide, etc.) City of Lompoc

Section B – General Applicant Information

1. Legal Name of Applicant Organization: County of Santa Barbara
2. Are you a 501(c) organization? yes no
(All agencies must complete a Board of Directors Affidavit on page 17)
3. Address of Organization:
 - a. Street: 1105 Santa Barbara Street, 2nd Floor Apt. # _____
 - b. City: Santa Barbara State: CA Zip: 93101
4. Mailing Address (if different from above):
 - a. Street: _____ Apt. # _____
 - b. City: _____ State: _____ Zip: _____

¹ Reminder: Please be sure to include 5% in your budget to cover project activity delivery costs incurred by the implementing jurisdiction. Activity costs are those associated with administration of Federal compliance requirements such as environmental review, contract preparation, bid packet review and other supplementary program related regulations.

Federal Grant Experience within past 5 years:

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
CDBG	Rec Hall Renovation	Correct life safety & accessibility	2010	\$353,766.00
CDBG	Aquatics Complex	Pool facility for New Cuyama	2008	\$395,000.00
CDBG	Lompoc Vets Hall	Electrical Upgrades	2009	\$309,545.00
CDBG	Public Health Clinic	Install Elevator	2010	\$300,000.00
CDBG	Cuyama Center	Library/Social Services Center	2010	\$250,000.00

Fiscal Year and Audit Reports

1. What is your agency's fiscal year end date? July 1 - June 30
2. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. (Please include a copy of the most recent financial audit with your completed application—See Required Attachments). What fiscal year did this most recent audit include?
August 2011 (Month/Year Month/Year)
3. Are there any outstanding financial audit findings which remain unresolved? yes no
If yes, please explain. _____
4. Has your agency expended more than \$500,000 in federal funds in its last operating year? ✓ yes no
(Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)

If you answered “yes” to question 4, please answer questions 5 and 6 below. If you answered “no” to question 4, please proceed to question 7.

5. Was there an audit conducted in compliance with the Single Audit Act (OMB A 133)? ✓ yes no
6. Are there any outstanding single audit findings which remain unresolved? yes ✓ no
If yes, please explain. _____
7. If your organization is a non profit organization, does your organization comply with the following:
 - a) OMB Circular A 110, as implemented at 24 CFR Part 84 “Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non Profit Organizations” ✓ yes no
 - b) OMB Circular A 122 “Cost Principles for Non Profit Organizations” ✓ yes no

- c) OMB Circular A 133 "Audits of States, Local Governments and Non Profit Organizations" yes no
- d) OMB Circular A 87 "Cost Principles for State, Local and Indian Tribal Governments" yes no
- e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month? yes no
- f) Does your organization have any outstanding litigation or other legal issues? yes no
If yes, please attach written explanation as a separate sheet.

10. How many members serve on your Board of Directors? N/A; Gvt Agcy
11. How often does your Board of Directors meet? N/A
12. Does your Board of Directors have an audit committee? N/A
13. Describe the financial expertise currently serving on your Board of Directors. N/A
-

14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.
N/A
-
-
-
-

15. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.
-

Section C – National Objective

Please choose one of the following national objectives pertaining to your project:

- Benefiting low and moderate income persons
- Preventing or eliminating slums or blight
- Meeting urgent needs (having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available to meet such needs)

Section D – Activity Eligibility

Which specific HUD Activity best describes your project proposal?

<input type="checkbox"/>	Acquisition of Real Property	<input checked="" type="checkbox"/>	Removal of Architectural Barriers
<input type="checkbox"/>	Disposition of Real Property	<input type="checkbox"/>	Rehabilitation
<input checked="" type="checkbox"/>	Public Facilities and Improvements (General)	<input type="checkbox"/>	Energy Efficiency Improvements
<input checked="" type="checkbox"/>	Senior Centers	<input type="checkbox"/>	Code Enforcement
<input checked="" type="checkbox"/>	Handicapped Centers	<input type="checkbox"/>	Parks, Recreational Facilities
<input type="checkbox"/>	Homeless Facilities (not operating costs)	<input type="checkbox"/>	Parking Facilities
<input type="checkbox"/>	Youth Centers	<input type="checkbox"/>	Solid Waste Disposal Improvements
<input checked="" type="checkbox"/>	Neighborhood Facilities	<input type="checkbox"/>	Flood Drainage Improvements
<input type="checkbox"/>	Water/Sewer Improvements	<input type="checkbox"/>	Facilities for AIDS Patients
<input type="checkbox"/>	Street Improvements	<input type="checkbox"/>	Clearance and Demolition
<input type="checkbox"/>	Child Care Centers	<input type="checkbox"/>	Cleanup of Contaminated Sites
<input type="checkbox"/>	Tree Planting	<input type="checkbox"/>	Fire Station
<input type="checkbox"/>	Health Facilities	<input type="checkbox"/>	Asbestos Removal
<input type="checkbox"/>	Abused and Neglected Children Facilities	<input type="checkbox"/>	Commercial / Industrial Land Acquisition
<input type="checkbox"/>	Commercial / Industrial Rehabilitation	<input checked="" type="checkbox"/>	Other Commercial / Industrial Improvements
<input type="checkbox"/>	Commercial / Industrial Infrastructure Development		

Section E – Project Information

1. Explain how your project will meet the national objective and activity eligibility as identified above. (200 words or less)

The City of Lompoc is still a small rural frontier town. Its rich history of farming, rural lifestyle and rugged western feel, add to its charm and draw to visitors. At the same time Lompoc is often at the forefront of California development-home to a federal prison, host to a national strategic air force base and known around the world for its farm products. Yet there remains a vast segment of her population that is disadvantaged-economically or by physical disability. Notwithstanding these challenges, she remains a proud city which embraces those of whom defend, save and protect her citizens. The Lompoc Veterans Memorial Building symbolizes all of these values. In recent years, it has become increasingly difficult for veterans and visitors to get around in the building because of their individual disabilities. This project will not only provide that functionality but will allow each individual to find their own way and enjoy the facility without the assistance of others to help. The installation of an elevator is directly linked to the goals and objectives of the Americans with Disabilities Act and related national values of removing architectural barriers to those with disabilities.

- 2. **Personnel/Staff Capacity:** Briefly describe the agency’s existing staff positions and qualifications (including whether staff is full time, part time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (150 words or less)

Staff at the Lompoc Veterans Memorial Building Renovation Committee is comprised of volunteers and County employees. The Executive Committee of the LVMB includes President Alice Milligan, 2 Vice Presidents, Secretary and Treasurer. All administrative functions are completed by the President. They operate under the jurisdiction of the Santa Barbara County General Services Department, Capital Projects Division, who assigns a project coordinator for each project. Planning and construction of the project will be managed by the County of Santa Barbara's Capital Projects Division. Capital Projects has a staff of six project managers and one project assistant, including an engineer, two architects, a certified construction manager and a former licensed contractor. County-wide there are fully staffed offices of environmental planners, attorneys and other support staff.

Section F – Beneficiary Information

Verification of Eligibility: Please identify how client eligibility is determined.

- 1. **Low/Moderate Income Area Benefit** yes no
 Program service area has been identified and determined to be statistically low income based on the 2010 Census. (Please attach map to allow us to determine Census Tract eligibility.)
If you answered yes here, please proceed to “Additional Beneficiary Information” on the following page.

- 2. **Low/Moderate Income Limited Clientele and Low/Moderate Income Housing** yes no
Self Certification: Clients independently “self certify” on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)

Client Document Review: yes no
 Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)

Presumed Beneficiaries: yes no
 Clients served are primarily and specifically from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. (If you use this method, please indicate which group.) _____

Other:

yes no

If yes, please explain: Elderly and disabled veterans of war, and all other disabled persons accessing the public spaces of the Vets Memorial Building from the Lompoc Valley of over 80,000 people.

Ethnicity and Race *(HUD exemptions in this area are limited.)*

1. Does your organization request information on whether your clients are of Hispanic ethnicity? yes no

2. Does your organization ask all clients (including Hispanic clients) whether they are the one or more of the following races: yes no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

3. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:
For a public facility

Additional Beneficiary Information

1. Number of persons with access to a **new** facility or infrastructure that did not previously exist or was not available for this new purpose: N/A
2. Number of persons with access to an **improved or expanded** facility or infrastructure: 80,000
3. Number of persons that no longer have access to only a **substandard** facility or infrastructure: N/A
4. Number of beds created in overnight shelter or other emergency housing: N/A
5. **Total persons benefiting from this project:** 200

Section G – Property Ownership

1. Who (agency name) is the legal owner of the property? County of Santa Barbara
2. Do you have site control (purchase agreement, entitlements, permits)? yes no
3. If yes, date site control was obtained 1935
4. If you are pursuing site control, please provide status summary and date site control expected:

5. Who (agency name) will be the final owner of the property? County of Santa Barbara

Section H – Financial Feasibility

A. Project Budget

Please note that Community Development Block Grant funds may not be utilized for ongoing maintenance and operation costs of capital improvements/facilities.

Cost Category	Amount From County CDBG	Amount From Other Sources	Total Cost
Site Acquisition (Including real estate, closing costs, escrow costs, etc.)			
Architectural and Engineering Services	\$42,000		\$42,000
Pre Construction costs (appraisal, fees, studies, permits, etc.)	\$4,500		\$4,500
Off Site Development Costs (Utilities, roads, access. Please specify)			
Site Preparation costs (not included in construction contract)			
Construction labor and materials	\$445,000		\$445,000
Contingency	\$18,500		\$18,500
Project Management/Activity Delivery (Including Davis Bacon compliance)	\$36,000		\$36,000
Eligible Energy Improvements			
Other costs (Please specify)	\$1,500		\$1,500
Other costs (Please specify)	\$2,500		\$2,500

Cost Category	Amount From County CDBG	Amount From Other Sources	Total Cost
Total	\$550,000		\$550,000

If project involves construction, Please attach a budget for the construction cost items. Project will not be considered for approval until it has been received.

Financial Capacity: Describe the agency’s current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency’s fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

The LVMB Foundations budget includes \$22,000 in funds for operations which reflect donations from organizations and grants. Major fund including federal allocations and CDBG funds are held by the County of Santa Barbara, Department of General Services.

The Capital Projects Division of General Services has an operating budget of \$870,000 in revenue and \$870,000 of expenses. Projects Managed are funded by other County departments, or grants, or other government agencies. The division currently manages about \$30 million in capital projects and will manage about the same next year.

B. Funding Sources for Proposed Project

Sources of revenue to be utilized on the project	Amount Secured	Amount Unsecured
CDBG funds requested in this application:	\$0	\$550,000
CDBG funds requested from other jurisdictions (Please list those jurisdictions):		
Other Federal funds:		
State funds:		
Local government funds:		
Private funds:		
Other funds (explain):		
Total Project Budget (may be multi year funds):	\$0	\$550,000

1. Will your organization be applying for any additional funding (grants or loans) for this project? yes no
2. When do you anticipate securing 100% of the funds needed for the completion of this project? N/A

3. Please indicate the sources and amounts of future funds, and anticipated date funds will be made available:

SOURCES	AMOUNTS	DATE
N/A		

Section I – Project Readiness²

Preconstruction (environmental clearance, plans and specifications, entitlements and permits, procurement / bidding)

Major Milestones	Date Commenced	Date Completed
Design	November 2012	February 2013

Construction (100% budget secured, other construction milestones)

Major Milestones	Date Commenced	Date Completed
Advertise for Bid	March, 2013	April, 2013
Award Contract and Begin Construction	May, 2013	February, 2014

² Please be realistic in your timeline and milestones, as failure to meet milestones may be grounds for deobligation of funds from the project in order to remain in compliance with HUD expenditure deadlines and requirements.

Section J – Applicant Experience

Describe your organization's previous experience in implementing programs/projects similar to the activity proposed. Attach resumes and references for each member of the proposed development team (i.e. developer, architect, consultants, and project coordinator, if applicable). (250 words or less)

The County Capital Projects Division has managed the design and construction of several, similar elevator projects. These include the \$6 million project for Public Defender Remodel, (on-going), the elevator replacement in the County Admin building in 2010, the elevator replacement project for the Historic Santa Barbara Courthouse in 2010, and the installation of an elevator for the hall of Records in the same courthouse in 2005. Three other new buildings constructed by this Division in the last 10 years included the construction of elevators. This team has successfully completed two projects recently in the LVMB, and is currently working on two others in addition to the subject project. See attached flyer for description of project management staff and team experience. The Capital Projects team maintains a working and contractual relationship with several dozen architectural, engineering and construction firms who provide design and construction services for the County routinely. The Capital Projects Division maintains an average of approximately \$30 million in building projects under it's management, ranging in size from \$50,000 to \$80 million.

1. Who will be administering your Davis Bacon compliance?

- a. Name: Jill Van Wie
- b. Agency / Organization: County of Santa Barbara
- c. Work Phone: (805) 560 1079
- d. Fax: (805) 568 3249
- e. E mail: jvanwie@co.santa-barbara.ca.us

2. Who will be preparing the Bid packet and administering the Bid process?

- a. Name: Jill Van Wie
- b. Agency / Organization: County of Santa Barbara
- c. Work Phone: (805) 560 1079
- d. Fax: (805) 568 3249
- e. E mail: jvanwie@co.santa-barbara.ca.us

Section K – Energy Efficiency and Conservation Design Measures

Explain what design features and improvements will be implemented in your project to minimize the use of energy and natural resources while maximizing the operational savings derived from energy efficient technologies.
(150 words or less)

The most energy efficient elevator system will be used for the project

Section L – Maintenance and Operational Feasibility

1. Who (agency name) will be responsible for the ongoing maintenance and operations of the facility?
County of Santa Barbara, General Services, Facilities Maintenance
Please note an authorized person representing the responsible organization must sign the certification enclosed.
2. Please attach the proposed maintenance and operations budget reflecting both revenues and expenditures.
3. Add any comments here: The Capital Projects Division has a well documented record of completing projects on schedule and within budget.

Section M – Environmental Review

A. Project Information

1. Assessor's Parcel Number of project site: 149-040-010
(Please attach a map of the site)
2. Parcel Size: 3 acres

B. Historic Preservation

1. Note the year that each of the structure(s) on the parcel was constructed? 1936
2. Are any of the structures designated or eligible for listing on the National Register of Historic Places? yes no

- 3. Please indicate how these structures are currently used (i.e., real estate office, residential apartment, etc.)
Offices of the 4th District Supervisor and banquet facilities rented by the community
- 4. Are any of the structures considered of local historic significance? yes no
If yes, please cite the source: The building is listed in the city historical and state designation
- 6. If any of the structures have been remodeled, please note when the remodeling occurred and which portions of the building were impacted. 2008 remodeled administrative office space, 2010 replaced roof, 2011 upgraded electrical service too and within building

C. Local Land Use Review

- 1. What is the local land use authority for this site County
(city or unincorporated county)
- 2. What is the zoning for this parcel? Public Building
(Contact the appropriate local planning official)
- 3. Is the project's land use consistent with the zoning designation? yes no
- 4. What is the General Plan and/or Area Plan Designation? Public Buildings
(Contact the appropriate local planning official)
- 5. Is the project's land use consistent with the General Plan and/or Area Plan Designation? yes no
- 6. Please list all local permits required to approve the proposed project
(e.g. project approval, conditional use permit, land use permit, grading permit, building permit, etc.).
County Building Permit and State Elevator Permit
- 7. Have the listed permit applications been initiated? yes no
Please note the status of any required permit applications that are outstanding.

8. Has a CEQA environmental document been prepared for this project? yes no
 If completed, what was date and nature of the determination (i.e., MND, ND, EIR, etc.)?
The project is covered under a CEQA Mitigated Negative Declaration dated 11/23/2009

9. Has a NEPA review for this project been completed? yes no
 If yes, which agency completed the NEPA review? Housing and Community Development

D. Environmental Compliance

1. Has a Phase I Environmental Site Assessment Report been completed for this project? yes no
 If yes, when was this completed? October 2009

2. Has an Archaeological or Cultural Resource Survey been completed for this site? yes no

3. Is the Project located near areas where flammable, explosive, or toxic chemicals are stored or transported? yes no
 If so, describe. _____

4. Are there any endangered or threatened species known to be on the project site? yes no

5. Is the project site within line of sight of an arterial roadway or railway? yes no
 If yes, list the name of the road/railroad and the distance to the nearest proposed structure(s) on the site.
US Highway 1 (3/4 mile away) and Southern Pacific Railroad 100 feet.

6. Will this project create noise sensitive uses? yes no

7. Is the project site located on existing or previously cultivated farmland? yes no

8. Is the project site in either a 100 year or 500 year floodplain?
 (Contact the local Public Works Department for the site's flood zone designation) yes no

9. Does this property have flood insurance? yes no

10. Is the project located near wetlands? yes no

11. Approximately how far is the project site from the nearest airport? 15 minutes to Lompoc Airport

12. Have the structure(s) been tested for asbestos, mold, or lead based paint? yes no

13. Will the project involve Lead – Based Paint mitigation? yes no

Section N – Certifications (Please note that all certifications must be executed in BLUE INK)

Agency Certification

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached documentation (if applicable) is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. The federal assistance made available through the CDBG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.

County of Santa Barbara

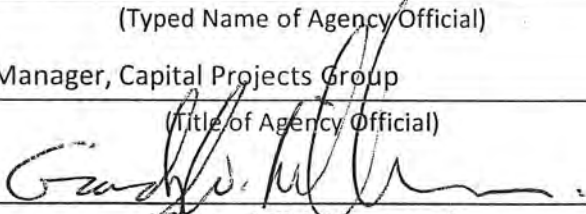
(Name of Agency)

Grady Williams

(Typed Name of Agency Official)

Manager, Capital Projects Group

(Title of Agency Official)



(Agency Official Signature)

1/27/12

(Date of Signature)

(805) 568-3083

(Telephone Number of Agency Official)

gwilli@co.santa-barbara.ca.us

(Email address of Agency Official)

(CERTIFICATIONS CONTINUED ON NEXT PAGE)

(CERTIFICATIONS CONTINUED FROM PREVIOUS PAGE)

*All certifications must be executed in BLUE INK

Maintenance and Operations Budget Certification


The governing body of (insert agency name) County of Santa Barbara, a Public, Quasi Public, or Non Profit entity, has the financial capacity and is willing to assume the maintenance and operation responsibility and costs associated with the indicated Community Development project. This body has reviewed the proposed operation and maintenance budget stated above and to the best of its ability has determined this budget to be a true and accurate estimate of the annual maintenance and operation costs for the proposed budget.

The following is the name and address of the entity which is proposed to provide maintenance and operation services for the proposed project:

Full Name: County of Santa Barbara, General Services, Fac
Street Address: 1105 Santa Barbara Street, 2nd Floor
City, State, Zip Code: Santa Barbara CA 93101

It is understood that without a commitment for maintenance and operation, the indicated project may not be considered for funding under the Community Development Block Grant Program.

Please note that Community Development Block Grant Funds may not be utilized for ongoing maintenance and operation costs of capital improvements/facilities.

Acknowledged by Authorized Agency Representative: 

Title of Authorized Agency Representative: Manager, Facilities Maintenance

Date Certification Signed: 1/20/12

BOARD OF DIRECTORS AFFIDAVIT

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee _____
depose and say that I am _____
[insert title, President, Vice President, etc.] of _____

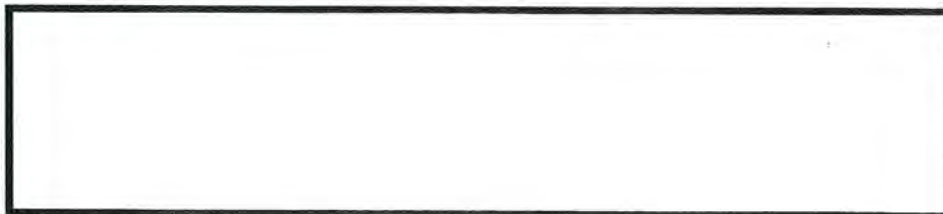
_____ [insert name and address of Agency].

The other members and officers of the Board of Directors of this Agency are:
(Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

DATE: _____
AT: _____ (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.

Signature

Print Name and Title

CHECKLIST OF REQUIRED ATTACHMENTS

Note: This completed checklist must be signed and submitted with the funding application. The documents listed below are required of Agencies applying for CDBG Capital funds.

Bylaws

Organization Chart

Non Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board

- o Form 501(c)

/ Evidence of Insurance

- o Copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.)
- o Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured"

/ Project Budget for Construction

/ Most recent financial audit

/ Project Maintenance and Operational Budget

/ Project Location Map

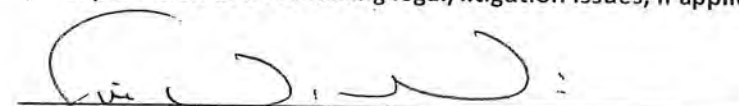
Self Certification intake form (if applicable)

Client document review worksheet (if applicable)

Client race / ethnicity data collection form (if applicable)

Resumes for each member of the proposed development team

Explanation of outstanding legal/litigation issues, if applicable



Signature

JILL VAN WIE, PROJECT MANAGER
Print Name & Title



**COUNTY OF SANTA BARBARA
HOUSING AND COMMUNITY DEVELOPMENT
CDBG CAPITAL PROJECT**

Project Proposal for Program Year 2012-2013

FOR OFFICIAL USE ONLY

Rec'd _____

Initials _____

Logged

Scanned

Total Requested Program Funding by Jurisdiction¹:
(Check all that apply)

- Santa Barbara County \$ 495,761
- Carpinteria \$ 62,862
- Solvang \$ _____

Are you also applying for program funding through any of the listed jurisdictions' NOFAs? *(Check all that apply)*

- Goleta \$ _____
- Lompoc \$ _____
- Santa Maria \$ _____

Section A – General Project Information Summary

1. Project Title: Casas de las Flores
2. Brief Summary of the Project: New construction of 43 units for rent to low- and very-low income households, replacing the existing Carpinteria Camper Park project.
3. Project Address: 4096 Via Real, Carpinteria, CA
4. Service Area of Proposed Project (i.e., specific city, countywide, etc.) Carpinteria and Unicorp. SB County

Section B – General Applicant Information

1. Legal Name of Applicant Organization: Peoples' Self-Help Housing Corporation
2. Are you a 501(c) organization? yes no
(All agencies must complete a Board of Directors Affidavit on page 17)
3. Address of Organization:
 - a. Street: 3533 Empleo Street Apt. # _____
 - b. City: San Luis Obispo State: CA Zip: 93401
4. Mailing Address (if different from above):
 - a. Street: As above Apt. # _____
 - b. City: _____ State: _____ Zip: _____

¹ *Reminder: Please be sure to include 5% in your budget to cover project activity delivery costs incurred by the implementing jurisdiction. Activity costs are those associated with administration of Federal compliance requirements such as environmental review, contract preparation, bid packet review and other supplementary program-related regulations.*

5. Person to Contact Regarding this Application:

- a. Name: Mark Wilson
- b. Relationship to Agency: Employee - Senior Project Manager
- c. Street: 3533 Empleo Street Apt. # _____
- d. City: San Luis Obispo State: CA Zip: 93401
- e. Work Phone: (805) 783 - 4460 Ext. _____
- f. Fax: (805) 544 - 1901
- g. E-mail: markw@pshhc.org

6. Name and contact information of Fiscal Agent:

- a. Name: Maura Shannon
- b. Agency / Organization: Peoples' Self-Help Housing Corporation
- c. Street: 3533 Empleo Street Apt. # _____
- d. City: San Luis Obispo State: CA Zip: 93401
- e. Work Phone: (805) 781 - 3088 Ext. 451
- f. Fax: (805) 544 - 1901
- g. E-mail: mauras@pshhc.org

7. Organization's Federal Identification Number (Tax ID #) 95-275-01554

8. Agency Organizational DUNS number: 09-641-44112

(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register.)

9. Is the applicant organization or any parties associated with the applicant or proposed project debarred from entering into federal, state or local contracts? yes no

*If yes, explain under separate cover. **Please note, this will be verified pursuant to federal program requirements, and applications containing false information will be deemed ineligible for funding.*

Federal Grant Experience within past 5 years:

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
CDBG & HOME	Dahlia Court II	33 new affordable rental units	2008-2011	\$1,769,605
HOME	El Patio Hotel	Acq./rehab 42 affordable units	2007-2011	\$408,000
HOME	Casas las Granadas	12 new affordable rental units	2006-2009	\$1,187,585
HOME	Lachen Tara	29 new affordable units	2006-2008	\$2,173,966
CDBG/HOME	Villas at Higuera	28 new affordable rental units	2005-2007	\$550,000

Fiscal Year and Audit Reports

1. What is your agency's fiscal year end date? June 30
2. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. *(Please include a copy of the most recent financial audit with your completed application— See Required Attachments).* What fiscal year did this most recent audit include?
July 1, 2010 to June 30, 2011 (Month/Year - Month/Year)
3. Are there any outstanding financial audit findings which remain unresolved? yes no
If yes, please explain. _____
4. Has your agency expended more than \$500,000 in federal funds in its last operating year? yes no
(Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)

If you answered "yes" to question 4, please answer questions 5 and 6 below. If you answered "no" to question 4, please proceed to question 7.

5. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)? yes no
6. Are there any outstanding single audit findings which remain unresolved? yes no
If yes, please explain. _____
7. If your organization is a non-profit organization, does your organization comply with the following:
 - a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations" yes no
 - b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations" yes no

- c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations" yes no
- d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments" yes no
- e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month? yes no
- f) Does your organization have any outstanding litigation or other legal issues? yes no
If yes, please attach written explanation as a separate sheet.

10. How many members serve on your Board of Directors? 11

11. How often does your Board of Directors meet? 8-10 time per year.

12. Does your Board of Directors have an audit committee? Yes

13. Describe the financial expertise currently serving on your Board of Directors. _____

PSHHC's Board includes a banker as Treasurer, form SB City housing director, and CPA as Asst. Treas.

14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.

Three staff members at PSHHC are CPA's and provide advisory services and project support. In addition PSHHC auditors serve in an advisory capacity to the Board.

Contacts: Staff: Maura Shannon (mauras@pshhc.org); John Fowler (johnf@pshhc.org); Mark Wilson (markw@pshhc.org). Auditor: Tom Tomaszewski (tomcpa@directcon.net).

15. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

Section C – National Objective

Please choose one of the following national objectives pertaining to your project:

- Benefiting low- and moderate- income persons
- Preventing or eliminating slums or blight
- Meeting urgent needs (having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available to meet such needs)

Section D – Activity Eligibility

Which specific HUD Activity best describes your project proposal?

<input checked="" type="checkbox"/>	Acquisition of Real Property	<input type="checkbox"/>	Removal of Architectural Barriers
<input type="checkbox"/>	Disposition of Real Property	<input type="checkbox"/>	Rehabilitation
<input type="checkbox"/>	Public Facilities and Improvements (General)	<input type="checkbox"/>	Energy Efficiency Improvements
<input type="checkbox"/>	Senior Centers	<input type="checkbox"/>	Code Enforcement
<input type="checkbox"/>	Handicapped Centers	<input type="checkbox"/>	Parks, Recreational Facilities
<input type="checkbox"/>	Homeless Facilities (not operating costs)	<input type="checkbox"/>	Parking Facilities
<input type="checkbox"/>	Youth Centers	<input type="checkbox"/>	Solid Waste Disposal Improvements
<input type="checkbox"/>	Neighborhood Facilities	<input type="checkbox"/>	Flood Drainage Improvements
<input type="checkbox"/>	Water/Sewer Improvements	<input type="checkbox"/>	Facilities for AIDS Patients
<input type="checkbox"/>	Street Improvements	<input type="checkbox"/>	Clearance and Demolition
<input type="checkbox"/>	Child Care Centers	<input type="checkbox"/>	Cleanup of Contaminated Sites
<input type="checkbox"/>	Tree Planting	<input type="checkbox"/>	Fire Station
<input type="checkbox"/>	Health Facilities	<input type="checkbox"/>	Asbestos Removal
<input type="checkbox"/>	Abused and Neglected Children Facilities	<input type="checkbox"/>	Commercial / Industrial Land Acquisition
<input type="checkbox"/>	Commercial / Industrial Rehabilitation	<input type="checkbox"/>	Other Commercial / Industrial Improvements
<input type="checkbox"/>	Commercial / Industrial Infrastructure Development		

Section E – Project Information

1. Explain how your project will meet the national objective and activity eligibility as identified above. (200 words or less)

This project involves the construction of 43 new housing units on property currently occupied by very-low income households living in the dilapidated Carpinteria Camper Park. The Carpinteria Camper Park is a blighted property owned and managed by PSHHC since 2004. There are three parcels involved: two parcels currently owned by PSHHC (Camper Park), and one adjacent parcel of .32 acres containing a SFR. This 3rd parcel is for sale and PSH has entered into a Contract to Purchase with the owner. Escrow for this purchase must close by September, 2012. In December of 2010 the City of Carpinteria approved a Development Plan for the project (No. 10-1543-DP/CDP). The project design and approval incorporates all three parcels. County funds will be utilized for the acquisition of this third parcel. The project will serve low- and very low-income families, including farm laborers, from Carpinteria and unincorporated areas of the County.

2. **Personnel/Staff Capacity:** Briefly describe the agency's existing staff positions and qualifications (including whether staff is full-time, part-time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (150 words or less)

SHHC is fully staffed to complete this project. Staff includes three full-time project managers, 2 of whom have over 20 years development experience each. Staff also includes two on-staff general contractors with significant experience in multi-family construction, as well as construction administrative support staff. Lastly, PSHHC's Executive Director and Deputy Director each have over 25 years of affordable housing development experience.

PSHHC has a personnel policy manual with an affirmative action plan and grievance procedures.

Section F – Beneficiary Information

Verification of Eligibility: Please identify how client eligibility is determined.

1. **Low/Moderate Income Area Benefit**

yes no

Program service area has been identified and determined to be statistically low-income based on the 2010 Census. (Please attach map to allow us to determine Census Tract eligibility.)
If you answered yes here, please proceed to "Additional Beneficiary Information" on the following page.

2. **Low/Moderate Income Limited Clientele and Low/Moderate Income Housing**

Self Certification:

yes no

Clients independently "self-certify" on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)

Client Document Review:

yes no

Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)

Presumed Beneficiaries:

yes no

Clients served are primarily and specifically from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. (If you use this method, please indicate which group.) _____

Other:

yes no

If yes, please explain: The Casas de las Flores project will benefit low and very-low income families, including farmworker households, from the City of Carpinteria and unincorporated Santa Barbara Co.
Occupancy will be restricted to households at or below 60% of Area Median Income.

Ethnicity and Race (HUD exemptions in this area are limited.)

1. Does your organization request information on whether your clients are of Hispanic ethnicity? yes no
2. Does your organization ask all clients (including Hispanic clients) whether they are the one or more of the following races: yes no
 - White
 - Black or African American
 - American Indian or Alaska Native
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - American Indian or Alaska Native and White
 - Asian and White
 - Black or African American and White
 - American Indian or Alaska Native and Black or African American
 - Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)
3. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:

Additional Beneficiary Information

1. Number of persons with access to a **new** facility or infrastructure that did not previously exist or was not available for this new purpose: 145
2. Number of persons with access to an **improved or expanded** facility or infrastructure: 25
3. Number of persons that no longer have access to only a **substandard** facility or infrastructure: 25
4. Number of beds created in overnight shelter or other emergency housing: 0
5. **Total persons benefiting from this project:** 170

Section G – Property Ownership

1. Who (agency name) is the legal owner of the property? Peoples' Self-Help Housing Corporation
2. Do you have site control (purchase agreement, entitlements, permits)? yes no
3. If yes, date site control was obtained January, 2012
4. If you are pursuing site control, please provide status summary and date site control expected:

5. Who (agency name) will be the final owner of the property? A Limited Partnership with PSHHC as general partner

Section H – Financial Feasibility

A. Project Budget

Please note that Community Development Block Grant funds may not be utilized for ongoing maintenance and operation costs of capital improvements/facilities.

Cost Category	Amount From County CDBG	Amount From Other Sources	Total Cost
Site Acquisition (Including real estate, closing costs, escrow costs, etc.)	558,623	1,719,246	2,277,869
Architectural and Engineering Services		569,500	569,500
Pre-Construction costs (appraisal, fees, studies, permits, etc.)			
Off-Site Development Costs (Utilities, roads, access. Please specify)		200,000	200,000
Site Preparation costs (not included in construction contract)		250,000	250,000
Construction labor and materials		9,496,400	9,496,400
Contingency		474,820	474,820
Project Management/Activity Delivery (Including Davis-Bacon compliance)		1,400,000	1,400,000
Eligible Energy Improvements			
Other costs (Please specify)		1,850,000	1,850,000
Other costs (Please specify)		1,993,921	1,993,921

Cost Category	Amount From County CDBG	Amount From Other Sources	Total Cost
Total	558,623	17,953,887	18,512,510

If project involves construction, Please attach a budget for the construction cost items. Project will not be considered for approval until it has been received.

Financial Capacity: Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

The agency has a current operating budget of \$7.15M which consists of \$3.955M in expenses for affordable housing rentals, and \$3.19M for construction of affordable housing and other programs. Revenues total \$7.27M, which includes \$4.13M in affordable housing rents and \$208k in donations. The balance of revenues consist of fees for construction and operation of affordable housing and government grants. Funding for programs looks secure for the foreseeable future. The agency has a professional fiscal staff including three CPAs, an excellent system of internal controls, payment procedures, accounting systems and fund accounting, clean audits are received every year.

B. Funding Sources for Proposed Project

Sources of revenue to be utilized on the project	Amount Secured	Amount Unsecured
CDBG funds requested in this application:	0	558,623
CDBG funds requested from other jurisdictions (Please list those jurisdictions):	0	0
Other Federal funds:	0	616,903
State funds:	0	0
Local government funds:	650,000	0
Private funds:	0	3,654,969
Other funds (explain):	0	13,032,015
Total Project Budget (may be multi-year funds):	650,000	17,862,510

- Will your organization be applying for any additional funding (grants or loans) for this project? yes no
- When do you anticipate securing 100% of the funds needed for the completion of this project? 2013

3. Please indicate the sources and amounts of future funds, and anticipated date funds will be made available:

SOURCES	AMOUNTS	DATE

Section I – Project Readiness²

Preconstruction (environmental clearance, plans and specifications, entitlements and permits, procurement / bidding)

Major Milestones	Date Commenced	Date Completed
Site Plans and Floor Plans completed		06/30/2010
City of Carpinteria Development Plan Approval (10-1543-DP/1543)		12/10/2010
100% budget secured (inc. Tax Credits)	01/01/2012	06/30/2013
Final bids received	05/30/2013	08/30/2013

Construction (100% budget secured, other construction milestones)

Major Milestones	Date Commenced	Date Completed
Start of Construction	08/01/2013	12/31/2014
100% Low-Income Occupancy	12/31/2014	03/31/2015
Close of Permanent Financing	03/31/2015	06/30/2015

² Please be realistic in your timeline and milestones, as failure to meet milestones may be grounds for deobligation of funds from the project in order to remain in compliance with HUD expenditure deadlines and requirements.

Section J – Applicant Experience

Describe your organization's previous experience in implementing programs/projects similar to the activity proposed. Attach resumes and references for each member of the proposed development team (i.e. developer, architect, consultants, and project coordinator, if applicable). (250 words or less)

See attached resumes for PSHHC (developer), Duncan Group (property manager) and consultants.

PSHHC is a 40+ year old, award winning local community-based non profit real estate developer, owner and manager. We have developed over 1000 unit of single family residences for low income families and over 1400 units of affordable rental housing for low income families, seniors, farmworkers and those with special needs at 40 different properties owned and managed by PSHHC and it's affiliate non profit property management company, The Duncan Group. See attached "Fact Sheet" and "Project Development History."

1. Who will be administering your Davis-Bacon compliance?
 - a. Name: Mark Wilson
 - b. Agency / Organization: Peoples' Self-Help Housing Corporation
 - c. Work Phone: (805) 783 - 4460
 - d. Fax: (805) 544 - 1901
 - e. E-mail: markw@pshhc.org

2. Who will be preparing the Bid packet and administering the Bid process?
 - a. Name: John Kukulka
 - b. Agency / Organization: Rental Housing Development Director
 - c. Work Phone: (805) 783 - 4475
 - d. Fax: (805) 544 - 1901
 - e. E-mail: johnk@pshhc.org

Section K – Energy Efficiency and Conservation Design Measures

Explain what design features and improvements will be implemented in your project to minimize the use of energy and natural resources while maximizing the operational savings derived from energy efficient technologies.
(150 words or less)

through sustainable design and building methods, the project is proposed to promote energy efficiency and conservation through:

- 1) Exceeding Title 24 Energy Standards by 15-25%
- 2) Use of florescent lights.
- 3) Installation of Energy Star rated appliances.
- 4) Use of water saving fixtures in kitchens and bathrooms.
- 5) Use of low VOC interior paint.
- 6) Greenpoint Rating or LEED Certification.

Section L – Maintenance and Operational Feasibility

1. Who (agency name) will be responsible for the ongoing maintenance and operations of the facility?
The Duncan Group, a non-profit property management company and affiliate of PSHHC.
Please note an authorized person representing the responsible organization must sign the certification enclosed.
2. Please attach the proposed maintenance and operations budget reflecting both revenues and expenditures.
3. Add any comments here: _____

Section M – Environmental Review

A. Project Information

1. Assessor's Parcel Number of project site: 004-013-018, 004-013-019, 004-013-020
(Please attach a map of the site)
2. Parcel Size: 2.69 acres (combined)

B. Historic Preservation

1. Note the year that each of the structure(s) on the parcel was constructed? 1960
2. Are any of the structures designated or eligible for listing on the National Register of Historic Places? yes no

3. Please indicate how these structures are currently used (i.e., real estate office, residential apartment, etc.)
Leasing office and shared resident bathrooms, and spaces for travel trailer hookups.

4. Are any of the structures considered of local historic significance? yes no

If yes, please cite the source: _____

6. If any of the structures have been remodeled, please note when the remodeling occurred and which portions of the building were impacted. N/A

C. Local Land Use Review

1. What is the local land use authority for this site City of Carpinteria
(city or unincorporated county)

2. What is the zoning for this parcel? CPD/R (Residential Overlay)
(Contact the appropriate local planning official)

3. Is the project's land use consistent with the zoning designation? yes no

4. What is the General Plan and/or Area Plan Designation? Research Park Industrial
(Contact the appropriate local planning official)

5. Is the project's land use consistent with the General Plan and/or Area Plan Designation? yes no

6. Please list all local permits required to approve the proposed project
(e.g. project approval, conditional use permit, land use permit, grading permit, building permit, etc.).
Architectural Review, Coastal Development Permit, Development Plan, Lot Line
Adjustment/Merger

7. Have the listed permit applications been initiated? yes no

Please note the status of any required permit applications that are outstanding.
The project has gained final approvals from Architectural Review Board and Planning
Commission

8. Has a CEQA environmental document been prepared for this project? yes no

If completed, what was date and nature of the determination (i.e., MND, ND, EIR, etc.)?
MND

9. Has a NEPA review for this project been completed? yes no

If yes, which agency completed the NEPA review? _____

D. Environmental Compliance

1. Has a Phase I Environmental Site Assessment Report been completed for this project? yes no

If yes, when was this completed? May, 2007

2. Has an Archaeological or Cultural Resource Survey been completed for this site? yes no

3. Is the Project located near areas where flammable, explosive, or toxic chemicals are stored or transported? yes no

If so, describe. _____

4. Are there any endangered or threatened species known to be on the project site? yes no

5. Is the project site within line-of-sight of an arterial roadway or railway? yes no

If yes, list the name of the road/railroad and the distance to the nearest proposed structure(s) on the site.
US Highway 101 (+100 feet)

6. Will this project create noise sensitive uses? yes no

7. Is the project site located on existing or previously cultivated farmland? yes no

8. Is the project site in either a 100-year or 500-year floodplain? yes no
(Contact the local Public Works Department for the site's flood zone designation)

9. Does this property have flood insurance? yes no

10. Is the project located near wetlands? yes no

11. Approximately how far is the project site from the nearest airport? 20 miles

12. Have the structure(s) been tested for asbestos, mold, or lead-based paint? yes no

13. Will the project involve Lead – Based Paint mitigation? yes no

Section N – Certifications (Please note that all certifications must be executed in BLUE INK)

Agency Certification

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached documentation (if applicable) is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. The federal assistance made available through the CDBG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.

Peoples' Self-Help Housing Corporation

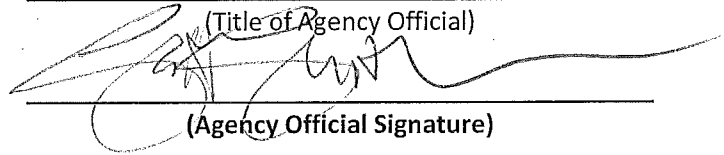
(Name of Agency)

Scott Smith

(Typed Name of Agency Official)

Deputy Director / Assistant Secretary

(Title of Agency Official)



(Agency Official Signature)

January 25, 2012

(Date of Signature)

805-781-3088 x453

(Telephone Number of Agency Official)

scotts@pshhc.org

(Email address of Agency Official)

(CERTIFICATIONS CONTINUED ON NEXT PAGE)

***All certifications must be executed in BLUE INK**

Maintenance and Operations Budget Certification

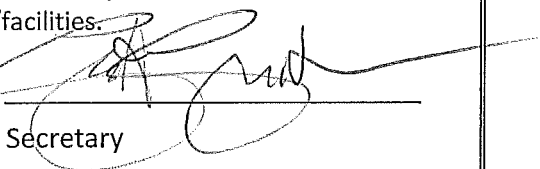
The governing body of (insert agency name) The Duncan Group, a Public, Quasi-Public, or Non-Profit entity, has the financial capacity and is willing to assume the maintenance and operation responsibility and costs associated with the indicated Community Development project. This body has reviewed the proposed operation and maintenance budget stated above and to the best of its ability has determined this budget to be a true and accurate estimate of the annual maintenance and operation costs for the proposed budget.

The following is the name and address of the entity which is proposed to provide maintenance and operation services for the proposed project:

Full Name: The Duncan Group
Street Address: 3533 Empleo Street
City, State, Zip Code: San Luis Obispo, CA 93401

It is understood that without a commitment for maintenance and operation, the indicated project may not be considered for funding under the Community Development Block Grant Program.

Please note that Community Development Block Grant Funds may not be utilized for ongoing maintenance and operation costs of capital improvements/facilities.

Acknowledged by Authorized Agency Representative: 

Title of Authorized Agency Representative: Assistant Secretary

Date Certification Signed: January 25, 2012

BOARD OF DIRECTORS AFFIDAVIT

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Scott Smith
 depose and say that I am Deputy Director / Assistant Secretary
 [insert title, President, Vice President, etc.] of Peoples' Self-Help Housing
Corporation, 3533 Empleo Street, San Luis Obispo, CA 93401

_____ [insert name and address of Agency].

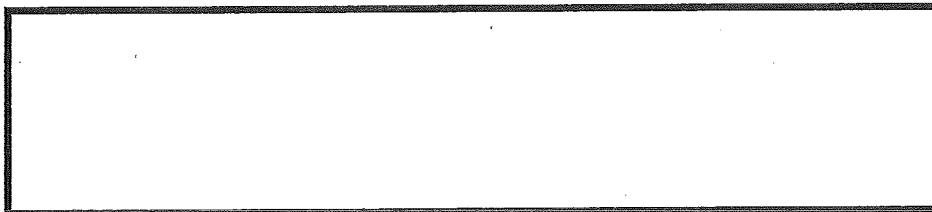
The other members and officers of the Board of Directors of this Agency are:
 (Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. <u>Carolyn Johnson</u>	<u>President, BOD</u>	<u>Oct 2012</u>
2. <u>Dave Gustafson</u>	<u>VicePresident, BOD</u>	<u>Oct 2013</u>
3. <u>Jolie Ditmore</u>	<u>Secretary, BOD</u>	<u>Oct 2013</u>
4. <u>Charles Fruit</u>	<u>Treasurer, BOD</u>	<u>Oct 2024</u>
5. <u>Jose Flores</u>	<u>Member, BOD</u>	<u>Oct 2013</u>
6. <u>M. Ortega-Alvarez</u>	<u>Member, BOD</u>	<u>Oct 2012</u>

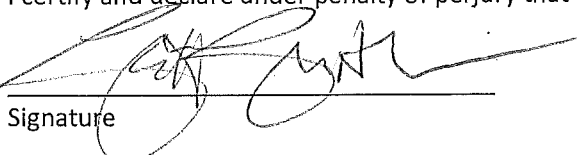
DATE: Jan. 25, 2012

AT: San Luis Obispo, CA 93401 (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.

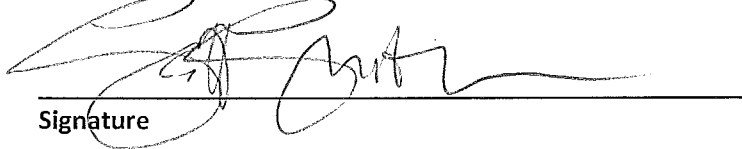

 Signature

Scott Smith, Deputy Director
 Print Name and Title

CHECKLIST OF REQUIRED ATTACHMENTS

Note: This completed checklist must be signed and submitted with the funding application. The documents listed below are required of Agencies applying for CDBG Capital funds.

- Bylaws**
- Organization Chart**
- Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
 - Form 501(c)
- Evidence of Insurance**
 - Copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.)
 - Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured"
- Project Budget for Construction**
- Most recent financial audit**
- Project Maintenance and Operational Budget**
- Project Location Map**
- Self-Certification intake form (if applicable)**
- Client document review worksheet (if applicable)**
- Client race / ethnicity data collection form (if applicable)**
- Resumes for each member of the proposed development team**
- Explanation of outstanding legal/litigation issues, if applicable**


Signature

Scott Smith, Deputy Director
Print Name & Title



**COUNTY OF SANTA BARBARA
HOUSING AND COMMUNITY DEVELOPMENT
CDBG CAPITAL PROJECT**

Project Proposal for Program Year 2012-2013

FOR OFFICIAL USE ONLY

Rec'd _____

Initials _____

Logged

Scanned

Total Requested Program Funding by Jurisdiction¹:
(Check all that apply)

- Santa Barbara County \$ 317,250.00
- Carpinteria \$ _____
- Solvang \$ _____

Are you also applying for program funding through any of the listed jurisdictions' NOFAs? *(Check all that apply)*

- Goleta \$ _____
- Lompoc \$ _____
- Santa Maria \$ _____

Section A – General Project Information Summary

1. Project Title: ADA Improvements to Park Restrooms
2. Brief Summary of the Project: To make necessary improvement to existing restroom facilities in Santa Barbara County parks to bring them into compliance with ADA and to remove architectural barriers.
3. Project Address: 610 Mission Canyon Road
4. Service Area of Proposed Project (i.e., specific city, countywide, etc.) Countywide

Section B – General Applicant Information

1. Legal Name of Applicant Organization: Santa Barbara County CSD/ Parks Division
2. Are you a 501(c) organization? yes no
(All agencies must complete a Board of Directors Affidavit on page 17)
3. Address of Organization:
 - a. Street: 610 Mission Canyon Rd. Apt. # _____
 - b. City: Santa Barbara State: CA Zip: 93105
4. Mailing Address (if different from above):
 - a. Street: Same Apt. # _____
 - b. City: _____ State: _____ Zip: _____

¹ *Reminder: Please be sure to include 5% in your budget to cover project activity delivery costs incurred by the implementing jurisdiction. Activity costs are those associated with administration of Federal compliance requirements such as environmental review, contract preparation, bid packet review and other supplementary program-related regulations.*

5. Person to Contact Regarding this Application:

- a. Name: Juan M. Beltranena
- b. Relationship to Agency: Capital Projects Manager
- c. Street: 610 Mission Canyon Rd. Apt. # _____
- d. City: Santa Barbara State: CA Zip: 93105
- e. Work Phone: (805) 568 - 2470 Ext. _____
- f. Fax: (805) 568 - 2459
- g. E-mail: jbeltranena@sbparks.org

6. Name and contact information of Fiscal Agent:

- a. Name: N/A
- b. Agency / Organization: _____
- c. Street: _____ Apt. # _____
- d. City: _____ State: _____ Zip: _____
- e. Work Phone: __(_____)_____ - _____ Ext. _____
- f. Fax: __(_____)_____ - _____
- g. E-mail: _____

7. Organization's Federal Identification Number (Tax ID #) 95 - 6002833

8. Agency Organizational DUNS number: 825 90 5268

(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register.)

9. Is the applicant organization or any parties associated with the applicant or proposed project debarred from entering into federal, state or local contracts? yes no
*If yes, explain under separate cover. **Please note, this will be verified pursuant to federal program requirements, and applications containing false information will be deemed ineligible for funding.*

Federal Grant Experience within past 5 years:

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount

Fiscal Year and Audit Reports

1. What is your agency's fiscal year end date? 6/30
2. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. *(Please include a copy of the most recent financial audit with your completed application— See Required Attachments).* What fiscal year did this most recent audit include?
N/A (Month/Year - Month/Year)
3. Are there any outstanding financial audit findings which remain unresolved? yes no
 If yes, please explain. _____
4. Has your agency expended more than \$500,000 in federal funds in its last operating year? yes no
(Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)

If you answered “yes” to question 4, please answer questions 5 and 6 below. If you answered “no” to question 4, please proceed to question 7.

5. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)? yes no
6. Are there any outstanding single audit findings which remain unresolved? yes no
 If yes, please explain. _____
7. If your organization is a non-profit organization, does your organization comply with the following:
 - a) OMB Circular A-110, as implemented at 24 CFR Part 84 “Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations” yes no
 - b) OMB Circular A-122 “Cost Principles for Non-Profit Organizations” yes no

- c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations" yes no
- d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments" yes no
- e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month? yes no
- f) Does your organization have any outstanding litigation or other legal issues? yes no
If yes, please attach written explanation as a separate sheet.

10. How many members serve on your Board of Directors? N/A

11. How often does your Board of Directors meet? N/A

12. Does your Board of Directors have an audit committee? N/A

13. Describe the financial expertise currently serving on your Board of Directors. N/A

14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.

N/A

15. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

Section C – National Objective

Please choose one of the following national objectives pertaining to your project:

- Benefiting low- and moderate- income persons
- Preventing or eliminating slums or blight
- Meeting urgent needs (having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available to meet such needs)

Section D – Activity Eligibility

Which specific HUD Activity best describes your project proposal?

<input type="checkbox"/>	Acquisition of Real Property	<input checked="" type="checkbox"/>	Removal of Architectural Barriers
<input type="checkbox"/>	Disposition of Real Property	<input type="checkbox"/>	Rehabilitation
<input type="checkbox"/>	Public Facilities and Improvements (General)	<input checked="" type="checkbox"/>	Energy Efficiency Improvements
<input type="checkbox"/>	Senior Centers	<input type="checkbox"/>	Code Enforcement
<input type="checkbox"/>	Handicapped Centers	<input checked="" type="checkbox"/>	Parks, Recreational Facilities
<input type="checkbox"/>	Homeless Facilities (not operating costs)	<input type="checkbox"/>	Parking Facilities
<input type="checkbox"/>	Youth Centers	<input type="checkbox"/>	Solid Waste Disposal Improvements
<input type="checkbox"/>	Neighborhood Facilities	<input type="checkbox"/>	Flood Drainage Improvements
<input type="checkbox"/>	Water/Sewer Improvements	<input type="checkbox"/>	Facilities for AIDS Patients
<input type="checkbox"/>	Street Improvements	<input type="checkbox"/>	Clearance and Demolition
<input type="checkbox"/>	Child Care Centers	<input type="checkbox"/>	Cleanup of Contaminated Sites
<input type="checkbox"/>	Tree Planting	<input type="checkbox"/>	Fire Station
<input type="checkbox"/>	Health Facilities	<input type="checkbox"/>	Asbestos Removal
<input type="checkbox"/>	Abused and Neglected Children Facilities	<input type="checkbox"/>	Commercial / Industrial Land Acquisition
<input type="checkbox"/>	Commercial / Industrial Rehabilitation	<input type="checkbox"/>	Other Commercial / Industrial Improvements
<input type="checkbox"/>	Commercial / Industrial Infrastructure Development		

Section E – Project Information

1. Explain how your project will meet the national objective and activity eligibility as identified above. (200 words or less)

Santa Barbara County Parks are visited by many in the County. Among our park visitors are a large group of low and moderate income families, who during hard economic times find in our parks a place to take their children and enjoy the amenities provided in the parks. Many of our park Restrooms need to be upgraded to meet ADA accessibility standards, they also need to be renovated as the continuous use of these facilities inexorably deteriorates or fixtures are broken. Park restroom facilities can also be made more energy efficient by installing and retrofitting with new water conserving fixtures, as well as more efficient had driers and water heaters.

2. **Personnel/Staff Capacity:** Briefly describe the agency's existing staff positions and qualifications (including whether staff is full-time, part-time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (150 words or less)

Brian Roney - Deputy Director / full time
Juan M. Beltranena - Capital Projects Manager / full time
Mitch Medeiros, Sue Spencer and Sherman Hansen - Operations Managers / full time

Santa Barbara County has a personnel policy manual with an affirmative action plan and grievance procedures

Section F – Beneficiary Information

Verification of Eligibility: Please identify how client eligibility is determined.

1. **Low/Moderate Income Area Benefit** yes no
Program service area has been identified and determined to be statistically low-income based on the 2010 Census. (Please attach map to allow us to determine Census Tract eligibility.)
If you answered yes here, please proceed to "Additional Beneficiary Information" on the following page.

2. **Low/Moderate Income Limited Clientele and Low/Moderate Income Housing** yes no
Self Certification: Clients independently "self-certify" on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)

Client Document Review: yes no
Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)

Presumed Beneficiaries: yes no
Clients served are primarily and specifically from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. (If you use this method, please indicate which group.) _____

Other:

yes no

If yes, please explain: Parks serve a varied countywide population. Surveys of Zip Code data from park visitors is attached.

Ethnicity and Race *(HUD exemptions in this area are limited.)*

1. Does your organization request information on whether your clients are of Hispanic ethnicity? yes no

2. Does your organization ask all clients (including Hispanic clients) whether they are the one or more of the following races: yes no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

3. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:
Surveys will be conducted amongst visitors.

Additional Beneficiary Information

1. Number of persons with access to a **new** facility or infrastructure that did not previously exist or was not available for this new purpose: N/A

2. Number of persons with access to an **improved or expanded** facility or infrastructure: 23,993 visitors

3. Number of persons that no longer have access to only a **substandard** facility or infrastructure: 23,993 visitors

4. Number of beds created in overnight shelter or other emergency housing: 0

5. **Total persons benefiting from this project:** 23,993

Section G – Property Ownership

1. Who (agency name) is the legal owner of the property? Santa Barbara County CSD/Parks
2. Do you have site control (purchase agreement, entitlements, permits)? yes no
3. If yes, date site control was obtained various
4. If you are pursuing site control, please provide status summary and date site control expected:

5. Who (agency name) will be the final owner of the property? Santa Barbara County CSD/Parks

Section H – Financial Feasibility

A. Project Budget

Please note that Community Development Block Grant funds may not be utilized for ongoing maintenance and operation costs of capital improvements/facilities.

Cost Category	Amount From County CDBG	Amount From Other Sources	Total Cost
Site Acquisition (Including real estate, closing costs, escrow costs, etc.)			
Architectural and Engineering Services	\$65,000		\$65,000
Pre-Construction costs (appraisal, fees, studies, permits, etc.)			
Off-Site Development Costs (Utilities, roads, access. Please specify)			
Site Preparation costs (not included in construction contract)	\$20,000		\$20,000
Construction labor and materials	\$195,000		\$195,000
Contingency	\$27,500		\$27,500
Project Management/Activity Delivery (Including Davis-Bacon compliance)	\$9,750		\$9,750
Eligible Energy Improvements			
Other costs (Please specify)			
Other costs (Please specify)			

Cost Category	Amount From County CDBG	Amount From Other Sources	Total Cost
Total	\$317,250.00		\$317,250.00

If project involves construction, Please attach a budget for the construction cost items. Project will not be considered for approval until it has been received.

Financial Capacity: Describe the agency’s current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency’s fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

N/A

B. Funding Sources for Proposed Project

Sources of revenue to be utilized on the project	Amount Secured	Amount Unsecured
CDBG funds requested in this application:		\$317,250.00
CDBG funds requested from other jurisdictions (Please list those jurisdictions):		
Other Federal funds:		
State funds:		
Local government funds:		
Private funds:		
Other funds (explain):		
Total Project Budget (may be multi-year funds):		\$317,250.00

- Will your organization be applying for any additional funding (grants or loans) for this project? yes no
- When do you anticipate securing 100% of the funds needed for the completion of this project? 2012

3. Please indicate the sources and amounts of future funds, and anticipated date funds will be made available:

SOURCES	AMOUNTS	DATE

Section I – Project Readiness²

Preconstruction (environmental clearance, plans and specifications, entitlements and permits, procurement / bidding)

Major Milestones	Date Commenced	Date Completed

Construction (100% budget secured, other construction milestones)

Major Milestones	Date Commenced	Date Completed

² Please be realistic in your timeline and milestones, as failure to meet milestones may be grounds for deobligation of funds from the project in order to remain in compliance with HUD expenditure deadlines and requirements.

Section J – Applicant Experience

Describe your organization's previous experience in implementing programs/projects similar to the activity proposed. Attach resumes and references for each member of the proposed development team (i.e. developer, architect, consultants, and project coordinator, if applicable). (250 words or less)

Santa Barbara County Parks Division of CSD has a history of managing Federal and State grants. Currently, Juan M. Beltranena, our Capital Projects Manager and a licensed architect, manages 2 ARRA Grants for approximately \$1.5M, four (4) other Federal Grants funded through the Bureau of Reclamation for approximately \$8.7 M. Additionally we have managed the Proposition 12 and Proposition 40 grant funds from the State of California for approximately \$2.5 M.

Finally, SB CSD/Parks also manages several other grants from Oil Mitigation Funds, and grants provided through US Fish and Wildlife (CIAP), as well as local grants from Associated Students at UCSB, CREF, Department of Boating and Waterways (DBAW) and the Office of Grants and Local Services (OGALS) of the State of California.

1. Who will be administering your Davis-Bacon compliance?

- a. Name: Celia de Gonzalez
- b. Agency / Organization: CSD/ Parks
- c. Work Phone: (805) 568 _ 2457
- d. Fax: (805) 568 _ 2459
- e. E-mail: degonza@sbparks.org

2. Who will be preparing the Bid packet and administering the Bid process?

- a. Name: Juan M. Beltranena / Jill Van Wee
- b. Agency / Organization: CSD/ Parks & SBC General Services
- c. Work Phone: (805) 568 _ 2470
- d. Fax: (805) 568 _ 1079
- e. E-mail: jvanwie@co.santa-barbara.ca.us

Section K – Energy Efficiency and Conservation Design Measures

Explain what design features and improvements will be implemented in your project to minimize the use of energy and natural resources while maximizing the operational savings derived from energy efficient technologies.

(150 words or less)

Renovations and code upgrades to existing park restrooms will include water saving fixtures and equipment to reduce water use. Additionally, high efficiency hand driers will be installed to cut down on energy consumption. Energy efficient lighting and other energy reducing strategies will be implemented - such as timers on switches, as well as fixtures.

Section L – Maintenance and Operational Feasibility

1. Who (agency name) will be responsible for the ongoing maintenance and operations of the facility?
Santa Barbara County Parks Division
Please note an authorized person representing the responsible organization must sign the certification enclosed.
2. Please attach the proposed maintenance and operations budget reflecting both revenues and expenditures.
3. Add any comments here: N/A

Section M – Environmental Review

A. Project Information

1. Assessor's Parcel Number of project site: Various
(Please attach a map of the site)
2. Parcel Size: Varies

B. Historic Preservation

1. Note the year that each of the structure(s) on the parcel was constructed? Various
2. Are any of the structures designated or eligible for listing on the National Register of Historic Places? yes no

3. Please indicate how these structures are currently used (i.e., real estate office, residential apartment, etc.)
Park Restrooms - recreational use

4. Are any of the structures considered of local historic significance? yes no

If yes, please cite the source: _____

6. If any of the structures have been remodeled, please note when the remodeling occurred and which portions of the building were impacted. N/A

C. Local Land Use Review

1. What is the local land use authority for this site SBC Planning and Development
(city or unincorporated county)

2. What is the zoning for this parcel? Recreation
(Contact the appropriate local planning official)

3. Is the project's land use consistent with the zoning designation? yes no

4. What is the General Plan and/or Area Plan Designation? Countywide
(Contact the appropriate local planning official)

5. Is the project's land use consistent with the General Plan and/or Area Plan Designation? yes no

6. Please list all local permits required to approve the proposed project
(e.g. project approval, conditional use permit, land use permit, grading permit, building permit, etc.).
Building Permit - for renovation

7. Have the listed permit applications been initiated? yes no
Please note the status of any required permit applications that are outstanding.

8. Has a CEQA environmental document been prepared for this project? yes no

If completed, what was date and nature of the determination (i.e., MND, ND, EIR, etc.)?

Restroom renovation and upgrades projects are Exempt - Notice of Exemption will be filed.

9. Has a NEPA review for this project been completed? yes no

If yes, which agency completed the NEPA review? Project is exempt

D. Environmental Compliance

1. Has a Phase I Environmental Site Assessment Report been completed for this project? yes no

If yes, when was this completed? _____

2. Has an Archaeological or Cultural Resource Survey been completed for this site? yes no

3. Is the Project located near areas where flammable, explosive, or toxic chemicals are stored or transported? yes no

If so, describe. _____

4. Are there any endangered or threatened species known to be on the project site? yes no

5. Is the project site within line-of-sight of an arterial roadway or railway? yes no

If yes, list the name of the road/railroad and the distance to the nearest proposed structure(s) on the site.

Jalama Beach UPRR coastal railroad - approx. 1 mile

6. Will this project create noise sensitive uses? yes no

7. Is the project site located on existing or previously cultivated farmland? yes no

8. Is the project site in either a 100-year or 500-year floodplain? yes no

(Contact the local Public Works Department for the site's flood zone designation)

9. Does this property have flood insurance? yes no

10. Is the project located near wetlands? yes no

11. Approximately how far is the project site from the nearest airport? 40 miles

12. Have the structure(s) been tested for asbestos, mold, or lead-based paint? yes no

13. Will the project involve Lead – Based Paint mitigation? yes no

Section N – Certifications *(Please note that all certifications must be executed in BLUE INK)*

Agency Certification

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached documentation (if applicable) is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. The federal assistance made available through the CDBG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.

Santa Barbara County CSD/Parks Division

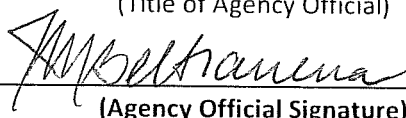
(Name of Agency)

Juan M. Beltranena

(Typed Name of Agency Official)

Capital Projects Manager

(Title of Agency Official)



(Agency Official Signature)

1/20/2012

(Date of Signature)

805 568-2470

(Telephone Number of Agency Official)

jbeltranena@sbParks

(Email address of Agency Official)

(CERTIFICATIONS CONTINUED ON NEXT PAGE)

Maintenance and Operations Budget Certification


The governing body of (insert agency name) Santa Barbara County CSD/Parks Division, a Public, Quasi-Public, or Non-Profit entity, has the financial capacity and is willing to assume the maintenance and operation responsibility and costs associated with the indicated Community Development project. This body has reviewed the proposed operation and maintenance budget stated above and to the best of its ability has determined this budget to be a true and accurate estimate of the annual maintenance and operation costs for the proposed budget.

The following is the name and address of the entity which is proposed to provide maintenance and operation services for the proposed project:

Full Name: Santa Barbara County CSD/Parks Division
Street Address: 610 Mission Canyon Rd.
City, State, Zip Code: Santa Barbara, CA 93105

It is understood that without a commitment for maintenance and operation, the indicated project may not be considered for funding under the Community Development Block Grant Program.

Please note that Community Development Block Grant Funds may not be utilized for ongoing maintenance and operation costs of capital improvements/facilities.

Acknowledged by Authorized Agency Representative: 
Title of Authorized Agency Representative: Deputy Director - Parks Division
Date Certification Signed: 1/20/2012

BOARD OF DIRECTORS AFFIDAVIT

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee _____
depose and say that I am _____
[insert title, President, Vice President, etc.] of _____

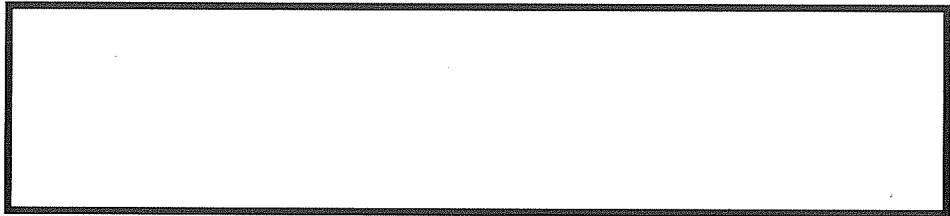
_____ [insert name and address of Agency].

The other members and officers of the Board of Directors of this Agency are:
(Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

DATE: _____
AT: _____ (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.

Signature _____
Print Name and Title

CHECKLIST OF REQUIRED ATTACHMENTS

Note: This completed checklist must be signed and submitted with the funding application. The documents listed below are required of Agencies applying for CDBG Capital funds.

- Bylaws**
- Organization Chart**
- Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
 - Form 501(c)
- Evidence of Insurance**
 - Copy of current insurance coverage (General Liability, Automobile, Worker’s Compensation, etc.)
 - Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as “additionally insured”
- Project Budget for Construction**
- Most recent financial audit**
- Project Maintenance and Operational Budget**
- Project Location Map**
- Self-Certification intake form (if applicable)**
- Client document review worksheet (if applicable)**
- Client race / ethnicity data collection form (if applicable)**
- Resumes for each member of the proposed development team**
- Explanation of outstanding legal/litigation issues, if applicable**

Signature

Print Name & Title