

2023 CEQA Transmittal Memorandum

County of Santa Barbara - Clerk of the Board of Supervisors

105 E. Anapamu St. Room 407 • Santa Barbara • CA • 93101 (805) 568-2240

Complete this form when filing a Negative Declaration, Mitigated Negative Declaration, Environmental Impact Report or Notice of Exemption.

You will need to submit one original for posting plus one copy for the Department of Fish & Wildlife. A scanned copy including

| the date/time of posting will be emailed to an extra copy along with a pre-addressed, | | cant. If you would like a retu | rn copy, please submit | |
|------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------|------------------------|--|
| Contact Person | | | Phone | |
| Lead Agency | | | gency Email | |
| Project Title | | | | |
| Project Applicant | Email | Phone | Phone | |
| Project Applicant Address | City | State | Zip | |
| | DOCUMENT BEING FILE | ED: | <u> </u> | |
| ☐ Environmental Impact Report (EIR) | | | | |
| □2023 Filing Fee | | | \$3,839.25 | |
| ☐ Previously Paid (must atta | ach receipt) | | \$0.00 | |
| □ No Effect Determination (| | \$0.00 | | |
| ☐ Negative Declaration or Mitigated N | legative Declaration | | | |
| □2023 Filing Fee | | | \$2,764.00 | |
| ☐ Previously Paid (must attach receipt) | | | \$0.00 | |
| □ No Effect Determination (must be attached)\$0.00 | | | | |
| ☐ Notice of Exemption | | | \$0.00 | |
| ☐ County Administrative Handling Fe | e (required for all filings, effective | 7/19/18) | \$50.00 | |
| | | TOTA | ۸L: | |
| PAYMENT METHOD: AI | LL APPLICABLE FEES MUST B | SE PAID AT THE TIME O | F FILING | |
| ☐ Cash ☐ Credit Card (in person only) | □ Check #[| □ Journal Entry # | | |

CEOA NOTICE OF EXEMPTION

TO: Santa Barbara County Clerk of the Board of Supervisors

FROM: Santa Barbara County

The project or activity identified below is determined to be exempt from further environmental review requirements of the California Environmental Quality Act (CEQA) of 1970, as defined in the State and County Guidelines for the implementation of CEQA.

APN: 128-085-044

Location: 4500 Hollister Avenue Santa Barbara CA

Project Title: DignityMoves La Posada LLC

Applicant: Santa Barbara County

Project Description:

Lease County of Santa Barbara owned lot, located at 4500 Hollister Ave to DignityMoves La Piosada LLC for placement and installation of up to 90 temporary residential pallet shelter units ("Units"), restrooms, ancillary dining, laundry and storage facilities, and office and administration facilities thereon to be used for emergency shelter beds and programming at the site. The ground lease will provide a term of five (5) years. Installation of Units will also require utility connections to the modular Units. The site is paved and currently contains a trailer unit which will be removed in order to install the Units.

The Units will be temporarily used onsite to provide additional shelter capacity. Each Unit can accommodate two adults, though some may only be used to shelter one person depending on needs of the individuals. The Units are each 64 square feet in area and include a bed and desk inside. Bathroom, shower and laundry facilities will connect to sewer and water through sewer lateral and water main connections. Provided meals will be served in two 259 square-foot dining commons for all persons sheltered in the Units. Additional accessory structures are detailed in the chart below.

| Room Type | Quantity | Square Footage |
|----------------------------|----------|----------------|
| Single Rooms | 68 | 64 |
| Couples | 12 | 78 |
| ADA Single | 10 | 78 |
| Storage | 1 | 152 |
| Restroom | 8 | 62 |
| Laundry | 3 | 62 |
| Office | 3 | 64 |
| Dining | 2 | 259 |
| IT | 1 | 64 |
| Clinic/Aux/Case Management | 3 | 131 |

Services provided on site will include housing navigation and supportive services, medical support needs public health nurse visits, meals, and overnight shelter. The project will be operated 7 days per week, 24 hours per day.

Name of Public Agency Approving Project: County of Santa Barbara

Name of Person or Agency Carrying Out Project: County of Santa Barbara

| Exemp | t Status: (Check one) |
|--------|--------------------------------------------------------------|
| | Statutory Exemption (Cal. Gov. Code, § 8698.4, subd. (a)(4); |
| Minist | CEQA Guidelines Section 15269, subd. (c)) |
| erial_ | |
| X | |
| | Categorical Exemption () |
| X | Emergency Project |
| | Declared Emergency |

CEQA Guideline Section 15269 and Government Code Section 8698.4, subd. (a)(4)

Cal. Gov. Code 8698.4, subd. (a)(4). CEQA does not apply to actions taken by a county to lease, convey, or encumber land owned by a county or to facilitate the lease, conveyance, or encumbrance of land owned by the local government for, or to provide financial assistance to, a homeless shelter constructed or allowed by this section.

CEQA Guidelines Section 15269, subd. (c). Section 15269, subd. (c) provides an exemption from the requirements of CEQA for actions necessary to prevent or mitigate an emergency.

Reasons to support exemption findings:

This project provides for approval of a ground lease agreement with DignityMoves LA Posada LLC and related sitework for a placement of modular units for emergency housing in response to the shelter crisis declaration, which proclaimed the lack of shelter available for persons experiencing homelessness results in a threat to their public health, safety and welfare. The proposed modular unit project aligns with the Phase II Community Action Plan to Address Homelessness priorities by expanding the existing shelter system and continued identification and implementation of best management practices. Co-location of the units enables program clients to benefit from existing on-site support and housing navigation services, the goal of which is to provide an opportunity to move to permanent housing. This project will prevent or mitigate the emergency created by the shelter crisis.

| Department/Division Representative:_ | Kim Albers, CSD/HCD |
|--------------------------------------|---------------------|
| Date: | |
| Date Filed by County Clerk: | |