

F) C0737 14-15
ECTLC
Solar Panel
Proj.

PUBLIC FACILITIES APPLICATION/PROPOSAL
 (FY 2014-15 CDBG Program Guidelines are available at <http://www.cityofelcajon.us/dept/redev/housing/index.aspx>)

PART I – APPLICATION SUMMARY

1. Proposed Project/Program Title:

Solar Panel Project

2. Legal Name of Agency (Applicant):

East County Transitional Living Center, Inc.

3. Mailing Address:

1527 East Main Street **City:** El Cajon **Zip:** 92021

4. Primary Contact Person:

Title: Ivan Andujar	Title: Chief operations Officer	Phone: (619) 442-0457 ext: 1118	Email: IANDUJAR@ECTLC.ORG
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Secondary Contact Person:

Title: Harold H. Brown	Title: Chief Executive Officer	Phone: (619) 442-0457 Ext: 1111	Email: HBROWN@ECTLC.ORG
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5. Agency Description:

Faith-Based Organization:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
501(c)3 Non-Profit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Public Agency?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Year Incorporated:	2009
Agency Tax ID Number:	27-0865318
Agency DUNS Number:	8331183119

6. FY 2014-15 CDBG Funding Request:

Total Project Cost:	\$100,000.00
Less Other Funding Sources (List below):	<\$
	<\$
	<\$
	<\$
Total FY 2014-15 CDBG Funding Request:	\$100,000.00

7. Project/Program Site Address(es):

1527 East Main Street, El Cajon CA 92021	Census Tract (if known): 16402(3)

8. Applicant Certification: To the best of my knowledge and belief, the information contained in this application is true and correct; the document has been duly authorized by the governing body of the applicant; and the applicant will comply with all assurances, Federal, State, and Local laws and regulations if funding is approved.

Agency's Authorized Official (please print): Harold H. Brown

Authorized Official's Title: Chief Executive Officer

Signature/Date: _____

For staff use only:	
Meets National Objective? _____ (specify)	Meets a Local Priority? _____ (specify)
Davis-Bacon triggered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No Reg. Citation: _____

PART II –PROJECT PROPOSAL

9. **Statement of Problem/Need:** Describe the problem or need that the proposed activity is intended to address.

Install solar panels on (2) buildings to reduce energy usage.

10. **Public Facilities Project Description:** a) Describe the project and list the type of work to be completed i.e. acquisition, construction, rehabilitation, expansion, demolition, repaving, etc. and b) describe specifically how the requested CDBG funds will be used.

Install solar panel system on (2) buildings located at 1527 East Main St. to reduce electricity costs. CDBG funds will be utilized for purchase of solar panel system and installation.

11. **Timeline / Construction Schedule:** Describe a) the detailed project implementation timeline and construction schedule and b) indicate whether the project can be completed on or before **June 30, 2015**.

August 1, 2014 – contact local contractors that specialize in solar panels.
October – November 2014 – finalize contract with chosen contractor.
January – June 2015 – schedule work to be completed.

12. **Project Location, Size and Zoning:** Indicate a) the location (including Assessor Parcel Number) and size of the project (e.g. square foot of building or expansion area), b) specify the current zoning of the site and zoning for the intended use (if different), and c) indicate if your project will be in compliance with current zoning, or if a variance, alley abandonment, etc., is necessary to carry out the project.

1527 East Main St., El Cajon CA 92021. Assessor Parcel # 5073102800. Solar panels would consist of approximately 14,200 square feet on (2) existing buildings. Would not interfere with current site zoning requirements.

13. **Who Will Complete the Work / Procurement:** Describe a) who will complete the work described above (agency staff, licensed contractor, etc.), and b) Describe your agency's capabilities of conducting the work or your procurement process that explains how the contractor will be chosen (advertised bid, written quotes, etc.).

All work will be completed by a licensed solar panel contracting business with experience in Davis-Bacon labor standards. ECTLC, Inc will request (3) written/electronic bids.

14. **Davis-Bacon Labor Standards:** Construction work that is financed in whole or in part with CDBG funds may be subject to the Federal labor standards requirements, including the Davis-Bacon and related Acts, for payment of prevailing wages. Additional information is available in the HUD publication *Contractor's Guide to Davis-Bacon: Prevailing Wage Requirements for Federally-Assisted Construction Projects*. A copy of this publication and other labor compliance resources may be obtained from the City's Housing Division or the HUD Labor Relations website located at http://portal.hud.gov/hudportal/HUD?src=/program_offices/labor_relations. Contact CDBG Program staff for assistance in determining whether your project is subject to Davis-Bacon requirements. **Describe your agency's experience in managing/conducting federal construction projects and compliance with the Davis-Bacon Act (NA if not applicable).**

Currently working with a contractor for Parking Lot Repaving project that requires Davis Bacon Act.

15. **Architectural Services:** All comprehensive renovation projects require an architect. Indicate a) what type of architectural services will be needed on the project, b) Indicate whether an architect assisted in developing the project budget and provide the name of the firm, and c) Indicate what design work (i.e. conceptual plans, construction drawings) has been completed for your project.

Contractor will be responsible for architectural services, if needed, as part of their contract.

16. **Target Population:** Describe the characteristics of the target population that will be served by completing the project (i.e., elderly, persons with disabilities, homeless persons, low-income, etc.).

Target population consists of all homeless clients participating in programs offered by East County Transitional Living Center, Inc.

17. **Proposal Beneficiaries:** Documentation of benefit to low/moderate-income persons is required for all funded projects. Choose either (a) or (b), as applicable.

- a) **Area Benefit:** If your project serves the residents of a given service area, such as a community center or park, indicate where your service area is located. *****Attach a map (such as Thomas Bros. map) showing the project location and draw lines on the map outlining the boundaries of the geographic area served/area that will benefit from your project*****

- b) **Limited Clientele:** If your project serves a particular clientele (who could be from anywhere in the City), indicate 1) **the number of unduplicated clients who will be served**, 2) the number who are low/moderate-income, and 3) the number who are residents of El Cajon. Provide documentation that a minimum of 51% of those served by the project are low/moderate income.

Project will benefit approximately 275-325 homeless men, women and children by allowing the agency to incur lower energy costs with the saving being passed on to the clients through programs offered.

- c) **Documentation of Beneficiaries Served:** If your project serves limited clientele [question (b) above], describe the method or procedure to be used for collecting required demographic data, including race, ethnicity, income characteristics, etc. *****Attach a sample copy of any intake form(s) used to collect the data*****

18. **Site Control:** Is the Program Site Address owned by Applicant? Yes No
If the program will be offered at a location owned or managed by another agency, describe and prove that the site is firmly committed for this project. *****Attach evidence of site control (i.e., lease or rental agreement)*****

19. **ADA Accessibility:** The Americans with Disabilities Act (ADA), State Title 24, and the Fair Housing Act prohibit discrimination based on disability. Please be advised and acknowledge in the space provide below that your project will be reviewed for compliance with federal and state laws as they relate to accessibility.

The facility is equipped with designated rooms that are ADA compliant.

20. **Building Permit(s):** Please be advised and acknowledge in the space provided below that you must comply with permit requirements as outlined in State Title 24 as modified by local ordinance.

Permits will be included as part of the contract.

PART III - PROJECT BUDGET

21. **Complete and submit a complete Project Budget (Table A), and Matching Funds Verification (Table B) if applicable.**
22. **For each line item in the proposed project budget (Table A), provide narrative explaining each item. In addition, describe how the project will be fully funded.**

Non-applicable

23. **Matching Funds:** If the program contains other non-CDBG resources that will be used to carry out the program, please list them on Tables A and B, and describe them here. Indicate whether matching funds are firmly committed to the program.

PART IV - AGENCY INFORMATION

24. Background:

A. Describe your agency's overall mission and purpose.

East County Transitional Living Center, Inc. is a 501c (3) non-profit, religious based humanitarian organization extending shelter, meal opportunities and case management to homeless families and/or individuals in East San Diego County.

B. Briefly describe the **background** of your agency, including the length of time your agency has been in operation, the date of incorporation, and the type of corporation.

East County Transitional Living Center, Inc. has been in operation since August 2009. Date of incorporation: August 11, 2009. A California Nonprofit Religious Corporation. ECTLC, Inc. was formerly known as Set Free Baptist Fellowship and began operations in 2004.

C. Describe the **type of services provided by your agency**, and include the number and characteristics of **all clients** served by the agency.

Transitional shelter, meal opportunities, anger management classes, parenting classes, clothing, onsite access to medical services (County medical bus on Mondays) and onsite case management. Average clients receiving services is 275-325 on any given day.

D. *****Attach a current Organizational Chart and list of current Board of Directors*****

25. Financial:

A. Describe your agency's current overall operating budget, itemizing revenues and expenses. *****Attach a copy of your agency's Current Year Operating Budget*****

See attached budget.

B. Describe/list your agency's major sources of funding.

Privately funded and self supportive.

C. Describe the agency's fiscal management system including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements.

East County Transitional Living Center, Inc. is a 501c(3) non-profit organization overseen by an independent Board of Directors. See Attached.

PART V - TRACK RECORD / CAPABILITY

26. Agency Performance History:

Provide information on the two most recent El Cajon CDBG funded project/programs administered by your agency. If you have never or not recently received an El Cajon CDBG grant, list other, similar recent projects. Complete all fields or write NA for not applicable.

A. Project Administered By Your Organization:

Project/Program Name:	ECTLC Parking Lot Re-Pavement		
Project/Program Address:	1527 East Main Street, El Cajon CA 92021		
El Cajon CDBG Funded?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	List other funder(s):
Year Funded:	2013-14	Award Amount:	\$60,000
Contract Expiration Date:	06/30/14		
Performance Reports and Monthly Billing Up to Date?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Indicate the most recent monthly report/billing submitted:	n/a

If Performance Reports and/or Billings are not up to date please explain why:

Final contract has yet to be awarded. Waiting on response from (2) contractors to meet our procurement procedures.

B. Project Administered By Your Organization:

Project/Program Name:	CDBG-HUD HEATING AIR CONDITIONING UPGRADES		
Project/Program Address:	1527 East Main Street, El Cajon CA 92021		
El Cajon CDBG Funded?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	List other funder(s):
Year Funded:	2012-13	Award Amount:	\$30,000.00
Contract Expiration Date:	6/30/13	Amt. Spent to Date: \$	30,000 ⁻
Performance Reports and Monthly Billing Up to Date?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Indicate the most recent monthly report/billing submitted:	6/30/13

If Performance Reports and/or Billings are not up to date please explain why:

Use the space provided below to enter the project status including the goals achieved and project completion date or anticipated project completion date.

(50) HEATING-AIR CONDITIONING UNITS were installed in ECTLC client rooms. All goals were met on time and fully achieved.

PART VI - AUDIT AND INSURANCE REQUIREMENTS

27. Audit

In accordance with the Office of Management and Budget Circulars A-133, A-128, and A-110, the Federal Government requires that organizations receiving a cumulative amount of **\$500,000 or more** in Federal financial assistance in a fiscal year must have an audit prepared at the end of the fiscal year (referred to the "**Federal Single Audit**"). Agencies that fall into this category must choose one of the three following ways of meeting this requirement and state which method is chosen. Please check the applicable box for this project:

- If your agency already conducts audits of all its funding sources including CDBG, you must submit a copy of your most recent audit, and may, at your discretion, include the CDBG portion of the audit cost in your CDBG project budget.
- If your agency already conducts audits of its other funding sources but has neither received nor included CDBG funds in the past, the scope of the audit should be modified to incorporate CDBG audit requirements. The associated audit cost of the addition of CDBG funds could then be included in your CDBG project budget, accompanied by the auditor's written cost estimate.
- If your agency does not have a current audit process in place, your agency may be required to include a 10% set-aside in the CDBG project budget for the provision of an audit.

28. Insurance

- A. Please list the amount of your liability insurance coverage and the name and address of your insurance agency.

Philadelphia Indemnity Insurance Company (see attached copy of policy)
27101 & 27201 Puerta Real, Suite 200 Mission Viejo, CA 92691
\$4,000,000,000 umbrella policy.

- B. Please state whether your agency pays all payroll taxes and worker's compensation insurance as required by Federal and State law.

East County Transitional Living Center, Inc. abides by payroll taxes and worker's compensation insurance and will incur all administrative costs.

- C. Please state whether your agency has fidelity bond coverage for principal staff who handle your agency's accounts. Yes No If so, please indicate the amount of coverage and the insuring agency.

\$4,000,000,000 umbrella policy. Philadelphia Indemnity Insurance Company

- D. Please list your insurance carrier and whether it is an "admitted" carrier pursuant to the provisions of the California Insurance Code and licensed by the State Insurance Commissioner as a carrier authorized to transact the business of insurance in the State of California and has received a Best's rating of B+ VII or better.

Philadelphia Indemnity Insurance Company (see attached copy of policy)
27101 & 27201 Puerta Real, Suite 200 Mission Viejo, CA 92691

- E. See further Insurance Requirements (Attachment F of the CDBG Program Guidelines)

TABLE A - Project Budget (Public Facilities Projects)

PROJECT TITLE

SOLAR PANEL PROJECT

Date prepared:

12/9/13

Budget Categories	Project Cost Estimates	Sources of Funds (please specify)												
		CDBG Funds		Applicant's Funds		1.		2.		3.				
		Amount	Status*	Amount	Status*	Amount	Status*	Amount	Status*	Amount	Status*			
Land Costs														
Appraisals														
Acquisition														
Legal Services														
Other:														
Total Land Costs														
Professional Services														
Architects														
Surveys														
Other:														
Total Professional Svcs														
Construction														
Site Improvements														
Labor ¹														
Materials														
Equipment ²	\$100,000.00													
Fees and Permits ³														
Total Construction Costs	\$100,000.00													
Relocation Assistance ⁴														
Total Project Budget:	\$100,000.00													
Total Project Costs														

*C=committed funds; P=application submitted-decision pending; N=funds not yet requested from this source

Notes: ¹ Davis-Bacon Wage Regulations will affect Construction/Rehabilitation project costs. Check with staff for wage determination. ² Attach list itemizing proposed acquisition of built in equipment. Equipment that is not an integral structural fixture is generally not eligible for purchase with CDBG funds. ³ Include costs for development and permit fees payable to the City of El Cajon in connection with a project. ⁴ Relocation costs apply when individuals or businesses are temporarily or permanently displaced as result of your acquisition, new construction or renovation project. Please check with staff for relocation cost factors.

TABLE B – Matching Funds Verification (Public Facilities Projects)

PROJECT TITLE SOLAR PANEL PROJECT

Public Facilities proposals are classified by priorities developed by the City in the Five-Year Consolidated Plan. Those projects that do not meet one of the City's priorities, will be disqualified.

Matching funds require written verification and must be submitted with the proposal. Proposals submitted with unverified match will be disqualified from consideration. The CDBG funds and non-CDBG funds must be adequate, as determined by City Staff, to complete the entire project. Projects that are not financially viable will not be considered for funding. *****Attach the letters of match/financial commitment to the proposal and label Attachment(s) to Table B – Matching Funds.***** Charter schools must also submit a copy of their annual financial report.

List the sources of the matching funds and indicate whether they are firmly committed or tentative.

MATCHING AND GAP FUND SOURCES					
Source	Cash Resources	Value In-kind Contribution	Firm Commitments (please check)	Tentative Commitments (Please check)	Date Available
	\$0	\$0			
	\$0	\$0			
	\$0	\$0			
	\$0	\$0			
	\$0	\$0			
	\$0	\$0			
TOTAL	\$0	\$0			

Our sources above represent match \$ _____ to CDBG request of \$ _____

Use this area to provide any additional information about the project matching funds: