

# PUBLIC FACILITIES APPLICATION/PROPOSAL

(Limit responses to the space provided, attach information where requested)

| PART I – APPLICATION SUMMARY  |  |  |                        |                 |            |                   |  |  |
|---|--|--|------------------------|-----------------|------------|-------------------|--|--|
| A 400 1 500 1 (1500   |  | ************************************** |                        |                 |            |                   |  |  |
| 1. Proposed Project/Pr  |  |  |                        |                 |            |                   |  |  |
| ECTLC Parking Lot Re-pa   | avement  | ····                                   |                        |                 |            |                   |  |  |
| 2. Legal Name of Ager   | ncy/Applicant R  | equestin                               | g Funding:             |                 |            |                   |  |  |
| East County Transitional  | Living Center, In  | c.                                     |                        |                 |            |                   |  |  |
| A BI '11' A I I   |  |  |                        | 0:4             |            | <b>"</b> ":       |  |  |
| 3. Mailing Address: 1527 East Main Street   |  |  |                        | Cit<br>El Cajon |            | <b>Zip:</b> 92021 |  |  |
| TOET LAST MAIN STOOT  |  |  |                        |                 |            |                   |  |  |
| 4. Contact Person:  | Title:   |  | Phone:                 |                 |            | mail:             |  |  |
| Ivan Andujar  | Chief Opera  | ations                                 | (619) 442-0457         | IA              | NDUJAR     | @ECTLC.ORG        |  |  |
|   | Officer  |  | ext: 1118              |                 |            |                   |  |  |
| Secondary Contact Pers  |  |  | Phone:                 |                 |            | mail:             |  |  |
| Harold H. Brown   | Chief Execu  | utive                                  | (619) 442-0457         | H               | IBROWN     | @ECTLC.ORG        |  |  |
|   | Officer  |  | ext: 1111              |                 |            |                   |  |  |
| 5. Agency Description:  |  |  | 6. FY 2013-14          | CDBG Fu         | ınding R   | equest:           |  |  |
| Faith-Based   | ▼Yes □   | No                                     | Total Project Cost:    |                 | \$60,000   | 0.00              |  |  |
| Organization:   |  |  |                        |                 |            |                   |  |  |
| 501(c)3 Non-Profit?   | Yes 🗆  | No                                     | Less Other Funding     | g               |            |                   |  |  |
|   | And the second s |  | (Be Specific):         |                 |            |                   |  |  |
| Year Incorporated:  | 2009   |  | (Bo openio).           |                 | \$         |                   |  |  |
| Agency Tax ID Number:   | 27-0865318   |  |                        |                 | \$         |                   |  |  |
| Agency DUNS Number:   | 8331183119   |  | Total FY 2013-14       | CDBG            | \$60,000   | 0.00              |  |  |
| •   |  |  | Funding Request:       |                 |            |                   |  |  |
| no po i e   | - D  |  |                        |                 |            |                   |  |  |
| <ol><li>7. Brief summary of the<br/>Complete re-paving of Ea</li></ol>  |  | itional Liv                            | vina Contor Barkina L  | ot and ro       | atripping  | with handigan     |  |  |
| parking stalls.   | ist County Transi  | illoriai Liv                           | mig Cerilei Farking Li | ot and re s     | suipping v | ин написар        |  |  |
| parring crane:  |  |  |                        |                 |            |                   |  |  |
|   |  |  |                        |                 |            |                   |  |  |
| 8. Number of Unduplica  | ated clients eve   | acted to                               | he served during th    | a fiscal v      | oar.       | ВД                |  |  |
| o. Number of offduplica   | iteu clients exp   | ected to                               | be served during th    | e nscai y       | cai.       | 00                |  |  |
| 9. Project/Program Site Address(es): Census Tract:  |  |  |                        |                 |            |                   |  |  |
| 1527 East Main Street, El   | Cajon CA 9202  | 1                                      |                        | 16              | 6402 (3)   |                   |  |  |
|   |  |  |                        |                 |            |                   |  |  |
| 10. 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 Signee (please print): HAROID H. Brown  |  |  |                        |                 |            |                   |  |  |
| Signature/Date:   | Signature/Date: 4/2-13-2013  |  |                        |                 |            |                   |  |  |
| /X 10   | MOUS -   | -                                      |                        |                 |            | _                 |  |  |

| PAKI                       | II - PROJECT ELIGIBILITY  |
|----------------------------|---|
|                            | eting a CDBG National Objective. Please check the box that appropriately applies to your ect (See Guidelines at Page 3 and Schedule C of this Application):   |
| ×                          | Benefit a majority (51%) of low/moderate income residents (low/moderate income residents earn at or below 80% of the area median income, adjusted by family size);  |
| П                          | Alleviate a serious and immediate threat to the health and/or welfare of the community. Threat must be recent in origin or urgency (previous 18 months) and no other source of funds is available for the program/project;  |
|                            | Serves to prevent or eliminate conditions of slum and blight.   |
| add  13. Pro inco inco che | ch City of El Cajon FY 2009-2014 Consolidated Plan Priority does this project/program ress? (See Guidelines at Page 4 and Schedule C of this Application):  posed Program Service Area / Beneficiaries.  Documentation of benefit to low/moderate-me persons is required for all funded projects. In order to qualify as benefiting low/moderate-me persons, your project must fall into one of the categories below. Please read carefully and ck the applicable box for this project:  Area Benefit — This category is for projects that benefit all residents of a defined service area as outlined in the Guidelines on Page 5. At least 51% of the residents within the service area must be low/moderate-income persons. (See Attachment E of the Guidelines, Map of Low/Moderate Income Areas, to assist with determining LMI Service Areas; call 619-441-1786 for further assistance.)  If your project benefits all residents of a defined service area, please describe and define the boundaries of the service area of your project in detail. Be very specific, and include street boundaries and/or Census Tract and block group information: |
|                            | Re-paving of East County Transitional Living Center Parking Lot (approximately 80,000 square feet) 1527 East Main Street, El Cajon CA 92021.  Attach a map page showing project boundaries and label it Attachment to Question 13A, Service Area Boundaries.  |
|                            | Limited Clientele — This category is for projects that benefit limited clientele as outlined in the Guidelines on Page 5. At least 51% of the clientele served must be low/moderate income persons. Data must be collected and reported for all clients served by the program including household size, income level (see Attachment C of the Guidelines), race, ethnicity, and city of residency (see Guidelines at Page 5 and Attachment B, Reporting Requirements)  If your project benefits a limited clientele, please 1) describe the population served by the project/program; 2) indicate the number of unduplicated clients to be served; 3) indicate the number expected to be low/moderate-income; and 4) describe the specific method of collecting demographic data used by your project:  |
|                            |   |

|  |  |  |  |  | CRI |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|
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#### 14. PUBLIC FACILITIES PROJECT DESCRIPTION

Describe the project and list the type of activities that will occur in connection with the project i.e., acquisition, rehabilitation, construction, expansion, demolition, parking repaving, alley abandonment and indicate how the CDBG funds will be used. Be specific.

| Complete re-paving of East County Transitional Living Center Parking Lot and re stripping with handicap parking stalls. | th |
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#### 15. TIMELINE / CONSTRUCTION SCHEDULE

Provide a detailed project timeline and construction schedule. Indicate how/whether the project can be completed on or before **April 13, 2014**.

| August 1, 2013 – contact local contractors for bids.         |     |
|--|-----|
| September 1, 2013 – award contract.                          |     |
| October 1 – November 30, 2013 – schedule work to be complete | ∋d. |

# **16. Describe the need or problem to be addressed** and how this proposed program/project will meet that need:

The East County Transitional Living Center parking lot is in need of complete re surfacing to address the potholes and general deterioration after the raining season. Creates a trip hazard for clients and draining issues. ECTLC currently fills in potholes with "hot patch" as needed.

#### 17. PUBLIC FACILITIES PROJECT SERVICE PURPOSE

Describe the service(s) that will be offered at the project site that will benefit low/moderate-income persons:

The parking lot is utilized by all participants in any of the (4) programs offered by East County Transitional Living Center, Inc. All participants are considered homeless as ECTLC, Inc works with them to find permanent housing and/or an appropriate program.

| 18. FACILITIES OPERATION   |                 |
|--|-----------------|
| Describe how the operation of the facility (i.e., staffing, program supplies, and maintenant financially supported now and how it will be supported in the future years.   | ce) is          |
| East County Transitional Living Center, Inc. is privately funded and self supportive.  |                 |
|  |                 |
| 19. LICENSING  List any and all licenses required to carry out the services associated with this project. For exa if the program serves infants, children, or youth, indicate if the program requires a Cali Department of Health Services Childcare license (See instructions for details). Licensed chil center applicants and Charter Schools must attach a copy of current license and Certificated Occupancy – label Attachment to Question 19 – Licensing. | fornia<br>dcare |
| City of El Cajon, Conditional Use Permit (CUP # 1956)  |                 |
| 20. PROJECT LOCATION AND SIZE  Indicate the location and size of the project (e.g., square foot of building or expansion area).  1527 East Main Street, El Cajon CA 92021 Approximately 80,000 square foot parking area  |                 |
| 21. ZONING   |                 |
| Specify the current zoning of the proposed site and the required zoning for the intended use. Incif your project will be in compliance with the current zoning, or if a variance, alley abandonment is necessary to carry out the project.   |                 |
| Non- applicable  |                 |
| 22. PARKING  |                 |
| Specify whether the current parking is adequate for the intended use, meets zoning requirement requires rezoning or a variance.  | nts, or         |
| (82) parking stalls / (4) handicapped parking stalls   |                 |
| 23. ARCHITECTURAL SERVICES   |                 |
| Indicate what type of architectural services will be needed on the project. All comprehe renovation projects require an architect. Indicate whether an architect assisted in developing project budget, and provide the name of the firm. Indicate what design work (i.e., conceptual project construction drawings) has been completed for the project.   | g the           |
| Non- applicable  |                 |
|  |                 |

| 24. SITE CONTROL  |
|---|
| Indicate if the site is owned by your agency, leased, or a pending purchase by your agency. Please indicate if there are any tenants in the building. (See Application Instructions for more details).  |
| Site is solely owned by East County Transitional Living Center, Inc.  |
| 25. Will the proposed project meet Americans with Disabilities Act standards for accessibility to persons with disabilities? Explain. (See Guidelines for more details).  |
| (4) Designated handicapped stalls nearest each office and handicapped equipped rooms.   |
| 26. Discuss Neighborhood Support efforts you have undertaken to date relative to the proposed project. List dates of meetings, number of participants, and issues raised. Indicate whether the neighborhood expressed overall support or opposition and provide a summary of significant comments received. |
| Non-applicable  |
| 27. PROJECT PERFORMANCE MEASUREMENTS  |
| Define the project's measurable goals, outputs and outcomes. Be specific.   |
| The property will benefit by having a newly paved parking lot that alleviates potholes/trip hazards and proper drainage to prolong the life of the parking lot.   |
| 28. TARGET POPULATION - NUMBER OF PERSONS TO BE SERVED  |
| Describe the client target population for the project, specify the total number of persons to be served by the project and describe the geographic service boundaries.  |
| N/A – SAME AS QUESTION 13B.   |
|   |

| P  | ART IV - PROJECT BUDGET  |
|----|--|
| ). | Complete and submit Exhibit A (Project Budget) and Exhibit B (Matching Funds Verification), if applicable.   |
|    | For each line item in the proposed Project Budget (Exhibit A), provide brief narrative explaining each item and describe how the project will be fully funded.   |
|    | roject will be funded using the requested \$60,000.00 CDBG-HUD Public Facilities funding. East County ransitional Living Center, Inc. will absorb all administrative costs.  |
|    |  |
|    |  |
|    |  |
|    |  |
|    | <b>Matching Funds.</b> Matching funds are not required for Public Facilities projects, but if the program contains other non-CDBG resources that will be used to carry out the program, please list them here and on the <b>Exhibit B</b> . Indicate whether matching funds are firmly committed to the program. |
| Į  | on-applicable  |
|    |  |
| _  | PART V - AGENCY INFORMATION  |

A. Outline 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.

B. Describe the agency's 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.

| •  |
|--|
|  |
|  |
| C. Describe all major services/programs/program areas the Agency provides.   |
| Transitional shelter, meal opportunities, anger management classes, parenting classes, clothing, onsite access to medical services (County medical bus on Mondays), AA/NA classes and onsite case management.  |
|  |
| D. List the average number of clients assisted by your Agency in a typical year and the characteristics of your clients (for Agency as a whole, in addition to those already described in Question 13B)  |
| (400) + clients are assisted each year through the (4) various programs ECTLC, Inc. has to offer. The vast majority of our clientele are homeless and enter into one of our programs based on their specific needs/situation.  |
|  |
| E. Describe your agency's capabilities of assisting these clients.  East County Transitional Living Center, Inc. is fully staffed with case management and CEDAC counseling. ECTLC, Inc. has the ability to serve approximately (400), at any given time with shelter through the (4) various programs we offer. |
| F. Organizational Chart and current Board of Directors. Attach both to application and label it  Attachment to Question 32F.   |
| 33. FINANCIAL  |
| A. Describe your agency's current overall operating budget, itemizing revenues and expenses.   |
| See attached budget  |
| B. Major Sources Of Applicant Funding (Please List)  |
| Privately funded and self supportive   |

| keeping, accounting systems, payment procedures, and audit requirements.  |
|---|
| ast County Transitional Living Center, Inc. is a 501c(3) non profit organization overseen by an independent loard of Directors. See attached. |
| oald of Directors. See attached.  |
|   |
|   |
|   |
|   |
|   |

C. Describe the agency's fiscal management procedures including financial reporting, record

| PART VI - TRACK RECORD / CAPABILITY |  |
|-------------------------------------|--|
|-------------------------------------|--|

### 34. 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 programs (especially experience with CDBG funding requirements). Complete all fields or write N/A for not applicable.

| A. I | PROJECT | ADMINISTERED | BY YOUR | ORGANIZATION |
|------|---------|--------------|---------|--------------|
|------|---------|--------------|---------|--------------|

| Project/Program Name:   | Heating/Air Conditioning Unit Replacement   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| Project/Program Address:  | 1527 East Main St., El Cajon Ca 92621   |  |  |  |  |  |
| El Cajon CDBG Funded' funder(s):                                  |   |  |  |  |  |  |
| Year Funded: 2012-13  | Award Amount: \$30.000.00   |  |  |  |  |  |
| Contract Expiration Date:   | Contract Expiration Date: 06/30/2013  |  |  |  |  |  |
| Use the space provided completion date or anticipate              | below to enter the project status including the goals achieved and project ted project completion date. |  |  |  |  |  |
| (35) out of (50) units insta<br>2/28/13.                          | alled as of 12/10/12. Anticipate remaining (15) units will be installed by                              |  |  |  |  |  |
|   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
| B. PROJECT ADMINISTE  | RED BY YOUR ORGANIZATION  |  |  |  |  |  |
| Project/Program Name:   | Heating / Air Conditioning Unit Replacement   |  |  |  |  |  |
| Project/Program Address:  | 1527 EAST MAIN ST. EI CAJON CA. 92021   |  |  |  |  |  |
| El Cajon CDBG Funded?   | ∕es No □ List other funder(s):  |  |  |  |  |  |
| Year Funded: 2011-12  | Award Amount: \$30.000.00   |  |  |  |  |  |
| Contract Expiration Date:   | 06/30/12 Amt. Spent to Date: \$ 30,000 00   |  |  |  |  |  |
| Use the space provided becompletion date or anticipat             | pelow to enter the project status including the goals achieved and project ed project completion date.  |  |  |  |  |  |
| (50) Heating/air conditioning units were purchased and installed. |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |

## PART VII - AUDIT AND INSURANCE REQUIREMENTS

| 35. | Fed<br>in I<br>yea<br>the | accordance with the Office of Management and Budget Circulars A-133, A-128, and A-110, the deral Government requires that organizations receiving a cumulative amount of \$500,000 or more Federal financial assistance in a fiscal year must have an audit prepared at the end of the fiscal ar (referred to a the "Federal Single Audit". Agencies that fall into this category must choose one of three following ways of meeting this requirement and state which method is chosen. Please eck 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 will be required to include a 10% set-aside in the CDBG project budget for the provision of an audit.  |
| 36. | Ins                       | urance  |
|     | 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  |
|     | В.                        | Please state whether your agency pays all payroll taxes and worker's compensation insurance as required by Federal and State law.   |
|     | ſ                         | East County Transitional Living Center, Inc. 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 Indemity 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.  |
|     | D.                        | 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   |

# PART VIII - ADDITIONAL INFORMATION

## 37. ADDITIONAL INFORMATION

Please provide any additional information in the space below that you would like to be considered for this proposal.

East County Transitional Living Center, Inc. provides shelter, meals, case management to over 400 men, women and children each year. The limited funding ECTLC raises is used to provide the essential services to our clientele. The parking lot is in dire need of resurfacing to address pothole and drainage issues.

# PART IX - REQUIRED DOCUMENTATION

| Che | Checklist of Required Documents |   |  |  |  |  |  |
|-----|---------------------------------|---|--|--|--|--|--|
| 1   | # copies                        | Item  |  |  |  |  |  |
|     | 6                               | Items requested in narrative section above. (Questions 1 – 37 above)  |  |  |  |  |  |
|     | 6                               | Proposed Budget (Exhibit A), and Matching Funds Verification (Exhibit B)  |  |  |  |  |  |
|     | 6                               | Implementation Schedule (required)  |  |  |  |  |  |
|     | 6                               | List of Board of Directors - include the name, telephone number, address, occupation or affiliation of each member and identify the principal officers of your governing body.  |  |  |  |  |  |
|     | 6                               | Board of Directors' Authorization to Submit Application, and Designation of Authorized Official documentation of your governing body's action authorizing the representative of your agency to negotiate for and contractually bind your agency. Documentation may consist of a signed letter from the Chairperson of your governing body providing the name, title, address and telephone number of each authorized individual, or a copy of the minutes of the meeting in which your governing body's resolution, motion, or other official action is recorded. |  |  |  |  |  |
|     | 6                               | Organizational Chart - describe your agency's administrative framework and staff positions, which indicates where your proposed project will fit into your organizational structure, and which identifies any staff positions of shared responsibility.   |  |  |  |  |  |
|     | 6                               | Resume of Program Administrator   |  |  |  |  |  |
|     | 6                               | Resume of Fiscal Officer  |  |  |  |  |  |
|     | 6                               | Conflict of Interest Statement - please identify any member, officer, or employee of your organization who is an officer or employee of the City, or a member of any of its boards, commissions, or committees or has any interest or holding which could be affected by any actions taken in execution of this application.  |  |  |  |  |  |
|     | 1                               | Financial Statement and most recent Audit   |  |  |  |  |  |
|     | 1                               | Articles of Incorporation and Bylaws  |  |  |  |  |  |
|     | 1                               | State and Federal Tax Exemption Determination Letters   |  |  |  |  |  |
|     | 1                               | Proof of Insurance  |  |  |  |  |  |

# **EXHIBIT A**PUBLIC FACILITIES PROJECT BUDGET

| P | R | 0 | J | E | CT | 1 | ľ | TI | _E |
|---|---|---|---|---|----|---|---|----|----|
|---|---|---|---|---|----|---|---|----|----|

ECTLC Parking Lot Re-navement

This schedule must be completed when the proposed capital project involves acquisition, construction and/or rehabilitation of a public facility. The project budget should include permits, utility installation, relocation and engineering and architectural services (if applicable). City Department applicants must ensure the matching funds are earmarked in their departmental budget. Exhibit B must be completed to document the sources of matching funds and gap financing. Add additional lines as necessary.

| Cost Component                         | CDBG Funding<br>Request | Other Cash<br>Resources/<br>Matching Funds | In-kind<br>Contributions | Total Project<br>Budget |
|--|-------------------------|--|--------------------------|-------------------------|
| LAND                                   |                         | ***************************************    |                          |                         |
| Appraisals                             |                         |  |                          | ·                       |
| Legal Services                         |                         |  |                          |                         |
| Land Acquisition                       |                         |  |                          |                         |
| Real Estate Services                   |                         |  |                          |                         |
| Other (specify)                        |                         |  |                          |                         |
| Total Land Cost                        |                         |  |                          |                         |
| PROFESSIONAL<br>SERVICES<br>Architects |                         |  |                          |                         |
| Asbestos Survey                        |                         |  |                          |                         |
| Asbestos Survey Archeological          |                         | · · · · · · · · · · · · · · · · · · ·      |                          |                         |
| Monitoring                             |                         |  |                          |                         |
| Other (Specify)                        |                         |  |                          |                         |
| Total                                  |                         |  |                          |                         |
| Professional                           |                         |  |                          |                         |
| Services                               |                         |  |                          |                         |
| Construction                           |                         |  |                          |                         |
| Site Improvements                      | \$60,000.00             |  |                          | \$60,000.00             |
| Labor                                  |                         | · · · · · · · · · · · · · · · · · · ·      |                          |                         |
| Material                               |                         |  |                          |                         |
| Equipment <sup>2</sup>                 |                         |  |                          |                         |
| Fees and Permits <sup>3</sup>          |                         |  |                          |                         |
| Total                                  |                         |  |                          |                         |
| Construction                           |                         |  |                          |                         |
| Costs                                  |                         |  |                          |                         |
| Relocation<br>Assistance <sup>4</sup>  |                         |  |                          |                         |
| TOTAL PROJECT<br>BUDGET                | \$60,000.00             |  |                          | \$60,000.00             |

<sup>&</sup>lt;sup>1</sup> Davis- Bacon Wage Regulations will affect Construction/Rehabilitation project costs. Check with staff for wage determination.

<sup>&</sup>lt;sup>2</sup> 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**.

<sup>&</sup>lt;sup>3</sup> Include costs for development and permit fees payable to the City of El Cajon in connection with a project.

Relocation costs apply when individuals or businesses are displaced as result of your acquisition, new construction or renovation project. Please check with staff for relocation cost factors.

# **EXHIBIT B**

# MATCHING FUNDS VERIFICATION PUBLIC FACILITIES PROJECT

| PROJECT TITLE ECTLC Parking Lot Re-pavement  |                                   |     |   |  |  |  |
|--|-----------------------------------|-----|---|--|--|--|
| Public Facilities proposals are classified by priorities developed by the City (See CDBG Fact Sheet - Schedule C Attached). 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 financially not viable will not be considered for funding. Attach the letters of match/financial commitment to the proposal and label <u>Attachment(s) to Exhibit B – Matching Funds</u> . 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 Value In-kind Firm Tentative |     |   |  |  |  |
|  | \$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:  |                                   |     |   |  |  |  |
|  |                                   |     |   |  |  |  |

# SCHEDULE C

# CDBG FACT SHEET, PERFORMANCE MEASURES & CITIZEN PARTICIPATION PLAN

### I. Introduction

This FACT SHEET has been prepared to assist citizens to understand the COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) program in El Cajon. Also, this FACT SHEET provides information as to how non-profit organizations may apply for CDBG funds from the City of El Cajon and how those funds must be used to benefit the community.

### II. Overview of Program

- A. Per Title I of the Housing and Community Development Act of 1974 (Public Law 93-383), as amended, the City of El Cajon is entitled to receive federal CDBG funds on an annual basis. The purpose of the federal grant program is to assist cities, such as El Cajon, with the development of decent housing, a suitable living environment, and economic opportunities for the benefit of low and moderate-income residents.
- B. All CDBG-funded projects and programs must meet one or more of the following NATIONAL OBJECTIVES:
  - 1) Benefit a majority of low/moderate income residents; or
  - 2) Meet a community need having a particular urgency because existing conditions pose a serious and immediate threat to the health and/or welfare of the community and no other financial resources are available to meet the need. (A condition will be considered urgent or of recent origin if it developed or became critical within the 18-month period preceding the application); or
  - 3) Aid in the prevention or elimination of conditions of slum and blight.

NOTE: The majority of CDBG-funded projects in the City of El Cajon will address the national objective to benefit a majority of low/moderate income residents.

- C. Additionally, projects must meet <u>at least one</u> or more of the local priorities developed by the City of El Cajon in its FY 2009-2014 Five-Year Consolidated Plan:
  - Priority 1: Conserve and Improve Existing Affordable Housing
  - Priority 2: Provide Homeownership Assistance to Low and Moderate Income Households
  - Priority 3: Provide Rental Assistance to Low and Moderate Income Households
  - Priority 4: Preserve Assisted Housing at Risk of Converting to Market Rate
  - Priority 5: Assist in the Development of Affordable Housing
  - Priority 6: Promote Equal Housing Opportunity
  - Priority 7: Support a Continuum of Care System for the Homeless
  - Priority 8: Provide for New Community Facilities and Improve the Quality of Existing Community Facilities to Serve Those of Low and Moderate Income and/or with Special Needs
  - **Priority 9:** Provide Needed Community and Supportive Services to Those of Lower Income and/or with Special Needs
  - Priority 10: Provide for Needed Infrastructure Improvements in Low and Moderate Income Areas
  - **Priority 11:** Provide for Necessary Planning Activities to Develop and Implement Both Housing and Community Development Plans to Address Anticipated Needs.

The Priorities are more fully described in the FY 2009-2014 Five-Year Consolidated Plan which is available for review at the Housing Division public counter, located at 200 Civic Center Way, Third Floor, El Cajon, CA 92020. The FY 2009-2014 Five-Year Consolidated Plan is also available for review on the City's website at http://www.cityofelcajon.us/dept/redev/housing/funding.aspx.

submitting proposals to the City with a schedule of applicable activities, and any additional information determined to be necessary by the program coordinator.

In the "Notice of Funding Availability", the City will request <u>applications for proposed projects</u> from the community for eligible projects to be funded through the CDBG program. Applicants will be given at least thirty (30) days to submit a proposal or submit program comments/suggestions to the Housing Division, 200 Civic Center Way in El Cajon. Staff will review project submittals and determine whether or not a proposed project meets the stated criteria and is eligible for CDBG funding, and will then forward all <u>eligible</u> projects to the City Council for further consideration at two (2) public hearings.

The City Council will select the projects to be funded through the CDBG program and those projects will be included in the One Year Action Plan that is submitted to the U.S. Department of Housing and Urban Development for additional review and final approval. Once the Action Plan is approved, and all other stated conditions are met, project activities may begin and CDBG funding will be available for disbursement to the agencies who were selected to participate in the program.

For additional information on the Community Development Block Grant program and/or an application for funding, contact the City of El Cajon Housing Division at (619) 441-1786.

#### **TENTATIVE FY 2013-14 ANNUAL ACTION PLAN TIMELINE\***

| November 8, 2012  | "Notice of Funding Availability" published in the newspaper and mailed to interested parties' list.   |  |  |
|---|---|--|--|
| November 8, 2012  | Applications for CDBG Funding available.  |  |  |
| November 13-<br>December 11, 2012   | Technical Assistance is available upon request. Call the program coordinator at (619) 441-1786 for assistance via telephone or to set an appointment.   |  |  |
| December 13, 2012   | Deadline for proposals/applications for CDBG funds to be submitted to Housing Division, 200 Civic Center Way, Third Floor, El Cajon, CA 92020 by 5:30 p.m.  |  |  |
| January 11, 2013  | Notify applicants regarding eligibility.  |  |  |
| February 7, 2013  | "Notice of First Public Hearing" to be published in newspaper.  |  |  |
| February 26, 2013  First Public Hearing at 7:00 p.m. to allocate FY 2013-14 CDBG fund to solicit public input.  |   |  |  |
| March 21, 2013  | "Notice of 30-day Public Review Period and Second Public Hearing" to be published in newspaper. Notice includes full listing of approved projects, amounts and regulatory citations, and seeks public input. Draft of Action Plan is available at the Housing Division Counter. |  |  |
| April 23, 2013  | Second Public Hearing at 3:00 p.m. to solicit public input and final adoption of FY 2013-14 One-Year Action Plan.   |  |  |
| April 24, 2013  Begin contract negotiations with selected CDBG subrecipients and ir environmental reviews. Agreements targeted for execution on or began, 2013. |   |  |  |
| May 14, 2013  | One-Year Action Plan submitted to HUD for approval.   |  |  |
| May 23, 2013  | "Notice of Submittal of One-Year Action Plan" published in newspaper.   |  |  |
| May 15 – June 30,<br>2013   | HUD review period of One-Year Action Plan.  |  |  |
| July 1, 2013  | Begin Fiscal Year 2013-14.  |  |  |

<sup>\*</sup>All dates listed herein are approximate and are subject to change. Persons relying on this Schedule must contact the program coordinator at (619) 441-1786 or <a href="mailto:ikasviki@cityofelcajon.us">ikasviki@cityofelcajon.us</a> to confirm the actual date of each event as the timeframe nears.