



Application Summary
State Community Development Block Grant –
Native American Allocation (2006-07 & 2007-08)

1.a Application Information

Applicant Agency Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

This application is being submitted on behalf of the following non-federally recognized Native American tribe(s)/Rancheria(s):

Tribe Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Tribe Location (within which city/county): _____

Contact Person for Tribe: _____

Contact Phone #: _____ FAX #: _____

Rancheria/Neighborhood: _____

What is the percentage of Native American population within the target area? _____ %

- *Please note that the implementation of a subrecipient agreement or Memorandum of Understanding between the applicant city/county and the eligible tribe/rancheria is highly recommended.*

1.b Authorized Representative Information (per the Resolution)

First Name: _____ Last Name: _____

Job Title: _____

Phone: _____ Ext: _____ FAX: _____

E-mail: _____

____ Check here if address information is the same as above, if not, fill in information below.

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____



1.c Applicant Contact Information (if different than above)

_____ Check if the contact information is the same as above. (If not, complete below)

First Name: _____ Last Name: _____

Job Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Ext: _____ FAX: _____

E-mail: _____

2. Requested Funding for All Proposed Activities				
Activity	Amount Requested	Program Operator	Result of CDBG Planning/TA Grant?	Target Population (Enter Codes from Part 5)
General Administration	\$ _____	____ Applicant Staff ____ Other Agency		
Public Work Project(s)				
PW-	\$ _____	____ Applicant Staff ____ Other Agency	____ Yes ____ No Grant # _____	
Activity Delivery	\$ _____			
Activity TOTAL	\$ _____			
Housing – New Construction Project(s)				
HNC-	\$ _____	____ Applicant Staff ____ Other Agency	____ Yes ____ No Grant # _____	
Activity Delivery	\$ _____			
Activity TOTAL	\$ _____			
Housing – Acquisition				
HA-	\$ _____	____ Applicant Staff ____ Other Agency	____ Yes ____ No Grant # _____	
Activity Delivery	\$ _____			
Activity TOTAL	\$ _____			
Housing – Rehabilitation (Single-Family)				
Single-Family Rehabilitation	\$ _____	____ Applicant Staff ____ Other Agency	____ Yes ____ No Grant # _____	
Activity Delivery – Single-Fam.	\$ _____			
Activity TOTAL	\$ _____			
Housing - Rehabilitation (Multi-Family)				
HR multi-	\$ _____	____ Applicant Staff ____ Other Agency	____ Yes ____ No Grant # _____	
Activity Delivery	\$ _____			
Activity TOTAL	\$ _____			

2. Requested Funding for All Proposed Activities (continued)

Activity	Amount Requested	Program Operator	Result of CDBG Planning/TA Grant?	Target Population (Enter Codes from Part 5)
Public Service Program(s)				
PS-	\$	<input type="checkbox"/> Applicant Staff <input type="checkbox"/> Other Agency	<input type="checkbox"/> Yes <input type="checkbox"/> No Grant # _____	
Activity Delivery	\$			
Activity TOTAL	\$			
Community Facility Project(s)				
CF-	\$	<input type="checkbox"/> Applicant Staff <input type="checkbox"/> Other Agency	<input type="checkbox"/> Yes <input type="checkbox"/> No Grant # _____	
Activity Delivery	\$			
Activity TOTAL	\$			
10% Set-Aside Activities				
	\$	<input type="checkbox"/> Applicant Staff <input type="checkbox"/> Other Agency	<input type="checkbox"/> Yes <input type="checkbox"/> No Grant # _____	
Activity TOTAL	\$			
TOTAL Funding Requested:	\$			

3. Location of Activities – U.S. Census

Name of CDBG Activity		Jurisdiction-wide or Target Area?	Census Tract Numbers and Block Group Numbers (for target area activities only)
1.	Public Work Project (s)	<input type="checkbox"/> Jurisdiction Wide <input type="checkbox"/> Target Area	
2.	Housing New Construction Project (s)	<input type="checkbox"/> Jurisdiction Wide <input type="checkbox"/> Target Area	
3.	Housing Acquisition Program/Project	<input type="checkbox"/> Jurisdiction Wide <input type="checkbox"/> Target Area	
4.	Housing Rehabilitation – Single-Family Program	<input type="checkbox"/> Jurisdiction Wide <input type="checkbox"/> Target Area	
5.	Housing Rehabilitation – Multi-Family Project	<input type="checkbox"/> Jurisdiction Wide <input type="checkbox"/> Target Area	
6.	Public Service Program	<input type="checkbox"/> Jurisdiction Wide <input type="checkbox"/> Target Area	
7.	Community Facility Project	<input type="checkbox"/> Jurisdiction Wide <input type="checkbox"/> Target Area	
8.	10% Set-Aside Activities	<input type="checkbox"/> Jurisdiction Wide <input type="checkbox"/> Target Area	

4. Legislative Representative Information

	District #	First Name	Last Name
Assembly			
Senate			
Congress			

	District #	First Name	Last Name
Assembly			
Senate			
Congress			

	District #	First Name	Last Name
Assembly			
Senate			
Congress			

5. Target Populations

- | | |
|------------------------|----------------------------------|
| 1. Physically Disabled | 9. Seniors |
| 2. Persons with AIDS | 10. Mentally Ill |
| 3. Youths | 11. Veterans |
| 4. Single Adults | 12. Victims of Domestic Violence |
| 5. Single Men | 13. Substance Abusers |
| 6. Single Women | 14. Dually-Diagnosed |
| 7. Families | 15. Homeless |
| 8. Farmworkers | 16. Other: _____ |

6. Proposed Activity(ies) and Beneficiaries by Income Group

	A. 81% & Above (Non-TIG)		B. Between 51% - 80% (TIG)		C. Below 50% (LTIG) <small>(There must not be a zero in this section.)</small>		D. TOTALS	
	# of Beneficiaries		# of Beneficiaries		# of Beneficiaries		Total Number of:	
Activity ↓	Households/ Projects	Persons	Households/ Projects	Persons	Households/ Projects	Persons	Households/ Projects	Persons
Housing – New Construction <small>(Owner-Occupied)</small>								
Housing – New Construction <small>(Renter-Occupied)</small>								
Housing – Acquisition <small>(Owner-Occupied)</small>								
Housing – Acquisition <small>(Renter-Occupied)</small>								
Housing – Single-Unit Rehabilitation <small>(Owner-Occupied)</small>								
Housing – Single-Unit Rehabilitation <small>(Renter-Occupied)</small>								
Housing – Multi-Unit Rehab. <small>(Owner-Occupied)</small>								
Housing – Multi-Unit Rehab. <small>(Renter-Occupied)</small>								
Community Facilities								
Public Services								
Public Works								
10% Set-Aside								

PART B. – Required Certifications and Documentation

1. Resolution of the Governing Body *This document is required.* See sample in Appendices.

The Resolution submitted with this application must:

- be an **original or an original certified copy** of the Resolution; and
- authorize submission of the application; and
- approve the application's contents (funding requested, activities, committed leverage, etc.); and
- authorize its execution (and any amendments thereto); and
- designate a person authorized to enter into an agreement, if funded.

CDBG strongly recommends that applicants use the suggested language in the sample Resolution. (See Appendices in this application package)

2. Statement of Assurances. *This document is required.*

All applicants must use the form provided by the State. (See Appendices this application package.) Original signature is required from Chief Executive Officer (in blue ink).

3. Hold Out Status

Has the applicant received written **hold out letter** from the Department?

Yes. If yes, see note below. No.

Has the applicant received a written **hold out waiver letter** from the Department?

Yes. No. If no, the applicant is not eligible to submit an application.

4. Housing Element Status. *CDBG compliance is required.*

The Department will not award funds to any applicant who is not in CDBG compliance with their Housing Element by **October 22, 2007**. No extensions will be granted beyond that date. Call Paul McDougall at 916-322-7995 to verify status of the housing element.

PART B. – Required Certifications and Documentation

5. Compliance with OMB Circular A-133.

All applicants must use the form provided in the Appendices. Complete the form and have it signed in **blue ink**.

6. Residential Anti-Displacement and Relocation Assistance Plan Checklist *This document is required.*

1. Does the proposed activity include acquisition of real property?

No. (If no, go to #3 below)

Yes. If yes, check the appropriate box below and answer question 2 and 3.

Site Control under option to purchase.

Site is identified but no negotiations have taken place.

Site not identified (Stop here and go to next Section)

2. Will site acquisition require use of eminent domain?

Yes. No.

3. Will the activity involve acquisition or rehabilitation of site with structures and are structures currently occupied?

Yes. The applicant must provide documentation showing that persons in the project have received a General Information Notice and provide a copy of a project-specific relocation plan, which was made public. The plan must address how many persons will be displaced and services and benefits made available.

No. The applicant must provide documentation of why no person will be displaced (i.e., property being acquired has no structures on it, or structures on the property have been vacant for over 120 days).

4. Will this project cause the elimination of affordable housing units and trigger Section 104(d) replacement requirements?

Yes. Successful applicants must provide a plan to CDBG staff for replacing all affordable housing units eliminated as a special condition of the contract.

No.

PART B. – Required Certifications and Documentation

7. Growth Control. *This information is required.*

Has the applicant enacted limitations on residential construction, which limitations are not establishing agricultural preserves, not imposed by another agency, or not based on a health and safety need?

____ Yes. If yes, see note below. ____ No.

NOTE: If the applicant has a General Plan, ordinance, or other measure which directly limits by number either the building permits which may be issued for residential construction, or buildable lots which may be developed for residential purposes, and the measure does not meet any of the exceptions found in the Program Regulations, Section 7056 (b)(2)(B), check "Yes" and attach a copy of the measure in this section of the application.

8. Citizen Participation. *This information is required.*

The Program's Public Hearings/Citizen Participation requirements are described in the 2006 CDBG Grant Management Manual, Chapter 18. Use this section of the application to make sure you have met these requirements.

____ Public hearing was conducted during the **program design** phase of the application.

____ Public hearing was conducted to **approve submittal** of the application. (This hearing must have been conducted at least 30 days after program design phase hearing.)

____ Public notices announcing the public hearings were published in a local newspaper and contained the required information, as stated in the 2006 GDBG Grant Management Manual.

____ Sign-in sheets are available for each public hearing.

- Did the jurisdiction receive written comments during the public hearings process prior to submitting this application?

____ Yes. If yes, see note below. ____ No.

Note: If a jurisdiction received written comments as part of the public hearings process prior to submitting the CDBG application, a copy of the comments must be submitted with the application. In addition, the jurisdiction's response must also be included.

Be sure to make an entry on the Application Checklist.

PART B. – Required Certifications and Documentation

9. Joint Powers Agreement. *This document may be required.*

A Joint Powers Agreement is required by the CDBG Regulations, Section 7060(c) as part of an application on behalf of another jurisdiction or for joint applications. Applicants must prepare a Joint Powers Agreement if the following conditions exist:

- if one application is submitted by two or more jurisdictions, or
- if a county is applying on behalf of a city in the same county, or
- if a county applicant is applying on behalf of itself and a city in the same county, or
- if a city/county is applying on behalf of a Native American target area that is located within another city/county.

The Department must approve the Joint Powers Agreement before it is executed.

If the applicant proposes to create a separate Joint Powers agency, the Department must be consulted regarding the inclusion of legal requirements.

PART B. – Required Certifications and Documentation

10. NEPA Environmental Certification.

If the proposed activity will include administration, engineering, architectural, or other related services prior to project implementation, the jurisdiction must prepare a Finding of Exemption before beginning work on any of these services (such services are exempt under Part 58.34 of the Federal environmental regulations pertaining to CDBG recipients). **In addition to the Finding of Exemption, the Environmental Form 58.6 must also be prepared for each exempt activity.**

The jurisdiction may choose to provide this environmental certification (Finding of Exemption and Form 58.6) with this application. If this application is funded, provision of this certification will expedite commencement of service work upon execution of the State contract.

Additional environmental review documents will be needed after contract execution for other phases of project implementation.

Finding of Exemption

It is the finding of the City/County of _____ that the activities proposed in this application for State Community Development Block Grant funds are exempt from environmental review requirements under NEPA because they are defined as exempt activities in 24 CFR Part 58.34. The activity(ies) judged exempt consist(s) of:

Brief Description of Activities:

NEPA Citation

	<u>General Administration Activities</u>	<u>58.34 (a) (3)</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

Print/Type Name of Authorized Official (per resolution)	Title
Signature	Date

PART B. – Required Certifications and Documentation

U.S. Department of Housing and Urban Development



Pacific/Hawaii Office
450 Golden Gate Avenue
San Francisco, California 94102-3448

ACTIVITY DESCRIPTION: General Administration

Level of Environmental Review Determination: Exempt per 24 CFR 58.34

(Exempt per 24 CFR 58.34, Categorically excluded not subject to statutes per § 58.35(b), Categorically excluded subject to statutes per § 58.35(a), Environmental Assessment per § 58.36, or EIS per 40 CFR 1500)

STATUTES and REGULATIONS listed at 24 CFR 58.6

FLOOD DISASTER PROTECTION ACT

1. Does the project involve acquisition, construction or rehabilitation of structures located in a FEMA-identified Special Flood Hazard?

() No; Cite Source Document: Exempt General Admin Activities will not impact 100 year flood zones. (This factor is completed).

() Yes; Source Document: _____ (Proceed).

2. Is the community participating in the National Insurance Program (or has less than one year passed since FEMA notification of Special Flood Hazards)?

() Yes (Flood Insurance under the National Flood Insurance Program must be obtained and maintained for the economic life of the project, in the amount of the total project cost. A copy of the flood insurance policy declaration must be kept on file).

() No (**Federal assistance may not be used in the Special Flood Hazards Area.**)

COASTAL BARRIERS RESOURCES ACT

1. Is the project located in a coastal barrier resource area?

() No; Cite Source Documentation: There are no Coastal Barrier Resources on West Coast of United States. (This element is completed).

() Yes - **Federal assistance may not be used in such an area.**

AIRPORT RUNWAY CLEAR ZONES AND CLEAR ZONES DISCLOSURES

1. Does the project involve the sale or acquisition of existing property within a Civil Airport's Runway Clear Zone or a Military Installation's Clear Zone?

() No; SD Activity does not involve acquisition or sale of property. Project complies with 24 CFR 51.303(a)(3).

() Yes; **Disclosure statement must be provided** to buyer and a copy of the signed disclosure must be maintained in this Environmental Review Record.

Preparer Signature / Name /Date

Responsible Entity Official Signature / Name / Date

Native American Allocation
2006-07 and 2007-08

PART C - Applicant Capacity & Funding Sources

1. Capacity

1. Indicate whether you have any CDBG General, Native American, or Colonias grants for the years 2002, 2003, 2004, or 2005?

_____ **Yes.** Identify which CDBG Allocation(s) and the applicable funding year(s).

_____ **General** Allocation. Funding Year(s): _____

_____ **Colonias** Allocation. Funding Year(s): _____

_____ **Native American** Allocation. Funding Year(s): _____

If yes, Skip question #2.

_____ **No.** Have not had any CDBG grants in 2002-2005. **Continue** with question #2 below.

2. If funded from this application, how will you administer the grant? **You must attach supporting documentation for this part of the application.**

_____ With in-house staff only. (**Attach resumes and duty statements of staff that will be performing the work.**)

_____ With program operator services only.

- **Attach a letter of interest from the program operator that includes a brief description of experience administering CDBG projects.**
- **Neighboring jurisdictions that have previously administered a CDBG project are considered program operators for purposes of this question.**
- **If funded, the Grantee will be required to enter into a contract or sub-recipient agreement, as applicable, with the program operator.**

_____ With a faith-based organization only. (**attach items listed above**)

_____ Some combination of in-house and program operator services/faith-based organization. Describe below. (**Attach resumes, duty statements, letters, etc. as indicated above.**)

Please indicate the page numbers in your application where the supporting documentation can be found: _____

PART C - Applicant Capacity & Funding Sources

3. PRIVATE LEVERAGE FUNDING SOURCES

Please identify ALL PRIVATE funding sources, for EACH activity in this application. (funding shown will be placed in grant agreement)

Name of CDBG Activity	Use of Funds (Activity delivery, the activity)	Source of Funds (Name of Source) Include Commitment Letters	Funding Type (loan, grant, in-kind staffing, discounts, donations, etc.)	Dollar Amount	Commitment Date	Page # in application
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
Housing Rehab.	Sweat Equity*	_____ Hrs.	X \$10 an hour =	\$		
TOTAL				\$		

***Sweat Equity/Lead-Based Paint compliance (see instructions):** *(check all that apply)*

- Homeowners will:**
- _____ be **required** to take a 1 day Work Safe class
 - _____ **Not** be allowed to work on any home built prior to 1979
 - _____ **Not** be allowed to work on any lead areas

PART C - Applicant Capacity & Funding Sources

6. PROGRAM INCOME		
1. Enter the total amount of Program Income on account as of <u>June 30, 2007</u> :	\$ _____	
2. Enter the amount of Program Income that has been committed to activities in this application :		
Activities/projects proposed in <u>this application</u> to which Program Income Funds will be added. Identify activities:	Use of Funds (as shown in project's sources and uses)	Dollar Amount Committed (per Resolution) Attach Resolution
3. Total Dollar Amount of Program Income funds Committed to activities in this application.	\$ _____	
4. Total Dollar Amount of Non-Committed Program Income: (1. – 3.)	\$ _____	
Note: All Program Income that is being committed to activities in this application must be identified in the governing body resolution. In addition, the applicant must ensure that proper citizen participation guidelines were followed.		

ACTIVITY DESCRIPTION FORMS

This section of the application contains sets of forms for each of the different eligible activities under the NOFA. Each activity section begins with Instructions on how to complete the activity forms and how to provide the proper documentation so the activity can be rated and ranked.

Note: If the forms are incorrectly completed or if the proper documentation is not included, CDBG staff will have to disregard the information and **no** points will be assigned. Therefore, it is very important that the activity forms are completed thoroughly, accurately, and supporting documentation is provided.

How to proceed:

1. **Review the NOFA and the Application Package. Contact the CDBG Program staff for further technical assistance.** Select the category of activity you wish to propose. You may apply for more than one activity.
2. Open the appropriate activity sections of the application on a computer and complete them. **Please review the Instructions before filling out any activity forms.** Call your CDBG representative if you have any questions.
3. Complete all parts of the application. Photocopy additional pages as needed.
4. Review the application and Activity Checklist(s) to be sure you have included all the required forms and necessary documentation in this application.
5. Conduct all applicable public hearings. The application approval/submittal must be documented with a resolution of the governing body.
6. Submit application by the deadline.