

**Certification of Consistency
with the Consolidated Plan**

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Housing Authority of County of Fresno

Project Name: HCV-Family Self-Sufficiency Coordinators

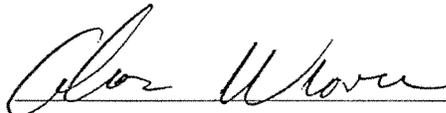
Location of the Project: 1331 Fulton Mall, Fresno, CA 93721

Name of the Federal Program to which the applicant is applying: U.S. Department of Housing and Urban Development

Name of Certifying Jurisdiction: County of Fresno

Certifying Official of the Jurisdiction Name: Alan Weaver

Title: Director, Public Works and Planning

Signature: 

Date: 6/6/08



Citibank, N.A.
Community Relations
5554 California Ave.
Bakersfield, CA 93309

[REDACTED]
Executive Director
Housing Authority of the County of Fresno
Post Office Box 11985
Fresno, California 93776-1985

**Re: Housing Choice Voucher Family Self Sufficiency (FSS) Program Coordinators
CFDA No.: 14.871
OMB Approval No.: 2577-0178
Submission of Application to HUD 2008 Notice of Funding Availability (NOFA)**

Dear [REDACTED]

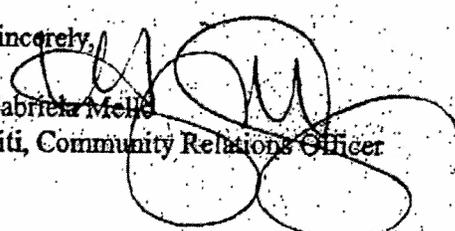
Please accept this letter as an indication of my support for your application to the Federal Housing and Urban Development Family Self Sufficiency Notice of Funding Availability (NOFA) grant.

Citi has a long-standing history of working with the Housing Authority in providing affordable homeownership and rental opportunities to the families in the larger Fresno community. This past year, Citi committed \$170,000.00 in Federal Home Loan Bank AHP and IDEA funds to programs within the Housing Authority, providing primary and secondary financing to first time homebuyers. Along with this commitment, Citi has sponsored various family projects and events focusing in the Agency's Homeownership Educations Counseling Programs. As a partner agency, we fully intend to collaborate with the Housing Authority of the County of Fresno in order to leverage our resources. We estimate the value of these in-kind cost to be in the range of [REDACTED]

We believe that the Family Self Sufficiency program provides low income families in our community with tools to become economically self-reliant. The 1:1 case management and group workshops provided by the FSS Coordinators assist families in developing budgeting, employment, and other related skills necessary to transition from welfare dependency to economic independence. As families become gainfully employed, the entire community benefits. In addition, extensive homeownership counseling is provided to FSS families allowing them the opportunity to work towards becoming mortgage ready and use the IDEA and other downpayment assistance programs.

We look forward to our continued collaboration.

Sincerely,


Gabriela Melles
Citi, Community Relations Officer

Fresno Airport Rotary Club



June 6, 2008

[REDACTED]
Executive Director
Housing Authority of the County of Fresno
Post Office Box 11985
Fresno, California 93776-1985

**Re: Housing Choice Voucher Family Self Sufficiency (FSS) Program Coordinators
CFDA No.: 14.871
OMB Approval No.: 2577-0178
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Dear **[REDACTED]**

Please accept this letter as an indication of my support for your application to the Federal Housing and Urban Development Family Self Sufficiency Notice of Funding Availability (NOFA) grant.

The Rotary Club of Fresno Airport is very involved with the local community offering hands on project support as well as financial contributions. We have been active supporters of the FSS program since 1997.

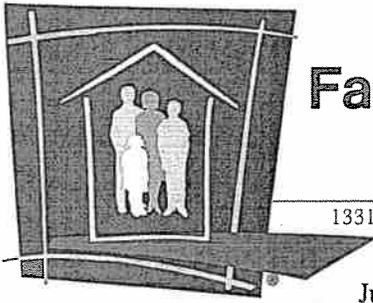
We believe that the Family Self Sufficiency program provides low income families in our community with tools to become economically self-reliant. The 1:1 case management and group workshops provided by the FSS Coordinators assist families in developing budgeting, employment, and other related skills necessary to transition from welfare dependency to economic independence. As families become gainfully employed, the entire community benefits. In addition, extensive homeownership counseling is provided to FSS families allowing them the opportunity to work towards becoming mortgage ready and use the IDEA and other downpayment assistance programs.

We look forward to our continued collaboration.

Sincerely,

A handwritten signature in black ink that reads "Tim Conboy". The signature is fluid and cursive.

Tim Conboy
Past President 2001-2002



Family Self-Sufficiency Corps, Inc.



1331 Fulton Mall

Fresno, California 93721

559-445-8941

Fax 559-445-8942

www.fsscinc.org

June 9, 2008

Peronia Canidate
Chief Executive Officer

Alyssa Collins
Fresno County EOC

Tim Conboy
Ultimate Staffing

Joan Conway
Honorable Juan Arambula's Office

Dave Denham
Denham Personnel

Gloria Grijalva
Volunteer

Desiree Haynes
Fresno Housing Authority

Robert Herrick
Bank of the West

Laura Herzog
Volunteer

Allen Hodgkin
Weed and Seed Fresno West

Ann Hong
CBS 47 TV

Victoria Lira
Washington Mutual

Ruxana Lotia
Fresno Housing Authority

Martha Lucey
ByDesign Financial Solutions

Amber Herzog Lyman
AHDC, Inc.

Rosemary McCave
United Security Bank

Enrique Medina
Employment & Temporary Assistance

Sara Pomare
Fresno Housing Authority

Lyn Porter
Retired

Jim Price
Fannie Mae

Rita Quintero
Fresno Housing Authority

Mary Helen Rodriguez
Fresno Housing Authority

Brian Ross
Retired

Vincent Salinas
Citibank

Laurie Schmidt
AHDC, Inc.

Sue Smilie-Janecek
San Joaquin Valley College

Ernest Smith
Fresno City College

Diane Sperling
Volunteer

Mitch Sperling
Volunteer

Gretchen Tyler
Retired

Deidra Wilson
Fresno State University

Della Wilson
Fresno Housing Authority

Pete Wilson
United Black Men of Fresno, Inc.

[Redacted]
Executive Director
Housing Authority of the County of Fresno
Post Office Box 11985
Fresno, California 93776-1985

**Re: Housing Choice Voucher Family Self Sufficiency (FSS) Program Coordinators
CFDA No.: 14.871
OMB Approval No.: 2577-0178
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Dear [Redacted]

Please accept this letter as an indication of my support for your application to the Federal Housing and Urban Development Family Self Sufficiency Notice of Funding Availability (NOFA) grant.

The FSS Corps, Inc. is a non-profit corporation whose mission is to assist families seeking self-sufficiency by developing and providing access to the appropriate information, knowledge and resources necessary for motivated individuals to overcome barriers and achieve their goals of self-reliance and economic independence. We also raise funds to assist families to obtain resources that would otherwise not be available to them.

We believe that the Family Self Sufficiency program provides low income families in our community with tools to become economically self-reliant. The 1:1 case management and group workshops provided by the FSS Coordinators assist families in developing budgeting, employment, and other related skills necessary to transition from welfare dependency to economic independence. As families become gainfully employed, the entire community benefits. In addition, extensive homeownership counseling is provided to FSS families allowing them the opportunity to work towards becoming mortgage ready and use the IDEA and other downpayment assistance programs.

We look forward to our continued collaboration.

Sincerely,
Peronia Canidate
Peronia Canidate
Chief Executive Officer
FSS Corps, Inc.



June 3, 2008

[REDACTED]
Executive Director
Housing Authority of the County of Fresno
Post Office Box 11985
Fresno, California 93776-1985

**Re: Housing Choice Voucher Family Self Sufficiency (FSS) Program Coordinators CFDA No.:
14.871
OMB Approval No.: 2577-0178
Submission of Application to HUD 2008 Notice of Funding Availability (NOFA)**

Dear [REDACTED]

Please accept this letter as an indication of my support for your application to the Federal Housing and Urban Development Family Self Sufficiency Notice of Funding Availability (NOFA) grant.

San Joaquin Valley College has long been a supporter of the FSS program. We have been a major sponsor of the annual FSS Benefit and Recognition Dinner, Walk-a-thons, and the annual Spring fund raiser. Our college has been active in partnering with the FSS program for several programs, including a reduced tuition program for participants seeking a college education.

We believe that the Family Self Sufficiency program provides low income families in our community with tools to become economically self-reliant. The 1:1 case management and group workshops provided by the FSS Coordinators assist families in developing budgeting, employment, and other related skills necessary to transition from welfare dependency to economic independence. As families become gainfully employed, the entire community benefits. In addition, extensive homeownership counseling is provided to FSS families allowing them the opportunity to work towards becoming mortgage ready and use the IDEA and other down payment assistance programs.

We look forward to our continued collaboration.

Sincerely,

Sue Smilie Janecek

Sue Smilie Janecek
Director of Research & Development
San Joaquin Valley College
(559) 802-0050 cell#

You are our Client!
Grant Applicant Survey

**U.S. Department of Housing
 And Urban Development**
 Office of Departmental Grants
 Management and Oversight

OMB No. 2535-0116 (exp. 12/31/2008)

The information collection requirements contained in this document have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44U.S.C. 3501-3520). This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. Public reporting burden for this collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. All information collection contained in this Survey is optional.

The Department of Housing and Urban Development is trying to provide a more user friendly, customer driven funding process. Please let us have your comments and recommendations for improvements to the Notice of Funding Availability Application and forms and/or the Electronic Grant Application Outreach process. You can complete and submit this survey and attach it to your electronic application or you mail directly to: Department of Housing and Urban Development, 451 7th Street, SW – Room 3156, Washington, DC 20410.

Instructions. Listed below are several questions regarding outreach conducted by the Federal Government to prepare organizations for the Grants.gov registration process, the retrieval of funding opportunities, and submission of electronic applications. The grading scale below provides options from extremely helpful to not applicable. In the box provided, grade the government on its outreach efforts from O-None thru G-Not applicable to my needs. Section seven provides space for you to make SUGGESTIONS FOR IMPROVEMENT, please identify the section you are commenting on. Field level help is available by click on the **F1** key.

O= None **A** = Extremely helpful **B** = Somewhat helpful **C** = Helpful **D** = Not very helpful
F = Not helpful **G** = Not applicable to my needs

Section 1 – Electronic Grant Application Outreach Provide details about the type of information you received from HUD about Grants.gov as indicated below.

1. The brochure(s)/guide(s) (insert title(s)):	Grade: aO-None
2. Title of the workshop(s) /conference(s)/meeting(s)/training/forum(s)	Date attended: Grade: O-None
3. Title(s) of satellite broadcast(s):	Date(s): Grade: O-None
4. Did you receive information from the Agency Call Center? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide the date(s) and rate the quality of assistance received.	Date(s): Grade: O-None
5. Did you receive information from the Grant.gov Contact Center? ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide the date(s) and rate the quality of assistance received.	Date(s): Grade: O-None
6. How could we improve our communications to you and others like you (please explain)?	

Section 2 – Electronic Grant Application Registration Process

- Did you find the Grants.gov website information on registration clearer and easier to understand than last year? Yes No
- Do you have access to IBM compatible software? Yes No
- Do you have Internet access within your office or division? Yes No

If no, to question 3, please answer the following questions. Is the access within:

- Within your organization? Yes No
- Available in your building? Yes No

- c. Available at home? Yes No
- d. Available within 1 mile of where you work? Yes No
- e. Available within 5 miles of where you work? Yes No
- f. Available more than 5 miles of where you work? Yes No
4. Do you have problems with Internet access due to any of the following?
- Cost? Yes No
- Reliability? Yes No
- Office access rights? Yes No
- Poor quality reception? Yes No

Section 3 – Funding Opportunities

Please provide CFDA Number for funding opportunity are you commenting on.	Insert CFDA numeral: 14.871
1. Did you find the Submission Checklist helpful?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Were the Funding Opportunity instructions clearer and easier to follow than last year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Were the Program specific funding opportunity instructions clearer and easier to follow than last year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Did you find sections of the funding opportunity duplicative?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. If yes, to any of the questions above, identify the section(s) and areas for streamlining the redundant information.	

Section 4 – Finding Grant Opportunities

1. Was it easier to find the Finding Opportunities on-line through Grants.gov than previous methods?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Based on previous years, how easy was it to find grants in the	Choose from dropdown
a. Federal Register	A lot easier
b. Trade journals	None
c. Agency websites	A little easier
3. How could finding grant opportunities be improved (please explain)?	

Section 5 – Applying for Grant Opportunities

1. How many people were involved in completing the application submission?	Number: 3
2. Did you find the electronic application useful for dissemination purposes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Did the same individual who downloaded the grant application submit the application?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Did you know where to look for instructions for completing and submitting the application?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. At what point in the process did you download and read the Application Instructions?	O-Not applicable
6. What Section of the Electronic Application Desktop Guide were most useful?	
7. How could the Electronic Application Desktop Guide be improved (please explain)?	

8. Did you find the Submission Tips helpful?	Grade B-Somewhat helpful
9. Did you find the NOFA Application Submission Checklist helpful?	Grade A-Extremely helpful
10. Did you know how to use the attachment form in the application package?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know
11. Did you have a problem saving your application?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do not know
Section 6 – Applicant Information	

Organization Legal Name Housing Authority of the County of Freno

Address Post Office Box 11985 City Fresno State CA

Zip Code 93776 Telephone Number: (including area code) 559-443-8408

Contact Name: [REDACTED] Email Address: [REDACTED]

Section 7 – Suggestions

For improving the Electronic Grant process, please specify below. Please identify the section you are commenting on.

Public reporting burden for this collection of information is estimated to average 3 hours. This includes the time for collecting, reviewing, and reporting the data. The information will be used for encourage applicants to pursue and promote efforts to remove regulatory barriers to affordable housing. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

COUNTY OF FRESNO

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

	1	2
<p>1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element? A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a "housing element," please enter no. If no, skip to question # 4.</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multifamily housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan? (For purposes of this notice, "as-of-right," as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration.). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or is otherwise not based upon explicit health standards?</p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

<p>5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria? If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may enter yes.</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: "<i>Smart Codes in Your Community: A Guide to Building Rehabilitation Codes</i>" (www.huduser.org/publications/destech/smartcodes.html)</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification. In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?</p> <p>Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes

11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, attach a brief list of these major regulatory reforms.	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing? (As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits? Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Total Points:		11

Form HUD-27300, Attachment

All affirmative responses in Column 2 of the HUD-27300 being submitted with this funding application were taken from the Strategic Plan of the Fresno County's Public Works and Planning Department. Back up documentation or questions may be directed to Irma Yepez-Perez who is the Grants Program Manager for the Community Development Division. Ms. Yepez-Perez can be contacted at iyperez@co.fresno.ca.us.

Development
008 Pending
Component Name:

Evaluation Tools

7

Accountability

A. Tools for Measurement

Database

Intake log

Interviews

Program specific form(s)

Survey

B. Where Data Maintained

Agency database

Individual case records

Specialized database

C. Source of Data

Counseling reports

Escrow accounts

Financial reports

Referrals

Waiting lists

D. Frequency of Collection

Monthly

Quarterly

Biannually

Annually

Upon incident

E. Processing of Data

Computer spreadsheets

Manual tallies

Relational database

Development
008 Pending
Component Name:

Evaluation Tools

7
Accountability

Affirmatively Furthering Fair Housing

The Authorities have implemented a variety of specific steps to (1) overcome the effects of impediments to fair housing choice that were identified in the jurisdiction's Analysis of Impediments (AI) to Fair Housing Choice; (2) to remedy discrimination in housing; and (3) to promote fair housing rights and fair housing choice in its Housing Choice Department (HCD) and its Housing Services Department (HSD). Such steps include, but are not limited to, the following:

- The Authorities work within the goals of the Consolidated Plan (City of Fresno, 2006-2010) to eliminate Impediment #3 in the Analysis of Impediments (AI, last revised effective December 14, 1999) which is "the inability of low-income household, including minorities, those persons with disabilities, homeless and large families to purchase adequate housing". We implement affirmative marketing strategies for low income household by educating families on the local opportunities to increase their affordability to purchase a home by sharing the City's incentives such as the Homebuyer Assistance Program, the ADDI Program, and the Cal Home Mortgage Assistance Program.
- Outreach and education have long been primary keys to assisting families with the home buyer process. This is mirrored in the City of Fresno's 2006-2010 Consolidated Plan where priorities that address income and housing affordability are stressed. The Authorities addresses those same priorities by offering training and counseling in the following areas: 1) helping families with low incomes reconcile the disparity between income and the cost of a home to secure

mortgage financing; 2) helping families with programs designed to increase the household income and financial resources to qualify for mortgage assistance; 3) managing adjustable mortgage and rent increases, and 4) avoiding foreclosures and evictions. Other types of education which we provide, which are identified in the Consolidated Plan and the AI as needed in our community, include: 5) promoting fair housing literature (the Authorities have a website containing Fair Housing literature which may be viewed at www.hafresno.org ; 6) offering training to staff on Fair Housing Laws to be shared with our clients; 7) providing more education regarding fair housing and affordable housing to the homeless; 8) providing Language Interpretation Services to our clients to promote full opportunities to individuals and families identified as non English-speaking household in order to overcome cultural and language barriers and promote fair housing objectives; and 9) activities which continue to work to eliminate all covert and overt housing discrimination.

- Fair Housing information posters are prominently displayed in our lobby and interview areas. Fair Housing Information videos in audio and in sign language versions are provided on the agency website.
- Information about Fair Housing rights are provided in the HCV tenant briefing video.
- In its 504 Plan the Authorities have taken appropriate measures to ensure that individuals with handicaps have equal access to available services, programs and activities offered. Such appropriate measures include, but are not limited to provision of telecommunication devices for the deaf; provision of sign language

interpreters, as requested; provision of readers and amanuenses, as requested; utilization of barrier-free meeting places; and the provision of a discrimination complaints procedure.

- Policies are prominently displayed in the Administrative Plan and Occupancy Policy regarding accessible units (HSD), assistance in finding an accessible unit (HCD, policy decisions which provide reasonable accommodation for both HSC and HCD. In addition to posting in newspapers of general circulation -when application intake is open, steps are taken to provide widespread dissemination of the open intake process; (e.g. when the HCD is open for application intake, over 200 local agencies and businesses who deal with low-income, elderly and/or persons with disabilities partner with us in making sure large segments of the population are informed of the opportunity to apply for our programs).
- The Administrative Plan of the HCD gives clear steps an applicant or participant should take with a claim that a department employee engaged in a discriminatory action in carrying out program rules; or to bring any other discrimination issue to the attention of the HCD.
- In 2006 our Educational Services Division handled trainings out in the community and internally to educate HCV staff on Fair Housing Information. The external trainings were given at various complexes throughout the City on a monthly basis from January through September 2006. Since that time this information has been placed on our website and is available 24/7.

**Housing Choice Voucher
(HCV) Family Self-
Sufficiency (FSS)
Program Coordinator
Funding**

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian
Housing

OMB Approval No. 2577-0178
Exp. (07/31/2010)

Public reporting burden for this collection of information is estimated to average 0.75 hours. This includes the time for collecting, reviewing, and reporting the data. Information provided is to determine the eligibility of the applicant for funding for the salary of a program coordinator. HUD uses the information to determine eligibility of the applicant to receive funding. Information is required to obtain benefit under 24 CFR 982.302(b). The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

PART I: General Information. (To be completed by all applicants.)

Applicant Category: <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> New	Moving-to-Work PHA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DUNS Number of Applicant: [REDACTED]	Funding Request for Fiscal Year: \$302,982.00
A. PHA Legal Name (For joint applicants, lead PHA name): Housing Authority of the COUNTY of Fresno			
Address: Post Office Box 11985			
City: Fresno		County: Fresno	
State: CA		Zip Code: 93776-1985	
PHA Number of Applicant: CA0028			
B. PHA Legal Name for Each Joint Applicant (if Applicable). Note: Use Additional pages if necessary.:			
Address:			
City:		County:	
State:		Zip Code:	
PHA Number of Applicant:			
C. Evidence demonstrating salary comparability to similar positions in the local jurisdiction for each position requested is on file at the PHA.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
D. The applicant requests consideration for the following preference categories under this NOFA:			
Homeownership <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Colonias: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other - Specify Category (If applicable under this NOFA): <input type="checkbox"/>	
E. Name and telephone number of person most familiar with application:			
Name [REDACTED]		Telephone Number 559-443-8408	

PART II: Homeownership Information. (To be completed by all applicants.)

The PHA applicant currently administers or participates in a HCV Homeownership program or another homeownership program that serves HCV FSS families. Yes No

If yes, provide information requested in A – C below:

A. Name of qualifying homeownership program or programs:

HCV - Homeownership Program (Section 8 Homeownership)
Homeownership Education and Counseling Program
IDEA & WISH Programs/Self-Help Enterprises/Coalition for Urban Renewal Excellence (CURE)

B. The total number of HCV FSS families enrolled in homeownership preparation activities in the qualifying homeownership program/programs identified above as of the publication date of the current NOFA:

1.	1	HCV homeownership program
2.	414	Other qualifying homeownership programs

C. Number of HCV FSS program participants and graduates that purchased homes between October 1, 2000 and the publication date of the current NOFA:

1.	1	HCV homeownership program
2.	24	Other qualifying homeownership programs

PART III: PHA Applicant Program Status and Accomplishments. (Renewal PHAs Only)

A. Program Status:

1. The applicant qualifies as an eligible renewal PHA under the NOFA. Yes No
2. The PHA has filled each position for which it is seeking renewal funding. Yes No
3. The applicant has submitted reports on participating families to HUD via the form HUD-50058, Family Self-Sufficiency/Welfare-to-Work Voucher Addendum. Yes No

B. Program accomplishments as of the publication date of the current NOFA:

1.	432	Total HCV FSS families under FSS Contract.
2.	174	The number of HCV FSS program participants with an escrow account balance greater than zero.

C. Program accomplishments for the period from October 1, 2003 through the publication date of the current NOFA:

1.	48	The number of HCV families that successfully completed their FSS contracts.
2.	100	The number of those graduates that no longer needed rental subsidy.
3.	\$5,955.20	The average escrow account distribution paid to families.

PART IV: Funding/Positions Requested. (Renewal PHAs Applicants Only)

For both renewal of currently funded positions and requests for new positions, provide the Information below for each position requested. Use additional pages as needed.

A. Renewal Positions - Funding requested to continue currently funded positions: (List FSS homeownership coordinators and regular FSS coordinators separately.)

FY Last Funded	Salary Amount Last Funded	Position Type 'H' or 'R' *	Salary Requested Per Position **	Number of Positions	Requesting an increase above percent allowed in the NOFA? 'Y' or 'N' ***
2007	63,674	R	\$64,311.00	4	N
2007	45,285	H	\$45,738.00	1	N

B. New Positions - Funding requested by coordinator type and salary level (If applicable. Refer to most recent FSS NOFA for maximum new positions that can be funded in the current year.) If more than one position, list each separately.

Position Type 'H' or 'R' *	Salary Requested, including Fringe Benefits**

C. Total Requested

1.	5	Total number of new and renewal positions requested in this application.
2.	\$302,982.00	Total \$ requested.

* Type: R= Regular, H=Homeownership

** Salary awards will not exceed the cap per position stated in the most recent NOFA.

*** For any renewal position, where the applicant is requesting a percentage increase above the amount provided for in the current NOFA, the applicant must comply with justification requirements in the current FSS NOFA.

PART V: Application Information. (New PHA Applicants Only.)

A. FSS Action Plan Information:

	HCV FSS program size in the HUD-approved Action Plan. (For Joint applications, provide total approved slots for all participating PHAs.)
--	--

B. Position/Salary Requested:

Number of Positions	Salary Requested, including Fringe Benefits**

C. Total Requested.

1.		Total number of positions requested.
2.		Total \$ requested.

** Salary awards will not exceed the cap per position stated in the most recent NOFA.

Housing Authorities of the City and County of Fresno
Code of Conduct and Ethics Policy

Policy: Code of Conduct and Ethics	Approved: 04/25/07
Effective: 04/25/07	Subject: Code of Conduct and Ethics
Section: Appendix C	Source: Human Resources Department

Overview

This Code of Conduct and Ethics policy applies to the Agency’s employees, officers, and directors; Commissioners, and all others performing work on behalf of the Agency (here and after referred to as “Agents”).

The Housing Authorities of the City and County of Fresno believe that the proper operation of a municipal corporation exercising public and essential government functions requires that employees/agents uphold, promote and demand the highest standards of conduct. Accordingly, all employees/agents are to maintain the highest standards of personal integrity, honesty, ethics and fairness in carrying out their public duties. All employees/agents are expected to avoid any improprieties in their roles as public servants, and never use their positions or powers for improper personal gain while adhering to legal, moral and professional standards of conduct in the fulfillment of their employment responsibilities.

To ensure that all Agency Employees, Officers, Directors, Commissioners and Agents are aware of the policy; upon hire the Code of Conduct and Ethics policy will be reviewed with those individuals mentioned above and receipt of the policy shall be documented by a signed acknowledgement page. Furthermore, every three years, a two (2) hour training session will be conducted for the aforementioned individuals. The signed Acknowledgement forms will be filed in the Human Resources Department.

Confidentiality and Privacy

In the course of work, an employee/agent may have access to proprietary or confidential information regarding the Agency, its clients, its operations, its suppliers or even co-workers. Employees/agents shall demonstrate extreme sensitivity in the issuance and management of information by insuring that all information relating to clients is kept confidential and used only for those purposes specified by the laws and regulations governing the services provided. Clients must be informed fully about the limits of confidentiality in a given situation, the purpose for which information is obtained and how it may be used. Employees/agents will not knowingly sign, subscribe to, or permit the issuance of any statement, report or document which contains any misstatement or which omits any material fact while being sensitive and responsive to inquiries from the public, clients, customers and the media, within the framework of FHA policy.

Conflict Of Interest

Employees/agents are expected to avoid situations that create an actual or potential conflict. Employees/agents must avoid any activity, agreement, business investment or interest that could be in conflict with the Agency's interests or could interfere with their duty and ability to serve the Agency as well as possible.

Situations of actual or potential conflict of interest are to be avoided by all employees/agents. Personal, financial or romantic involvement with a client, supplier, resident or subordinate employee of the Agency, which impairs an employee's/agent's ability to exercise good judgment on behalf of the Agency, creates a conflict of interest. Supervisor-subordinate romantic or personal relationships also can lead to supervisory problems, possible claims of sexual harassment and morale problems.

Under the provisions of the Hatch Act, it is unlawful for a government employee to take active part in partisan political management or in partisan political campaigns, or to attempt to influence the choice of one partisan candidate in preference to another, by writing, speeches, or solicitation. An employee who violates the provisions of this Act may be subject to disciplinary action.

Whenever an employee elects (or plans) to engage in an activity or relationship outside the Agency that "may be in conflict with" or "may impact upon" Agency business (such as outside employment), the employee shall report such activity to their supervisor, who may instruct the employee to complete a Conflict of Interest Statement. Such statement shall be reviewed by the Executive Director and placed in the employee's personnel file. An employee found to be engaging in activities determined to be in conflict with Agency business shall be advised not to pursue (or to discontinue immediately) such activities.

General Principles of Ethical Conduct and Employee/Agent Responsibility

- Employees/agents shall demonstrate the highest ideals of honor and integrity in all public and professional relationships to merit the respect, trust and confidence of other public officials, clients, customers, fellow employees/agents, and the general public.
- Employees/agents will prevent discrimination against any person or group on the basis of race, color, gender, sexual orientation, age, religion, national origin, marital status, and mental or physical handicap.
- Employees/agents will always deal fairly with clients and co-workers, handling all complaints courteously, admitting errors and/or mistakes, making adjustments promptly, and recognizing and respecting the rights of clients and co-workers.
- Employees/agents will act in accordance with and maintain the highest standards of professional integrity, impartiality, diligence, creativity and productivity.
- FHA business will be conducted in a manner that reflects the highest standards and in accordance with federal, state, and local laws and regulations.
- Employees/agents shall be responsible for maintaining their own competence and for enhancing the competence of their co-workers by promoting excellence in public service.

Impartiality

Employees/agents shall act impartially and with integrity in all professional relationships by:

- Not discriminating in the provision of services.
- Not knowingly being a party to or condoning any illegal or improper activity.
- Not directly, or indirectly, seeking or accepting personal gain which would influence, or appear to influence, the conduct of their duties.
- Not exploiting professional relationships for personal or professional gain.
- Not using public property or resources for personal gain.
- Not accepting fees, gifts or other valuable items in the course of performing the duties and responsibilities of their position, or in connection with such fees, gifts or other valuable items given them by any person in hope or expectation of receiving a favor or better treatment than accorded other persons.
- Being alert to the influences and pressures that interfere with the professional discretion and impartial judgment required for the performance of professional functions.
- Employees/agents shall maintain an active interest in matters pertaining to the public welfare.

Review Process

Employees/agents should report any violations of this policy, or any violations of laws, rules or regulations to their immediate supervisor and/or the Director of Human Resources. The Agency will investigate any such report, and take appropriate corrective action, if warranted. Retaliation against an employee/agent who reports violations of such conduct in good faith will not be tolerated. If an employee/agent has any questions about the ethics of a situation, he/she is encouraged to consult with his/her immediate supervisor and/or the Director of Human Resources. All issues will be kept **confidential**.

Disciplinary Action

Appropriate disciplinary action up to and including termination will be taken against individuals found to have violated the Agency's Code of Conduct and Ethics Policy. *[See section 701.2 and 701.3 of the Personnel Policies and section 15.3 in the MOU's regarding disciplinary action.]* In addition to disciplinary action, civil and/or criminal penalties may be sought.



Acknowledgment of Receipt

Code of Conduct and Ethics

I, _____, acknowledge in writing that the
PRINT NAME

Code of Conduct and Ethics policy has been reviewed with me and I have also received a copy of **Code of Conduct and Ethics** policy; have read it and understand its provisions.

Furthermore, I agree and I am aware that I must attend a **Code of Conduct and Ethics** training every 3 years, per the **Code of Conduct and Ethics** policy.

Employee's Signature

Date

Human Resources Representative Signature

Date



AFFORDABLE
HOUSING
DEVELOPMENT
CORPORATION

June 4, 2008

[REDACTED]
Executive Director
Housing Authority of the County of Fresno
Post Office Box 11985
Fresno, California 93776-1985

**Re: Housing Choice Voucher Family Self Sufficiency (FSS) Program
Coordinators CFDA No.: 14.871 OMB Approval No.: 2577-0178
Submission of Application to HUD 2008 Notice of Funding Availability
(NOFA)**

Dear [REDACTED]

Please accept this letter as an indication of my support for your application to the Federal Housing and Urban Development Family Self Sufficiency Notice of Funding Availability (NOFA) grant.

Affordable Housing Development Corporation (AHDC, Inc) has been a long time partner of the Housing Authority of the City and County of Fresno and the Family Self Sufficiency program. AHDC develops, finances and builds affordable and market rate rental housing throughout the state of California. We have partnered with the Housing Authority on several affordable housing projects within the City and County of Fresno. The Housing Authority has always been prepared and willing to loan and grant financial resources to enhance the feasibility of our projects and to bring more affordable housing to the community. The Family Self-Sufficiency program continues to help participants overcome barriers to employment, some of which include poor credit, lack of education, childcare issues and substance abuse problems. FSS Fresno also provides continuing educational workshops addressing issues such as conflict resolution, budgeting and financial literacy, stress management, and job retention skills

We believe that the Family Self Sufficiency program provides low income families in our community with tools to become economically self-reliant. The 1:1 case management and group workshops provided by the FSS Coordinators assist families in developing budgeting, employment, and other related skills necessary to transition from welfare dependency to economic independence. As families become gainfully employed, the entire community benefits. In addition, extensive homeownership counseling is provided to FSS families allowing them the opportunity to work towards becoming mortgage ready and use the IDEA and other down payment assistance programs.

We look forward to our continued collaboration.

Sincerely,


Laurie Schmidt
Project Manager



The power of
change.



BANK OF THE WEST

June 5, 2008

[REDACTED]
Executive Director
Housing Authority of the County of Fresno
Post Office Box 11985
Fresno, California 93776-1985

Re: Housing Choice Voucher Family Self Sufficiency (FSS) Program
Coordinators CFDA No.: 14.871
OMB Approval No.: 2577-0178
Submission of Application to HUD 2008 Notice of Funding Availability (NOFA)

Dear [REDACTED]

Please accept this letter as an indication of my support for your application to the Federal Housing and Urban Development Family Self Sufficiency Notice of Funding Availability (NOFA) grant.

Bank of the West has a long history of supporting Housing Authority of the City and County of Fresno. For many years, Bank of the West has been the primary bank providing account services as well as a multitude of treasury management products. This past year, Bank of the West committed \$12,500 through financial donations made to Family Self Sufficiency to assist with their economic independence programs.

We believe that the Family Self Sufficiency program provides low income families in our community with tools to become economically self-reliant. The 1:1 case management and group workshops provided by the FSS Coordinators assist families in developing budgeting, employment, and other related skills necessary to transition from welfare dependency to economic independence. As families become gainfully employed, the entire community benefits. In addition, extensive homeownership counseling is provided to FSS families allowing them the opportunity to work towards becoming mortgage ready and use the IDEA and other down payment assistance programs.

We look forward to our continued collaboration.

Sincerely,

Teri Lawrence
Vice President
Bank of the West



ATTACHMENTS FORM

Instructions: On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

Important: Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	HUD2991.pdf	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	HUD2994A.doc	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	HUD27300.pdf	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	HUD96010.xls	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	AffirmativelyFFH.pdf	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	HUD52651.doc	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	CodeofConduct2007.pdf	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8	AHDC.pdf	Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9	BoW.pdf	Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10	Citibank.pdf	Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11	FARC.pdf	Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12	FSSCorps.pdf	Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13	SJVC.pdf	Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment

**Applicant/Recipient
Disclosure/Update Report**

U.S. Department of Housing
and Urban Development

OMB Approval No. 2510-0011
(exp. 08/31/2009)

Applicant/Recipient Information

* Duns Number

* Report Type:

UPDATE

1. Applicant/Recipient Name, Address, and Phone (include area code):

* Applicant Name:

Housing Authority of the County of Fresno

* Street1: Post Office Box 11985

Street2:

* City: Fresno

County: Fresno

* State: CA: California

* Zip Code: 93776

* Country: USA: UNITED STATES

* Phone: 559-443-8408

2. Social Security Number or Employer ID Number: 94-6000749

* 3. HUD Program Name:

Section 8 Housing Choice Vouchers

* 4. Amount of HUD Assistance Requested/Received: \$ 302,982.00

5. State the name and location (street address, City and State) of the project or activity:

* Project Name: Family Self-Sufficiency Program of the COUNTY of Fresno

* Street1: Post Office Box 11985

Street2:

* City: Fresno

County: Fresno

* State: CA: California

* Zip Code: 93776

* Country: USA: UNITED STATES

Part I Threshold Determinations

* 1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).

Yes

No

* 2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1-Sep. 30)? For further information, see 24 CFR Sec. 4.9

Yes

No

If you answered " No " to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form.

However, you must sign the certification at the end of the report.

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name:

* Government Agency Name:

Government Agency Address:

* Street1:

Street2:

* City:

County:

* State:

* Zip Code:

* Country:

* Type of Assistance:

* Amount Requested/Provided: \$

* Expected Uses of the Funds:

Department/State/Local Agency Name:

* Government Agency Name:

Government Agency Address:

* Street1:

Street2:

* City:

County:

* State:

* Zip Code:

* Country:

* Type of Assistance:

* Amount Requested/Provided: \$

* Expected Uses of the Funds:

(Note: Use Additional pages if necessary.)

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

Part III Interested Parties. You must decide.

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and

2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

* Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)

* Social Security No. or Employee ID No.

* Type of Participation in Project/Activity

* Financial Interest in Project/Activity (\$ and %)

			\$ <input type="text"/> <input type="text"/> %
			\$ <input type="text"/> <input type="text"/> %
			\$ <input type="text"/> <input type="text"/> %
			\$ <input type="text"/> <input type="text"/> %
			\$ <input type="text"/> <input type="text"/> %

(Note: Use Additional pages if necessary.)

Add Attachment

Delete Attachment

View Attachment

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

* Signature:

* Date: (mm/dd/yyyy)

Save Form to Print

Facsimile Transmittal

U. S. Department of Housing and Urban Development
Office of Department Grants Management and Oversight

OMB Approval No. 2525-0118 exp. Date (5/30/2008)

1212088012-3403

* Name of Document Transmitting: N/A

1. Applicant Information:

* Legal Name: Housing Authority of the County of Fresno
* Address:
* Street1: Post Office Box 11985
Street2:
* City: Fresno
County: Fresno
* State: CA: California
* Zip Code: 93776 * Country: USA: UNITED STATES

2. Catalog of Federal Domestic Assistance Number:

* Organizational DUN: [redacted] CFDA No.: 14.871
Title: Section 8 Housing Choice Vouchers
Program Component:

3. Facsimile Contact Information:

Department:
Division:

4. Name and telephone number of person to be contacted on matters involving this facsimile.

Prefix: Mrs. * First Name: [redacted]
Middle Name:
* Last Name: [redacted]
Suffix:
* Phone Number: 559-443-8408
Fax Number: 559-445-8922

* 5. Email: [redacted]

* 6. What is your Transmittal? (Check one box per fax)

- a. Certification b. Document c. Match/Leverage Letter d. Other (checked)

* 7. How many pages (including cover) are being faxed? 1

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[Redacted]

* Other (Specify)

[Redacted]

* 3. Date Received:

06/12/2008

4. Applicant Identifier:

[Redacted]

5a. Federal Entity Identifier:

[Redacted]

* 5b. Federal Award Identifier:

CA-0028

State Use Only:

6. Date Received by State:

[Redacted]

7. State Application Identifier:

[Redacted]

8. APPLICANT INFORMATION:

* a. Legal Name:

Housing Authority of the County of Fresno

* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-6000749

* c. Organizational DUNS:

[Redacted]

d. Address:

* Street1:

Post Office Box 11985

Street2:

[Redacted]

* City:

Fresno

County:

Fresno

* State:

CA: California

Province:

[Redacted]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

93776

e. Organizational Unit:

Department Name:

[Redacted]

Division Name:

[Redacted]

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

[Redacted]

* First Name:

[Redacted]

Middle Name:

[Redacted]

* Last Name:

[Redacted]

Suffix:

[Redacted]

Title:

Assisted Housing Manager

Organizational Affiliation:

[Redacted]

* Telephone Number:

559-443-8408

Fax Number:

559-445-8922

* Email:

[Redacted]

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

L: Public/Indian Housing Authority

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.871

CFDA Title:

Section 8 Housing Choice Vouchers

*** 12. Funding Opportunity Number:**

FR-5200-N-03

* Title:

Housing Choice Voucher Family Self-Sufficiency

13. Competition Identification Number:

HCV-FSS-03

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Fresno County

*** 15. Descriptive Title of Applicant's Project:**

To link low-income families and persons with disabilities to the supportive services they need to achieve economic self-sufficiency and process toward home ownership in order to develop assets.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: 19, 20

* b. Program/Project: 19, 20

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 10/01/2008

* b. End Date: 09/30/2009

18. Estimated Funding (\$):

* a. Federal	302,982.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	302,982.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mrs. * First Name:

Middle Name:

* Last Name:

Suffix:

* Title: Assisted Housing Manager

* Telephone Number: 559-443-8408 Fax Number: 559-445-8922

* Email:

* Signature of Authorized Representative: Ruxana Lotia * Date Signed: 06/12/2008

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB

0348-0046

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name: <input type="text" value="Housing Authority of the COUNTY of Fresno"/> * Street 1: <input type="text" value="Post Office Box 11985"/> Street 2: <input type="text"/> * City: <input type="text" value="Fresno"/> State: <input type="text" value="CA: California"/> Zip: <input type="text" value="93776"/> Congressional District, if known: <input type="text" value="19, 20"/>		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime: <div style="border: 1px solid black; height: 100px;"></div>		
6. * Federal Department/Agency: <input type="text" value="U.S. Department of Housing & Urban Dev."/>	7. * Federal Program Name/Description: <input type="text" value="Section 8 Housing Choice Vouchers"/> CFDA Number, if applicable: <input type="text" value="14.871"/>	
8. Federal Action Number, if known: <input type="text"/>	9. Award Amount, if known: \$ <input type="text"/>	
10. a. Name and Address of Lobbying Registrant: Prefix <input type="text"/> * First Name <input type="text" value="N/A"/> Middle Name <input type="text"/> * Last Name <input type="text" value="N/A"/> Suffix <input type="text"/> * Street 1 <input type="text"/> Street 2 <input type="text"/> * City <input type="text"/> State <input type="text"/> Zip <input type="text"/>		
b. Individual Performing Services (including address if different from No. 10a) Prefix <input type="text"/> * First Name <input type="text" value="N/A"/> Middle Name <input type="text"/> * Last Name <input type="text" value="N/A"/> Suffix <input type="text"/> * Street 1 <input type="text"/> Street 2 <input type="text"/> * City <input type="text"/> State <input type="text"/> Zip <input type="text"/>		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		
* Signature: * Name: Prefix <input type="text"/> * First Name <input type="text" value="Redacted"/> Middle Name <input type="text"/> * Last Name <input type="text" value="Redacted"/> Suffix <input type="text"/> Title: <input type="text" value="Assisted Housing Manager"/> Telephone No.: <input type="text" value="559-443-8408"/> Date: <input type="text" value="06/12/2008"/>		
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)