

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

532



FROM: Economic Development Agency

SUBMITTAL DATE:
April 24, 2007

SUBJECT: Adoption of the 2007-2008 One Year Action Plan of the County of Riverside 2004-2009 Consolidated Plan

RECOMMENDED MOTION: That the Board of Supervisors:

1. Adopt the 2007-2008 One Year Action Plan of the County's 2004-2009 Five-Year Consolidated Plan;
2. Authorize the Chairman to sign all required applications and federal certifications pertaining to the submittal of the 2007-2008 One Year Action Plan;
3. Authorize the Chairman to sign all grant agreements and certifications upon approval by U.S. Department of Housing and Urban Development (HUD), and to sign other required procedural and reporting documents;
4. Authorize the Assistant County Executive Officer/EDA or designee to sign all Sponsor's Agreements and Supplemental Agreements necessary to implement the 2007-2008 One Year Action Plan;
5. Delegate contracting authority to the Assistant County Executive Officer/EDA or designee for all activities detailed in the 2007-08 One Year Action Plan, provided that the activities comply with applicable federal requirements and all agreements are approved by County Counsel; and
6. Authorize the Assistant County Executive Officer/EDA or designee to approve all non-substantial amendments to the 2007-2008 One-Year Action Plan. (continued on Page 2)

Departmental Concurrence

Robin Zimpfer

Robin Zimpfer
Assistant County Executive Officer/EDA

RZ:DL:SH:JT:jg
S:\CDBG\07-08 CDBG Master Tracking\Form 11's\OYAP Adopt Form 11.doc

FINANCIAL DATA	Current F.Y. Total Cost:	\$ 0	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0	For Fiscal Year:	2007/08

COMPANION ITEM ON BOARD OF DIRECTORS AGENDA: NO

SOURCE OF FUNDS: Community Development Block Grant (CDBG), Emergency Shelter Grant (ESG), Home Investment Partnership Act (HOME), and American Dream Downpayment Initiative (ADDI)	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION:

APPROVE

Seema Chow

County Executive Office Signature

Policy Policy

Consent Consent

Dept' Recomm.:
Per Exec. Ofc.:

Prev. Agn. Ref.: 3/20/07; 15.1

District: All

Agenda Number:

April 26, 2007

Page 2

BACKGROUND:

The 2007-2008 One-Year Action Plan identifies how the County will use its annual allocation of HUD's Community Planning and Development (CPD) funding to address the County's housing and community development needs identified in the 2004-2009 Consolidated Plan.

The allocations to be received through the 2007-2008 HUD appropriations are: \$10,599,051 for CDBG; \$3,576,054 for HOME; \$452,373 for ESG; and \$51,155 for the American Dream Downpayment Initiative. The County expects to utilize a minimum of 70% of these funds for activities that will benefit low- and moderate-income persons.

The Agency recommends adoption of the 2007-2008 One-Year Action Plan and formal submittal to HUD. The Application for Federal Assistance (Standard Form 424) will be submitted to HUD together with the required certifications and project descriptions. The adopted plan will be made available to citizens through the County Libraries and the Cooperating Cities.

FINANCIAL:

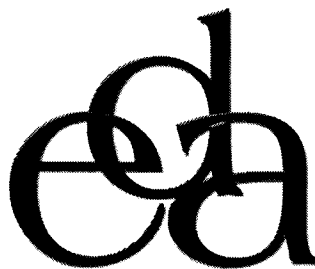
The CDBG, ESG, HOME and ADDI programs are 100% federally-funded through HUD.

**RIVERSIDE COUNTY
COMMUNITY PLANNING AND DEVELOPMENT
PROGRAMS
(CDBG, HOME, ESG)**

**2007-2008 ONE YEAR ACTION PLAN
OF THE**

***2004-2009*
CONSOLIDATED PLAN**

PREPARED BY:



**RIVERSIDE COUNTY
Economic Development Agency**

**ROBIN ZIMPFER
ASSISTANT COUNTY EXECUTIVE OFFICER/EDA**

Applications for Federal Assistance (4)

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 15, 2007	Applicant Identifier S-06-UC-06-0506
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: County of Riverside		Organizational Unit: Economic Development Agency	
Address (give city, county, State, and zip code): 1325 Spruce Street, Suite 400 Riverside, CA 92507		Name and telephone number of person to be contacted on matters involving this application (give area code) John Thurman, CDBG Program Administrator (951) 955-6693	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 6000930		7. TYPE OF APPLICANT: (enter appropriate letter in box) B	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
		9. NAME OF FEDERAL AGENCY: US Department of Housing and Urban Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: Emergency Shelter Grant 14 - 231		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Projected use of Emergency Shelter Grant Funds	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Riverside County			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/1/07	Ending Date 6/30/08	a. Applicant 41st, 44th, 45th, 49th	b. Project 41st, 44th, 45th, 49th
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 452,373 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
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c. State	\$. ⁰⁰		
d. Local	\$. ⁰⁰		
e. Other	\$. ⁰⁰		
f. Program Income	\$. ⁰⁰		
g. TOTAL	\$ 452,373 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
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d. Signature of Authorized Representative		e. Date Signed	

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		9. NAME OF FEDERAL AGENCY: US Department of Housing and Urban Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14 - 218 TITLE: Community Development Block Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Projected use of Community Development Block Grant Funds	
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: HOME 14 - 239		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Projected use of HOME Funds	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Riverside County			
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d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: right;">1 4 - 2 3 9</div> TITLE: American Dream Down Payment Initiative (ADDI)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Projected use of American Dream Down Payment Initiative (ADDI) Funds	
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: center;">1 4 - 2 3 1</div> TITLE: Emergency Shelter Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Projected use of Emergency Shelter Grant Funds	
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14 - 239 TITLE: HOME		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Projected use of HOME Funds	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Riverside County			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/1/07	Ending Date 6/30/08	a. Applicant 41st, 44th, 45th, 49th	b. Project 41st, 44th, 45th, 49th
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 3,576,054 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ ⁰⁰		
c. State	\$ ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 3,576,054 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative John Tavaglione		b. Title Chairman, Board of Supervisors	c. Telephone Number (951) 955-1020
d. Signature of Authorized Representative		e. Date Signed	

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 15, 2007	Applicant Identifier M-06-UC-06-0506
		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Preapplication Construction <input type="checkbox"/> Preapplication Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: County of Riverside		Organizational Unit: Economic Development Agency	
Address (give city, county, State, and zip code): 1325 Spruce Street, Suite 400 Riverside, CA 92507		Name and telephone number of person to be contacted on matters involving this application (give area code) John Thurman, CDBG Program Administrator (951) 955-6693	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 6000930		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; margin-top: -20px;"><input checked="" type="checkbox"/> B</div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: US Department of Housing and Urban Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14 - 239 TITLE: American Dream Down Payment Initiative (ADDI)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Projected use of American Dream Down Payment Initiative (ADDI) Funds	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Riverside County			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/1/07	Ending Date 6/30/08	a. Applicant 41st, 44th, 45th, 49th b. Project 41st, 44th, 45th, 49th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 51,155. ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$. ⁰⁰	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$. ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$. ⁰⁰		
e. Other	\$. ⁰⁰		
f. Program Income	\$. ⁰⁰		
g. TOTAL	\$ 51,155. ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative John Tavaglione		b. Title Chairman, Board of Supervisors	c. Telephone Number (951) 955-1020
d. Signature of Authorized Representative		e. Date Signed	

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 15, 2007	Applicant Identifier S-06-UC-06-0506
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: County of Riverside		Organizational Unit: Economic Development Agency	
Address (give city, county, State, and zip code): 1325 Spruce Street, Suite 400 Riverside, CA 92507		Name and telephone number of person to be contacted on matters involving this application (give area code) John Thurman, CDBG Program Administrator (951) 955-6693	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 6 0 0 0 9 3 0		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; margin-top: -20px;"> <input checked="" type="checkbox"/> B </div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: US Department of Housing and Urban Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: right;">1 4 - 2 3 1</div> TITLE: Emergency Shelter Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Projected use of Emergency Shelter Grant Funds	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Riverside County			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/1/07	Ending Date 6/30/08	a. Applicant 41st, 44th, 45th, 49th	b. Project 41st, 44th, 45th, 49th
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 452,373 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ ⁰⁰		
c. State	\$ ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 452,373 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative John Tavaglione		b. Title Chairman, Board of Supervisors	c. Telephone Number (951) 955-1020
d. Signature of Authorized Representative		e. Date Signed	

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 15, 2007	Applicant Identifier B-06-UC-06-0506
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: County of Riverside		Organizational Unit: Economic Development Agency	
Address (give city, county, State, and zip code): 1325 Spruce Street, Suite 400 Riverside, CA 92507		Name and telephone number of person to be contacted on matters involving this application (give area code) John Thurman, CDBG Program Administrator (951) 955-6693	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 6000930		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right; border: 1px solid black; padding: 2px; display: inline-block;">B</div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
		9. NAME OF FEDERAL AGENCY: US Department of Housing and Urban Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: right; border: 1px solid black; padding: 2px; display: inline-block;">14 - 218</div> TITLE: Community Development Block Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Projected use of Community Development Block Grant Funds	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Riverside County			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/1/07	Ending Date 6/30/08	a. Applicant 41st, 44th, 45th, 49th	b. Project 41st, 44th, 45th, 49th
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 10,559,051 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$ ⁰⁰	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 10,559,051 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative John Tavaglione		b. Title Chairman, Board of Supervisors	c. Telephone Number (951) 955-1020
d. Signature of Authorized Representative			e. Date Signed

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

		2. DATE SUBMITTED May 15, 2007	Applicant Identifier M-06-UC-06-0506
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: County of Riverside		Organizational Unit: Economic Development Agency	
Address (give city, county, State, and zip code): 1325 Spruce Street, Suite 400 Riverside, CA 92507		Name and telephone number of person to be contacted on matters involving this application (give area code) John Thurman, CDBG Program Administrator (951) 955-6693	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 6000930		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; margin-top: -20px;">B</div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: US Department of Housing and Urban Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: HOME 14 - 239		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Projected use of HOME Funds	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Riverside County			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/1/07	Ending Date 6/30/08	a. Applicant 41st, 44th, 45th, 49th	b. Project 41st, 44th, 45th, 49th
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 3,576,054 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$. ⁰⁰		
c. State	\$. ⁰⁰		
d. Local	\$. ⁰⁰		
e. Other	\$. ⁰⁰		
f. Program Income	\$. ⁰⁰		
g. TOTAL	\$ 3,576,054 ⁰⁰		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative John Tavaglione		b. Title Chairman, Board of Supervisors	c. Telephone Number (951) 955-1020
d. Signature of Authorized Representative		e. Date Signed	

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

		2. DATE SUBMITTED May 15, 2007	Applicant Identifier M-06-UC-06-0506
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: County of Riverside		Organizational Unit: Economic Development Agency	
Address (give city, county, State, and zip code): 1325 Spruce Street, Suite 400 Riverside, CA 92507		Name and telephone number of person to be contacted on matters involving this application (give area code) John Thurman, CDBG Program Administrator (951) 955-6693	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 6000930		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> B	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
		9. NAME OF FEDERAL AGENCY: US Department of Housing and Urban Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14 - 239 TITLE: American Dream Down Payment Initiative (ADDI)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Projected use of American Dream Down Payment Initiative (ADDI) Funds	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Riverside County			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/1/07	Ending Date 6/30/08	a. Applicant 41st, 44th, 45th, 49th	b. Project 41st, 44th, 45th, 49th
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 51,155 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$ ⁰⁰	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 51,155 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative John Tavagione		b. Title Chairman, Board of Supervisors	c. Telephone Number (951) 955-1020
d. Signature of Authorized Representative		e. Date Signed	