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OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	FR-6100-N-12
Opportunity Title:	Lead-Based Paint Hazard Control (LBPHC) Grant Program
Opportunity Package ID:	PKG00230691
CFDA Number:	14.900
CFDA Description:	Lead-Based Paint Hazard Control in Privately-Owned Housing
Competition ID:	FR-6100-N-12
Competition Title:	Lead-Based Paint Hazard Control (LBPHC) Grant Program
Opening Date:	02/07/2017
Closing Date:	03/23/2017
Agency:	Department of Housing and Urban Development
Contact Information:	Shannon Steinbauer Shannon.e.steinbauer@hud.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00036944
Application Filing Name:	Lead-Based Paint Hazard Control Grant Program (Fresno County)
DUNS:	5561976550000
Organization:	FRESNO, COUNTY OF
Form Name:	Attachments
Form Version:	1.1
Requirement:	Optional
Download Date/Time:	Mar 23, 2017 07:05:54 PM EDT
Form State:	No Errors

FORM ACTIONS:

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	Abstract.docx	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	Fresno_Support_Letter_Lead_Hd	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	Letter of Support - Fresno E	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	PY-2015-2019-Final-Consolidat	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	Centro La Familia Letter of	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	contribution match.pdf	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	Cert. of Consistency.pdf	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8	FRESNO COUNTY.docxZIPMAP.docx	Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9	HUD 424 CBW Grant App Details	Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10	HFHF Referral Letter.pdf	Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11	Attachment - Fresno County C	Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12	Attachment - Housing Authorit	Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13	Fresno County Consolidated P	Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14	Job Duty description - Attac	Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15	Narrative.docxfinal.docx	Add Attachment	Delete Attachment	View Attachment

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Contact Information:	Shannon Steinbauer Shannon.e.steinbauer@hud.gov

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Workspace ID:	WS00036944
Application Filing Name:	Lead-Based Paint Hazard Control Grant Program (Fresno County)
DUNS:	5561976550000
Organization:	FRESNO, COUNTY OF
Form Name:	Project/Performance Site Location(s)
Form Version:	2.0
Requirement:	Mandatory
Download Date/Time:	Mar 23, 2017 07:04:41 PM EDT
Form State:	No Errors

FORM ACTIONS:

Project/Performance Site Location(s)

OMB Number: 4040-0010
Expiration Date: 10/31/2019

Project/Performance Site Primary Location

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: FCDPH

DUNS Number: 5561976550000

* Street1: 1221 Fulton Mall

Street2:

* City: Fresno

County: Fresno

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 93721-3604

* Project/ Performance Site Congressional District: CA-004

Project/Performance Site Location 1

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City:

County:

* State:

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code:

* Project/ Performance Site Congressional District:

Additional Location(s)

Add Attachment

Delete Attachment

View Attachment

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Contact Information:	Shannon Steinbauer Shannon.e.steinbauer@hud.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00036944
Application Filing Name:	Lead-Based Paint Hazard Control Grant Program (Fresno County)
DUNS:	5561976550000
Organization:	FRESNO, COUNTY OF
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	2.1
Requirement:	Mandatory
Download Date/Time:	Mar 23, 2017 07:02:40 PM EDT
Form State:	No Errors

FORM ACTIONS:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☒ New
☐ Continuation
☐ Revision

*** If Revision, select appropriate letter(s):**

*** Other (Specify):**

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

94-6000512

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

Fresno County DPH

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

94-6000512

*** c. Organizational DUNS:**

5561976550000

d. Address:

*** Street1:**

1221 Fulton Mall

Street2:

*** City:**

Fresno

County/Parish:

Fresno

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

93721-3604

e. Organizational Unit:

Department Name:

Fresno County DPH

Division Name:

Environmental Health

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

Prefix:

Mrs.

*** First Name:**

Amy

Middle Name:

*** Last Name:**

Dobrinin

Suffix:

Title:

Supervising REHS

Organizational Affiliation:

FCDPH

*** Telephone Number:**

559-600-3357

Fax Number:

559-600-7629

*** Email:**

beevang@co.fresno.ca.us

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.900

CFDA Title:

Lead-Based Paint Hazard Control in Privately-Owned Housing

*** 12. Funding Opportunity Number:**

FR-6100-N-12

* Title:

Lead-Based Paint Hazard Control (LBPHC) Grant Program

13. Competition Identification Number:

FR-6100-N-12

Title:

Lead-Based Paint Hazard Control (LBPHC) Grant Program

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

FRESNO COUNTY.docxZIPMAP.docx

Add Attachment

Delete Attachment

View Attachment

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

Lead-Based Paint Hazard Control (LBPHC) Grant Program ***

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:*** a. Applicant * b. Program/Project

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

17. Proposed Project:* a. Start Date: * b. End Date: **18. Estimated Funding (\$):**

* a. Federal	1,000,000.00
* b. Applicant	388,416.00
* c. State	0.00
* d. Local	0.00
* e. Other	614,173.00
* f. Program Income	0.00
* g. TOTAL	2,002,589.00

*** 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 in attachment.)**☐ Yes ☒ No

If "Yes", provide explanation and attach

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: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title: * Telephone Number: Fax Number: * Email: * Signature of Authorized Representative: * Date Signed:

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Contact Information:	Shannon Steinbauer Shannon.e.steinbauer@hud.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00036944
Application Filing Name:	Lead-Based Paint Hazard Control Grant Program (Fresno County)
DUNS:	5561976550000
Organization:	FRESNO, COUNTY OF
Form Name:	HUD Applicant-Recipient Disclosure Report
Form Version:	1.1
Requirement:	Mandatory
Download Date/Time:	Mar 23, 2017 07:03:43 PM EDT
Form State:	No Errors

FORM ACTIONS:

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing
and Urban Development

OMB Number: 2510-0011
Expiration Date: 12/31/2015

Applicant/Recipient Information

* Duns Number: 5561976550000

* Report Type: INITIAL

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

* Applicant Name:

Fresno County DPH

* Street1: 1221 Fulton Mall

Street2:

* City: Fresno

County: Fresno

* State: CA: California

* Zip Code: 93721-3604

* Country: USA: UNITED STATES

* Phone: 559-600-3357

2. Social Security Number or Employer ID Number: 94-6000512

* 3. HUD Program Name:

Lead-Based Paint Hazard Control in Privately-Owned Housing

* 4. Amount of HUD Assistance Requested/Received: \$ 1,000,000.00

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

* Project Name: Fresno County DPH

* Street1: 1221 Fulton Mall

Street2:

* City: Fresno

County: Fresno

* State: CA: California

* Zip Code: 93721-3604

* 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:

Childhood Lead Poisoning Prevention Program Branch

Government Agency Address:

* Street1: Bay Park Way, Bldg. P, 3rd Floor

Street2:

* City: Richmond

County: Contra Costa

* State: CA: California

* Zip Code: 94804-6403

* Country: USA: UNITED STATES

* Type of Assistance: Grant

* Amount Requested/Provided: \$ 2,807,868.00

* Expected Uses of the Funds:

Case management of lead poisoned children, outreach and educ

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 disclose:

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 %)

			\$		%
			\$		%
			\$		%
			\$		%
			\$		%

(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)

Completed Upon Submission to Grants.gov

Completed Upon Submission
to Grants.gov

Desktop

Grant Application Detailed Budget Worksheet

OMB Approval No. 2501-0017

Name and Address of Applicant: Fresno County Department of Public Health

(Exp. 3/31/2019)

Public reporting burden for this collection of information is estimated to average 3 hours 12 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. This burden may not be applicable to you. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Service, Paperwork Project (0170-0047), Washington, DC 20503. Send all other correspondence regarding this collection of information to the OMB control number. Information collected will be used to estimate the burden for this collection of information. HUD will use this information in the selection of applicants. Response to this request for information is required in order to receive the benefits to be derived. The information requested does not lend itself to confidentiality.

Detailed Description of Budget (for full grant period)											
Category	1. Personnel (Direct Labor) Position or Individual	Estimated Hours	Rate per Hour	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other Program Income
2. Fringe Benefits Position or Individual	Project Director	312.0	\$ 41.04	\$ 12,804							
	Lead Program Manager	4,680.0	\$ 40.50	\$ 189,563		\$ 189,563					\$ 12,804
	Outreach Coordinator	3,120.0	\$ 34.24	\$ 106,840							\$ 106,840
	Public Health Nurse	1,872.0	\$ 32.92	\$ 61,622							\$ 61,622
	Registered Environmental Health Specialist/Inspector (REHS Inspector)	1,872.0	\$ 31.22	\$ 58,443							\$ 58,443
	Registered Environmental Health Specialist/Inspector (REHS Inspector)	1,872.0	\$ 32.14	\$ 60,167							\$ 60,167
	Accountant	150.0	\$ 20.69	\$ 3,104							
	Affordable Housing Programs Manager (AHP Manager)	390.5	\$ 37.50	\$ 14,644							
	Grants Administrator (Staff Analyst III)	125.0	\$ 34.09	\$ 4,261							
	Housing Rehabilitation Specialist	1,018.9	\$ 24.01	\$ 24,466							
	Total Direct Labor Cost			\$ 535,914	\$ 46,475	\$ 189,563	\$ -	\$ -	\$ -	\$ -	\$ 299,876
3. Travel	Project Director	76.3038%	\$ 12,804.00	\$ 9,770							\$ 9,770
	Lead Program Manager	78.1745%	\$ 189,563.00	\$ 148,190		\$ 148,190					\$ 83,522
	Outreach Coordinator	78.1745%	\$ 106,840.00	\$ 83,522							\$ 48,173
	Public Health Nurse	78.1745%	\$ 61,622.00	\$ 48,173							\$ 45,688
	Registered Environmental Health Specialist/Inspector (REHS Inspector)	78.1745%	\$ 58,443.00	\$ 45,688							\$ 47,035
	Registered Environmental Health Specialist/Inspector (REHS Inspector)	78.1745%	\$ 60,167.00	\$ 47,035							
	Accountant	70.0853%	\$ 3,104.00	\$ 2,175							
	Affordable Housing Programs Manager (AHP Manager)	113.8928%	\$ 14,644.00	\$ 16,678							
	Grants Administrator (Staff Analyst III)	119.1563%	\$ 4,261.00	\$ 5,077							
	Housing Rehabilitation Specialist	58.7194%	\$ 24,466.00	\$ 14,366							
	Total Fringe Benefits Cost			\$ 420,674	\$ 38,296	\$ 148,190	\$ -	\$ -	\$ -	\$ -	\$ 234,188
3a. Transportation - Local Private Vehicle	Mileage		Rate per Mile	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other Program Income
				\$ -							
				\$ -							
				\$ -							
				\$ -							

Subtotal - Trans - Local Private Vehicle									
			\$	-	\$	-	\$	-	\$
		1	\$	-	\$	-	\$	-	\$

form HUD-424-CBW (2/2003)

Detailed Description of Budget

form HUD-424-CBW (2/2003)

Detailed Description of Budget

form HUD-424-CBW (2/2003)

Detailed Description of Budget

form HUD-424-CBW (2/2003)

Grant Application Detailed Budget Worksheet

Detailed Description of Budget												
	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	
8f. Project inspection fees												
Inspection/Risk Assessment	15	\$ 1,700.00	\$ 25,500	\$ 25,500								
Environmental Clearances	60	\$ 300.00	\$ 18,000	\$ 18,000								
Subtotal - Project inspection fees			\$ 43,500	\$ 43,500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
8g. Site work												
	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	
			\$ -									
			\$ -									
			\$ -									
Subtotal - Site work			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
8h. Demolition and removal												
	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	
			\$ -									
			\$ -									
Subtotal - Demolition and removal			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
8i. Construction												
Lead Hazard Controls	51	\$ 15,000.00	\$ 765,000	\$ 765,000								
Subtotal - Construction			\$ 765,000	\$ 765,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
8j. Equipment												
	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	
			\$ -									
			\$ -									
Subtotal - Equipment			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
8k. Contingencies												
	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	
			\$ -									
			\$ -									
Subtotal - Contingencies			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
8l. Miscellaneous												
	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	
			\$ -									
			\$ -									
Subtotal - Miscellaneous			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Total Construction Costs			\$ 839,500	\$ 839,500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

form HUD-424-CBW (2/2003)

Detailed Description of Budget

form HUD-424-CBW (2/2003)

Grant Application Detailed Budget Worksheet

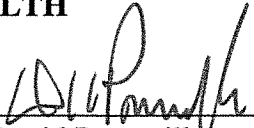
Detailed Description of Budget			
Analysis of Total Estimated Costs	Estimated Cost	Percent of Total	
1 Personnel (Direct Labor)	\$ 535,914.00	27%	
2 Fringe Benefits	\$ 420,674.00	21%	
3 Travel	\$ 5,750.00	0%	
4 Equipment	-	0%	
5 Supplies and Materials	-	0%	
6 Consultants	-	0%	
7 Contracts and Sub-Grantee	-	0%	
8 Construction	\$ 839,500.00	42%	
9 Other Direct Costs	\$ 61,502.00	3%	
10 Indirect Costs	\$ 139,249.00	7%	
Total:	\$ 2,002,589.00	100%	
HUD Share:	\$ 1,000,000.00		
(as percentage of HUD Share)			
Match:	\$ 388,416.00	39%	

Form HUD-424-CBW (2/2003)

RETROACTIVE GRANT APPLICATION SUBMITTAL FOR LEAD GRANT
REMEDATION SERVICES

REVIEWED AND RECOMMENDED
FOR APPROVAL:

**DEPARTMENT OF PUBLIC
HEALTH**

By: 
David Pomaville
Director
Department of Public Health

Date: 6/20/17

APPROVED AS TO ACCOUNTING FORM:
Oscar J. Garcia, CPA
Auditor-Controller/Treasurer-Tax Collector

By: 
Deputy

Department of Public Health

Fund/Subclass: 0001/10000

Organization: 56201612

Revenue: 4380