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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_Hg	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	Letter of Support - Fresno EQ	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 S	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 Cd	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)

**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:

DUNS Number:

\* Street1:

Street2:

\* City:  County:

\* State:

Province:

\* Country:

\* ZIP / Postal Code:

\* Project/ Performance Site Congressional District:

**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:

\* ZIP / Postal Code:

\* Project/ Performance Site Congressional District:

Additional Location(s)

Add Attachment

Delete Attachment

View Attachment

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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:	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**

<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____
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<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.	<b>4. Applicant Identifier:</b> 94-6000512
--	---

<b>5a. Federal Entity Identifier:</b> _____	<b>5b. Federal Award Identifier:</b> _____
--	---

**State Use Only:**

<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____
---	---

**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> Fresno County DPH	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-6000512	<b>* c. Organizational DUNS:</b> 5561976550000

**d. Address:**

<b>* Street1:</b> 1221 Fulton Mall
<b>Street2:</b> _____
<b>* City:</b> Fresno
<b>County/Parish:</b> Fresno
<b>* State:</b> CA: California
<b>Province:</b> _____
<b>* Country:</b> USA: UNITED STATES
<b>* Zip / Postal Code:</b> 93721-3604

**e. Organizational Unit:**

<b>Department Name:</b> Fresno County DPH	<b>Division Name:</b> Environmental Health
---	--

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

<b>Prefix:</b> Mrs.	<b>* First Name:</b> Amy
<b>Middle Name:</b> _____	
<b>* Last Name:</b> Dobrinin	
<b>Suffix:</b> _____	
<b>Title:</b> Supervising REHS	

<b>Organizational Affiliation:</b> FCDPH
--

<b>* Telephone Number:</b> 559-600-3357	<b>Fax Number:</b> 559-600-7629
---	---------------------------------

<b>* Email:</b> 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	<input type="text" value="1,000,000.00"/>
* b. Applicant	<input type="text" value="388,416.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="614,173.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="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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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 %)

* 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"/> %
<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"/> %
<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)

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 form may not collect this information, and you are not required to provide this information unless it displays a valid OMB control number. Information collected will provide proposed budget data for multiple programs. 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	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
					Rate (%)	Base							
<b>1. Personnel (Direct Labor)</b>													
	Project Director	312.0	\$ 41.04	\$ 12,804								\$ 12,804	
	Lead Program Manager	4,680.0	\$ 40.50	\$ 189,563			\$ 189,563						
	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								\$ 3,104	
	Affordable Housing Programs Manager (AHP Manager)	390.5	\$ 37.50	\$ 14,644								\$ 14,644	
	Grants Administrator (Staff Analyst III)	125.0	\$ 34.09	\$ 4,261								\$ 4,261	
	Housing Rehabilitation Specialist	1,018.9	\$ 24.01	\$ 24,466								\$ 24,466	
	<b>Total Direct Labor Cost</b>			\$ 535,914		\$ 46,475	\$ 189,563	\$ -	\$ -	\$ -	\$ -	\$ 299,876	\$ -
<b>2. Fringe Benefits</b>													
	Position or Individual		Rate (%)	Base	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
	Project Director		76.3038%	\$ 12,804.00	\$ 9,770							\$ 9,770	
	Lead Program Manager		78.1745%	\$ 189,563.00	\$ 148,190		\$ 148,190						
	Outreach Coordinator		78.1745%	\$ 106,840.00	\$ 83,522							\$ 83,522	
	Public Health Nurse		78.1745%	\$ 61,622.00	\$ 48,173							\$ 48,173	
	Registered Environmental Health Specialist/Inspector (REHS Inspector)		78.1745%	\$ 58,443.00	\$ 45,688							\$ 45,688	
	Registered Environmental Health Specialist/Inspector (REHS Inspector)		78.1745%	\$ 60,167.00	\$ 47,035							\$ 47,035	
	Accountant		70.0853%	\$ 3,104.00	\$ 2,175							\$ 2,175	
	Affordable Housing Programs Manager (AHP Manager)		113.8928%	\$ 14,644.00	\$ 16,678							\$ 16,678	
	Grants Administrator (Staff Analyst III)		119.1563%	\$ 4,261.00	\$ 5,077							\$ 5,077	
	Housing Rehabilitation Specialist		58.7194%	\$ 24,466.00	\$ 14,366							\$ 14,366	
	<b>Total Fringe Benefits Cost</b>				\$ 420,674	\$ 38,296	\$ 148,190	\$ -	\$ -	\$ -	\$ -	\$ 234,188	\$ -
<b>3. Travel</b>													
	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
					\$ -								
					\$ -								
					\$ -								
					\$ -								
					\$ -								
					\$ -								



Grant Application Detailed Budget Worksheet

Detailed Description of Budget

3b. Transportation - Airfare (show destination)		Trips	Fare	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Washington Conference		2	\$ 1,000.00	\$ 2,000	\$ 2,000	-	-	-	-	-	-	-
Subtotal - Transportation - Airfare				\$ 2,000	\$ 2,000	-	-	-	-	-	-	-
3c. Transportation - Other		Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Subtotal - Transportation - Other				\$ -	\$ -	-	-	-	-	-	-	-
3d. Per Diem or Subsistence (Indicate location)		Days	Rate per Day	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Washington Conference Hotel		10	\$ 300.00	\$ 3,000	\$ 3,000	-	-	-	-	-	-	-
Washington Conference Per Diem		10	\$ 75.00	\$ 750	\$ 750	-	-	-	-	-	-	-
Subtotal - Per Diem or Subsistence				\$ 3,750	\$ 3,750	-	-	-	-	-	-	-
Total Travel Cost				\$ 5,750	\$ 5,750	-	-	-	-	-	-	-
4. Equipment (Only Items over \$5,000 Depreciated val		Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Total Equipment Cost				\$ -	\$ -	-	-	-	-	-	-	-

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		
<b>8f. Project inspection fees</b>													
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									
<b>8g. Site work</b>													
Subtotal - Site work													
<b>8h. Demolition and removal</b>													
Subtotal - Demolition and removal													
<b>8i. Construction</b>													
Lead Hazard Controls	51	\$ 15,000.00	\$ 765,000	\$ 765,000									
Subtotal - Construction			\$ 765,000	\$ 765,000									
<b>8j. Equipment</b>													
Subtotal - Equipment													
<b>8k. Contingencies</b>													
Subtotal - Contingencies													
<b>8l. Miscellaneous</b>													
Subtotal - Miscellaneous													
<b>Total Construction Costs</b>			\$ 839,500	\$ 839,500									

form HUD-424-CBW (2/2003)



Grant Application Detailed Budget Worksheet

Detailed Description of Budget

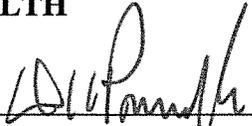
Analysis of Total Estimated Costs	Estimated Cost	Percent of Total
1 Personnel (Direct Labor)	\$ 535,914.00	27%
2 Fringe Benefits	\$ 420,674.00	21%
3 Travel	\$ 5,750.00	0%
4 Equipment	-	0%
5 Supplies and Materials	\$ -	0%
6 Consultants	\$ -	0%
7 Contracts and Sub-Grantee	\$ -	0%
8 Construction	\$ 839,500.00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

Form HUD-424-CBW (2/2003)

1                    **RETROACTIVE GRANT APPLICATION SUBMITTAL FOR LEAD GRANT**  
2    **REMEDATION SERVICES**

3  
4  
5 REVIEWED AND RECOMMENDED  
6 FOR APPROVAL:

7 **DEPARTMENT OF PUBLIC**  
8 **HEALTH**

9 By:   
10 David Pomaville  
11 Director  
12 Department of Public Health

13 Date: 6/20/17

14  
15  
16  
17 APPROVED AS TO ACCOUNTING FORM:  
18 Oscar J. Garcia, CPA  
19 Auditor-Controller/Treasurer-Tax Collector

20 By:   
21 Deputy

22 **Department of Public Health**  
23 Fund/Subclass:                    0001/10000  
24 Organization:                    56201612  
25 Revenue:                            4380