

AGENDA TRANSMITTAL FORM

To: Board of Supervisors

Date: July 17, 2013

From: Richard Forster, Chairman
(Department Head - please type)

Phone Ext. x470

<input checked="" type="checkbox"/>	Regular Agenda
<input type="checkbox"/>	Consent Agenda
<input type="checkbox"/>	Blue Slip
<input type="checkbox"/>	Closed Session
Meeting Date Requested:	
<u>July 23, 2013</u>	

Department Head Signature _____

Agenda Title: Auditor's Office

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)
Discussion and possible action relative to adoption and presentation of a resolution to Ms. Suzy Morton, Auditor's Office for her years of public service.

Recommendation/Requested Action: _____

Fiscal Impacts (attach budget transfer form if appropriate) _____

Staffing Impacts _____

Is a 4/5ths vote required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Contract Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Resolution Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Ordinance Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Comments: _____
Committee Review? N/A <input type="checkbox"/> Name _____ Committee Recommendation: _____	

Request Reviewed by:

Chairman <u>[Signature]</u>	Counsel <u>[Signature]</u>
Auditor <u>[Signature]</u>	GSA Director <u>[Signature]</u>
CAO <u>[Signature]</u>	Risk Management <u>[Signature]</u>

Distribution Instructions: (Inter-Departmental Only, the requesting Department is responsible for distribution outside County Departments)

FOR CLERK USE ONLY

Meeting Date <u>7-23-13</u>	Time _____	Item # <u>6</u>
Board Action: Approved Yes ___ No ___	Unanimous Vote: Yes ___ No ___	
Ayes: _____	Resolution _____	Ordinance _____
Noes _____	Resolution _____	Ordinance _____
Absent: _____	Comments: _____	Other: _____

Distributed on _____	A new ATF is required from _____ Department	I hereby certify this is a true and correct copy of action(s) taken and entered into the official records of the Amador County Board of Supervisors.
Completed by _____	For meeting of _____	ATTEST: _____ Clerk or Deputy Board Clerk

Save

AMADOR COUNTY BOARD OF SUPERVISORS

IN THE MATTER OF:

RESOLUTION RECOGNIZING AND) RESOLUTION NO. 13-066
HONORING SUZY MORTON FOR HER)
TWENTY-FOUR YEARS OF PUBLIC SERVICE)

WHEREAS, Suzy was born on March 6, 1950, the youngest of four children, to Babe and Marie Garbarini; and

WHEREAS, Suzy got her first job, a non-paying position, as soon as she was able to read. Her parents owned the Amador Ledger and her job was to proof the newspaper, and any other print job, each week with her siblings; and

WHEREAS, she attended Jackson Elementary and graduated from Jackson High School in 1968; and

WHEREAS, Suzy married in 1970 and was busy being a mom to her first two children as well as completing her AA in Business from Delta College in 1978; and

WHEREAS, that same year, she started working as a seamstress and retail clerk for the Gold Diggers, a garment manufacturer, in Amador City; and

WHEREAS, in 1980 she returned to her roots at the newspaper, and got a paying position in the office of the Amador Ledger Dispatch for a year; and

WHEREAS, from 1981 – 1989 she worked as a teller at Wells Fargo Bank in Jackson; and

WHEREAS, Suzy married Mark Morton in 1986 and had her third child in 1987; and

WHEREAS, on March 16, 1989, Suzy started her career with Amador County as an Account Clerk III in the Auditor’s Office under Auditor John Kirkpatrick and has held different positions within that office, culminating as a Payroll Specialist II under Auditor Joe Lowe.

WHEREAS, Suzy will now be able to spend more time with her six grandchildren, sewing, quilting, and traveling (mostly to the Duck Club) with Mark.

THEREFORE, BE IT HEREBY RESOLVED by the Board of Supervisors of the County of Amador, State of California that said Board does hereby extend to Suzy our sincere and grateful appreciation for her twenty-four years of dedicated service to Amador County, and our best wishes to her for continued success, happiness and good health in the years to come.

The foregoing resolution was duly passed and adopted by the Board of Supervisors in the County of Amador at a regular meeting thereof, held on the 23rd day of July, 2013 by the following vote:

- AYES: Richard M. Forster, Theodore F. Novelli, John Plasse, Brian Oneto and Louis D. Boitano
- NOES: None
- ABSENT: None

Richard M. Forster, Chairman, Board of Supervisors

ATTEST:
JENNIFER BURNS, Clerk of the
Board of Supervisors, Amador County,
California

Deputy

AGENDA TRANSMITTAL FORM

To: Board of Supervisors
 Date: July 17, 2013

From: John Plasse, District I
 (Department Head - please type)

Phone Ext. 470

<input checked="" type="checkbox"/>	Regular Agenda
<input type="checkbox"/>	Consent Agenda
<input type="checkbox"/>	Blue Slip
<input type="checkbox"/>	Closed Session
Meeting Date Requested:	
<u>July 23, 2013</u>	

Department Head Signature _____

Agenda Title: Amador County Historical Society

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)
 Discussion and possible action relative to adoption and presentation of a Resolution recognizing the commitment and efforts of the Amador County Historical Society in restoring and re-opening the Amador County Museum to the public.

Recommendation/Requested Action: _____

Fiscal Impacts (attach budget transfer form if appropriate) _____ Staffing Impacts _____

Is a 4/5ths vote required? Yes No

Contract Attached: Yes No N/A
 Resolution Attached: Yes No N/A
 Ordinance Attached: Yes No N/A

Committee Review? N/A

Name: _____
 Committee Recommendation: _____

Comments: _____

Request Reviewed by:

Chairman _____ Counsel _____
 Auditor _____ GSA Director _____
 CAO _____ Risk Management _____

Distribution Instructions: (Inter-Departmental Only, the requesting Department is responsible for distribution outside County Departments)

FOR CLERK USE ONLY

Meeting Date 7/23/13 Time _____ Item # 7

Board Action: Approved Yes ___ No ___ Unanimous Vote: Yes ___ No ___
 Ayes: _____ Resolution _____ Ordinance _____ Other: _____
 Noes: _____ Resolution _____ Ordinance _____
 Absent: _____ Comments: _____

Distributed on _____	A new ATF is required from _____ Department For meeting of _____	I hereby certify this is a true and correct copy of action(s) taken and entered into the official records of the Amador County Board of Supervisors. ATTEST: _____ Clerk or Deputy Board Clerk
Completed by _____		

**BEFORE THE BOARD OF SUPERVISORS OF THE
COUNTY OF AMADOR, STATE OF CALIFORNIA**

IN THE MATTER OF:

**RESOLUTION RECOGNIZING THE AMADOR COUNTY
HISTORICAL SOCIETY AND VOLUNTEERS FOR THEIR
WORK IN RESTORING AND RE-OPENING THE AMADOR
COUNTY MUSEUM**

WHEREAS, The Amador County Historical Society was founded in 1944 to gather and preserve the county's rich gold rush history; and

WHEREAS, The Amador County Historical Society encouraged and persuaded county supervisors to acquire the old Brown family, 2-story home on Court House Hill from family heirs; and

WHEREAS, The Amador County Museum was established and dedicated on June 18, 1949; and

WHEREAS, The Museum operated until July 2008 when the County closed the museum due to the unaffordable costs of needed structural and American's with Disabilities Act (ADA) improvements ; and

WHEREAS, On May 14, 2013 The Amador County Board of Supervisors entered into an agreement with the ACHS to provide for the completion of said improvements and act as the Manager for the Property; and

WHEREAS, the ACHS and several volunteers worked diligently to restore the Museum property and re-open to the public; and

WHEREAS, on June 15, 2013 the Amador County Museum was re-opened to the public and is staffed by ACHS members and volunteers.

THEREFORE BE IT RESOLVED that the Board of Supervisors of Amador County hereby recognizes and compliments the hard work and commitment of the Amador County Historical Society in restoring a valuable piece of Amador County history and re-opening the Museum to be enjoyed for generations to come.

The foregoing resolution was duly passed and adopted by the Board of Supervisors of the County of Amador at a regular meeting held thereof on the 23rd day of July, 2013 by the following vote:

AYES: Ted Novelli, Louis D. Boitano, Brian Oneto,
John Plasse and Richard M. Forster

NOTES: None

ABSENT: None

Chairman, Board of Supervisors

ATTEST:

JENNIFER BURNS, Clerk of the
Board of Supervisors, Amador County,
California

AGENDA TRANSMITTAL FORM

To: **Board of Supervisors**

Date: July 17, 2013

From: Richard Forster, Chairman
(Department Head - please type)

Phone Ext. x470

<input checked="" type="checkbox"/>	Regular Agenda
<input type="checkbox"/>	Consent Agenda
<input type="checkbox"/>	Blue Slip
<input type="checkbox"/>	Closed Session
Meeting Date Requested:	
<u>July 23, 2013</u>	

Department Head Signature _____

Agenda Title: Sierra Nevada Conservancy

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)
Discussion and possible action relative to a presentation regarding Sierra Nevada Conservancy Investments in Amador County.

Recommendation/Requested Action: _____

Fiscal Impacts (attach budget transfer form if appropriate) _____
Staffing Impacts _____

Is a 4/5ths vote required? Yes No

Committee Review? N/A
Name _____
Committee Recommendation: _____

Contract Attached: Yes No N/A
Resolution Attached: Yes No N/A
Ordinance Attached: Yes No N/A
Comments: _____

Request Reviewed by:

Chairman _____ Counsel JEM
Auditor EDJ GSA Director hop
CAO _____ Risk Management Gray

Distribution Instructions: (Inter-Departmental Only, the requesting Department is responsible for distribution outside County Departments)

FOR CLERK USE ONLY

Meeting Date 7-23-13 Time _____ Item # 8

Board Action: Approved Yes ___ No ___ Unanimous Vote: Yes ___ No ___

Ayes: _____ Resolution _____ Ordinance _____ Other: _____
Noes _____ Resolution _____ Ordinance _____
Absent: _____ Comments: _____

Distributed on _____	A new ATF is required from _____ Department _____ For meeting _____ of _____	I hereby certify this is a true and correct copy of action(s) taken and entered into the official records of the Amador County Board of Supervisors. ATTEST: _____ Clerk or Deputy Board Clerk
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Save

Sierra Nevada Conservancy Investments in Amador County

Prepared for:

Amador County Board of Supervisors

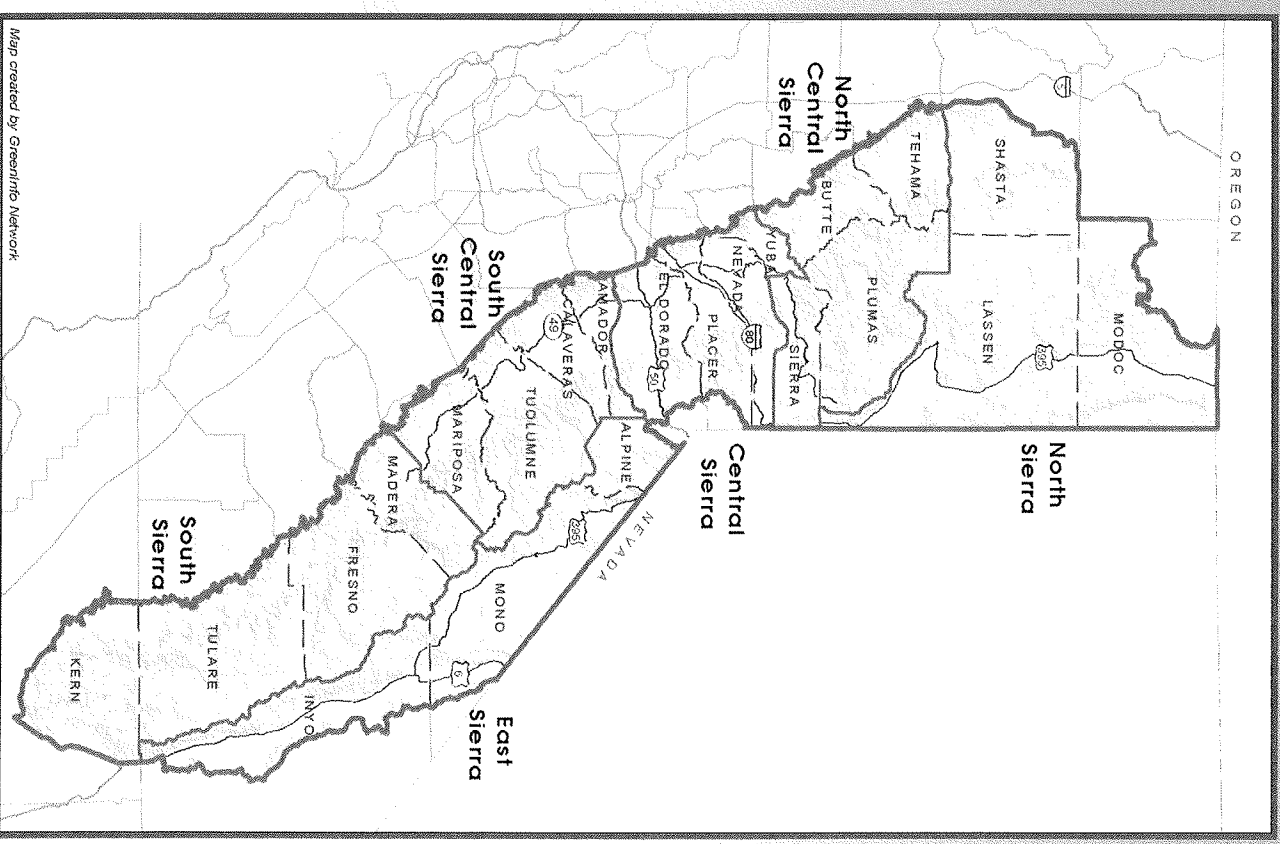
Presented by:

Jim Branham, Executive Officer

July 23, 2013

Mission

The Sierra Nevada Conservancy initiates, encourages and supports efforts that improve the environmental, economic and social well-being of the Sierra Nevada Region, its communities and the citizens of California.



Proposition 84

Investing in California's Watershed

Grantees in Amador County received \$1,057,880 million to support 8 projects.



Proposition 84

Investing in California's Watershed

Grantees in Amador County



AWA Regional Approach to Water Reuse Plan



Amador County Watershed Stewardship Project

Grantees In Amador County

- **Amador Fire Safe Council**
- **Amador Community Foundation**
- **Amador Water Agency**
- **California Land Stewardship Institute**
- **Central Sierra Resource Conservation and Development Council**
- **California Association of Resource Conservation Districts**

Sierra Nevada Forest and Community Initiative

The Initiative is a collaborative effort including local governments, environmental organizations, the business community and others, led by the Sierra Nevada Conservancy with two primary objectives:

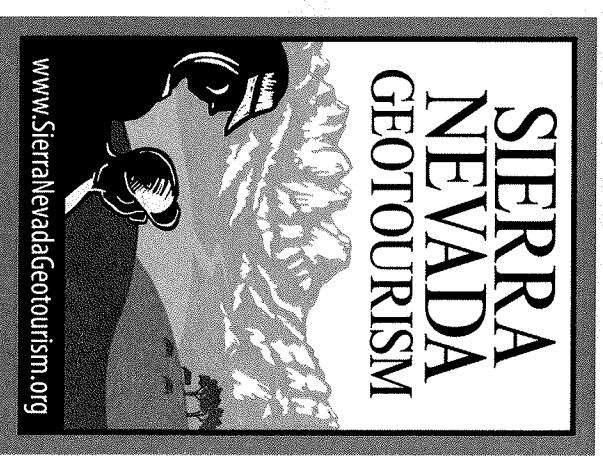
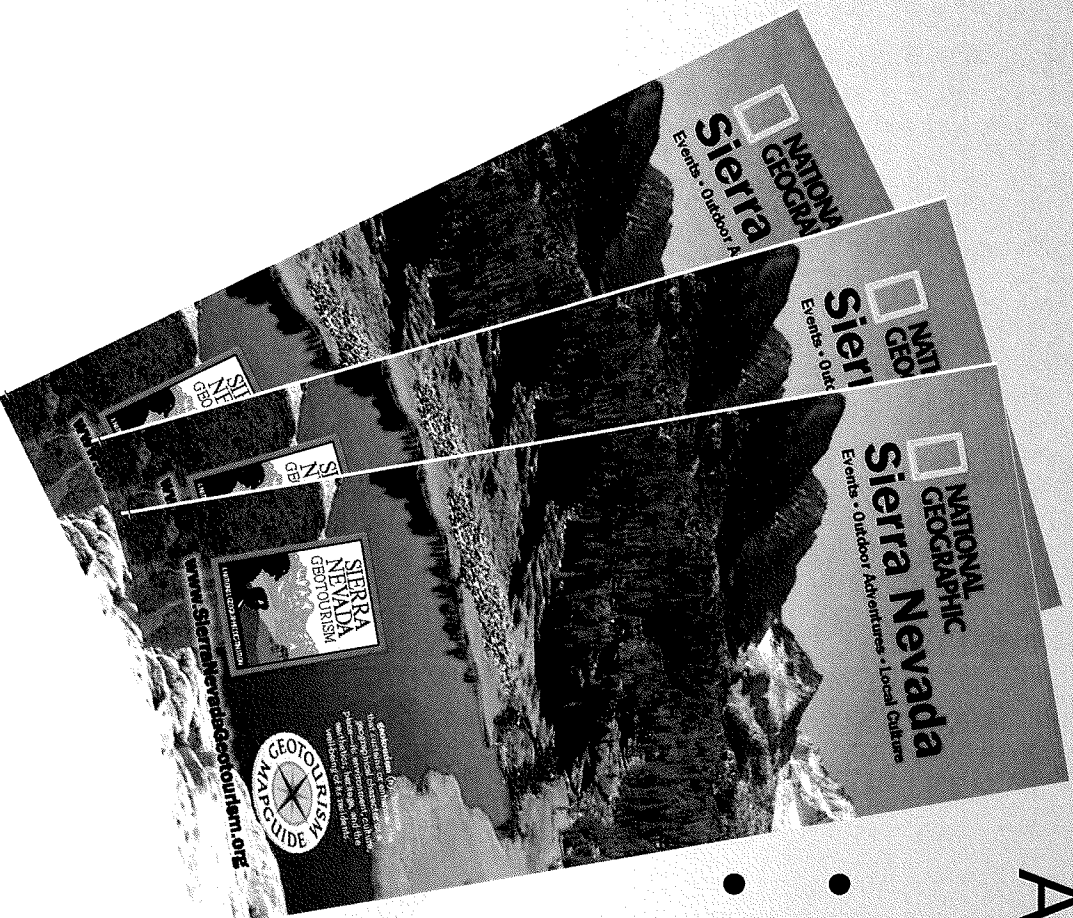
- Restore the health of our forests and reduce the risk and consequence of large damaging fires; and,
- Ensure that restoration efforts result in a positive economic contribution to local communities.



Sierra Nevada Geotourism

Amador County:

- 93 Active Destinations
- 37,534 views / 6 months



Great Sierra River Cleanup

September 21, 2013

Participate with 4,000 volunteers to help keep
California's Watershed clean!



www.sierranevada.ca.gov

County Specific Work

(Optional slide depending on work in County)

- Amador-Calaveras Consensus Group
- Mokelumne Avoided Cost Analysis
- Cornerstone CFLR Project

What the Future Holds

- Administering the last of Proposition 84 Grant funds
- Inclusion in future Bond Measures
- Supporting Regional initiatives and community level activities – technical assistance, convening, and facilitating, advocacy, etc.

AGENDA TRANSMITTAL FORM

To: **Board of Supervisors**
 Date: July 16, 2013

From: Diane Blanc
 (Department Head - please type)

Phone Ext. 456

- Regular Agenda
- Consent Agenda
- Blue Slip
- Closed Session

Meeting Date Requested:
07/23/2013

Department Head Signature _____

Agenda Title: Health Benefits Advisory Committee Report and Recommendations

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)
 Discussion and possible action relative to a presentation by a representative of the Health Benefits Advisory Committee regarding recommendations on various employee benefits.

Recommendation/Requested Action:
Approval of recommendation as noted in the memorandum dated July 12, 2013.

Fiscal Impacts (attach budget transfer form if appropriate) _____
 Staffing Impacts _____

Is a 4/5ths vote required? Yes No

Committee Review? N/A

Name Health Benefits Advisory Committee

Committee Recommendation:
Accept Recommendations

Contract Attached: Yes No N/A
 Resolution Attached: Yes No N/A
 Ordinance Attached: Yes No N/A

Comments: _____

Request Reviewed by:

Chairman [Signature] Counsel [Signature]

Auditor [Signature] GSA Director [Signature]

CAO [Signature] Risk Management [Signature]

Distribution Instructions: (Inter-Departmental Only, the requesting Department is responsible for distribution outside County Departments)

Human Resources _____

FOR CLERK USE ONLY

Meeting Date 7-23-13 Time _____ Item # 9

Board Action: Approved Yes ___ No ___ Unanimous Vote: Yes ___ No ___

Ayes: _____ Resolution _____ Ordinance _____ Other: _____

Noes: _____ Resolution _____ Ordinance _____

Absent: _____ Comments: _____

Distributed on _____

Completed by _____

A new ATF is required from _____ Department For meeting of _____

I hereby certify this is a true and correct copy of action(s) taken and entered into the official records of the Amador County Board of Supervisors.

ATTEST: _____
 Clerk or Deputy Board Clerk



AMADOR COUNTY
HUMAN RESOURCES DEPARTMENT

• **Administration** (209) 223-6456
• **Benefits** (209) 223-6361
• **Risk Management** (209) 223-6392

County Administration Center
810 Court Street
Jackson, California 95642
Facsimile: (209) 223-6426
Website: www.co.amador.ca.us

MEMORANDUM

TO: Amador County Board of Supervisors

FROM: Jim Rooney, County Assessor *JR*
Michael W. Israel, Environmental Health Department *MW*

DATE: July 12, 2013

SUBJECT: Health Benefits Advisory Committee
Report and Recommendations

We are pleased to represent the Health Benefits Advisory Committee in the first of an ongoing series of quarterly reports to the Board to keep you informed and relay any direction from the Board back to the Committees.

The committee has received information from Alliant, our broker, regarding renewal rates for major medical, dental, vision, Life/AD&D, and EAP. The news overall is very good. We have Christine Kerns on the line to help answer any questions you might have.

MEDICAL

While many organizations are seeing medical plan increases of 10% or more (California medical plan trend), Amador County's renewal rate with the CSAC EIAHealth plan is a 0.75% increase to the current rates effective January 1, 2014. In fact, the rate would have been lower than the current year but for the additional 1 – 1.5% in Health Care Reform fees starting in 2014. Additionally, our current coverage plan is compliant with Health Care Reform requirements for 2014, therefore no significant changes must be made. The committee strongly recommends renewal of the current plan through the CSAC EIAHealth plan.

The committee looked into the option of offering a high deductible health plan option alongside the existing plan. Doing so would raise the cost of the base plan by nearly 2% and the cost vs benefit comparison of the HDHP options reviewed were not very favorable. The committee does not recommend instituting the HDHP as a second option at this time. The committee will keep this in mind as a possible option in the future, however.

DENTAL

Currently the County contracts directly with Delta Dental. Renewal is offered at the same rates we currently pay and Delta Dental is offering a two year rate guarantee on a direct contract basis. Currently the County offers 2 dental plans: a base plan and a buy-up plan. The base plan is the plan used for the County contribution. If employees want to buy-up to a plan with higher coinsurance payments, they purchase the buy-up plan. There has been some dissatisfaction with the current buy-up plan, however, in that the calendar year maximum is the same as the base plan and it is low as compared to many other plans. While procedure costs have gone up substantially, the calendar year maximum has remained flat.

Additionally, Alliant has also offered an option for the County to still contract with Delta Dental but through the CSAC EIA dental program (rather than directly). This option would save the County 5.6% for the same plan designs (base & buy-up). Alliant has provided cost options for employee- paid buy up plans with calendar year maximums of \$1,500 and \$2,000 per person. A \$2,000 calendar year buy-up plan appears to be the most popular with employees expressing an opinion. Because of a need to underwrite the two plans based on the overall risk of both plans, there is an increase in cost to the base plan in order to offer a buy-up plan with a higher calendar year maximum. Because of the increase in base plan costs, such a change would be subject to the meet and confer process. We will send notices to all affected organizations and offer to meet and confer. Regarding the cost to the County to offer this plan, with Delta Dental through the CSAC EIA program, the additional base plan cost for the County based on the 90% employer contribution is \$10,744 as compared to current. Buy-up costs are 100% employee costs with the calculation of 10% of the base rate + the difference in cost between the base and buy-up plans.

The Board should be aware that a decision on dental coverage through CSAC EIA needs to be made no later than August 14th. The committee recommends the Board approve the change to contracting Delta Dental coverage through CSAC EIA and changing the current buy-up plan to a \$2,000 calendar year maximum and initiate meet and confer with the employee organizations. The committee also recommends that the dependent age limit be raised to 26 with no need to prove student status or IRS dependence so as to be consistent with medical coverage. This change would not affect the rate structure.

VISION

No change is proposed in the renewal of vision coverage. There have been no significant issues raised with plan dissatisfaction. The committee recommends no change except that the dependent age limit be raised to 26 with no need to prove student status or IRS dependence so as to be consistent with medical coverage. This would not affect rates.

LIFE/AD&D

No increase is proposed for this coverage. Because some employees have expressed interest, the committee had requested that Alliant provide information for employees to purchase additional coverage at their own expense. This information is outlined on page 27. This represents no additional cost to the County and would not affect the base premium for those who do not participate. The committee recommends providing employees the option to buy additional coverage at their own expense.

EMPLOYEE ASSISTANCE PROGRAM

No change is proposed in the renewal of the EAP program. No significant issues have been raised regarding program dissatisfaction. Alliant has indicated that the County may benefit from free supervisory training to increase awareness of all the benefits offered by EAP. Supervisory trainings are included in the EAP services offered through MHN and are available at no additional cost. Other than taking advantage of this training, the committee does not recommend any change.

OTHER INFORMATION

The committee discussed the Affordable Care Act requirement that health coverage become effective no later than 90 days from the date of employment and the requirement of California's AB 1083, that coverage be in place no later than 60 days from the date of employment. Law enforcement currently enroll on the first day of the first month following 30 days of employment. Since this meets or exceeds the criteria of both state and federal law and has been implemented for law enforcement employees without creating significant problems for HR and the Auditor's office, the committee recommends that the Board direct that all new employees be enrolled on the first day of the first month following 30 days of employment.

Section 2: Renewal Overview

EIA Health Medical Renewal



	CSAC-EIA Blue Shield PPO	
	InNetwork	Out-of-Network
Medical Benefits		
Calendar Year Deductible	Individual / Family \$500 / \$1,000	
Annual Out-of-Pocket Maximum	Individual / Family \$3,000/\$6,000	\$10,000/\$20,000
Maximum Lifetime Benefit	Maximum Lifetime Benefit None	
Hospital (Facility Services)	Inpatient Services (Semi-Private Room & Board) 20%	40% up to \$600 per day
	Outpatient Surgery Services \$125 + 20% - Hospital 20% - ASC	40% up to \$350 per day
Physician Services	Physician Office Visit \$20 ¹	40%
	Preventive Health Exam \$20 ¹	Not Covered
	Diagnostic X-Ray and Lab \$35/visit	40%
	Physical, Occupational Therapy Speech Therapy \$20/visit	40%
Emergency Services	Emergency Room (Copay Waived if Admitted) Ambulance \$50 copay + 20%	\$50 copay + 20%
	Other Services Chiropractic Acupuncture \$25	(Up to 12 Visits/Calendar Yr) 40%
Mental Health	Acupuncture Not Covered	Not Covered
Inpatient	20%	40% up to \$600 per day
Outpatient (Physician Services)	\$20/visit ¹	40%
Substance Abuse	20%	40% up to \$600 per day
Inpatient (Detox Only)	\$20/visit ¹	40%
Outpatient (Physician Services)		
Deductible	None	Generic / Formulary / Non-Formulary
Prescription Drugs (30-day supply)	\$10 / \$25 / \$45	25% + \$10 / \$25 / \$45
Mail Order Program (90-day supply)	\$10 / \$25 / \$45	Not Covered
Specialty Drugs	30% up to \$150 copay max/prescription	Not Covered



Section 2: Renewal Overview

EIA Health Blue Shield PPO Medical Renewal



Medical Benefits

CSAC-EIA
Blue Shield PPO
In-Network **Out-of-Network**

Rate Guarantee

1 Year
(1/1/2014 - 12/31/2014)

MONTHLY RATES	EE's
Single	67
Two-Party	66
Family	62
	195

Current	Renewal
\$632.00	\$637.00
\$1,328.00	\$1,338.00
\$1,897.00	\$1,911.00

MONTHLY PREMIUM	\$247,606	\$249,469
ANNUAL PREMIUM	\$2,971,272	\$2,993,628
ANNUAL DOLLAR CHANGE		\$22,356
ANNUAL PERCENT CHANGE		0.75%



Section 3: Ancillary Coverages Delta Dental (CSAC EIA) – Alternative Plan Contributions



		DELTA DENTAL BASE PLAN (Direct)			DELTA DENTAL BUY UP PLAN (Direct)		
		Current/Renewal			Current/Renewal		
RATES							
Employee Only	EES	Current	Renewal	Total	Current	Renewal	Total
Employee + 1	21	\$45.75	\$45.75	\$45.75	\$50.12	\$50.12	\$50.12
Employee + 2 or more	23	\$90.24	\$90.24	\$90.24	\$98.78	\$98.78	\$98.78
	14	\$143.98	\$143.98	\$143.98	\$159.10	\$159.10	\$159.10
	24						
RATES							
Employee Only	EES	County Pays	Employee Pays	Total	County Pays	Employee Pays	Total
Employee + 1	21	\$41.18	\$4.58	\$45.75	\$41.18	\$8.94	\$50.12
Employee + 2 or more	23	\$81.22	\$9.02	\$90.24	\$81.22	\$17.56	\$98.78
	14	\$129.58	\$14.40	\$143.98	\$129.58	\$29.52	\$159.10
	24						
Monthly Premium							
Annual Premium		\$4,547		\$54,561	\$25,174		\$302,088
Total (ANNUAL) County cost per enrollment based on 90% contribution of total Base Plan premium.							
				\$356,649			

		DELTA DENTAL (CSAC EIA) Base Plan			DELTA DENTAL (CSAC EIA) Buy Up Plan		
		\$1000 CYM			\$1500 CYM		
RATES							
Employee Only	EES	County Pays	Employee Pays	Total	County Pays	Employee Pays	Total
Employee + 1	21	\$41.13	\$4.57	\$45.70	\$41.13	\$13.77	\$54.90
Employee + 2 or more	23	\$81.09	\$9.01	\$90.10	\$81.09	\$27.11	\$108.20
	14	\$129.33	\$14.37	\$143.70	\$129.33	\$43.17	\$172.50
	24						
Monthly Premium		\$4,539	\$504	\$5,044	\$25,131	\$8,396	\$33,527
Annual Premium		\$54,473	\$6,053	\$60,526	\$301,571	\$100,751	\$402,322
Annual % Change from Delta Direct Renewal - SAVINGS							
				(\$606)			
				-0.2%			
Total (ANNUAL) County cost per enrollment based on 90% contribution of total Base Plan premium.							
				\$356,044			

		DELTA DENTAL (CSAC EIA) Base Plan			DELTA DENTAL (CSAC EIA) Buy Up Plan		
		\$1000 CYM			\$2000 CYM		
RATES							
Employee Only	EES	County Pays	Employee Pays	Total	County Pays	Employee Pays	Total
Employee + 1	21	\$42.39	\$4.71	\$47.10	\$42.39	\$17.91	\$60.30
Employee + 2 or more	23	\$83.70	\$9.30	\$93.00	\$83.70	\$35.40	\$119.10
	14	\$133.47	\$14.83	\$148.30	\$133.47	\$56.43	\$189.90
	24						
Monthly Premium		\$4,684	\$520	\$5,204	\$25,932	\$10,964	\$36,896
Annual Premium		\$56,206	\$6,245	\$62,452	\$311,187	\$131,570	\$442,757
Annual % Change from Delta Direct Renewal - ADDL COST							
				\$10,744			
				3.0%			
Total (ANNUAL) County cost per enrollment based on 90% contribution of total Base Plan premium.							
				\$367,393			



Section 3: Ancillary Coverages Vision - VSP



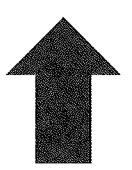
	Self-Funded		Current		Self-Funded	
	VSP (GSAC-EIA) - Signature Network Basic Plan In-Network	Non-Network	VSP (GSAC-EIA) - Signature Network Upgrade Plan In-Network	Non-Network	VSP (GSAC-EIA) - Signature Network Upgrade Plan In-Network	Non-Network
Vision						
Benefits						
Frequency						
Exam	Every 12 months		Every 12 months		Every 12 months	
Lenses/Contacts	Every 12 months		Every 12 months		Every 12 months	
Frames	Every 24 months		Every 12 months		Every 12 months	
Exam						
Exam	Copay	Plan pays	Copay	Plan pays	Copay	Plan pays
	\$15	\$50	\$0	\$50	\$0	\$50
Lenses						
Single Lenses	\$15	\$45	\$0	\$45	\$0	\$45
Bifocal Lenses	\$15	\$75	\$0	\$75	\$0	\$75
Trifocal Lenses	\$15	\$100	\$0	\$100	\$0	\$100
Latitudinal Lenses	\$15	\$125	\$0	\$125	\$0	\$125
Frames						
Frames	\$120 Allowance; 20% off over \$120	\$70	\$120 Allowance; 20% off over \$120	\$70	\$120 Allowance; 20% off over \$120	\$70
Contacts						
Elective	\$105 Allowance, 15% off over \$105	\$105	\$105 Allowance, 15% off over \$105	\$105	\$105 Allowance, 15% off over \$105	\$105
Medically Necessary	Covered In Full	\$210	Covered In Full	\$210	Covered In Full	\$210
ASO Fees	2 Years - Guaranteed until 6/30/2015					
Active	EES	\$2,400	EES	\$2,400	EES	\$2,400
Retiree	30	\$2,600	30	\$2,600	30	\$2,600
Monthly ASO Fees	\$875					
Annual ASO Fees	\$10,498					
Funding Levels (Premium)						
All Members	EES		EES		EES	
	87		274		274	
	Basic Plan Current	Basic Plan Renewal	Upgrade Plan Current	Upgrade Plan Renewal	Upgrade Plan Current	Upgrade Plan Renewal
	\$19,200	\$19,200	\$25,320	\$25,320	\$25,320	\$25,320
Monthly Funding Amount						
Annual Funding Amount	\$1,670	\$1,670	\$6,938	\$6,938	\$6,938	\$6,938
	\$20,045	\$20,045	\$83,252	\$83,252	\$83,252	\$83,252
	Current (Basic + Upgrade)		Renewal (Basic + Upgrade)		Renewal (Basic + Upgrade)	
Total Monthly Funding Amount	\$8,608		\$8,608		\$8,608	
Total Annual Funding Amount	\$103,297		\$103,297		\$103,297	
Annual Dollar Change			\$0			
Annual Percentage Change			0.0%			



Section 3: Ancillary Coverages Supplemental Life – ING New Option



ING is offering Supplemental Life insurance for Employees & Dependents



- Can be payroll deducted
- Personalized kits will be created to help employees see monthly costs

Employees

- Increment of \$10,000 with a minimum of \$20,000 and a maximum benefit of \$500,000
- Guaranteed Issue Amount - \$150,000; anything above \$150,000 will require proof of good health

Dependents (eligible if employee enrolls for coverage)

- Spouses – Increment of \$10,000 with a minimum of \$20,000 and a maximum benefit of \$500,000
- Guaranteed Issue - \$50,000; anything above \$50,000 will require proof of good health
- Child(ren) - \$10,000 benefit

Section 3: Ancillary Coverages Supplemental Life – ING New Option



Voluntary Life and AD&D

Voluntary Life and AD&D Benefits	ING
Eligibility	Employees currently not enrolled in Supplemental Life and working 20 or more hours per week
Employee Benefits	
Maximum Election Options	\$500,000
Guaranteed Issue Amount	\$20,000 - \$500,000 in \$10,000 increments \$150,000
Spouse Benefits	
Maximum Election Options	\$500,000
Guaranteed Issue Amount	\$20,000 - \$500,000 in \$10,000 increments \$50,000
Dependent Child(ren) Benefits	
Maximum Election Options	\$10,000
Guaranteed Issue Amount	\$2,000 - \$10,000 in \$2,000 increments \$10,000
Employee Age Reduction Schedule (Age)	
65	Percentage 65%
70	50%
75	30%
Spouse Age Reduction Schedule (Age)	
65	Percentage 65%
70	50%
75	30%
Rate Guarantee	Until next GSAC Renewal
Voluntary Life Rate per \$1,000	Current Employee/Spouse
<25	\$0.05
25-29	\$0.06
30-34	\$0.08
35-39	\$0.10
40-44	\$0.14
45-49	\$0.21
50-54	\$0.36
55-59	\$0.60
60-64	\$0.92
65-69	\$1.76
70+	\$2.87
Voluntary AD&D Rate per \$1,000	\$0.02
Voluntary Dependent Rate per \$1,000	\$0.21

Note: This summary is for informational purposes only. It does not amend, extend, or alter the current policy in any way. In the event information in this summary differs from the Plan Document, the Plan Document will prevail.

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AGENDA TRANSMITTAL FORM

To: **Board of Supervisors**

Date: July 17, 2013

From: Jennifer Burns, Clerk of the Board
 (Department Head - please type)

Phone Ext. 470

<input checked="" type="checkbox"/>	Regular Agenda
<input type="checkbox"/>	Consent Agenda
<input type="checkbox"/>	Blue Slip
<input type="checkbox"/>	Closed Session
Meeting Date Requested:	
<u>July 23, 2013</u>	

Department Head Signature _____

Agenda Title: Minutes

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)
 Review and approval of the June 11, 2013 Board of Supervisors Meeting Minutes.

Recommendation/Requested Action: _____

Fiscal Impacts (attach budget transfer form if appropriate) _____

Staffing Impacts _____

Is a 4/5ths vote required? Yes No

Contract Attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Resolution Attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Ordinance Attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Comments: _____			

Committee Review? N/A

Name _____

Committee Recommendation: _____

Request Reviewed by:

Chairman _____ Counsel _____

Auditor _____ GSA Director _____

CAO _____ Risk Management _____

Distribution Instructions: (Inter-Departmental Only, the requesting Department is responsible for distribution outside County Departments)

FOR CLERK USE ONLY

Meeting Date: 7/23/13 Time _____ Item # 10

Board Action: Approved Yes ___ No ___ Unanimous Vote: Yes ___ No ___

Ayes: _____ Resolution _____ Ordinance _____ Other: _____

Noes _____ Resolution _____ Ordinance _____

Absent: _____ Comments: _____

Distributed on _____	A new ATF is required from _____ Department	I hereby certify this is a true and correct copy of action(s) taken and entered into the official records of the Amador County Board of Supervisors.
Completed by _____	For meeting of _____	ATTEST: _____ Clerk or Deputy Board Clerk

Save

AGENDA TRANSMITTAL FORM

To: Board of Supervisors

Date: July 17, 2013

From: Theodore F. Novelli, District III
(Department Head - please type)

Phone Ext. x470

- Regular Agenda
- Consent Agenda
- Blue Slip
- Closed Session

Meeting Date Requested:
July 23, 2013

Department Head Signature _____

Agenda Title: Community Development Block Grant

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)
Discussion and possible action relative to a public hearing for consideration of new CDBG projects for 2014 cycle; and approval of the annual reports and authorizing the County Administrator's signature and submission of the reports to the State Department of Housing and Community Development (HCD).

Recommendation/Requested Action: _____

Fiscal Impacts (attach budget transfer form if appropriate) _____

Staffing Impacts _____

Is a 4/5ths vote required? Yes No

Committee Review? N/A

Name _____

Committee Recommendation: _____

Contract Attached: Yes No N/A
Resolution Attached: Yes No N/A
Ordinance Attached: Yes No N/A

Comments: _____

Request Reviewed by:
Chairman Wen Counsel JM
Auditor egd GSA Director hop
CAO ob Risk Management gms

Distribution Instructions: (Inter-Departmental Only, the requesting Department is responsible for distribution outside County Departments)

FOR CLERK USE ONLY

Meeting Date 7/23/13 Time _____ Item # 11

Board Action: Approved Yes ___ No ___ Unanimous Vote: Yes ___ No ___
Ayes: _____ Resolution _____ Ordinance _____ Other: _____
Noes: _____ Resolution _____ Ordinance _____
Absent: _____ Comments: _____

Distributed on _____
Completed by _____
A new ATF is required from _____
Department _____
For meeting _____
of _____

I hereby certify this is a true and correct copy of action(s) taken and entered into the official records of the Amador County Board of Supervisors.
ATTEST: _____
Clerk or Deputy Board Clerk

Save

MEMORANDUM

TO: Amador County Board of Supervisors

FROM: Terry Cox

DATE: June 28, 2013

**SUBJECT: Consideration of new CDBG projects for the 2014 cycle-
Public Hearing on July 23, 2013**

In 2012, the State Department of Housing & Community Development (HCD) made significant changes to the Community Development Block Grant (CDBG) program. Previously HCD issued Notices of Funding Availability (NOFAs) for each separate category of funding. This included the General Allocation (housing, public works, community facilities and public services), the Enterprise Fund (small business revolving loan funds), Over the Counter (large economic development projects) and planning grants. In 2012, HCD issued a "Super NOFA" that included all activities except the large economic development projects. The 2013 funding caps, both overall and by activity, are on the attached sheet. These are subject to change in 2014.

Other recent changes include:

Jurisdictions can only apply if they have expended over 50% of granted funds

Applications can only include 3 activities

There will be a set aside of up to \$100,000 for planning grants (up to 2) which will be funded if one other activity is funded

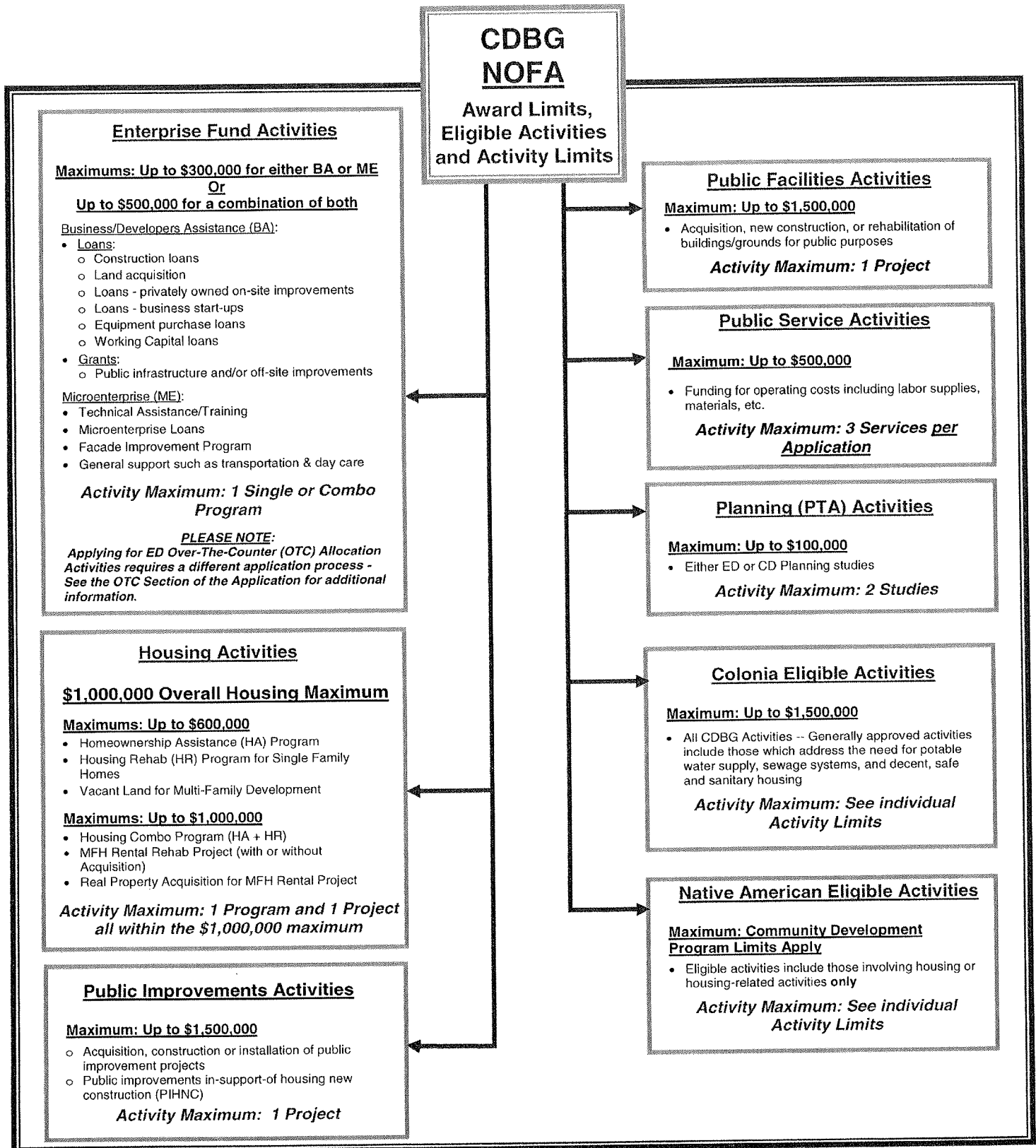
HCD will determine the details of the 2014 NOFA by the end of 2013.

Recommended Action

After taking public comments, direct staff to review suggestions for CDBG projects for further consideration by the Board of Supervisors.

2013 CDBG APPLICATION

Funding Limits and Eligible Activities Chart



MEMORANDUM

TO: Amador County Board of Supervisors

FROM: Terry Cox

DATE: June 28, 2013

SUBJECT: CDBG Annual Reports- Public Hearing on July 23, 2013

Annual Grantee Performance Report

The State Department of Housing and Community Development (HCD) requires that all grantees conduct a noticed public hearing to discuss the annual report for any open Community Development Block Grant (CDBG) or revolving loan fund (RLF) using CDBG Program Income. The annual report discusses the demographic characteristics of the beneficiaries of CDBG activities.

A grantee performance report for the County's Housing Stabilization and Homeless Prevention Program for grant #12-CDBG-8371 has been prepared. Since the State contract was executed on 1/24/13, 63 persons have received housing stabilization services, 48 have received homeless services and 34 have received assistance from Meals on Wheels. All beneficiaries are lower income.

A grantee performance report was also prepared for the County's Program Income Reuse Fund for the Housing Rehabilitation Program. The County has no Program Income Reuse Funds currently and there was no activity during the program year.

Recommended Action

After taking public comments, staff recommends that the Board approve the annual reports, authorize the County Administrator's signature and submission of the reports to HCD.

Grantee Performance Report

Report Period (FY) 7/1/12-6/30/13 Standard Agreement # 12-CDBG-8371

Please Check One

- Annual GPR
 Final GPR

Jurisdiction Name: Amador County

Name of Contact: Terry Cox
 Address of Contact: PO Box 3093
Sonora, CA 95370

Telephone Number: (209) 533-8810 E-Mail Address: cox_consulting@sbcglobal.net

SUMMARY OF ACTIVITIES

Indicate the Fiscal Year, the Standard Agreement Number, and if this is an "Annual" or "Final" Grantee Performance Report (GPR). Below identify all activities included in the Standard Agreement by checking the box in Column A for all Non-Housing activities or Column C for all LMH activities. Select only one box per activity. LMH is for activities funded under the National Objective of Low and Moderate Housing. The Standard Agreement should clearly identify the National Objective for each activity. Once all activities under the Agreement are identified in Column A and C, use the page button next to the check off box to be directed to the correct page to complete the report. Use the drop-down box in Column E to indicate the Status of the activity. The Status can be "In Progress" when no information is available to report, or it can be "Data Enclosed". Column E is intended to eliminate the need to submit blank pages of the GPR if no beneficiary data is available to report. If you have any questions regarding the form or the correct matrix code, contact your CDBG Representative.

	A	B	C	D	E
				In Support of Housing (LMH)	Status Drop down
(01) Acquisition of Real Property	<input type="checkbox"/>	Page 1			.
(02) Disposition	<input type="checkbox"/>	Page 1			.
(03) Public Facilities & Improvements*	<input type="checkbox"/>	Page 6	<input type="checkbox"/>	Page 3	.
(03A) Senior Centers	<input type="checkbox"/>	Page 6			.
(03B) Handicapped Centers	<input type="checkbox"/>	Page 6			.
(03C) Homeless Facilities	<input type="checkbox"/>	Page 6			.
(03D) Youth Centers	<input type="checkbox"/>	Page 6			.
(03E) Neighborhood Facilities	<input type="checkbox"/>	Page 6			.
(03F) Parks, Recreation Facilities	<input type="checkbox"/>	Page 6			.
(03G) Parking Facilities	<input type="checkbox"/>	Page 6			.
(03H) Solid Waste Disposal Imp.*	<input type="checkbox"/>	Page 6	<input type="checkbox"/>	Page 3	.
(03I) Flood Drainage Improvement*	<input type="checkbox"/>	Page 6	<input type="checkbox"/>	Page 3	.
(03J) Water/Sewer Improvements*	<input type="checkbox"/>	Page 6	<input type="checkbox"/>	Page 3	.
(03K) Street Improvements*	<input type="checkbox"/>	Page 6	<input type="checkbox"/>	Page 3	.
(03L) Sidewalk Improvements*	<input type="checkbox"/>	Page 6	<input type="checkbox"/>	Page 3	.
(03M) Child Care Centers	<input type="checkbox"/>	Page 6			.
(03N) Tree Planting	<input type="checkbox"/>	Page 6	<input type="checkbox"/>	Page 3	.
(03O) Fire Station/Equipment	<input type="checkbox"/>	Page 6			.
(03P) Health Facilities	<input type="checkbox"/>	Page 6			.
(03Q) Abused and Neglected Children Facilities	<input type="checkbox"/>	Page 6			.
(03R) Asbestos Removal	<input type="checkbox"/>	Page 6			.
(03S) Facilities for Aids Patients	<input type="checkbox"/>	Page 6			.
(03T) Operating Costs of Homeless/Aids	<input checked="" type="checkbox"/>	Page 6			Data Enclosed
(04) Clearance and Demolition	<input type="checkbox"/>	Page 1			.
(04A) Cleanup of Contaminated Sites	<input type="checkbox"/>	Page 1			.
(05) Public Services - General	<input checked="" type="checkbox"/>	Page 7			Data Enclosed
(05A) Senior Services	<input type="checkbox"/>	Page 7			.
(05B) Handicapped Services	<input type="checkbox"/>	Page 7			.
(05C) Legal Services	<input type="checkbox"/>	Page 7			.

(05D) Youth Services	<input type="checkbox"/>	Page 7	.
(05E) Transportation Services	<input type="checkbox"/>	Page 7	.
(05F) Substance Abuse Services	<input type="checkbox"/>	Page 7	.
(05G) Battered and Abused Spouses	<input type="checkbox"/>	Page 7	.
(05H) Employment Training	<input type="checkbox"/>	Page 7	.
(05I) Crime Awareness	<input type="checkbox"/>	Page 7	.
(05J) Fair Housing Activities	<input type="checkbox"/>	Page 7	.
(05K) Tenant/Landlord Counseling	<input type="checkbox"/>	Page 7	.
(05L) Child Care Services	<input type="checkbox"/>	Page 7	.
(05M) Health Services	<input type="checkbox"/>	Page 7	.
(05N) Abused & Neglected Children	<input type="checkbox"/>	Page 7	.
(05O) Mental Health Services	<input type="checkbox"/>	Page 7	.
(05P) Screening Lead Paint & Hazards	<input type="checkbox"/>	Page 7	.
(05Q) Subsistence Payments	<input type="checkbox"/>	Page 7	.
(05R) Homeownership Assistance - not direct	<input type="checkbox"/>	Page 2	.
(05S) Rental Housing Subsidies	<input type="checkbox"/>	Page 5	.
(05T) Security Deposits	<input type="checkbox"/>	Page 5	.
(05U) Housing Counseling	<input type="checkbox"/>	Page 7	.
(06) Interim Assistance	<input type="checkbox"/>	Page 7	.
(08) Relocation*	<input type="checkbox"/>	Page 7	.
(09) Loss of Rental Income*	<input type="checkbox"/>	Page 7	.
(11) Privately Owned Utilities*	<input type="checkbox"/>	Page 6	.
(12) Construction Housing (by CBDO Only)	<input type="checkbox"/>	Page 1	.
(13) Direct Homeownership Assistance	<input type="checkbox"/>	Page 2	.
(14A) Rehabilitation - Single Unit Residential	<input type="checkbox"/>	Page 4	.
(14B) Rehabilitation - Multi - Unit Residential	<input type="checkbox"/>	Page 4	.
(14C) Public Housing Modernization	<input type="checkbox"/>	Page 4	.
(14D) Rehabilitation - Publicly-Owner Residential Buildings	<input type="checkbox"/>	Page 4	.
(14E) Rehabilitation Publicly/Private Commercial Industry	<input type="checkbox"/>	Page 8	.
(14F) Energy Efficiency Improvements	<input type="checkbox"/>	Page 4	.
(14G) Acquisition for Rehabilitation	<input type="checkbox"/>	Page 4	.
(14I) Lead Based Paint, Hazards Test Abatement	<input type="checkbox"/>	Page 4	.
(15) Code Enforcement	<input type="checkbox"/>	Page 7	.
(16A) Residential Historic Preservation	<input type="checkbox"/>	Page 4	.
(16B) Non-Residential Historic Preservation	<input type="checkbox"/>	Page 6	.
(17A) CI Land Acquisition/Disposition	<input type="checkbox"/>	Page 8	.
(17B) CI Infrastructure Development	<input type="checkbox"/>	Page 8	.
(17C) Building Acquisition, Construction, Rehabilitation	<input type="checkbox"/>	Page 8	.
(17D) Other Commercial/Industrial Improvements	<input type="checkbox"/>	Page 8	.
(18A) ED Direct Financial Assistance for For-Profits	<input type="checkbox"/>	Page 8	.
(18C) Micro-Enterprise Assistance	<input type="checkbox"/>	Page 9	.
(19E) Operation and Repair Foreclosed Property	<input type="checkbox"/>	Page 5	.

Certification:

I have reviewed the information contained in this report and certify that to the best of my knowledge that it is true and accurate, and that supporting documentation is maintained and available for State Review

Signature of Authorized Representative _____

Printed Name & Title Charles Iley, County Administrator

Date 23-Jul-13

Grantee Performance Report

Public Service

Report Period

7/1/12-
6/30/13

Standard Agreement

12-CDBG-8371

This section applies to activities with a National Objective of Low and Moderate Area (LMA) or Low and Moderate Clientele (LMC) or Slum and Blight Area (SBA), Urgent Need (URG). Check off what activity you are reporting. If more than one activity is being reported on this page, you will need to create a duplicate sheet.

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Public Services - General (05) | <input type="checkbox"/> Crime Awareness (05I) | <input type="checkbox"/> Housing Counseling (05U) |
| <input type="checkbox"/> Senior Services (05A) | <input type="checkbox"/> Fair Housing Activities (05J) | <input type="checkbox"/> Interim Assistance (06) |
| <input type="checkbox"/> Handicapped Services (05B) | <input type="checkbox"/> Tenant/Landlord Counseling (05K) | <input type="checkbox"/> Relocation (08)* |
| <input type="checkbox"/> Legal Services (05C) | <input type="checkbox"/> Child Care Services (05L) | <input type="checkbox"/> Loss of Rental Income (09)* |
| <input type="checkbox"/> Youth Services (05D) | <input type="checkbox"/> Health Services (05M) | <input type="checkbox"/> Code Enforcement (15) |
| <input type="checkbox"/> Transportation Services (05E) | <input type="checkbox"/> Abused & Neglected Children (05N) | |
| <input type="checkbox"/> Substance Abuse Services (05F) | <input type="checkbox"/> Mental Health Services (05O) | |
| <input type="checkbox"/> Battered and Abused Spouses (05G) | <input type="checkbox"/> Screening Lead Paint & Hazards (05P) | |
| <input type="checkbox"/> Employment Training (05H) | <input type="checkbox"/> Subsistence Payments (05Q) | |

* For LMH activities, report on Housing Services page.

Program Description

IDIS cdbg 6

Check all statements that are applicable to this activity. This activity will include:

- | | |
|---|-------------------------------------|
| a. One-for-One Replacement (Reconstruction) complete Appendix A. | <input type="checkbox"/> |
| b. Public improvement activity for which a Special Assessment will be levied. | <input type="checkbox"/> |
| c. Displacement of household, business, farms, nonprofits, complete Appendix B. | <input type="checkbox"/> |
| d. The activity is designed to generate program income | <input type="checkbox"/> |
| e. The designation of an economic development "Favored activity". | <input type="checkbox"/> |
| f. The funding of Colonia(s). | <input type="checkbox"/> |
| g. Brownfield Activity | <input type="checkbox"/> |
| h. Historic Preservation Area. | <input type="checkbox"/> |
| i. Presidential Declared Disaster. | <input type="checkbox"/> |
| j. Multi-Unit Housing (2+ Units/structure). | <input type="checkbox"/> |
| k. Rental Housing. | <input type="checkbox"/> |
| l. Limited Clientele by Nature/Location or Presumed Benefit, complete Appendix C. | <input type="checkbox"/> |
| m. A Subrecipient Agreement for this activity, complete Appendix D. | <input checked="" type="checkbox"/> |
| n. The designation of Slum and Blight, complete Appendix E. | <input type="checkbox"/> |
| o. How many Veterans (if any) are being assisted by this program or project? | <input type="checkbox"/> |

Indicate the number of remediated acres: _____

Section 3

Economic Opportunities for Low & Very Low Income

- Check box if the grant award is over \$200,000 in CDBG funds.
- Check box if you have a construction contract or subcontract greater than \$100,000.

If both boxes are checked, you are required to comply with Section 3 reporting requirements pursuant to HUD (24 CFR 135). Attach a Section 3 report and submit the report with this GPR.

Minority Contractor Information

Provide the total dollar amount of this activity that will be directed towards Firms owned wholly or in substantial part by:

Minority group members _____
 Women _____
 Other (Specify) _____

Value of Contract
 \$0
 \$0
 \$0

TYPE OF ASSISTANCE

IDIS cdbg 5

- 1 What type of financing was provided to the beneficiaries. Grants Loans
 No loans or grants
- 2 Indicate the number of grants and/or loans provided this Report Period:
 Grants _____ Loans _____
3. Indicate the total number of grants and/or loans provided to date (entire contract term).
 Grants _____ Loans _____
- 4 When assistance is provided in the form of loans, enter the terms of financing:
- | | Interest
Rate (%) | Number of Months
(#) | Loan Amounts
(\$) |
|---|----------------------|-------------------------|----------------------|
| a. Amortized Loan: | _____ | _____ | _____ |
| b. Deferred Payment/
Forgiveness Loan: | _____ | _____ | _____ |

DIRECT BENEFIT

IDIS cdbg 8

This page allows you to report on beneficiaries race/ethnicity and income levels for the fiscal year

Race & Code	Persons Totals	
	All	Hisp
White (11)	58	3
Black/African American (12):	0	0
Asian (13):	0	0
American Indian/Alaskan Native (14):	1	0
Native Hawaiian/Other Pacific Isl. (15):	1	0
Am. Indian/Alaskan Native & White (16):	0	0
Asian & White (17):	0	0
Black/African Am. & White (18):	0	0
Am. Indian/Alaskan & Bick/Afrcn (19)	0	0
Other Multi-Racial (20):	<u>0</u>	<u>0</u>
TOTALS	60	3

Number of Female Head of Households _____ 10

INCOME LEVELS

IDIS cdbg 13

Number of persons benefiting based on income:

	Persons	Total all years
Extremely Low (<30%)	39	0
Low (31%-50%)	18	0
Moderate (51%-80%)	6	0
Non-Low/Moderate Income (+80%)	<u>0</u>	<u>0</u>
Totals	63	0

Grantee Performance Report

Report Period

Standard Agreement

Appendix D - Sub-recipient Agreement

7/1/12-
6/30/13

12-CDBG-8371

ORGANIZATION CARRYING OUT ACTIVITY

IDIS cdbg 3

Indicate if the activity will be carried out by one of the following:

- Grantee employees
- Contractors
- Grantee employees & contractors
- By others under a Sub-recipient Agreement

If you are using a Sub-recipient Agreement, indicate the name of the Organization:

Amador Tuolumne Community Action Agency

Activity is being carried out by:

- A 105 (a) (15) entity as defined under the Housing and Development Act
- Another unit of local government
- Another public agency

IDIS cdbg 4

Indicate all that applies to this organization:

- Non-profit organization
- For-profit entity
- A faith-based organization
- An institution of higher education

Code Section 105(a) (15) is from the Housing and Development Act and provides the provision of assistance to neighborhood-based nonprofit organizations, local development corporations, and nonprofit organizations serving the development needs of communities in non-entitlement areas to carry out neighborhood revitalization, community economic development or energy conservation projects.

Grantee Performance Report

Report Period
7/1/12-
6/30/13

Standard Agreement
12-CDBG-8371

Public Facilities and Improvements

This section applies to activities with a National Objective of Low and Moderate Area (LMA) or Low and Moderate Clientele (LMC) or Slum and Blight Area (SBA). Do not use this page for housing activities (LMH). Possible LMH activities are noted with an Asterisk*. Check off what activity you are reporting. If more than one activity is being reported on this page, you will need to create a duplicate sheet.

- Public Facilities and Improvements (03)*
- Senior Centers (03A)
- Handicapped Centers (03B)
- Homeless Facilities (03C)
- Youth Centers (03D)
- Neighborhood Facilities (03E)
- Parks, Recreation Facilities (03F)
- Parking Facilities (03G)
- Solid Waste Disposal Imp. (03H)*
- Flood Drainage Improvement (03I)*
- Water/Sewer Improvements (03J)*
- Street Improvements (03K)*
- Sidewalk Improvements (03L)*
- Child Care Centers (03M)
- Tree Planting (03N)
- Fire Station/Equipment (03O)
- Health Facilities (03P)
- Abused and Neglected Children Facilities (03Q)
- Asbestos Removal (03R)
- Facilities for Aids Patients (03S)
- Operating Costs of Homeless/Aids (03T)
- Non-Residential Historic Preservation (16B)
- Privately Owned Utilities (11)*

Report only non-housing activities. Activities with an asterisk (*) may also report under National Objective Low and Moderate Housing LMH - In Support of Housing.

Program Description

IDIS cdbg 6

Check all statements that are applicable to this activity. This activity will include:

- a. One-for-One Replacement (Reconstruction) complete Appendix A.
- b. Public improvement activity for which a Special Assessment will be levied.
- c. Displacement of household, business, farms, nonprofits, complete Appendix B.
- d. The activity is designed to generate program income
- e. The designation of an economic development "Favored activity".
- f. The funding of Colonia(s).
- g. Brownfield Activity Indicate the number of remediated acres: _____
- h. Historic Preservation Area.
- i. Presidential Declared Disaster.
- j. Multi-Unit Housing (2+ Units/structure).
- k. Rental Housing.
- l. Limited Clientele by Nature/Location or Presumed Benefit, complete Appendix C.
- m. A Subrecipient Agreement for this activity, complete Appendix D.
- n. The designation of Slum and Blight, complete Appendix E.
- o. How many Veterans (if any) are being assisted by this program or project? _____

Section 3

Economic Opportunities for Low & Very Low Income

- Check box if the grant award is over \$200,000 in CDBG funds.
- Check box if you have a construction contract or subcontract greater than \$100,000.

If both boxes are checked, you are required to comply with Section 3 reporting requirements pursuant to HUD (24 CFR 135). Attach a Section 3 report and submit the report with this GPR.

Minority Contractor Information

Provide the total dollar amount of this activity that will be directed towards Firms owned wholly or in substantial part by:
Minority group members
Women
Other (Specify) _____

Value of Contract	
	\$0
	\$0
	\$0

TYPE OF ASSISTANCE

IDIS cdbg 5

1. What type of financing was provided to the beneficiaries: Grants Loans
No loans or grants
2. Indicate the number of grants and/or loans provided this Report Period:
Grants _____ Loans _____
3. Indicate the total number of grants and/or loans provided to date (entire contract term):
Grants _____ Loans _____
4. When assistance is provided in the form of loans, enter the terms of financing:

	Interest Rate (%)	Number of Months (#)	Loan Amounts (\$)
a. Amortized Loan:	_____	_____	_____
b. Deferred Payment/ Forgiveness Loan:	_____	_____	_____

DIRECT BENEFIT

IDIS cdbg 8

This page allows you to report on beneficiaries race/ethnicity and income levels for the fiscal year:

Race & Code	Persons Totals	
	All	Hisp
White (11):	40	7
Black/African American (12):	0	0
Asian (13):	0	0
American Indian/Alaskan Native (14):	1	0
Native Hawaiian/Other Pacific Isl. (15):	0	0
Am. Indian/Alaskan Native & White (16):	0	0
Asian & White (17):	0	0
Black/African Am. & White (18):	0	0
Am. Indian/Alaskan & Blck/Afrcn (19):	0	0
Other Multi-Racial (20):	0	0
TOTALS	41	7

Number of Female Head of Households 17

INCOME LEVELS

IDIS cdbg 13

Number of persons benefiting based on income:

	Persons	Total all years
Extremely Low (<30%)	34	0
Low (31%-50%)	7	0
Moderate (51%-80%)	7	0
Non-Low/Moderate Income (+80%)	0	0
Totals	<u>48</u>	<u>0</u>

Public Facilities and Improvements

- | | |
|--|-------------------|
| 1. Indicate the number of people assisted, according to the following: | |
| a. Total benefiting for the program year: | <u>48</u> |
| b. Now have new access to this public facility (community facility) or public improvement (public works): | <u> </u> |
| c. Now have improved access to this type of public facility (community facility) or public improvement (public works): | <u>48</u> |
| d. That are served by the public facility (community facility) or public improvement (public works) that is no longer substandard: | <u> </u> |
| 2. a. What number of homeless persons were given overnight shelter: | <u>48</u> |
| b. Indicate the number of beds created in overnight shelter or other emergency housing: | <u>0</u> |

ACCOMPLISHMENT NARRATIVE:

48 homeless persons were assisted by ATCAA

Grantee Performance Report

Report Period
7/1/09-
6/30/10

Standard Agreement
09-STBG-6418

Appendix D - Sub-recipient Agreement

ORGANIZATION CARRYING OUT ACTIVITY

IDIS cdbg 3

Indicate if the activity will be carried out by one of the following:

- Grantee employees
- Contractors
- Grantee employees & contractors
- By others under a Sub-recipient Agreement

If you are using a Sub-recipient Agreement, indicate the name of the Organization:

Amador Tuolumne Community Action Agency

Activity is being carried out by:

- A 105 (a) (15) entity as defined under the Housing and Development Act
- Another unit of local government
- Another public agency

IDIS cdbg 4

Indicate all that applies to this organization:

- Non-profit organization
- For-profit entity
- A faith-based organization
- An institution of higher education

Code Section 105(a) (15) is from the Housing and Development Act and provides the provision of assistance to neighborhood-based nonprofit organizations, local development corporations, and nonprofit organizations serving the development needs of communities in non-entitlement areas to carry out neighborhood revitalization, community economic development or energy conservation projects.

Grantee Performance Report

Report Period

Standard Agreement

Public Service

7/1/12-
6/30/13

12-CDBG-8371

This section applies to activities with a National Objective of Low and Moderate Area (LMA) or Low and Moderate Clientele (LMC) or Slum and Blight Area (SBA), Urgent Need (URG). Check off what activity you are reporting. If more than one activity is being reported on this page, you will need to create a duplicate sheet.

- Public Services - General (05)
- Senior Services (05A)
- Handicapped Services (05B)
- Legal Services (05C)
- Youth Services (05D)
- Transportation Services (05E)
- Substance Abuse Services (05F)
- Battered and Abused Spouses (05G)
- Employment Training (05H)
- Crime Awareness (05I)
- Fair Housing Activities (05J)
- Tenant/Landlord Counseling (05K)
- Child Care Services (05L)
- Health Services (05M)
- Abused & Neglected Children (05N)
- Mental Health Services (05O)
- Screening Lead Paint & Hazards (05P)
- Subsistence Payments (05Q)
- Housing Counseling (05U)
- Interim Assistance (06)
- Relocation (08)*
- Loss of Rental Income (09)*
- Code Enforcement (15)

* For LMH activities, report on Housing Services page.

Program Description

IDIS cdbg 6

Check all statements that are applicable to this activity. This activity will include:

- a. One-for-One Replacement (Reconstruction) complete Appendix A.
- b. Public improvement activity for which a Special Assessment will be levied.
- c. Displacement of household, business, farms, nonprofits, complete Appendix B.
- d. The activity is designed to generate program income
- e. The designation of an economic development "Favored activity".
- f. The funding of Colonia(s).
- g. Brownfield Activity Indicate the number of remediated acres: _____
- h. Historic Preservation Area.
- i. Presidential Declared Disaster.
- j. Multi-Unit Housing (2+ Units/structure).
- k. Rental Housing.
- l. Limited Clientele by Nature/Location or Presumed Benefit, complete Appendix C.
- m. A Subrecipient Agreement for this activity, complete Appendix D.
- n. The designation of Slum and Blight, complete Appendix E.
- o. How many Veterans (if any) are being assisted by this program or project? _____

Section 3

Economic Opportunities for Low & Very Low Income

- Check box if the grant award is over \$200,000 in CDBG funds.
- Check box if you have a construction contract or subcontract greater than \$100,000.

If both boxes are checked, you are required to comply with Section 3 reporting requirements pursuant to HUD (24 CFR 135). Attach a Section 3 report and submit the report with this GPR.

Minority Contractor Information

Provide the total dollar amount of this activity that will be directed towards Firms owned wholly or in substantial part by:

- Minority group members _____
- Women _____
- Other (Specify) _____

Value of Contract	
Minority group members	\$0
Women	\$0
Other (Specify)	\$0

TYPE OF ASSISTANCE

IDIS cdbg 5

1. What type of financing was provided to the beneficiaries: Grants Loans
 No loans or grants
2. Indicate the number of grants and/or loans provided this Report Period:
 Grants _____ Loans _____
3. Indicate the total number of grants and/or loans provided to date (entire contract term):
 Grants _____ Loans _____
4. When assistance is provided in the form of loans, enter the terms of financing:
- | | Interest
Rate (%) | Number of Months
(#) | Loan Amounts
(\$) |
|---|----------------------|-------------------------|----------------------|
| a. Amortized Loan: | _____ | _____ | _____ |
| b. Deferred Payment/
Forgiveness Loan: | _____ | _____ | _____ |

DIRECT BENEFIT

IDIS cdbg 8

This page allows you to report on beneficiaries race/ethnicity and income levels for the fiscal year:

Race & Code	Persons	
	All	Hisp
White (11):	34	0
Black/African American (12):	0	0
Asian (13):	0	0
American Indian/Alaskan Native (14):	0	0
Native Hawaiian/Other Pacific Isl. (15):	0	0
Am. Indian/Alaskan Native & White (16):	0	0
Asian & White (17):	0	0
Black/African Am. & White (18):	0	0
Am. Indian/Alaskan & Blck/Afrcn (19):	0	0
Other Multi-Racial (20):	0	0
TOTALS	34	0

Number of Female Head of Households _____ 10

INCOME LEVELS

IDIS cdbg 13

Number of persons benefiting based on income:

	Persons	Total all years
Extremely Low (<30%)	16	0
Low (31%-50%)	7	0
Moderate (51%-80%)	11	0
Non-Low/Moderate Income (+80%)	0	0
Totals	34	0

Grantee Performance Report

Report Period
7/1/12-
6/30/13

Standard Agreement
12-CDBG-8371

Appendix D - Sub-recipient Agreement

ORGANIZATION CARRYING OUT ACTIVITY

IDIS cdbg 3

Indicate if the activity will be carried out by one of the following:

- Grantee employees
- Contractors
- Grantee employees & contractors
- By others under a Sub-recipient Agreement

If you are using a Sub-recipient Agreement, indicate the name of the Organization:

Common Ground Senior Services

Activity is being carried out by:

- A 105 (a) (15) entity as defined under the Housing and Development Act
- Another unit of local government
- Another public agency

IDIS cdbg 4

Indicate all that applies to this organization:

- Non-profit organization
- For-profit entity
- A faith-based organization
- An institution of higher education

Code Section 105(a) (15) is from the Housing and Development Act and provides the provision of assistance to neighborhood-based nonprofit organizations, local development corporations, and nonprofit organizations serving the development needs of communities in non-entitlement areas to carry out neighborhood revitalization, community economic development or energy conservation projects.

Grantee Performance Report

Report Period (FY) 7/1/12-6/30/13 Standard Agreement # Program Income

Please Check One

- Annual GPR
- Final GPR

Jurisdiction Name: Amador County

Name of Contact: Terry Cox
 Address of Contact: PO Box 3093
Sonora, CA 95370

Telephone Number: (209) 533-8810 E-Mail Address: cox_consulting@sbcglobal.net

SUMMARY OF ACTIVITIES

Indicate the Fiscal Year, the Standard Agreement Number, and if this is an "Annual" or "Final" Grantee Performance Report (GPR). Below identify all activities included in the Standard Agreement by checking the box in Column A for all Non-Housing activities or Column C for all LMH activities. Select only one box per activity. LMH is for activities funded under the National Objective of Low and Moderate Housing. The Standard Agreement should clearly identify the National Objective for each activity. Once all activities under the Agreement are identified in Column A and C, use the page button next to the check off box to be directed to the correct page to complete the report. Use the drop-down box in Column E to indicate the Status of the activity. The Status can be "In Progress" when no information is available to report, or it can be "Data Enclosed". Column E is intended to eliminate the need to submit blank pages of the GPR if no beneficiary data is available to report. If you have any questions regarding the form or the correct matrix code, contact your CDBG Representative.

	A	B	C	D	E
				In Support of Housing (LMH)	Status Drop down
(01) Acquisition of Real Property	<input type="checkbox"/>	Page 1			.
(02) Disposition	<input type="checkbox"/>	Page 1			.
(03) Public Facilities & Improvements*	<input type="checkbox"/>	Page 6	<input type="checkbox"/>	Page 3	.
(03A) Senior Centers	<input type="checkbox"/>	Page 6			.
(03B) Handicapped Centers	<input type="checkbox"/>	Page 6			.
(03C) Homeless Facilities	<input type="checkbox"/>	Page 6			.
(03D) Youth Centers	<input type="checkbox"/>	Page 6			.
(03E) Neighborhood Facilities	<input type="checkbox"/>	Page 6			.
(03F) Parks, Recreation Facilities	<input type="checkbox"/>	Page 6			.
(03G) Parking Facilities	<input type="checkbox"/>	Page 6			.
(03H) Solid Waste Disposal Imp.*	<input type="checkbox"/>	Page 6	<input type="checkbox"/>	Page 3	.
(03I) Flood Drainage Improvement*	<input type="checkbox"/>	Page 6	<input type="checkbox"/>	Page 3	.
(03J) Water/Sewer Improvements*	<input type="checkbox"/>	Page 6	<input type="checkbox"/>	Page 3	.
(03K) Street Improvements*	<input type="checkbox"/>	Page 6	<input type="checkbox"/>	Page 3	.
(03L) Sidewalk Improvements*	<input type="checkbox"/>	Page 6	<input type="checkbox"/>	Page 3	.
(03M) Child Care Centers	<input type="checkbox"/>	Page 6			.
(03N) Tree Planting	<input type="checkbox"/>	Page 6	<input type="checkbox"/>	Page 3	.
(03O) Fire Station/Equipment	<input type="checkbox"/>	Page 6			.
(03P) Health Facilities	<input type="checkbox"/>	Page 6			.
(03Q) Abused and Neglected Children Facilities	<input type="checkbox"/>	Page 6			.
(03R) Asbestos Removal	<input type="checkbox"/>	Page 6			.
(03S) Facilities for Aids Patients	<input type="checkbox"/>	Page 6			.
(03T) Operating Costs of Homeless/Aids	<input type="checkbox"/>	Page 6			.
(04) Clearance and Demolition	<input type="checkbox"/>	Page 1			.
(04A) Cleanup of Contaminated Sites	<input type="checkbox"/>	Page 1			.
(05) Public Services - General	<input type="checkbox"/>	Page 7			.
(05A) Senior Services	<input type="checkbox"/>	Page 7			.
(05B) Handicapped Services	<input type="checkbox"/>	Page 7			.
(05C) Legal Services	<input type="checkbox"/>	Page 7			.

(05D) Youth Services	<input type="checkbox"/>	Page 7		.	
(05E) Transportation Services	<input type="checkbox"/>	Page 7		.	
(05F) Substance Abuse Services	<input type="checkbox"/>	Page 7		.	
(05G) Battered and Abused Spouses	<input type="checkbox"/>	Page 7		.	
(05H) Employment Training	<input type="checkbox"/>	Page 7		.	
(05I) Crime Awareness	<input type="checkbox"/>	Page 7		.	
(05J) Fair Housing Activities	<input type="checkbox"/>	Page 7		.	
(05K) Tenant/Landlord Counseling	<input type="checkbox"/>	Page 7		.	
(05L) Child Care Services	<input type="checkbox"/>	Page 7		.	
(05M) Health Services	<input type="checkbox"/>	Page 7		.	
(05N) Abused & Neglected Children	<input type="checkbox"/>	Page 7		.	
(05O) Mental Health Services	<input type="checkbox"/>	Page 7		.	
(05P) Screening Lead Paint & Hazards	<input type="checkbox"/>	Page 7		.	
(05Q) Subsistence Payments	<input type="checkbox"/>	Page 7		.	
(05R) Homeownership Assistance - not direct			<input type="checkbox"/>	Page 2	.
(05S) Rental Housing Subsidies	<input type="checkbox"/>	Page 5		.	
(05T) Security Deposits	<input type="checkbox"/>	Page 5		.	
(05U) Housing Counseling	<input type="checkbox"/>	Page 7		.	
(06) Interim Assistance	<input type="checkbox"/>	Page 7		.	
(08) Relocation*	<input type="checkbox"/>	Page 7	<input type="checkbox"/>	Page 5	.
(09) Loss of Rental Income*	<input type="checkbox"/>	Page 7	<input type="checkbox"/>	Page 5	.
(11) Privately Owned Utilities*	<input type="checkbox"/>	Page 6	<input type="checkbox"/>	Page 3	.
(12) Construction Housing (by CBDO Only)	<input type="checkbox"/>	Page 1		.	
(13) Direct Homeownership Assistance	<input type="checkbox"/>	Page 2		.	
(14A) Rehabilitation - Single Unit Residential			<input checked="" type="checkbox"/>	Page 4	In Progress
(14B) Rehabilitation - Multi - Unit Residential			<input type="checkbox"/>	Page 4	.
(14C) Public Housing Modernization			<input type="checkbox"/>	Page 4	.
(14D) Rehabilitation - Publicly-Owner Residential Buildings			<input type="checkbox"/>	Page 4	.
(14E) Rehabilitation Publicly/Private Commercial Industry	<input type="checkbox"/>	Page 8		.	
(14F) Energy Efficiency Improvements			<input type="checkbox"/>	Page 4	.
(14G) Acquisition for Rehabilitation			<input type="checkbox"/>	Page 4	.
(14I) Lead Based Paint, Hazards Test Abatement			<input type="checkbox"/>	Page 4	.
(15) Code Enforcement	<input type="checkbox"/>	Page 7		.	
(16A) Residential Historic Preservation			<input type="checkbox"/>	Page 4	.
(16B) Non-Residential Historic Preservation	<input type="checkbox"/>	Page 6		.	
(17A) CI Land Acquisition/Disposition	<input type="checkbox"/>	Page 8		.	
(17B) CI Infrastructure Development	<input type="checkbox"/>	Page 8		.	
(17C) Building Acquisition, Construction, Rehabilitation	<input type="checkbox"/>	Page 8		.	
(17D) Other Commercial/Industrial Improvements	<input type="checkbox"/>	Page 8		.	
(18A) ED Direct Financial Assistance for For-Profits	<input type="checkbox"/>	Page 8		.	
(18C) Micro-Enterprise Assistance	<input type="checkbox"/>	Page 9		.	
(19E) Operation and Repair Foreclosed Property			<input type="checkbox"/>	Page 5	.

Certification:

I have reviewed the information contained in this report and certify that to the best of my knowledge that it is true and accurate, and that supporting documentation is maintained and available for State Review

Signature of Authorized Representative _____

Printed Name & Title Charles Iley, County Administrator

Date 23-Jul-13

MEMORANDUM

TO: Amador County Board of Supervisors

FROM: Terry Cox

DATE: June 28, 2013

**SUBJECT: Update CDBG Housing Rehabilitation Guidelines
Public Hearing on July 23, 2013**

DISCUSSION/SUMMARY:

The County has received funding for a several housing programs from the Community Development Block Grant (CDBG) Program funded by the State Department of Housing and Community Development (HCD). In past years the repayments from these housing loans generated Program Income Reuse Funds.

HCD allows grantees to retain these payments to use for other CDBG eligible activities as long as they have an adopted, State approved Program Income Reuse Plan. This plan sets up revolving loan accounts (RLA's), such as housing rehabilitation, to collect repayments and to then re-loan them. The County adopted the State model Program Income Reuse Plan in March 2013.

As part of the same public hearing in March, the Board approved the State model guidelines for Housing Rehabilitation. Subsequently, HCD requested that the housing Rehabilitation Guidelines be separately noticed and that a resolution approving the guidelines be submitted.

Recommended Action

Staff recommends that the Board of Supervisors approve the attached resolution approving the updated Housing Rehabilitation Guidelines.

RESOLUTION NO.

A RESOLUTION APPROVING THE UPDATE OF THE COUNTY
CDBG HOUSING REHABILITATION GUIDELINES

BE IT RESOLVED by the Board of Supervisors of Amador County as follows:

SECTION 1.

The County Board of Supervisors has reviewed and hereby approves the updated Community Development Block Grant Housing Rehabilitation Guidelines dated July 23, 2013.

SECTION 2.

The County has determined that federal Citizen Participation requirements were met during consideration of adopting the updated Housing Rehabilitation Guidelines.

On a motion by Supervisor _____, seconded by Supervisor _____, the foregoing resolution was duly passed and adopted by the Supervisors of the County of Amador, State of California, this 23rd day of July, 2013, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

Chair, Board of Supervisors

AMADOR COUNTY

OWNER-OCCUPIED HOUSING REHABILITATION ASSISTANCE PROGRAMS (CDBG, HOME, CalHome)

PROGRAM DESIGN AND PROCESS



**HCD Version 12/10
CalHome Approved (date)
CDBG Approved (date)
HOME Approved (date)
County Approved**

**AMADOR COUNTY
OWNER-OCCUPIED HOUSING REHABILITATION
PROGRAM GUIDELINES**

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 - 1.4. CONFLICT OF INTEREST REQUIREMENTS
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**AMADOR COUNTY
OWNER-OCCUPIED HOUSING REHABILITATION
PROGRAM GUIDELINES**

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- ATTACHMENT A: 24 CFR PART 5 ANNUAL INCOME INCLUSIONS AND EXCLUSIONS – FOR CDBG & HOME
- ATTACHMENT A-1: TITLE 25 SECTION 6914 GROSS INCOME INCLUSIONS – FOR CALHOME
- ATTACHMENT B: ANNUAL INCOME NET FAMILY ASSET INCLUSIONS AND EXCLUSIONS – FOR CDBG & HOME
- ATTACHMENT B-1: TITLE 25 SECTION 6914 GROSS INCOME EXCLUSIONS – FOR CALHOME
- ATTACHMENT C: MAXIMUM PURCHASE PRICE AFTER-REHAB VALUE LIMIT; HOME SUBSIDY LIMIT PER UNIT – SECTION 221(d)(3); CURRENT INCOME LIMITS; BEDROOM & BATHROOM ADDITION STANDARDS
- ATTACHMENT D: MARKETING PLAN
- ATTACHMENT E: RESIDENTIAL ANTIDISPLACEMENT AND RELOCATION ASSISTANCE PLAN
- ATTACHMENT F: LOAN SERVICING POLICIES AND PROCEDURES
- ATTACHMENT G: FORECLOSURE POLICY
- ATTACHMENT H: CERTIFICATION OF OCCUPANCY
- ATTACHMENT I: LEAD-BASED PAINT NOTICE OF PRESUMPTION AND HAZARD REDUCTION FORM

AMADOR COUNTY

**OWNER-OCCUPIED HOUSING REHABILITATION
PROGRAM GUIDELINES**

Adopted

1.0. GENERAL

The above-named entity, hereinafter referred to as the “Sponsor”, has entered into a contractual relationship with the California Department of Housing and Community Development (“HCD”) to administer one or more HCD-funded housing rehabilitation programs. The rehabilitation program described herein and hereinafter referred to as the “Program” is designed to provide assistance to eligible homeowners for correction of health and safety items, as well as code violations, located within the Program’s eligible area, as described in Section 3.0. The Program provides this assistance in the form of deferred payment loans used to finance the cost of necessary repairs that will provide the homeowner with a healthy, safe, sanitary and code compliant home, referred to herein as “housing unit”. The Program will be administered by an administrative contractor to be selected by the County, hereinafter referred to as the “Program Operator”.

1.1. PROGRAM OUTREACH AND MARKETING

All outreach efforts will be done in accordance with state and federal fair lending regulations to assure nondiscriminatory treatment, outreach and access to the Program. No person shall, on the grounds of age, ancestry, color, creed, physical or mental disability or handicap, marital or familial status, medical condition, national origin, race, religion, gender or sexual orientation, be excluded, denied benefits or subjected to discrimination under the Program. The Sponsor will ensure that all persons, including those qualified individuals with handicaps have access to the Program.

A. The Fair Housing Lender and Accessibility logos will be placed on all outreach materials. Fair housing marketing actions will be based upon a characteristic analysis comparison (census data may be used) of the Program’s eligible area compared to the ethnicity of the population served by the Program (includes, separately, all applications given out and those receiving assistance) and an explanation of any underserved segments of the population. This information is used to show that protected classes (age, gender, ethnicity, race, and disability) are not being excluded from the Program. A Fair Housing Marketing Plan can be found as Attachment D. Flyers or other outreach materials, in English and any other language that is the primary language of a significant portion of the area residents, will be widely distributed in the Program-eligible area and will be provided to any local social service agencies. The Program may sponsor homeownership education classes to help educate homeowners about credit, budgeting, predatory lending, foreclosure prevention and home maintenance, as well as future responsibilities.

- B. Section 504 of the Rehabilitation Act of 1973 prohibits the exclusion of an otherwise qualified individual, solely by reason of disability, from participation under any program receiving Federal funds. The Program Sponsor will take appropriate steps to ensure effective communication with disabled housing applicants, residents and members of the public.

1.2. APPLICATION PROCESS AND SELECTION

A. Waiting List/Homeowner Contact

The Sponsor will utilize a waiting list. In response to a homeowner's request, the homeowner is placed on the waiting list. Homeowners are offered the opportunity to qualify for assistance by waiting list priority (a first-come, first served basis).

The Program Operator will contact homeowners by mail and/or by telephone to advise of funding availability. The homeowner has 30 days to complete and return the loan application and supporting documentation. Should a homeowner fail to respond to the initial contact for assistance or to provide any of the required documentation within the 30-day period, the homeowner's name will be removed from the waiting list. If the homeowner desires assistance at a later time, he/she will be placed on the waiting list at that time.

Should the waiting list be exhausted, the Program will be marketed in accordance with the Sponsor's Marketing Plan. **See Attachment D.**

B. Application/Interview

An application packet is provided to the homeowner for completion and submittal to the Program Operator, along with supporting documentation. An interview is scheduled with the applicant. The Program is fully explained; application forms and documentation are reviewed. Verifications are obtained for income, assets, employment, benefits, and mortgage. Title report and appraisals are also obtained.

If the Program Operator encounters material discrepancies and/or misrepresentations, and/or there are income, asset, household composition, or other important questions that can't be resolved, the Sponsor reserves the right to deny assistance to the household. In this case, the applicant may re-apply after six months have elapsed from the time of written assistance denial.

C. Household Selection

Households selected for participation in the Sponsor's Housing Rehabilitation Program are those determined eligible upon completion of processes described in A. and B. above.

D. Initial Inspection/Work Write-Up/Estimate

Prospective units are inspected by the Program Operator, a certified housing inspector, or a Sponsor representative to determine eligibility and acceptability of properties for participation in the Program.

If the home is a pre-1978 unit, the initial inspection will also include paint testing by a certified Lead-Based Paint (LBP) inspector/assessor or presumption of LBP. Code deficiencies will be corrected and if presumption is used or lead hazards are found they will be properly treated according to HUD regulations (Section 6.1.E & F) and cleared by a certified LBP inspector/assessor. **Note: CalHome-funded projects do not require LBP compliance. CDBG projects shall refer to Chapter 20, Lead-Based Paint Requirements for guidance in the CDBG Grant Management Manual.**

Measurements and observations are noted about the property, including special conditions with potential cost consequences (dilapidated outbuildings, absence of curb and gutter when required by code, etc.). A floor plan and site plan, as needed, are drawn for the home and property, including all appurtenances.

Findings are noted on an inspection form, and later used by the Program Operator to prepare the work write-up. Estimated costs are determined by the Program Operator who has experience in the building industry, and in reviewing contractor bids and verifying cost with materials suppliers. The homeowner reviews the completed work write-up and cost estimate, and the approved write-up is incorporated into bid documents.

E. Bid Solicitation

A bid walk-through date and time are scheduled. The homeowner may choose to solicit his/her own bids or request that the Program Operator solicit bids on his/her behalf. Invitations to bid are mailed to all eligible contractors on file in efforts to obtain three reasonable bids. Bid results will be provided to participating contractors.

Contractors must be licensed and bonded by the State of California Contractors Licensing Board. Contractors must also provide Program Operator with evidence of Workers' Compensation Insurance and Comprehensive General Liability and Property Damage Insurance with Combined Single Limits of at least \$1,000,000.

Cost reasonableness is determined by comparing the bids received with the cost estimate prepared by the Program Operator. Bids should be within 10% of the Program Operator's cost estimate, otherwise an explanation must be provided to the file for any bid selected exceeding 10% of the estimate. The homeowner is encouraged to accept the lowest reasonable bid.