



Department of Housing and Community Development

**HOUSING-RELATED PARKS PROGRAM**

Grant Application

**2016 Designated Program Year NOFA**

**Applicant Information**

Applicant:	San Benito County Health and Human Services Agency (HHSA)		
Mailing Address:	1111 San Felipe Road - Suite 208		
City:	Hollister		
State:	California	Zip Code:	95023-2814
County:	San Benito County		
Website:	www.cosb.us		
Authorized Representative Name:	Mr. James A. Rydingsword, HHSA Director		
Authorized Representative Title:			
Phone:	(831) 637-4180	Fax:	(831) 637-9754
Email:	jrydingsword@cosb.us		
Contact Person Name:	Mr. Enrique Arreola, Deputy Director - CSWD		
Contact Person Title:	Mr. James A. Rydingsword, HHSA Director		
Phone:	(831) 637-4180	Fax:	(831) 637-9754
Email:	earreola@cosb.us		

**Applicant Certification**

As the official designated by the governing body, I hereby certify that if approved by HCD for funding through the HRP Program, the San Benito County Health and Human Services Agency (HHSA) assumes the responsibilities specified in the HRP Program Notice of Funding Availability and Program Guidelines and certifies that the information, statements, and attachments contained in this application are, to the best of my knowledge and belief, true and correct.

Signature: \_\_\_\_\_ Name: James A. Rydingsword

Date: February 21, 2017 Title: Director of HHSA

Updated November 2016

## Legislative Information

Please list all representatives for the City/County. Attach additional sheets if necessary.  
Legislative information is available at <http://www.leginfo.ca.gov>.

Applicant: San Benito County Health and Human Services Agency (HHSA)

	District	Legislator Name
Federal Congressional District:	20	Jimmy Panetta
State Assembly District:	30	Anna Caballero
State Senate District:	12	Anthony Canella



## Eligibility Threshold Requirements

Applicant: San Benito County Health and Human Services Agency (HHSA)

### 1. HOUSING ELEMENT COMPLIANCE

Does the applicant have an adopted housing element which has been found to be in substantial compliance with Housing Element Law pursuant to Government Code Section 65585 which was submitted to the Department by the issuance date of the NOFA?

☒ YES      Date of HCD Review Letter: 04/21/16      ☐ NO

### 2. ELIGIBLE UNITS

Did the applicant issue building permits or certificates of occupancy for Eligible Units during the Designated Program Year 2016 which meet the affordability requirements for extremely low-, very low- or low-income households?

☐ 2010      ☐ 2011      ☐ 2012      ☐ 2013      ☐ 2014      ☒ 2015

### 3. ANNUAL PROGRESS REPORT SUBMITTAL

Has the applicant submitted to the Department the Annual Progress Report (APR) for the applicable calendar years, pursuant to Government Code Section 65400, on the jurisdiction's progress in implementing the housing element prior to February 23, 2016?

*For example: applicants must submit the 2013 APR in order to be eligible to receive funding for Eligible Units from 2014. To receive funding for 2013 Eligible Units, the 2012 APR must be submitted to the Department.. Please refer to the chart below:*

Eligible Units from:	APR	Date Submitted
January 1- December 31, 2010	<input type="checkbox"/> 2009 CY Report	
January 1- December 31, 2011	<input type="checkbox"/> 2010 CY Report	
January 1- December 31, 2012	<input type="checkbox"/> 2011 CY Report	
January 1- December 31, 2013	<input type="checkbox"/> 2012 CY Report	
January 1- December 31, 2014	<input type="checkbox"/> 2013 CY Report	
January 1- December 31, 2015	<input type="checkbox"/> 2014 CY Report	
January 1- December 31, 2016	<input checked="" type="checkbox"/> 2015 CY Report	

### 4. MINIMUM GRANT AMOUNT

Does the applicant meet the minimum grant amount of \$75,000, including any bonus awards, based on Eligible Units from the 2016 Designated Program Year?

☒ YES      ☐ NO

**Note: If the applicant has answered NO to any of the questions above, the application will not be reviewed further and the applicant is ineligible for funding.**



## Park and Recreation Facility (Park Project) Description

Applicant:	San Benito County Health and Human Services Agency (HHS)		
Park Project Name:	San Benito Migrant Labor Camp		
Type of Park Project:	Creation <input type="checkbox"/> Development <input type="checkbox"/> Rehabilitation <input checked="" type="checkbox"/>		
Park Project Location (include address, if known, or otherwise indicate nearest intersection): 3220 Southside Road, Hollister, CA 95023			
Park Project Census Tract: <small>(please use 11-digit census tract number as detailed in instructions)</small>	06-069-000801		
Senate & Assembly District for Park Project Location:	Senate District:	12	
	Assembly District:	30	
Park Project Summary:			
The County of San Benito Migrant Labor Camp has on-site Park facilities that are in need of significant physical improvements as the existing facilities are old, blighted and unattractive for use by residents and children of the camp. The camp operates from April to November while the Camp is used as an overnight warming shelter during the winter season. The Park upgrade would fit improvements already made to the			
Will the Park Project be in support of any Infill developments, as described in Section 106(F)? * If so, please name at least one development and indicate the development status (indicate N/A if not applicable) <b>OR</b> Does the jurisdiction's adopted General Plan conform to the region's adopted Regional Blueprint Plan? If so, please complete the Regional Blueprint Bonus Coversheet (next tab) and attach supporting documentation as required.			
Infill-Supporting NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>		<b>OR</b>	Regional Blueprint NO <input type="checkbox"/> YES <input type="checkbox"/>
			If claiming Infill-Supporting, provide name/address of at least one infill development and status: There is one existing infill residential subdivision development named Riverview Estates off Hospital Road within walking distance from the Migrant Labor Camp Park
Will the Park be located within a Disadvantaged Community, as described in Section 106(D)? * Please note: to receive bonus funds the application must include supporting documentation.			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		The applicant's determination of low and moderate data did not support this item.	
Will the Park be located within a Park-Deficient Community, as described in Section 106(E)? * Please note: to receive bonus funds the application must include supporting documentation.			
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		See attached CA Parks Report that shows zero parks for the community.	

Project Cost Breakdown and Other Funding Sources				
Project Cost				
Subproject	Estimated Cost		Subproject	Estimated Cost
Improvements Area One	\$25,000.00		Improvements Area Two	\$25,000.00
Equipment	\$5,000.00		5,000	
Soft Costs	\$5,000.00		5,000	\$10,000.00
<b>Total Project Cost:</b>				<b>\$70,000.00</b>

Other Funding Sources				
Name of Source	Dollar Amount		Name of Source	Dollar Amount
None				
<b>Total Other Funds</b>				

\* Applicable Bonus Funds as detailed in Section 106 of the Program Guidelines  
2016 DPY Housing-Related Parks Program Application



## Regional Blueprint Conformance

Applicant: San Benito County Health and Human Services Agency (HHSA)

The applicant must demonstrate that it has conformed applicable sections of its adopted General Plan, including the land use and open space elements, to the land use provisions of the applicable adopted Regional Blueprint Plan. The documentation must include ALL of the following, in a manner specific to the grant application for the proposed park improvements:

- ☐ Copies of relevant text, diagrams, or maps from both the General Plan and Regional Blueprint Plan;
- ☐ A resolution from the elected body of the applicant jurisdiction describing the basis of conformity between the two plans; and
- ☐ A letter or resolution from the Council of Governments (COG) having jurisdiction over the Regional Blueprint Plan attesting to the conformity of the general plan with the adopted Regional Blueprint Plan.

## Comprehensive Unit Listing

Applicant: San Benito County Health and Human Services Agency (HHSA)

Please provide a listing, by unique project identifier used in the Housing Project Cover Sheet, of all units contained in this application. The Department will use this listing in both reviewing the application to determine eligibility of each project and calculating the final grant award amount. There should be a separate line entry for each of the Housing Project Cover Sheets included in the application. Please list the projects in the same order as they appear in the application to facilitate the application review process.

*\*\*If necessary, please add additional rows to accommodate all eligible projects but be sure to copy formatting to carry forward associated formulas\*\**

Project Cover Sheet #	Project Name/Identifier from Housing Project Cover Sheet	Unit Count							Base Award Amount	Bonus Awards						TOTAL  Total Award Amount
		A # of ELI units	B # VL units	C # of L units	D # of ELI bedrooms	E # of VL bedrooms	F # of L bedrooms	G Total # of bedrooms		New Construction Units?	Infill Units?	Infill-Supporting/ Regional Blueprint?	Park-Deficient Community?	Disadvantaged Community?	Total Bonus Funds	
	SAMPLE PROJECT	1	24	30	3	50	31	84	\$56,000	No	No	Yes	No	No	\$8,400	\$64,400
1	Buena Vista Apartments	5	18	17	10	36	41	87	\$57,500	Yes	Yes	No	Yes	No	\$91,350	\$148,850
2								0	\$0						\$0	\$0
3								0	\$0						\$0	\$0
4								0	\$0						\$0	\$0
5								0	\$0						\$0	\$0
6								0	\$0						\$0	\$0
7								0	\$0						\$0	\$0
8								0	\$0						\$0	\$0
9								0	\$0						\$0	\$0
10								0	\$0						\$0	\$0
11								0	\$0						\$0	\$0
12								0	\$0						\$0	\$0
13								0	\$0						\$0	\$0
14								0	\$0						\$0	\$0
15								0	\$0						\$0	\$0
16								0	\$0						\$0	\$0
17								0	\$0						\$0	\$0
18								0	\$0						\$0	\$0
19								0	\$0						\$0	\$0
20								0	\$0						\$0	\$0
21								0	\$0						\$0	\$0
22								0	\$0						\$0	\$0
23								0	\$0						\$0	\$0
24								0	\$0						\$0	\$0
25								0	\$0						\$0	\$0
26								0	\$0						\$0	\$0
27								0	\$0						\$0	\$0
TOTAL		5	18	17	10	36	41	87	\$57,500						\$91,350	\$148,850



## Housing Project Cover Sheet - 1

\*\*\* Please complete and submit a separate Project Cover Sheet for each Residential Project \*\*\*

Applicant:	San Benito County Health and Human Services Agency (HHSA)		
Project Name, Address and/or other Identifier: (please note, it is critical that project identifier is consistent or readily identifiable across all required documentation)	Buena Vista Apartments		
Type of Project:	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Substantial Rehabilitation, Conversion, or Preservation* <small>*Note: Applicant must also fill out Housing Project Attachment</small>		
Building Permit(s) Issuance Date(s): (for new construction units)	Issued on November 30, 2015 from County of San Benito		
Date(s) of Certificate(s) of Occupancy: (units rehabilitated, converted, or preserved)	May of 2017		
Are Eligible Units considered Infill, pursuant to Section 106(C)(1)-(3)?			
If yes, please identify how units determined to be infill (refer to Section 106(C) of Program Guidelines) and include supporting documentation.	<input type="checkbox"/> site previously developed <input type="checkbox"/> 75 percent of perimeter adjoins parcels currently developed with urban uses		

### Affordability Documentation (Mark appropriate box and provide supporting documentation)

<b>Rental Units</b>	
<input checked="" type="checkbox"/> Deed-Restricted	
Method of Restriction/ Type of Subsidy Used:	Deed Restriction for 55 Years - Type of Subsidy: HOME, MHSA and TTAC
Length of Deed Restriction:	55 years <small>*Rental units must be restricted for a minimum of 55 years except for preservation which requires 40 years.</small>
<b>Ownership Units</b>	
<input type="checkbox"/> Deed-Restricted	
Method of Restriction/ Type of Subsidy Used:	
Length of Deed Restriction:	<small>*Ownership units must be restricted for a minimum of 20 years</small>
<input type="checkbox"/> Non-Restricted Units	
Sales Price & Initial Occupant's Income	
<small>* Please note if counting non-restricted ownership units, supporting documentation must include both the initial sales price and household income of initial occupant considering household size.</small>	

### Project Summary Table

#### Number of Bedrooms By Unit Type and Affordability

*Extremely Low-Income Units		Unit Type	Very Low-Income Units		Unit Type	Low-Income Units	
Number of Units	Total Bdrms		Number of Units	Total Bdrms		Number of Units	Total Bdrms
	0	Studio		0	Studio		0
1	1	1-Bed	1	1	1-Bed	1	1
2	4	2-Bed	14	28	2-Bed	8	16
2	6	3-Bed	2	6	3-Bed	8	24
	0	4-Bed		0	4-Bed		0
	0	5-Bed		0	5-Bed		0
5	11	Totals	17	35	Totals	17	41

### Project Description:

The Buena Vista Apartments is a new construction 40 unit family rental project with one manager's unit and 78 parking spaces. The project was developed by a non-profit, CHISPA, on a 2.35 acre vacant site annexed from San Benito County into the City of Hollister. The Project received \$1,000,000 in Home Funds and \$535,000 in MHSA funds from the County. Construction will be completed in April, 2017 and occupancy will begin in May, 2017. 1000



## Housing Project Attachment- 1 Units Rehabilitated, Converted or Preserved

\*\*\* This form is NOT required for new construction projects \*\*\*

Applicant:	San Benito County Health and Human Services Agency (HHS)
Project Name, Address and/or other Identifier: (please note, it is critical that project identifier is consistent or readily identifiable across all required documentation)	Not applicable

### General Requirements

<ul style="list-style-type: none"> <li>Is the local government providing, or did it provide "committed assistance" for this project? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>Identify the specific type and date of "committed assistance." Type: _____ Date: _____</li> <li>Relocation Assistance Provided? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>If no relocation assistance provided, why?</li> </ul>	
<b>NOTE: The applicant must meet these general requirements in addition to the requirements detailed below to be eligible to receive funding for units substantially rehabilitated, converted, or preserved.</b>	

### Project Type

☐ **Mark appropriate box and provide supporting documentation for each of the bullets listed under the heading.**

#### Substantial Rehabilitation

- The rehabilitation resulted in a net increase in the number of housing units available and affordable to very low- and low-income households.
- Units were at imminent risk of loss to the housing stock or determined to be unfit for human habitation. For example, units were at-risk of being demolished or removed from the housing stock without the necessary rehabilitation.
- If the units were previously occupied, the local government provided relocation assistance consistent with Government Code 7260 or Health and Safety Code Section 17975 and tenants were given the right to reoccupy the units.

#### ☐ Conversion of Units or Foreclosed Properties from Non-Affordable to Affordable

- Type of Units Converted:
  - ☐ Multifamily rental units (must be 3 or more units)
  - ☐ Multifamily ownership units
  - ☐ Foreclosed properties acquired
- If the units were previously occupied, the local government provided relocation assistance consistent with Government Code 7260 or Health and Safety Code Section 17975.

#### ☐ Preservation of Affordable Units

- Units were located within an "assisted housing development" as defined in Government Code Section 65863.10(a)(3) and/or restricted to income-qualified households at the time the units were identified for preservation.
- Units were at imminent risk of loss to the affordable housing stock.



## Housing Project Cover Sheet - 2

**\*\*\* Please complete and submit a separate Project Cover Sheet for each Residential Project \*\*\***

Applicant:	San Benito County Health and Human Services Agency (HHSA)		
Project Name, Address and/or other Identifier: (please note, it is critical that project identifier is consistent or readily identifiable across all required documentation)			
Type of Project:	<input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Rehabilitation, Conversion, or Preservation* <b>*Note: Applicant must also fill out Housing Project Attachment</b>		
Building Permit(s) Issuance Date(s): (for new construction units)			
Date(s) of Certificate(s) of Occupancy: (units rehabilitated, converted, or preserved)			
Are Eligible Units considered Infill, pursuant to Section 106(C)(1)-(3)?			
If yes, please identify how units determined to be infill (refer to Section 106(C) of Program Guidelines) and include supporting documentation.	<input type="checkbox"/> site previously developed <input type="checkbox"/> 75 percent of perimeter adjoins parcels currently developed with urban uses		

### Affordability Documentation (Mark appropriate box and provide supporting documentation)

<b>Rental Units</b>	
<input checked="" type="checkbox"/> Deed-Restricted Method of Restriction/ Type of Subsidy Used:	
Length of Deed Restriction:	
*Rental units must be restricted for a minimum of 55 years except for preservation which requires 40 years.	
<b>Ownership Units</b>	
<input type="checkbox"/> Deed-Restricted Method of Restriction/ Type of Subsidy Used:	
Length of Deed Restriction:	
*Ownership units must be restricted for a minimum of 20 years	
<input type="checkbox"/> Non-Restricted Units Sales Price & Initial Occupant's Income	
* Please note if counting non-restricted ownership units, supporting documentation must include both the initial sales price and household income of initial occupant considering household size.	

### Project Summary Table

#### Number of Bedrooms By Unit Type and Affordability

*Extremely Low-Income Units		Unit Type	Very Low-Income Units		Unit Type	Low-Income Units	
Number of Units	Total Bdrms		Number of Units	Total Bdrms		Number of Units	Total Bdrms
	0	Studio		0	Studio		0
	0	1-Bed		0	1-Bed		0
	0	2-Bed		0	2-Bed		0
	0	3-Bed		0	3-Bed		0
	0	4-Bed		0	4-Bed		0
	0	5-Bed		0	5-Bed		0
0	0	Totals	0	0	Totals	0	0

### Project Description:

2016 DPY Housing-Related Parks Program Application
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## Housing Project Cover Sheet - 3

**\*\*\* Please complete and submit a separate Project Cover Sheet for each Residential Project \*\*\***

Applicant:	San Benito County Health and Human Services Agency (HHSA)		
Project Name, Address and/or other Identifier: (please note, it is critical that project identifier is consistent or readily identifiable across all required documentation)			
Type of Project:	<input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Rehabilitation, Conversion, or Preservation* *Note: Applicant must also fill out Housing Project Attachment		
Building Permit(s) Issuance Date(s): (for new construction units)			
Date(s) of Certificate(s) of Occupancy: (units rehabilitated, converted, or preserved)			
Are Eligible Units considered Infill, pursuant to Section 106(C)(1)-(3)?			
If yes, please identify how units determined to be infill (refer to Section 106(C) of Program Guidelines) and include supporting documentation.		<input type="checkbox"/> site previously developed <input type="checkbox"/> 75 percent of perimeter adjoins parcels currently developed with urban uses	

### Affordability Documentation (Mark appropriate box and provide supporting documentation)

<b>Rental Units</b>	
<input type="checkbox"/> Deed-Restricted	
Method of Restriction/ Type of Subsidy Used:	
Length of Deed Restriction:	
*Rental units must be restricted for a minimum of 55 years except for preservation which requires 40 years.	
<b>Ownership Units</b>	
<input type="checkbox"/> Deed-Restricted	
Method of Restriction/ Type of Subsidy Used:	
Length of Deed Restriction:	
*Ownership units must be restricted for a minimum of 20 years	
<input type="checkbox"/> Non-Restricted Units	
Sales Price & Initial Occupant's Income	
* Please note if counting non-restricted ownership units, supporting documentation must include both the initial sales price and household income of initial occupant considering household size.	

### Project Summary Table

#### Number of Bedrooms By Unit Type and Affordability

*Extremely Low-Income Units		Unit Type	Very Low-Income Units		Unit Type	Low-Income Units	
Number of Units	Total Bdrms		Number of Units	Total Bdrms		Number of Units	Total Bdrms
	0	Studio		0	Studio		0
	0	1-Bed		0	1-Bed		0
	0	2-Bed		0	2-Bed		0
	0	3-Bed		0	3-Bed		0
	0	4-Bed		0	4-Bed		0
	0	5-Bed		0	5-Bed		0
0	0	Totals	0	0	Totals	0	0

### Project Description:

<Enter Project Description Here>



## Housing Project Attachment- 3 Units Rehabilitated, Converted or Preserved

**\*\*\* This form is NOT required for new construction projects \*\*\***

Applicant:	San Benito County Health and Human Services Agency (HHSA)
Project Name, Address and/or other Identifier: (please note, it is critical that project identifier is consistent or readily identifiable across all required documentation)	

### General Requirements

<ul style="list-style-type: none"> <li>• Is the local government providing, or did it provide "committed assistance" for this project? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>• Identify the specific type and date of "committed assistance." Type: _____ Date: _____</li> <li>• Relocation Assistance Provided? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>If no relocation assistance provided, why?</li> </ul>	
<b>NOTE: The applicant must meet these general requirements in addition to the requirements detailed below to be eligible to receive funding for units substantially rehabilitated, converted, or preserved.</b>	

### Project Type

*Mark appropriate box and provide supporting documentation for each of the bullets listed under the heading.*

<input type="checkbox"/>	<b>Substantial Rehabilitation</b>
<ul style="list-style-type: none"> <li>• The rehabilitation resulted in a net increase in the number of housing units available and affordable to very low- and low-income households.</li> <li>• Units were at imminent risk of loss to the housing stock or determined to be unfit for human habitation. For example, units were at-risk of being demolished or removed from the housing stock without the necessary rehabilitation.</li> <li>• If the units were previously occupied, the local government provided relocation assistance consistent with Government Code 7260 or Health and Safety Code Section 17975 and tenants were given the right to reoccupy the units.</li> </ul>	
<input type="checkbox"/>	<b>Conversion of Units or Foreclosed Properties from Non-Affordable to Affordable</b>
<ul style="list-style-type: none"> <li>• Type of Units Converted: <ul style="list-style-type: none"> <li><input type="checkbox"/> Multifamily rental units (must be 3 or more units)</li> <li><input type="checkbox"/> Multifamily ownership units</li> <li><input type="checkbox"/> Foreclosed properties acquired</li> </ul> </li> <li>• If the units were previously occupied, the local government provided relocation assistance consistent with Government Code 7260 or Health and Safety Code Section 17975.</li> </ul>	
<input type="checkbox"/>	<b>Preservation of Affordable Units</b>
<ul style="list-style-type: none"> <li>• Units were located within an "assisted housing development" as defined in Government Code Section 65863.10(a)(3) and/or restricted to income-qualified households at the time the units were identified for preservation.</li> <li>• Units were at imminent risk of loss to the affordable housing stock.</li> </ul>	