

**CITY OF CORNING
CITY COUNCIL SPECIAL MEETING
AGENDA**



**TUESDAY, JULY 7, 2009
CITY COUNCIL CHAMBERS
794 THIRD STREET**

A. CALL TO ORDER: 5:30 p.m.

B. ROLL CALL:

Council:

**Becky Hill
Ross Turner
Toni Parkins
John Leach
Gary Strack**

Mayor:

PUBLIC COMMENTS: If there is anyone in the audience wanting to speak on an item not already on tonight's Agenda, if so, please come to the podium, identify yourself and briefly present your information to the Council. **A three-minute time limit will apply unless the Council makes an exception due to special circumstances.** If your matter will require more time or formal action by the Council, the law requires that it be placed on the printed Agenda for a future meeting so that interested members of the public will have the chance to appear and speak on the subject.

C. REGULAR AGENDA:

- 1. Adopt Resolution No. 07-07-09-01 Approving the Fiscal Year 2009-2010 Community Development Block Grant (CDBG) General Allocation Application and Execution of Agreement and any Amendments Thereto from the General Allocation of the State CDBG Program, and Solicit Citizen Input. (General Allocation for Homeownership Assistance – First-Time Homebuyer Program Grant Funds.)**

D. ADJOURNED!

POSTED: THURSDAY, JULY 2, 2009

RESOLUTION NO. 07-07-09-01

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF CORNING APPROVING A 2009/10 APPLICATION FOR FUNDING AND THE EXECUTION OF A GRANT AGREEMENT AND ANY AMENDMENTS THERETO FROM THE GENERAL ALLOCATION OF THE STATE COMMUNITY BLOCK GRANT PROGRAM

BE IT RESOLVED by the City Council of the City of Coring as follows:

SECTION 1:

The City Council has reviewed and hereby approves an application for up to \$400,000 for the following activities:

General Program Administration	\$ 10,000
Homeownership Assistance	\$390,000

SECTION 2:

The City Council has determined that federal Citizen Participation requirements were met during the development of this application.

SECTION 3:

The City Manager, or his designee, is hereby authorized and directed to sign this application and act on the City's behalf in all matters pertaining to this application.

SECTION 4:

If the application is approved, the City Manger, or his designee, is authorized to enter into and sign the grant agreement and any subsequent amendments with the State of California for purposes of this grant.

SECTION 5:

If this application is approved, the Planning Director, or his designee, is authorized to sign Funds Requests and other required reporting forms.

PASSED AND ADOPTED at a regular meeting of the City Council of the City of Corning held on July 7, 2009 by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

Gary R. Strack, Mayor

ATTEST:

Lisa M. Linnet, City Clerk

APPLICATION SUMMARY - Forms

California Department of Housing and Community Development
State Community Development Block Grant Program



- General Allocation (2009 - 2010)**
 Colonias Allocation (2008-09 & 2009-10)

Application Information

Applicant Agency Name: **City of Corning**

Address: **794 Third Street**

City: **Corning** State: **CA** Zip Code: **96021**

Is this application being submitted on behalf of more than one jurisdiction?

- NO** *Continue to Section 2.*
 YES *Complete the following. (Please note that the implementation of a Joint Powers Agreement or Memorandum of Understanding between the applicants is required.)*

Second Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Authorized Representative Information (per the Resolution)

Name: **Stephen J. Kimbrough** Title: **City Manager**

Phone: **530.824.7033** Ext: _____ FAX: **530.824.2489**

E-mail: **stevek@corning.org**

Check here if address information is the same as above; if not, fill in information below.

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____

Sign Here

Date: **6-30-09**

APPLICATION SUMMARY - Forms

Applicant Contact Information (if different than above)

Check here if address information is the same as above; if not, fill in information below.

Name: John Stoufer Title: Planning Director

Address: 794 Third Street

City: Corning State: CA Zip Code: 96021

Phone: 530.824.7026 E-mail: jstoufer@corning.org2

Legislative Representative Information

	District #	First Name	Last Name
Assembly	<u>2</u>	<u>Jim</u>	<u>Nielsen</u>
Senate	<u>4</u>	<u>Sam</u>	<u>Aanestad</u>
Congress	<u>2</u>	<u>Wally</u>	<u>Herger</u>

	District #	First Name	Last Name
Assembly	_____	_____	_____
Senate	_____	_____	_____
Congress	_____	_____	_____

Target Populations- Primary Purpose(s) of each proposed Activity

On the next page (Requested Funding for All Proposed Activities), in the noted column, enter the **primary** number(s) that correspond to the target population(s) that each activity will specifically address. For example, a homeless shelter will most likely serve many target populations shown, but the **primary** target population will be the homeless.

- | | | |
|------------------------|-----------------------|----------------------------------|
| 1. Physically Disabled | 7. Families | 13. Victims of Domestic Violence |
| 2. Persons with AIDS | 8. Farmworkers | 14. Dually-Diagnosed |
| 3. Youths | 9. Seniors | 15. Prevent Homelessness |
| 4. Single Adults | 10. Mentally Ill | 16. Help the homeless |
| 5. Single Men | 11. Veterans | 17. Help those with HIV/AIDS |
| 6. Single Women | 12. Substance Abusers | 18. Other |

APPLICATION SUMMARY - Forms

Requested Funding for All Proposed Activities

Note: See instructions for funding limitations.

Activity	Amount Requested	Activity Administrator	Target Populations	Result of a Project-Specific CDBG PTA Grant?
GENERAL ADMINISTRATION				
(Maximum of 7.5% of total funding requested)	\$ 10,000	<input type="checkbox"/> Applicant Staff <input type="checkbox"/> Other <input checked="" type="checkbox"/> Combination		
Activity # 1: Homeownership Assistance				
Activity Amount	\$ 360,000	<input type="checkbox"/> Applicant Staff <input type="checkbox"/> Other <input checked="" type="checkbox"/> Combination	Target I.D. #: <u>7</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Grant # _____
Activity Delivery	\$ 30,000		Proposed # of Beneficiaries: <u>6</u>	
Activity TOTAL	\$ 390,000			
Activity # 2:				
Activity Amount	\$	<input type="checkbox"/> Applicant Staff <input type="checkbox"/> Other <input type="checkbox"/> Combination	Target I.D. #: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Grant # _____
Activity Delivery	\$		Proposed # of Beneficiaries: _____	
Activity TOTAL	\$			
Activity # 3:				
Activity Amount	\$	<input type="checkbox"/> Applicant Staff <input type="checkbox"/> Other <input type="checkbox"/> Combination	Target I.D. #: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Grant # _____
Activity Delivery	\$		Proposed # of Beneficiaries: _____	
Activity TOTAL	\$			
10% Set-Aside Activity:				
Activity Amount	\$	<input type="checkbox"/> Applicant Staff <input type="checkbox"/> Other <input type="checkbox"/> Combination	Target I.D. #: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Grant # _____
Activity Delivery	\$		Proposed # of Beneficiaries: _____	
Activity TOTAL	\$			
\$ <u>400,000</u>		◀ TOTAL Funding Requested		

GENERAL ADMINISTRATIVE CAPACITY - Forms

A. Did the applicant have any CDBG General, Native American, or Colonias grants experience for the years 2005, 2006, 2007, or 2008? **(Do not include PTA grants)**

Yes. Identify which CDBG Allocation(s) and the applicable funding year(s).

General Allocation. Funding Year(s): 2008

Grant #'s: 08-STBG-4828

Colonias Allocation. Funding Year(s): _____

Grant #'s: _____

Native American Allocation. Funding Year(s): _____

Grant #'s: _____

No. Have not had any CDBG grants in 2005-2008.

B. If funded from this application, how will this grant be administered? Who will carry out the grant's General Administrative activities?

In-house staff only. **(Attach resumes and duty statements of staff that will be performing the work.)**

Subrecipient Agreement:

Draft Executed. *Term of the Agreement:* _____

Other: _____

Procured administrator(s) per 24 CFR 85.36 and the GMM Chapter 8.

Per Small Purchase Authority

By Competitive Proposal

By Non-Competitive/Sole-Source

• Department approval documentation, pages: _____

Term of the agreement: _____

Some combination of the above. Describe: The City of Corning will administer the grant. A procured consultant will assist the City.

Please indicate the page numbers in your application where the supporting documentation can be found: _____

NOTE: Full points under this section will be awarded only for complete documentation, as noted in the application instructions.

APPLICATION FUNDING SOURCES/USES/PROGRAM INCOME/LEVERAGE - Forms

ALL ACTIVITIES - ALL FUNDING SOURCES

USES	SOURCES							Totals:
	STATE OR FEDERAL			LEVERAGE				
ACTIVITY	State CDBG	Program Income Balance: \$124,341 (as of 3/31/09)	Other State Funds	Federal Funds	Local Funds	Private (list & identify)	Other:	Totals:
General Administration	10,000							\$ 10,000
Homeownership Assistance	360,000							\$ 360,000
Activity Delivery	30,000							\$ 30,000
								\$
								\$
								\$
								\$
								\$
								\$
								\$
Totals:	\$400,000	\$	\$	\$	\$	\$	\$	\$ 400,000

HOMEOWNERSHIP ASSISTANCE - Forms

A. ACTIVITY INFORMATION:

1. **How much is being requested for this activity?**

\$390,000 = \$360,000 + \$30,000

Total \$\$ Requested for this Activity = Activity \$\$+Activity Delivery \$\$

2. **Is this activity a component of a Housing Combo program?**

Yes

No

3. **Description of Activity:** *(See instructions.)*

The City of Corning will use \$360,000 of new CDBG funds to assist approximately six first-time homebuyers to purchase existing homes. It is anticipated that five of the homebuyers will be TIG and the remaining one will be a LTIG homebuyer. The maximum downpayment loan will be \$80,000. CDBG funds will be used as gap financing to assist income eligible first-time homebuyers purchase a home within the City of Corning city limits.

The 2009 income for a household of four at 80% of the median for Tehama County is \$44,650. This CDBG funded Homeownership Assistance Program will assist eligible TIG residents of Corning realize homeownership.

4. **Who will be the Activity Administrator?** *(Check all that apply.)*

Jurisdiction (Applicant)

Consultant/Contractor (For-Profit entity)

Non-Profit as Subrecipient

CHDO (Community Housing Development Organization)

Another unit of local government

Another public agency

Non-Profit's not acting as Subrecipients

Faith-based organization

Institution of higher education

Name of all agencies/organizations indicated above:

a) City of Corning

b) Consultant

c) _____

d) _____

5. **State Objectives:**

If you are claiming state objective points for this activity, note which objective(s) and indicate where supporting documentation can be found.

>>See Application Section 9 and Appendix F for additional information<<

State Objective for this specific activity:	Application Page #
1.	

HOMEOWNERSHIP ASSISTANCE - Forms

B. BENEFIT:

1. **Service Area:** (Check only one.)

Jurisdiction-wide Homeownership Assistance Program

Target Area(s) Homeownership Assistance Program.

(County applicants only). Identify the Target Area(s) by Census Tract(s) and Block Group(s) and list the page(s) where the Census Tract/ Block Group Map(s) may be found in this application. Page(s): _____

| Census Tract |
|----------------|----------------|----------------|----------------|----------------|----------------|
| | | | | | |
| Block Group(s) |
| | | | | | |

2. **Beneficiaries (number of households):**

All Homeownership Assistance activities are income restricted and benefit 100 percent TIG.

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTALS
<i>not eligible</i>	5	1		6

3. **Estimated number of:**

6 Loans

0 Grants

C. NEED FOR ACTIVITY:

For assistance calculating Census information, please refer to Appendix H.

1. **Homeownership Rate:**

This table will indicate the total percentage of the jurisdiction's owner-occupied housing units. Be sure to attach the applicable Census Table(s), and show the calculations on the table as to the percentages.

HOMEOWNERSHIP ASSISTANCE - Forms

Enter the percentage of owner- vs. renter-occupied housing units as shown in the 2000 Census Summary File 1, Table DP-1	Homeownership Rate	54%
---	---------------------------	------------

Homeownership rate Census Table and calculations on page(s): _____

2. Renter Overpayment:

This table will indicate the total percentage of the jurisdiction's renters that are paying 25 percent or more (overpayment) of their income towards rent. Be sure to attach the applicable Census Table(s) and show the calculations on the table as to the percentages.

Enter the percentage of renter-occupied housing units that are paying 25 percent or more of their income towards rent, as shown in the 2000 Census Summary File 3, Table DP-4	Renter Overpayment	55%
---	---------------------------	------------

Renter overpayment census table and calculations on page(s): _____

3. Overcrowding:

This table will indicate the total percentage of the jurisdiction's housing stock that is overcrowded (1.01 or more occupants per room). Be sure to attach the applicable Census Table(s) and show the calculations on the table as to the percentages.

Enter the percentage of households that are overcrowded as shown in the 2000 Census Summary File 3, Table DP-4	Overcrowding	14%
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Overcrowding census table and calculations on page(s): _____

4. Local Demand:

- Waiting List. Page(s): _____
- Market Study. Page(s): _____
- Other (describe): _____ Page(s): _____

5. Supplemental Information:

Check if providing supplemental information for:

- Worsened Homeownership Rate Worsened Housing Overcrowding

a) Describe the worsened condition: Forty-eight percent (48%) of the housing units in Corning are renter-occupied. Fifty-five percent (55%) of renters in Corning pay more than 25% of their gross income for rent. Median household income in Corning at \$25,357 is forty-five percent (45%)

HOMEOWNERSHIP ASSISTANCE - Forms

of the state median income. These census numbers indicate that without a Homeownership Assistance Program - First-Time Homebuyer Program providing down payment assistance loans renters will be unable to purchase a home and will continue to overpay for rent.

b) Describe how this issue is specific to your community: This data is directly from the 2000 Census.

HOMEOWNERSHIP ASSISTANCE - Forms

3. Site Control (Projects only):

Draft	Executed	
<input type="checkbox"/>	<input type="checkbox"/>	City/County owned site
<input type="checkbox"/>	<input type="checkbox"/>	Purchase Agreement
<input type="checkbox"/>	<input type="checkbox"/>	Option to Purchase
<input type="checkbox"/>	<input type="checkbox"/>	Option to Lease
<input type="checkbox"/>	<input type="checkbox"/>	Leasehold Interest
<input type="checkbox"/>	<input type="checkbox"/>	Deed of Trust
<input type="checkbox"/>	<input type="checkbox"/>	Other documentation of Site Control – List

4. Other Readiness Documentation Provided:

- Sources/Uses/Timeline
- Homeownership Assistance Program Guidelines
- Program Income Reuse Plan
- Marketing Plan
- List of pre-qualified Applicants
- Existing Program Continued

5. Sources and Uses Chart:

For each activity, applicants must identify the totality of all resources that are anticipated to be utilized in carrying out a specific activity. On the Funding Sources Chart:

- Under "Uses", identify cost categories applicable to the proposed activity.
- Examples include acquisition, plans and specs, fees, construction and other related costs.
- Fill out the columns to the right of the costs with the anticipated resources, by total dollar amount.
- Include the appropriate resource documentation and note the page(s) on the activity-specific Table of Contents under "Sources and Uses".

