MEETING DATE: **November 22, 2010**

AGENDA ITEM: **Approval of the Submission of the Family Self Sufficiency (FSS) Program Coordinator Grant to the United States Department of Housing and Urban Development (HUD).**

ATTACHMENTS

	Pages
1. FSS Grant	1-21

Acknowledgment of Application Receipt

U.S. Department of Housing and Urban Development

OMB Approval No. 2577-0259 expires 2/29/2012

Type or clearly print the Applicant's name and full address in the space below.

Culver City Housing Agency
9770 Culver Blvd.
Culver City, CA 90232

(fold line)

Type or clearly print the following information:

Name of the Federal Program to which the applicant is applying: HCV Family Self-Sufficiency Grant

To Be Completed by HUD

☐ HUD received your application by the deadline and will consider it for funding. In accordance with Section 103 of the Department of Housing and Urban Development Reform Act of 1989, no information will be released by HUD regarding the relative standing of any applicant until funding announcements are made. However, you may be contacted by HUD after initial screening to permit you to correct certain application deficiencies.

☐ HUD did not receive your application by the deadline; therefore, your application will not receive further consideration. Your application is:

- ☐ Enclosed
- ☐ Being sent under separate cover

Processor's Name _____

Date of Receipt _____

GRANTS.GOV™

Grant Application Package

Opportunity Title:	Housing Choice Voucher Family Self Sufficiency Program
Offering Agency:	US Department of Housing and Urban Development
CFDA Number:	14.871
CFDA Description:	Section 8 Housing Choice Vouchers
Opportunity Number:	FR-5415-N-14
Competition ID:	HCV-14
Opportunity Open Date:	10/21/2010
Opportunity Close Date:	12/06/2010
Agency Contact:	For answers to your questions, you may contact the Public and Indian Housing Resource Center at 800-955-2232. Persons with hearing or speech impairments may access this number via TTY (text telephone) by calling the Federal Information Relay Service at 800-877-8339. (These are toll-free

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

*** Application Filing Name:** Culver City Housing Agency FSS

Mandatory Documents

Move Form to Complete

Move Form to Delete

Mandatory Documents for Submission

Application for Federal Assistance (SF-424)
HUD Facsimile Transmittal

Optional Documents

Disclosure of Lobbying Activities (SF-LLL)

Move Form to Submission List

Move Form to Delete

Optional Documents for Submission

Attachments
HUD Applicant-Recipient Disclosure Report

Instructions

1 **Enter a name for the application in the Application Filing Name field.**

- This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
- You can save your application at any time by clicking the "Save" button at the top of your screen.
- The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.

2 **Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.**

- It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.

- The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".

- To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.

- All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.

3 **Click the "Save & Submit" button to submit your application to Grants.gov.**

- Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
- Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
- The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
- You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☐ New	
☒ Application	☒ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	

5a. Federal Entity Identifier:	5b. Federal Award Identifier:
CA110	CA110FSS8

State Use Only:

6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:	Culver City Housing Agency

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
956000701	0638336510000

d. Address:

* Street1:	9770 Culver Blvd.
Street2:	
* City:	Culver City
County/Parish:	Los Angeles
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	90232

e. Organizational Unit:

Department Name:	Division Name:
Community Development	Housing

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

Prefix:	Mrs.	* First Name:	Mona
Middle Name:	Karroum		
* Last Name:	Kennedy		
Suffix:			

Title:	Interim Housing Supervisor
Organizational Affiliation:	
* Telephone Number:	310-253-5780
Fax Number:	310-253-5785
* Email:	mona.kennedy@culvercity.org

Application for Federal Assistance SF-424

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.871

CFDA Title:

Section 8 Housing Choice Vouchers

*** 12. Funding Opportunity Number:**

FR-5415-N-14

* Title:

Housing Choice Voucher Family Self Sufficiency Program

13. Competition Identification Number:

HCV-14

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Culver City Housing Choice Voucher Family Self-Sufficiency Program Coordinator

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: 32nd

b. Program/Project: CA-032

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 01/01/2011

* b. End Date: 01/01/2012

18. Estimated Funding ($):

* a. Federal	66,214.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	66,214.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .

☒ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if la ccept an award. la m aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Ms.

* First Name: Tevis

Middle Name:

* Last Name: Barnes

Suffix:

* Title: Culver City Housing Administrator

* Telephone Number: 310-253-5780

Fax Number: 310-253-5785

* Email: tevis.barnes@culvercity.org

* Signature of Authorized Representative: Completed by Grants.gov upon submission.

* Date Signed: Completed by Grants.gov upon submission.

Facsimile Transmittal

1288018573 - 2735

U. S. Department of Housing and Urban Development
Office of Department Grants Management and Oversight

OMB Approval No. 2525-0118
exp. Date (5/30/2008)

*** Name of Document Transmitting:**

1. Applicant Information:

* Legal Name: Culver City Housing Agency

* Address:

* Street1: 9770 Culver Blvd.

Street2:

* City: Culver City

County: Los Angeles

* State: CA: California

* Zip Code: 90232 * Country: USA: UNITED STATES

2. Catalog of Federal Domestic Assistance Number:

* Organizational DUNS: 0638336510000 CFDA No.: 14.871

Title: Section 8 Housing Choice Vouchers

Program Component:

3. Facsimile Contact Information:

Department: Community Development

Division: Housing

4. Name and telephone number of person to be contacted on matters involving this facsimile.

Prefix: Mrs. * First Name: Mona

Middle Name: Karroum

* Last Name: Kennedy

Suffix:

* Phone Number: 310-253-5780

Fax Number: 310-253-5785

*** 5. Email:** mona.kennedy@culvercity.org

*** 6. What is your Transmittal? (Check one box per fax)**

☐ a. Certification ☐ b. Document ☐ c. Match/Leverage Letter ☐ d. Other

*** 7. How many pages (including cover) are being faxed?** 0

Form **HUD-96011** (10/12/2004)

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing and Urban Development

OMB Approval No. 2510-0011
(exp. 08/31/2009)

Applicant/Recipient Information *** Duns Number:** 0638336510000 *** Report Type:** INITIAL

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

* Applicant Name: Culver City Housing Agency

* Street1: 9770 Culver Blvd.

Street2:

* City: Culver City

County: Los Angeles

* State: CA: California

* Zip Code: 90232

* Country: USA: UNITED STATES

* Phone: 310-253-5780

2. Social Security Number or Employer ID Number: 956000701

* 3. HUD Program Name: Section 8 Housing Choice Vouchers

* 4. Amount of HUD Assistance Requested/Received: $ 66,214.00

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

* Project Name: Housing Choice Voucher Program Family Self Sufficiency Progr

* Street1: 9770 Culver Blvd.

Street2:

* City: Culver City

County: Los Angeles

* State: CA: California

* Zip Code: 90232

* Country: USA: UNITED STATES

Part I Threshold Determinations

* 1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).

☐ Yes ☒ No

* 2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD) , involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1-Sep. 30)? For further information, see 24 CFR Sec. 4.9

☐ Yes ☒ No

If you answered " **No** " to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form.

However, you must sign the certification at the end of the report.

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name:

* Government Agency Name:

Government Agency Address:

* Street1:
Street2:
* City:
County:
* State:
* Zip Code:
* Country:

* Type of Assistance: * Amount Requested/Provided: $

* Expected Uses of the Funds:

Department/State/Local Agency Name:

* Government Agency Name:

Government Agency Address:

* Street1:
Street2:
* City:
County:
* State:
* Zip Code:
* Country:

* Type of Assistance: * Amount Requested/Provided: $

* Expected Uses of the Funds:

(**Note**: Use Additional pages if necessary.) Add Attachment Delete Attachment View Attachment

Part III Interested Parties. You must decide.

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and

2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

* Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	* Social Security No. or Employee ID No.	* Type of Participation in Project/Activity	* Financial Interest in Project/Activity ($ and %)
			$ %
			$ %
			$ %
			$ %
			$ %

(**Note:** Use Additional pages if necessary.) Add Attachment | Delete Attachment | View Attachment

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed $10,000 for each violation.
I certify that this information is true and complete.

* Signature:	* Date: (mm/dd/yyyy)
Completed Upon Submission to Grants.gov	

ATTACHMENTS FORM

Instructions: On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

Important: Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1		Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2		Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3		Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4		Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5		Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6		Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7		Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11		Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12		Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment

Housing Choice Voucher (HCV) Family Self-Sufficiency (FSS) Program Coordinator Funding

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0178
Exp. (09/30/2013)

Public reporting burden for this collection of information is estimated to average 0.75 hours. This includes the time for collecting, reviewing, and reporting the data. Information provided is to determine the eligibility of the applicant for funding for the salary of a program coordinator. HUD uses the information to determine eligibility of the applicant to receive funding. Information is required to obtain benefit under 24 CFR 982.302(b). The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

PART I: General Information. (To be completed by all applicants.)

Applicant Category:	Moving-to-Work PHA?	DUNS Number of Applicant:	Funding Request for Fiscal Year: 2011
☐ PHAs Not Currently administering FSS ☒ PHAs Currently administering FSS	☐ Yes ☒ No State or Regional PHA? ☐ Yes ☒ No	063833651	

A. PHA Legal Name (For joint applicants, lead PHA name): Culver City Housing Agency
Address: 9770 Culver Blvd.
City: Culver City County: Los Angeles
State: CA Zip Code: 90232
PHA Number of Applicant: CA-110

B. Legal Name of Joint Applicant PHA. (If applicable.)
Address:
City: County:
State: Zip Code:
PHA Number of Applicant:

Legal Name of Joint Applicant PHA. (If applicable.)
Address:
City: County:
State: Zip Code:
PHA Number of Applicant:

Legal Name of Joint Applicant PHA. (If applicable.)
Address:
City: County:
State: Zip Code:
PHA Number of Applicant:
PHA Number of Applicant:

List any additional co-applicants on page 4

C. Evidence demonstrating salary comparability to similar positions in the local jurisdiction for each position requested is on file at the PHA.	X☐ Yes ☐ No

D. Contact information person most familiar with application:
Name: Mona Kennedy Telephone Number; 310-253-5780
Email Address: mona.kennedy@culvercity.org

PART II: Funding/Positions Requested by PHAs that are Currently Administering HCV/FSS Programs

A. Previously Funded Positions

FY Last Funded	Salary Amount Last Funded	Salary Requested Per Position ** under this NOFA	Number of Positions at salary level	Is applicants request above percentage allowed in the NOFA? 'Y' or 'N' ***
2009	$65,558	$66,214	1	N

B. New Positions –Total salary requested per position including fringe benefits, if applicable. If more than one position, list each separately:

Salary Requested, including Fringe Benefits**

C. Total Requested

1.	1	Total number of positions requested in Part II
2.	$66,214	Total $ requested in Part II

** Salary awards will not exceed the cap per position stated in the most recent HCV/FSS NOFA.
*** For any position, where the applicant is requesting a percentage increase above the amount provided for in the current HCV/FSS NOFA, the applicant must comply with justification requirements in the current HCV/FSS NOFA.

Additional space for Part II A and B on page 4

PART III: Requests for PHAs that are NOT currently administering HCV/FSS Programs

A. FSS Action Plan Information:

	The number of HCV/FSS program slots in the HUD-approved Action Plan. (For Joint applications, provide total approved slots for all joint applicant PHAs.)

B. Position/Salary Requested:

Number of Positions	Salary Requested, including Fringe Benefits if applicable**

Additional space for Part III B on page 4

C. Total Requested.

1.		Total number of positions requested in Part III B
2.		Total $ requested in Part III B

** Salary awards will not exceed the cap per position stated in the most recent HCV/FSS NOFA.

Continuation of Part I. B, Legal Name of Joint Applicant PHAs

Legal Name of Joint Applicant PHA. (If applicable.)	
Address:	
City:	County:
State:	Zip Code:
PHA Number of Applicant:	
Legal Name of Joint Applicant PHA. (If applicable.)	
Address:	
City:	County:
State:	Zip Code:
PHA Number of Applicant:	
PHA Number of Applicant:	

Continuation of Part II. A, Previously Funded Positions:

FY Last Funded	Salary Amount Last Funded	Salary Requested Per Position ** under this NOFA	Number of Positions at salary level	Is applicants request above percentage allowed in the NOFA? 'Y' or 'N' ***

Continuation of Part II. B, New Positions:

Salary Requested, including Fringe Benefits**

Continuation of Part III. B, Position/Salary Requested:

Number of Positions	Salary Requested, including Fringe Benefits if applicable**

2010 eLogic Model® Information Coversheet

Instructions

When completing this section there are "mandatory" fields that must be completed. These fields are highlighted in yellow. The required data must be entered correctly to complete an eLogic Model®. After completing all mandatory fields on the coversheet click on the "Check Errors" button at the top of this page. Applicant Legal Name must match box 8a in the SF-424 in your application. Enter the legal name by which you are incorporated and pay taxes. CCR Doing Business is new for 2010 eLogic Model®. Only complete this field if your registration at CCR includes an entry in Doing Business as: (dba). Enter the DUNS # as entered into box 8c of the SF-424 Application for Federal Assistance form. Enter the City where your organization is located, this information must match the SF-424 data in your application. Use the dropdown to enter the State where your organization is located, this information must match the SF-424 data in your application. This information must match the SF-424 data in your application. Enter the Grantee Contact Name and email address in the field provided. Enter the name of the person that completed the eLogic Model® and their email address in the field provided. When completing the Project Information Section, applicants except Indian Tribes must enter their Project Name, Project Location City/County/Parish, State, Project Type, and Construction Type. If there are multiple locations, enter the location where the majority of the work will be done. Indian tribes, including multi-state tribes, should enter the City or County associated with their business address location. For Indian Tribes, enter the state applicable to the business address of the Tribal entity.

Program Information

HUD Program	**HCVFSS**
Program CFDA #	**14.871**
	Program Component

Grantee Information

Applicant Legal Name	Culver City Housing Agency
CCR Doing Business As Name	
DUNS Number	053833651 -
City	Culver City
State	California
Zip Code	90232 -
Grantee Contact Name	Mona Kennedy
Grantee Contact email	mona.kennedy@culvercity.org
Logic Model Contact Name	Mona Kennedy
Logic Model Contact email	mona.kennedy@culvercity.org

Project Information

Project Name	Housing Choice Voucher Family Self Sufficiency Coordinator Grant
Project Location City/County/Parish	Culver City
Project Location State	California
Zip Code	90232 -
Project Type	
Construction Type	

Additional Information for Reporting (Leave Blank At the Time of Application)

Grants.gov Application Number	
HUD Award Number	
Logic Model Amendment Number	

eLogic Model®

Year 1

OMB Approval 2535-0114 exp. 2/28/2011

Applicant Legal Name: Culver City Housing Agency

CCR Doing Business As Name: 0

HUD Program: HCVFSS

Program Component:

Project Name: hoice Voucher Family Self Sufficiency Coordinator Grant

Reporting Period

Reporting Start Date

Reporting End Date

DUNS No. 083833651 - 0

2010

HUD Goals	Policy Priority	Needs	Services/Activities	Measures			Outcomes	Measures			Evaluation Tools
1		2	3	4			5	6			7
Policy		Planning	Programming	Pre	Post	YTD	Impact	Pre	Post	YTD	Accountability
		There is a need to link FSS program participants to services and economic opportunities that will lead to employment and economic self-sufficiency.	Outreach-Outreach to families |Households	Households			Other |Other	Other			
1B				200				200			A. Tools for Measurement
			Financial Literacy-Credit repair counseling-Completed |Persons	Persons			Financial Literacy-Credit repair-Established credit |Persons	Persons			Intake log
2B				20				20			Intake log
			Outreach-Outreach to families-Homeownership |Households	Households			Housing-Purchased home |Households	Households			
3B				20				0			Intake log
			Outreach-Service Coordination-Employers contacted |Employers	Employers			Employment-Job placement |Persons	Persons			Intake log
4B				5				5			B. Where Data Maintained
			Employment-Employment/Career counseling-Enrolled |Persons	Persons			Employment-Promotion resulting in increased hourly wage |Dollars	Dollars			Agency database
5B				40				5			Agency database
			Transportation-Transportation services related to grant activities provided |Persons	Persons			Other |Other	Other			Agency database
				5				5			Agency database
				#VALUE!				#VALUE!			
											C. Source of Data
				#VALUE!				#VALUE!			
				#VALUE!				#VALUE!			
				#VALUE!				#VALUE!			
											D. Frequency of Collection
				#VALUE!				#VALUE!			

PHA Certifications of Compliance with PHA Plans and Related Regulations	U.S. Department of Housing and Urban Development Office of Public and Indian Housing Expires 4/30/2011

PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the PHA 5-*Year and Annual* PHA Plan

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the X *5-Year and/or* ___ *Annual PHA Plan for the PHA fiscal year beginning* 2010 *, hereinafter referred to as" the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
   - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
   - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
   - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
   - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
   - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
    (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
    (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
    (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Culver City Housing Agency
PHA Name

CA110
PHA Number/HA Code

X 5-Year PHA Plan for Fiscal Years 20 10 - 20 15

____ Annual PHA Plan for Fiscal Years 20____ - 20____

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
Tevis Barnes	Housing Administrator
Signature	Date
	April 15, 2010

CITY OF CULVER CITY
COUNCIL POLICY STATEMENT

Policy Number: 4003

General Subject: Personnel

Date Issued: 1/23/95

Specific Subject: Acceptance of Gifts or Gratuities

Effective Date: 1/24/95

Resolution No. 95-R005

PURPOSE:

To encourage each employee and official of the City to observe a personal code of ethical conduct, and to discourage gifts and gratuities.

STATEMENT OF POLICY:

Employees and officials of the City are expected to be objective and fair in dealing with the public and persons or firms doing business with the City. Employees and officials are fully compensated for their assigned duties, and shall not solicit or accept gifts or gratuities for the performance of their City job responsibilities. Acceptance or solicitation of gifts or gratuities from any person or firm involved in any transaction with the City can create an appearance of influence, conflict of interest, or favoritism which may impair the employee's, or the City's, credibility with clients.

A gift or gratuity offered by any individual (as part of a firm or otherwise), who by virtue of their particular business or activity may be involved with the City currently or in the future, should be politely rejected. Anonymous gifts should be delivered to the Chief Administrative Officer for appropriate disposition.

Solicitation or acceptance of gifts or gratuities may be grounds for disciplinary action, up to and including termination of employment.

CITY OF CULVER CITY

HOUSING PROGRAMS OFFICE

9770 CULVER BOULEVARD, CULVER CITY, CALIFORNIA 90232-0507

(310) 253-5780
INFO. LINE (310) 253-5781
FAX (310) 253-5785

TEVIS BARNES
Housing Programs Administrator

October 28, 2010

Since 1999, the Culver City Housing Agency (CCHA) has been awarded funding for a Family Self Sufficiency (FSS) Coordinator position which has afforded our agency the ability to assist our Section 8 Housing Choice Voucher participants achieve their goal of self sufficiency. Most recently, in April 2010, the CCHA received notification that the 2009 FSS Administrative Fee amount of $65,558.00 had been awarded. Through the years, forty-five (45) households have participated in FSS. Of this number, fourteen (14) have graduated by completing their Contract of Participation (COP) and thirty-five (35) have generated escrow accounts which is an indication of increase in wage earned income. These escrow accounts have totaled over $114,000 with some being as high as $27,780.40.

The CCHA was approved to enroll up to twenty-five (25) participants in our FSS Program. Currently, nineteen (19) households are enrolled in the FSS Program. The CCHA is actively conducting recruitment to enroll six (6) more households. On June 28, 2010 the Culver City Council approved a contract with St. Joseph's Center (SJC) to continue as the FSS Coordinator for the Culver City program.

On October 19, 2010 the CCHA hosted a FSS Coordinators meeting. This quarterly meeting is conducted to allow FSS Coordinators the opportunity to meet and discuss areas of concern as well as highlight the accomplishments of FSS participants. Over thirty (30) FSS Coordinators from throughout Southern California attended this meeting. Furthermore, two (2) representatives from the Department of Housing and Urban Development (HUD) Los Angeles Area Field Office were in attendance and selected to discuss areas of expertise regarding the program.

The CCHA continues to strive toward excellence in effectively and efficiently administering the FSS program.

If you have any questions you may contact me at (310) 253-5780.

Sincerely,

Tevis Barnes
Housing Administrator

CITY OF CULVER CITY

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TEVIS BARNES
Housing Programs Administrator

Affirmatively Furthering Fair Housing

The Culver City Housing Agency's (CCHA) mission is the same as that of the U. S. Department of Housing and Urban Development (HUD) as outlined in the Public Housing Agency Five Year Plan (2010-2015). "To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination." The following steps are taken to further fair housing throughout the City of Culver City (City):

1) **Overcome the effects of impediments to fair housing choice that were identified in the jurisdiction's Analysis of Impediments (AI) to Fair Housing Choice-** The CCHA will continue to work with state and local authorities to make regulatory changes that will encourage affordable housing developments throughout and will continue to remain consistent with the applicable jurisdiction's Consolidated Plan and Analysis of Impediment.

2) **Remedy discrimination in housing-** The CCHA continues to actively deconcentrate areas of poverty by outreaching to property owners throughout the City. Rental listings are available to Section 8 Housing Choice Voucher (HCV) Holders to review and include units located throughout the City. The City also offers a Neighborhood Preservation Program (NPP) through the Redevelopment Agency which provide rehabilitation grants to qualify property owners in exchange for leasing a Section 8 HCV Program participant. This encourages the availability of units throughout the City.

3) **Promote fair housing rights and fair housing choice-** The CCHA refers Housing Rights questions and concerns to a non-profit organization. Housing Rights Center is available to answer all legal questions and/or concerns and complaints. The CCHA has a contract with the Housing Rights Center through the Redevelopment Agency Housing Set Aside Fund.

A document promoting fair housing rights and where to report violations is included in each briefing packet for all new Section 8 HCV Program participants. Posters (in both English and Spanish) are also displayed for public viewing in the main lobby of the CCHA.

The CCHA also works with a language line translation service available to assist with non English speaking individuals.