**Regional Early Action Planning (REAP) Suballocation Grant Application**

**Deadline: November 27, 2020**

The applicant is applying to the Council of San Benito County Governments (COG) and the Association of Monterey Bay Area Governments (AMBAG) for a grant authorized under the Regional Early Action Planning Grants (REAP) provisions pursuant to Health and Safety Code Sections 50515 to 50515.05. The grant is to be used for technical assistance, preparation, and adoption of planning documents and process improvements to accelerate housing production and facilitate compliance to implement the sixth cycle of the regional housing needs allocation. In order to be considered for funding, all sections of this application, including attachments, must be complete and accurate.

All applicants must submit the following to COG by **November 27, 2020** in order to be considered for the award:

1. A completed application
2. A fully executed resolution authorizing application for, and receipt of funds (see Attachment 1 for template resolution).
3. A fully executed Government Agency Taxpayer ID Form (see Attachment 2).

All applications must be submitted electronically to COG and AMBAG by email to veronica@sanbenitocog.org, CC:phierling@ambag.org. No hard copies will be accepted.

**Contact:**

If you have questions regarding this application or REAP, contact Paul Hierling at phierling@ambag.org or 831-264-5092.

**Council of San Benito County Governments (COG) Jurisdiction Funding:**

On June 18, 2020, the COG Board of Directors directed staff to allocate REAP funds to jurisdictions in San Benito County based on population tier formula. Jurisdictions are eligible for the following amounts:

|  |  |
| --- | --- |
| **Jurisdiction** | **Grant Amount Available**  |
| City of San Juan Bautista  | $26,581.30 |
| City of Hollister | $159,487.80 |
| County of San Benito | $79,743.90 |

1. **Applicant Information**

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| --- |
| ***Complete the following Applicant information*** |
| Agency Name |  |
| Agency Type |  |
| Applicant’s Mailing Address |  |
| City |  |
| State | California | Zip Code |  |
| County |  |
| Website |  |
| Authorized Representative Name |  |
| Authorized Representative Title |  |
| Phone |  | Fax |  |
| Email |  |
| Contact Person Name |  |
| Contact Person Title |  |
| Phone |  | Fax |  |
| Email |  |
| Grant Amount | $ |  |

1. **Threshold Requirements**

*All applicants must meet all of the following threshold criteria to be eligible for an award.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1. Does the application demonstrate a nexus to accelerating housing production?** | Yes |  | No |  |
| **2. Does the application include a completed and signed resolution** *See attachment 1, “Template Resolution”* | Yes |  | No |  |
| **3. Does the address on the Government Agency Taxpayer ID Form exactly match the address listed above?***See attachment 2, “Government Agency Taxpayer ID Form”* | Yes |  | No |  |

As the official designated by the governing body, I hereby certify that if approved by COG for a suballocation of funding through the Regional Early Planning Program (REAP), the ­­­­**[Insert Agency Name Here]** assumes the responsibilities specified in this application and certifies that the information statements and other content contained in this application are true and correct.

Signature: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_

1. **Eligible Activities Checklist**

*Check at least one or more eligible project activity.*

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| --- | --- |
|  | Accommodating development of housing and infrastructure that accelerates housing production that aligns with state planning priorities, housing, transportation, equity, and climate goals |
|  | Implementing sustainable communities strategies related to housing planning and accelerating housing production |
|  | Establishing Prohousing Policies pursuant to Government Code section 65589.9 |
|  | Providing technical assistance in improving housing permitting processes, tracking systems, and planning tools |
|  | Establishing regional or countywide housing trust funds for affordable housing (e.g. planning activities and processes, guidelines, charters) |
|  | Performing infrastructure planning, including sewers, water systems, transit, roads, or other public facilities necessary to support new housing and new residents |
|  | Performing feasibility studies to determine the most efficient locations to site housing consistent with Government Code sections 65040.1 (State Planning Priorities) and 65080 (Regional Transportation Plans) |
|  | Covering the costs of temporary staffing or consultant needs associated with eligible activities |
|  | Covering the cost of technical assistance, planning, temporary staffing, or consultant needs associated with updating local planning and zoning documents, expediting application processing, and other actions to accelerate additional housing production |
|  | Reimbursing the cost of approved and eligible costs incurred for work after October 1, 2019  |

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| *Provide a description of the project scope and tasks including a description of the project’s impact on accelerating housing production. Indicate how your project addresses regional housing issues that affect the Central Coast. Include whether plans will be adopted. If consultants will be used, identify what tasks they will be responsible for. Use Appendix A if additional space is needed.*  |

1. **Project Description**

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1. **Project Timeline and Budget**

*Include tasks, budget amounts, dates and deliverables. Indicate what tasks will be completed by consultant, and include dates for draft and final deliverables if applicable. Budget must account for full amount the jurisdiction is eligible to apply for. Include project location if different from applicant’s mailing address. All tasks and spending must be completed by October 15, 2023.*

**Project Title:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Task | Budget | Start Date | EndDate | Description and Deliverables |
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| Administration, Reporting and Invoicing |  |  |  | Administration costs not to exceed 2% of total grant. |
| **Total:** |  |  |

**Template Resolution for REAP funding:**

A RESOLUTION

OF THE BOARD OF DIRECTORS OF THE

**[INSERT APPLICANT AGENCY NAME HERE]**

TO APPROVE

APPLYING FOR AND ENTERING INTO AGREEMENTS

FOR THE REGIONAL EARLY ACTION PLANNING GRANT

RECITALS

WHEREAS, Governor Gavin Newsom signed Assembly Bill 101 in September 2019, which established the Local Government Planning Support Grants Program which allocates $125 million in housing planning funds to regional entities throughout the state; and

WHEREAS, the California Department of Housing and Community Development (HCD) has been assigned as the state agency overseeing this program; and

WHEREAS, the provisions of AB 101 require the California Central Coast’s Councils of Government form a multiagency group comprising three representatives from each of the region’s five counties to administer approximately $8 million in housing planning funds dedicated to the Central Coast region; and

WHEREAS, the Central Coast Housing Working Group has been established as the multiagency working group to administer these funds pursuant to AB 101; and

WHEREAS, the Association of Monterey Bay Area Governments (AMBAG) will serve as the fiscal agent of the Central Coast Housing Working Group and will staff the group; and

WHEREAS, AMBAG will use three percent of the AB 101 Central Coast regional funding to administer the mega regional grant program, staff the Central Coast Housing Working Group, provide required reporting, and provide oversight of the grant program from 2020 to 2024; and

WHEREAS, AMBAG will allocate AB 101 housing planning funds to the four COGs in the Central Coast area: AMBAG, the San Luis Obispo Council of Governments, the Santa Barbara County Association of Governments, and the Council of San Benito County Governments; and

WHEREAS, the **[insert Grantee Agency name here]** is eligible to submit a request for allocation for a portion of Central California AB 101 housing planning funds from AMBAG; and

WHEREAS, the amounts allocated to the Association of Monterey Bay Area Governments (AMBAG) are based on the allocation method approved by the Central Coast Housing Working Group; and

WHEREAS, the amounts allocated to **[insert Grantee Agency name here]** will be based on the allocation method approved by AMBAG; and

WHEREAS, AMBAG shall approve allocation requests subject to the terms and conditions of eligibility, guidelines, Notices of Funding Availability, and program requirements.

THEREFORE, BE IT RESOLVED:

1. The **[insert Grantee Agency name here]** is hereby authorized to request an allocation not to exceed **$ [Amount]** from the Association of Monterey Bay Area Governments which acts on behalf of the Central Coast Housing Working Group, and
2. The **[insert Grantee Agency name here]** is hereby authorized to enter into agreements, and take further actions as may be necessary to give effect to this resolution, such as executing amendments and approving funding applications with the Association of Monterey Bay Area Governments and **[insert local Council of Governments name here]** for REAP grant funding.

**[INSERT SIGNITURE BLOCK HERE]**

Financial Information System for California (FI$Cal)

**Attachment 2: Government Agency Taxpayer ID Form**

**GOVERNMENT AGENCY TAXPAYER ID FORM**

2000 Evergreen Street, Suite 215

Sacramento, CA 95815 [www.fiscal.ca.gov](http://www.fiscal.ca.gov/)

1-855-347-2250

The principal purpose of the information provided is to establish the unique identification of the government entity.

**Instructions:** You may submit one form for the principal government agency and all subsidiaries sharing the same TIN. Subsidiaries with a different TIN must submit a separate form. Fields bordered in red are required. Hover over fields to view help information. Please print the form to sign prior to submittal. You may email the form to: vendors@fiscal.ca.gov, or fax it to (916) 576-5200, or mail it to the address above.

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| Principal Government Agency Name |  |
| Remit-To |  |  |  |  |  |  |
| Address (Street or PO Box) |  |  |  |  |  |  |
| City |  |  | State |  | Zip Code+4 |  |
|  |  |  |  |  |  |  |
| Government Type: | City | County |  |  | Federal |  |

 Employer

Federal

Special District

 Identification

Other (Specify)

 Number

 (FEIN)

List other subsidiary Departments, Divisions or Units under your principal agency's jurisdiction who share the same FEIN and receives payment from the State of California.

Dept/Division/Unit Name

Complete Address

Dept/Division/Unit Name

Complete Address

Dept/Division/Unit Name

Complete Address

Dept/Division/Unit Name

Complete Address

Contact Person

Title

Email Address

Phone number

Date

Signature

**Appendix A**

***Use this area for additional information if necessary.***

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