



Consolidated Plan Update 2004

Submitted by the Thurston County HOME
Consortium
July 15, 2004

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Certifications

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name:		Organizational Unit:	
		Department:	
Organizational DUNS:		Division:	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street:		Prefix:	First Name:
City:		Middle Name	
County:		Last Name	
State:	Zip Code	Suffix:	
Country:		Email:	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): □□-□□□□□□□□	Phone Number (give area code)	Fax Number (give area code)
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8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <input type="checkbox"/> <input type="checkbox"/> Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify)
9. NAME OF FEDERAL AGENCY:	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): □□-□□□□	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
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13. PROPOSED PROJECT Start Date: Ending Date:	14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant \$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No
f. Program Income \$.00	
g. TOTAL \$.00	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative		
Prefix	First Name	Middle Name
Last Name		Suffix
b. Title		c. Telephone Number (give area code)
d. Signature of Authorized Representative		e. Date Signed

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form used by applicants as a required face sheet for pre-applications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item:	Entry:	Item:	Entry:																
1.	Select Type of Submission.	11.	Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.																
2.	Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).	12.	List only the largest political entities affected (e.g., State, counties, cities).																
3.	State use only (if applicable).	13.	Enter the proposed start date and end date of the project.																
4.	Enter Date Received by Federal Agency Federal identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank.	14.	List the applicant's Congressional District and any District(s) affected by the program or project																
5.	Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.	15.	Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.																
6.	Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.	16.	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.																
7.	Select the appropriate letter in the space provided. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. State</td> <td style="width: 50%;">I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>B. County</td> <td>J. Private University</td> </tr> <tr> <td>C. Municipal</td> <td>K. Indian Tribe</td> </tr> <tr> <td>D. Township</td> <td>L. Individual</td> </tr> <tr> <td>E. Interstate</td> <td>M. Profit Organization</td> </tr> <tr> <td>F. Intermunicipal</td> <td>N. Other (Specify)</td> </tr> <tr> <td>G. Special District</td> <td>O. Not for Profit Organization</td> </tr> <tr> <td>H. Independent School District</td> <td></td> </tr> </table>	A. State	I. State Controlled Institution of Higher Learning	B. County	J. Private University	C. Municipal	K. Indian Tribe	D. Township	L. Individual	E. Interstate	M. Profit Organization	F. Intermunicipal	N. Other (Specify)	G. Special District	O. Not for Profit Organization	H. Independent School District		17.	This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
A. State	I. State Controlled Institution of Higher Learning																		
B. County	J. Private University																		
C. Municipal	K. Indian Tribe																		
D. Township	L. Individual																		
E. Interstate	M. Profit Organization																		
F. Intermunicipal	N. Other (Specify)																		
G. Special District	O. Not for Profit Organization																		
H. Independent School District																			
8.	Select the type from the following list: <ul style="list-style-type: none"> • "New" means a new assistance award. • "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date. • "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision enter the appropriate letter: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. Increase Award</td> <td style="width: 50%;">B. Decrease Award</td> </tr> <tr> <td>C. Increase Duration</td> <td>D. Decrease Duration</td> </tr> </table> 	A. Increase Award	B. Decrease Award	C. Increase Duration	D. Decrease Duration	18.	To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)												
A. Increase Award	B. Decrease Award																		
C. Increase Duration	D. Decrease Duration																		
9.	Name of Federal agency from which assistance is being requested with this application.																		
10.	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.																		

Update 2004 Narratives

Ending Homelessness

The Thurston County HOME Consortium has adopted the vision and the goal to reduce homelessness in Thurston County by 50% by the end of 2005. Elected officials from 4 out of the 8 jurisdictions that make up the HOME Consortium formed the Interjurisdictional Forum on Homelessness (the IFH.) The IFH was formed in December of 2002 and meets monthly to work on what can be done to affect homeless from a political/jurisdictional approach. The IFH was formed based on the premise that homelessness was not just a City of Olympia problem even though that was where many of the “visible” homeless were to be found. The group shared the value that homelessness was a countywide problem that would best be served with a multi-jurisdictional approach.

Much of Thurston County’s first year of HOME funds were aimed toward the goal of reducing homelessness through the provision of tenant-based rental assistance. Two homeless counts were conducted in 2003, one before receiving HOME funds in Thurston County and again nearly two months after. The count showed a 36% reduction in the number of unsheltered homelessness, much of which is attributable to the HOME program.

The Thurston County Housing Task Force has been in charge of Continuum of Care planning in Thurston County since the concept first began. Planning has been taken to a whole new level in recent years with participants being many and varied. Planners meet monthly at a minimum and can have anywhere from 10 to 30 agency and community representatives at the table. In 2003 a mental health agency was awarded \$709,000 for their permanent housing project for the chronically homeless, mentally ill. The CoC planning group was responsible for bringing that project and funding together.

Leveraging Other Funds

The HOME Program has been used to further the vision of reducing homelessness in Thurston County. Planning is currently underway for future projects that will include HOME funds and in the planning is discussion of how HOME will be used to leverage other funds. HOME is proving to be a powerful leveraging tool when it comes to demonstrating local support for projects seeking funding from outside as well as within the community.

Priorities and Objectives

The Thurston County HOME Consortium has outlined their plan to utilize HOME funding to further the vision of reducing homelessness in Thurston County. This vision continues into the 2004 Program Year. The priorities are to assist very low-income residents of Thurston County with affordable housing options with emphasis on reaching those who are the most vulnerable, the homeless, mentally ill and at-risk youth. The objectives are to provide immediate relief to this population with tenant-based rental assistance. Other objectives include homeowner rehabilitation to keep those who already own homes in safe and decent condition, especially in the rural areas of the county. Rental rehabilitation is identified to maintain good affordable housing in decent and safe condition and owned and operated by community-based nonprofits. Lastly is the start up of a first-time homebuyer program with a variety of funding sources including the recent addition of ADDI.

Needs of Public Housing

Thurston County has no public housing.

Anti-Poverty Strategy

The County and the City of Olympia have both adopted the Thurston County Human Services Review Council's plan for reducing poverty among county residents. The plan includes the following basic strategies:

- ❑ Address the causes as well as the symptoms associated with poverty and the quality of life of low- and moderate-income persons
- ❑ Enhance the delivery of human services to low- and moderate-income persons
- ❑ Coordinate the county's goals and policies for producing and preserving affordable housing with other programs and services the county funds through the County Human Services Review Council which will assist in reducing the number of poverty-level families

Lead-based Paint Hazards

The Housing Authority has 2 EPA-licensed Lead Risk Assessors on staff that will provide paint inspection services as required in the HUD Final Rule for lead-based paint. The Authority is also pursuing funding for a lead hazard reduction program through the state of Washington. If successful, this program will provide funding for equipment, training, testing services and lead hazard reduction work on single and multi-family housing.

Monitoring

All programs receiving HOME funds will be monitored throughout the year with a frequency that depends upon the project, the project timeline, size and status of completion. A monitoring calendar will be used throughout the 2004 program year.

BUDGET 2004 PROGRAM YEAR

The following represents the 2004 budget for carrying out the Thurston County HOME Program as presented and approved by consensus by the Thurston County HOME Consortium.

Program Results and Proposed Activities

Program Activity/Results	Proposed Activities for 2004
*CHDO	40 units to be purchased by Behavioral Health Resources for the chronically mentally ill.
Tenant Based Rental Assistance (TBRA)	72 units (coupons)
Homeowner/Rental Rehabilitation	10 homes and/or 1-2 apartment complexes and 5 homes
Homeownership	7 households

2004 HOME Program Budget

Activity	HOME/2060 Proposed 2004
Total Allocation	\$1,080,643
Administration – 10% Administering Agency Housing Authority of Thurston County	\$95,665
CHDO's	\$191,331
Tenant Based Rental Assistance (TBRA)	\$471,971
Homeowner/Rental Rehab	\$197,687
Match	\$246,245 Representing a 25% Match: Source 2060 Funds
**Homeownership	\$123,989

*Note: It was approved by the HOME Consortium with the above plan that the Devoe Street Project receive 2005 HOME CHDO funds

**Separate allocation from above and represents the new American Dream Downpayment Initiative funding awarded for 2004 as well as an amount awarded for 2003. 2003 ADDI funds are accounted for in a separate Table 3 submitted with a 2003 Consolidated Plan Amendment.

NOTE: The HOME Program provides flexibility because of the complexities of projects, their timelines, etc. This flexibility will be exercised as CHDO funds for 2003, 2004 and 2005 are allocated so as to accommodate timely projects such as the Devoe Street Project.

**Table 3-1
Consolidated Plan Listing of Proposed Projects for Local Jurisdictions**

Applicant's Name: Thurston County

Priority Need: Homeless/Non-homeless Special Needs

**Specific Objective: Objective S- 1
Reduce homelessness in the community by at least 50%**

Project Title: Tenant-based Rental Assistance

Project Description: Coupon Program

Location: Countywide

Project Information

Project ID: 0001

Type of Recipient: HOME Consortium

Activity Type: Tenant- based rental assistance

Start Date: 09/01/04 Completion Date: 08/31/05

Performance Indicator: 72 Units
Annual Units: 72 Units

Funding Information

CDBG	
State	\$0
ESG (State)	\$0
HOME	\$471,971
HOPWA	<u>\$0</u>
SubTotal	\$471,971
Assisted Housing	\$0
PHA	\$0
Total Other Funding	<u>\$139,200</u>
Total Project Costs	\$611,171

Primary Project Purpose: Homeless HIV/AIDS Disabilities Public Housing

**Table 3-2
Consolidated Plan Listing of Proposed Projects for Local Jurisdictions**

Applicant's Name: Thurston County

Priority Need: Owner Occupied Housing Rehabilitation

Specific Objective: Objective H-3

Project Title: Homeowner Rehabilitation

Project Description: Rehabilitate 5 homeowner occupied units

Location: Countywide

Project Information

Project ID: 0001

Type of Recipient: HOME Consortium

Activity Type: Homeowner Rehabilitation

Start Date: 09/01/04 Completion Date: 08/31/05

**Performance Indicator: 5 Units
Annual Units: 5 Units**

Primary Project Purpose: Homeless ___ HIV/AIDS ___ Disabilities ___ Public Housing ___

Funding Information

CDBG

**State \$0
ESG (State) \$0**

**HOME \$100,000
HOPWA \$0**

SubTotal \$100,000

**Assisted Housing \$0
PHA \$0**

Total Other Funding \$28,000

Total Project Costs \$128,000

**Table 3-3
Consolidated Plan Listing of Proposed Projects for Local Jurisdictions**

Applicant's Name: Thurston County

Priority Need: Rental Housing Rehabilitation

Specific Objective: Objective H-2

Project Title: Rental Rehabilitation

Project Description: Rehabilitate 1 apartment building

Location: Countywide

Project Information

Project ID: 0001

Type of Recipient: HOME Consortium

Activity Type: Rental rehabilitation

Start Date: 09/01/04 Completion Date: 08/31/05

Performance Indicator: 1 building
Annual Units: 1 building

Primary Project Purpose: Homeless HIV/AIDS Disabilities Public Housing

Funding Information

CDBG

State \$0
ESG (State) \$0

HOME \$97,687
HOPWA \$0

SubTotal \$97,687

Assisted Housing \$0
PHA \$0
Total Other Funding \$28,000

Total Project Costs \$125,687

**Table 3-4
Consolidated Plan Listing of Proposed Projects for Local Jurisdictions**

Applicant's Name: Thurston County

Priority Need: Rental Housing Development

Specific Objective: Objective H-1

Project Title: Rental Housing Development-CHDO

Project Description: Acquisition and/or Rehabilitation of 13 units

Location: Countywide

Project Information

Project ID: 0001

Type of Recipient: HOME Consortium

Activity Type: Rental Housing Development

**Start Date:
09/01/04**

**Completion Date:
08/31/05**

**Performance Indicator: 13 Units
Annual Units: 13 Units**

Funding Information

CDBG

**State ESG (State) \$0
\$0**

**HOME HOPWA \$191,331
\$0**

SubTotal \$191,331

**Assisted Housing \$0
PHA \$0
Total Other Funding \$0**

Total Project Costs \$191,331

Primary Project Purpose: Homeless HIV/AIDS Disabilities Public Housing

