Instructions Rev. 05/22/24

When opening this file, a yellow banner at the top may appear with a button that says "Enable Content". It is essential that you click this box so that the macros are enabled. Enabling macros is necessary for full worksheet functionality. Macros do not work with Microsoft's Excel version for Apple Mac.

Applications must be submitted electronically to the Department's HCD Portal Sign In website. To receive an award of CY 2020 funds, applicants are required to submit an application and demonstrate a fully compliant Housing Element and submittal of the applicable Annual Progress Report(s) no later than February 29, 2024. All CY 2020 funds should be requested by June 30, 2024.

## This NOFA will remain open to eligible applicants through June 30, 2027.

Applications must be on the Department's forms and cannot be altered or modified by the Applicant. Excel forms must be in Excel format and 'save as' .xls or .xlsx. Do not 'save as' .xlsm or .pdf format. For application errors please fill out the Application Support worksheet and email the entire workbook to Application Support for application errors at PLHA@hcd.ca.gov.

General Instructions (Additional instructions and guidance are given throughout the Formula Allocation Application in "red" text and in cell comments.

Guideline references are made with "§" and the corresponding guideline section number.

"Yellow" cells are for Sponsor input. Failure to provide the required attachments and documentation may disqualify your application from consideration. An Applicant must submit a complete application and other documents consistent with the deadlines stated in this NOFA. Applications submitted in response to this NOFA must meet the threshold requirements set forth in this section and in PLHA Guidelines Section 302.

Required attachments are indicated in "orange" throughout the Streamline Application. Failure to provide the required attachments and documentation may disqualify your application from consideration. Electronically attached files must use the naming convention in the PLHA Application. For Example: "App1 Tin" or "Reuse Plan".

Threshold items are indicated in "blue" cells.

"Red" shaded cells indicate the Sponsor has failed to meet a requirement of the program. Cells in the worksheet shaded in "red" indicate that the Applicant has failed to meet the minimum required.

Sponsor must complete the following worksheets in the PLHA Formula Allocation Application.

## Formula Allocation Application

**Urban County** 

Checklist									
Threshold Requireme	Electronic File Name	Document Description							
Х	PLHA Plan (2020-2023	Pursuant to section 302(c)(4) of the Guidelines, Applicant's PLHA Plan for 2020-2023 allocations is attached to this resolution, and Applicant certifies compliance with all public notice, comment, and hearing requirements in accordance with the Guidelines.							
Х	App1 TIN	Provide a signed Gov't TIN Form	Included						
ı x	Applicant Delegation Agreement	Legally binding agreement between Delegating and Administering Local Governments.	Not Applicable						
х		§302(c)(4)(D) Evidence that the Plan was authorized and adopted by resolution by the Local jurisdiction and that the public had an adequate opportunity to review and comment on its content. PLHA webpage for Plan Adoption Resolution Document, located under the Forms tab.							
Х		Program Income Reuse Plan describing how repaid loans or accrued interest will be used for eligible activities in Section 301.	Included						
Х	Executed Application	Provide a copy of the signed application. Signature in blue ink preferred.							

Disclosure of Application (California Public Records Act Statutes of 1968 Chapter 1473): Information provided in the application will become a public record available for review by the public, pursuant to the California Public Records Act Statutes of 1968 Chapter 1473. As such, any materials provided will be disclosable to any person making a request under this Act. The Department cautions Applicants to use discretion in providing information not specifically requested, including but not limited to, bank accounts, personal phone numbers and home addresses. By providing this information to the Department, the Applicant is waiving any claim of confidentiality and consents to the disclosure of submitted material upon request."

Signature

Date

Assistant City Manager

Title

Amy Wooldridge

Authorized Representative Printed Name

URBAN COUNTY		Rev. 05/22/24							
If you are an Urban County, please complete the following table:									
List the cities that are part of your Urban County.	Are they opting in to receive a portion of the PLHA award?	List the amount of the allocation being applied for that will be shared with this city.							
EXAMPLE: City of Trees	Yes	\$20,000.00							
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Dlooss	Application Development Team (ADT) Support Form  Rev. 05/22/24  Please complete the "yellow" cells in the form below and email a copy to:PLHA@hcd.ca.gov. A member of the Application Development Team will respond to your request													
riease	complete	uie yellow cells in	the form below and email a	а сору ю:РСР	within ASAP.			your request						
Full Name:					Date Requested:	A Vers	Application ersion Date:							
Organization:				Email:		Contact Phone:								
Justificati	Justification:													
Issue #	Progran Name 8	n Tab	Section	Cell#	Update/Comment	Urgency	ADT Status	Status Date						
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