



AGENDA

Victor P. Lopez, Mayor

Diana Guerra Silva, Mayor Pro Tem

Roy Rodriguez, Council Member

Josie Cervantes, Council Member

Esperanza Rodriguez, Council Member

WEDNESDAY, APRIL 28, 2021 - 6:30 P.M.

TELECONFERENCE

(CALL 888-204-5987 ACCESS CODE 8166599#)

A. Call to Order/Welcome

Roll Call

Invocation

B. Confirmation of Agenda

C. Consent Calendar

1. City Warrants for March 2021
2. City Council Minutes of April 14, 2021

D. Administration

Events Committee

3. **SUBJECT:** Independence Day Celebration

Recommendation: Staff recommends Council to provide direction

Interim Public Works Superintendent

4. **SUBJECT:** Approval of Bio Barge Boat for the Wastewater Operating Fund.

Recommendation: For the City Council to approve the purchase of the Bio Barge Boat for \$15,000 from the FY 2020-21 adopted budget.

Interim City Manager:

5. **SUBJECT:** Letter of Agreement – Energy Conservation Services to be provided by Site Logic

Recommendation: For the City Council to review and discuss the letter of agreement with Site Logic for Energy Conservation Services and provide staff with direction.

6. **SUBJECT:** Newsletter

Recommendation: For the City Council to review and discuss the proposed newsletter and provide staff with direction.

7. **SUBJECT:** President Biden's proposed \$2 trillion Infrastructure Plan.

Recommendation: For the City Council to review and discuss the proposed \$2 trillion Infrastructure Plan and provide staff with direction.

8. **SUBJECT:** Financial Updates

Recommendation: Information Only

E. Public Forum

Members of the public wishing to address the City Council on an item that is not on the agenda may do so now. No action will be taken by the City Council this evening. But items presented may be referred to the City Manager for follow up and a report. In order to allow time for all comments, each individual is limited to three minutes. When addressing the Council, you are requested to come forward to the speaker's microphone, state your name and address, and then proceed with your comments.

F. City Manager's Report

G. City Attorney's Report

H. City Council Communications

I. Adjournment

ADA Notice: In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the City Clerk at (559) 626-4488 ext. 214. Notification 48 hours prior to the meeting will enable the City to make arrangements to ensure accessibility to this meeting.

Documents: Any writings or documents provided to a majority of the City Council regarding any item on this agenda will be made available for public inspection at front counter at City Hall and at the Orange Cove Library located at 815 Park Blvd., Orange Cove, CA during normal business hours. In addition, most documents are posted on City's website at cityoforange Cove.com.

STATEMENT ON RULES OF DECORUM AND ENFORCEMENT

The Brown Act provides that members of the public have a right to attend public meetings, to provide public comment on action items and under the public forum section of the agenda, and to criticize the policies, procedures, or services of the city or of the acts or omissions of the city council. The Brown Act also provides that the City Council has the right to exclude all persons who willfully cause a disruption of a meeting so that it cannot be conducted in an orderly fashion.

During a meeting of the Orange Cove City Council, there is a need for civility and expedition in the carrying out of public business in order to ensure that the public has a full opportunity to be heard and that the Council has an opportunity to conduct business in an orderly manner. The following is provided to place everyone on notice of the rules of decorum and enforcement.

GENERAL RULES OF DECORUM

While any meeting of the City Council is in session, the following rules of decorum shall be observed:

1. All remarks shall be addressed to the City Council as a whole and not to any single member, unless in response to a question from a member of the City Council.
2. A person who addresses the City Council under public comment for a specific agenda item or under the Public Forum section of the agenda may not engage in speech or conduct (i) which is likely to provoke others to violent or riotous behavior, (ii) which disturbs the peace of the meeting by loud and unreasonable noise, (iii) which is irrelevant or repetitive, or (iv) which disrupts, disturbs, or otherwise impedes the orderly conduct of any City Council meeting.
3. A person, other than members of the Council and the person, who has the floor, shall not be permitted to enter into the discussion unless requested by the Mayor to speak.
4. Members of the City Council may not interrupt a person who has the floor and is making public comments. Members of the City Council shall wait until a person completes his or her public comments before asking questions or commenting. The Mayor shall then ask Councilmembers if they have comments or questions.
5. No person in the audience at a Council meeting shall engage in disorderly or boisterous conduct, including the utterance of loud, threatening or abusive language, whistling, stamping of feet or other acts which disturb, disrupt or otherwise impede the orderly conduct of any Council meeting.

ENFORCEMENT OF DECORUM RULES
(Resolution No. 2012-16)

While the City Council is in session, all persons must preserve order and decorum. A person who addresses the City council under public comment for a specific agenda item or under the Public Forum section of the agenda may not engage in speech or conduct which is likely to provoke others to violent or riotous behavior, which disturbs the peace of the meeting by loud and unreasonable noise, which is irrelevant or repetitive, or which disrupts, disturbs, or otherwise impedes the orderly conduct of any City Council meeting.

The Mayor or other presiding officer shall request that a person who is breaching the rules of decorum cease such conduct. If after receiving such a warning, the person persists in breaching the rules of decorum, the Mayor or other presiding officer may order the person to leave the City Council meeting. If such person does not leave, the Mayor or presiding officer may request any law enforcement officer who is on duty at the meeting as sergeant-at-arms to remove the person from the Council Chambers. In the event there is no one from law enforcement present, the Mayor or presiding officer may direct the City Manager to contact law enforcement.

In accordance with the Point of Order Rule 4.6, the majority of the Council may overrule the Mayor if the majority of the Council believes the Mayor or other presiding officer is not applying the rules of decorum appropriately.

REPORT.: Apr 16 21 Friday
 RUN...: Apr 16 21 Time: 10:03
 Run By.: Dora Silva

CITY OF ORANGE COVE
 Cash Disbursement Detail Report
 Check Listing for 03-21 thru 03-21 Bank Account.: 1010

PAGE: 001
 ID #: PY-DP
 CTL.: ORA

Check Number	Check Date	Vendor Number	Name	Net Amount	Invoice #	Description
046931	03/01/21	AGU20	DIRCE AGUIRRE	199.99	C10301	UTILITIES- WATER BILL REFUND
046932	03/01/21	FIV01	FIVE CITIES EDC	899.27	Q3-21	EDA FIVE CITIES Q3 JANUARY-MARCH 2021
046933	03/01/21	HER01	RUDY HERNANDEZ	8800.00	100	FINANCIAL CONSULTING/INTERIM CITY MANAGER SERVICES
046934	03/01/21	QUI05	QUIL CORPORATION	79.40 53.44	14689528 14695524	OFFICE SUPPLIES FOR ALL DEPARTMENTS ACCT#C3916867 OFFICE SUPPLIES FOR ALL DEPARTMENTS ACCT#C3916867
Check Total.....:				132.84		
046935	03/01/21	TOF01	THE OFFICE CITY	168.23 168.23	1678412 1682106	OFFICE SUPPLIES FOR ALL DEPARTMENTS ACCT#7050655 OFFICE SUPPLIES FOR ALL DEPARTMENTS ACCT#7050655
Check Total.....:				336.46		
046936	03/03/21	VPL01	VICTOR P LOPEZ	321.00	03/03/21	MEDICAL REIMBURSEMENT
046937	03/04/21	ASI00	ASI ADMINISTRATIVE SOLUTI	108.31 101.23 478.33 226.10 689.58 182.48 899.08 1805.87 460.20	01/05/21 01/27/21 02/03/21 02/09/21 02/19/21 11/03/20 12/01/20 12/16/20 NOV 32020	HEALTH INSURANCE HEALTH INSURANCE HEALTH INSURANCE HEALTH INSURANCE HEALTH INSURANCE HEALTH INSURANCE HEALTH INSURANCE HEALTH INSURANCE HEALTH INSURANCE
Check Total.....:				4951.18		
046938	03/04/21	TGC02	THE GAS COMPANY	1660.31	03/04/21	UTILITIES GAS ACCT# 090 414 8400 8
046939	03/04/21	VPL01	VICTOR P LOPEZ	500.00	03/04/21	AUTO ALLOWANCE FOR MARCH 2021
046940	03/05/21	AFLAC	AFLAC	1242.24 1242.24 1242.24	346376 435854 01/12/21	AFLAC INSURANCE PREMIUMS PAYABLE INV# 346376 AFLAC INSURANCE PREMIUMS PAYABLE INV#435854 AFLAC INSURANCE PREMIUMS PAYABLE INV# 091867
Check Total.....:				3726.72		
046941	03/05/21	ALH01	SPARKLETTTS	191.88	843020121	WATER SERVICES & EQUIP. RENTAL INV#11244843 020121
046942	03/05/21	AMCE1	AM CONSULTING ENGINEERS,	30286.56 47560.20	01/18/21 02/09/21	PROFESSIONAL SERVICES PROFESSIONAL SERVICES
Check Total.....:				77846.76		
046943	03/05/21	ATT05	AT & T	9099.86	03/04/21	CALNET-3 COMMUNICATION
046944	03/05/21	BEAT1	BEATWEAR, INC.	481.67 368.83	6626 6713	OFFICER'S UNIFORM ALLOWANCE OFFICER'S UNIFORM ALLOWANCE FOR OFC. S.JURADO
Check Total.....:				850.50		
046945	03/05/21	BPS01	BPS TACTICAL INC	534.88	20042650	PATROL DUTY EXTERIOR VEST FOR OFC. R.DIAZ
046946	03/05/21	BSK01	BSK ASSOCIATES	1160.00	AE04248	WATER SAMPLES FOR WTP INV# AE04248
046947	03/05/21	CLS01	CORELOGIC SOLUTIONS, LLC.	300.00	30524702	FEB. 2021-MONTHLY FEE PROPERTY INFO. SERVICES
046948	03/05/21	COL10	COLONIAL LIFE	910.56 607.04 607.04	0101803 0212780 1204878	EMPLOYEE BENEFIT PROGRAM INV# 4180949-0101803 EMPLOYEE BENEFIT PROGRAM INV# 4180949-0212780 EMPLOYEE BENEFIT PROGRAM INV# 4180949-1204878
Check Total.....:				2124.64		
046949	03/05/21	FGS01	FRUIT GROWERS SUPPLY CO	11.08 7.43 4.77 430.72	92205612 92205668 92207939 92208468	NOZZLE SPRAY FOR PWD INV# 92205612 CLIPS FOR CABLE WIRE FOR PWD INV# 92205668 PLUNGER FOR PWD INV# 92207939 HOSE & TRIMMER FOR WTP INV# 92208468
Check Total.....:				454.00		
046950	03/05/21	FWUA1	FRIANT WATER AUTHORITY	4832.00 2315.49 5237.00 266.60	114113 114161 114194 114220	EKC O & M MONTHLY BILLING FOR MARCH 2021 #114113 WY2020 FEB. ADJUSTMENTS & WY2021 MARCH ESTIMATE EKC O&M MONTHLY BILLING FOR APRIL 2021 SLDMWA FOR DECEMBER BILLING INV# 114220
Check Total.....:				12651.09		
046951	03/05/21	LEG02	PORAC LEGAL DEFENSE FUND	688.05	617756	PORAC LEGAL DEFENSE QUARTERLY DUES INV# 617756

REPORT.: Apr 16 21 Friday
 RUN...: Apr 16 21 Time: 10:03
 Run By.: Dora Silva

CITY OF ORANGE COVE
 Cash Disbursement Detail Report
 Check Listing for 03-21 thru 03-21 Bank Account.: 1010

PAGE: 002
 ID #: PY-DE
 CTL.: ORA

Check Number	Check Date	Vendor Number	Name	Net Amount	Invoice #	Description
046952	03/05/21	OCT31	ORANGE COVE TIRE SERVICE	57.62 68.00	26107 26123	OIL CHANGE FOR ANIMAL CONTROL TRUCK INV# 26107 UNIT 19-06 SGT'S UNIT MOUNT. & BAL. 4 NEW TIRES
			Check Total.....:	125.62		
046953	03/05/21	PSP01	PSP STORES LLC	49.65 49.65	073273648 074221222	DOG FOOD INV# 10-073273648 DOG FOOD INV# 10-074221222
			Check Total.....:	99.30		
046954	03/05/21	RIV11	RIVERA, MARTY	46.00	02/28/21	PURCHASED GAS FOR WORK VEHICLE SUN. 1/28/21 4 A.M.
046955	03/05/21	SEB01	SEBASTIAN	270.00	25909	LOW VOLTAGE LABOR FOR WWTP INV# 25909
046956	03/05/21	SUR01	SURVEILLANCE INTEGRATION	15826.83	7544	CAMERAS INSTALATION INV# 7544
046957	03/05/21	USS02	UNITED SIGN SYSTEMS	740.50	03/03/21	APPROVED AMT. CONTRACTED BID COMPRIMISE FOR SIGN
046958	03/05/21	VAR01	VARGAS JOSE	452.72	03/04/21	TRAVEL & MEALS - JOSE VARGAS
046959	03/05/21	WIL16	WILLDAN	8160.00 3060.00 7480.00	00332797 00332987 00333142	BUILDING INSPECTOR - ESTEBAN ORTEGA BUILDING INSPECTOR - ESTEBAN ORTEGA BUILDING INSPECTOR - ESTEBAN ORTEGA
			Check Total.....:	18700.00		
046960	03/11/21	RR001	ROY RODRIGUEZ	63.30	031121	MEDICAL REIMBURSEMENT
046961	03/12/21	APV01	ARAMARK- ACCOUNTS RECEIVA	54.98 47.31 52.98 62.99 106.96 67.81	502764155 502764163 502764187 502764213 502772137 502772147	JANITORIAL SUPPLIES FOR WTP INV# 1502764155 JANITORIAL SUPPLIES FOR CITY YARD INV# 1502764163 JANITORIAL SUPPLIES FOR WWTP INV# 1502764187 JANITORIAL SUPPLIES FOR CITY HALL INV# 1502764213 JANITORIAL SUPPLIES FOR PD INV# 1502772137 JANITORIAL SUPPLIES FOR PD INV# 1502772147
			Check Total.....:	393.03		
046962	03/12/21	ASI00	ASI ADMINISTRATIVE SOLUTI	832.00 832.00	A1009064 A1011006	MONTHLY MEDICAL ADMIN FEES FOR-FEB. 2021 MONTHLY MEDICAL ADMIN. FEES-MARCH 2021
			Check Total.....:	1664.00		
046963	03/12/21	JC001	JORGENSEN CO.	187.50	5927042	FIRE ALARMS REPAIR FOR CITY HALL INV# 5927042
046964	03/12/21	LAN09	LANGUAGE LINE SERVICE	75.21	10169726	OVER THE PHONE INTERPRETATION INV# 10169726
046965	03/12/21	MWS01	MODERN WILDLIFE SOLUTIONS	650.00	7775	JANUARY MONTHLY RODENT CONTROL INV# 7775
046966	03/12/21	NTU01	NTU TECHNOLOGIES INC	3382.55	11413	CHEMICAL FOR THE WATER TERATMENT PLANT PROTEK 301
046967	03/12/21	OCL02	ORANGE COVE LIQUOR	3444.53	FEB 2021	GAS PURCHASE FOR PD-FEB 2021
046968	03/12/21	RUB05	RUBALCABA, RACHEL	19.42	03/02/21	RACHEL PURCHASED COFFEE SUPPLIES FOR OFFICE
046969	03/12/21	SELF1	SELF-HELP ENTERPRISES	2500.00	02/26/21	2020 CDBG CV 1,2 AND 3 APPLICATIONS
046970	03/12/21	SOC03	STATE OF CALIFORNIA DEPAR	32.00	484210	LIVE SCAN INV# 484210
046971	03/15/21	APV01	ARAMARK- ACCOUNTS RECEIVA	52.98 268.93 52.98	502695415 502726513 502768240	JANITORIAL SUPPLIES WWTP INVOICE #1502695415 JANITORIAL SUPPLIES @ WWTP INV# 1502726513 JANITORIAL SUPPLIES MATS & MOPS FOR WWTP
			Check Total.....:	374.89		
046972	03/15/21	BSK01	BSK ASSOCIATES	912.00	AE04247	SAMPLES FOR WWTP INV# AE04247
046973	03/15/21	DOW01	DEPARTMENT OF WATER	3869.05 20203.37	104E57402 2104E5740	1988 CA SAFE DRINKING WATER BOND INTEREST 1988 CA SAFE DRINKING WATER BOND PRINCIPAL
			Check Total.....:	24072.42		
046974	03/15/21	FGS01	FRUIT GROWERS SUPPLY CO	36.30 27.91	92201762 92202060	SAFTY BELL FOR LIFTING FOR WWTP INV# 92201762 FUSES FOR SCUM PUMP ELECTRICAL DISCONNECTION WWTP
			Check Total.....:	64.21		
046975	03/15/21	HER01	RUDY HERNANDEZ	8800.00	101	FINANCIAL CONSULTING/INTERIM CITY MANAGER SERVICES
046976	03/15/21	PD001	PENA'S DISPOSAL	179.44	568859	ORGANIC REC. CART INV# 568859

REPORT.: Apr 16 21 Friday
 RUN....: Apr 16 21 Time: 10:03
 Run By.: Dora Silva

CITY OF ORANGE COVE
 Cash Disbursement Detail Report
 Check Listing for 03-21 thru 03-21 Bank Account.: 1010

PAGE: 003
 ID #: PY-DP
 CTL.: ORA

Check Number	Check Date	Vendor Number	Name	Net Amount	Invoice #	Description
046976	03/15/21	PD001	PENA'S DISPOSAL	39782.52	FEB 2021	UTILITY ACCOUNTING FOR FEBRUARY 2021
			Check Total.....:	39961.96		
046977	03/15/21	RIV04	RIVERA JUAN	205.72	113230	REIMBURSEMENT FOR WINDOW REPLACEMENT FOR TRUCK#201
				14.69	G22451	REIMBURSEMENT FOR NO. STICKERS FOR CITY VEHICLES
			Check Total.....:	220.41		
046978	03/15/21	RSG01	ROSENOW SPEVACEK GROUP	1335.00	I007049	SUCCESSOR AGENCY ADMIN. SERVICES INV# I007049
046979	03/15/21	TGC02	THE GAS COMPANY	2139.80	03/05/21	UTILITY GAS
046980	03/18/21	VPL01	VICTOR P LOPEZ	35.00	03/18/21	MEDICAL REIMBURSEMENT
046981	03/19/21	AJE01	AJ EXCAVATION, INC.	104593.69	020201561	WORK COMPLETED @ ADAMS AVE IMPROVEMENTS
				57897.75	020201562	WORKED COMPLETED @ ADAMS AVE PROJ PRIANT KERN CAN
				12608.78	020201589	WORK COMPLETED @ ADAMS AVE IMPROVEMENTS CNTR/4TH
				7034.18	020201590	WORK COMPLETED @ ADAMS AVE IMPROV FKC/S.HILLS V RD
			Check Total.....:	182134.40		
046982	03/23/21	APV01	ARAMARK- ACCOUNTS RECEIVA	54.98	502691401	JANITORIAL SUPPLIES @ WTP INV# 1502691401
				47.31	502695388	JANITORIAL SUPPLIES @ CITY YARD INV# 1502695388
				54.98	502726502	JANITORIAL SUPPLIES @ WTP INV# 1502726502
				47.31	502726503	JANITORIAL SUPPLIES @ CITY YARD INV# 1502726503
				47.31	502741146	JANITORIAL SUPPLIES @ CITY YARD INV# 1502741146
				52.98	502772118	JANITORIAL SUPPLIES FOR WWTP INV# 1502772118
				126.98	502772121	JANITORIAL SUPPLIES FOR EDA CENTER INV# 1502772121
				62.99	502772150	JANITORIAL SUPPLIES FOR CITY HALL INV# 1502772150
				256.00	510119191	JANITORIAL SUPPLIES @ CITY YARD INV# 1510119191
				188.04	510120486	PANT JEANS UNIFORM INV# 1510120486
			Check Total.....:	938.88		
046983	03/23/21	ASI00	ASI ADMINISTRATIVE SOLUTI	705.00	A1005196	MONTHLY MEDICAL ADMIN FEES-NOV. 2020
				681.50	A1006633	MONTHLY MEDICAL ADMIN FEES-DEC. 2020
				956.00	A1007481	MONTHLY MED. ADMIN. FEES AND MERP ANNUAL FEE
			Check Total.....:	2342.50		
046984	03/23/21	ATT05	AT & T	1182.52	016084663	AT&T LD ACCT# 9391066128
046985	03/23/21	AV002	ANDREW W. VALENCIA	163.51	03/12/21	A.VALENCIA UNIFORM ALLOWANCE-REIMBURSEMENT
046986	03/23/21	CSJVR	CENTRAL SAN JOAQUIN VALLE	58846.00	2021-0391	LIABILITY PROG. 2020-2021 4TH QUARTER
046987	03/23/21	DAP01	DODSON AUTO PARTS	18.74	48915	WORK SUPPLIES FOR WWTP INV# 48915
				3.22	49221	LIGHT BULB FOR TRUCK# 200 INV# 49221
				14.02	49260	DEF FOR STREET SWEEPER INV# 49260
				11.86	49284	COUPLER FOR PRESSURE WASHER INV# 49284
				60.41	49315	GREASE GUN, GREASE AND DEF FOR SWEEPER INV# 49315
				14.02	49334	DEF FOR STREET SWEEPER INV# 49334
			Check Total.....:	122.27		
046988	03/23/21	DLC01	DINOBA LUMBER CO	4.96	234081	ELECTRIC BOX & COVER INV# 234081
				112.67	238680	LIGHT BULB FOR JULIA DAYCARE INV#238680
				26.35	238681	PICK UP REACHER 32'' INV# 238681
			Check Total.....:	143.98		
046989	03/23/21	DOJ01	DEPARTMENT OF JUSTICE	189.00	498982	LIVE SCAN INV# 498982
046990	03/23/21	FCSFW	FRESNO COUNTY SHERIFF	12992.44	S018195	DISPATCHING SERVICES
046991	03/23/21	FGS01	FRUIT GROWERS SUPPLY CO	8.18	92210436	TROWEL FOR WATER METER PROJECT INV# 92210436
046992	03/23/21	FIV01	FIVE CITIES EDC	899.27	Q1-2020	EDA FIVE CITIES QUARTER 1 JULY-SEPT 2020
				899.27	Q2-2020	EDA FIVE CITIES QUARTER 2 OCT-DEC 2020
			Check Total.....:	1798.54		
046993	03/23/21	FOO02	FOOTHILL AUTO TRUCK & AG	8.30	893632	PD STATION TRIGGER NOZZLE INV# 893632
046994	03/23/21	FRON1	FRONTIER	65.95	03/07/21	COMMUNICATION ACCT# 21-031-7012-081913-5
046995	03/23/21	LOP50	SYLVIA MARTINEZ LOPEZ	250.00	03/19/21	BOOT BARN-BOOT PURCHASE REIMBURSEMENT S.LOPEZ

REPORT.: Apr 16 21 Friday
 RUN....: Apr 16 21 Time: 10:03
 Run By.: Dora Silva

CITY OF ORANGE COVE
 Cash Disbursement Detail Report
 Check Listing for 03-21 thru 03-21 Bank Account.: 1010

PAGE: 004
 ID #: PY-DP
 CTL.: ORA

Check Number	Check Date	Vendor Number	Name	Net Amount	Invoice #	Description
046996	03/23/21	LYN01	LYNN PEAVEY COMPANY	45.67	377496	FINGER PRINT CARDS/100 PK. INV# 377496
046997	03/23/21	NBS00	NAVIA BENEFIT SOLUTIONS	45.90	10334614	CLIENT PAY BASE MONTHLY FEE-COBRA DENTAL/VISION
046998	03/23/21	NBS01	NBS GOVERNMENT FINANCE	1261.52	221000264	QUARTERLY ADMIN. FEES-APRIL 1, 2021-JUNE 30 2021
046999	03/23/21	NEL01	NELSON'S POWER CENTER	433.89 509.78	249065 249066	WEED TRIMMER INV# 249065 WEED TRIMMER INV# 249066
Check Total.....:				943.67		
047000	03/23/21	OCT01	ORANGE COVE TIRE SERVICE	304.41 96.01 54.42 16.00 53.87	25975 26009 26080 26096 26126	SET DRUM BRAKES TRUCK# 201 INV# 25975 DOG FOOD FOR ANIMAL CONTROL INV# 26009 OIL CHANGE FOR TRUCK# 200 TIRE REPAIR FOR TRUCK# 200 INV# 26096 OIL CHANGE FOR VAN 106 INV# 26126
Check Total.....:				524.71		
047001	03/23/21	PEA02	PORA OF CALIFORNIA	327.00	307921	OCPOA MEMBERSHIP DUES INV# 307921
047002	03/23/21	PGE01	PG & E	32651.74	03/22/21	UTILITIES ELECTRICITY FOR ALL DEPTS.
047003	03/23/21	PRICE	PRICE PAIGE & COMPANY	20923.50	18786	PROFESSIONAL SERVICES RENDERED INV# 18786
047004	03/23/21	PRO21	PROFESSIONAL PRINT & MAIL	1249.19	107183	PRINTING-FEBRUARY MONTHLY UTILITY BILLS & POSTAGE
047005	03/23/21	QUI05	QUIL CORPORATION	34.00 191.12 66.99 190.88	14472504 15086604 15119446 15119790	OFFICE SUPPLIES FOR PD INV# 14472504 OFFICE SUPPLIES FOR PD INV# 15086604 OFFICE SUPPLIES FOR ALL DEPTS. INV# 15119446 OFFICE SUPPLIES FOR ALL DEPTS. INV# 15119790
Check Total.....:				482.99		
047006	03/23/21	RFR01	RAIN FOR RENT	56.27	1576390	PARTS FOR PUMP INV# 1576390
047007	03/23/21	RSG01	ROSENOW SPEVACEK GROUP	767.50	1006954	SUCCESSOR AGENCY ADMIN. SERVICES INV# 1006954
047008	03/23/21	SHR02	SHERED-IT, C/O STERICYCLE,	80.00	181602949	SHREDDING SERVICES INV# 8181602949
047009	03/23/21	TIH01	TELSTAR INSTRUMENTS INC	1442.50	106954	TROUBLESHOOT BACKWASH PUMP ISSUE INV# 106954
047010	03/23/21	TM001	TUTTLE & MCCLOSKEY	2782.75	1511	ATTORNEY PROFESSIONAL ALLOCATION COSTS INV# 1511
047011	03/23/21	USB01	U.S. BANK CORPORATE PAYME	1135.14	03/10/21	CREDIT CARD ENDING 0483-MAIN ACCT.
047012	03/23/21	RR001	ROY RODRIGUEZ	131.64	03/23/21	ROY RODRIGUEZ
047013	03/25/21	VPL01	VICTOR P LOPEZ	510.54	03/25/21	MEDICAL REIMBURSEMENT
047014	03/29/21	VPL01	VICTOR P LOPEZ	498.54 500.00	MAY 21 MAY 2021	MEDICAL REIMBURSEMENT FOR MAY 2021 AUTO ALLOWANCE APPROVED BY CITY COUNCIL 01/08/20
Check Total.....:				998.54		
047015	03/30/21	AFLAC	AFLAC	1242.24	836258	AFLAC INSURANCE PREMIUMS PAYABLE INV #836258
047016	03/30/21	APV01	ARAMARK- ACCOUNTS RECEIVA	54.98 47.31 52.98 37.71 54.98 47.31 115.47 106.96 41.66 64.09 476.02	502772092 502772097 502775955 502775981 502779632 502779637 502779663 502779684 502779694 502779701 510120512	JANITORIAL SUPPLIES FOR WTP INV# 1502772092 JANITORIAL SUPPLIES FOR CITY YARD INV #1502772097 JANITORIAL SUPPLIES FOR WWTP INV #1502775955 JANITORIAL SUPPLIES FOR CITY HALL INV #1502775981 JANITORIAL SUPPLIES FOR WTP INV #1502779632 JANITORIAL SUPPLIES FOR CITY YARD INV #1502779637 JANITORIAL SUPPLIES FOR WWTP INV #1502779663 JANITORIAL SUPPLIES FOR PD INV #1502779684 JANITORIAL SUPPLIES FOR PD INV #1502779694 JANITORIAL SUPPLIES FOR CITY HALL INV #1502779701 JANITORIAL SUPPLIES UNIFORM ALLOWANCE #1510120512
Check Total.....:				1099.47		
047017	03/30/21	AWC01	ALLIED WEED CONTROL, INC.	1475.00 4250.00 2100.00 1000.00	613 614 615 616	WEED CONTROL FOR STREETS INV #613 WEED CONTROL FOR RAILS TO TRIALS INV #614 WEED CONTROL FOR WWTP INV #615 WEED CONTROL FOR WTP INV #616
Check Total.....:				8825.00		
047018	03/30/21	BES05	BEST UNIFORMS	250.47	42627	2 BELTS AND 1 FLASHLIGHT

REPORT.: Apr 16 21 Friday
 RUN...: Apr 16 21 Time: 10:03
 Run By.: Dora Silva

CITY OF ORANGE COVE
 Cash Disbursement Detail Report
 Check Listing for 03-21 thru 03-21 Bank Account.: 1010

PAGE: 005
 ID #: PY-DF
 CTL.: ORA

Check Number	Check Date	Vendor Number	Name	Net Amount	Invoice #	Description
047019	03/30/21	BLA01	BLACKBOARD	3782.10	02/10/21	BLACKBORAD CONNECT FOR GOV. CARE ANNUAL FEE
047020	03/30/21	BMI01	BADGER METER, INC	422.40	80065237	BEACON FIXED NETWORK SERVICE UNIT INV #80065237
047021	03/30/21	BSK01	BSK ASSOCIATES	140.00 670.00	AD20625 AE05614	WATER SAMPLES FOR WTP INV# AD20625 WATER SAMPLES FOR WTP INV #AE05614
Check Total.....:				810.00		
047022	03/30/21	CDTEA	CALIFORNIA DEPARTMENT OF	1731.61	03/29/21	CALI. DEPT. OF TAX AND ADMIN. FEE ACCT# 094-000145
047023	03/30/21	CMM01	CITRUS MINI-MART	2757.70	1225	GASOLINE FOR PWD MONTH-FEBRUARY 2021
047024	03/30/21	CUMMP	CUMMINS PACIFIC	712.34	Y4-48407	WORK ON SWEEPER CHECK ENGINE LIGHT INV #Y4-48407
047025	03/30/21	ECSEF	FRESNO COUNTY SHERIFF	1030.92	S018236	PRISONER PROCESSING SERVICES-2ND QTR.
047026	03/30/21	FGS01	FRUIT GROWERS SUPPLY CO	128.01	92211985	32 GAL. TRASH CAN FOR ANIMAL CONTROL DEPT. (X2)
047027	03/30/21	FOO02	FOOTHILL AUTO TRUCK & AG	18.86 94.87 3.41 40.42 1.84 34.54 14.05	892793 893078 893100 893593 893598 893628 893743	PROPANE FUEL FOR MAN LIFT INV #892793 OIL SERVICE FOR LAWNMOW INV# 893078 WINDOW WASH FLUID FOR CITY TRUCK INV # 893100 PROPANE FUEL FOR MAN LIFT INV # 893593 ELECTRIC TAPE INV #893598 SCREWDRIVER SET INV #893628 NUTS AND BOLTS FOR WATER PUMP INV# 893743
Check Total.....:				207.99		
047028	03/30/21	HAC01	HACH COMPANY	615.11	12246426	REAGENT SET CHLORINE FREE CL17 INV #12246426
047029	03/30/21	ICG01	INTERWEST CONSULTING GROU	120.00	67615	PV PLAN CHECK FOR BP20-0193 AMAYA PV AND STRUCTURE
047030	03/30/21	LAW04	LAW & ASSOCIATES INVESTIG	600.00	2018	BACKGROUND INVESTIGATION INV #2018
047031	03/30/21	LOW01	LOWER TULE RIVER	36167.74	1001	287 AC/FT PURCHASED WATER FROM LOWER TULE RIVER
047032	03/30/21	MUN03	MUNICIPAL MAINTENANCE EQU	384.55	0157496IN	BROOM 5 SEGMENT STEEL FOR STREET SWEEPER
047033	03/30/21	MWS01	MODERN WILDLIFE SOLUTIONS	650.00	7834	FEBRUARY MONTHLY RODENT CONTROL INV #7834
047034	03/30/21	OCTS1	ORANGE COVE TIRE SERVICE	15.00	26353	TIRE REPAIR FOR UNIT #1503 INVOICE #26353
047035	03/30/21	PD001	PENA'S DISPOSAL	25.00 75.00	563029 569991	MATTRESS INV #563029 MATTRESS INV #569991
Check Total.....:				100.00		
047036	03/30/21	PRO21	PROFESSIONAL PRINT & MAIL	2037.64 2648.61 2053.92	106610 106702 107056	PRINTING-STREET SWEEPING INV #106610 PRINTING-STREET SWEEPING INV #106702 PRINTING-PUBLIC WORKSHOP INV #107056
Check Total.....:				6740.17		
047037	03/30/21	PSP01	PSP STORES LLC	45.33	075251385	DOG FOOD INV #10-075251385
047038	03/30/21	SEB01	SEBASTIAN	2969.06	10650702	ALARM MONITORING FOR ALL DEPARTMENTS INV #10650702
047039	03/30/21	SHR02	SHRED-IT, C/O STERICYCLE,	57.05	181634446	SHREDDING SERVICES INV #8181634446
047040	03/30/21	TE001	TRUJILLO ELECTRIC	1200.00	2504	LED LIGHTS INV #2504
047041	03/30/21	TII01	TELSTAR INSTRUMENTS INC	2008.50	107083	TROUBLE SHOOT WITH CLEAR WELL VALVE NOT WORKING
047042	03/30/21	VIN02	VINCENT COMMUNICATIONS, I	467.45	81229	RADIO INSTALLATION INSIDE PD BREAK ROOM INV #81229
700116	03/01/21	COL10	COLONIAL LIFE	-43.09 -15.70	C10222u 1C10222u	Ck# 700116 Reversed Ck# 700116 Reversed
Check Total.....:				-58.79		
700145	03/29/21	COL10	COLONIAL LIFE	-43.09 -15.70	C10324u 1C10324u	Ck# 700145 Reversed Ck# 700145 Reversed
Check Total.....:				-58.79		
Cash Account Total.....:				655595.50		
Total Disbursements.....:				655595.50		

04/16/21 10:03 AM DORA SILVA

REPORT.: Apr 16 21 Friday
 RUN...: Apr 16 21 Time: 10:03
 Run By.: Dora Silva

CITY OF ORANGE COVE
 Cash Disbursement Detail Report - Payroll Vendor Payment(s)
 Check Listing for 03-21 thru 03-21 Bank Account.: 1010

PAGE: 006
 ID #: PY-DP
 CTL.: ORA

Check Number	Check Date	Vendor Number	Name	Net Amount	Invoice #	Description
700133	03/12/21	EDD01	EMPLOYMENT DEVELOP. DEPT.	2320.95	C10309	State Income Tax
				1066.02	1C10309	SDI
				489.57	2C10309	State Income Tax
				98.02	3C10309	SDI
			Check Total.....:	3974.56		
700134	03/12/21	EDD02	EDD SUI	375.29	C10309	SUI
700135	03/12/21	SECO0	UNION BANK	8831.41	C10309	Federal Income Tax
				11015.56	1C10309	FICA
				2576.18	2C10309	Medicare
				1631.89	3C10309	Federal Income Tax
				1012.84	4C10309	FICA
				236.88	5C10309	Medicare
			Check Total.....:	25304.76		
700136	03/12/21	STA20	STATE DISBURSEMENT UNIT	909.68	C10309	Garnishment
				50.00	1C10309	Misc Deduction
			Check Total.....:	959.68		
700145	03/25/21	COL10	COLONIAL LIFE	43.09	C10324	Cancer Ins
				15.70	1C10324	Critical Illness Ins
			Check Total.....:	58.79		
700146	03/25/21	EDD01	EMPLOYMENT DEVELOP. DEPT.	2317.92	C10324	State Income Tax
				91.70	C10325	State Income Tax
				1024.15	1C10324	SDI
				16.67	1C10325	SDI
			Check Total.....:	3450.44		
700147	03/25/21	EDD02	EDD SUI	139.99	C10324	SUI
700148	03/25/21	FRA12	Franchise Tax Board	300.27	C10324	Misc Ded Net%
700149	03/25/21	SECO0	UNION BANK	8506.64	C10324	Federal Income Tax
				305.68	C10325	Federal Income Tax
				10583.12	1C10324	FICA
				172.30	1C10325	FICA
				2475.06	2C10324	Medicare
				40.30	2C10325	Medicare
			Check Total.....:	22083.10		
700150	03/25/21	STA20	STATE DISBURSEMENT UNIT	909.68	C10324	Garnishment
				50.00	1C10324	Misc Deduction
			Check Total.....:	959.68		
700151	03/30/21	IUO00	IUOE LOCAL 39	750.25	C10331	Union Due Local 39
			Cash Account Total.....:	58356.81		
			Total Disbursements.....:	58356.81		



MINUTES

Victor P. Lopez, Mayor

Diana Guerra Silva, Mayor Pro Tem

Roy Rodriguez, Council Member

Josie Cervantes, Council Member

Esperanza Rodriguez, Council Member

WEDNESDAY, APRIL 14, 2021 - 6:30 P.M.

TELECONFERENCE

(CALL 888-204-5987 ACCESS CODE 8166599#)

A. Call to Order/Welcome

COUNCIL PRESENT: Mayor Victor P. Lopez
Mayor Pro Tem Diana Guerra Silva (called in at 6:34 p.m.)
Councilmember Roy Rodriguez
Councilmember Josie Cervantes
Councilmember Esperanza Rodriguez

STAFF PRESENT: Financial Consultant/Interim City Manager Rudy Hernandez
City Attorney Dan McCloskey
Chief of Police, Marty Rivera
City Clerk June V. Bracamontes

Invocation: By Mayor Pro Tem Diana Guerra Silva

B. Confirmation of Agenda

Interim City Manager requested to table Item #18 still waiting for the guidelines

Upon the motion by Councilwoman Rodriguez and seconded by Councilwoman Cervantes, Council approved to table Item #18.

Yes: Lopez, Silva, Rodriguez, Cervantes, Rodriguez
No: None
Absent: None
Abstain: None

C. Consent Calendar

1. City Warrants for February 2021
2. Council Minutes of March 10, 2021
3. Housing Successor Annual Report for FY 2019-2020
4. Fresno Regional Workforce Development Board Work Experience Agreement between the City of Orange Cove and Proteus
5. Resolution No. 2021-17 Authorizing Submittal of a 2021 Community Development Block Grant Application and Resolution No. 2021-19 Approving Guidelines for the CDBG Housing Rehab Program and Homebuyers Program

Upon the motion by Councilman Rodriguez and seconded by Councilwoman Rodriguez, Council approved the Consent Calendar as presented.

Yes: Lopez, Silva, Rodriguez, Cervantes, Rodriguez
No: None
Absent: None
Abstain: None

D. Administration

City Engineer

6. SUBJECT: Project Progress Update

Recommendation: Informational Item Only

1. FHWA Projects
 - a. Adams Avenue Reconstruction Between Friant Kern Canal to South Hills Valley Road
2. Water Enterprise
 - b. Friant Kern Canal Shut Down – Temporary Cofferdam, Pump Station & Piping
 - c. Raw Water Traveling Water Screen
3. EDA Off-site Improvements at Northwest Corner of Park Blvd and Anchor Ave
4. Police Station Parking Lot Improvements Project
5. Library Rapid Flashing Beacon Project
6. Julia Lopez Child Care Center
7. No Kid Hungry Grant
8. Update on the Annexation with LAFCO State Water Board had concerns during the shut down on the Friant Canal and the city demonstrated that there is enough water supply when the shutdown occurs.

7. **SUBJECT:** Notice of Completion for the Adams Ave Reconstruction Project between Friant Kern Canal and South Hills Valley Road

Recommendation: Council to consider approving Resolution 2021-15 Authorizing the City Manager to file and record with the County of Fresno a Notice of Completion for the Adams Ave Reconstruction Project between Friant Kern Canal and South Hills Valley Road

Upon the motion by Councilman Rodriguez and seconded by Mayor Pro Tem Silva, Council approved Resolution 2021-15 Authorizing the City Manager to file and record with the County of Fresno a Notice of Completion for the Adams Ave Reconstruction Project between Friant Kern Canal and South Hills Valley Road.

Yes: Lopez, Silva, Rodriguez, Cervantes, Rodriguez
No: None
Absent: None
Abstain: None

8. **SUBJECT:** Rapid Flashing Beacon in front of Orange County Library

Recommendation: Staff recommends that City Council authorize the City Manager to solicit bids for the construction of a rapid flashing beacon in front of the Orange Cove Library and authorize the City Manager to use Measure C funds to pay for the design and construction of the Project.

Upon the motion by Mayor Pro Tem Silva, and seconded by Councilwoman Rodriguez, Council approved to authorize the City Manager to solicit bids for the construction of a rapid flashing beacon in front of the Orange Cove Library and authorize the City Manager to use Measure C funds to pay for the design and construction of the Project.

Yes: Lopez, Silva, Rodriguez, Cervantes, Rodriguez
No: None
Absent: None
Abstain: None

9. **SUBJECT:** Raw Traveling Water Screen for the Orange Cove Water Treatment Plant to Dawson-Mauldin, LLC

Recommendation: Council to consider approving Resolution No. 2021-18 Awarding Bid for the Raw Traveling Water Screen for the Orange Cove Water Treatment Plant to Dawson-Mauldin, LLC

Upon the motion by Councilman Rodriguez and seconded by Councilwoman Rodriguez, Council approved the Resolution No. 2021-18 Awarding Bid for the Raw Traveling Water Screen for the Orange Cove Water Treatment Plant to Dawson-Mauldin, LLC.

Yes: Lopez, Silva, Rodriguez, Cervantes, Rodriguez
No: None
Absent: None
Abstain: None

Chief of Police

10. SUBJECT: Monthly Activity Report

Recommendation: Informational Item

Chief of Police Marty Rivera presented to Council the P.D Staff Levels, the Monthly Statistics and the Orange Cove Animal Control Statistical Activity Report for the month of March 2021

Interim Public Works Director

11. SUBJECT: Update report regarding Public Works

Recommendation: Informational Item

Interim Public works Director, Andy Valencia presented to Council the following items:

1. The Street Sweeper schedule started every-day for the last 5 months and now switching the schedule to every 2nd and 4th week of each month. Letters will be sent out to residents
2. May 1st Spring Clean Up 7am to 12pm. Corner of 9th and Railroad

Interim City Manager:

12. SUBJECT: Master Fee Schedule

Recommendation: Council to consider approving Resolution No. 2021-16 Approving the Fiscal Year 2021-22 Master Fee Schedule

Upon the motion by Councilman Rodriguez and seconded by Mayor Pro Tem Silva, Council approved Resolution No. 2021-16 Approving the Fiscal Year 2021-22 Master Fee Schedule.

Yes: Lopez, Silva, Rodriguez, Cervantes, Rodriguez
No: None
Absent: None
Abstain: None

13. **SUBJECT:** \$5,000 donation request from the OC Knights for the Women Youth Travel Softball Program

Recommendation: Council to approve \$5,000 for the OC Knights of Women Youth Travel Softball Program to be used for registration and insurance fees, equipment and uniforms

Upon the motion by Mayor Lopez and seconded by Councilwoman Rodriguez, Council approved \$3,000 for the OC Knights of Women Youth Travel Softball Program to be used for registration and insurance fees, equipment and uniforms requested by Jacob Del Bosque.

Yes: Lopez, Silva, Rodriguez, Cervantes, Rodriguez
No: None
Absent: None
Abstain: None

14. **SUBJECT:** Identifying Potential Revenue Options

Recommendation: Staff recommends the following:

1. Council to review the three (3) potential revenue sources that staff has analyzed and determined may be available to augment City revenues
2. Provide direction to Staff regarding which, if any, of the potential revenue sources the Council would like to further explore

Upon the motion by Mayor Lopez and seconded by Councilman Rodriguez, Council approved to move forward with the Utility Users Tax as presented.

Yes: Lopez, Silva, Rodriguez, Cervantes, Rodriguez
No: None
Absent: None
Abstain: None

15. **SUBJECT:** Proposed FY 2021-22 Budget Calendar

Recommendation: Staff recommends that the City Council approve the budget calendar for the fiscal year 2021-22

Upon the motion by Councilman Rodriguez and seconded by Mayor Pro Tem Silva, Council approved the budget calendar for the fiscal year 2021-22.

Yes: Lopez, Silva, Rodriguez, Cervantes, Rodriguez
No: None
Absent: None
Abstain: None

16. SUBJECT: Mission and Vision Statements

Recommendation: City Council approve the Mission and Vision Statements and include them in our Fiscal Year 2021-22 Budget

Upon the motion by Mayor Pro Tem Silva and seconded by Councilwoman Rodriguez, Council approved the Mission and Vision Statements and include them in our Fiscal Year 2021-22 Budget

Yes: Lopez, Silva, Rodriguez, Cervantes, Rodriguez
No: None
Absent: None
Abstain: None

17. SUBJECT: Vehicle Use Policy

Recommendation: Staff recommends Council to consider approving Resolution No. 2021-20 Vehicle Use Policy

Upon the motion by Mayor Pro Tem Silva and seconded by Councilman Rodriguez, Council approved Resolution No. 2021-20 Vehicle Use Policy effective immediately

Yes: Lopez, Silva, Rodriguez, Cervantes, Rodriguez
No: None
Absent: None
Abstain: None

18. SUBJECT: Review and discussion of American Rescue Plan Act relating to potential one-time \$1,933,00 revenue grant.

Recommendation: Council to review and discuss the American Rescue Plan Act and provide staff with direction.

Item Tabled

E. Public Forum

Members of the public wishing to address the City Council on an item that is not on the agenda may do so now. No action will be taken by the City Council this evening. But items presented may be referred to the City Manager for follow up and a report. In order to allow time for all comments, each individual is limited to three minutes. When addressing the Council, you are requested to come forward to the speaker's microphone, state your name and address, and then proceed with your comments.

No Public Comments

F. City Manager's Report

Interim City Manager will be preparing a bi-weekly report to Council.

G. City Attorney's Report

Attorney Dan McCloskey expressed his Condolences to the Mayor and his family.

Update on the Monsanto issue products/chemicals they use in wells.

H. City Council Communications

None

I. Adjournment

Mayor Lopez adjourned the Council Meeting at 9:10 pm.

Respectfully Submitted:

June V. Bracamontes, City Clerk

DATE: _____

ACTION: _____



CITY OF ORANGE COVE REPORT TO THE CITY COUNCIL

To: Orange Cove City Council
From: Joe Estrada, Chief Plant Operator WWTF
Subject: Requesting \$15,000 for Bio Barge Boat
Attachments Bio Barge Boat Quote and Brochure

EXECUTIVE SUMMARY:

The city's wastewater treatment is a secondary activated sludge system with bio diffuser aeration process. In the aeration stage of treatment is where the main process of our operations takes place. This is where we create a rich oxygen environment by delivering fine dissolve air through a series submerged air diffuser in a 13-foot-deep basin which allows the microbiology to take place and allows the breakdown of the raw solids by microorganism oxidation.

In order to maintain a good efficient treatment, we need to have a good preventive maintenance program for safety measures.

Attached to this document you will find a brochure of what a Bio Barge Boat looks like and a picture description of how it works.

BACKGROUND:

The City of Orange Cove Wastewater Treatment Facility has been using a 14-foot Jon Boat for aeration bio diffuser preventive maintenance since 2003, with today's modern technology it is time we purchase the right equipment for the job. The 14-foot Jon Boat is not the best boat for the job, it is very unsafe and unpleasant to maneuver well trying to approach the area that needs to have work done.

RECOMMENDATION:

That the City Council approve the purchase of the Bio Barge Boat for the cost of \$15,000.

REASON FOR RECOMMENDATION:

Operator Safety is the first step of practice at any wastewater treatment facility.

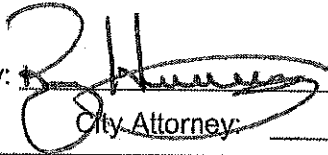
To prevent:

- Back strains
- Hernias
- Bodily bacterial infections
- And possible drowning

FISCAL IMPACT:

The \$15,000 cost will be funded from the Wastewater Aeration Basin Actuators budget which has a balance of \$120,000.

Prepared by: Rudy Hernandez

Approved by: 

REVIEW: City Manager: ✓

Finance: _____

City Attorney: _____

TYPE OF ITEM:

COUNCIL ACTION: APPROVED DENIED NO ACTION

_____ Consent

_____ Info Item

 x Action Item

_____ Department Report

_____ Redevelopment Agency

_____ Public Hearing

_____ Matter Initiated by a Council Member

_____ Other

_____ Continued to: _____

Bio-Barge Company, LLC
Manufacturers of the Safe & Easy Working Barge for Submerged Diffusers

04/14/2021

Mr. Joe Estrada
Orange Cove, Ca.

Subject: Bio-Barge Quote

We are pleased to offer the following Bio-Barge for your consideration:

One (1) Bio-Barge (PATENT # 8,522,705) 12'-0" x 8'-0" x 8'-6", all aluminum construction. One (1) WARN, 3,000 # winch, two (2) life vests, two (2) float rings and battery.

Net price F.O.B. Maricopa, Az...-----\$14,350.00

Optional Trolling Motor--\$420.00

Optional Solar Panel--\$210.00

Delivery-----6 weeks

If this quote results in an order, please make it out to:

Bio-Barge Company, LLC
P.O. Box 5464
Covington, Louisiana 70434

Yours truly,

Fred Escher

Fred Escher
985-302-7020

P.O. Box 5464 . Covington, La. 70434 (985.302.7020)

SAFE.
SIMPLE
EFFECTIVE

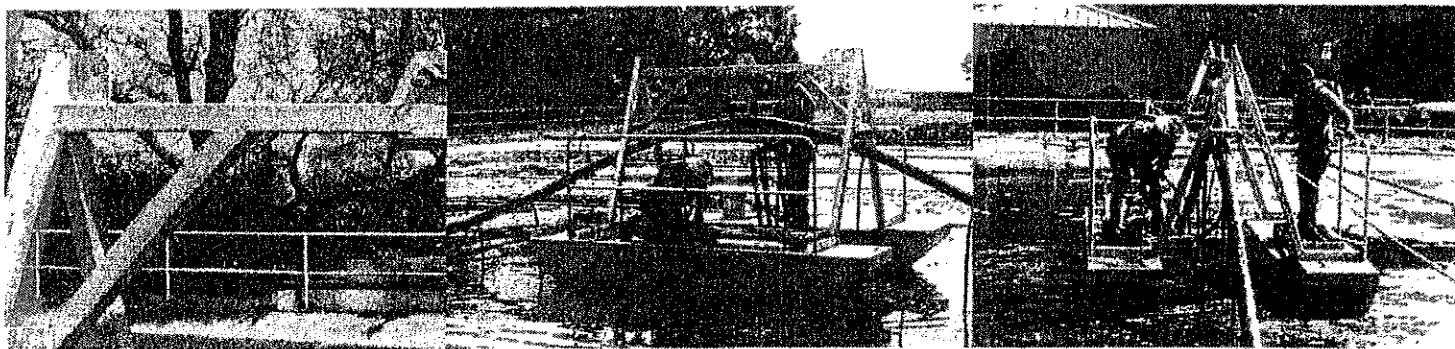
BIO-BARGE



Bio-Barge

1001 11th Street, Suite 100, St. Louis, MO 63103

SUBMERGED
DIFFUSER
WORK BARGE



BIO-BARGE Company, LLC is the manufacturer of the safe working barge for maintaining submerged diffusers in wastewater plants. There is no need for tilting and sinking Jon boats. The barge is easily operated manually or by trolling motor. The Bio-Barge™ is all welded aluminum construction for years of no maintenance. Lifting of the air laterals is accomplished by a 3000 lb. pull WARN winch operating off a 12V battery. The Bio-Barge™ has lifting lugs for ease of handling. The middle of the barge is unobstructed for easy access to the submerged diffusers.



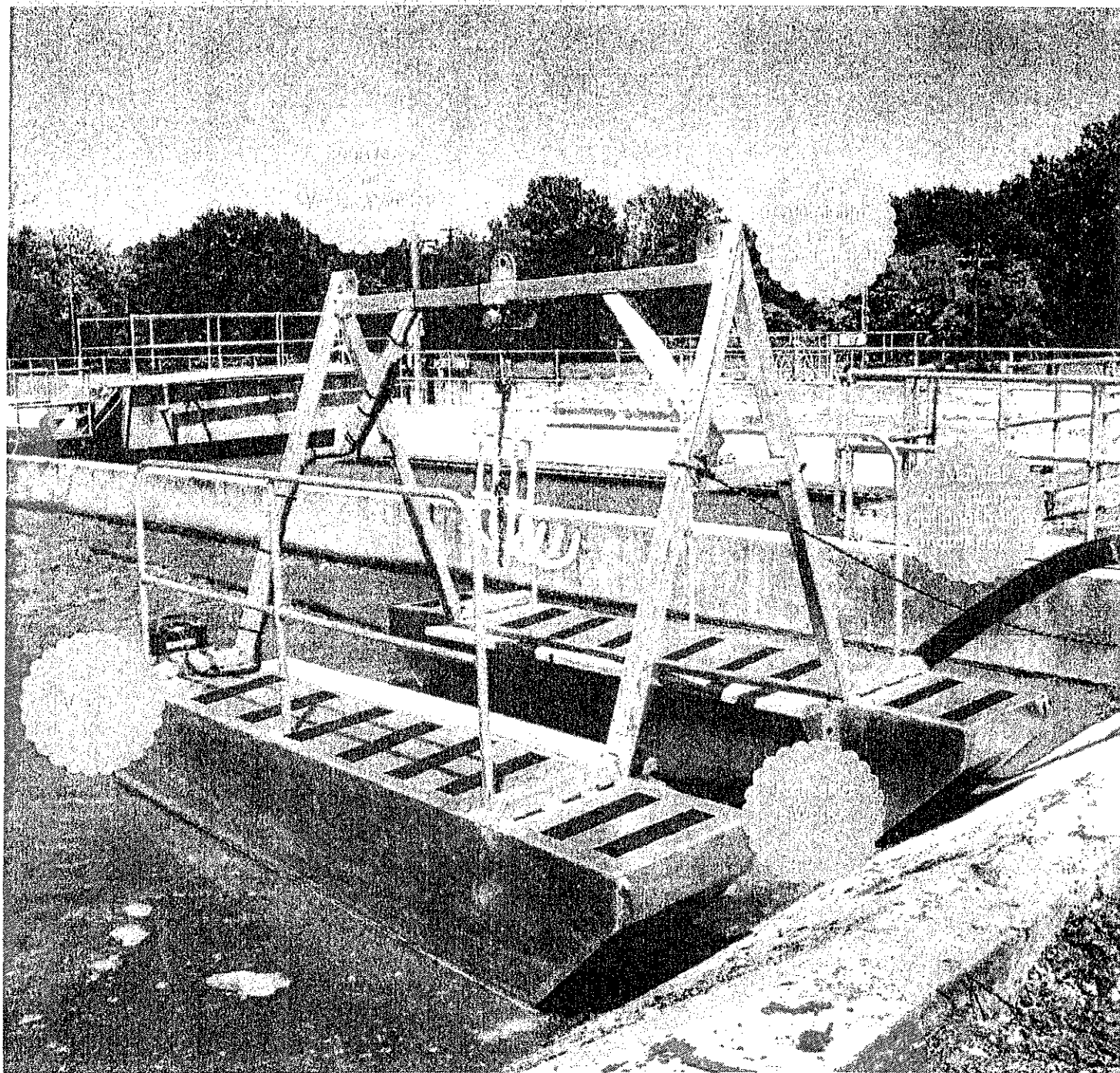
All Aluminum
A-Frame Construction

The Bio-Barge™ is manufactured in the USA by craftsmen that have been building equipment for the wastewater business for over 15 years. The Bio-Barge™ is designed to provide ease of operation with safety in mind and is equipped with handrails and non-skid surfaces for extra safety. Thus, a considerably safer and easier method of maintaining and replacing submerged air diffusers.

PLEASE CALL 985-302-7020 FOR
PRICING, REFERENCES AND CO



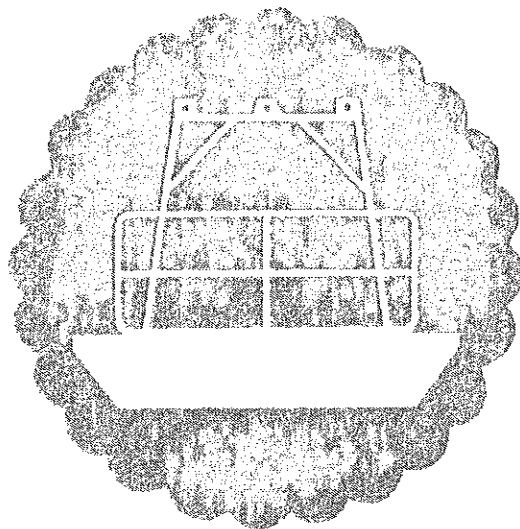
pat. no. 8,522,705 & 9,021,971



- All Aluminum A-Frame Construction
- 3000 lb. Pull WARN Winch
- Non-skid Work Area

- 12V Battery with Optional Solar Panel for Recharging
- Manual Operation or Optional Trolling Motor Power





pat. nos. 8, 522, 705 & 9, 021, 971



Bio-Barge™

Bio-Barge Company, LLC
P.O. Box 5464
Covington, Louisiana 70434
985-302-7020
biobarge08@gmail.com



January, 27th, 2021

Rudy Hernandez
City Manager
City of Orange Cove
633 Sixth Street,
Orange Cove, CA. 93646

RE: Letter of Agreement – Energy Conservation Services

Dear Mr. Hernandez:

SitelogiQ is pleased to offer our assistance to the City of Orange Cove (City) in reducing the City's operational budget, and rebuilding the City's facility infrastructure. SitelogiQ will focus on demand side, and behind the meter energy opportunities within the City.

Based on our conversations and preliminary analyses to date, our understanding is the City expects to accomplish the following goals:

- To identify energy savings opportunities
- To improve aging or under-performing energy infrastructure
- To provide relief to the City's general fund

Contract Delivery Method:

- SitelogiQ will utilize California Government code Section 4217.10-4217.18, related to energy projects within Government facilities, as the delivery method for all projects.
- Projects may be completed in phases, as deemed appropriate by the City.

Program Objectives:

- SitelogiQ will perform a preliminary survey of the potential energy conservation and generation measures to be implemented at the City. The City will select scopes of work to proceed with, if any.
- SitelogiQ will investigate any and all additional Grant and Government Incentive funding sources to assist in funding the facility infrastructure projects.
- SitelogiQ will investigate all applicable Utility provided rebate program incentives.

"Offering our Customers Facility Solutions"



Corporate Office: 1512 Silica Avenue • Sacramento, CA 95815 • (916) 988-8808 Fax (916) 348-3020
Santa Rosa: 1604 Airport Boulevard • Santa Rosa, CA 95403 • (707) 571-7480 Fax (707) 571-7483
www.sitelogiq.com License #646794

Operational Objectives:

- SitelogiQ will analyze all utility expenditures and usage for the City.
- SitelogiQ and City staff will create the list of facility needs and develop the priority list for implementation. All final projects will be selected by the City.

In order to perform the before mentioned objectives, SitelogiQ will require reasonable access to City-owned facilities, and all applicable utility data.

SitelogiQ is willing to take the financial risk to develop this preliminary energy program and is pleased to present this Letter of Agreement to implement the program for the City of Orange Cove.

Cost to the City of Orange Cove: \$ 0.00

We trust this Agreement meets with your approval. If you have any further questions, or if I can be of further assistance, please do not hesitate to contact me at (559) 547-1834.



Jessica Ritter
Facility Solutions Specialist

Approval: _____
Rudy Hernandez, City Manager
City of Orange Cove

Date: _____

Print: _____

Title: _____





AUTHORIZATION TO RECEIVE CUSTOMER INFORMATION OR ACT UPON A CUSTOMER'S BEHALF

I (CUSTOMER) AUTHORIZE THE RELEASE OF MY ACCOUNT INFORMATION AND AUTHORIZE MY AGENT TO ACT ON MY BEHALF ON THE FOLLOWING BASIS² (initial one box only):

² If no time period is specified, authorization will be limited to a one-time authorization

- ☐ One time authorization only (limited to a one-time request for information and/or the acts and functions specified above at the time of receipt of this Authorization).
- ☐ One year authorization - Requests for information and/or for the acts and functions specified above will be accepted and processed each time requested within the twelve month period from the date of execution of this Authorization.
- ☒ Authorization is given for the period commencing with the date of execution until _____ (Limited in duration to three years from the date of execution.) Requests for information and/or for the acts and functions specified above will be accepted and processed each time requested within the authorization period specified herein.

RELEASE OF ACCOUNT INFORMATION:

The Utility will provide the information requested above, to the extent available, via any one of the following. My (Agent) preferred format is (check all that apply):

- ☐ Hard copy via US Mail (if applicable).
- ☐ Facsimile at this telephone number: _____
- ☒ Electronic format via electronic mail (if applicable) to this e-mail address: WestEnergyManager@Sitelogiq.com

I (Customer), _____ (print name of authorized signatory), declare under penalty of perjury under the laws of the State of California that I am authorized to execute this document on behalf of the Customer of Record listed at the top of this form and that I have authority to financially bind the Customer of Record. I further certify that my Agent has authority to act on my behalf and request the release of information for the accounts listed on this form and perform the specific acts and functions listed above. I understand the Utility reserves the right to verify any authorization request submitted before releasing information or taking any action on my behalf. I authorize the Utility to release the requested information on my account or facilities to the above Agent who is acting on my behalf regarding the matters listed above. I hereby release, hold harmless, and indemnify the Utility from any liability, claims, demands, causes of action, damages, or expenses resulting from: 1) any release of information to my Agent pursuant to this Authorization; 2) the unauthorized use of this information by my Agent; and 3) from any actions taken by my Agent pursuant to this Authorization, including rate changes. I understand that I may cancel this authorization at any time by submitting a written request. I understand that this agreement at all times shall be subject to such modifications as the California Public Utilities Commission may direct from time to time in the exercise of its jurisdiction. [This form must be signed by someone who has authority to financially bind the customer (for example, CFO of a company or City Manager of a municipality).]

AUTHORIZED CUSTOMER SIGNATURE

Executed this _____ day of _____
MONTH YEAR

TELEPHONE NUMBER

at _____
CITY AND STATE WHERE EXECUTED

I (Agent), hereby release, hold harmless, and indemnify the Utility from any liability, claims, demand, causes of action, damages, or expenses resulting from the use of customer information obtained pursuant to this authorization and from the taking of any action pursuant to this authorization, including rate changes.

AGENT SIGNATURE

SITELOGIQ

COMPANY

TELEPHONE NUMBER

Executed this _____ day of _____
MONTH YEAR



Pacific Gas and
Electric Company

AUTHORIZATION TO RECEIVE CUSTOMER INFORMATION OR ACT UPON A CUSTOMER'S BEHALF

THIS IS A LEGALLY BINDING CONTRACT, PLEASE READ CAREFULLY
(Please Print or Type)

I,

NAME

TITLE (IF APPLICABLE)

of _____ (Customer) have the following mailing address

NAME OF CUSTOMER OF RECORD

, and do hereby appoint

MAILING ADDRESS

CITY

STATE

ZIP

SITELOGIQ

of

1512 SILICA AVE

NAME OF THIRD PARTY

MAILING ADDRESS

SACRAMENTO

CA

95815

CITY

STATE

ZIP

To act as my agent and consultant (Agent) for the listed account(s) and in the categories indicated below:

ACCOUNTS INCLUDED IN THIS AUTHORIZATION:

1. ALL LOCATIONS

ALL ACCOUNTS

SERVICE ADDRESS

CITY

SERVICE ACCOUNT NUMBER

2.

SERVICE ADDRESS

CITY

SERVICE ACCOUNT NUMBER

3.

SERVICE ADDRESS

CITY

SERVICE ACCOUNT NUMBER

(For more than three accounts, please list additional accounts on a separate sheet and attach it to this form)

INFORMATION, ACTS AND FUNCTIONS AUTHORIZED – This authorization provides authority to the Agent. The Agent must thereafter provide specific written instructions/requests (e-mail is acceptable) about the particular account(s) before any information is released or action is taken. In certain instances, the requested act or function may result in cost to you, the customer. Requests for information may be limited to the most recent 12 month period.

I (Customer) authorize my Agent to act on my behalf to perform the following specific acts and functions (initial all applicable boxes):

☒

1. Request and receive billing records, billing history and all meter usage data used for bill calculation for all of my account(s), as specified herein, regarding utility services furnished by the Utility¹.

☐

2. Request and receive copies of correspondence in connection with my account(s) concerning (initial all that apply):

☐

a. Verification of rate, date of rate change, and related information;

☐

b. Contracts and Service Agreements;

☐

c. Previous or proposed issuance of adjustments/credits; or

☐

d. Other previously issued or unresolved/disputed billing adjustments.

☒

3. Request investigation of my utility bill(s).

☒

4. Request special metering, and the right to access interval usage and other metering data on my account(s).

☒

5. Request rate analysis.

☒

6. Request rate changes.

☐

7. Request and receive verification of balances on my account(s) and discontinuance notices.

¹ The Utility will provide standard customer information without charge up to two times in a 12-month period per service account. After two requests in a year, I understand I may be responsible for charges that may be incurred to process this request.



U 39

**Pacific Gas and
Electric Company***

San Francisco, California

Revised
Cancelling Revised

Cal. P.U.C. Sheet No. 42813-E*
Cal. P.U.C. Sheet No. 37152-E

Electric Sample Form No. 79-1095

Sheet 1

Authorization to Receive Customer Information or Act Upon a Customer's Behalf

**Please Refer to Attached
Sample Form**

Advice 5349-E
Decision

Issued by
Robert S. Kenney
Vice President, Regulatory Affairs

<i>Date Filed</i>	<u>August 3, 2018</u>
<i>Effective</i>	<u>August 3, 2018</u>
<i>Resolution</i>	<u></u>

Mayor:
Victor P. Lopez

Mayor Pro Team:
Diana Guerra Silva

City Council Members:
Roy Rodriguez
Josie Cervantes
Esperanza Rodriguez



Incorporated January 20, 1948

Rudy Hernandez
Interim City Manager
(559) 626-4488 ext. 216

Rudy Hernandez
Financial Consultant
(559) 626-4488 ext. 216

City Clerk:
June V. Bracamontes
(559) 626-4488 ext. 214

633 Sixth Street, Orange Cove, CA 93646 | Phone: (559) 626-4488 | FAX: (559) 626-4653

Date: April 28, 2020
To: The Honorable Mayor and City Council
From: Rudy Hernandez, Interim City Manager
Subject: Discussion of Proposed Newsletter for the City of Orange Cove.
Attachments: Newsletter Samples from Other Cities

BACKGROUND:

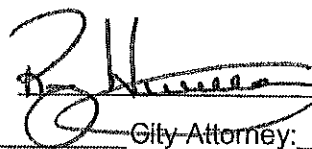
At the last City Council meeting held on Wednesday April 14, 2021, it was suggested that city staff explore the possibility of developing a newsletter for the City Council and City residents. The purpose of the newsletter is to enhance communications with Council/Residents. Some articles may cover public safety issues, housing, recreational activities, and other vital services here in the City of Orange Cove. Another part of the discussion will cover the frequency of the letter (e.g., weekly, bi-weekly, or monthly)

RECOMMENDATION:

For the City Council to review and discuss the proposed newsletter for the City of Orange Cove and provide staff with direction.

FISCAL IMPACT:

None.

Prepared by: _____ Approved by: 
REVIEW: City Manager: ✓ Finance: _____ City Attorney: _____

TYPE OF ITEM:	COUNCIL ACTION:	APPROVED	DENIED	NO ACTION
_____ Consent	_____ Public Hearing			
_____ Info Item	_____ Matter Initiated by Council Member			
<u>✓</u> Action Item	_____ Other			
_____ Department Report	_____ Continued to: _____			
_____ Redevelopment Agency	_____			



FEB-APR

MISSION STATEMENT: We, the members of the Reedley City Council and employees of the City of Reedley, foster a high quality of life for our entire community by creating an environment of open communication, progressive partnerships, economic opportunities and the delivery of efficient, responsive and excellent community services.

The City of Reedley
will be hosting a Free Community
Spring Clean-Up Event

Saturday, April 24 2021

⇒ Social Distancing will be **REQUIRED**
&
⇒ Face mask will be **REQUIRED**

Residents **WILL NEED** to unload all items.
Assistance will **NOT** be available

Full event flyer will be included in your April
utility bill

For more information call
PUBLIC WORKS DEPARTMENT
(559)637-4200 EXT. 214

Reedley Fire Department Weed Abatement

The Reedley Fire Department would like to remind all property owners that the annual weed abatement deadline is April 15, 2021. Weeds are annual grasses that grow in the winter and turn brown in the summer with no watering. Dry weeds create a fire hazard.

The City of Reedley conducts an annual weed abatement program for all vacant lots and alleyways however; due to weed re-growth and the resulting hazard continuing throughout the fire season, weed abatement must be maintained year-round. This may require abatement of the weeds more than once as they tend to grow back. Let's all do our part to keep Reedley clean, safe and appealing. A citizen wanting help finding a lot discing or landscape maintenance provider may contact the Reedley Fire Department at 637-4230 or e-mail cure@reedley.com.



Do you have a Dog?

It's time to obtain or renew your Reedley Dog License for 2021. Dog licenses are required by State law to allow easy identification to return lost dogs to their owners and to prevent the spread of rabies. City of Reedley Municipal Code, 5-3-15(A) states, "Every person owning, possessing, keeping, harboring or having custody of any dog over four (4) months old shall obtain a license for each dog." These licenses are good for one year and the cost is just \$12 for spayed/neutered and \$24 for unaltered dogs. All you need to do is download the application available on www.reedley.ca.gov or pick a copy from Reedley City Hall (845 G St), submit it along with your dog's current spay or neuter certificate, and you are good to go!

Save Time and a Stamp - Multiple Ways to Pay Your Utility Bill

PAY ONLINE at www.reedley.ca.gov Click the "Online Utility Bill Pay" Button on the left hand side of the homepage. After registering, you can setup One-time or Automatic Recurring Payments. E-bills are also available by opting out once you are registered. Pay with a credit card, debit card or e-check available 24 hours a day, 7 days a week.

BANK PAYMENT Please contact your Financial Institution to discuss your online banking options. A customer service representative from your bank can assist you to set it up. Your online banking payment will be electronically applied to your City of Reedley Utility Account.

DROP BOX In front of City Hall Drop your payment in the secure depository in front of the building 24 hours a day, 7 days a week. Check or Money Order only.

MAIL PAYMENT Using the included return envelope, and don't forget to include postage!

PHONE PAYMENT Customers may call (559) 637-4200 ext. 218 and pay by credit card. A \$4.00 convenience fee applies.

IN-PERSON The Utility Billing lobby is located at 845 G. Street, and open 8:00 a.m.-4:45 p.m. Monday through Friday.



Recreation Programs Save the Dates:

- Paint Night, March 5
6:30-8:30pm
- Beginning Ballet,
4:30-5:30pm
- Hip Hop, 6:00-7:00pm
- Baseball Clinic, March 6-
March 27
- Easter Day Camp, March 29-
April 5, 7:45am-5:15pm
- Tumbling, times vary

Check Dash for dance start
dates in February!

"like" our NEW
City of Reedley-
City Hall
Facebook page!



HOW TO CONTACT US:

City Services	637-4200
Utility Billing	Ext. 218
Public Works	Ext. 214
Building	Ext. 225
Community	Ext. 222
Development	Ext. 212
Administration	
Code Compliance	637-4230
Fire	637-4230
Police	637-4250 or 911
Community Services	637-4203
Senior Services	637-4207

Links:
City of Reedley Website:
<http://www.reedley.com>

facebook

Reedley Homeless Pets

Reedley Police Dept.

Reedley Fire Dept.

Community Services Dept.

City Hall



FEB-APR

Misión: Nosotros, los miembros del Consejo de la Ciudad de Reedley y los empleados de la Ciudad de Reedley, fomentamos una alta calidad de vida para nuestra comunidad al crear un ambiente de comunicación abierta, alianzas progresivas, oportunidades económicas y la entrega de servicios comunitarios eficientes, sensibles y excelentes.

La ciudad de Reedley
tendrá un evento de limpieza de
primavera

Sábado 24 de abril de 2021

= Se **REQUERIRÁ** distancia social

= Se **REQUERIRÁ** mascarilla

Todos los residentes **DEBERÁN** descargar
todos los artículos.

La asistencia **NO** estará disponible

El folleto completo del evento se incluirá en su
factura de servicios públicos de abril

Para obtener más información, por favor llame
DEPARTAMENTO DE OBRAS PÚBLICAS
(559)637-4200 EXT. 214

Ahorre tiempo y una estampilla: hay varias formas de pagar su factura de servicios

PAGUE EN LÍNEA en www.reedley.ca.gov Haga clic en el botón "Pago de facturas de servicios públicos en línea" en el lado izquierdo de la página de inicio. Después de registrarse, puede configurar Pagos recurrentes únicos o automáticos. Las facturas electrónicas también están disponibles al excluirse una vez que esté registrado. Pague con tarjeta de crédito, tarjeta de débito o cheque electrónico, disponible las 24 horas del día, los 7 días de la semana.

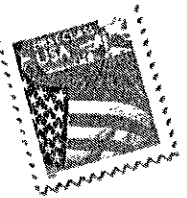
PAGO DEL BANCO Por favor, contacte a su institución financiera para discutir sus opciones de banca en línea. Un representante de servicio al cliente de su banco puede ayudarlo a configurarlo. Su pago bancario en línea se aplicará electrónicamente a su Cuenta de Servicios Públicos de la Ciudad de Reedley.

CAJA DE GOTAS (buzón) deje caer su pago en el depósito seguro enfrente del edificio del Ayuntamiento las 24 horas del día, los 7 días de la semana. Cheque o giro postal solamente.

PAGO POR CORREO Use el sobre de devolución incluido y no olvide incluir el franqueo.

PAGO POR TELÉFONO Los clientes pueden llamar al (559) 637-4200 ext. 218 y pagar con tarjeta de crédito. Se aplica una tarifa de conveniencia de \$ 4.00.

EN PERSONA EN PERSONA El lobby de facturación de servicios públicos está ubicado en 845 G Street, y abierto de 8:00 a.m. a 4:45 p.m. de lunes a viernes



Programa de Disminución de Maleza del Departamento de Bomberos de Reedley 2021

El Departamento de Bomberos de Reedley desea recordar a todos los propietarios que la fecha límite anual de reducción de malezas es el 15 de abril de 2021. Las malezas son pastos anuales que crecen en invierno y se vuelven secas en verano sin riego. Las malezas secas causan un peligro de incendio.



Sin embargo, la Ciudad de Reedley lleva a cabo un programa anual de reducción de malezas para todos los lotes y callejones vacíos; debido al nuevo crecimiento de malezas y al peligro resultante que continúa durante la temporada de incendios, la reducción de malezas debe mantenerse durante todo el año. Esto puede requerir la reducción de las malezas más de una vez, ya que tienden a crecer nuevamente.

Hagamos nuestra parte para mantener a Reedley limpio, seguro y atractivo. Un ciudadano que desee ayuda para encontrar un proveedor de mantenimiento de jardines o jardinería puede comunicarse con el Departamento de Bomberos de Reedley al 637-4230 o enviar un correo electrónico a cure@reedley.com.

Programas de Recreación Guarde LasFechas:

- **Noche de Pintura**, Marzo 5
6:30-8:30pm
- **Ballet Inicial**, 4:30-5:30pm
- **Hip Hop**, 6:00-7:00pm
- **Clinica de Beisbol**, Marzo 6-
Marzo 27
- **Campamento de día de Pascua**,
Marzo 29-Abril 5 7:45am-5:15pm
- **Clases de Tumbling**, los tiempos
varían

**¡Consulta Dash para conocer las
fechas de inicio del baile en febrero!**

¡"Gusta" nuestra
NUEVA página de
Facebook de la ciudad
de Reedley-City Hall!



Contáctenos:

Servicios de la Ciudad	637-4200
Cobro de las Utilidades	Ext. 218
Obras Públicas	Ext. 214
Construcción	Ext. 225
Desarrollo de la Comunidad	Ext. 222
Administración	Ext. 212
Enforcement de Códigos	637-4230
Bomberos	637-4230
Policía	637-4250 o 911
Servicios de Comunidad	637-4203
Servicios para Personas de	637-4207

Tienes un Perro?

Es hora de obtener o renovar su licencia de perro de Reedley para 2021. La ley estatal exige que las licencias de perro permitan una identificación fácil para devolver los perros perdidos a sus dueños y para prevenir la propagación de la rabia. El Código Municipal de la Ciudad de Reedley, 5-3-15 (A) establece: "Toda persona que posea, posea, cuide, albergue o tenga la custodia de un perro de más de cuatro (4) meses de edad deberá obtener una licencia para cada perro." Estas licencias son válidas por un año y el costo es de solo \$ 12 para perros esterilizados / castrados y \$ 24 para perros sin alterar. Todo lo que necesita hacer es descargar la solicitud disponible en www.reedley.ca.gov o elegir una copia del Ayuntamiento de Reedley (845 G St), enviarla junto con el certificado de esterilización o castración actual de su perro, y listo!



Sitio Web:

<http://www.reedley.com>

facebook

Reedley Mascotas sin hogar

Reedley Departamento de Policía

Reedley Departamento de Bomberos

Departamento de Servicios Comunitarios

Ayuntamiento

The Eagle's View

Crestview Hills - Spring 2017

An informative newsletter for the residents and businesses of Crestview Hills

Summer Concerts

The City of Crestview Hills has been hosting free concerts each summer for the last five years. With the help of sponsors, the City has been able to grow the series into the popular event it is today. Mark your calendars and invite friends and family for the 2017 Summer Concert Series, located in the Crestview Hills Town Center (in front of Joseph Beth). Live entertainment will be provided on the following dates:

June 16th: Buzz Bin

July 14th: Hotel California, The Original Eagles Band

August 11th: Soul Pocket

Music will begin at 8pm and will conclude around 11pm. Bring lawn chairs and/or blankets and enjoy the music during a balmy summer evening. This is a complimentary community event and is open to the public. Invite your friends and family! We look forward to seeing you at the concerts!

Thank you to our sponsors that make this event possible: Crestview Hills Town Center, Central Bank, BB&T, Hummel Hatfield Agency Inc., Five Seasons Sports Club, Grandview Summit Apartments, and Children's Outpatient of Northern Kentucky. In kind donations: Floftman Company, Inc.

SUMMER
CONCERT SERIES

In This Issue:

Summer Concerts/City Goals & Objectives

Mayor's Message/Public Works Updates

Police News/Duke Franchise Fee

News around CVH

pg 1

pg 2-3

pg 4

pg 5

City Goals & Objectives

The Mayor, City Council and City Staff met in January to set the 2017-2018 City Goals and Objectives. 2017 will be a busy and exciting year in Crestview Hills as we embark on a number of new projects - all based on the City's Goals and Objectives that Council recently adopted.



Staff has been diligently working on several of the high priority goals. An Ad-hoc committee has been formed that will work with a consultant on development of the new mixed-used zone for the City's Zoning Code. The Committee consists of residents with expertise in development, finance, architecture and law. The Committee will likely meet about four times over the next six months to interview consultants, meet with consultants in a brainstorming/planning session, and review the draft zoning regulations. During the course of the process, the City will engage with the property owners in the designated mixed-use areas, including outreach to residents with the final proposed zoning text.

The City will continue ongoing efforts to rebuild older City streets and work with KYTC and other partners for the traffic congestion on Turkeyfoot Rd and Thomas More Parkway. A full listing of the goals and objectives can be found on www.crestviewhills.com.

We look forward to another successful year. As always, our primary focus will remain on superior customer service and sound financial stewardship.

Respectfully,

President Biden's Proposed \$2 Trillion Infrastructure Plan Allocates:

- \$621 billion on roads, bridges, public transit, rail, ports, waterways, airports, and electric vehicles to improve air quality, reduce congestion, and limit greenhouse gas emissions
- \$400 billion to bolster caregiving for aging and disabled Americans
- \$300 billion toward boosting manufacturing, specifically semiconductor, medical, and clean manufacturing
- \$213 billion toward building, renovating, and retrofitting over two million homes and housing units
- \$180 billion to advance US leadership in critical technologies, upgrade research infrastructure, and establish the US as a leader in climate science, innovation, and research and development
- \$111 billion to rebuild water infrastructure and replace all of the nation's lead pipes and service lines
- \$100 billion to build new public schools and upgrade existing buildings, and \$12 billion to states to use towards infrastructure needs at community colleges
- \$100 billion in order to give every American access to affordable, reliable, and high-speed broadband
- \$100 billion to workforce development to help dislocated workers, assist underserved groups, and get students on career paths before they graduate high school
- \$18 billion to modernize the Veterans Affairs' hospitals and \$10 billion to modernize federal buildings

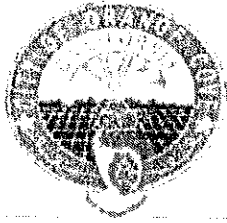
Biden's proposal would be paid for by raising corporate tax to 28% and the global minimum tax to 21%, placing a 15% levy on book income for the largest corporations, and corporate in

President Biden's proposed \$2 trillion infrastructure plan allocates:

- \$621 billion on roads, bridges, public transit, rail, ports, waterways, airports, and electric vehicles to improve air quality, reduce congestion, and limit greenhouse gas emissions
- \$400 billion to bolster caregiving for aging and disabled Americans
- \$300 billion toward boosting manufacturing, specifically semiconductor, medical, and clean manufacturing
- \$213 billion toward building, renovating, and retrofitting over two million homes and housing units
- \$180 billion to advance US leadership in critical technologies, upgrade research infrastructure, and establish the US as a leader in climate science, innovation, and research and development
- \$111 billion to rebuild water infrastructure and replace all of the nation's lead pipes and service lines

- \$100 billion to build new public schools and upgrade existing buildings, and \$12 billion to states to use towards infrastructure needs at community colleges
- \$100 billion in order to give every American access to affordable, reliable, and high-speed broadband
- \$100 billion to workforce development to help dislocated workers, assist underserved groups, and get students on career paths before they graduate high school
- \$18 billion to modernize the Veterans Affairs' hospitals and \$10 billion to modernize federal buildings

Biden's proposal would be paid for by raising corporate tax to 28% and the global minimum tax to 21%, placing a 15% levy on book income for the largest corporations, and corporate inversions.



Date: April 28, 2021
To: Mayor and City Council
From: Rudy Hernandez, Interim City Manager
Subject: Update on Financial Issues
Attachments: Business Assistance Program/Subsistence Program Materials

Background

- American Rescue Plan – Aid to Cities, Counties & State Governments
- Award of CDBG Grant for the following Programs:
 - 1. Business Assistance Program - \$218,065
 - 2. Subsistence Program (Rent, Mortgage, & Utilities Assistance - \$200,001
 - 3. General Administration - \$62,469.

RECOMMENDATION:

For Information Only.

Prepared by: _____

Approved by: _____

REVIEW: City Manager: ☒

Finance: _____

City Attorney: _____

TYPE OF ITEM:

COUNCIL ACTION: APPROVED DENIED NO ACTION

☒ Consent
☐ Info Item
☐ Action Item
☐ Department Report
☐ Redevelopment Agency

☐ Public Hearing
☐ Matter Initiated by a Council Member
☐ Other
☐ Continued to: _____

Rudy Hernandez

From: Kuhnert, Roxann@HCD <Roxann.Kuhnert@hcd.ca.gov>
Sent: Wednesday, April 21, 2021 1:38 PM
To: Rudy Hernandez
Cc: Miwa, Jim@HCD; slong@selfhelpenterprises.org; Kuhnert, Roxann@HCD
Subject: CDBG CV2/3 Application

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello Rudy-

Congratulations, both your applications for CDBG CV 2/3 have been approved. We will be preparation of your standard agreement this week.

If you need a letter to incur costs for these contracts, please let Jim know and he will send out.

Thanks.



Roxann Kuhnert | Program Manager- CDBG
Division of Federal Financial Assistance
California Department of Housing & Community Development
2020 W. El Camino Avenue, Suite 200 | Sacramento, CA 95833
✉ roxann.kuhnert@hcd.ca.gov | ☎ (916) 263-6468- office | ☎ (916) 890-6819- cell

**HOUSING
IS KEY**

This email has been scanned for spam and viruses by Proofpoint Essentials. Click [here](#) to report this email as spam.

Rudy Hernandez

From: Susan Long <susanl@selfhelpenterprises.org>
Sent: Thursday, April 22, 2021 10:46 AM
To: Rudy Hernandez
Cc: Julie Cabanas; Tami McVay; Ashley Young; Tara Carter
Subject: RE: CDBG CV2/3 Application

Yes, this is the CDBG CV funds for Business Assistance (\$218,065) and Subsistence payments (\$200,001) for mortgage and utility assistance plus \$62,469 in general administration. I will get my staff to get out the marketing materials and applications, we will send you information that you can publish on your website.

From: Rudy Hernandez [mailto:rudy@cityoforange Cove.com]
Sent: Thursday, April 22, 2021 10:40 AM
To: Susan Long <susanl@selfhelpenterprises.org>
Subject: RE: CDBG CV2/3 Application

① * BUSINESS ASSISTANCE = \$3,000
GRANT FOR 72 OC BUSINESSES
② * \$500 GRANT FOR OC RESIDENTS
FOR MORTGAGE, RENT, AND
UTILITY ASSISTANCE. 400 GRANTS
FOR THE AMOUNT OF \$500
PER GRANT.

Susan – I have a couple of questions?

1. Were we actually awarded the CDBG grants?
2. If yes, can I inform our City Council?
3. What grants and for what amounts?

P.S. – I will follow your request regarding permission to begin incurring costs.

Rudy

From: Susan Long <susanl@selfhelpenterprises.org>
Sent: Thursday, April 22, 2021 10:35 AM
To: Rudy Hernandez <rudy@cityoforange Cove.com>
Subject: RE: CDBG CV2/3 Application

This is what we have been waiting for, please email them back asking them for permission to begin incurring cost for both activities, so we can get these programs started.

Susan Long
Program Director, Partner Services
Self-Help Enterprises

Mayor:
Victor P. Lopez

Mayor Pro Team:
Diana Guerra Silva

City Council Members:
Roy Rodriguez
Josie Cervantes
Esperanza Rodriguez



Incorporated January 20, 1948

Rudy Hernandez
Interim City Manager
(559) 626-4488 ext. 216

Rudy Hernandez
Financial Consultant
(559) 626-4488 ext. 216

City Clerk:
June V. Bracamontes
(559) 626-4488 ext. 214

633 Sixth Street, Orange Cove, CA 93646 | Phone: (559) 626-4488 | FAX: (559) 626-4653

To: The Honorable Mayor and City Council
From: Rudy Hernandez, Interim City Manager
Date: January 27, 2021
Subject: Approval of CDBG-CV Policies & Procedures and Subsistence Payments Program.
Attachments: CDBG-CV Policies & Procedures and Subsistence Payment Program
CDBG COVID-19 -Application and Verification Forms – English/Spanish

PROGRAM OBJECTIVE

To provide Low-Moderate Income (LMI) clients/households who have been financially impacted, as a direct result of the coronavirus pandemic, with emergency rental/mortgage and/or utility assistance for the purpose of preventing eviction and/or cutoff of utility services.

ELIGIBLE HOUSEHOLDS - INCOME VERIFICATION

Eligible clients/households need to be Low-Moderate Income (LMI) at or below 80% of the Area Median Income (AMI). Client eligibility can be verified by: **Household Income**.

1. Household Income Verification

Household income verification requires obtaining current gross income for everyone 18 and older within a household. Gross household income needs to be within 2020 CDBG Income limits.

Household Income will be determined by projecting the household's current rate of income at the time assistance is provided. Third party documentation of income will not be required. Households must self-certify income and provide minimum required backup document to verify income eligibility.

Household income may be determined by projecting the household's prevailing rate of income at the time the assistance is provided and maintaining documentation of this determination. Household income includes income from all wage or income earning

household members, including seniors receiving social security or pension payments, households with multiple wage earners, income from spousal and child support payments, and income from unemployment or other public benefit programs. Income does not include income from minors. For a complete list of what qualifies as income for the purposes of determining income eligibility in a subsistence payment program.

Documentation is not required to be verified via third-party. Documentation must be sufficient to support current year income projections and may be either annual income or monthly income projected out 12 months.

Supporting documents may include.

- Prior year tax returns
- Pay stubs (tabulated for annual income)
- Social Security letter or stub
- Unemployment letter or stub
- Statement of loss of income (for persons who are self-employed) including current year annual income projection.
- Other proof of income or loss of income
- Signed statements of no-income (jurisdictions/operators may prepare template statement of no-income letters that can be signed and dated at application submittal)

2020 CDBG Income Limits								
Area Median Income	1	2	3	4	5	6	7	8
Very Low-Income 30%	14,700	16,800	18,900	20,950	22,650	24,350	26,000	27,700
Low Income 60%	29,400	33,600	37,800	41,940	45,300	48,660	52,020	55,380
Moderate Income 80%	39,150	44,750	50,350	55,900	60,400	64,850	69,350	73,800

I. CDBG-CV EMERGENCY SUBSISTENCE PAYMENTS REQUIREMENTS

- Eligible cost incurred after January 21, 2020.
- Maximum assistance (*whichever is utilized first*):
 - Maximum assistance allotted is \$5,000 per household.
 - Maximum payments are up to 90 consecutive days.
- Allowable rent/mortgage and utility assistance payments:
 - current month payments
 - past due payments
 - partial or full payments
- Mortgage assistance:
 - Escrow fees for taxes are not allowable.
 - Escrow for Insurance is allowable.
- Allowable utility assistance includes:

- electric, gas, water, sewer, trash, and broadband
- Payments must be paid to the service provider on behalf of a client, and not to the client.
- Payments must address hardship resulting directly from the COVID-19 pandemic.
- Payments made must be for client's primary residence.
- Payments cannot be a Duplication of Benefit.
 - A Duplication of Benefit occurs when a person, household, organization, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance.
 - A Duplication of Benefit statement must be completed for all CDBG-CV funded clients to ensure Duplication of Benefit compliance.

II. APPLICATION PROCESS AND PACKAGE

To be considered for assistance the applicant must provide the following:

- a. Intake application – completed with all household information and signed by all household member's age 18 and older.
- b. Current proof of income for ALL household members 18 and older or primary client presumed LMI supporting documentation.
- c. Proof of hardship related to COVID-19.
- d. Duplication of benefits statement
- e. Ethnicity/race demographics for federal reports
- f. Documentation of all client expenses
- g. Rent/Mortgage/Utility assistance documentation– Late payment notice, eviction, or other proof that loss of housing or essential utility services are at risk and documenting the need for emergency payment:
 - i. Rental lease agreement
 - ii. Current mortgage statement
 - iii. Current utility bill
- h. Copies of payments and checks processed.

RECOMMENDED ACTION

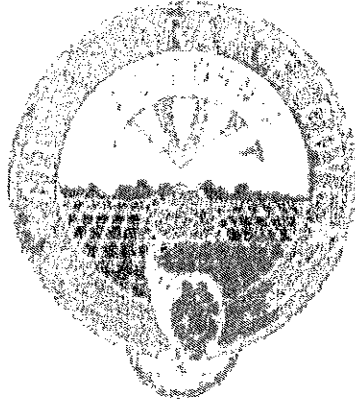
For the City Council to review and approve the CDBG-CV Policies and Procedures and Subsistence Payments Program.

FISCAL IMPACT:

The amount available for the Public Service – Subsistence Payments program is \$229,886. The City Council may determine how to allocate per household. However, the maximum allotted is \$5,000 per household.

Prepared by: _____ Approved by:  _____
REVIEW: City Manager: ☒ Finance: ☒ City Attorney: _____

TYPE OF ITEM:	COUNCIL ACTION:	APPROVED	DENIED	NO ACTION
<input type="checkbox"/> Consent	<input type="checkbox"/> Public Hearing			
<input type="checkbox"/> Info Item	<input type="checkbox"/> Matter Initiated by Council Member			
<input checked="" type="checkbox"/> Action Item	<input type="checkbox"/> Other			
<input type="checkbox"/> Department Report	<input type="checkbox"/> Continued to: _____			
<input type="checkbox"/> Redevelopment Agency	_____			



City of Orange Cove

CDBG-CV Policies & Procedures

Subsistence Payments Program

City of Orange Cove
633 Sixth Street,
Orange Cove, CA 93646
www.cityoforange Cove.co
m

I. PROGRAM OBJECTIVE

To provide Low-Moderate Income (LMI) clients/households who have been financially impacted, as a direct result of the coronavirus pandemic, with emergency rental/mortgage and/or utility assistance for the purpose of preventing eviction and/or cutoff of utility services.

II. INTAKE

Applications will be processed on a first come basis, until all funds are exhausted. Incomplete applications are not considered received until complete. Applications may be submitted in person or electronically. Applicants in need of assistance on how to complete the application will be provided assistance upon request.

III. NONDISCRIMINATION AND INCLUSION

Title VI of the Civil Rights Act of 1964 requires that, "No person shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." We strongly encourage under-represented and non-English speaking families in your community have a fair chance of receiving assistance. Steps could include:

- Working with services providers that serve primarily race and ethnic minority groups to announce the availability of assistance to hard-to-reach residents
- Allowing non-English speaking residents a fair amount of time to apply and gather the necessary documentation, and providing translation or other language support
- Accessing COVID-19 racial equity and social justice resources.

IV. OUTREACH AND MARKETING

All outreach efforts will be done in accordance with state and federal fair lending regulations to assure nondiscriminatory treatment, outreach and access to the Program. No person shall, on the grounds of age, ancestry, color, creed, physical or mental disability or handicap, marital or familial status, medical condition, national origin, race, religion, gender or sexual orientation be excluded, denied benefits or subjected to discrimination under the Program. The Sponsor will ensure that all persons, including those qualified individuals with handicaps, have access to the Program.

A. The Fair Housing Lender and Accessibility logos will be placed on all outreach materials. Fair housing marketing actions will be based upon a characteristic analysis comparison (census data may be used) of the Program's eligible area compared to the ethnicity of the population served by the Program (includes, separately, all applications given out and those receiving assistance) and an explanation of any underserved segments of the population. This information is used to show that protected classes (age, gender, ethnicity, race, and disability) are not being excluded from the Program. Flyers or other outreach materials, in English and any other language that is the primary language of a significant portion of the area residents, will be widely distributed in the Program-eligible area and will be provided to any local social service agencies. The Program may sponsor homebuyer classes to help educate homebuyers about the home buying process and future responsibilities. Persons who have participated in local homebuyer seminars will be notified about the Program.

B. The Program Operator will work with local non-profits and other services providers to explain the Program requirements for eligible households. Local non-profits and other service providers will also be encouraged to have their customers participate in the Program.

C. Section 504 of the Rehabilitation Act of 1973 prohibits the exclusion of an otherwise qualified individual, solely by reason of disability, from participation under any program receiving Federal funds. The Program Sponsor will take appropriate steps to ensure effective communication with disabled housing applicants, residents and members of the public.

V. ELIGIBLE HOUSEHOLDS

A. INCOME VERIFICATION

Eligible clients/households need to be Low-Moderate Income (LMI) at or below 80% of the Area Median Income (AMI). Client eligibility can be verified by: **Household Income**.

1. Household Income Verification

Household income verification requires obtaining current gross income for everyone 18 and older within a household. Gross household income needs to be within 2020 CDBG income limits. Household Income will be determined by projecting the household's current rate of income at the time assistance is provided. Third party documentation of income will not be required. Households must self-certify income and provide minimum required backup document to verify income eligibility.

Household income may be determined by projecting the household's prevailing rate of income at the time the assistance is provided, and maintaining documentation of this determination. Household income includes income from all wage or income earning household members, including seniors receiving social security or pension payments, households with multiple wage earners, income from spousal and child support payments, and income from unemployment or other public benefit programs. Income does not include income from minors. For a complete list of what qualifies as income for the purposes of determining income eligibility in a subsistence payment program, please see [this link](#).

Documentation is not required to be verified via third-party. Documentation must be sufficient to support current year income projections and may be either annual income or monthly income projected out 12 months.

Supporting documents may include

- Prior year tax returns
- Pay stubs (tabulated for annual income)
- Social Security letter or stub
- Unemployment letter or stub
- Statement of loss of income (for persons who are self-employed) including current year annual income projection

- Other proof of income or loss of income
- Signed statements of no-income (jurisdictions/operators may prepare template statement of no-income letters that can be signed and dated at application submittal)

2020 CDBG Income Limits								
Area Median Income	1	2	3	4	5	6	7	8
Very Low Income 30%	14,700	16,800	18,900	20,950	22,650	24,350	26,000	27,700
Low Income 60%	29,400	33,600	37,800	41,940	45,300	48,660	52,020	55,380
Moderate Income 80%	39,150	44,750	50,350	55,900	60,400	64,850	69,350	73,800

VI. CDBG-CV EMERGENCY SUBSISTENCE PAYMENTS REQUIREMENTS

- Eligible cost incurred after January 21, 2020
- Maximum assistance (*whichever is utilized first*):
 - Maximum assistance allotted is \$5,000 per household
 - Maximum payments are up to 90 consecutive days
- Allowable rent/mortgage and utility assistance payments:
 - current month payments
 - past due payments
 - partial or full payments
- Mortgage assistance:
 - Escrow fees for taxes are not allowable
 - Escrow for insurance is allowable
- Allowable utility assistance includes:
 - electric, gas, water, sewer, trash, and broadband
- Payments must be paid to the service provider on behalf of a client, and not to the client.
- Payments must address hardship resulting directly from the COVID-19 pandemic.
- Payments made must be for client's primary residence.
- Payments cannot be a Duplication of Benefit.
 - A Duplication of Benefit occurs when a person, household, organization, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance.
 - A Duplication of Benefit statement must be completed for all CDBG-CV funded clients to ensure Duplication of Benefit compliance.

VII. APPLICATION PROCESS AND PACKAGE

To be considered for assistance the applicant must provide the following:

- a. Intake application – completed with all household information and signed by all household member's age 18 and older.
- b. Current proof of income for ALL household members 18 and older or primary client presumed LMI supporting documentation

- c. Proof of hardship related to COVID-19
- d. Duplication of benefits statement
- e. ~~Ethnicity/race demographics for federal reports~~
- f. Documentation of all client expenses
- g. Rent/Mortgage/Utility assistance documentation– Late payment notice, eviction or other proof that loss of housing or essential utility services are at risk and documenting the need for emergency payment:
 - i. Rental lease agreement
 - ii. Current mortgage statement
 - iii. Current utility bill
- h. Copies of payments and checks processed

VIII. REQUIRED REPORTS

A. FINANCIAL REPORTS

CDBG grants must be administered on a reimbursement basis. To request a monthly reimbursement, Subrecipient must submit the following items:

- Invoice
- General ledger of CDBG expenses
- Timesheets
 - *Timesheets must:*
 - Discern between hours charged and not charged to CDBG
 - Approved and signed a supervisor
- Mileage claims if applicable
 - *Mileage claims must:*
 - Indicate employee name, travel dates, departure and destination addresses, and mileage claim amounts.
 - Approved and signed by a supervisor
 - Travel dates must coincide with CDBG timesheet dates
- CDBG supplies invoices

B. PROGRAM REPORTS

Monthly program reports shall include the following items:

- Performance Tracker Report
- Monthly narrative highlighting progress in meeting objectives

Please submit financial and program reports to Rudy Hernandez
rudy@cityoforangecove.com by the 10th of each month.

C. RECORD KEEPING

2. Client files must contain the following items:

- a. Intake application
- b. Current proof of income for ALL household members 18 and older or primary client presumed LMI supporting documentation
- c. Proof of hardship related to COVID-19
- d. Duplication of benefits statement
- e. Ethnicity/race demographics for federal reports
- f. Documentation of all client expenses
- g. Rent/Mortgage/Utility assistance documentation— Late payment notice, eviction or other proof that loss of housing or essential utility services are at risk and documenting the need for emergency payment:
 - i. Rental lease agreement
 - ii. Current mortgage statement
 - iii. Current utility bill

Upon approval and issuance of payment(s) copies of payments and checks processed, will be provided to the applicant for their records.

Applicant must provide documented receipt of payment by the landlord, utility provider, or other service provider.

D. RETENTION PERIOD

All CDBG files must be maintained for a *minimum of five (5) years* after the completion of the program, in order to allow access for audit and public examination. The retention period starts when the final expenditure report is submitted. If any litigation, claim, or audit is started before the expiration of the 5- year period, the records must be retained until all litigation, claims or audit findings involving the records have been resolved and final action taken.

City of Orange Cove
Community Development Block Grant Program (CDBG) COVID-19

**Rent, Mortgage, and Utility Subsistence Payment - Application and Verification
Form**

Up to \$5,000 total is available to qualifying families impacted by COVID-19 for emergency subsistence payments. To request assistance, you must meet the program requirements, submit required documentation, and certify this form by December 31, 2021. Funds are available on a limited basis. Submitting this application is not a guarantee of assistance. For your privacy, information collected will remain confidential, used only to meet federal and state record keeping requirements, and withheld as applicable from disclosure.

Name(s)			
Residential Address		Phone	
Email		TOTAL Amount Requested	\$ 0
1. Make payment on my behalf to (landlord or mortgage lender):			
Name on the Account		Phone or Email	
Address/Account#			
Proposed Use of Funds	<input type="checkbox"/> Rent <input type="checkbox"/> Mortgage		
Month(s) to Cover		Amount	\$
2. Make payment on my behalf to (name of utility company):			
Name on the Account		Phone or Email	
Address/Account#			
Proposed Use of Funds	<input type="checkbox"/> Electricity <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/> City Utility <input type="checkbox"/> Other:		
Month(s) to Cover		Amount	\$
3. Make payment on my behalf to (name of utility company):			
Name on the Account		Phone or Email	
Address/Account#			
Proposed Use of Funds	<input type="checkbox"/> Electricity <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/> City Utility <input type="checkbox"/> Other:		
Month(s) to Cover		Amount	\$

City of Orange Cove
Community Development Block Grant Program (CDBG) COVID-19
Rent, Mortgage, and Utility Subsistence Payment - Application and Verification
Form

4. Make payment on my behalf to (name of utility company):				
Name on the Account		Phone or Email		
Address/Account#				
Proposed Use of Funds	<input type="checkbox"/> Electricity <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/> City Utility <input type="checkbox"/> Other:			
Month(s) to Cover		Amount	\$	
Month(s) to Cover		Amount	\$	
5. Make payment on my behalf to (name of utility company):				
Name on the Account		Phone or Email		
Address/Account#				
Proposed Use of Funds	<input type="checkbox"/> Electricity <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/> City Utility <input type="checkbox"/> Other:			
Month(s) to Cover		Amount	\$	
Month(s) to Cover		Amount	\$	
			YES	NO
DUPLICATION OF BENEFIT – Have you received, or are aware of being eligible to receive from another source, any financial assistance for the costs listed above? (If yes, please complete supplementary income form attached)			<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 IMPACT – Have you had work hours reduced, been temporarily or permanently laid off, or other loss of income due to COVID-19? If YES, Provide details: _____		EST. % loss of gross income from one year previous: _____%		
SUBSISTENCE/EMERGENCY STATUS – Have you received a late payment due, eviction notice or other proof that loss of housing or essential utility services is at risk and emergency payment need?		Number of months unable to pay: _____		
LMI Household Income Qualification Questions				
Total Annual Household Income is gross income (before deductions) from all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc.), from all adult members in the family living in the household. Consult the program if unsure.				
Total Household Income anticipated during the next 12 months				

City of Orange Cove
Community Development Block Grant Program (CDBG) COVID-19

**Rent, Mortgage, and Utility Subsistence Payment - Application and Verification
Form**

Name List <u>all</u> household members, including yourself.	Age	Check If Applicable			Annual Gross (Pre-Tax) Income	Source of Income	
		Head of Household	Co-Head of Household	Full-Tm Student 18 Yrs. or Older			
					\$		
					\$		
					\$		
					\$		
					\$		
Total Anticipated Annual Household Income:					\$ 0		
CHECK the number of household members, including yourself:							
1	2	3	4	5	6	7	8+
\$39,150	\$44,750	\$50,350	\$55,900	\$60,400	\$64,850	\$69,350	\$73,800
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your anticipated total household income LOWER or HIGHER than the \$ amount listed directly below the number of people circled above?						LOWER	HIGHER
If LOWER , attach proof of annual household income (such as latest tax return, quarterly tax, pay stubs, or bank statements).						<input type="checkbox"/>	<input type="checkbox"/>
Ethnicity (select one)				<input type="checkbox"/> Not Hispanic		<input type="checkbox"/> Hispanic	
Race (select one)							
White		<input type="checkbox"/>		Asian		<input type="checkbox"/>	
Black or African American		<input type="checkbox"/>		Native Hawaiian or Pacific Islander		<input type="checkbox"/>	
American Indian or Alaskan Native		<input type="checkbox"/>		Other or Multi-Racial		<input type="checkbox"/>	

Duplication of Benefits Affidavit ("Affidavit")

I/We, _____ affirm the following:

1. I/We is/are executing this Affidavit in connection with assistance that we are receiving to help us respond to the coronavirus by providing us with assistance with rent, mortgage, or utility payments ("Type of Assistance") for the purpose of avoiding foreclosure, eviction, or disconnection of utility services ("Need") in the amount of 0 ("Amount of Assistance or Total Need") from Self-Help Enterprises ("Organization") through a program administered by the City of Orange Cove funding from the U.S. Department of Housing and Urban Development (the "Program").
2. I/We believe the Amount of Assistance/Total Need is 0
3. In addition, I/We have received or will receive the following amounts and types of assistance from the sources listed below ("Duplicative Assistance"):

(a)

Source of Funds #1	
Purpose	
Amount	

(b)

Source of Funds #2	
Purpose	
Amount	

(c)

Source of Funds #3	
Purpose	
Amount	

4. Total Unmet Need (2- (3(a) + 3(b) + 3(c))) \$ 0
5. I/We have received no other assistance funds for the Need listed in Paragraph 1 other than that set forth above in paragraph 3.
6. Section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5155), as amended by section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115-2 254; 132 Stat. 3442), prohibits federal agencies from providing assistance to any person for "any part of such loss" as to which he has received financial assistance under any other program or from insurance or any other source (such as, FEMA, SBA, the Red Cross, the City, business owner's insurance, etc.).
7. I/We understand that the amount of assistance received by I/We from Self-Help Enterprises must be reduced by the amount of Duplicative Assistance received or that will be received for the Need, from

Duplication of Benefits Affidavit ("Affidavit")

other sources (such as, FEMA, SBA, the Red Cross, the City homeowner's insurance, etc.) for the same purpose.

8. Therefore, I/We understand that if I/We receive assistance from a source other than Self-Help Enterprises (such as, FEMA, SBA, the Red Cross, the City, homeowner's insurance, etc.) for the Need for the same purpose, I/We must repay the assistance received from Self-Help Enterprises.
9. I/We certify under State and Federal penalties for perjury and fraud that the information provided above is true and accurate and acknowledge that repayment of all assistance received by Me/Us from [Insert Subrecipient Name], payment of fines and/or imprisonment may be required in the event that I/We provide false, incomplete or misleading information in this Affidavit or during the rest of this process. By executing this Affidavit, Applicant(s) acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.

Participant _____

Signature of Participant _____ Date _____

Participant _____

Signature of Participant _____ Date _____

FOR SHE USE ONLY

Household size: _____

Projected 12-month Income: _____

Income Calculation: _____ Very Low Income (30%) _____ Low Income (60%) _____ Moderate Income (80%)

COVID Related: _____ Yes _____ No

Duplication of Benefits Verified: _____ Yes _____ No

Amount of Assistance Approved: \$ _____

Assistance Type: _____ Rent

_____ Mortgage

_____ Utilities

_____ Rent/Mortgage & Utilities

_____ ELIGIBLE _____ NOT ELIGIBLE

Reviewed by: _____

te: _____

Approved by: _____

Date: _____

Ciudad de Orange Cove
Programa de Subvenciones para Bloques de Desarrollo Comunitario (CDBG)
COVID-19

Pago de Alquiler, Hipoteca, y Subsistencia de Servicios Públicos - Formulario de Solicitud y Verificación

Hasta \$5,000 en total está disponible para familias calificadas afectadas por COVID-19 para pagos de subsistencia de emergencia. Para solicitar asistencia, debe cumplir con los requisitos del programa, presentar la documentación requerida y certificar este formulario antes del 31 de Diciembre de 2021. Los fondos están disponibles de forma limitada. La presentación de esta solicitud no es una garantía de asistencia. Para su privacidad, la información recopilada permanecerá confidencial, utilizada solo para cumplir con los requisitos federales y estatales de mantenimiento de registros, y retenida según corresponda de la divulgación.

Nombre(s)			
Dirección Residencial		Teléfono	
Correo Electronico		Cantidad TOTAL solicitada	\$ 0
1. Realizar el pago en mi nombre a (propietario o prestamista hipotecario):			
Nombre en la Cuenta		Teléfono o Correo Electrónico	
Dirección/Cuenta #			
Propósito de los Fondos	<input type="checkbox"/> Renta <input type="checkbox"/> Hipoteca		
Mes(es) para Cubrir		Cantidad	\$
2. Realizar el pago en mi nombre a (nombre de la compañía de servicios públicos):			
Nombre en la Cuenta		Teléfono o Correo Electrónico	
Dirección/Cuenta #			
Propósito de los Fondos	<input type="checkbox"/> Electricidad <input type="checkbox"/> Gas <input type="checkbox"/> Agua <input type="checkbox"/> Servicio de la Ciudad <input type="checkbox"/> Otro:		
Mes(es) para Cubrir		Cantidad	\$
3. Realizar el pago en mi nombre a (nombre de la compañía de servicios públicos):			
Nombre en la Cuenta		Teléfono o Correo Electrónico	
Dirección/Cuenta #			
Propósito de los Fondos	<input type="checkbox"/> Electricidad <input type="checkbox"/> Gas <input type="checkbox"/> Agua <input type="checkbox"/> Servicio de la Ciudad <input type="checkbox"/> Otro:		

Ciudad de Orange Cove
Programa de Subvenciones para Bloques de Desarrollo Comunitario (CDBG)
COVID-19

Pago de Alquiler, Hipoteca, y Subsistencia de Servicios Públicos - Formulario de Solicitud y Verificación

Mes(es) para Cubrir		Cantidad	\$
---------------------	--	----------	----

4. Realizar el pago en mi nombre a (nombre de la compañía de servicios públicos):			
Nombre en la Cuenta		Teléfono o Correo Electrónico	
Dirección/Cuenta #			
Propósito de los Fondos	<input type="checkbox"/> Electricidad <input type="checkbox"/> Gas <input type="checkbox"/> Agua <input type="checkbox"/> Servicio de la Ciudad <input type="checkbox"/> Otro:		
Mes(es) para Cubrir		Cantidad	\$
Mes(es) para Cubrir		Cantidad	\$

5. Realizar el pago en mi nombre a (nombre de la compañía de servicios públicos):			
Nombre en la Cuenta		Teléfono o Correo Electrónico	
Dirección/Cuenta #			
Propósito de los Fondos	<input type="checkbox"/> Electricidad <input type="checkbox"/> Gas <input type="checkbox"/> Agua <input type="checkbox"/> Servicio de la Ciudad <input type="checkbox"/> Otro:		
Mes(es) para Cubrir		Cantidad	\$
Mes(es) para Cubrir		Cantidad	\$

	SI	NO
DUPLICACIÓN DE BENEFICIOS – ¿Ha recibido, o sabe ser elegible para recibir de otra fuente, alguna asistencia financiera para los costos mencionados anteriormente? (En caso afirmativo, por favor complete el formulario de Ingresos suplementarios adjunto)	<input type="checkbox"/>	<input type="checkbox"/>

IMPACTO DE COVID-19 – ¿Ha tenido horas de trabajo reducidas, ha sido temporalmente o permanentemente despedido, u otra pérdida de ingresos debido a COVID-19? Si es SI, Proporcione detalles: _____	EST. % pérdida de Ingresos brutos de un año anterior: _____%
--	---

ESTADO DE SUBSISTENCIA/EMERGENCIA – ¿Ha recibido un pago atrasado, aviso de desalojo u otra prueba de que la pérdida de vivienda o servicios públicos esenciales está en riesgo y necesidad de pago de emergencia?	Número de meses Incapaz de pagar: _____
--	--

Ciudad de Orange Cove
Programa de Subvenciones para Bloques de Desarrollo Comunitario (CDBG)
COVID-19

Pago de Alquiler, Hipoteca, y Subsistencia de Servicios Públicos - Formulario de Solicitud y Verificación

LMI Preguntas de Calificación de Ingresos del Hogar El Ingreso Total Anual del Hogar es el ingreso bruto (antes de deducciones) de todas las fuentes de ingresos (salarios, manutención de niños, SSI, desempleo, pensión, ingresos de activos, etc.), de todos los miembros adultos de la familia que viven en el hogar. Consulte el programa si no está seguro.							
Ingreso total del hogar anticipado durante los próximos 12 meses							
Nombre	Age	Marque si Aplica			Ingreso Bruto Anual (antes de impuestos)	Fuente de Ingreso	
Enumere <u>todos</u> los miembros del hogar, incluso usted.		Cabeza de Familia	Co-cabeza de Familia	Estudiante Tiempo Completo 18 años o mayor			
					\$		
					\$		
					\$		
					\$		
					\$		
Total de Ingresos Anual Anticipado del Hogar:					\$ 0		
MARQUE CON UN CÍRCULO el número de miembros de la casa, incluido usted mismo::							
1	2	3	4	5	6	7	
\$39,150	\$44,750	\$50,350	\$55,900	\$60,400	\$64,850	\$69,350	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Es su ingreso total anticipado de la familia más BAJO o más ALTO que el \$ indicado directamente debajo del número de personas que aparecen en un círculo arriba. Si más BAJO , adjunte una prueba de los ingresos anuales de la familia (como la última declaración de impuestos, impuestos trimestrales, talones de pago o estados de cuenta bancarios).						BAJO <input type="checkbox"/>	ALTO <input type="checkbox"/>
Etnicidad (seleccione uno) <input type="checkbox"/> No Hispano <input type="checkbox"/> Hispano							
Raza (seleccione uno)							
Blanco	<input type="checkbox"/>	Asiano				<input type="checkbox"/>	
Negra/Africana Americana	<input type="checkbox"/>	Nativo de Hawaii o Isla Pacifica				<input type="checkbox"/>	
Indio Americano/nativo de Alaska	<input type="checkbox"/>	Otras Razas o Multirracial				<input type="checkbox"/>	

Duplication of Benefits Affidavit ("Affidavit")

Yo/Nosotros, _____, afirmamo/s lo siguiente:

1. Yo/Nosotros es ejecución de esta Declaración Jurada en relación con la asistencia que estamos recibiendo para ayudarnos responder al coronavirus proporcionándonos asistencia con pagos de alquiler, hipoteca o servicios públicos ("Tipo de Asistencia") con el propósito de evitar la ejecución hipotecaria, desalojo, o desconexión de servicios públicos ("Necesidad") en la cantidad de 0 ("Cantidad de Asistencia o Necesidad Total") de Self-Help Enterprises ("Organización") a través de un programa administrado por la ciudad de Orange Cove de fondos del Departamento de Vivienda y Desarrollo Urbano de los Estados Unidos ("Programa").
2. Yo/Nosotros creo que Cantidad de Asistencia/Necesidad Total es 0
3. Además, yo/nosotros he/hemos recibido o recibiré los siguientes montos y tipos de asistencia de las fuentes enumeradas a continuación ("Asistencia Duplicada"):

(a)

Fuente de Fondos #1	
Propósito	
Cantidad	

(b)

Fuente de Fondos #2	
Propósito	
Cantidad	

(c)

Fuente de Fondos #3	
Propósito	
Cantidad	

4. Necesidad Total Insatisfecha (2- (3(a) + 3(b) + 3(c))) \$ _____.
5. Yo/Nosotros he/hemos recibido ningún otro fondo de asistencia para la necesidad enumerada en el párrafo 1 que no sea la establecida anteriormente en el párrafo 3.
6. Sección 312 de la Ley de Asistencia de Emergencia y Socorro de Desastres de Robert T. Stafford (42 U.S.C. 5155), modificada por el artículo 1210 de la Ley de Reforma de la Recuperación de Desastres de 2018 (división D de Ley Pública 115-2 254; 132 Stat. 3442), prohíbe a las agencias federales proporcionar asistencia a cualquier persona por "cualquier parte de dicha pérdida" en la que haya recibido asistencia financiera bajo cualquier otro programa o de un seguro o cualquier otra fuente (como, FEMA, SBA, cruz roja, la ciudad, seguro del propietario de negocios, etc.).
7. Yo/Nosotros entiendo/entendemos que la cantidad de asistencia recibida por I/We de las Empresas de Autoayuda debe reducirse por la cantidad de Asistencia Duplicada recibida o que será recibida por

Duplication of Benefits Affidavit ("Affidavit")

la Necesidad, de otras fuentes (como FEMA, SBA, la Cruz Roja, el seguro de propietario de vivienda de la Ciudad, etc.) para el mismo propósito.

8. Por lo tanto, yo/nosotros entiendo que si recibo ayuda de una fuente distinta a Self-Help Enterprises (como FEMA, SBA, la Cruz Roja, la Ciudad, el seguro de propietario de vivienda, etc.) para la necesidad del mismo propósito, debemos pagar la asistencia recibida de Self-Help Enterprises.
9. Yo/Nosotros certifico/calificamos bajo sanciones estatales y federales por perjurio y fraude que la información proporcionada anteriormente es verdadera y precisa y reconocen que el reembolso de toda la asistencia recibida por yo/nosotros de [Insertar Nombre del Subreceptante], el pago de multas y/o encarcelamiento puede ser requerido en el caso de que yo/Nosotros proporcione información falsa, incompleta o engañosa en esta Declaración Jurada o durante el resto de este proceso. Al ejecutar esta Declaración Jurada, los Solicitantes reconocen y entienden que el Título 18 del Código de los Estados Unidos Sección 1001: (1) hace que sea una violación de la ley federal para una persona para falsificar, ocultar o encubrir a sabiendas e intencionalmente un hecho material; (b) hacer cualquier declaración o representación materialmente falsa, ficticia o fraudulenta; O (c) hacer o usar cualquier escritura o documento falso sabiendo que contiene una declaración materialmente falsa, ficticia o fraudulenta o epresentación, a cualquier rama del Gobierno de los Estados Unidos; y (2) requiere una multa, prisión por no más de cinco (5) años, o ambos, que pueden ser declarados delito grave, por cualquier violación de dicha Sección.

Participante _____

Firma de Participante _____ Fecha _____

Participante _____

Firma de Participante _____ Fecha _____

FOR SHE USE ONLY

Household size: _____

Projected 12-month Income: _____

Income Calculation: ____ Very Low Income (30%) ____ Low Income (60%) ____ Moderate Income (80%)

COVID Related: ____ Yes ____ No

Duplication of Benefits Verified: ____ Yes ____ No

Amount of Assistance Approved: \$ _____

Assistance Type: ____ Rent

____ Mortgage

____ Utilities

____ Rent/Mortgage & Utilities

____ ELIGIBLE ____ NOT ELIGIBLE

Reviewed by: _____

to: _____

Approved by: _____

Date: _____

Mayor:
Victor P. Lopez

Mayor Pro Team:
Diana Guerra Silva

City Council Members:
Roy Rodriguez
Josie Cervantes
Esperanza Rodriguez



Incorporated January 20, 1948

Rudy Hernandez
Interim City Manager
(559) 626-4488 ext. 216

Rudy Hernandez
Financial Consultant
(559) 626-4488 ext. 216

City Clerk:
June V. Bracamontes
(559) 626-4488 ext. 214

633 Sixth Street, Orange Cove, CA 93646 | Phone: (559) 626-4488 | FAX: (559) 626-4653

To: The Honorable Mayor and City Council
From: Rudy Hernandez, Interim City Manager
Date: January 27, 2021
Subject: Approval of Program Guidelines for Business Assistance Payment Program Funded with CDBG-CV1.
Attachments: Resolution Approving Guidelines for Business Assistance Program. CV Business Assistance Program.

BACKGROUND

The State CDBG Program requires guidelines for the Business Assistance Payment Program be adopted by the City Council. Guidelines are to identify the method by which applications will be taken and processed, as well as identify how eligibility is determined, what documents are required to determine eligibility, what forms of assistance will be provided, the limit of that assistance, fair marketing strategies and recordkeeping requirements.

DISCUSSION

The Business Assistance Program guidelines identifies the following:

1. Application will be processed on a first come first served basis.
2. Efforts for nondiscrimination and inclusion.
3. Outreach and Marketing.
4. A business must meet **ALL** the following criteria to be eligible to apply:
 - a. Must be a private, for profit business. *Independent Contractors are not eligible for this program.
 - b. Business and/or any owner may not be suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from participation in federal transactions.
 - c. Businesses must have less than 15 FTE (full-time equivalent employees.)
 - d. The business must have a physical storefront establishment within Livingston's city limits.

- e. Businesses must have a current Livingston business license or bring current because of assistance.
- f. ~~The business must have experienced a negative impact due to COVID-19, by~~ certifying that the business has experienced at least a 25% reduction in revenue since March 1, 2020 and that grant proceeds will be used for allowable expenses under the Federal CDBG-CV Act guidelines Applicant business cannot have any unremedied City Code violations.
- g. No national chains. National chains are defined as franchises/for-profit corporations: **except in the case where the franchisee or brand has a Livingston-based owner.**
- h. Operating as a business since January 2020.
- i. Business may **NOT** be delinquent in State and/or Federal licensing and filings.
- 5. If CDBG-CV funds are awarded to a business, the business must meet the following requirement:
 - a. Business will create/retain at least **one full-time or full-time equivalent (40 hours/week) low or moderate-income permanent job (LMI Job) within 12 months.** Moderate-income means less than or equal to 80% of the Area Median Income (AMI). See Section 4 of the application for income and details on how to meet the HUD National Objective for jobs.
 - b. If business is retaining LMI job(s) – business must demonstrate clear objective evidence.
 - c. that permanent LMI job(s) would be lost without CDBG-CV assistance.
- 6. Loan will be forgiven over a two-year period as the business meets the required LMI job creation/retention requirement as outlined in the written agreement.
- 7. A maximum of \$35,000 will be provided for Mortgage/Rent, Utilities (electric, gas, water, sewer, trash and broadband), Payroll and other operating expenses.
- 8. Applicant may not have received other assistance for the same purpose for any other source.
- 9. Reporting and Invoicing requirements.



RECOMMENDED ACTION

Approve Resolution Approving Guidelines for Business Assistance Program.

FISCAL IMPACT:

The Business Assistance Program will consist of \$250,650 as listed below:

- Economic Development -Microenterprise/Business Assistance \$152,650.
- CDBD CoronaVirus Activities \$98,000.

Prepared by: _____ Approved by: 
REVIEW: City Manager: ☒ Finance:  City Attorney: _____

TYPE OF ITEM:	COUNCIL ACTION:	APPROVED	DENIED	NO ACTION
<u> </u> Consent	<u> </u> Public Hearing			
<u> </u> Info Item	<u> </u> Matter Initiated by Council Member			
<u><input checked="" type="checkbox"/></u> Action Item	<u> </u> Other			
<u> </u> Department Report	<u> </u> Continued to: _____			
<u> </u> Redevelopment Agency	_____			

RESOLUTION NO. _____

A RESOLUTION OF THE COUNCIL OF THE CITY OF ORANGE COVE APPROVING THE
GUIDELINES FOR THE BUSINESS ASSISTANCE PROGRAM

WHEREAS, the City of Orange Cove, a political subdivision of the State of California, has established Program Guidelines which govern the administration of its CDBG CV Business Assistance Program; and

WHEREAS, the City desires to adopt the Guidelines for the Business Assistance Program to comply with HCD requirements of the CDBG Program; and

IT IS NOW THEREFORE RESOLVED THAT, the City adopts the Guidelines for the Business Assistance Program.

PASSED AND ADOPTED THIS XXTH DAY OF JANUARY, 2021, BY THE FOLLOWING VOTE:

AYES:

NAYS:

ABSTAIN:

ABSENT:

The undersigned _____, City Clerk of the applicant does hereby attest and certify that the foregoing is a true and full copy of a resolution of the City Council of the applicant passed and adopted at a duly convened meeting on the date above, and said resolution has not been altered, amended, or repealed.

Signature

Date



Orange Cove CDBG-CV COMMUNITY DEVELOPMENT BLOCK GRANT CORONAVIRUS AID SMALL BUSINESS RELIEF STABILIZATION PROGRAM GUIDELINES & APPLICATION

Funding is limited. Awards will be on a first-come, first-eligible basis

PROGRAM GUIDELINES

I. Summary

Community Development Block Grant is a federally funded program under section. City CDBG-CV funds may be used to secure economic opportunities for low-and moderate-income persons. CDBG-CV funds are targeted to business of the City that have the highest adverse impact as a result of the Coronavirus.

II. Purpose

The Orange Cove Small Business Stabilization Program (SBSP) is designed to promote economic stability by providing immediate relief in the form of a one-time forgivable loan for essential operating expenses to Orange Cove small businesses negatively impacted by COVID-19.

The goals of this program are:

- 1. Help small businesses survive the COVID-19 crisis.**
- 2. Retain employment and continue to pay employees.**
- 3. Maintain the provision of goods and services for Orange Cove residents.**

III. Funding

The maximum CDBG-CV award will be \$35,000 upon approval and in compliance with CDBG-CV criteria.

IV. Eligibility

A business must meet ALL of the following criteria to be eligible to apply:

- * Must be a private, for profit business. *Independent Contractors are not eligible for this program.



- Business and/or any owner may not be suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from participation in federal transactions.
- Businesses must have less than 15 FTE (full-time equivalent employees.)
- The business must have a physical storefront establishment within Orange Cove's city limits.
- Businesses must have a current Orange Cove business license or bring current as a result of assistance.
- The business must have experienced a negative impact due to COVID-19, by certifying that the business has experienced at least a 25% reduction in revenue since March 1, 2020 and that grant proceeds will be used for allowable expenses under the Federal CDBG-CV Act guidelines Applicant business cannot have any unremedied City Code violations.
- No national chains. National chains are defined as franchises/for-profit corporations; **except in the case where the franchisee or brand has a Orange Cove-based owner.**
- Operating **as a business since January 2020.**
- Business may **NOT** be delinquent in State and/or Federal licensing and filings.

If CDBG-CV funds are awarded to a business, the business must meet the following requirement:

- Business will create/retain at least **one full-time or full-time equivalent (40 hours/week) low or moderate-income permanent job (LMI job) within 12 months.** Moderate-income means less than or equal to 80% of the Area Median Income (AMI). See Section 4 of the application for income and details on how to meet the HUD National Objective for jobs.
- If business is retaining LMI job(s) – business must demonstrate clear objective evidence that permanent LMI job(s) would be lost without CDBG-CV assistance.

V. Terms

Loan will be forgiven over a one-year period as the business meets the required LMI job

2020 CDBG Income Limits								
Area Median Income	1	2	3	4	5	6	7	8
Very Low Income 30%	14,700	16,800	18,900	20,950	22,650	24,350	26,000	27,700
Low Income 60%	29,400	33,600	37,800	41,940	45,300	48,660	52,020	55,380
Moderate Income 80%	39,150	44,750	50,350	55,900	60,400	64,850	69,350	73,800

creation/retention requirement as outlined in the written agreement.

VI. Eligible Uses (CDBG-CV funds can be used for):

Rent Mortgage
Utilities
Payroll
Other operating expenses

VII. Ineligible Uses (CDBG-CV funds cannot be used for):

Loan Payments to Small Business Assoc. (SBA)
Governmental Uses or Expenses
Political Activities Personal Property Savings

VIII. Application Process

Applicants must complete and submit a funding application to Self-Help Enterprises (SHE). Applications will be reviewed on a first-come, first-eligible served basis. All required



supporting documentation **MUST** be submitted with completed application in order to be considered for CDBG-CV funding.

Applicants will be notified of their application's approval or rejection and funding amount, by Self-Help Enterprises staff. Amount of funding awarded to a business will be based on need. Once program funding is exhausted, other qualified applicants will be placed on a waiting list if/when additional funds become available.

****REQUIRED DOCUMENTS****

You will not be able to leave and return to your application. Ensure you have the following documents ready to upload before beginning this form:

- (1) Business License
- (2) Proof of Insurance
- (3) Financial Statement that includes (a) Income Statement, (b) Balance Sheet, (c) Statement of Cash Flows
- (4) Current signed IRS Tax Return

You will also need the following information to fill out the form:
DUNS number, and Tax ID/EIN

IX. Review Process

The following priorities will be considered when awarding funds:

- The business provides jobs to low-income individuals.
- The number of jobs that the business sustains during a normal business cycle (pre COVID-19 levels).
- The business demonstrates that it has lost a significant share (50% or more) of revenue due to the COVID-19 pandemic.
- The business demonstrates a strong chance of remaining open post COVID-19.
- The business has operated consistently for two years.
- Duplication of benefits statement
- Ethnicity/race demographics for federal reports
- Documentation of all client expenses
- All eligibility criteria has been met.

X. Nondiscrimination and Inclusion

Title VI of the Civil Rights Act of 1964 requires that, "No person shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." We strongly encourage under-represented and non-English speaking families in your community have a fair chance of receiving assistance. Steps could include:

- Working with services providers that serve primarily race and ethnic minority groups to announce the availability of assistance to hard-to-reach residents
- Allowing non-English speaking residents a fair amount of time to apply and gather the necessary documentation, and providing translation or other language support



- Accessing COVID-19 racial equity and social justice resources.

XI. Outreach and Marketing

All outreach efforts will be done in accordance with state and federal fair lending regulations to assure nondiscriminatory treatment, outreach and access to the Program. No person shall, on the grounds of age, ancestry, color, creed, physical or mental disability or handicap, marital or familial status, medical condition, national origin, race, religion, gender or sexual orientation be excluded, denied benefits or subjected to discrimination under the Program. The Sponsor will ensure that all persons, including those qualified individuals with handicaps, have access to the Program.

The Fair Housing Lender and Accessibility logos will be placed on all outreach materials. Fair housing marketing actions will be based upon a characteristic analysis comparison (census data may be used) of the Program's eligible area compared to the ethnicity of the population served by the Program (includes, separately, all applications given out and those receiving assistance) and an explanation of any underserved segments of the population. This information is used to show that protected classes (age, gender, ethnicity, race, and disability) are not being excluded from the Program. Flyers or other outreach materials, in English and any other language that is the primary language of a significant portion of the area residents, will be widely distributed in the Program-eligible area and will be provided to any local social service agencies. The Program may sponsor homebuyer classes to help educate homebuyers about the home buying process and future responsibilities. Persons who have participated in local homebuyer seminars will be notified about the Program.

The Program Operator will work with local non-profits and other services providers to explain the Program requirements for eligible households. Local non-profits and other service providers will also be encouraged to have their customers participate in the Program.

Section 504 of the Rehabilitation Act of 1973 prohibits the exclusion of an otherwise qualified individual, solely by reason of disability, from participation under any program receiving Federal funds. The Program Sponsor will take appropriate steps to ensure effective communication with disabled housing applicants, residents and members of the public.

XII. Required Reports

A. Financial Reports

CDBG grants must be administered on a reimbursement basis. To request a monthly reimbursement, Subrecipient must submit the following items:

- Invoice
- General ledger of CDBG expenses
- Timesheets
 - *Timesheets must:*
 - Discern between hours charged and not charged to CDBG
 - Approved and signed a supervisor
- Mileage claims if applicable
 - *Mileage claims must:*
 - Indicate employee name, travel dates, departure and destination addresses, and mileage claim amounts.
 - Approved and signed by a supervisor
 - Travel dates must coincide with CDBG timesheet dates



- CDBG supplies invoices

A. Program Reports

Monthly program reports shall include the following items:

- Performance Tracker Report
- Monthly narrative highlighting progress in meeting objectives

Please submit financial and program reports to Rudy Hernandez
rudy@cityoforangevale.com by the 10th of each month.

B. RECORD KEEPING

1. Client files must contain the following items:

- a. Intake application
- b. Current proof of income for ALL household members 18 and older *or* primary client presumed LMI supporting documentation
- c. Proof of hardship related to COVID-19
- d. Duplication of benefits statement
- e. Ethnicity/race demographics for federal reports
- f. Documentation of all client expenses
- g. Business assistance use of funds documentation

C. Retention Period

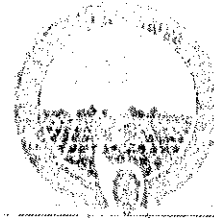
All CDBG files must be maintained for a ***minimum of five (5) years*** after the completion of the program, in order to allow access for audit and public examination. The retention period starts when the final expenditure report is submitted. If any litigation, claim, or audit is started before the expiration of the 5- year period, the records must be retained until all litigation, claims or audit findings involving the records have been resolved and final action taken.

Guidelines and Application are available at: www.selfhelpenterprises.org

Complete applications should be submitted to:
Self-Help Enterprises
CovidRelief@selfhelpenterprises.org or
P.O. Box 6520, Visalia, CA 93291

Questions should be directed to Ashley Young, Manager, (559) 802-1273 or ashley@selfhelpenterprises.org





CDBG-CV Small Business Stabilization Loan Application

1. BUSINESS INFORMATION

Business Name: _____
Business Owner Full Name: _____
Business Address: _____
City/ State/ Zip: _____
Business Owner Address: _____
City/ State/ Zip: _____
Business Phone: _____ Email Address: _____
Website: _____ Contact Phone: _____
Type of Business (please list usual activities): _____

Are you an Independent Contractor? ☐ Yes ☐ No
Does the business own or lease the building it occupies? ☐ Yes ☐ No
Was your business forced to shut down due to COVID-19? ☐ Yes ☐ No
Is the business veteran owned? ☐ Yes ☐ No
Is the business minority owned? ☐ Yes ☐ No
Is the business women owned? ☐ Yes ☐ No

Business License# _____ Start Date: _____
Tax ID#/EIN # _____ DUNS#: _____

The DUNS# is required for all federally funded programs. Obtaining a DUNS number is free. Obtain one by calling 1-866-705-5711 or by applying online at <http://fedgov.dnb.com/webform>. If awarded funds, you must also register your business with SAM.GOV. This is a free service. Please create a user login and follow the steps to register the business with SAM.GOV. **Registration is required.*

FUNDING REQUEST: \$ _____ (The maximum is \$35,000)

Grant requests may not be fully funded due to availability and/or the approved grant expenses.)

How did you hear about this program: _____

Organizational Structure (check one):

- | | |
|---|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Liability Company (LLC) |
| <input type="checkbox"/> Limited Partnership (LP) | <input type="checkbox"/> Limited Liability Partnership (LLP) |
| <input type="checkbox"/> Other: | |



2. ESTIMATED ADVERSE ECONOMIC IMPACT (Pre February 1, 2020 and Post February 1, 2020):

- a. How has your business been impacted by COVID-19? (Example: Sales decline in dollars, walk in traffic, etc.)

- b. Describe what adverse economic effects COVID-19 has had on your business to date.

- c. What is your recovery plan?

- d. Is the owner of the business also an employee of the business?

- e. How many full-time (FT) and part-time (PT) employees did you employ prior to COVID-19? (Pre-February 1, 2020). Owner included if an employee of the business.

- f. How many full-time (FT) and part-time (PT) employees do you currently employ? How has this number changed? (Post February 1, 2020) Owner included if an employee of the business.

- g. Proposed number of full-time (FT) and part-time (PT) positions that will be created or retained with CDBG-CV funds. FT ____ PT ____ (include the owner if an employee of the business)

- h. Will you be ☐ retaining or ☐ creating a Full Time equivalent (FTE) job with these loan funds? (Full time equivalent job is any one employee working 40 hours or multiple employees working a total of 40 hours - the owner can be included in this number if he/she is an employee of the business)
1. Job title(s): _____
2. List special skills or education required for each position. _____
3. Expected time needed to hire (number of days following receipt of funds): _____
4. Hourly Rate: _____
5. Average hours per week per employee: _____
6. How/where will the position be advertised? _____
7. Is this position held by the owner? ☐ Yes ☐ No
8. Notes you would like to provide for consideration. _____



3. FINANCIAL INFORMATION

- a. Please list the operating expenses that the CDBG-CV award would pay for and attach verification of costs/expenses, include a description and amount (such as lease, utilities, payroll etc.)
- b. Please list other sources of funding for business expenses; including revenues, personal funds, grants and loans applied for and/or received. Include funding source and amount within the year.
- c. Have you applied for any other relief funding? If so, what and when?
- d. Have you received notification that you are eligible for relief funding? If so, what?
- e. Have you received any other relief funding? If so, how much?



4. MEETING THE JOBS REQUIREMENTS

All CDBG-CV-funded activities must create or retain **Low or Moderate Income (LMI) Jobs** - jobs that are held by or made available to low and moderate- income (LMI) persons. HUD defines LMI person whose earnings are less than 80% of the area median income by family household size. *See Income Limit Chart at bottom of this page.*

The applicant must satisfy the following LMI job objectives of the CDBG-CV program:

Low or Moderate Income (LMI) Job - The business must create or retain permanent jobs, at least 51 percent of which (computed on a full-time equivalent basis) will be made available to or held by LIM person.

The following requirements must be met for jobs to be considered created or retained.

1. If a Business creates jobs, there must be documentation (Employee Certification Form) indicating that at least 51 percent of the jobs will be held by or made available to, LMI persons.
2. If a Business retains jobs, there must be sufficient information documenting that the jobs would have been lost without the CDBG-CV assistance and that one or both of the following applies to at least 51 percent of the jobs:
 - The owner of the business is a LMI person (Employee Certification Form Required at award); or
 - The job is held by a LMI person (Employee Certification Form); or
 - The job can reasonably be expected to turn over within the following two years and steps will be taken to ensure that the job will be filled by or made available to a LMI person.

The following requirements apply for jobs to be considered available to or held by LMI persons.

1. Created or retained jobs are only considered available to LMI persons when:
 - Special skill that can only be acquired with substantial training or work experience or education beyond high school are not a prerequisite to fill such jobs, or the business agrees to hire unqualified persons and provide training; and
 - The grantee and the assisted business take action to ensure that LMI persons receive first consideration for filling such jobs.

Income Limit Chart:

HUD 80% AMI limits, per household size, for Kern County, California			
1 person ≤ \$39,150	2 person ≤ \$44,750	3 person ≤ \$50,350	4 person ≤ \$55,900
5 person ≤ \$60,400	6 person ≤ \$64,850	7 person ≤ \$69,350	8 person ≤ \$73,800



5. DISCLOSURE ASSURANCES AND SIGNATURES

Applicant agrees that the acceptance of this application does not commit the City to enter into an agreement, to pay any costs incurred in its preparation, to participate in subsequent negotiations, or to contract for the project. Further, the acceptance of this application does not constitute an agreement by the City that any contract will be entered into by the City. The City expressly reserves the right to reject any or all applications or to request more information from the applicant.

The applicant also agrees that the City will only consider funding for an application that has been completed in full, met all eligibility requirements and has attached all supporting documentation. Applicant hereby certifies that all information contained in this document and any attachments is true and correct to the best of the applicant's knowledge.

The City, the Comptroller General of the United States, or any duly authorized representatives, will have access to any books, documents, papers and records that are directly related to the program assistance for the purposes of monitoring, making audits, examination, excerpts, and transcripts. All records supporting the costs will be maintained for a period not less than 5 years following completion of the program agreement period, agreement termination, or default, whichever shall first occur.

No person who is an employee, agent, consultant, officer, appointed official, or elected official of the City of Orange Cove who exercises or has exercised any functions or responsibilities with respect to CDBG-CV activities, or is in a position to participate in a decision-making process, or gain inside information with regard to such activities, may obtain a personal or financial interest or benefit, or have interest in any program assistance, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

Hiring or retaining a LMI job is a condition of receiving CDBG-CV funding and must be created/retained prior to award of funds. Recipient of funds will be required to report monthly for a one-year period after the job creation/retention has occurred. The Written Agreement will further outline CDBG-CV requirements during the one-year period. A recipient will be required to repay CDBG-CV funds if LMI job creation/retention is not fulfilled within the one-year period.

I UNDERSTAND AND BY SIGNING, AGREE:

All information I have provided in this application is true and correct to the best of my knowledge. I agree to notify you promptly in writing upon any material change in the information provided herein. You are authorized to make such inquiries, as you deem necessary and appropriate to verify the accuracy of this application.

I also agree to comply with nondiscriminatory employment practices and Affirmative Action Programs under Title VI and Section 112 of the Civil Rights Act of 1964 and applicable provisions of federal statutes and regulations concerning equal employment opportunity laws and civil rights laws, and the provisions of the Americans with Disabilities Act. Grant recipients must give equal consideration to all qualified job applicants and treatment of employees without regard to race, color, religion, sex (including pregnancy, gender identity and sexual orientation) national origin, age (40 or older), disability.

Signature - Business Owner

Date

Signature - Business Owner

Date