

★ Roll Call Number
11-1684

Agenda Item Number
Ex. 1C

Date September 26, 2011

**GRANT REQUEST FOR THREE CONSECUTIVE YEARS FOR A TOTAL OF \$525,000
 TO THE POLK COUNTY HOUSING TRUST FUND FOR THE
 LEAD HAZARD CONTROL PROGRAM ADMINISTERED COOPERATIVELY BY
 THE CITY OF DES MOINES AND POLK COUNTY HEALTH DEPARTMENT.**

WHEREAS, the Polk County Housing Trust Fund has issued a request for proposals soliciting applications for grant funding for Owner Occupied Repair Programs in Polk County; and,

WHEREAS, the City of Des Moines Community Development Department operates a Minor Repair Loan Program for low-income homeowners to provide assistance to correct emergency conditions that make a property unsafe and uninhabitable; and,

WHEREAS, the Polk County Housing Trust Fund grant will be used in conjunction with Community Development Block Grant (CDBG) funds, HOME funds, and Federal Home Loan Bank of Des Moines Funds for the Lead Hazard Control Program administered cooperatively by the Neighborhood Conservation Services (NCS) Division of the Community Development Department and the Polk County Health Department; and

WHEREAS, ~~a grant request for \$175,000 for three consecutive years for a total of \$525,000 from the Polk County Housing Trust Fund, attached hereto as Exhibit A, has been prepared by the City of Des Moines for submission.~~

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Des Moines, Iowa, that the submission of a grant request for \$175,000 for three consecutive years for a total of \$525,000 to the Polk County Housing Trust Fund for the Lead Hazard Control Program administered cooperatively by the Neighborhood Conservation Services (NCS) Division of the Community Development Department and the Polk County Health Department is hereby authorized, and the City Manager or his designee is authorized and directed to sign the grant application, to carry out its terms and conditions, and to execute the resulting grant application, including entering into a sub recipient agreement with Polk County Health Department if the grant is awarded to the City of Des Moines.

APPROVED AS TO FORM:

Moved by Hensley to adopt.

[Signature]
 Michael F. Kelley, Assistant City Attorney

(Council Communication No. 11-614)

SPONSOR: Council Member Hensley

COUNCIL ACTION	YEAS	NAYS	PASS	ABSENT
COWNIE	✓			
COLEMAN	✓			
GRIESS	✓			
HENSLEY	✓			
MAHAFFEY	✓			
MEYER	✓			
MOORE	✓			
TOTAL	7			

CERTIFICATE

I, DIANE RAUH, City Clerk of said City hereby certify that at a meeting of the City Council of said City of Des Moines, held on the above date, among other proceedings the above was adopted.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day and year first above written.

[Signature] Mayor

[Signature] City Clerk