

Traffic Impact Fee Offset Application

Submit to loans@edcgov.us by August 16, 2024 at 5 pm

Per Board of Supervisor’s Policy, effective 12/11/2007, the Traffic Impact Fee (TIF) offset is one potential incentive in the process of developing affordable housing in the unincorporated areas of El Dorado County.

The TIF Program provides up to \$1.0 million per year of TIF offsets for qualifying affordable housing development. This Fee Offset will be allocated annually among selected, eligible affordable housing projects that apply.

Approved TIF Program applicants are required to restrict rent rates for income qualified occupants for a specific number of years.

The County will evaluate and rate TIF applications for projects that:

- Have established site control
- Demonstrate developer capacity
- Benefit very low, low, and/or moderate-income households
- Address County Housing Element goals
- Provide mixed income residential development
- Meet geographic distribution goals of affordable housing
- Have services and infrastructure in place
- Demonstrate they can obtain a building permit within two (2) years of TIF Program approval
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Questions and requests for additional information accepted	July 29th – August 9th via loans@edcgov.us
Optional TIF Application pre-submission meeting	August 8 th at 11 am - online
Application Deadline	August 16th by 5 pm via loans@edcgov.us
Notification to developer team who failed to meet submission requirements	Week of August 19th
Advisory Group meetings to recommend projects	Week of August 26th
Board of Supervisors awards funding	October 2024

Included are tables and information with data to assist applicants in completing their applications.

The Table below represents the current Traffic Impact Fees Schedule – Eff. July 20, 2024
 A percentage of these fees are eligible for an offset. Please identify your Zone on the Program website to calculate your offset percentage/amount: <https://www.eldoradocounty.ca.gov/Land-Use/County-Projects/CIP-TIF-Program/Traffic-Impact-Fee-Program/Traffic-Impact-Fees-Schedule>

Table 1			
Type	Zone A	Zone B	Zone C
SFD: Less than 1,000 Sq Ft	\$10,111	\$25,664	\$30,161
SFD: 1,000 to 1,499 Sq Ft	\$10,975	\$27,854	\$32,735
SFD: 1,500 to 1,999 Sq Ft	\$11,715	\$29,732	\$34,942
SFD: 2,000 to 2,999 Sq Ft	\$12,331	\$31,297	\$36,781
SFD: 3,000 to 3,999 Sq Ft	\$13,071	\$33,174	\$38,988
SFD: 4,000 Sq Ft or more	\$13,564	\$34,426	\$40,459
MFD	\$7,028	\$17,839	\$20,965
SFD: Age Restricted	N/A	\$9,389	\$11,035
MFD: Age Restricted	N/A	\$8,137	\$9,563

The Table below represents 2024 State Income Limits for El Dorado County for eligible income-qualified occupants of rent restricted TIF units.

Table 2							
2024 State Income Limits for El Dorado County							
Income Category		Number of Persons in Household					
		1 Person	2 People	3 People	4 People	5 People	6 People
Very Low Income	50% AMI	\$41,300	\$ 47,150	\$ 53,050	\$ 58,950	\$ 63,650	\$ 68,400
Low Income	80% AMI	\$ 66,050	\$ 75,450	\$ 84,900	\$ 94,300	\$ 101,850	\$ 109,400
Moderate Income	120% AMI	\$ 95,700	\$ 109,350	\$ 123,050	\$ 136,700	\$ 147,650	\$ 158,550

Effective 5-9-2024. Note: State Income Limits change annually.

Visit: <https://www.hcd.ca.gov/sites/default/files/docs/grants-and-funding/income-limits-2024.pdf>

The tables below represent the eligible percentage of TIF offset for units that are rent restricted to income qualified applicants for a specific number of years.

Affordability Level	Very Low Income	Low Income	Moderate Income
20 years	100% offset	75% offset	25% offset
15 years	75% offset	50% offset	0% offset
10 years	50% offset	25% offset	0% offset

Table 4			
Traffic Impact Fee Offset			
**Applies to Rental Units – does not apply to secondary units			
Affordability Level	Very Low Income	Low Income	Moderate Income
20 years (minimum)	100% offset	75% offset	25% offset

Table 5	
Traffic Impact Fee Offset	
***Applies to Second Units in New Construction, Does not apply to Ownership or Rental Units without a Secondary Unit	
Length of Affordability	
Not less than 20 years	100% offset

SECTION IV

TOTAL NUMBER OF UNITS _____ TOTAL AFFORDABLE UNITS _____
NUMBER OF ACCESSIBLE UNITS _____ NUMBER OF VISITABLE UNITS _____

SECTION V

WHAT IS YOUR PROJECT TYPE?
SELECT ONLY ONE

- OWNERSHIP
- RENTAL
- SECOND UNIT IN NEW CONSTRUCTION DEVELOPEMENT

SECTION VI

COMPLETE THE CHART BELOW BASED ON TABLES 1 - 4

	# OF UNITS	AMI LEVEL	LENGTH OF AFFORDABILITY	% OFFSET	TOTAL OFFSET
STUDIO					
1 - BEDROOM					
2 - BEDROOM					
3 - BEDROOM					
4 - BEDROOM					

TOTALTIF OFFSET REQUEST \$ _____ PER UNIT OFFSET \$ _____

SECTION VII

WILL THE PROJECT SERVE THE FOLLOWING COMMUNITIES?

- YES NO | SENIORS
- YES NO | DISABLED
- YES NO | OTHER POPULATIONS WITH SPECIAL HOUSING NEEDS (PLEASE DESCRIBE):

WHAT SERVICES, IF ANY, WILL BE OFFERED TO THE RESIDENTS AND WHAT ARE THE FUNDING SOURCES FOR THESE SERVICES?

SECTION VIII: PROJECT DEVELOPMENT TEAM

1a. CO-PARTNER

CONTACT: _____
ADDRESS: _____
EMAIL ADDRESS: _____
PHONE: () _____ FAX: () _____

1b. OWNER

CONTACT: _____
ADDRESS: _____
EMAIL ADDRESS: _____
PHONE: () _____ FAX: () _____

2. ATTORNEY

CONTACT: _____
ADDRESS: _____
EMAIL ADDRESS: _____
PHONE: () _____ FAX: () _____

3. CONTRACTOR

CONTACT: _____
ADDRESS: _____
EMAIL ADDRESS: _____
PHONE: () _____ FAX: () _____

4. ARCHITECT

CONTACT: _____
ADDRESS: _____
EMAIL ADDRESS: _____
PHONE: () _____ FAX: () _____

5. MANAGEMENT AGENT

CONTACT: _____
ADDRESS: _____
EMAIL ADDRESS: _____
PHONE: () _____ FAX: () _____

SECTION VIII: PROJECT DEVELOPMENT TEAM CONT'D

6. SUPPORTIVE SERVICE PROVIDER _____
CONTACT: _____
ADDRESS: _____
EMAIL ADDRESS: _____
PHONE: () _____ FAX: () _____

IF APPLICABLE, PLEASE ATTACH ANY ADDITIONAL INFORMATION FOR OTHER KEY ENTITIES INVOLVED IN THE PROJECT.

SECTION IX.: GENERAL SITE INFORMATION

PART A - GENERAL SITE INFORMATION

HAS A SITE BEEN DETERMINED FOR THIS PROJECT? YES NO

PART B - SITE CONTROL

1. DOES APPLICANT HAVE SITE CONTROL? YES NO

IF **YES**, FORM OF CONTROL:

- DEED DATE ACQUIRED: ____ / ____ / ____
- CONTRACT EXPIRATION DATE OF CONTRACT: ____ / ____ / ____
- OPTION TO PURCHASE
EXPIRATION DATE OF OPTION: ____ / ____ / ____

(INCLUDE COPY OF STATEMENT OF INTENT FROM CURRENT SITE OWNER)

IF **NO**, DESCRIBE THE PLAN FOR ATTAINING SITE CONTROL:

TOTAL COST OF LAND: \$ _____ SITE AREA SIZE: _____ ACRES OR SQFT.

CONTACT: _____
ADDRESS: _____
EMAIL ADDRESS: _____
PHONE: () _____ FAX: () _____

2. IS THE SELLER RELATED TO THE DEVELOPER? YES NO

PART C - ZONING AND UTILITIES

1. IS THE SITE PROPERLY ZONED FOR YOUR DEVELOPMENT? YES NO
IF **NO**, IS SITE CURRENTLY IN PROCESS OF REZONING? YES NO
WHEN IS THE ZONING ISSUE EXPECTED TO BE RESOLVED? _____ / _____ / _____

EXPLAIN:

2. ARE UTILITIES PRESENTLY AVAILABLE TO THE SITE? YES NO
IF **NO**, WHICH UTILITIES NEED TO BE BROUGHT TO THE SITE:
 ELECTRIC WATER PHONE GAS SEWER OTHER: _____

**SECTION X: SUPPLEMENTAL INFORMATION
PLEASE INCLUDE THE FOLLOWING DOCUMENTS WITH YOUR TIF OFFSET APPLICATION**

1. NOT-FOR-PROFIT ORGANIZATIONS
 - EVIDENCE OF 501(C)(3) OR 501(C)(4) STATUS
 - ARTICLES OF INCORPORATION AND BY-LAWS
 - CERTIFIED FINANCIAL STATEMENT (OR RECENT CERTIFIED AUDIT)

2. PRIVATE FOR-PROFIT ORGANIZATIONS
 - CERTIFIED FINANCIAL STATEMENT
 - NATURE OF OWNERSHIP ENTITY:
 - PARTNERSHIP - EVIDENCE OF CURRENT OWNERSHIP PERCENTAGES OF PARTNERS
 - SOLE PROPRIETORSHIP
 - CORPORATION
 - IF A CORPORATION, ARTICLES OF INCORPORATION AND BY-LAWS; IF A PARTNERSHIP, PARTNERSHIP AGREEMENT AND, IF APPLICABLE, CERTIFICATE OF LIMITED PARTNERSHIP

3. THE DEVELOPMENT PRO FORMA, WHICH IDENTIFIES THE TOTAL DEVELOPMENT COST AND THE SOURCES AND USES OF FUNDS.

4. SUPPORTING EVIDENCE OF ALL FUNDING COMMITMENTS RECEIVED AND A LIST OF PENDING APPLICATIONS WITH DATES OF SUBMISSION AND EXPECTED AWARDS.

5. RENDERINGS, SITE PLANS AND FLOOR PLANS, IF AVAILABLE.

6. LOCATION MAP OF PARCELS.

SECTION XI: CERTIFICATION

THE UNDERSIGNED HEREBY CERTIFIES THAT THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF THE UNDERSIGNED'S KNOWLEDGE AND BELIEF. FALSIFICATION OF INFORMATION SUPPLIED IN THIS APPLICATION MAY DISQUALIFY THE PROJECT FROM A TRAFFIC IMPACT FEE OFFSET. THE INFORMATION GIVEN BY THE APPLICANT MAY BE SUBJECT TO VERIFICATION BY THE EL DORADO COUNTY COMMUNITY DEVELOPMENT AGENCY. SUBMISSION OF THIS APPLICATION SHALL BE DEEMED AN AUTHORIZATION TO THE COUNTY TO UNDERTAKE SUCH INVESTIGATIONS, AS IT DEEMS NECESSARY TO DETERMINE THE ACCURACY OF THIS APPLICATION AND THE APPROPRIATENESS OF PROVIDING A COUNTY TIF OFFSET TO THE PROJECT. IF ANY INFORMATION CHANGES AFTER SUBMISSION OF THIS APPLICATION THE UNDERSIGNED AGREES TO NOTIFY THE COUNTY IMMEDIATELY. IN ADDITION, ANY CHANGE IN SCOPE OF PROPOSAL AND/OR COSTS MUST BE REPORTED TO THE COUNTY IMMEDIATELY.

THE UNDERSIGNED ALSO AGREES THAT ANY COMMITMENT BY THE COUNTY TO PROVIDE TIF OFFSETS THAT MAY BE FORTHCOMING FROM THIS APPLICATION IS CONDITIONED BY THE EL DORADO COUNTY ADVISORY COMMITTEE'S TIF OFFSET CRITERIA, AND THE APPLICANT'S CONTINUED COMPLIANCE WITH THOSE GUIDELINES.

THE UNDERSIGNED ALSO HEREBY CERTIFIES THAT THE GOVERNING BODY OF THE APPLICANT, IF ANY, HAS FORMALLY AUTHORIZED THE UNDERSIGNED TO EXECUTE THE DOCUMENTS NECESSARY TO MAKE THIS APPLICATION.

LEGAL NAME OF APPLICANT: _____

SIGNATURE: _____

NAME: (PLEASE PRINT) _____

TITLE: _____

DATE: _____

PHONE: _____

FAX: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____
