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December 4, 2020

The Honorable Nury Martinez
President
Los Angeles City Council

c/o Holly L. Wolcott
City Clerk
City Hall Room 360

ACQUISITION OF TEN HOTELS AND MOTELS FOR PROJECT HOMEKEY IN VARIOUS COUNCIL DISTRICTS (C.F. 20-0941) CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) NOTICE OF EXEMPTION (NOE)

Dear President Martinez and Honorable Members:

On August 11, 2020, a motion was introduced to instruct the City Administrative Officer and the Chief Legislative Analyst to report on the status of the Homekey Program and identify eligible projects for which the City can apply; under the 2020 Budget Act or any related acts, including the Coronavirus Relief Fund by the federal CARES Act. This project, the purchase of the properties listed in *Table 1* of the attached NOE, has been identified as eligible under the Homekey Program.

RECOMMENDATION

Staff recommends that Council determine that this project, the purchase of the properties listed in Table 1 of the NOE, is statutorily exempt under the Public Resources Code Section 21080(b)(4) as a specific action necessary to prevent or mitigate an emergency as also reflected in the California Environmental Quality Act Guideline section 15269(c) Health & Safety Code section 50675.1.2 (AB 83) applicable to any project funded from the 2020 Budget Act or any related acts, including the Coronavirus Relief Fund by the federal CARES Act, with funds disbursed in accordance with the Multifamily Housing Program for the acquisition of motels and hotels to be used as Homekey Program shelters; as set forth in the attached NOE.



Honorable Nury Martinez
December 4, 2020
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If you have any questions, please contact Maria Martin at (213) 485-5753.

Sincerely,



Electronically signed by
Mahmood Karimzadeh for Gary Lee Moore, PE, ENV SP
City Engineer

GLM/MK/mem

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Acquisitions_CEQA NOE_12_04_20

cc: Deborah Weintraub, Bureau of Engineering
Mahmood Karimzadeh, Bureau of Engineering
Maria Martin, Bureau of Engineering

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EXEMPTION NARRATIVE

The Project includes the acquisition of four (4) existing hotels and motels that will be converted into crises and bridge homeless shelters. The Project also includes minor tenant improvements to the existing interior and exterior for rehabilitation to accommodate American with Disabilities Act (ADA) standards; such as hearing and vision impaired upgrades, path of travel improvements, and life and safety upgrades. There are approximately 257 beds that will provide shelter with supporting spaces including living room areas, toilets, showers, laundry services, storage, food services, and case management to families and individuals experiencing homelessness.

The Project includes the following four (4) existing hotels and motels located all throughout the City of Los Angeles:

TABLE 1 – PROJECT HOMEKEY LIST OF PROPERTIES							
	Hotel Name	Name and Address	APN T.G.	CD	Zone	Land Use	CPA
1	Ramada	9120 Woodman Ave. Los Angeles, CA 91334	2642030020 T.G. 502 B7	6	C2	Neighborhood Office Commercial	Van Nuys
2	East West Motel	5350 Huntington Dr. S, Los Angeles, CA 90032	5219004020 T.G. 595 F5	14	C2	General Commercial	Northeast Los Angeles
3	Skyway Hotel	9250 Airport Blvd. Los Angeles, CA 90045	4125022019 T.G. 702 J4	11	M1	Limited Industrial	Westchester
4	Good Nite Inn	12835 Encinitas Ave. Los Angeles, CA 91342	2604035007 T.G. 481 F5	7	C1	Community Commercial	Sylmar

The Project sites are located in the Van Nuys, Northeast Los Angeles, Westchester, Venice, and Sylmar Community Plan Areas within Council Districts 6, 7, 11, and 14, see *Table 1 - Project Homekey List of Properties*. (City of Los Angeles, 2020)

There are a total of approximately 257 beds in these motels and hotels that will be used for in crises and bridge housing for a maximum of up to approximately 257 people experiencing homelessness, or who are at risk of homelessness and who are impacted by the COVID-19 pandemic.

The Project sites are located within urban areas on parcels that are currently developed as hotels or motels. Two of the Projects are C2 zoned with a mix of Neighborhood Office, Community, General Commercial land use designations. The other Projects are zoned M1 and C1 with Limited Industrial and Community Commercial land uses. All of the locations are existing hotels or motels that will be acquired and converted into crises and bridge housing through minor rehabilitating tenant improvements. (City of Los Angeles, 2020)

I. PROJECT HISTORY: HOMELESS SHELTER CRISIS AND EMERGENCY

A. Homelessness Imposes a Loss of, or Damage to, Life, Health, Property, and to Essential Public Services in the City

Homelessness presents a danger of loss or damage to the health and property of the people of the City and an undue burden on essential public services. Homeless persons constitute

approximately 0.78 percent of the City's population (Los Angeles Homeless Services Authority, 2018).

In 2018, homeless persons constituted 13.5 percent of LAFD's total patient transports to a hospital, meaning a homeless person is 17 percent more likely to require emergency hospital transportation than the general population (LAFD Battalion Chief and Paramedic Douglas Zabilski, 2019). Studies have shown that individuals identified as homeless utilize health care services more frequently than comparable non-homeless individuals of the same age, gender, and low-income status, particularly high-cost services such as ER visits and psychiatric hospitalizations (Hunter, 2017) (Hwang SW, 2013).

Los Angeles County's Chief Executive Officer reported the County spent \$965 million on health, law enforcement, and social services toward individuals experiencing homelessness in fiscal year 2014–2015 (Wu, 2016). Consistent with that report, a 1998 study in the *New England Journal of Medicine* found that homelessness was associated with substantial excess costs per hospital stay in New York City, with homeless patient staying in the hospital 36 percent longer per admission on average than other patients (Salit, *Hospitalization Costs Associated with Homelessness in New York City*, 1988).

Homelessness also causes significant danger to the health and lives of persons who are homeless. Homeless individuals living in the City are frequent crime victims. In 2018, LAPD reported 2,965 instances where a homeless individual was a victim of a serious crime, including homicide, rape, aggravated assault, theft, and arson (also known as "Part 1 Crimes.") (Commander Dominic H. Choi, 2019). This compares to 1,762 such crimes in 2017, a 68 percent increase (*Id.*). This dramatic increase in Part 1 Crime statistics may be due to more rigorous LAPD data collection methodologies, but is consistent with the increasing incidence of homelessness documented in June of 2019 detailed below (*Id.*).

Overall, in 2018, the LAPD reported 6,671 instances in total where a homeless individual was a Part 1 Crime victim and/or suspect, among the 31,285 estimated homeless individuals throughout the City (*Id.*). This means that in 2018 there was approximately one Part 1 Crime per every 4.68 homeless individuals in the City. By comparison, for the same year LAPD reported 129,549 total Part 1 Crimes Citywide among an estimated population of 4,054,400 City residents, or approximately one Part 1 crime per every 31.29 City residents. Accordingly, the rate of Part 1 crimes among homeless individuals in 2018 was approximately seven times higher than the rate among the City population as a whole (*Id.*).

On October 4, 2018 and again on February 6, 2019, the Los Angeles County Department of Public Health identified an outbreak of endemic flea-borne typhus in downtown Los Angeles among persons experiencing homelessness. On September 19, 2017, the Los Angeles County Department of Public Health declared a Hepatitis A virus outbreak among persons who are homeless and/or use illicit drugs in the County. Likewise, a January 2018 report from the Los Angeles County Department of Mental Health reported that data from the Los Angeles County Medical Examiner-Corner's showed that a significant number of deaths in the homeless population were caused by treatable conditions such as arteriosclerotic cardiovascular disease, pneumonia, diabetes, cancer, cirrhosis, severe bacterial infections and other conditions (Choi, 2019). As noted more recently by the Board of Supervisors for the County of Los Angeles on October 29, 2019:

Mortality rates for people experiencing homelessness are much higher than those for the general population, have risen in the County over the past five years, and are expected to increase again for 2019. A recent analysis by the County's Department of Public Health on mortality rates and causes of death among people experiencing homelessness shed critical light on this issue and provided sobering data on recent trends. The overall mortality rate, which

accounts for increases in the total homeless population over the 6-year period from 2013 to 2018, increased each year from 1,382 per 100,000 to 1,875 deaths per 100,000, with the total number of deaths among people experiencing homelessness increasing each year from 536 in 2013 to 1,047 in 2018. The leading causes of death included coronary heart disease (22%) and unintentional drug and alcohol overdose (21%), indicating that there are opportunities for interventions to prevent premature deaths (Supervisor Ridley-Thomas, Supervisor Solis, 2019) (Department of Public Health, 2019).

These significant adverse health impacts suffered by the homeless in the City and County of Los Angeles are consistent with the impacts identified by a well-established body of expert social science studies that document the significant adverse health and welfare impacts experienced by homeless persons in the United States and in other countries, which the homeless in the City and County experience as well. Some of that research has documented the following impacts upon homeless persons:

Mortality Rates. A study of the mortality rates of sheltered homeless people in New York City between 1987 and 1994 documented that homeless men died at a rate more than twice that of other residents of New York, and that homeless women died at a rate more than 3.7 times greater than other New York residents (Barrow, Susan M., PhD, Daniel B. Herman, DSW, Pilar Cordova, BA, and Elmer L. Struening, PhD, 1999). A study conducted between 1985 and 1988 in Philadelphia found that the mortality rate among homeless persons in Philadelphia was nearly four times greater than for the general population (Hibbs, Jonathan R., MD, et al., 1994). A review of five years of data between 2000 and 2005 in Glasgow, Scotland found that homelessness is, itself, is an independent risk factor for death, distinct from other specific causes (Morrison, 2009).

Access to Healthcare. A 2003 nationwide survey of homeless persons documented that homeless adults reported substantial unmet needs for multiple types of health care (Baggett, Travis P., MD, MPH, James J. O'Connell, MD, Daniel E. Singer, MD, and Nancy A. Rigotti, MD, 2010). The report found 73 percent of the respondents reported at least one unmet health need, including an inability to obtain needed medical or surgical care (32%), prescription medications (36%), mental health care (21%), eyeglasses (41%), and dental care (41%) (*Id.*).

AIDs Impacts. A study of San Francisco residents diagnosed with AIDS from 1996 through 2006 and reported to the San Francisco Department of Public Health demonstrated that homeless persons with HIV/AIDS have greater morbidity and mortality, more hospitalizations, less use of antiretroviral therapy, and worse medication adherence than HIV infected persons who are stably housed (Schwarcz, Sandra K, Ling C Hsu,, Eric Vittinghoff, Annie Vu, Joshua D Bamberger and Mitchell H Katz, 2009).

Cancer Impacts. A study of 28,000 current and formerly homeless individuals in Boston documented that homeless men saw a significantly higher cancer incident rate than expected compared to the general Massachusetts general population, and that homeless women and men experienced significantly higher cancer mortality rates than the Massachusetts general population (Baggett, Travis P et al., 2015).

B. Unexpected and Unabated Dramatic Surge in Homelessness

A 2017 Rand Corporation study reported the County of Los Angeles as having the highest rate in the United States of unsheltered individuals who experience homelessness (Hunter, Sarah B., Melody Harvey, Brian Briscoombe, and Matthew Cefalu, 2017). The impacts of homelessness upon the homeless and upon the community, in terms of the danger to or loss of life, property, health and burden on public services is exacerbated in the City due the very size of the City's homeless population. The homeless shelter crisis and the rise in homelessness are the type of

emergency situations that led the State to adopt AB 1197, an urgency statute addressing homelessness that was deemed necessary for the immediate preservation of the public peace, health, or safety and for the critical necessity to address the shelter and homeless crisis within the City of Los Angeles.

The City of Los Angeles (the City) City Council declared a homeless shelter crisis pursuant to Government Code Section 8698, et seq. on April 17, 2018 (The Honorable M. Bonin & M. O'Farrell , 2019), which is currently in effect (The Honorable M. Bonin & M. Harris-Dawson, 2019). Following significant investment of resources by both the County and City, the 2018 Homeless Count showed progress in reducing homelessness, documenting a 5.5 percent overall decrease in the number of persons experiencing homelessness in LA County (LAHSA, 2020).

Table 1 - 2018 Homeless Count Data Summary presents the data revealed by the 2018 Homeless Count concerning the City of Los Angeles, as documented in the 2018 Data Summary in Table 1 (LAHSA, 2020).

Table 1 2018 Homeless Count Data Summary		
	Number of Individuals	Change from 2017
Sheltered Homeless	8,398	6% Decrease
Unsheltered Homeless	22,887	5.3% Decrease
Total Homeless Persons	31,285	5.5% Decrease

Despite these efforts and the initial progress shown in 2018, the revised 2019 Homeless Count, released in July 22, 2020, unexpectedly documented a dramatic increase in the number of individuals experiencing both sheltered and unsheltered homelessness in (LAHSA, 2020) *Table 2 - 2019 Homeless Count Data Summary* presents the data revealed by the 2019 Homeless Count concerning the City of Los Angeles, as documented in the 2019 Data Summary as shown in Table 2 (LAHSA, 2020):

Table 2 2019 Homeless Count Data Summary (Revised 07/20/2020)		
	Number of Individuals	Change from 2018
Sheltered Homeless	8,944	6.5% Increase
Unsheltered Homeless	26,606	16.2% Increase
Total Homeless Persons	35,550	13.7% Increase

LAHSA recently published its 2020 Homeless Count, released in July 20, 2020, which shows that the homelessness emergency in the City of Los Angeles continues unabated. The documented number of individuals experiencing both sheltered and unsheltered homelessness

dramatically increased yet again, as shown in *Table 3 - 2020 Homeless Count Data Summary*. (LAHSA, 2020)

Table 3		
2020 Homeless Count Data Summary		
	Number of Individuals	Change from 2019
Sheltered Homeless	12,438	39% Increase
Unsheltered Homeless	28,852	8.4% Increase
Total Homeless Persons	41,290	16.1 % increase

C. Emergency Related to COVID-19 Pandemic Impacting Homeless Community

In addition to the crisis of growing homelessness, the COVID-19 pandemic is impacting homeless persons. On March 4, 2020, the Governor proclaimed a State of Emergency for the State of California (Governor Gavin Newsom, 2020), and the Mayor of the City of Los Angeles declared a local emergency related to the threat of the COVID-19 pandemic affecting the local population (Mayor Eric Garcetti, 2020). The City is facing an unprecedented emergency at the current time due to the sudden occurrence of the COVID-19 pandemic, and this emergency is particularly concerning for the imminent threat it poses to the City's homeless population.

On March 11, 2020, the State Department of Health issued guidance for protecting homeless Californians from COVID-19, which noted the following:

“We know that individuals experiencing homelessness are at greater risk of having an untreated and often serious health condition. This vulnerable population also has a higher risk of developing severe illness due to COVID-19,” said Dr. Mark Ghaly, Secretary of the California Health and Human Services Agency. “It is important that we act now to protect this population and the compassionate people who serve them.” (Corey Egel, 2020)

The homeless often live unsheltered, unprotected from the elements and in close contact and proximity to other individuals in the homeless community. As noted above, the homeless population is substantially more prone to underlying health conditions. The State Department of Public Health additionally states that populations “with compromised immune systems, and people with certain underlying health conditions like heart disease, lung disease and diabetes, for example, seem to be at greater risk of serious illness.” (California Dept. of Public Health, 2020) Thus, exposure to COVID-19 in the homeless population is an imminent concern for the damage it will cause on these susceptible individuals.

On March 12, 2020, the Governor's Executive Order No. N-25-20 noted the “need to secure numerous facilities to accommodate quarantine, isolation, or medical treatment of individuals testing positive for or exposed to COVID-19.” (Governor Gavin Newsom, 2020) On March 18, 2020, the Governor issued Executive Order No. N-32-20 (Governor Gavin Newsom, 2020), which further noted imminent impacts to the homeless, as follows:

[T]he emergency of COVID-19 necessitates a more focused approach, including emergency protective measures to bring unsheltered Californians safely indoors,

expand shelter capacity, maintain health and sanitation standards and institute medically indicated interventions, and add new isolation and quarantine capacity to California's shelter and housing inventory to slow the spread of the pandemic....

The Governor has stated that “[p]eople experiencing homelessness are among the most vulnerable to the spread of COVID-19,” and “California is deploying massive resources to get these vulnerable residents safely into shelter, removing regulatory barriers and securing trailers and hotels to provide immediate housing options for those most at risk. Helping these residents is critical to protecting public health, flattening the curve and slowing the spread of COVID-19.” (California Governor, Press Release (Governor Gavin Newsom, 2020)

On March 19, 2020, the Governor issued a stay-at-home order directing residents to stay home or at their place of residence (Governor Gavin Newsom, 2020). It noted “in a short period of time, COVID-19 has rapidly spread throughout California, necessitating updated and more stringent guidance from federal, state, and local public health officials.” (Governor Gavin Newsom, 2020). Similar local Safer-at-Home orders followed (County of Los Angeles Public Health Department, 2020) (Mayor Eric Garcetti, 2020). The City's Safer at Home order particularly noted the following:

City of Los Angeles officials and contracted partners responsible for homelessness outreach shall make every reasonable effort to persuade such residents to accept, if offered, temporary housing or shelter, as the Health Officer of the County of Los Angeles recommends that sheltering individuals will assist in reducing the spread of the virus and will protect the individual from potential exposure by allowing the individual access to sanitation tools.

(Mayor Eric Garcetti, 2020)

In the United States District Court Central District of California case of *LA Alliance for Human Rights Et Al. vs. the City of Los Angeles, Et al.* Case No. CV 20-02291 DOC (The Honorable Judge David O. Carter, 2020), concerning homelessness, the Court entered a May 2020 injunction that had ordered the City of Los Angeles in partnership with the County of Los Angeles, to protect a particular subset of persons experiencing homelessness, finding they are exposed to severely heightened public health risks as a result of where they live. (The Honorable Judge David O. Carter, 2020) Although the Court vacated that order on June 18, 2020, in favor of a homeless shelter agreement between the City and County, the Court retained its right to re-impose the May 2020 injunction. The Court's May 2020 findings concerning the emergency situation faced by homeless persons, therefore, is relevant to understanding the emergency situation.

The Injunction found that the combined risks of health impacts from living near freeways and the on-going Covid-19 pandemic constitute an emergency. The Court found that it is unreasonably dangerous for humans to live in areas which have deleterious health impacts and can shorten a homeless person's life expectancy by decades. These locations near freeways, for example, could be contaminated with lead or other carcinogenic substances and also increase the danger that a homeless person will be struck by a vehicle or injured in the event of an earthquake or crash. Camps in these locations can also burden the general public—for example, by posing potential hazards to passing motorists, or by making sidewalks and other rights-of-way inaccessible to individuals with disabilities.

The Court further found that providing housing for persons experiencing homelessness will help stop the spread of COVID-19 persons experiencing homelessness and will also help reduce the likelihood that the disease will spread throughout the greater Los Angeles community

Taken together, the unexpected and dramatic increase in homelessness in the City and County of Los Angeles identified first in 2019 continues unabated in 2020, which is now exacerbated by the COVID-19 pandemic posing a critical emergency situation in the City of Los Angeles. This situation presents documented dangers to health, life, property and a burden on public resources which presents an emergency as defined by CEQA as explained below. Furthermore, the State has created additional CEQA exemptions applicable in the City of Los Angeles concerning homelessness and homeless shelters.

II. THE PROJECT IS EXEMPT FROM FURTHER CEQA REVIEW

A. The Project is Exempt Pursuant to the Emergency CEQA Statutory Exemption (Public Resources Code (PRC) Section (§) 21080[b][4])

PRC § 21080(b)(4) provides that CEQA does not apply, to “specific actions necessary to prevent or mitigate an emergency.” PRC § 21060.3 defines Emergency as, “a sudden, unexpected occurrence, involving a clear and imminent danger, demanding immediate action to prevent or mitigate loss of, or damage to, life, health, property, or essential public services.” Section 21060.3 further provides that Emergency, “includes such occurrences as fire, flood, earthquake, or other soil or geologic movements, as well as such occurrences as riot, accident, or sabotage.”

Finally, 14 California Code of Regulations (Governor's Office of Planning and Research, 2018) § 15269, “Emergency Projects,” provides examples of emergency projects exempt from the requirements of CEQA, including the following:

(c) Specific actions necessary to prevent or mitigate an emergency. This does not include long-term projects undertaken for the purpose of preventing or mitigating a situation that has a low probability of occurrence in the short-term, but this exclusion does not apply

(i) if the anticipated period of time to conduct an environmental review of such a long-term project would create a risk to public health, safety or welfare, or

(ii) if activities (such as fire or catastrophic risk mitigation or modifications to improve facility integrity) are proposed for existing facilities in response to an emergency at a similar existing facility.

The Project is a specific action necessary to prevent or mitigate an emergency – the conditions arising from a sudden and unexpected dramatic rise in the City’s already dangerously large homeless population, now adversely impacted by the COVID-19 pandemic for all of the reasons set forth above in Part I (Project History). The Project, therefore is exempt from CEQA environmental review pursuant to Section 21080(b)(4).

B. The Project is Exempt Pursuant to the Statutory CEQA Exemption Provided in AB 83, As Codified at Health & Safety Code Section 50675.1.2

Assembly Bill 83 was signed into law on June 29, 2020, which added Health & Safety Code §50675.1.1 and §50675.1.2, creating a statutory exemption for compliance with CEQA for Project Homekey Program or similar projects funded from the 2020 Budget Act or any related acts, including the Coronavirus Relief Fund by the federal CARES Act (Public Law 116-136) with funds disbursed in accordance with the Multifamily Housing Program for the acquisition of

motels and hotels to be used as shelters.

AB 83 took immediate effect as a budget bill. As noted in the following sections, the acquisition of motels and hotels for use as shelters under this Project complies with the requirements in Health & Safety Code Sections 50675.1.1 and 50675.1.2, and thus the Project is exempt from CEQA under Health & Safety Code Section 50675.1.2.

1. The Project is a Qualifying Homekey Program Project

Health and Safety Code Sections 50675.1.2(a) and 50675.1.1(a) explain the qualifications for the statutory exemption from CEQA under Section 50675.1.2. Particularly, Health and Safety Code Sections 50675.1.2(a) states that if certain requirements are met, as discussed in the following sections, below, CEQA “shall not apply to any project, including a phased project, funded pursuant to Section 50675.1.1.” Section 50675.1.1(a) provides that funds appropriated in the 2020 Budget Act or an act related to the 2020 Budget Act, including, but not limited to, moneys received from the Coronavirus Relief Fund established by the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act (Public Law 116-136), to provide housing for individuals and families who are experiencing homelessness or who are at risk of homelessness, as defined in Section 578.3 of Title 24 of the Code of Federal Regulation, and who are impacted by the COVID-19 pandemic, shall be disbursed in accordance with the Multifamily Housing Program, including as grants to cities, counties, and other local public entities, as necessary, created by this chapter for the following uses, consistent with applicable federal law and guidance:(1) Acquisition or rehabilitation of motels, hotels, or hostels.” Section 50675.1.1(g) additionally states that “Any project that uses funds received from the Coronavirus Relief Fund for any of the purposes specified in subdivision (a) shall be deemed consistent and in conformity with any applicable local plan, standard, or requirement, and allowed as a permitted use, within the zone in which the structure is located, and shall not be subject to a conditional use permit, discretionary permit, or to any other discretionary reviews or approvals.”

This Project qualifies under these requirements because the Project is part of the City’s Homekey Program that provides interim homeless housing, that will be funded through that program with remaining qualifying funds appropriated from the 2020 Budget Act and the Coronavirus Relief Fund established by the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act (Public Law 116-136). The Project includes the acquisition and rehabilitation of four (4) hotels and motels to rehabilitate the motel and hotel units for use as housing for persons experiencing homelessness or who are at risk of homelessness; which may include lower income, and very low income households. Therefore, the Project involves qualifying activities and funding for the exemption from CEQA in Health and Safety Code Sections 50675.1.2.

2. No units will be acquired through eminent domain

To qualify for the CEQA exemption, Health and Safety Code Section 50675.1.2(a)(1) requires that, if applicable, no units were acquired by eminent domain. Here, the all four (4) acquisitions will be purchased through a voluntary negotiated sale with the owner using public funds and none of the hotels/motels will be acquired by eminent domain.

3. Units will be in decent, safe, and sanitary condition at the time of their occupancy

To qualify for the CEQA exemption, Health and Safety Code Section 50675.1.2(a)(2) requires that, if applicable, “units will be in decent, safe, and sanitary condition at the time of their occupancy.”

The existing hotel/motel units will be rehabilitated for use as crises and bridge homeless shelter rooms and will be upgraded, as needed, to a decent, safe, and sanitary condition at the time of their occupancy.

4. The Project contractors and subcontractors will be required to pay prevailing wages

To qualify for the CEQA exemption, Health and Safety Code Section 50675.1.2(a)(3) requires that, if applicable, “the project proponent shall require all contractors and subcontractors performing work on the project to pay prevailing wages for any rehabilitation, construction, or alterations in accordance with Chapter 1 (commencing with Section 1720) of Part 7 of Division 2 of the Labor Code.”

If applicable, the Department of Public Works (DPW) Bureau of Contract Administration's (BCA) Office of Contract Compliance (OCC) administers the City of Los Angeles' Labor Compliance Program (LCP). The City's LCP is certified under California Code of Regulations Chapter 8, Section 16425 and adheres to the statutory requirements as stated in California's Labor Code Section 1771.5. The OCC's Labor Compliance Section (LSC) is responsible for educating, assisting, monitoring and enforcing prevailing wage requirements of the applicable labor laws to ensure that all contractors working on City projects are in compliance with State (California Labor Code Chapter 1 of Part 7 of Division 2) and Federal (Code of Federal Regulations 29) prevailing wage statutes and regulations. (City of Los Angeles, 2020)

The Bureau of Engineering's Project Award and Control Division (PAC) is an engineering support division of BCA that provides procurement of contracts, and assures compliance with all Labor Codes. PAC is committed to paying prevailing wages and using a skilled and trained workforce to ensure that contractors will hire qualified workers and the City will therefore receive quality work.

Any contractors/subcontractors working on the project rehabilitation work will be required to comply with prevailing wage requirements given that the source of the funding for the work requires the payment of prevailing wages.

5. Enforceable commitment will be obtained ensuring contractors and subcontractor perform work with a skilled and trained workforce for any rehabilitation, construction, or alterations in accordance with Public Contract Code Section 2600 et seq.

To qualify for the CEQA exemption, Health and Safety Code Section 50675.1.2(a)(4) requires that, if applicable, “the project proponent obtains an enforceable commitment that all contractors and subcontractor performing work on the project will use a skilled and trained workforce for any rehabilitation, construction, or alterations in accordance with Chapter 2.9 (commencing with Section 2600) of Part 1 of Division 2 of the Public Contract Code.”

As noted above, the Department of Public Works (DPW) Bureau of Contract Administration's (BCA) Office of Contract Compliance (OCC) administers the City of Los Angeles' Labor Compliance Program (LCP). The City's LCP is certified under California Code of Regulations Chapter 8, Section 16425 and adheres to the statutory requirements as stated in California's Labor Code Section 1771.5. The OCC's Labor Compliance Section (LSC) is responsible for

educating, assisting, monitoring and enforcing prevailing wage requirements of the applicable labor laws to ensure that all contractors working on City projects are in compliance with State (California Labor Code Chapter 1 of Part 7 of Division 2) and Federal (Code of Federal Regulations 29) prevailing wage statutes and regulations. (City of Los Angeles, 2020)

The Bureau of Engineering's Project Award and Control Division (PAC) is an engineering support division of BCA that provides procurement of contracts, and assures compliance with all Labor Codes. PAC is committed to paying prevailing wages and using a skilled and trained workforce to ensure that contractors will hire qualified workers and the City will therefore receive quality work.

6. A letter of support from a county, city, or other local public entity will be provided to the lead agency for any rehabilitation, construction, or alteration work

To qualify for the CEQA exemption, Health and Safety Code Section 50675.1.2(a)(5) requires that, if applicable, "the project proponent submits to the lead agency a letter of support from a county, city, or other local public entity for any rehabilitation, construction, or alteration work." Rehabilitation, construction, and alteration work at the properties will require additional review by City departments, and the relevant department, HACLA, or other local public entity will provide a letter of support as needed through the review of that rehabilitation, construction, or alteration work.

7. Acquisitions will be paid for exclusively by public funds

To qualify for the CEQA exemption, Health and Safety Code Section 50675.1.2(a)(6) requires that, if applicable, "any acquisition is paid for exclusively by public funds." Here, the Project is anticipated to be entirely funded from the Coronavirus Relief Fund for the federal CARES Act. for acquiring these properties. Additional public funds may be used for the Project if they become available and/or are needed for the acquisition. No private funds will be used. Therefore, all four (4) acquisitions will be paid for exclusively by public funds.

8. The project will provide housing units for individuals and families who are experiencing homelessness or who are at risk of homelessness

To qualify for the CEQA exemption, Health and Safety Code Section 50675.1.2(a)(7) requires that, if applicable, "the project provide housing units for individuals and families who are experiencing homelessness or who are at risk of homelessness." The Project includes the acquisition and rehabilitation of four (4) hotels and motels to convert the motel and hotel units into housing for persons experiencing homelessness or who are at risk of homelessness; which may include lower income, and very low income households. This is considered part of the City's Homekey Program and is required for the State's Homekey Program. Therefore, this requirement is met.

9. The Project will require long-term covenants and restrictions requiring the units to be restricted to persons experiencing homelessness or who are at risk of homelessness, which may include lower income, and very low income households for no fewer than 55 years.

To qualify for the CEQA exemption, Health and Safety Code Sections 50675.1.2(a)(8) requires that, if applicable, "long-term covenants and restrictions require the units to be restricted to persons experiencing homelessness or who are at risk of homelessness, which may include

lower income, and very low income households, as defined by Section 50079.5, for no fewer than 55 years.”

The Project will convert hotel and motel rooms into housing units for individuals and families who are experiencing homelessness or who are at risk of homelessness as part of the City’s Project Homekey program. Long-term covenants and restrictions, no fewer than 55 years, requiring the units be restricted to persons experiencing homelessness or at risk of homelessness will put in place through recorded deeds of trust and regulatory agreements, which will be coordinated with HACLA by the City.

10. The Project does not increase the existing footprint

To qualify for the CEQA exemption, Health and Safety Code Section 50675.1.2(a)(9) requires that, if applicable, the Project cannot “increase the original footprint of the project structure or structures by more than 10 percent, [and a]ny increase to the footprint of the original project structure or structures shall be exclusively to support the conversion to housing for the designated population, including, but not limited to, both of the following: (A) Achieving compliance with local, state, and federal requirements[;] (B) Providing sufficient space for the provision of services and amenities.”

Here, the Project involves the acquisition and improvement of motels and hotels without increasing the original footprint of the Project structure or structures by more than 10 percent. The only planned additions to the 4 existing hotels/motels will be for fire, life and safety upgrades and Americans with Disabilities Act requirements. The existing units will be improved to be crises and bridge homeless shelter rooms and to provide necessary homelessness services and amenities.

11. Conclusion Regarding Health & Safety Code § 50675.1.2 CEQA Exemption

Based on the above-noted information, the Project is exempt from CEQA pursuant to Health & Safety Code § 50675.1.2. The City is committed to providing crises and bridge housing to people experiencing homelessness or who are at risk of homelessness through the acquisition and improvement of these hotel and motel into shelters.

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