

**STATE OF CALIFORNIA**

**DEPARTMENT OF  
HOUSING AND COMMUNITY DEVELOPMENT**

**EMERGENCY SOLUTIONS GRANTS (ESG)  
PROGRAM**

**2013 APPLICATION**



**FINAL FILING DATE: 5:00 P.M.**

**DECEMBER 17, 2013**

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## SECTION I – GENERAL INSTRUCTIONS

This Application is subject to the Emergency Solutions Grants (ESG) Program federal regulations established by the U. S. Department of Housing and Urban Development (HUD), 24 Code of Federal Regulations (CFR), Parts 91 and 576, as well as applicable limited sections of the State Regulations, 25 California Code of Regulations (CCR), Section 8400 et seq.

1. Please read the ESG 2013 Notice of Funding Availability (NOFA), as well as the federal and State regulations stated above.
2. Application Requirements:
  - Submit 1 Original (Hard Copy) Application in a white 3-Ring Binder, with pockets.
  - Type the Applicant Name, County, and ESG 2013 on the front and spine of the binder.
  - Submit 1 PDF copy of the Original Application on a Compact Disk (CD). The CD must include copies of the originally signed Application pages.
  - Label the CD “Copy” and include the Applicant Name and County.
  - Applications must be typed in 11-pitch font.
  - All Sections, I through VI, and Attachments, A through W, must be tabbed.
  - All Applications must keep the original pagination. If question responses do not fit within the space provided, use an additional page and place directly behind the original page. If additional pages are needed, use extended page numbers (i.e. page 7-1, 7-2, etc.)
  - Round all dollar amounts to the nearest dollar (i.e. \$4.59 should be rounded to \$5 and \$4.25 should be rounded to \$4.)
3. Applications for **Rapid Re-Housing Assistance**:
  - In addition to #2 above, Applications for Rapid Re-Housing Assistance must be submitted as a separate, stand-alone Application.
  - Applications for Rapid Re-Housing Assistance may include HMIS and Administration Component/Activities, but no other Component/Activities.
4. All Applications will be reviewed for completeness, and all or a portion of the Application can be denied for the following reasons:
  - The State is unable to reasonably determine what the Applicant is proposing.
  - The Application is incomplete or does not pass ESG Program threshold.
  - The Applicant or proposed activities are determined to be ineligible.
5. All HCD funding decisions are final.

## SECTION II – APPLICANT INFORMATION

(Note: Name of Applicant must be the same as stated on the Articles of Incorporation, Resolution and Payee Data Record.)

Pages 4-5

### Name of Applicant:

County:	Federal Tax ID Number (EIN):
Address:	Data Universal Numbering System (DUNS) :
City, State and Zip:	

### Authorized Representative Information (Per Resolution)

First, Middle and Last Names:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other
Title:	
Address:	City, State and Zip:
Area Code and Phone No.:      Fax No.:	E-Mail Address:

### Applicant Contact Information (If Different from Authorized Representative)

First, Middle and Last Names:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other
Title:	
Address:	City, State and Zip:
Area Code and Phone No.:      Fax No.:	E-Mail Address:

### Fiscal Representative Information (i.e., Accountant/Bookkeeper)

First, Middle and Last Names:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other
Title:	
Address:	City, State and Zip:
Area Code and Phone No.:      Fax No.:	E-Mail Address:

### Regional Allocation (Refer to ESG NOFA, Appendix A):

<input type="checkbox"/> Northern California
<input type="checkbox"/> Southern California
<input type="checkbox"/> Rural
<input type="checkbox"/> New Program – When did the New Program begin?      /      (Month/Year)

**Legislative and Congressional Information**

Provide the Legislative and Congressional Information for the Applicant, and each Component Location Site included in this Application.

To locate or verify the Legislative and Congressional Information, click on the respective links below and enter the Applicant Office Location Zip Code; the Component Location Site Zip Code (i.e., Zip Code where the Component Activities are performed); and any additional Component Location Site(s), as applicable. Copy this page if more than one Component is included in this Application, and identify the respective Component on each page.

State Legislators: <http://www.leginfo.ca.gov>

U.S. House of Representatives: <http://www.congressmerge.com/onlinedb/index.htm>

**\*\*Insert Component Type Here\*\***

<b>Applicant Office Location</b>	<b>District #</b>	<b>First Name</b>	<b>Last Name</b>
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
<b>Component Location – Site 1</b>	<b>District #</b>	<b>First Name</b>	<b>Last Name</b>
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
<b>Component Location - Site 2</b>	<b>District #</b>	<b>First Name</b>	<b>Last Name</b>
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
<b>Component Location - Site 3</b>	<b>District #</b>	<b>First Name</b>	<b>Last Name</b>
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
<b>Component Location - Site 4</b>	<b>District #</b>	<b>First Name</b>	<b>Last Name</b>
State Assembly Member			
State Senate Member			
U.S. House of Representatives			

**SECTION III – COMPONENT INFORMATION**

Pages 6-7

**1. Component(s) Applied For:**

<u>Component</u>	<u>Check all that Apply to this Application:</u>
<b>Emergency Shelter (Including Transitional Housing and Day Centers)</b>	<input type="checkbox"/>
<b>Street Outreach</b>	<input type="checkbox"/>
<b>Homelessness Prevention</b>	<input type="checkbox"/>
<b>Rapid Re-Housing Assistance</b>	<input type="checkbox"/> <b>Separate Application Required</b>
<b>HMIS</b>	<input type="checkbox"/>
<b>Grant Administration</b>	<input type="checkbox"/>

**2. Population(s) Served for each Component:**

<u>Population(s) Served</u>	<u>Emergency Shelter</u>	<u>Street Outreach</u>	<u>Homelessness Prevention</u>	<u>Rapid Re-Housing Assistance</u>
<b>General Homeless Population</b> (Includes: Single Men, Single Women, Women with Children, Families, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Victims of Domestic Violence</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Homeless Youth</b> (Under 25 Years Old)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Persons with HIV/AIDS</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Veterans</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chronically Homeless</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Developmentally Disabled</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Physically, Mentally, or Emotionally Disabled</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chronic Substance Abusers</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Elderly</b> ( 62+ Years Old)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION III – COMPONENT INFORMATION

3. **Component Description(s)**: Complete an “**Attachment Q**” for each Component included in this Application. Then, check the applicable Component(s) below.

- Component Description – Emergency Shelter Attached
- Component Description – Street Outreach Attached
- Component Description – Homelessness Prevention Attached
- Component Description – Rapid Re-Housing Assistance Attached
- Component Description – HMIS Attached
- Component Description – Grant Administration Attached

4. **Budget Information**: Complete an “**Attachment W**”. Then, check the Budget Worksheets below.

- Budget Information - Current Budget Attached
- Budget Information - Proposed Budget Attached
- Budget Information - ESG Budget Attached

## SECTION IV – THRESHOLD

Pages 8-16

### 1. Type of Application - 24 CFR 576.2

- Private Non-Profit (501c3)** – Serving HUD Non-Entitlement Area per the ESG NOFA, Appendix A.
- Unit of General Purpose Local Government** – Serving HUD Non-Entitlement Area per ESG NOFA, Appendix A

### 2. Period of Operation - 25 CCR 8404 (b)

<u>Component</u>	<u>Operational at time of NOFA release?</u>	<u>Activities have been provided continuously for the last 12 months or prior winter/summer months?</u>
Emergency Shelter (Including TH and DC)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Seasonal Shelter (Month/Year): _____/_____
Street Outreach	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Homelessness Prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Rapid Re-Housing Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A

### 3. Primary Service Area(s) - 25 CCR 8403 (a)(2)

For each Component, enter the Project Name, Street Address, City, State, Zip Code and County. For Domestic Violence (DV) Applicants, check the Confidential Box and include only the City, State, Zip Code and County.

<u>Component Applied For</u>	<u>Project Name</u>	<u>Address Where Service is Provided</u>
Emergency Shelter		<ul style="list-style-type: none"> <li>• <u>For All Components (Except DV Applicants)</u> – Include Street Address, City, State, Zip Code &amp; County</li> <li>• <u>For DV Applicants</u> - Check the Confidential Box and Include City, State, Zip Code &amp; County</li> </ul> <input type="checkbox"/> Confidential
Street Outreach		
Homelessness Prevention		
Rapid Re-Housing Assistance		



## SECTION IV – THRESHOLD

**4. Required Attachments to meet Threshold** – All ESG Applications must include Attachments, as applicable, to meet Threshold. Special attention must be made to the following Application Attachments:

<u>Required Attachments</u>	<u>Document(s) Attached:</u>
<b>Attachment A</b> Authorizing Resolution	<input type="checkbox"/>
<b>Attachment B</b> Certification of Application Information	<input type="checkbox"/>
<b>Attachment C</b> Statement of Certifications	<input type="checkbox"/>
<b>Attachment F</b> Certification of Local Approval*	<input type="checkbox"/> <small>*Non-Profits Only</small>
<b>Attachment J</b> Site Control	<input type="checkbox"/>
<b>Attachment K</b> Matching Contributions	<input type="checkbox"/>
<b>Attachment M</b> Written Standards	<input type="checkbox"/>
<b>Attachment O</b> Maintenance of Effort *	<input type="checkbox"/> <small>*Local Gov't Only</small>

**5. Centralized or Coordinated Assessment – 24 CFR 576.400 (d)**

- a.  The CoC for my Service Area has a Centralized or Coordinated Assessment System.
- The CoC for my Service Area does NOT have a Centralized or Coordinated Assessment System.
- b.  Applicant uses the CoC Centralized or Coordinated Assessment System.
- Applicant does NOT use the CoC Centralized or Coordinated Assessment System.
- c. If the CoC for your Service Area does not have a Centralized or Coordinated Assessment System and/or Applicant does not use the CoC Centralized or Coordinated Assessment System, describe how Applicant will comply with this requirement, including timeline.

## SECTION IV – THRESHOLD

### 6. HMIS Participation

- Applicant currently participates in, and enters data into, an existing HMIS.  
(If Checked, Complete #7).
- Applicant currently does NOT participate in, or enter data into, an existing HMIS.  
(If Checked, Go To #8).

### 7. HMIS Information - 24 CFR 576.400 (f)

#### a. HMIS Lead Information (i.e., Entity designated by the CoC to operate the area's HMIS)

- HMIS Lead Name:
- HMIS Lead Address:

#### b. HMIS Service Provider Information (i.e., Entity that is providing the HMIS Software)

- Name of HMIS Software being used:
- HMIS Service Provider Name:
- HMIS Service Provider Address:

#### c. HUD Data and Technical Standards

- HMIS System identified above is fully compliant with the HUD Data & Technical Standards.
- HMIS System identified above is **NOT** fully compliant with the HUD Data & Technical Standards.
- If HMIS System identified above is NOT fully compliant with the HUD Data & Technical Standards, describe how Applicant will comply with this requirement, including timeline.

## SECTION IV – THRESHOLD

### 8. Comparable Database Participation – 24 CFR 576.107 (a)(3)

a. Applicant exclusively serves one of the following Special Populations:

- Victim Services Provider
- Legal Services Provider
- Runaway & Homeless Youth Services Provider (RHYMIS)
- Other:

b.  Applicant currently participates in, and enters data into, an existing Comparable Database. (If Checked, Complete #9).

- Applicant currently does NOT participate in, or enter data into, an existing Comparable Database. (If Checked, Go to #10).

### 9. Comparable Database Information

a. **Comparable Database Lead Information (i.e., Entity designated by CoC to operate the area's Comparable Database)**

- Comparable Database Lead Name:
- Comparable Database Lead Address:

b. **Comparable Database Service Provider Information (i.e., Entity providing the software)**

- Name of Comparable Database Software being used:
- Comparable Database Service Provider Name:
- Comparable Database Service Provider Address:

c. **HUD Data and Technical Standards**

- Comparable Database identified above is fully compliant with the HUD Data & Technical Standards.
- Comparable Database identified above is **NOT** fully compliant with the HUD Data & Technical Standards.
- If Comparable Database System identified above is NOT fully compliant with the HUD Data & Technical Standards, describe how Applicant will comply with this requirement, including timeline.

## SECTION IV – THRESHOLD

### 10. Continuum of Care (CoC) Information - 24 CFR 576.400 (a) & 576.500 (I)

- Applicant is associated and consults with the CoC(s) in the applicable Service Area(s).

CoC Name:

CoC Number:

- Applicant is **NOT** associated with the CoC(s) in the applicable Service Area(s).

- If Applicant is NOT associated with the CoC(s) in the applicable Service Area(s), describe how Applicant will comply with this requirement, including timeline.

### 11. Homeless Participation - 24 CFR 576.405

- Applicant involves homeless or formerly homeless individuals on the Board of Directors or other Equivalent Policymaking Entity.

Homeless individual(s) participation includes:

- Involvement in Constructing, Renovating, Maintaining, and Operating facilities assisted under ESG.

- Involvement in Volunteer Services.

- Employment.

- Involvement in Policymaking and Decisions regarding Facilities, Services, etc.

- Applicant does NOT involve homeless or formerly homeless individuals on the Board of Directors or other Equivalent Policymaking Entity.

- If Applicant does NOT involve homeless individuals on the Board of Directors or other Equivalent Policymaking Entity, describe how Applicant will comply with this requirement, including timeline.

## SECTION IV – THRESHOLD

### 12. Shelter and Housing Standards – 24 CFR 576.403

#### a. Lead-Based Paint Remediation and Disclosure

- Applicant complies with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and implementing regulations in 24 CFR 35, Subparts A, B, H, J, K, M and R that apply to all shelters assisted under ESG and all housing occupied by ESG Program Participants.
- Applicant does NOT comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and implementing regulations in 24 CFR 35, Subparts A, B, H, J, K, M and R that apply to all shelters assisted under ESG and all housing occupied by ESG Program Participants.

#### b. Minimum Standards for Emergency Shelters

- Applicant complies with the Minimum Standards for Emergency Shelters identified in 24 CFR 576.403(b)(1) thru (10), including Structure and Materials, Access, Space and Security, Interior Air Quality, Water Supply, Sanitary Facilities, Thermal Environment, Illumination and Electricity, Food Preparation, Sanitary Conditions, and Fire Safety.
- Applicant does NOT comply with the Minimum Standards for Emergency Shelters identified in 24 CFR 576.403(b)(1) thru (10), including Structure and Materials, Access, Space and Security, Interior Air Quality, Water Supply, Sanitary Facilities, Thermal Environment, Illumination and Electricity, Food Preparation, Sanitary Conditions, and Fire Safety.
  - Applicant does not operate an Emergency Shelter, including Transitional Housing and/or Day Center.

#### c. Minimum Standards for Permanent Housing

- Applicant complies with the Minimum Standards for Permanent Housing identified in 24 CFR 576.403(c)(1) thru (10), including Structure and Materials, Space and Security, Interior Air Quality, Water Supply, Sanitary Facilities, Thermal Environment, Illumination and Electricity, Food Preparation, Sanitary Conditions, and Fire Safety.
- Applicant does NOT comply with the Minimum Standards for Permanent Housing identified in 24 CFR 576.403(c)(1) thru (10), including Structure and Materials, Space and Security, Interior Air Quality, Water Supply, Sanitary Facilities, Thermal Environment, Illumination and Electricity, Food Preparation, Sanitary Conditions, and Fire Safety.
  - Applicant does not provide assistance to ESG Program Participants in Permanent Housing, including Homelessness Prevention and/or Rapid Re-Housing Assistance Activities.

## SECTION IV – THRESHOLD

### 13. Displacement, Relocation and Acquisition – 24 CFR 576.408

- Applicant Component(s)/Activity(ies) will NOT displace and/or require relocation of ESG Program Participants in accordance with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.
- Applicant Component(s)/Activity(ies) WILL displace and/or require relocation of ESG Program Participants in accordance with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.
- If Applicant Component(s)/Activity(ies) WILL displace and/or require relocation of ESG Program Participants, describe the Component(s)/Activity(ies) triggering this requirement and how the Applicant will comply with the Relocation Assistance for Displaced Persons required under 24 CFR 576.408(c), including timeline.

### 14. Emergency Shelter (Including Transitional Housing and Day Center) Requirements: (Complete 14 a. thru d.)

#### a. Leases/Occupancy Agreements

- Applicant requires Program Participants to sign a Lease and/or Occupancy Agreement.
- Applicant does NOT require Program Participants to sign a Lease and/or Occupancy Agreement.

#### b. Length of Stay

- Applicant provides Temporary Housing (i.e., Emergency Shelter, Transitional Housing)  
Type of Temporary Housing:  
  
Length of Stay (i.e., Maximum, Consecutive Number of Days (Months) a Program Participant is eligible to participate in Temporary Housing).  
  
 Applicant does NOT provide Temporary Housing.

#### c. Occupancy Fees and/or Contributions

- Applicant requires an Occupancy Fee or Contribution from Program Participants.
- Applicant does NOT require an Occupancy Fee or Contribution from Program Participants.

## SECTION IV – THRESHOLD

### d. Denial of Assistance Due to Inability to Pay

- Applicant denies assistance to Program Participants due to an inability to pay Occupancy Fees and/or Contributions.
- Applicant does NOT deny assistance to Program Participants due to an inability to pay Occupancy Fees and/or Contributions.

### 15. Transitional Housing (Excluding Emergency Shelters and Day Centers) Requirements: (Complete 15 a. thru d.)

- a.  Applicant offers Program Participants at least 3 Self-Sufficiency Development Services.
  - Applicant does NOT offer Program Participants at least 3 Self-Sufficiency Development Services.
- b.  Applicant requires Program Participant to participate in at least 1 Self-Sufficiency Development Service as a condition of receiving housing.
  - Applicant does NOT require Program Participants to participate in at least 1 Self-Sufficiency Development Service as a condition of receiving housing.
- c.  Applicant provides Program Participants housing referrals or placement to permanent housing.
  - Applicant does NOT provide Program Participants housing referrals or placement to permanent housing.
- d.  Applicant charges Program Participants rent. **(If Checked, Complete 15 e. thru g.)**
  - Applicant does NOT charge Program Participants rent. **(If Checked, go to Section V – Rating and Ranking).**
- e.  Applicant reserves a minimum of 10 percent of all rent collected from every Program Participant to assist participant in moving to permanent housing.
  - Applicant does NOT reserve a minimum of 10 percent of all rent collected from every Program Participant to assist participant in moving to permanent housing.
- f.  Applicant accounts for every Program Participant's rent separately.
  - Applicant does NOT account for every Program Participant's rent separately.

## SECTION IV – THRESHOLD

- g.  Applicant charges rent equal to or less than 30 percent of every Program Participant's household income.
- Applicant does NOT charge rent equal to or less than 30 percent of every Program Participant's household income.



## SECTION V – RATING AND RANKING

Pages 17 – 23

### APPLICANT CAPABILITY – 300 POINTS

1. What year did Applicant begin offering housing to the homeless?

Enter Year: \_\_\_\_\_ and Check Number of Years Below

- 10+ Years
- 6 – 9 Years
- 3 – 5 Years
- 1 – 2 Years
- Less than 1 Year

2. What year did Applicant begin offering services to the homeless?

Enter Year: \_\_\_\_\_ and Check Number of Years Below

- 10+ Years
- 6 – 9 Years
- 3 – 5 Years
- 1 – 2 Years
- Less than 1 Year

3. How many years of experience does the Applicant have operating the “Proposed” Component(s)?

For each Component - if Applicant has experience, indicate below and proceed to #5; if Applicant has “No Experience”, indicate below and proceed to #4.

<u>Component</u>	<b>8+ Years</b>	<b>6-7 Years</b>	<b>4-5 Years</b>	<b>1-3 Years</b>	<b>Less than 1 year</b>	<b>No Experience</b>
<b>Emergency Shelter</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Street Outreach</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Homelessness Prevention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Rapid Re-housing</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION V – RATING AND RANKING**

4. How many years does the Applicant have experience operating a “Similar” Component?

<u>Component</u>	<b>8+ Years</b>	<b>6-7 Years</b>	<b>4-5 Years</b>	<b>1-3 Years</b>	<b>Less than 1 year</b>	<b>No Experience</b>
<b>Emergency Shelter</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Street Outreach</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Homelessness Prevention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Rapid Re-housing</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. **Evaluation Process:** Complete an “**Attachment R**” for each Component; and attach Support Documentation. Then, check the applicable Component(s) below.

- Evaluation Process & Support Documentation – Emergency Shelter Attached
- Evaluation Process & Support Documentation – Street Outreach Attached
- Evaluation Process & Support Documentation – Homelessness Prevention Attached
- Evaluation Process & Support Documentation – Rapid Re-Housing Assistance Attached

6.  Applicant has experience administering the following programs.
- Applicant does NOT have experience administering the following programs.

**List Contracts Administered from 2009 to Present**

- ESG - Contract #: \_\_\_\_\_
- FESG - Contract #: \_\_\_\_\_
- HPRP - Contract #: \_\_\_\_\_
- EHAP - Contract #: \_\_\_\_\_
- EHAPCD - Contract #: \_\_\_\_\_

**SECTION V – RATING AND RANKING**

- 7.  Applicant has experience administering other federal Housing Grants.
- Applicant does **NOT** have experience administering other federal Housing Grants.

**List Contracts Administered from 2009 to Present**

Federal Agency Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Contract Term \_\_\_\_\_

Contract Number: \_\_\_\_\_

Federal Agency Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Contract Term \_\_\_\_\_

Contract Number: \_\_\_\_\_

Federal Agency Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Contract Term \_\_\_\_\_

Contract Number: \_\_\_\_\_

Federal Agency Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Contract Term \_\_\_\_\_

Contract Number: \_\_\_\_\_

Federal Agency Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Contract Term \_\_\_\_\_

Contract Number: \_\_\_\_\_

- 8. **Component Staffing:** Complete an “Attachment P”. Then, check the Component Staffing below.

Component Staffing – Key Staff Experience Attached

**Enter Number from Cell F44:**

## SECTION V – RATING AND RANKING

**9. Component Staffing - Ratio of Clients to Key Staff:** Complete Chart Below.

	A.	B.	C.	D.
<u>Component</u>	<u># of Individuals Served Daily</u>	<u># of Households Served Monthly</u>	<u># of Key Staff by Component</u> <small>(Enter Total Number of "Key Staff" for each Component using data from Attachment P – Column D)</small>	<u>Ratio</u>  Calculation: <b>A or B ÷ C = D</b>
Emergency Shelter		X		__:1
Street Outreach		X		__:1
Homelessness Prevention	X			__:1
Rapid Re-Housing Assistance	X			__:1

**10. Applicant Performance Administering Prior HCD Awards:** For this rating criteria, HCD will use internal HCD reports to determine prior Applicant performance. Applicant does not need to provide a response to this question.

- a. Unresolved Monitoring Findings/Concerns from Prior Awards (2009-Present)
- b. Reports Submitted Timely from Prior Awards (2009-Present)
- c. Funds Obligated and/or Expended Timely from Prior Awards (2009-Present)

## SECTION V – RATING AND RANKING

### NEED FOR FUNDS – 100 POINTS

For this rating category, complete an “**Attachment D**”, Certification of Local Need, #1-3, and submit to the local Continuum of Care (CoC) for your respective Service Area(s). The CoC will evaluate, score, and rank all “Attachment D” submissions by County and submit the results to HCD no later than February 10, 2014.

#### **Before Completing the “Attachment D”, Applicant must:**

- Inform their local CoC that they intend to submit an ESG 2013 Application to HCD.
- Ask their local CoC when the “Attachment D” is due.
- Ask their local CoC if they have any submission requirements (i.e., in addition to the “Attachment D” submission required by HCD).

#### **Then, Applicant must:**

- Complete the “Attachment D”, Items 1-3.
- Submit the completed “Attachment D”, and any additional items required, to their local CoC by the established due date.
- Obtain a “Dated Proof of Receipt” from their local CoC confirming delivery of the “Attachment D”.

## SECTION V – RATING AND RANKING

### IMPACT AND EFFECTIVENESS – 250 POINTS

**11. Supportive Services:** Complete an “Attachment S” for each Component. Then, check the applicable Components below.

- Supportive Services – Emergency Shelter Component Attached
- Supportive Services – Street Outreach Component Attached
- Supportive Services – Homelessness Prevention Component Attached
- Supportive Services – Rapid Re-Housing Assistance Component Attached

**12. Accessibility of Services:**

- Access/Transportation** – Describe, or attach as Page 22-1, the Applicant’s Procedures for meeting the requirements of 24 CFR 576.407(b) relating to communicating with and ensuring that persons with disabilities have access to the location of assistance, services, and facilities. Include a separate description for each Component, if different.
- Disability Accommodations** – Describe, or attach as Page 22-2, the Applicant’s Procedures for meeting the requirements of 24 CFR 576.407(b) relating to Requests for Reasonable Accommodations. Include a separate description for each Component, if different.
- Linguistic Needs** – Describe, or attach as Page 22-3, the Applicant’s Limited English Proficiency (LEP) Program and how they meet the requirements of 24 CFR 576.407(b) relating to ensuring meaningful access to programs and activities for LEP persons. Include a separate description for each Component, if different.

**13. Component Outcomes:** Complete an “Attachment T” for each Component. Then, check the applicable Component(s) below.

- Component Outcomes – Emergency Shelter Attached
- Component Outcomes – Street Outreach Attached
- Component Outcomes – Homelessness Prevention Attached
- Component Outcomes – Rapid Re-Housing Assistance Attached

**14. Coordination with Continuum of Care (CoC)/Participation in Local Planning Process:** Complete an “Attachment E”. Then, check the box below.

- Coordination with CoC/Participation in Local Planning Process Attached

# SECTION V – RATING AND RANKING

## COST EFFICIENCY – 100 POINTS

**15. Emergency Shelter (Including Transitional Housing) Component Applicants:**

Complete the “**Bed Capacity**” Charts, Chart A and Chart B, below. Then, attach Schematics/Floor Plans behind this page, as Page 23-1.

**Chart A:**

<b>Number of Cribs</b>	
<b>+ Number of Beds</b>	
<b>= Total Bed Capacity:</b>	

**Chart B:**

<b># of Individuals Served Daily</b> <small>Using Section V, #9, Column A on Page 20, Insert the Number of Individuals Served Daily)</small>	
<b>÷ Total Bed Capacity</b> <small>Using Chart A above, Insert the Total Bed Capacity</small>	
<b>= Bed Capacity</b>	%

**16. Cost per Bed/Cost per Client/Cost per Household will be calculated by HCD using the Total Individuals, Total Clients, and Total Households Served and the Total Proposed Component Budget. Applicant does not need to provide a response to this question.**

**17. Coordination with Other Targeted Homeless Services:** Complete an “**Attachment U**” for each Component. Then, check the applicable Component(s) below.

- Coordination with Other Targeted Homeless Services – Emergency Shelter Component Attached
- Coordination with Other Targeted Homeless Services – Street Outreach Component Attached
- Coordination with Other Targeted Homeless Services – Homelessness Prevention Component Attached
- Coordination with Other Targeted Homeless Services – Rapid Re-Housing Assistance Component Attached

## SECTION V – RATING AND RANKING

**18. System and Program Coordination with Mainstream Resources:** Complete an “Attachment V” for each Component. Then, check the appropriate Component(s) below.

- Coordination with Mainstream Resources - Emergency Shelter Component Attached
- Coordination with Mainstream Resources – Street Outreach Component Attached
- Coordination with Mainstream Resources – Homelessness Prevention Component Attached
- Coordination with Mainstream Resources – Rapid Re-Housing Assistance Component Attached



## SECTION V – RATING AND RANKING

### STATE OBJECTIVES - 35 POINTS

**19. State Objective Points:** Points for this rating criteria will be awarded for the categories listed below. Applicant does not need to provide a response to this question.

- **Rapid Re-Housing Assistance** – All Applicants applying for Rapid Re-Housing Assistance will be awarded the full 35 Points.
- **Chronically Homeless** – All Applicants serving the Chronically Homeless will be awarded points based on the percentage of Chronically Homeless Served, as reported on the “Attachment T”, Component Outcomes.
- **Veterans** – All Applicants serving Veterans will be awarded points based on the percentage of Veterans Served, as reported on the “Attachment T”, Component Outcomes.

## SECTION VI – REQUIRED APPLICATION ATTACHMENTS

DOCUMENTS ATTACHED	ATTACHMENTS	DOCUMENTS	LOCAL GOVERNMENT	NON-PROFITS	SERVING VICTIMS OF DOMESTIC VIOLENCE
<input type="checkbox"/>	A	Authorizing Resolution	X	X	X
<input type="checkbox"/>	B	Certification of Application Information	X	X	X
<input type="checkbox"/>	C	Statement of Certifications	X	X	X
<input type="checkbox"/>	D	Certification of Local Need	X	X	X
<input type="checkbox"/>	E	Consultation with Continuum of Care/ Participation in Local Planning Process	X	X	X
<input type="checkbox"/>	F	Certification of Local Approval	N/A	X	X
<input type="checkbox"/>	G	Statement of Confidentiality	X	X	X
<input type="checkbox"/>	H	Certification of Religious Compliance	X	X	X
<input type="checkbox"/>	I	Incorporation Data	N/A	X	X
<input type="checkbox"/>	J	Site Control (Emergency Shelter Component Applicants)	X	X	X
<input type="checkbox"/>	K	Matching Contributions	X	X	X
<input type="checkbox"/>	L	Payee Data Record	X	X	X
<input type="checkbox"/>	M	ESG Written Standards and Checklist	X	X	X
<input type="checkbox"/>	N	Memorandum of Understanding	X	X	X
<input type="checkbox"/>	O	Maintenance of Effort	X	N/A	N/A
<input type="checkbox"/>	P	Component Staffing	X	X	X
<input type="checkbox"/>	Q	Component Description	X	X	X
<input type="checkbox"/>	R	Evaluation of Organizational Needs	X	X	X
<input type="checkbox"/>	S	Supportive Services	X	X	X
<input type="checkbox"/>	T	Component Outcomes	X	X	X
<input type="checkbox"/>	U	Coordination with Other Targeted Homeless Services	X	X	X
<input type="checkbox"/>	V	Coordination with Mainstream Resources	X	X	X
<input type="checkbox"/>	W	Budget Information	X	X	X

## ATTACHMENT A

### **CHECKLIST FOR PREPARING RESOLUTION**

25 CCR § 8405 (b) (1)

#### **The Resolution must authorize:**

- Execution of the Standard Agreement;
- Funding level between \$50,000 and \$168,385; and
- Specific individual by Name and Title to sign all required Certifications and the Standard Agreement.

The Resolution must clearly relate to submittal of the 2013 Application, (i.e. - the date must be no earlier than the ESG NOFA's release date and no later than Application due date, or December 17, 2013).

#### **Resolution Checklist:**

- A. Resolution has been re-typed on Applicant's Letterhead.
- B. Resolution shows the date of the Board Action to approve the Resolution. The Board Action occurred no earlier than the ESG NOFA Release Date, or October 18, 2013, and on or before the Application due date, or December 17, 2013.
- C. The exact wording of the Sample Resolution has been used or the State has approved alternative wording.
- D. The person authorized to sign the Standard Agreement has not signed the Resolution, or attested the Resolution.

Note: The Name and Title of the Authorized Representative must be in the Resolution. If your Application is funded, the Authorized Representative identified in the Resolution signs the Standard Agreement.

- E. The actual vote has been shown on the Resolution: Ayes, Noes, Abstentions, and Absent. (Place a "0" where no votes are cast).

Applicants are encouraged to use the Sample Authorizing Resolution format to avoid any possible deficiency. A deficiency may disqualify the Application as being incomplete or delay execution of the Standard Agreement and drawdown of ESG funds.

**(Re-Type on Applicant Letterhead)**

**ATTACHMENT A**  
**Sample Resolution**

**AUTHORIZING RESOLUTION**

- A. WHEREAS, the State of California, Department of Housing and Community Development, Division of Financial Assistance, issued a Notice of Funding Availability under the Federal Emergency Solutions Grants (ESG) Program; and
- B. \_\_\_\_\_ *(Insert Name of Applicant)* \_\_\_\_\_ is a Private Non-Profit Corporation or a Unit of General Purpose Local Government that is eligible and wishes to apply for and receive an ESG grant; and
- C. If \_\_\_\_\_ *(Insert Name of Applicant)* \_\_\_\_\_ receives a grant from HCD, it certifies that all uses of the funds will be in compliance with the ESG Regulations and Contract.

**NOW, THEREFORE, BE IT RESOLVED THAT:**

The Board of Directors (or City Council or Board of Supervisors) of \_\_\_\_\_ *(Insert Name of Applicant)* \_\_\_\_\_ hereby authorizes \_\_\_\_\_ *(Insert Name and Title of Authorized Representative)* \_\_\_\_\_ to execute all required certifications, apply for and accept the Federal Emergency Solutions Grant in the amount of not more than \$ \_\_\_\_\_ *(Insert Grant Amount)* \_\_\_\_\_, and to sign the Standard Agreement, any subsequent amendments thereto, and, where applicable, any ESG loan documents with HCD of not more than \$ \_\_\_\_\_ *(Insert Grant Amount)* \_\_\_\_\_, as well as perform any and all responsibilities in relationship to such contract.

PASSED AND ADOPTED at a regular meeting of the \_\_\_\_\_ *(Insert Name of Applicant)* \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20XX by the following vote:

AYES: \_\_\_\_\_ ABSTENTIONS: \_\_\_\_\_  
NOES: \_\_\_\_\_ ABSENT: \_\_\_\_\_

---

*Signature and Title of Approving Officer*  
*(Chairperson or Secretary - Not the Authorized Representative)*

DOCUMENT ATTESTED BY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**ATTACHMENT B**

**CERTIFICATION OF APPLICATION INFORMATION**

I, (Insert Name of Authorized Representative), am authorized to apply on behalf of (Insert Applicant Name) and attest that all information contained in this Application is accurate and complete to the best of my knowledge.

All information contained in this Application is acknowledged to be public information and I authorize the Department of Housing and Community Development to contact any or all of the parties listed in this proposal.

<b>CERTIFICATION OF APPLICATION INFORMATION</b>	
PRINTED NAME OF AUTHORIZED REPRESENTATIVE	TITLE
AUTHORIZED REPRESENTATIVE SIGNATURE	
_____	
DATE	

## ATTACHMENT C

### STATEMENT OF CERTIFICATIONS

In accordance with the applicable statutes and the regulations governing the consolidated plan regulations, the Applicant must certify that:

**Affirmatively Further Fair Housing** -- The Applicant will affirmatively further fair housing, which means it will conduct an analysis of impediments to fair housing choice within the jurisdiction, take appropriate actions to overcome the effects of any impediments identified through that analysis, and maintain records reflecting that analysis and actions in this regard.

**Anti-displacement and Relocation Plan** -- It will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, and implementing regulations at 49 CFR 24; and it has in effect and is following a residential anti-displacement and relocation assistance plan required under section 104(d) of the Housing and Community Development Act of 1974, as amended, in connection with any activity assisted with funding under the CDBG or HOME programs.

**Drug Free Workplace** -- It will or will continue to provide a drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
2. Establishing an ongoing drug-free awareness program to inform employees about –
  - a) The dangers of drug abuse in the workplace;
  - b) The grantee's policy of maintaining a drug-free workplace;
  - c) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - d) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph 1;
4. Notifying the employee in the statement required by paragraph 1 that, as a condition of employment under the grant, the employee will:
  - a) Abide by the terms of the statement; and
  - b) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 4.b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

## ATTACHMENT C

### STATEMENT OF CERTIFICATIONS

6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 4(b), with respect to any employee who is so convicted:
  - a) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1, 2,3,4,5, and 6.

**Anti-Lobbying** -- To the best of the Applicant's knowledge and belief:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions; and
3. It will require that the language of paragraphs 1 and 2 of this anti-lobbying certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

**Authority of Jurisdiction** -- The consolidated plan is authorized under State and local law (as applicable) and the Applicant possesses the legal authority to carry out the programs for which it is seeking funding, in accordance with applicable HUD regulations.

**Consistency with plan** -- The housing activities to be undertaken with CDBG, HOME, ESG, and HOPWA funds are consistent with the strategic plan.

**Section 3** -- It will comply with section 3 of the Housing and Urban Development Act of 1968, and implementing regulations at 24 CFR Part 135.

## **ATTACHMENT C**

### **STATEMENT OF CERTIFICATIONS**

#### **The Emergency Solutions Grants Program Subrecipient certifies that:**

- **Major rehabilitation/conversion** – If an emergency shelter’s rehabilitation costs exceed 75 percent of the value of the building before rehabilitation, the jurisdiction will maintain the building as a shelter for homeless individuals and families for a minimum of 10 years after the date the building is first occupied by a homeless individual or family after the completed rehabilitation. If the cost to convert a building into an emergency shelter exceeds 75 percent of the value of the building after conversion, the Applicant will maintain the building as a shelter for homeless individuals and families for a minimum of 10 years after the date the building is first occupied by a homeless individual or family after the completed conversion.
- In all other cases where ESG funds are used for renovation, the Applicant will maintain the building as a shelter for homeless individuals and families for a minimum of three years after the date the building is first occupied by a homeless individual or family after the completed renovation.

#### **Essential Services and Operating Costs**

In the case of assistance involving shelter operations or essential services related to street outreach or emergency shelter, the Applicant will provide services or shelter to homeless individuals and families for the period during which the ESG assistance is provided, without regard to a particular site or structure, so long the Applicant serves the same type of persons (e.g., families with children, unaccompanied youth, disabled individuals, or victims of domestic violence) or persons in the same geographic area.

#### **Renovation**

Any renovation carried out with ESG assistance shall be sufficient to ensure that the building involved is safe and sanitary.

#### **Supportive Services**

The Applicant will assist homeless individuals in obtaining permanent housing, appropriate supportive services (including medical and mental health treatment, victim services, counseling, supervision, and other services essential for achieving independent living) and other Federal, State, local, and private assistance available for such individuals.

#### **Matching Funds**

The Applicant will obtain matching amounts required under 24 CFR 576.201.

#### **Confidentiality**

The Applicant has established and is implementing procedures to ensure the confidentiality of records pertaining to any individual provided family-violence prevention or treatment services under any project assisted under the ESG program, including protection against the release of the address or location of any family-violence shelter project, except with the written authorization of the person responsible for the operation of that shelter.

#### **Homeless Persons Involvement**

To the maximum extent practicable, the jurisdiction will involve, through employment, volunteer services, or otherwise homeless individuals and families in constructing, renovating, maintaining, and operating facilities assisted under the ESG program, in providing services assisted under the ESG program, and in providing services for occupants of facilities assisted under the program.



**ATTACHMENT C**

**STATEMENT OF CERTIFICATIONS**

**Consolidated Plan**

All activities the Applicant undertakes with assistance under ESG are consistent with the jurisdiction's Consolidated Plan.

**Discharge Policy**

The Applicant will establish and implement, to the maximum extent practicable and where appropriate, policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, mental health facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent this discharge from immediately resulting in homelessness for these persons.

**Environmental Requirements**

All activities the Applicant undertakes with assistance under ESG are consistent with the environmental review responsibilities under 24 CFR Section 576.407(d).

**Conflicts of Interest**

The Applicant must keep records to show compliance with the Organizational Conflicts-of-Interest requirements in 24 CFR 576.404 (a); and Individual Conflicts of Interest requirements in 24 CFR 576.404 (b).

**Recordkeeping and Reporting Requirements**

The Applicant must have policies and procedures to ensure these HUD's requirements under 24 CFR 576.500 are met. The policies and procedures must be established in writing and implemented by the Applicant to ensure that ESG funds are used in accordance with these requirements.

<b>STATEMENT OF CERTIFICATIONS</b>	
PRINTED NAME OF AUTHORIZED REPRESENTATIVE	TITLE
AUTHORIZED REPRESENTATIVE SIGNATURE	
_____ DATE	

## ATTACHMENT D

### CERTIFICATION OF LOCAL NEED

<b>NEED FOR FUNDS INSTRUCTIONS</b>
------------------------------------

#### **Instructions to Applicant:**

1. Before completing your "Attachment D", contact your local Continuum of Care (CoC) to inform them that you intend to submit an ESG Application to HCD. Ask the CoC when the "Attachment D" is due and if they have any additional submission requirements.

Refer to **Appendix G**, in the ESG 2013 NOFA, to identify the CoC covering your Service Area.

2. **Complete the "Attachment D", Certification of Local Need, Items 1-3, and any additional requirements of the CoC.**
3. Submit "Attachment D", and any additional CoC submission requirements, to the CoC by their established due date.
4. HCD recommends that you obtain a 'Dated Proof of Receipt', from the local CoC, indicating you have provided them with the "Attachment D".
5. "Attachment D" will be evaluated, scored, ranked, and submitted by your local CoC directly to HCD no later than February 10, 2014 (5:00 P.M.).

#### **Instructions to Continuum of Care:**

1. All CoCs are required to develop and implement Written Rating Criteria and Procedures, for each County within their Service Area, to evaluate, score, and rank the "Attachment D", Certification of Local Need, portion of the ESG Application. At a minimum, the CoC must take into consideration the following elements when developing their Written Criteria/Procedures: (a) Leverage of ESG Funds (50 Points); and (b) Project Alignment with the Local CoC Priorities (50 Points).
2. Verify the Applicant to ensure they are located in your CoC Service Area.
3. Make sure the Applicant completed Items 1-3 on the "Attachment D", Certification of Local Need.
4. **Section 1:** Evaluate and score the "Attachment D" submissions according to the CoCs Written Rating Criteria and Procedures. Enter the Applicant's individual scores in Section 1 on the "Attachment D".
5. **Section 2:** In Descending Score Order, by County, rank each "Attachment D". Enter the Applicant's individual rank in Section 2 on the "Attachment D".
6. **Section 3:** On Page 2 of the "Attachment D", enter the CoC Name and ID Number; enter the Name and Title of Individual Signing on behalf of the CoC; enter the Individual Signing Email Address; and Complete the Signature/Certification.

## ATTACHMENT D

### CERTIFICATION OF LOCAL NEED

<b>NEED FOR FUNDS INSTRUCTIONS</b>
------------------------------------

#### Instructions to Continuum of Care(s) continued:

7. Upon completion of Items 1-6 above, the CoC will:
  - a. Complete one (1) Attachment D, "Summary Table", for each County represented in the CoC Service Area;
  - b. Organize the Attachment D "Package" for each County in the following order:
    1. Original Attachment D "Summary Table"
    2. Original Attachment D "Applicant" in Rank Order, as reflected on the "Summary Table".
    3. Copy of CoC Written Rating Criteria and Procedures for Attachment D, "Certification of Local Need"
  
8. Submit the "Attachment D" Package using one of the following methods:
  - a. Hand-Deliver the "Attachment D" Package to HCD/DFA and ask for a receipt;
  - b. Mail the "Attachment D" Package by Certified Mail (see address below) with Return Receipt requested;
  - c. Mail the "Attachment D" Package by private or commercial Overnight Delivery Service (Retain Delivery Receipt) to:

Department of Housing and Community Development  
Division of Financial Assistance (DFA)  
Emergency Solutions Grants Program  
2020 W. El Camino Avenue, Suite 400  
Sacramento, CA 95833
  
9. CoCs are responsible for sending a separate email notification to each Applicant informing them that "Attachment D" has been received by HCD.

**ATTACHMENT D**

**CERTIFICATION OF LOCAL NEED**

**NEED FOR FUNDS**

**RATING CRITERIA**

The "Need for Funds" Rating Category will be evaluated based on the extent to which the local needs, goals and priorities are achieved as identified by the Continuum of Care.

**To Be Completed by the Applicant**

1. Name of Applicant: \_\_\_\_\_
2. Name of County where the Applicant/Component Activity is located: \_\_\_\_\_
3. Check the Components applied for in this Application:  
 Emergency Shelter                       Street Outreach  
 Homelessness Prevention               Rapid Re-Housing Assistance

**To Be Completed by the CoCs**

**Section 1:**

- a. Leverage of ESG Funds **Points** \_\_\_\_\_  
(Maximum 50 Points)

**Example:**  
Proposed Total Project Budget \_\_\_\_\_ ÷ Proposed Total ESG Budget \_\_\_\_\_ = \_\_\_\_\_

- b. Project Alignment with Local CoC Priorities **Points** \_\_\_\_\_  
(Maximum 50 points)

**Total Points = \_\_\_\_\_**  
**(Maximum 100 Points)**

**Section 2:**

**Ranking:** 1  2  3  4  5  6  7  8  9  10

**ATTACHMENT D**

**CERTIFICATION OF LOCAL NEED**

**NEED FOR FUNDS (Continued)**

**Section 3:**

Name and ID Number of Continuum of Care:

Name and Title of Individual signing on behalf of the Continuum of Care:

\_\_\_\_\_  
*Printed Name and Title of individual Representing Continuum of Care*

\_\_\_\_\_  
*E-Mail Address*

**I certify that I am not an Employee, Agent, Consultant, Officer or Appointed or Elected Official of any Applicant, Subrecipient, State Recipient, or Grantee of State ESG funds.**

**I further certify I do not, and will not, have any personal financial interest in or benefit from any State funds while in my current position, or have any interest in any Contract, Subcontract, or Agreement with respect thereto or the proceeds thereunder, either for myself or for those with whom I have family or financial ties.**

\_\_\_\_\_  
*Signature of Individual Representing Continuum of Care*

\_\_\_\_\_  
*Date*

## ATTACHMENT E

### CONSULTATION WITH CONTINUUM OF CARE PARTICIPATION IN LOCAL PLANNING PROCESS

Applicants are required to participate in the Local Planning Process for the community-wide CoC. Using the Chart below, check the Category(ies) in which the Applicant has participated. Include a description of the Applicant's participation level and contribution made in each Category, if any; and attach documentation verifying the Applicant's participation level (i.e., CoC Minutes, CoC Agendas, and/or other documentation to support Applicant participation/contribution for each response). Attach support documentation behind this page in the order listed. Number pages 38-1, etc...

	<b>Category</b>	<b>Examples of Types of Actions</b>	<b>Description</b>	<b>Support Docs Provided</b>
<input type="checkbox"/>	<b>Collaboration &amp; Inclusivity</b>	<b>Build Stakeholder Participation, Meet CoC Membership Requirements, and Coordinate with Con Plan bodies and ESG.</b>		<input type="checkbox"/>
<input type="checkbox"/>	<b>CoC Governance</b>	<b>Draft Governance, and Charter/Formal Policies and Procedures.</b>		<input type="checkbox"/>
<input type="checkbox"/>	<b>CoC Planning</b>	<b>Ongoing Planning, Gaps Analysis, Point in Time Count, and HEARTH Implementation.</b>		<input type="checkbox"/>
<input type="checkbox"/>	<b>Coordinated Assessment</b>	<b>Create and Fund Coordinated Assessment System, Establish Written Standards, and Adopt Assessment Tool.</b>		<input type="checkbox"/>
<input type="checkbox"/>	<b>Performance Measures</b>	<b>Establish Performance Targets, Monitor Performance, Evaluate Outcomes (Program and System Level), and Implement HEARTH Performance Measure Tracking.</b>		<input type="checkbox"/>
<input type="checkbox"/>	<b>HMIS</b>	<b>Formalize Policies and Procedures, Improve Participation, and Improve Data Quality.</b>		<input type="checkbox"/>

**ATTACHMENT F**

**CERTIFICATION OF LOCAL APPROVAL**  
(Private Non-Profits Only)

**Instructions:**

Applicants may apply for Component/Activities located in more than one eligible City/County. The Certification of Local Approval is required for each City or County, as applicable.

If the Project is located in an ESG-eligible City, the Certification of Local Approval must be completed by the City. If the Project is located in the unincorporated area of an ESG-eligible County, the Certification must be from the County.

I, \_\_\_\_\_ *(Name and Title of City/County Official)*, duly Authorized to act on behalf of \_\_\_\_\_ *(Name of City/County)*, hereby approve of the Operation of the following Component/Activities (see list below) proposed by \_\_\_\_\_ *(Insert Name of Applicant)* which is/are to be located/operated in \_\_\_\_\_ *(Name of State ESG-Eligible Jurisdiction)*

- Emergency Shelter (Including Transitional Housing and Day Center)
- Street Outreach
- Homelessness Prevention
- Rapid Re-Housing Assistance

<b>CERTIFICATION OF LOCAL APPROVAL</b>	
PRINTED NAME OF CITY/COUNTY OFFICIAL	TITLE
CITY/COUNTY OFFICIAL SIGNATURE	
_____ DATE	

**ATTACHMENT G**

**STATEMENT OF CONFIDENTIALITY**

(Insert Name of Applicant) assures that it will adopt policies which meet at least the minimum standards for protecting the confidentiality of information as set forth in the State Information Practices Act (Civil Code 1798, et. seq.); federal ESG Regulations (24 CFR 576.500(x)); and State Regulations (25 CCR 8417(i)).

**Attach "Confidentiality Procedures" Behind this Page**

STATEMENT OF CONFIDENTIALITY	
PRINTED NAME OF AUTHORIZED REPRESENTATIVE	TITLE
AUTHORIZED REPRESENTATIVE SIGNATURE	
_____ DATE	



**ATTACHMENT H**

**CERTIFICATION OF RELIGIOUS COMPLIANCE**

(Insert Name of Applicant) agrees to provide all eligible activities under this Program in a manner that is in accordance with 24 CFR 576.406:

- A. It will not discriminate against any employee or applicant for employment on the basis of religion and will not limit employment or give preference in employment to persons on the basis of religion;
  
- B. It will not discriminate against any person applying for shelter or any of the eligible activities under this part on the basis of religion and will not limit such housing or other eligible activities or give preference to persons on the basis of religion; and
  
- C. It will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, and exert no other religious influence in the provision of shelter and other eligible activities under this Project.

<b>CERTIFICATION OF RELIGIOUS COMPLIANCE</b>	
PRINTED NAME OF AUTHORIZED REPRESENTATIVE	TITLE
AUTHORIZED REPRESENTATIVE SIGNATURE	
_____ DATE	

**ATTACHMENT I**

**INCORPORATION INFORMATION**

(Private Non-Profits Only)

Attach the following documents behind this page:

Attachment I1: Articles of Incorporation

Attachment I2: Evidence of IRS Tax-Exemption (501(c) Status)

## ATTACHMENT J

### **EVIDENCE OF SITE CONTROL (Emergency Shelter Component Applicants)\* (Including Transitional Housing and Day Centers)**

Attach Site Control documentation as evidenced by one of the documents below:

- A Deed (Demonstrating Ownership in Fee Title).
- An Enforceable Lease (Executed, Dated and Signed), demonstrating a Leasehold interest in the Site and its improvements. The Lease must be for at least the term of the ESG Grant and must contain the Lessor's knowledge of the purpose for use of the Facility, a beginning and end date, the monthly rate, the address of the Site(s), and signatures of both the Lessor and Lessee.
- An Enforceable Purchase Agreement (Executed, Dated and Signed).
- An Enforceable Purchase or Lease Option Contract which extends at least through the anticipated termination date of the Standard Agreement, or June 30, 2015.
- Vouchers – An Enforceable Letter of Agreement is required with each participating Hotel/Motel that will be providing the additional beds. Letter of Agreement must include Name of Hotel/Motel, Term, Room Numbers and Rates.

If Component Site Location/Address is not clearly stated on the Site Control document, but is described or referenced as an APN or other Legal Description, additional documentation to verify the Component Site Location/Address is required (i.e. tax bill, copy of online county record, etc.).

**\*Domestic Violence Applicants** are required to provide Site Control as noted above. However, the DV Applicant may redact the Confidential Site Location/Address.

## ATTACHMENT K

### **MATCHING CONTRIBUTIONS INSTRUCTIONS**

Applicants must make Matching Contributions to supplement ESG funding dollar-for-dollar. Eligible types of Matching Contributions include: Cash Contributions; Non-Cash Contributions; and Costs Paid by Program Income.

Matching Contributions may be made from any source, including any federal source other than the ESG Program, as well as State, Local, and Private sources. Refer to 24 CFR 576.201 for additional requirements that apply to Matching Contributions from a federal source of funds.

Applicants must identify and document Matching Contributions in an amount equal to or greater than the amount of ESG funding requested in this Application.

#### **To locate Matching Contributions Worksheet:**

1. Go to the HCD Website: <http://www.hcd.ca.gov/fa/esg/index.html>
2. Locate ESG Application and click on Application Attachments.
3. Open the Tab labeled "Matching Contributions".

#### **Instructions for Completing Matching Contributions Worksheet:**

1. In Column 1, identify the Type of Matching Contributions to be provided;
2. In Column 2, indicate the specific "Source" of the Matching Contribution listed in Column 1 (i.e., federal, State, Local Govt., Private);
3. In Column 3, describe the specific Matching Contribution (i.e., For Donated Building – List Facility Address; For Volunteers – List Individual Volunteer Names or Groups of Volunteers such as Clerical);
4. In Column 4, indicate the specific number or quantity of the Matching Contribution;
5. In Column 5, indicate the Salary Rate or Fair Market Value of the Matching Contribution, if applicable;
6. In Column 6, indicate the number of hours, if applicable;
7. In Column 7, enter the specific \$ amount of **Cash** Match;
8. In Column 8, enter the specific \$ amount/value of **Non-Cash** Match;
9. In Column 9, enter the total Match from Column 7 + Column 8.
10. Total Column 9, and confirm it is equal to or greater than the amount of ESG funds requested.

# ATTACHMENT L

State of California—Department of Health Services

## PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9)

STD. 204 (Rev. 6-2003)

<b>1</b>	<p><b>INSTRUCTIONS:</b> Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this <b>fully completed</b> form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement.  <b>NOTE:</b> Governmental entities, federal, state, and local (including school districts), are not required to submit this form.</p>																										
<b>2</b>	<p><b>PAYEE'S LEGAL BUSINESS NAME (Type or Print)</b></p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"><b>SOLE PROPRIETOR—ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)</b></td> <td style="width: 40%; border: none;"><b>E-MAIL ADDRESS</b></td> </tr> <tr> <td style="border: none;"><b>MAILING ADDRESS</b></td> <td style="border: none;"><b>BUSINESS ADDRESS</b></td> </tr> <tr> <td style="border: none;"><b>CITY, STATE, ZIP CODE</b></td> <td style="border: none;"><b>CITY, STATE, ZIP CODE</b></td> </tr> </table>			<b>SOLE PROPRIETOR—ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)</b>	<b>E-MAIL ADDRESS</b>	<b>MAILING ADDRESS</b>	<b>BUSINESS ADDRESS</b>	<b>CITY, STATE, ZIP CODE</b>	<b>CITY, STATE, ZIP CODE</b>																		
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<b>MAILING ADDRESS</b>	<b>BUSINESS ADDRESS</b>																										
<b>CITY, STATE, ZIP CODE</b>	<b>CITY, STATE, ZIP CODE</b>																										
<b>3</b>	<p><b>ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):</b></p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> <p><b>CHECK ONE BOX ONLY</b></p> <p><input type="checkbox"/> <b>PARTNERSHIP</b></p> <p><input type="checkbox"/> <b>ESTATE OR TRUST</b></p> <p><input type="checkbox"/> <b>INDIVIDUAL OR SOLE PROPRIETOR</b>  <b>ENTER SOCIAL SECURITY NUMBER:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> <p style="font-size: small;">(SSN required by authority of California Revenue and Tax Code Section 18646)</p>																										<p><b>NOTE:</b> Payment will not be processed without an accompanying taxpayer I.D. number.</p>
<b>4</b>	<p><b>PAYEE RESIDENCY TYPE</b></p> <p><input type="checkbox"/> California resident—qualified to do business in California or maintains a permanent place of business in California.</p> <p><input type="checkbox"/> California nonresident (see reverse side)—Payments to nonresidents for services may be subject to State income tax withholding.</p> <p style="margin-left: 40px;"><input type="checkbox"/> No services performed in California.</p> <p style="margin-left: 40px;"><input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached.</p>																										
<b>5</b>	<p><b>I hereby certify under penalty of perjury that the information provided on this document is true and correct.</b></p> <p style="text-align: center;"><b>Should my residency status change, I will promptly notify the State agency below.</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"><b>AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)</b></td> <td style="width: 40%; border: none;"><b>TITLE</b></td> </tr> <tr> <td style="border: none;"><b>SIGNATURE</b></td> <td style="border: none;"><b>DATE</b></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><b>TELEPHONE</b> (    )</td> </tr> </table>			<b>AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)</b>	<b>TITLE</b>	<b>SIGNATURE</b>	<b>DATE</b>		<b>TELEPHONE</b> (    )																		
<b>AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)</b>	<b>TITLE</b>																										
<b>SIGNATURE</b>	<b>DATE</b>																										
	<b>TELEPHONE</b> (    )																										
<b>6</b>	<p><b>Please return completed form to:</b></p> <p><b>Department/Office:</b> <u>Housing and Community Development - Financial Assistance</u></p> <p><b>Unit/Section:</b> <u>EMERGENCY SOLUTIONS GRANTS PROGRAM</u></p> <p><b>Mailing Address:</b> <u>2020 West El Camino</u></p> <p><b>City/State/ZIP:</b> <u>Sacramento, CA 95833</u></p> <p><b>Telephone:</b> _____ <b>FAX:</b> _____</p>																										

# ATTACHMENT L

State of California—Department of Health Services

## **PAYEE DATA RECORD**

STD. 204 (Rev. 6-2003) (Page 2)

<b>1</b>	<p><b>Requirement to Complete Payee Data Record, STD. 204</b></p> <p>A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD. 204 on file, it is possible for a payee to receive this form from various State agencies.</p> <p>Payees who do not wish to complete the STD. 204 may elect to not do business with the State. If the payee does not complete the STD. 204 and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding and nonresident State income tax withholding. Amounts reported on Information Returns (1099) are in accordance with the Internal Revenue Code and the California Revenue and Taxation Code.</p>						
<b>2</b>	<p>Enter the payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here.</p>						
<b>3</b>	<p>Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).</p> <p>The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).</p>						
<b>4</b>	<p><b>Are you a California resident or nonresident?</b></p>						
	<p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Withholding Services and Compliance Section:</td> <td style="width: 30%;">1-888-792-4900</td> <td style="width: 30%;">E-mail address: <a href="mailto:wscs.gen@ftb.ca.gov">wscs.gen@ftb.ca.gov</a></td> </tr> <tr> <td>For hearing impaired with TDD, call:</td> <td>1-800-822-6268</td> <td>Website: <a href="http://www.ftb.ca.gov">www.ftb.ca.gov</a></td> </tr> </table>	Withholding Services and Compliance Section:	1-888-792-4900	E-mail address: <a href="mailto:wscs.gen@ftb.ca.gov">wscs.gen@ftb.ca.gov</a>	For hearing impaired with TDD, call:	1-800-822-6268	Website: <a href="http://www.ftb.ca.gov">www.ftb.ca.gov</a>
Withholding Services and Compliance Section:	1-888-792-4900	E-mail address: <a href="mailto:wscs.gen@ftb.ca.gov">wscs.gen@ftb.ca.gov</a>					
For hearing impaired with TDD, call:	1-800-822-6268	Website: <a href="http://www.ftb.ca.gov">www.ftb.ca.gov</a>					
<b>5</b>	<p>Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p>						
<b>6</b>	<p>This Section must be completed by the State agency requesting the STD. 204.</p>						
<p><b>Privacy Statement</b></p> <p>Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.</p> <p>It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and State law imposes noncompliance penalties of up to \$20,000.</p> <p>You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the State agency (ies) with which you transact that business.</p> <p>All questions should be referred to the requesting State agency listed on the bottom front of this form.</p>							

**ATTACHMENT M**  
**ESG WRITTEN STANDARDS INSTRUCTIONS**  
24 CFR 576.400 (e)

The Applicant must either: (1) follow the CoC Written Standards, if established; or (2) establish and follow their own Written Standards.

- The CoC in the Applicant's Service Area has established Written Standards.
- The CoC in the Applicant's Service Area has NOT established Written Standards.

Using the ESG Written Standards Checklist, check the Written Standard(s) for each Component applied for in this Application. Attach a copy of the applicable Written Standard(s) behind the Checklist and label using the Name of the Component.

In addition, if the CoC or Applicant Written Standard(s) do not include the following policies, attach these additional policies behind the Written Standards.

- (1) Termination and the Appeal Process (576.402)
- (2) Reasonable Accommodation and Disability-Related Grievance Procedures
- (3) Location Where Written Standard(s)/Program Participant Rules are posted; and/or When Written Standard(s)/Program Participant Rules are given to Program Participants.

**ATTACHMENT M**  
**ESG WRITTEN STANDARDS CHECKLIST**

<input type="checkbox"/>	<b>i.</b> Standard policies and procedures for evaluating individuals' and families' eligibility for assistance under Emergency Solutions Grant (ESG). The policies and procedures must be consistent with the recordkeeping requirements and definitions of "homeless" and "at-risk of homelessness" in the federal ESG regulations at: <u>24 CFR 576.2</u> and <u>24 CFR 576.500 (b-e)</u> .
<input type="checkbox"/>	<b>ii.</b> Standards for targeting and providing essential services related to Street Outreach.
<input type="checkbox"/>	<b>iii.</b> Policies and procedures for admission, diversion, referral, and discharge by Emergency Shelters assisted under ESG, including standards regarding length of stay, if any, and safeguards to meet the safety and shelter needs of special populations, (e.g., victims of domestic violence, dating violence, sexual assault, and stalking; and individuals and families who have the highest barriers to housing and are likely to be homeless the longest).
<input type="checkbox"/>	<b>iv.</b> Policies and procedures for assessing, prioritizing, and reassessing individuals' and families' needs for essential services related to Emergency Shelter.
<input type="checkbox"/>	<b>v.</b> Policies and procedures for coordination among Emergency Shelter providers, essential services providers, homelessness prevention, and rapid re-housing assistance providers; other homeless assistance providers; and mainstream service and housing providers. The required coordination may be done over an area covered by the Continuum of Care or a larger area.
<input type="checkbox"/>	<b>vi.</b> Policies and procedures for determining and prioritizing which eligible families and individuals will receive Homelessness Prevention assistance and which eligible families and individuals will receive Rapid Re-housing assistance. For Homelessness Prevention, include the risk factors used to determine who would be most in need of this assistance to avoid becoming homeless.
<input type="checkbox"/>	<b>vii.</b> Standards for determining what percentage or amount (if any) of rent and utilities costs each program participant must pay while receiving Homelessness Prevention or Rapid Re-housing assistance. If the assistance will be based on a percentage of the participant's income, specify this percentage, and how income will be calculated.
<input type="checkbox"/>	<b>viii.</b> Standards for determining how long a particular program participant will be provided with rental assistance and whether and how the amount of that assistance will be adjusted over time. One-year lease required for project-based assistance. Annual participant evaluations required with rapid re-housing assistance; three-month evaluations required with homeless prevention assistance. Individual assistance cannot exceed 24 months in a three-year period.
<input type="checkbox"/>	<b>ix.</b> Standards for determining the type, amount, and duration of housing stabilization and/or relocation services to provide to a program participant, including the limits, if any, on the Homelessness Prevention or Rapid Re-housing assistance that each program participant may receive, such as the maximum amount of assistance, maximum number of months the program participant may receive assistance, or the maximum number of times the program participant may receive assistance. <u>Note:</u> ESG regulations limit this assistance to no more than 24 months in a three-year period. Housing stability case management is limited as specified on pp. 75979-80 of the <a href="#">federal regulations</a> .
<input type="checkbox"/>	<b>x.</b> <i>Participation in HMIS.</i> The recipient must ensure that data on all persons served and all activities assisted under ESG are entered into the applicable community-wide HMIS in the area in which those persons and activities are located, or a comparable database, in accordance with HUD's standards on participation, data collection, and reporting under a local HMIS.



**ATTACHMENT N**

**MEMORANDUM OF UNDERSTANDING (MOU)**

**Between Lead Agency and Partner Agency(s)**

<b>1. Partner Agency Information</b>	
Name of Partner Agency	
Address:	County:
City, State and Zip:	Applicant Status: <input type="checkbox"/> Non-Profit <input type="checkbox"/> Local Government
<b>2. Partner Agency Information</b>	
Name of Partner Agency	
Address:	County:
City, State and Zip:	Applicant Status: <input type="checkbox"/> Non-Profit <input type="checkbox"/> Local Government
<b>3. Partner Agency Information</b>	
Name of Partner Agency	
Address:	County:
City, State and Zip:	Applicant Status: <input type="checkbox"/> Non-Profit <input type="checkbox"/> Local Government

**Instructions:**

- Complete the Table below. Make a copy for each Partner Agency’s Budget.
- The dollar amount listed below should equal the budget amount agreed upon between the Lead Agency and Partner Agency.
- The Partner Agency will submit monthly invoices to the Lead Agency for reimbursement.
- The Lead Agency will be responsible for submitting all ESG expenses incurred to HCD.
- For all staff costs, attach duty statements for each job classification

**Name of Partner Agency:**

Component	\$ Amount	Brief Description of Costs (Staff and Non-Staff)
Street Outreach	\$	
Emergency Shelter	\$	
Homelessness Prevention	\$	
Rapid Re-Housing	\$	
HMIS	\$	
Administration	\$	
<b>Total Partner Budget</b>	<b>\$</b>	

## ATTACHMENT O

### **MAINTENANCE OF EFFORT (Units of General Purpose Local Government only)**

#### **Emergency Shelter Component**

- Local Government provided funding for Emergency Shelter services within the last 12 months. Component/Activities may not be eligible. \*
- Local Government did **NOT** provide funding for Emergency Shelter services within the last 12 months.

#### **Street Outreach Component**

- Local Government provided funding for Street Outreach services within the last 12 months. Component/Activities may not be eligible.\*
- Local Government did **NOT** provide funding for Street Outreach services within the last 12 months.

If yes to any of the above, the Component/Activity may not be eligible for Emergency Shelter and/or Street Outreach funding during this funding round unless you meet the 'Severe Financial Deficit' criteria. Refer to 24 CFR 576.101(a) (6) (c).

## **ATTACHMENT P**

### **COMPONENT STAFFING**

#### **To locate Component Staffing Worksheet:**

1. Go to the HCD Website: <http://www.hcd.ca.gov/fa/esg/index.html>
2. Locate ESG Application and click on Application Attachments.
3. Open the Tab labeled "Component Staffing".

#### **Instructions for Completing Component Staffing Worksheet:**

1. For each Proposed Component, identify all Key Staff that provide Direct Client Services for the Component and enter your data as follows:
  - a. In Column A, enter the Position Title;
  - b. In Column B, enter the Staff Name;
  - c. In Column C, enter "Yes" for Positions to Be Paid with ESG Funds; or "No" for Positions Not Paid with ESG Funds;
  - d. In Column D, enter the Percentage of Time, or Full-Time Equivalency (FTE), the Position dedicates to the Component; and
  - e. In Column E, enter the Number of Years of Experience for each Filled Position, or "0" for each Vacant or Proposed Position.
2. Do not attempt to enter data into locked cells.
3. Print the completed Component Staffing Worksheet, and attach behind this page as 52-1.
4. For each Key Staff Position identified on the Component Staffing Worksheet, attach a Duty Statement in the same sequence. Label each Duty Statement as P-1, P-2, P-3, etc.

## ATTACHMENT Q

### COMPONENT DESCRIPTION – EMERGENCY SHELTER 24 CFR 576.102

Check all **Emergency Shelter Component/Activities** that will be provided with this funding. Include a brief description of each Activity checked, include both Staffing and Non-Staffing Activities to be performed. Limit Component/Activity Descriptions to one (1) Page, and attach as Page 52-1.

**[ ] Essential Services (Check All That Apply and Describe)**

- Case Management
- Child Care
- Education Services
- Employment Assistance and Job Training
- Outpatient Health Services
- Legal Services
- Life Skills Training
- Mental Health Services
- Substance Abuse Treatment
- Transportation
- Services to Special Populations
- Other

**[ ] Renovation (Check All That Apply and Describe):**

- Labor
- Materials
- Tools
- Other

**[ ] Shelter Operations (Check All That Apply and Describe):**

- Maintenance/Minor or Routine Repairs
- Rent
- Security
- Fuel
- Equipment
- Insurance
- Utilities
- Food
- Furnishings
- Supplies
- Voucher
- Other

**[ ] Uniform Relocation Assistance (Describe):**

**[ ] Staff and Overhead Costs (Describe):**

**ATTACHMENT Q**

<b>COMPONENT DESCRIPTION – STREET OUTREACH 24 CFR 576.101</b>
---

Check all **Street Outreach Component/Activities** that will be provided with this funding. Include a brief description of each Activity checked, include both Staffing and Non-Staffing Activities to be performed. Limit Component/Activity Descriptions to one (1) Page, and attach as Page 53-1.

**[ ] Essential Services (Check All that Apply and Describe)**

**[ ] Engagement on the Street**

- Locate, Identify, and Build Relationships
- Provide Immediate Support, Intervention, Connections
- Initial Assessment of Needs and Eligibility
- Crisis Counseling
- Address Urgent Physical Needs (Meals, Blankets, Clothes, Etc.)
- Provide Information and Referrals
- Cell Phone for Outreach Workers

**[ ] Case Management**

- Assess Housing and Service Needs
- Use Centralized or Coordinated Assessment
- Conduct Initial Assessment, Verify and Document Eligibility
- Counseling
- Developing, Securing and Coordinating Services
- Assist in Obtaining federal, State and Local Benefits
- Monitor Evaluate Program Participant Progress
- Develop Individualized Housing and Service Plan

**[ ] Emergency Health Services**

- Outpatient Treatment by Licensed Medical Professionals, in Streets, Parks, and Other Community-Based Settings
- Assess Program Participant Health Problems and Develop Plan
- Assist Program Participant Understand their Health Needs
- Providing or Assisting Program Participants Obtain Emergency Medical Treatment
- Provide Medication and Follow-Up Services

**[ ] Emergency Mental Health Services**

- Outpatient Treatment by Licensed Medical Professionals, in Streets, Parks, and Other Community-Based Settings
- Crisis Intervention
- Prescription of Psychotropic Medications
- Therapeutic Processes of Personal, Family, Situational, Occupational Problems

**[ ] Transportation**

- Public Transportation Costs
- Service Worker Mileage Allowance
- Purchase/Lease Vehicle
- Gas, Insurance, Taxes, Vehicle Maintenance

**[ ] Services for Special Populations**

**[ ] Staff and Overhead Costs**

## ATTACHMENT Q

### COMPONENT DESCRIPTION – HOMELESSNESS PREVENTION 24 CFR 576.103; 576.105; 576.106

Check all **Homelessness Prevention Component/Activities** that will be provided with this funding. Include a brief description of each Activity checked, include both Staffing and Non-Staffing Activities to be performed. Limit Component/Activity Descriptions to one (1) Page, and attach as Page 54-1.

**[ ] Housing Relocation and Stabilization Services – Financial Assistance**  
**(Check All That Apply and Describe):**

Rental Application Fees

Security Deposits

Last Month's Rent

Utility Deposits

Utility Payments

Moving Costs

Other

**[ ] Housing Relocation and Stabilization Services – Services**  
**(Check All That Apply and Describe):**

Housing Search and Placement

Housing Stability Case Management

Mediation

Legal Services

Credit Repair

Other

**[ ] Short and Medium Term Rental Assistance**  
**(Check All That Apply and Describe):**

Short-Term Rental Assistance

Medium-Term Rental Assistance

Rental Arrears

Other

**[ ] Staff and Overhead Costs (Describe):**

## ATTACHMENT Q

### COMPONENT DESCRIPTION – RAPID RE-HOUSING ASSISTANCE 24 CFR 576.104; 576.105; 576.106

Check all **Rapid Re-Housing Assistance Component/Activities** that will be provided with this funding. Include a brief description of each Activity checked, include both Staffing and Non-Staffing Activities to be performed. Limit Component/Activity Descriptions to one (1) Page, and attach as Page 55-1.

**[ ] Housing Relocation and Stabilization Services – Financial Assistance**  
**(Check All That Apply and Describe):**

- Rental Application Fees
- Security Deposits
- Last Month's Rent
- Utility Deposits
- Utility Payments
- Moving Costs
- Other

**[ ] Housing Relocation and Stabilization Services – Services**  
**(Check All That Apply and Describe):**

- Housing Search and Placement
- Housing Stability Case Management
- Mediation
- Legal Services
- Credit Repair
- Other

**[ ] Short and Medium Term Rental Assistance**  
**(Check All That Apply and Describe):**

- Short-Term Rental Assistance
- Medium-Term Rental Assistance
- Rental Arrears
- Other

**[ ] Staff and Overhead Costs (Describe):**

## ATTACHMENT Q

<b>COMPONENT DESCRIPTION - HMIS 24 CFR 576.107</b>
--

Check all **HMIS Component/Activities** that will be provided with this funding. Include a brief description of each Activity checked, include both Staffing and Non-Staffing Activities to be performed. Limit Component/Activity Descriptions to one (1) Page, and attach as Page 56-1.

**[ ] Hardware, Equipment and Software Costs (Check All That Apply and Describe):**

- Purchasing or Leasing Computer Hardware
- Purchase Software or Software Licenses
- Purchasing or Leasing Equipment, including Telephones, Fax Machines, and Furniture
- Other

**[ ] Staffing/Paying Salaries for Operating HMIS (Check All That Apply and Describe):**

- Completing Data Entry
- Monitoring and Reviewing Data Quality
- Completing Data Analysis
- Reporting to HMIS Lead
- Training Staff on Using HMIS or Comparable Database
- Implementing and complying with HMIS Requirements
- Other

**[ ] Training/Overhead/Paying Charges Necessary to Operate or Contribute Data to the HMIS (Check All That Apply and Describe):**

- Leasing Office Space
- Staff Travel to Conduct Intake/Attend HUD Training on HMIS
- HMIS Participation Fees
- Electricity/Gas/Water
- Phone Service
- High-Speed Data Transmission
- Obtaining Technical Support
- Other



**ATTACHMENT Q**

<b>COMPONENT DESCRIPTION – GRANT ADMINISTRATION 24 CFR 576.108</b>
--

Check all **Grant Administration Component/Activities** that will be provided with this funding. Include a brief description of each Activity checked, include both Staffing and Non-Staffing Activities to be performed. Limit Component/Activity Descriptions to one (1) Page, and attach as Page 57-1.

**[ ] General Management / Oversight / Coordination (Check All That Apply and Describe):**

- Program Administration Salaries/Wages
  - Preparing Budgets and Schedules
  - Developing Systems for Assuring Compliance w/Program Requirements
  - Developing Agreements to Carry Out Program Activities
  - Monitoring Program Activities
  - Preparing Reports and Other Documents
  - Coordinating the Resolution of Audit and Monitoring Findings
  - Evaluating Program Results Against Stated Objectives
  - Managing/Supervising Program Staff
  - Other

## **ATTACHMENT R**

### **EVALUATION OF ORGANIZATIONAL NEEDS INSTRUCTIONS**

25 CCR § 8411 (b) (1) (C)

#### **Instructions:**

- 1) Using the “Attachment R”, check each Evaluation Process used by Applicant. If different Evaluation Processes are used for each Component/Activity, complete a separate Attachment R for each.
- 2) For each Evaluation Process checked:
  - a. Indicate the Frequency of Review
  - b. Indicate whether Clients and/or Staff are included
  - c. Indicate the Impact of the Evaluation Process, using the “Key” at the bottom of Page 60
  - d. Provide Support Documentation (i.e., Meeting Minutes; Survey Forms; Survey Results; etc... )
3. Attach Support Documentation behind Attachment R, and Label Using the Corresponding Evaluation Process Number (i.e., For Board Meetings, Label R 4-1 for Minutes; For Surveys, Label R 16-1, 16-2)

**ATTACHMENT R**

**EVALUATION OF ORGANIZATIONAL NEEDS**

#	Evaluation Process:		Frequency of Review (Weekly, Monthly, Yearly, etc.)	Client & Staff Involvement	Impact of Evaluation Process *
1	<input type="checkbox"/>	Retreat Conference/Meeting		<input type="checkbox"/> Client <input type="checkbox"/> Staff	
2	<input type="checkbox"/>	Work Plan with milestone review		<input type="checkbox"/> Client <input type="checkbox"/> Staff	
3	<input type="checkbox"/>	Outside consultant survey of clients		<input type="checkbox"/> Client <input type="checkbox"/> Staff	
4	<input type="checkbox"/>	Board Meetings		<input type="checkbox"/> Client <input type="checkbox"/> Staff	
5	<input type="checkbox"/>	Planning Meetings		<input type="checkbox"/> Client <input type="checkbox"/> Staff	
6	<input type="checkbox"/>	Meetings with private donors		<input type="checkbox"/> Client <input type="checkbox"/> Staff	
7	<input type="checkbox"/>	Meetings with outside community groups		<input type="checkbox"/> Client <input type="checkbox"/> Staff	
8	<input type="checkbox"/>	Exit Interviews		<input type="checkbox"/> Client <input type="checkbox"/> Staff	
9	<input type="checkbox"/>	Evaluation of staff performance		<input type="checkbox"/> Client <input type="checkbox"/> Staff	
10	<input type="checkbox"/>	Internal Audit		<input type="checkbox"/> Client <input type="checkbox"/> Staff	
11	<input type="checkbox"/>	Participate in homeless activities (ex. – population census, outreach, etc.)		<input type="checkbox"/> Client <input type="checkbox"/> Staff	
12	<input type="checkbox"/>	ADHOC Committees		<input type="checkbox"/> Client <input type="checkbox"/> Staff	
13	<input type="checkbox"/>	Staff Meetings		<input type="checkbox"/> Client <input type="checkbox"/> Staff	
14	<input type="checkbox"/>	Staff Evaluations		<input type="checkbox"/> Client <input type="checkbox"/> Staff	
15	<input type="checkbox"/>	Suggestion Box		<input type="checkbox"/> Client <input type="checkbox"/> Staff	
16	<input type="checkbox"/>	Surveys		<input type="checkbox"/> Client <input type="checkbox"/> Staff	
17	<input type="checkbox"/>	Evaluation Forms/Checklists		<input type="checkbox"/> Client <input type="checkbox"/> Staff	

**\* Key - Impact of Evaluation Process:**

1.	Identify new programs	7.	Change approach to methods, procedures and policies
2.	Implement new ideas/suggestions	8.	Look at ways to restructure staffing
3.	Redesign new programs	9.	Review effectiveness of program
4.	Measure failures and successes	10.	Brainstorm on survey results
5.	Find additional resources/services	11.	Change/develop priorities
6.	Measure the need for community involvement	12.	Obtain feedback from client, community, staff, etc.

## **ATTACHMENT S**

### **SUPPORTIVE SERVICES INSTRUCTIONS**

#### **To locate Attachment S - Supportive Services Worksheet:**

1. Go to the HCD Website: <http://www.hcd.ca.gov/fa/esg/index.html>
2. Locate the ESG Application
3. Click on Application Attachments Excel Workbook
4. Complete the Supportive Services Worksheet for Each Component

#### **Instructions for Completing Attachment S – Supportive Services Worksheet:**

1. In the Grey Box at the top of the Worksheet, click on the Drop Down Menu and select the Component;
2. In Column C for each Type of Service Offered, provide a Brief Description of Services Provided;
3. In Column D, indicate if the Type of Service Offered is offered On-Site or Off-Site;
4. In Column E, indicate the Name of the Agency that is providing the Type of Service identified in Column B;
5. Do not attempt to enter data into locked cells;
6. Print the Supportive Services Worksheet for each applicable Component, label and attach behind this page in the following order:

Supportive Services – Emergency Shelter  
Supportive Services – Street Outreach  
Supportive Services - Homelessness Prevention  
Supportive Services – Rapid Re-Housing Assistance

## ATTACHMENT T

### COMPONENT OUTCOMES INSTRUCTIONS

25 CCR § 8411 (b) (3) (B-E)

150 Points

1. Complete an “Attachment T” for each Component applied for in this Application.
2. Provide Component Outcomes and Support Documentation for the period **July 1, 2012 through June 30, 2013**
3. The Component Outcomes data must be taken directly from and correspond to the Support Documentation provided.
4. Support Documentation may include:
  - HMIS Summary Reports
  - Comparable Database Summary Reports
  - Spreadsheet Data Reports used for reporting Program Statistics to the Board of Directors
  - Other Official Reports used for reporting Program Statistics
5. Support Documentation **must have final outcome data circled and highlighted in yellow.**
6. Attach Support Documentation behind the applicable “Attachment T” Component.

## ATTACHMENT T

### COMPONENT OUTCOMES – EMERGENCY SHELTER

- The information below should include those assisted with ESG and Non-ESG funding.
- Column A – Individuals/Adults Served: Number of homeless persons who were served and have an actual outcome (i.e. moved into Permanent housing, retained employment, etc.).
- Column B – Individual/Adults seeking assistance – number of homeless persons who sought services/assistance.

<b>ACTUAL OUTCOMES FOR JULY 1, 2012 THROUGH JUNE 30, 2013</b>				
<b>Housing Type(s) Required to Answer</b>	<b>Questions</b>	<b>A</b> Total # of Homeless <u>Individuals</u> Served:	<b>B</b> Total # of Homeless <u>Individuals</u> seeking assistance: (All individuals who entered the Emergency Shelter)	<b>C</b> A÷B=C (%)
ES, TH, DC	Homeless Individuals who exited this Project and <b><u>moved into Permanent Housing</u></b>			
ES, DC	Homeless Individuals who exited this ES Project and <b><u>moved into Transitional Housing</u></b>			
DC	Homeless Individuals who have exited this Day Center Project and <b><u>moved into Emergency Shelter</u></b>			
		<b>A</b> Total # of Homeless <u>Adults</u> Served:	<b>B</b> Total # of Homeless <u>Adults</u> seeking assistance: (All Adults who entered the Emergency Shelter)	<b>C</b> A÷B=C (%)
ES, TH, DC	Homeless Adults who have <b><u>Obtained/Retained Employment</u></b>			
ES, TH, DC	Homeless Adults who have <b><u>Obtained Other Income</u></b> (e.g. SSI, TANF, or County General Assistance)			
ES, DC	Homeless Adults who have <b><u>Stabilized a Mental Illness or Chemical Addiction for a minimum of 30 days</u></b>			
TH	Homeless Adults who have <b><u>Stabilized a Mental Illness or Chemical Addiction for a minimum of 90 days</u></b>			
		<b>A</b> Total # of Homeless <u>Individuals</u> Served:	<b>B</b> Total # of Homeless <u>Individuals</u> seeking assistance: (All individuals who entered the Emergency Shelter)	<b>C</b> A÷B=C (%)
ES, TH, DC	Homeless <b><u>Veterans</u></b>			
ES, TH, DC	Homeless <b><u>Victims of Domestic Violence</u></b>			
ES, TH, DC	Homeless <b><u>Developmentally Disabled</u></b>			
ES, TH, DC	Homeless <b><u>Physically, Mentally or Emotionally Disabled</u></b>			
ES, TH, DC	Homeless <b><u>with HIV/AIDS</u></b>			
ES, TH, DC	<b><u>Chronically Homeless</u></b>			

**ATTACHMENT T**

**COMPONENT OUTCOMES – STREET OUTREACH**

- The information below should include those assisted with ESG and Non-ESG funding.
- Column A – Individuals/Adults Served: Number of Homeless Persons Served w/Actual Outcome (i.e., Moved into Permanent housing, retained employment, etc.).
- Column B – Individual/Adults Seeking Assistance: Number of Homeless Persons Who Sought Services/Assistance.

<b>ACTUAL OUTCOMES FOR JULY 1, 2012 THROUGH JUNE 30, 2013</b>			
<b>QUESTIONS</b>	<b><u>A</u></b> Total # of Homeless <u>Individuals</u> Served:	<b><u>B</u></b> Total # of Homeless <u>Individuals</u> seeking assistance: (All individuals who entered the Street Outreach Project)	<b><u>C</u></b> A÷B=C (%)
Homeless who moved into an <u>Emergency Shelter</u>			
Homeless who moved into <u>Transitional Housing</u>			
Homeless who moved into <u>Permanent Housing</u>			
	<b><u>A</u></b> Total # of Homeless <u>Adults</u> Served:	<b><u>B</u></b> Total # of Homeless <u>Adults</u> seeking assistance: (All Adults who entered the Street Outreach Project)	<b><u>C</u></b> A÷B=C (%)
Homeless <u>Adults</u> who have <u>Obtained Employment</u>			
Homeless <u>Adults</u> who have <u>Obtained Other Income (e.g. SSI, TANF, or County General Assistance)</u>			
Homeless <u>Adults</u> who were assisted with <u>Emergency Health Services and/or Emergency Mental Health Services.</u>			
	<b><u>A</u></b> Total # of Homeless <u>Individuals</u> Served:	<b><u>B</u></b> Total # of Homeless <u>Individuals</u> seeking assistance: (All individuals who entered the Street Outreach Project)	<b><u>C</u></b> A÷B=C (%)
Homeless <u>Veterans</u>			
Homeless <u>Victims of Domestic Violence</u>			
Homeless <u>Developmentally Disabled</u>			
Homeless <u>Physically, Mentally or Emotionally Disabled</u>			
Homeless <u>with HIV/AIDS</u>			
<u>Chronically Homeless</u>			

**ATTACHMENT T**

**COMPONENT OUTCOMES – HOMELESSNESS PREVENTION**

- The information below should include those assisted with ESG and Non-ESG funding.
- Column A – Individuals/Adults Served: Number of Homeless Persons Served w/Actual Outcome (i.e., Obtained Permanent Housing, Retained Employment, etc.).
- Column B – Individual/Adults seeking assistance – number of homeless persons who sought services/assistance.

<b>ACTUAL OUTCOMES FOR JULY 1, 2012 THROUGH JUNE 30, 2013</b>			
<b>QUESTIONS</b>	<b><u>A</u></b> <b>Total # of At-Risk <u>Individuals</u> Served:</b>	<b><u>B</u></b> <b>Total # of At-Risk <u>Individuals</u> seeking assistance: (All individuals who entered the Homelessness Prevention Project)</b>	<b><u>C</u></b> <b>A÷B=C (%)</b>
At-Risk who have <b><u>Retained Permanent Housing</u></b>			
At-Risk who have <b><u>Obtained/Retained Employment</u></b>			
At-Risk who have <b><u>Obtained Other Income</u></b> (e.g. SSI, TANF, or County General Assistance).			
At-Risk <u>Adults</u> who have <b><u>Stabilized in Housing</u></b> with Short Term Rental Assistance & Housing Relocation and Stabilization Services only.			
At-Risk <b><u>Veterans</u></b>			
At-Risk <b><u>Victims of Domestic Violence</u></b>			
At-Risk <b><u>Developmentally Disabled</u></b>			
At-Risk <b><u>Physically, Mentally or Emotionally Disabled</u></b>			
At-Risk <b><u>with HIV/AIDS</u></b>			



**ATTACHMENT T**

**COMPONENT OUTCOMES – RAPID RE-HOUSING ASSISTANCE**

- The information below should include those assisted with ESG and Non-ESG funding.
- Column A – Individuals/Adults Served: Number of Homeless Persons Served w/ Actual Outcome (i.e., Obtained Permanent Housing, Retained Employment, etc.).
- Column B – Individual/Adults Seeking Assistance: Number of Homeless Persons who sought services/assistance.

<b>ACTUAL OUTCOMES FOR JULY 1, 2012 THROUGH JUNE 30, 2013</b>			
<b>QUESTIONS</b>	<b><u>A</u></b> <b>Total # of Homeless <u>Individuals</u> Served:</b>	<b><u>B</u></b> <b>Total # of Homeless <u>Individuals</u> seeking assistance: (All individuals who entered the Rapid Re-housing Project)</b>	<b><u>C</u></b> <b>A÷B=C (%)</b>
At-Risk who have <b><u>Obtained Permanent Housing</u></b>			
At-Risk who have <b><u>Obtained/Retained Employment</u></b>			
At-Risk who have <b><u>Obtained Other Income (e.g. SSI, TANF, or County General Assistance)</u></b>			
Homeless <u>Adults</u> who have <b><u>moved from Emergency Shelter to Permanent Housing in 90 days or less</u></b>			
Homeless <b><u>Veterans</u></b>			
Homeless <b><u>Victims of Domestic Violence</u></b>			
Homeless <b><u>Developmentally Disabled</u></b>			
Homeless <b><u>Physically, Mentally or Emotionally Disabled</u></b>			
Homeless <b><u>with HIV/AIDS</u></b>			
<b><u>Chronically Homeless</u></b>			

## ATTACHMENT U

### **COORDINATION WITH OTHER TARGETED HOMELESS SERVICES INSTRUCTIONS**

Check each Targeted Homeless Service below that Applicant coordinates and integrates its ESG Program activities with. **Attach Support Documentation for each service checked**. Support Documentation may include copies of Grant Agreements; Service Provider Agreements; Written Standards that describe how the ESG Program Component/Activity is coordinated with the other Program/Service, etc..

Support Documentation must include current coordination efforts and must be labeled with the corresponding Program/Service number referenced (i.e., For Shelter Plus Care Program label as U 1-1; For HUD VASH label as U 4-1, etc.)

**ATTACHMENT U**

**COORDINATION WITH OTHER TARGETED HOMELESS SERVICES**

1.	Shelter Plus Care Program (24 CFR Part 582)	<input type="checkbox"/>
2.	Supportive Housing Program (24 CFR Part 583)	<input type="checkbox"/>
3.	Section 8 Moderate Rehabilitation Program for Single Room Occupancy Program for Homeless Individuals (24 CFR Part 882)	<input type="checkbox"/>
4.	HUD—Veterans Affairs Supportive Housing (HUD—VASH) (Division K, Title II, Consolidated Appropriations Act, 2008, Pub. L. 110–161 (2007), 73 FR 25026 (May 6, 2008))	<input type="checkbox"/>
5.	Education for Homeless Children and Youth Grants for State and Local Activities (Title VII–B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.))	<input type="checkbox"/>
6.	Grants for the Benefit of Homeless Individuals (Section 506 of the Public Health Services Act (42 U.S.C. 290aa–5)) (7)	<input type="checkbox"/>
7.	Healthcare for the Homeless (42 CFR Part 51c)	<input type="checkbox"/>
8.	Programs for Runaway and Homeless Youth (Runaway and Homeless Youth Act (42 U.S.C. 5701 et seq.))	<input type="checkbox"/>
9.	Projects for Assistance in Transition from Homelessness (Part C of Title V of the Public Health Service Act (42 U.S.C. 290cc–21 et seq.))	<input type="checkbox"/>
10.	Services in Supportive Housing Grants (Section 520A of the Public Health Service Act);	<input type="checkbox"/>
11.	Emergency Food and Shelter Program (Title III of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11331 et seq.))	<input type="checkbox"/>
12.	Transitional Housing Assistance Grants for Victims of Sexual Assault, Domestic Violence, Dating Violence, and Stalking Program (Section 40299 of the Violent Crime Control and Law Enforcement Act (42 U.S.C. 13975))	<input type="checkbox"/>
13.	Homeless Veterans Reintegration Program (Section 5(a)(1)) of the Homeless Veterans Comprehensive Assistance Act (38 U.S.C. 2021)	<input type="checkbox"/>
14.	Domiciliary Care for Homeless Veterans Program (38 U.S.C. 2043)	<input type="checkbox"/>
15.	VA Homeless Providers Grant and Per Diem Program (38 CFR Part 61)	<input type="checkbox"/>
16.	Health Care for Homeless Veterans Program (38 U.S.C. 2031)	<input type="checkbox"/>
17.	Homeless Veterans Dental Program (38 U.S.C. 2062)	<input type="checkbox"/>
18.	Supportive Services for Veteran Families Program (38 CFR Part 62)	<input type="checkbox"/>
19.	Veteran Justice Outreach Initiative (38 U.S.C. 2031)	<input type="checkbox"/>

**ATTACHMENT V**

**COORDINATION WITH MAINSTREAM RESOURCES INSTRUCTIONS**

Check each Mainstream Resource below that Applicant coordinates and integrates its ESG Program activities with. **Attach Support Documentation** for each service checked. Support Documentation may include copies of Grant Agreements; Service Provider Agreements; Written Standards that describe how the ESG Program Component/Activity is coordinated with the other Program/Service, etc..

Support Documentation must include current coordination efforts and must be labeled with the corresponding Program/Service number referenced below (i.e., For HOME label as V 4-1; For TANF label as V 5-1, etc.)

1.	Public Housing Programs assisted under Section 9 of the U.S. Housing Act of 1937 (42 U.S.C. 1437g) (24 CFR Parts 905, 968, and 990)	<input type="checkbox"/>
2.	Housing Programs receiving Tenant-Based or Project-Based Assistance under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f) (respectively 24 CFR Parts 982 and 983)	<input type="checkbox"/>
3.	Supportive Housing for Persons with Disabilities (Section 811) (24 CFR Part 891)	<input type="checkbox"/>
4.	HOME Investment Partnerships Program (24 CFR Part 92)	<input type="checkbox"/>
5.	Temporary Assistance for Needy Families (TANF) (45 CFR Parts 260–265)	<input type="checkbox"/>
6.	Health Center Program (42 CFR Part 51c)	<input type="checkbox"/>
7.	State Children’s Health Insurance Program (42 CFR Part 457)	<input type="checkbox"/>
8.	Head Start (45 CFR chapter XIII, Subchapter B)	<input type="checkbox"/>
9.	Mental Health and Substance Abuse Block Grants (45 CFR Part 96)	<input type="checkbox"/>
10.	Services funded under the Workforce Investment Act (29 U.S.C. 2801 et seq.)	<input type="checkbox"/>

## ATTACHMENT W

### BUDGET INFORMATION INSTRUCTIONS

#### To Locate the ESG Budget Worksheets:

- a. Go to the HCD Website: <http://www.hcd.ca.gov/fa/esg/index.html>
- b. Locate the ESG Application and click on Application Attachments
- c. Click on the Current Budget (First Tab in the Workbook).
  - Enter the Applicant Name and Component Address at the top of the page.
  - Complete the applicable financial data on the table.
  - Do not attempt to enter data into locked cells.
- d. Click on the Proposed Budget (Second Tab in the Workbook).
  - Complete the applicable financial data on the table.
  - The Component dollar amounts for ESG on the Proposed Budget should match the requested dollar amounts on the ESG Budget (Third Tab).
  - Do not attempt to enter data into locked cells.
- e. Click on the ESG Budget (Third Tab in the Workbook).
  - Enter the requested dollar amounts for each activity for all applicable Components.
  - All formulas in the spreadsheet are set up to auto-calculate
  - Do not alter any formulas or totals
  - Do not attempt to enter data into locked cells.
  - **Reminder: The minimum grant amount is \$50,000 and the maximum grant amount is \$168,385.**
- f. Attach all Budget Pages behind this Page as W-1, W-2, W-3, etc.