

**STATE OF CALIFORNIA**

**DEPARTMENT OF  
HOUSING AND COMMUNITY DEVELOPMENT**

**EMERGENCY SOLUTIONS GRANTS (ESG)  
PROGRAM**

**2012 APPLICATION**



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

**FEBRUARY 12, 2013**

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## SECTION I – GENERAL INSTRUCTIONS

The Emergency Solutions Grants (ESG) Program you are applying for is not the same Federal Emergency Shelter Grant (FESG) Program funded in prior years. This Application is subject to the new ESG Program federal requirements 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 portions of the State Regulations, 25 California Code of Regulations (CCR), Section 8400 et seq.

1. Please read the **2012 ESG Notice of Funding Availability (NOFA)**, and federal and State Regulations carefully.
2. Submit one original Application in an adequately-sized, white 3-ring binder with pockets. Display your Agency Name and the County for which you are applying on the Binder Spine.
3. Submit one copy of the original Application on a Compact Disk (CD). Label the CD "Copy" and include the Agency Name and County. The CD must include copies of the originally signed Application pages (scan the original Application and save as a PDF file on the CD).
4. All Applications must be typed with an 11-pitch font.
5. All Application Sections, I-VII, including Attachments, A through S, must be tabbed as such.
6. All Applications must keep the original pagination. If question responses do not fit within the original space provided, use an additional sheet. All additional sheets must be placed directly behind the original Application page with the related question.
7. Additional sheets must include extended page numbers.  
For example, if additional sheets are needed on Page 7, the extended page number will be Page 7-1, 7-2, and so on. (Limit additional sheets to 5.)
8. Round all dollar amounts to the nearest dollar.  
For example: \$4.59 should be rounded to \$5; \$4.25 should be rounded to \$4.
9. This Application has seven (7) Sections. Sections I through V are Organization-Related; Section VI is Project-Related; and Section VII is Attachment-Related. Complete "Section II-Funding Information"; "Section III-Organization Information"; and "Section IV-Applicant/Organization Rating and Ranking" before proceeding to "Section VI-Mini Application Section".
10. Complete one Mini Application for each Major Component/Subcomponent of your Project. Please read the **Instructions for Mini Applications** beginning on Page 10 carefully.
11. All Applications will be reviewed for completeness. HCD will ONLY consider the information submitted in your Application, but reserves the right to verify any information presented.
12. Incomplete Applications may be deemed ineligible, rejected, or receive lower scores if the items requested in the Application are missing, incomplete or incorrect.
13. HCD's funding decisions are final.

## SECTION I – GENERAL INSTRUCTIONS

### REQUIRED ATTACHMENTS CHECKLIST:

DOCUMENTS ATTACHED	ATTACHMENTS	DOCUMENTS	LOCAL GOVERNMENT	NON-PROFITS	SERVING VICTIMS OF DOMESTIC VIOLENCE
<input type="checkbox"/>	<b>A</b>	<b>Authorizing Resolution</b>	<b>X</b>	<b>X</b>	<b>X</b>
<input type="checkbox"/>	<b>B</b>	<b>Statement of Certifications</b>	<b>X</b>	<b>X</b>	<b>X</b>
<input type="checkbox"/>	<b>C</b>	<b>Certification of Local Approval</b>	<b>N/A</b>	<b>X</b>	<b>X</b>
<input type="checkbox"/>	<b>D</b>	<b>Certification of Local Need</b>	<b>X</b>	<b>X</b>	<b>X</b>
<input type="checkbox"/>	<b>E</b>	<b>Statement of Confidentiality</b>	<b>N/A</b>	<b>N/A</b>	<b>X</b>
<input type="checkbox"/>	<b>F</b>	<b>Certification of Religious Compliance</b>	<b>N/A</b>	<b>X</b>	<b>X</b>
<input type="checkbox"/>	<b>G</b>	<b>Annual Financial Data</b>	<b>N/A</b>	<b>X</b>	<b>X</b>
<input type="checkbox"/>	<b>H</b>	<b>Evidence of Site Control</b>	<b>X</b>	<b>X</b>	<b>X</b>
<input type="checkbox"/>	<b>I</b>	<b>Program Participant Rules</b>	<b>X</b>	<b>X</b>	<b>X</b>
<input type="checkbox"/>	<b>J</b>	<b>Service Provider Agreement</b>	<b>X</b>	<b>X</b>	<b>X</b>
<input type="checkbox"/>	<b>K</b>	<b>Confidential Site Location Designation Agreement</b>	<b>N/A</b>	<b>N/A</b>	<b>X</b>
<input type="checkbox"/>	<b>L</b>	<b>Confidentiality Procedures of Applicant</b>	<b>N/A</b>	<b>N/A</b>	<b>X</b>
<input type="checkbox"/>	<b>M</b>	<b>Matching Funds</b>	<b>X</b>	<b>X</b>	<b>X</b>
<input type="checkbox"/>	<b>N</b>	<b>Payee Data Record</b>	<b>X</b>	<b>X</b>	<b>X</b>
<input type="checkbox"/>	<b>O</b>	<b>ESG Written Standards</b>	<b>X</b>	<b>X</b>	<b>X</b>
<input type="checkbox"/>	<b>P</b>	<b>Memorandum of Understanding</b>	<b>X</b>	<b>X</b>	<b>X</b>
<input type="checkbox"/>	<b>Q</b>	<b>Maintenance of Effort</b>	<b>X</b>	<b>N/A</b>	<b>N/A</b>
<input type="checkbox"/>	<b>R</b>	<b>List of Activities by Component-Type</b>	<b>X</b>	<b>X</b>	<b>X</b>
<input type="checkbox"/>	<b>S</b>	<b>Budget Sheets – Staffing and Non-Staffing</b>	<b>X</b>	<b>X</b>	<b>X</b>

## SECTION II – FUNDING INFORMATION

### Regional Allocation (See ESG 2012 NOFA, Appendix A)

**Select One:**

- Northern California
- Southern California
- Rural
- New Program (When did the New Program begin? \_\_\_\_/\_\_\_\_)  
Month / Year

### Primary Service Area(s)

**City and County where Services will be Performed: (Refer to Attachment C)**

Project Location			
<u>Project Name</u>	<u>Project City</u>	<u>Project County</u>	<u>Project Type</u>

### Requested Funding by Major Component/Subcomponent (Check All Components/Subcomponents Applicable to this Application)

MAJOR BUDGET COMPONENTS	AMOUNT
<input type="checkbox"/> <b>Emergency Shelter</b> (Maximum \$150,000) <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Day Center <input type="checkbox"/> Transitional House	\$ 0
<input type="checkbox"/> <b>Street Outreach</b>	\$ 0
<input type="checkbox"/> <b>Homelessness Prevention</b>	\$ 0
<input type="checkbox"/> <b>Rapid Re-Housing Assistance</b>	\$ 0
<input type="checkbox"/> <b>HMIS</b> (Justification Required Over 10%)	\$ 0
<input type="checkbox"/> <b>Administration</b> (Maximum 1.5%)	\$ 0
<b>Total Amount Requested</b> (Maximum \$230,000)	<b>\$ 00</b>

## SECTION III - ORGANIZATION INFORMATION

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

### Name of Organization

County:	Federal Tax ID Number (EIN):
Address:	Data Universal Numbering System (DUNS) :
City, State and Zip:	<b>Central Contractor Registration (CCR):</b> <i>NOTE: In order to draw funds, all grantees must be registered in the Central Contractor Registration (CCR). If you are not registered, go to <a href="http://www.ccr.gov">http://www.ccr.gov</a> to renew, update or create a new registration</i>

### Type of Organization

<input type="checkbox"/> <b>Private Non-Profit (501c3)*</b> Serving HUD Non-Entitlement Area Per ESG NOFA Appendix A  <b>*Complete Attachment G</b>	<input type="checkbox"/> <b>Unit of General Purpose Local Government*</b> Serving HUD Non-Entitlement Area per ESG NOFA Appendix A  <b>*Complete Attachment Q</b>
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### 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:

### Organization 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:

## SECTION III - ORGANIZATION INFORMATION

### Legislative and Congressional Information

Provide the Legislative and Congressional Representative information for your Organization and all Projects included in this Application. Use your respective Organization and Project Address Zip Code(s) to verify each, as applicable:

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

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

Organization	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
Project Site 1	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
Project Site 2	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
Project Site 3	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
Project Site 4	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			

## SECTION III - ORGANIZATION INFORMATION

### HMIS Information

All Applicants will be required to associate with an established HMIS as a condition of this Award.

- Organization currently participates in an existing HMIS.  
 Organization does not participate in an existing HMIS.

#### 2. HMIS Provider Information

##### HMIS Lead Information

Lead Name (Organization Contact):

Lead Address:

##### HMIS Administrator Information

Administrator Name:

Administrator Address:

##### HMIS Service Provider Information

Service Provider Name (Company providing HMIS software):

Service Provider Address:

- HMIS System is fully compliant with the HUD Data & Technical Standards.  
 HMIS system is not fully compliant with the HUD Data & Technical Standards.\*

\*Describe the activities and time plan to comply with this requirement.

### Comparable Database Information

#### Victim Services and/or Legal Services Providers ONLY

Only Victim Services Providers must have a Comparable Database. Data for all other Major Components/Subcomponents of your Project, that do not target the DV population, must be entered into an HMIS Database.

- Organization utilizes a Comparable Database.  
 Organization does not utilize a Comparable Database.

\* Describe how you plan to comply with HUD's standards on participation, data collection, and reporting.



## SECTION III – ORGANIZATION INFORMATION

### Continuum of Care (CoC) Information

5.  Organization is associated with a Continuum of Care (CoC).

CoC Name:

CoC Number:

- Organization is not associated with a Continuum of Care (CoC).\*

\* Describe how your Organization will comply with HUD's guidelines to be associated with a CoC. Include your timeline.

6.  Organization uses a Centralized or Coordinated System to initially assess the eligibility and needs of each individual or family who seeks assistance under ESG.

- Organization does not use a Centralized or Coordinated System to initially assess the eligibility and needs of each individual or family who seeks assistance under ESG.

\* Describe how your organization will comply with this HUD requirement.

### Board of Directors (or Equivalent Policymaking Entity) Information

7.  Organization involves homeless or formerly homeless persons on the Board of Directors or an Equivalent Policymaking Entity.

- Organization does not involve homeless or formerly homeless persons on the Board of Directors or an Equivalent Policymaking Entity\*

\* Describe how your agency will comply with this HUD requirement.

<h2 style="margin: 0;">SECTION IV – ORGANIZATION RATING AND RANKING</h2>
--

1. Organization has been offering **Housing** for the homeless:
  - 10+ years
  - 6-9 years
  - 3-5 years
  - 1-2 years
  - Less than 1 year
  
2. Organization has been offering **Supportive Services** for the homeless:
  - 10+ years
  - 6-9 years
  - 3-5 years
  - 1-2 years
  - Less than 1 year
  
3.  Organization has past experience administering the following State Housing Grants (e.g. 2008 to present):
  - FESG - Contract # \_\_\_\_\_
  - HPRP - Contract # \_\_\_\_\_
  - ESG - Contract # \_\_\_\_\_
  - EHAP - Contract # \_\_\_\_\_

Organization does not have past experience administering State Housing Grants.
  
4.  Organization has past experience administering other federal Housing Grants.
  - Program Name – Contract # \_\_\_\_\_
  - Program Name – Contract # \_\_\_\_\_
  - Program Name – Contract # \_\_\_\_\_
  - Program Name – Contract # \_\_\_\_\_

Organization does not have past experience administering other federal Housing Grants.
  
5.  Organization is a participant in a local planning process for the community-wide Continuum of Care, EHAP Local Emergency Shelter Strategy (LESS), or other homeless housing and supportive services plan.
 

Organization is not a participant in a local planning process for the community-wide Continuum of Care, EHAP Local Emergency Shelter Strategy (LESS), or other homeless housing and supportive services plan.

**SECTION V – CERTIFICATION OF APPLICATION INFORMATION**

**CERTIFICATION  
OF  
APPLICATION INFORMATION**

I, \_\_\_\_\_, am authorized to apply on behalf of (Organization 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</b>	
PRINTED NAME	TITLE
AUTHORIZED SIGNATURE OF APPLICANT (AUTHORIZED BY RESOLUTION)	
_____	
DATE	

**THIS FORM IS AN ELIGIBILITY REQUIREMENT**

## SECTION VI – MINI APPLICATION SECTION

### **INSTRUCTIONS FOR MINI APPLICATION SECTION:**

- The Mini Application Section has four (4) Major Component areas: Emergency Shelter; Street Outreach; Homelessness Prevention; and Rapid Re-Housing Assistance.
- Complete one (1) Mini Application for each Major Component area for which you are applying (i.e., as indicated in Section II on Page 3). You may apply for more than one Major Component/Subcomponent in a single Application.
- You must submit a separate Application/Binder if you are requesting funding for more than one (1) Project in a Major Component/Subcomponent area.

**Example:** One Application/Binder must not have two (2) Emergency Shelter Projects or two (2) Transitional Housing Projects or two (2) Homelessness Prevention Projects.

One Application Binder may have one (1) Emergency Shelter Project, one (1) Transitional Housing Project, and one (1) Rapid Re-Housing Program.

- Insert a Project Staffing Sheet for each Mini Application, where instructed. The Project Staffing Sheet can be found at: <http://hcd.ca.gov/fa/esg/index.html>

### **MAJOR COMPONENT AREAS**

<b>1. EMERGENCY SHELTER</b>	<b>(Pages 11-21)</b>	<b>1 Mini Application</b>
<b><u>Sub-Components</u></b>		
<b>Day Center</b>	<b>(Pages 22-32)</b>	<b>1 Mini Application</b>
<b>Transitional Housing</b>	<b>(Pages 33-44)</b>	<b>1 Mini Application</b>
<b>2. STREET OUTREACH</b>	<b>(Pages 45-52)</b>	<b>1 Mini Application</b>
<b>3. HOMELESSNESS PREVENTION</b>	<b>(Pages 53-61)</b>	<b>1 Mini Application</b>
<b>4. RAPID RE-HOUSING ASSISTANCE</b>	<b>(Pages 62-70)</b>	<b>1 Mini Application</b>
<b>5. HMIS &amp; ADMINISTRATION</b>	<b>(Page 71)</b>	<b>*</b>

## SECTION VI – MINI APPLICATION SECTION

### EMERGENCY SHELTER COMPONENT (Pages 11-21)

Check if this is a Domestic Violence Shelter\*

**Name of Applicant:** \_\_\_\_\_

**Name of Project:** \_\_\_\_\_  
 (Where ESG Activities will be Provided)

**Physical Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**County:** \_\_\_\_\_

#### Target Population: Check all that Apply to this Project

1. Physically Disabled <input type="checkbox"/>	6. Single Men <input type="checkbox"/>	11. Mentally Ill <input type="checkbox"/>	16. General Homeless <input type="checkbox"/>
2. Persons with HIV/AIDS <input type="checkbox"/>	7. Single Women <input type="checkbox"/>	12. Veterans <input type="checkbox"/>	17. Chronically Homeless <i>(Must Meet Federal Definition.)</i> <input type="checkbox"/>
3. Youths <i>(Under 25 Years Old)</i> <input type="checkbox"/>	8. Families <input type="checkbox"/>	13. Domestic Violence Victims <input type="checkbox"/>	18. Families with Children <input type="checkbox"/>
4. Foster Youths <i>(Under 25 Years Old)</i> <input type="checkbox"/>	9. Developmentally Disabled <input type="checkbox"/>	14. Substance Abusers <input type="checkbox"/>	19. At-Risk <input type="checkbox"/>
5. Single Adults <input type="checkbox"/>	10. Seniors <input type="checkbox"/>	15. Physically, Mentally, or Emotionally Disabled <input type="checkbox"/>	20. Other: <input type="checkbox"/>

1. \_\_\_\_ Estimated Number of Individuals Served Daily at this Emergency Shelter for the period July 1, 2011 through June 30, 2012.

2. Emergency Shelter Project Description - Please provide a Brief Description of this Emergency Shelter Project. **(Attach as Page 11-1)**

Be sure to include:

- Types of Services Offered
- Method(s) Used to ensure the Target Population has access to the Services Offered
- Any Limitations Placed on Assistance
- Outreach Plan

3. Project Staffing Sheet for this Emergency Shelter Project (Attach as Page 11-2)  
<http://hcd.ca.gov/fa/esg/index.html>

## SECTION VI – MINI APPLICATION SECTION

### EMERGENCY SHELTER COMPONENT

4. Health and Safety Code (Health and Safety Code Section 17920.3)
- A.  Emergency Shelter/Facility does not have conditions of a Sub-Standard Building.
- Emergency Shelter/Facility has conditions of a Sub-Standard Building.
- B.  Sub-Standard Building conditions will remain after funding. Provide an explanation and time plan when these conditions will be corrected.
- Sub-Standard Building conditions will not remain after funding.
5. Site Control (Refer to Attachment H)
- Emergency Shelter has Site Control .
- Emergency Shelter does not have Site Control.
6. Relocation (24 CFR Section 576.408)
- Emergency Shelter is not scheduled for Rehabilitation, Renovation, or Conversion.
- Emergency Shelter is scheduled for Rehabilitation, Renovation, or Conversion. This will not necessitate client relocation.
- Emergency Shelter is scheduled for Rehabilitation, Renovation, or Conversion. This will necessitate client relocation.

## SECTION VI – MINI APPLICATION SECTION

### EMERGENCY SHELTER COMPONENT – THRESHOLD

7.  Emergency Shelter activities have been provided continuously for the last 12 months.
- Emergency Shelter activities have not been provided continuously for the last 12 months.
- Emergency Shelter is a Seasonal Shelter:
- Winter Shelter (Month/Year) \_\_\_\_ / \_\_\_\_ to (Month/Year) \_\_\_\_ / \_\_\_\_
- Summer Shelter (Month/Year) \_\_\_\_ / \_\_\_\_ to (Month/Year) \_\_\_\_ / \_\_\_\_
8.  Emergency Shelter Project does not require a fee, voucher, or contribution from Program Participants.
- Emergency Shelter Project requires a fee, voucher or contribution from Program Participants.
9.  Program Participants are not denied assistance due to an inability to pay.
- Program Participants are denied assistance due to an inability to pay.
10.  Emergency Shelter/Facility does not reserve space for Program Participants.
- Emergency Shelter/Facility reserves space for Program Participants.
11.  Program Participants are sheltered 180 days or less.
- Program Participants are sheltered more than 180 days.
12.  Emergency Shelter Project has Program Participant Rules.
- Emergency Shelter Project does not have Program Participant Rules.
13.  Vouchers will be provided.
- A Letter of Agreement is required with each participating Motel/Hotel that will be providing the additional beds. Letter of Agreement must include Name of Motel/Hotel, Term, Room Numbers, and Rates. (**Attach as Page 13-1**)
- Vouchers will not be provided.

**SECTION VI – MINI APPLICATION SECTION**

**EMERGENCY SHELTER COMPONENT – THRESHOLD**

**SERVING SELECTED POPULATIONS WITH ESG FUNDS**

**(Refer to the ESG 2012 NOFA – Appendix D)**

14.  Emergency Shelter Project Targets a Select Population of Homeless Persons.

**Select Population Type:** \_\_\_\_\_

- Emergency Shelter Project does not Target a Select Population of Homeless Persons.

15.  There is a State or federal law or regulation that requires the Emergency Shelter Project to exclusively serve a Select Population of Homeless Persons.

State/Federal Law or Regulation Citation (Include Name of Code)	Funding Agency

- There is not a State or federal law or regulation that requires the Emergency Shelter Project to exclusively serve a Select Population of Homeless Persons.

**Homeless Youth**

16.  Emergency Shelter Project serves Homeless Youth. Program Participants meet the definition of Homeless Youth as stated in California Government Code §11139.3.

- Emergency Shelter Project does not serve Homeless Youth.

17.  A person who is not a member of the Emergency Shelter’s target population would have access to an available bed or services.

- A person who is not a member of the Emergency Shelter’s target population would not have access to an available bed or services.

**(Check One Reason Why You Would Deny a Bed/Services):**

- a.  The physical nature of the **facility** reasonably necessitates a restriction of the Emergency Shelter exclusively to our target population.
- b.  The nature of the **services** provided at the Emergency Shelter necessitates a restriction of the Emergency Shelter exclusively to our target population.
- c.  Other. Please provide a written explanation and attach your policy for referring Program Participants to alternative shelters. **(Attach as Page 14-1)**



## SECTION VI – MINI APPLICATION SECTION

### EMERGENCY SHELTER COMPONENT – RATING AND RANKING

#### A. APPLICANT CAPABILITY

1. a.  Applicant has experience operating the proposed Emergency Shelter Project.  
(If Checked, indicate number of years below and proceed to Question 2)
  - 8+ years
  - 6-7 years
  - 4-5years
  - 1-3 years
  - Less than 1 year
- b.  Applicant does not have experience operating the proposed Emergency Shelter Project. (If checked, proceed to Question 1.c below)
- c.  Applicant has experience operating a similar Emergency Shelter Project.  
(If checked, indicate number of years below and proceed to Question 2)
  - 8+ years
  - 6-7 years
  - 4-5years
  - 1-3 years
  - Less than 1 year
- d.  Applicant does not have experience operating a similar Emergency Shelter Project.

## SECTION VI – MINI APPLICATION SECTION

### EMERGENCY SHELTER COMPONENT – RATING AND RANKING

#### 2. Process Used to Evaluate and Improve this Emergency Shelter Project

- a. Describe the process used by your Organization to review this Emergency Shelter Project to determine areas for improvement.

Discuss the following:

- Appraisal of organizational needs and assessment of Program Participant outcomes.
  - Frequency of review.
  - Involvement of staff and Program Participants in the review process.
  - Results from the evaluation process.
- b. Describe how your Organization uses this information to make improvements to this Emergency Shelter Project.

If additional space is needed for the description of the process, copies of evaluation tools, and other documentation of evaluation outcomes, attach as Page16-1.

## SECTION VI – MINI APPLICATION SECTION

### EMERGENCY SHELTER COMPONENT – RATING AND RANKING

#### B. IMPACT AND EFFECTIVENESS

3. List all Supportive Services that will be provided to Program Participants as part of the Emergency Shelter Project.

TYPE OF SERVICE AND DESCRIPTION OF SERVICE	LOCATION (Please Select One)	AGENCY PROVIDING SERVICE FOR OFF-SITE
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	

4. Accessibility of Services:

- a.  Emergency Shelter Project provides Transportation to and from off-site services based on the needs of the individual Program Participants.
- Emergency Shelter Project does not provide Transportation to and from off-site services based on the needs of the individual Program Participants.
- b.  Emergency Shelter Project has Accommodations for Program Participants with disabilities.
- Emergency Shelter Project does not have Accommodations for Program Participants with disabilities.
- c.  Emergency Shelter Project offers services for linguistic needs of the Program Participants including information that complies with the HUD Limited English Proficiency (LEP) Guidelines.
- Emergency Shelter Project does not offer services for linguistic needs of the Program Participants including information that complies with the HUD Limited English Proficiency (LEP) Guidelines.

## SECTION VI – MINI APPLICATION SECTION

### EMERGENCY SHELTER COMPONENT – RATING AND RANKING

#### OUTCOME TABLE

Provide all Outcomes and Supporting Documentation for the Period July 1, 2011 through June 30, 2012. This data must correspond with the information provided in the Emergency Shelter Outcome Table located on the next page.

Supporting Documentation for Outcomes may include:

- HMIS/Comparable Database Summary Reports (Hard Copy)
- Copies of Program Participant Outcome Lists as submitted to the Applicant's Board of Directors.

Instructions for Labeling Supporting Documentation

- All Supporting Documentation must have Final Outcome Response(s) Circled and Highlighted in Yellow.

## SECTION VI – MINI APPLICATION SECTION

### OUTCOME TABLE – EMERGENCY SHELTER COMPONENT

The information below should include those assisted with ESG and Non-ESG funding.

ACTUAL OUTCOMES FOR JULY 1, 2011 THROUGH JUNE 30, 2012			
QUESTIONS	$\frac{A}{}$ # Homeless (Individuals)  who moved into...	$\frac{B}{}$ # Homeless (Individual Intakes)  (Program Participants of all ages that entered into this Emergency Shelter Project)	$\frac{C}{A+B=C}$ (%)
Homeless <u>Individuals</u> who have exited this Emergency Shelter Project and moved into <u>Permanent Housing</u> .			
Homeless <u>Individuals</u> who have exited this Emergency Shelter Project and moved into <u>Transitional Housing</u> .			
	$\frac{A}{}$ # Homeless (Adults)  who have...	$\frac{B}{}$ # Homeless (Adult Intakes)  (Adult Program Participants that entered into this Emergency Shelter Project)	$\frac{C}{A+B=C}$ (%)
Homeless <u>Adults</u> who have <u>obtained or retained 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 have <u>stabilized a mental illness or chemical addiction for a minimum of 30 days</u>			
	$\frac{A}{}$ # Homeless (Individuals)  who were assisted	$\frac{B}{}$ # Homeless (Individual Intakes)  (Program Participants of all ages that entered into this Emergency Shelter Project)	$\frac{C}{A+B=C}$ (%)
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 with <u>HIV/AIDS</u>			

## SECTION VI – MINI APPLICATION SECTION

### EMERGENCY SHELTER COMPONENT – RATING AND RANKING

#### C. COST EFFICIENCY

5. When determining Bed Capacity, Cribs may be counted as Beds.

Provide the Schematics or Floor Plan for this Emergency Shelter Project. The placement of each Bed/Crib must be shown and numbered (i.e., Count Single Bed as '1'; Double/ Queen/King/Bunk Beds as '2').

**Attach Schematics/Floor Plans as Page 20-1.**

Number of Beds:	
<b>+</b> ( <i>Plus</i> ) Number of Cribs:	
<b>Total Bed Capacity:</b>	

6. Each Applicant will be rated by the Level of Coordination with other Organizations to operate this Emergency Shelter Project as demonstrated by the following:

- Coordination of Service Delivery with other Providers of Housing and/or Services to the Homeless
- Use of Volunteers
- Use of In-Kind Donations
- Use of Program Participant and Community Educational Projects
- Participation in Coalitions

Include three (3) Letters from the Collaborating Organizations. The letters should describe their collaborative relationship with your Organization. (Do Not Include Letters of Support). **Attach Letters as Page 20-2, and so on.**

Number of Letters Attached:  3;  2;  1;  0

**SECTION VI – MINI APPLICATION SECTION**

**EMERGENCY SHELTER COMPONENT – RATING AND RANKING**

**D. STATE OBJECTIVES**

7. The following questions apply ONLY to this Project, and NOT to other Projects in the Organization.

- Project targets Chronically Homeless Individuals as defined in the 24 CFR, Part 91.5.

Total # of Chronically Homeless	÷ Total Served	%

- Project does not target a population, but accepts all persons in a Seasonal Shelter.
- Project serves an Under-Served Area (Mariposa, Modoc and/or Siskiyou County).
- Project serves Homeless Veterans as part of a Targeted Population.

**Attach as Page 21-1:**

For Projects targeting Chronically Homeless, attach an explanation of how your Project targets that population. Discuss Outreach Efforts.

For Projects in an Under-Served Area, describe the efforts your Organization is taking to include those specific areas in the local Continuum of Care.

For Projects targeting Homeless Veterans, describe your Outreach Efforts and indicate what percentage of your total clients are Homeless Veterans.

## SECTION VI – MINI APPLICATION SECTION

### DAY CENTER SUB-COMPONENT (Pages 22-32)

**Name of Applicant:** \_\_\_\_\_

**Name of Project:** \_\_\_\_\_

(Where ESG Activities will be Provided)

**Physical Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**County:** \_\_\_\_\_

#### Target Population: Check all that Apply to this Project

1. Physically Disabled <input type="checkbox"/>	6. Single Men <input type="checkbox"/>	11. Mentally Ill <input type="checkbox"/>	16. General Homeless <input type="checkbox"/>
2. Persons with HIV/AIDS <input type="checkbox"/>	7. Single Women <input type="checkbox"/>	12. Veterans <input type="checkbox"/>	17. Chronically Homeless <i>(Must Meet Federal Definition.)</i> <input type="checkbox"/>
3. Youths <i>(Under 25 Years Old)</i> <input type="checkbox"/>	8. Families <input type="checkbox"/>	13. Domestic Violence Victims <input type="checkbox"/>	18. Families with Children <input type="checkbox"/>
4. Foster Youths <i>(Under 25 Years Old)</i> <input type="checkbox"/>	9. Developmentally Disabled <input type="checkbox"/>	14. Substance Abusers <input type="checkbox"/>	19. At-Risk <input type="checkbox"/>
5. Single Adults <input type="checkbox"/>	10. Seniors <input type="checkbox"/>	15. Physically, Mentally, or Emotionally Disabled <input type="checkbox"/>	20. Other: <input type="checkbox"/>

1. \_\_\_\_ Estimated Number of Individuals Served Daily at this Day Center for the period July 1, 2011 through June 30, 2012

2. Day Center Project Description - Please provide a Brief Description of this Day Center Project **(Attach as Page 22-1)**

Be sure to include:

- Types of Services Offered
- Method(s) Used to ensure the Target Population has access to the Services Offered
- Any Limitations Placed on Assistance
- Outreach Plan

3. Project Staffing Sheet for this Day Center Project **(Attach as Page 22-2)**

<http://hcd.ca.gov/fa/esg/index.html>



## SECTION VI – MINI APPLICATION SECTION

### DAY CENTER SUB-COMPONENT

4. Health and Safety Code (Health and Safety Code Section 17920.3)
- A.  Day Center/Facility does not have conditions of a Sub-Standard Building.
- Day Center/Facility has conditions of a Sub-Standard Building.
- B.  Sub-Standard Building conditions will remain after funding. Provide an explanation and time plan when these conditions will be corrected.
- Sub-Standard Building conditions will not remain after funding.
5. Site Control (Refer to Attachment H)
- Day Center has Site Control .
- Day Center does not have Site Control.
6. Relocation (24 CFR Section 576.408)
- Day Center is not scheduled for Rehabilitation, Renovation, or Conversion.
- Day Center is scheduled for Rehabilitation, Renovation, or Conversion. This will not necessitate client relocation.
- Day Center Project is scheduled for Rehabilitation, Renovation, or Conversion. This will necessitate client relocation.

## SECTION VI – MINI APPLICATION SECTION

### DAY CENTER SUB-COMPONENT – THRESHOLD

7.  Day Center activities have been provided continuously for the last 12 months.
- Day Center activities have not been provided continuously for the last 12 months.
- Day Center is Seasonal:
- Winter Shelter (Month/Year) \_\_\_\_ / \_\_\_\_ to (Month/Year) \_\_\_\_ / \_\_\_\_
- Summer Shelter (Month/Year) \_\_\_\_ / \_\_\_\_ to (Month/Year) \_\_\_\_ / \_\_\_\_
8.  Day Center Project does not require a fee, voucher, or contribution from Program Participants.
- Day Center Project requires a fee, voucher or contribution from Program Participants.
9.  Program Participants are not denied assistance due to an inability to pay.
- Program Participants are denied assistance due to an inability to pay.
10.  Day Center/Facility does not reserve space for Program Participants.
- Day Center/Facility reserves space for Program Participants.
11.  Day Center Project has Program Participant Rules.
- Day Center Project does not have Program Participant Rules.

**SECTION VI – MINI APPLICATION SECTION**

**DAY CENTER SUB-COMPONENT – THRESHOLD**

**SERVING SELECTED POPULATIONS WITH ESG FUNDS  
(Refer to the ESG 2012 NOFA – Appendix D)**

12.  Day Center Project Targets a Select Population of Homeless Persons.

**Select Population Type:**

- Day Center Project does not Target a Select Population of Homeless Persons.
13.  There is a State or federal law or regulation that requires the Day Center Project to exclusively serve a Select Population of Homeless Persons.

State/Federal Law or Regulation Citation (Include Name of Code)	Funding Agency

- There is not a State or federal law or regulation that requires the Day Center Project to exclusively serve a Select Population of Homeless Persons.

**Homeless Youth**

14.  Day Center Project serves Homeless Youth. Program Participants meet the definition of Homeless Youth as stated in California Government Code Section 11139.3.
- Day Center Project does not serve Homeless Youth.
15.  A person who is not a member of the Day Center’s target population would have access to available services.
- A person who is not a member of the Day Center’s target population would not have access to an available services.

**(Check One Reason Why You Would Deny Services):**

- The physical nature of the **facility** reasonably necessitates a restriction of the Day Center exclusively to our target population.
- The nature of the **services** provided at the Day Center necessitates a restriction of the Day Center exclusively to our target population.
- Other. Please provide a written explanation and attach your policy for referring Program Participants to alternative shelters. **(Attach as Page 25-1)**

## SECTION VI – MINI APPLICATION SECTION

### DAY CENTER SUB-COMPONENT – RATING AND RANKING

#### A. APPLICANT CAPABILITY

1. a.  Applicant has experience operating the proposed Day Center Project.  
(If Checked, indicate number of years below and proceed to Question 2)
- 8+ years  
 6-7 years  
 4-5years  
 1-3 years  
 Less than 1 year
- b.  Applicant does not have experience operating the proposed Day Center Project. (If checked, proceed to Question 1.c below)
- c.  Applicant has experience operating a similar Day Center Project.  
(If checked, indicate number of years below and proceed to Question 2)
- 8+ years  
 6-7 years  
 4-5years  
 1-3 years  
 Less than 1 year
- d.  Applicant does not have experience operating a similar Day Center Project.

## SECTION VI – MINI APPLICATION SECTION

### DAY CENTER SUB-COMPONENT – RATING AND RANKING

#### 2. Process Used to Evaluate and Improve this Day Center Project

- a. Describe the process used by your Organization to review this Day Center Project to determine areas for improvement.

Discuss the following:

- Appraisal of organizational needs and assessment of Program Participant outcomes.
- Frequency of review.
- Involvement of staff and Program Participants in the review process.
- Results from the evaluation process.

- b. Describe how your Organization uses this information to make improvements to this Day Center Project.

If additional space is needed for the description of the process, copies of evaluation tools, and other documentation of evaluation outcomes, **attach as Page 27-1.**

## SECTION VI – MINI APPLICATION SECTION

### DAY CENTER SUB-COMPONENT – RATING AND RANKING

#### B. IMPACT AND EFFECTIVENESS

3. List all Supportive Services that will be provided to Program Participants as part of the Day Center Project.

TYPE OF SERVICE AND DESCRIPTION OF SERVICE	LOCATION (Please Select One)	AGENCY PROVIDING SERVICE FOR OFF-SITE
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	

4. Accessibility of Services:

- a.  Day Center Project provides Transportation to and from off-site services based on the needs of the individual Program Participants.
  - Day Center Project does not provide Transportation to and from off-site services based on the needs of the individual Program Participants.
- b.  Day Center Project has Accommodations for Program Participants with disabilities.
  - Day Center Project does not have Accommodations for Program Participants with disabilities.
- c.  Day Center Project offers services for linguistic needs of the Program Participants including information that complies with the HUD Limited English Proficiency (LEP) Guidelines.
  - Day Center Project does not offer services for linguistic needs of the Program Participants including information that complies with the HUD Limited English Proficiency (LEP) Guidelines.

## SECTION VI – MINI APPLICATION SECTION

### DAY CENTER SUB-COMPONENT – RATING AND RANKING

#### OUTCOME TABLE

Provide all Outcomes and Supporting Documentation for the Period July 1, 2011 through June 30, 2012. This data must correspond with the information provided in the Day Center Outcome Table located on the next page.

Supporting Documentation for Outcomes may include:

- HMIS/Comparable Database Summary Reports (Hard Copy)
- Copies of Program Participant Outcome Lists as submitted to the Applicant's Board of Directors.

Instructions for Labeling Supporting Documentation

- All Supporting Documentation must have Final Outcome Response(s) Circled and Highlighted in Yellow.

## SECTION VI – MINI APPLICATION SECTION

### OUTCOME TABLE – DAY CENTER SUB-COMPONENT

The information below should include those assisted with ESG and Non-ESG funding.

ACTUAL OUTCOMES FOR JULY 1, 2011 THROUGH JUNE 30, 2012			
QUESTIONS	$\frac{A}{\# \text{ Homeless (Individuals)}}$ who moved into...	$\frac{B}{\# \text{ Homeless (Individual Intakes)}}$ (Program Participants of all ages that entered into this Day Center Project)	$\frac{C}{A \div B = C (\%)}$
Homeless <u>Individuals</u> who have exited this Day Center Project and moved into <u>Permanent Housing</u> .			
Homeless <u>Individuals</u> who have exited this Day Center Project and moved into <u>Transitional Housing</u> .			
Homeless <u>Individuals</u> who have exited this Day Center Project and moved into <u>Emergency Shelter</u> .			
QUESTIONS	$\frac{A}{\# \text{ Homeless (Adults)}}$ who have...	$\frac{B}{\# \text{ Homeless (Adult Intakes)}}$ (Adult Program Participants that entered into this Day Center Project)	$\frac{C}{A \div B = C (\%)}$
Homeless <u>Adults</u> who have <u>obtained or retained 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 have <u>stabilized a mental illness or chemical addiction for a minimum of 30 days</u>			
QUESTIONS	$\frac{A}{\# \text{ Homeless (Individuals)}}$ who were assisted	$\frac{B}{\# \text{ Homeless (Individual Intakes)}}$ (Program Participants of all ages that entered into this Day Center Project)	$\frac{C}{A \div B = C (\%)}$
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 with <u>HIV/AIDS</u>			



**SECTION VI – MINI APPLICATION SECTION**

**DAY CENTER SUB-COMPONENT – RATING AND RANKING**

**C. COST EFFICIENCY**

5. Enter the requested information below:

<b>Estimated Total Number of <u>Households</u> to be Served at this Day Center Project for this <u>Grant Period</u></b>	<b>Average Number of Persons Per Household</b>

6. Each Applicant will be rated by the Level of Coordination with other Organizations to operate this Day Center Project as demonstrated by the following:

- Coordination of Service Delivery with other Providers of Housing and/or Services to the Homeless
- Use of Volunteers
- Use of In-Kind Donations
- Use of Program Participant and Community Educational Projects
- Participation in Coalitions

Include three (3) Letters from the Collaborating Organizations. The letters should describe their collaborative relationship with your Organization. (Do Not Include Letters of Support).

**Attach Letters as Page 31-1, and so on.**

Number of Letters Attached:  3;  2;  1;  0

**SECTION VI – MINI APPLICATION SECTION**

**DAY CENTER SUB-COMPONENT – RATING AND RANKING**

**D. STATE OBJECTIVES**

7. The following questions apply ONLY to this Project, and NOT to other Projects in the Organization.

- Project targets Chronically Homeless Individuals (As defined in the 24 CFR, Part 91.5).

Total # of Chronically Homeless	÷ Total Served	%

- Project does not target a population but accepts all persons in a Seasonal Shelter.
- Project serves an Under-Served Area (Mariposa, Modoc and/or Siskiyou County).
- Project serves Homeless Veterans as part of a Targeted Population.

**Attach as Page 32-1:**

For Projects targeting Chronically Homeless, attach an explanation of how your Project targets that population. Discuss Outreach Efforts.

For Projects in an Under-Served Area, describe the efforts your Organization is taking to include those specific areas in the local Continuum of Care.

For Projects targeting Homeless Veterans, describe your Outreach Efforts and indicate what percentage of your total clients are Homeless Veterans.

## SECTION VI – MINI APPLICATION SECTION

### TRANSITIONAL HOUSING SUB-COMPONENT (Pages 33-44)

Check if this is a Domestic Violence Facility\*

**Name of Applicant:** \_\_\_\_\_

**Name of Project:** \_\_\_\_\_  
(Where ESG Activities will be Provided)

**Physical Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**County:** \_\_\_\_\_

#### Target Population: Check all that Apply to this Project

1. Physically Disabled <input type="checkbox"/>	6. Single Men <input type="checkbox"/>	11. Mentally Ill <input type="checkbox"/>	16. General Homeless <input type="checkbox"/>
2. Persons with HIV/AIDS <input type="checkbox"/>	7. Single Women <input type="checkbox"/>	12. Veterans <input type="checkbox"/>	17. Chronically Homeless <i>(Must Meet Federal Definition.)</i> <input type="checkbox"/>
3. Youths <i>(Under 25 Years Old)</i> <input type="checkbox"/>	8. Families <input type="checkbox"/>	13. Domestic Violence Victims <input type="checkbox"/>	18. Families with Children <input type="checkbox"/>
4. Foster Youths <i>(Under 25 Years Old)</i> <input type="checkbox"/>	9. Developmentally Disabled <input type="checkbox"/>	14. Substance Abusers <input type="checkbox"/>	19. At-Risk <input type="checkbox"/>
5. Single Adults <input type="checkbox"/>	10. Seniors <input type="checkbox"/>	15. Physically, Mentally, or Emotionally Disabled <input type="checkbox"/>	20. Other: <input type="checkbox"/>

1. \_\_\_\_ Estimated Number of Individuals Served Daily at this Transitional Housing Project for the period July 1, 2011 through June 30, 2012.

2. Transitional Housing Project Description - Please provide a Brief Description of this Transitional Housing Project. **(Attach as Page 33-1)**

Be sure to include:

- Types of Services Offered
- Method(s) Used to ensure the Target Population has access to the Services Offered
- Any Limitations Placed on Assistance
- Outreach Plan

3.  Project Staffing Sheet for this Transitional Housing Project **(Attach as Page 33-2)**  
<http://hcd.ca.gov/fa/esg/index.html>

## SECTION VI – MINI APPLICATION SECTION

### TRANSITIONAL HOUSING SUB-COMPONENT

4. Health and Safety Code (Health and Safety Code Section 17920.3)
- A.  Transitional House/Facility does not have conditions of a Sub-Standard Building.
- Transitional House/Facility has conditions of a Sub-Standard Building.
- B.  Sub-Standard Building conditions will remain after funding. Provide an explanation and time plan when these conditions will be corrected.
- Sub-Standard Building conditions will not remain after funding.
5. Site Control (Refer to Attachment H)
- Transitional House has Site Control.
- Transitional House does not have Site Control.
6. Relocation (24 CFR Section 576.408)
- Transitional Housing Project is not scheduled for Rehabilitation, Renovation, or Conversion.
- Transitional Housing Project is scheduled for Rehabilitation, Renovation, or Conversion. This will not necessitate client relocation.
- Transitional Housing Project is scheduled for Rehabilitation, Renovation, or Conversion. This will necessitate client relocation.

## SECTION VI – MINI APPLICATION SECTION

### TRANSITIONAL HOUSING SUB-COMPONENT – THRESHOLD

7.  Transitional Housing activities have been provided continuously for the last 12 months.
- Transitional Housing activities have not been provided continuously for the last 12 months.
- Transitional Housing is Seasonal:
- Winter (Month/Year) \_\_\_\_ / \_\_\_\_ to (Month/Year) \_\_\_\_ / \_\_\_\_
- Summer (Month/Year) \_\_\_\_ / \_\_\_\_ to (Month/Year) \_\_\_\_ / \_\_\_\_
8.  Program Participants are offered at least three Self-Sufficiency Development Services in conjunction with occupancy of the housing.
- Program Participants are not offered at least three Self-Sufficiency Development Services in conjunction with occupancy of the housing.
9.  Program Participants are required to participate in at least one Self-Sufficiency Development Service as a condition of receiving housing.
- Program Participants are not required to participate in at least one Self-Sufficiency Development Service as a condition of receiving housing.
10.  Program Participants are provided housing referrals or placement to permanent housing.
- Program Participants are not provided housing referrals or placement to permanent housing.
11.  Program Participants are required to sign a lease agreement and/or occupancy agreement.
- Program Participants are not required to sign a lease agreement and/or occupancy agreement.
12.  Program Participants are housed up to 24-months.
- Program Participants are housed more than 24-months.
13.  Transitional Housing Project has Program Participant Rules.
- Transitional Housing Project does not have Program Participant Rules.

## SECTION VI – MINI APPLICATION SECTION

### TRANSITIONAL HOUSING SUB-COMPONENT – THRESHOLD

14.  Program Participants are charged rent.
- a.  Rent is equal to or less than 30% of each individual household's income.
  - Rent is not equal to or less than 30% of each individual household's income.
  - b.  A minimum of 10% of all rent collected from each Program Participant is reserved to assist that client to move into permanent housing.
  - A minimum of 10% of all rent collected from each Program Participant is not reserved to assist that client to move into permanent housing.
  - c.  Rent which is set aside is accounted for separately for each Program Participant.
  - Rent which is set aside is not accounted for separately for each Program Participant.

15.  Program Participants are not charged rent.

If rent is not charged, an Applicant can request from HCD a waiver of the 10% requirement set forth above where the Applicant has demonstrated to HCD's satisfaction that its Project is funded to provide assistance to all Program Participants when they move to permanent housing, and that this assistance is funded from sources other than State ESG funds.

This assistance can include such things as: assistance with security deposit, first/last month's rent, or household items. Such individual assistance provided to a Program Participant must equal at least 10% of all the rent collected from that Program Participant. To request a waiver of the 10% set aside of the Transitional Housing rents, attach as page 36-1 the evidence requested above.

16.  Transitional Housing Project does not require a fee, voucher, or contribution from Program Participants.
- Transitional Housing Project requires a fee, voucher or contribution from Program Participants.
17.  Program Participants are not denied assistance due to an inability to pay.
- Program Participants are denied assistance due to an inability to pay.

**SECTION VI – MINI APPLICATION SECTION**

**TRANSITIONAL HOUSING SUB-COMPONENT – THRESHOLD**

**SERVING SELECTED POPULATIONS WITH ESG FUNDS  
(Refer to the ESG 2012 NOFA – Appendix D)**

18.  Transitional Housing Project Targets a Select Population of Homeless Persons.

**Select Population Type:** \_\_\_\_\_

- Transitional Housing Project does not Target a Select Population of Homeless Persons.

19.  There is a State or federal law or regulation that requires the Transitional Housing Project to exclusively serve a Select Population of Homeless Persons.

State/Federal Law or Regulation Citation (Include Name of Code)	Funding Agency

- There is not a State or federal law or regulation that requires the Transitional Housing Project to exclusively serve a Select Population of Homeless Persons.

**Homeless Youth**

20.  Transitional Housing Project serves Homeless Youth. Program Participants meet the definition of Homeless Youth as stated in California Government Code Section 11139.3.

- Transitional Housing Project does not serve Homeless Youth.

21.  A person who is not a member of the Transitional Housing Project target population would have access to an available bed or services.

- A person who is not a member of the Transitional Housing Project target population would not have access to an available bed or services.

**(Check One Reason Why You Would Deny a Bed/Services):**

- The physical nature of the **facility** reasonably necessitates a restriction of the Transitional Housing exclusively to our target population.

- The nature of the **services** provided at the Transitional Housing Project necessitates a restriction of the Transitional Housing exclusively to our target population.

- Other. Please provide a written explanation and attach your policy for referring Program Participants to alternative shelters. **(Attach as Page 37-1)**

## SECTION VI – MINI APPLICATION SECTION

### TRANSITIONAL HOUSING SUB-COMPONENT–RATING AND RANKING

#### A. APPLICANT CAPABILITY

1. a.  Applicant has experience operating the proposed Transitional Housing Project. (If Checked, indicate number of years below and proceed to Question 2)
- 8+ years
  - 6-7 years
  - 4-5years
  - 1-3 years
  - Less than 1 year
- b.  Applicant does not have experience operating the proposed Transitional Housing Project. (If checked, proceed to Question 1.c below)
- c.  Applicant has experience operating a similar Transitional Housing Project. (If checked, indicate number of years below and proceed to Question 2)
- 8+ years
  - 6-7 years
  - 4-5years
  - 1-3 years
  - Less than 1 year
- d.  Applicant does not have experience operating a similar Transitional Housing Project.



## SECTION VI – MINI APPLICATION SECTION

### TRANSITIONAL HOUSING SUB-COMPONENT – RATING AND RANKING

#### 2. Process Used to Evaluate and Improve this Transitional Housing Project

- a. Describe the process used by your Organization to review this Transitional Housing Project to determine areas for improvement.

Discuss the following:

- Appraisal of organizational needs and assessment of Program Participant outcomes.
  - Frequency of review.
  - Involvement of staff and Program Participants in the review process.
  - Results from the evaluation process.
- b. Describe how your organization uses this information to make improvements to this Transitional Housing Project.

If additional space is needed for the description of the process, copies of evaluation tools, and other documentation of evaluation outcomes, **attach as page 39-1.**

## SECTION VI – MINI APPLICATION SECTION

### TRANSITIONAL HOUSING SUB-COMPONENT – RATING AND RANKING

#### B. IMPACT AND EFFECTIVENESS

3. List all Supportive Services that will be provided to Program Participants as part of the Transitional Housing Project.

TYPE OF SERVICE AND DESCRIPTION OF SERVICE	LOCATION (Please Select One)	AGENCY PROVIDING SERVICE FOR OFF-SITE
	<input type="checkbox"/> On-Site <b>or</b> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <b>or</b> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <b>or</b> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <b>or</b> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <b>or</b> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <b>or</b> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <b>or</b> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <b>or</b> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <b>or</b> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <b>or</b> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <b>or</b> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <b>or</b> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <b>or</b> <input type="checkbox"/> Off-Site	

4. Accessibility of Services:

- a.  Transitional Housing Project provides Transportation to and from off-site services based on the needs of the individual Program Participants.
- Transitional Housing Project does not provide Transportation to and from off-site services based on the needs of the individual Program Participants.
- b.  Transitional Housing Project has Accommodations for Program Participants with disabilities.
- Transitional Housing Project does not have Accommodations for Program Participants with disabilities.
- c.  Transitional Housing Project offers services for linguistic needs of the Program Participants including information that complies with the HUD Limited English Proficiency (LEP) Guidelines.
- Transitional Housing Project does not offer services for linguistic needs of the Program Participants including information that complies with the HUD Limited English Proficiency (LEP) Guidelines.

## SECTION VI – MINI APPLICATION SECTION

### TRANSITIONAL HOUSING SUB-COMPONENT – RATING AND RANKING

#### OUTCOME TABLE

Provide all Outcomes and Supporting Documentation for the Period July 1, 2011 through June 30, 2012. This data must correspond with the information provided in the Transitional Housing Project Outcome Table located on the next page.

Supporting Documentation for Outcomes may include:

- HMIS/Comparable Database Summary Reports (Hard Copy)
- Copies of Program Participant Outcome Lists as submitted to the Applicant's Board of Directors.

Instructions for Labeling Supporting Documentation

- All Supporting Documentation must have Final Outcome Response(s) Circled and Highlighted in Yellow.

## SECTION VI – MINI APPLICATION SECTION

### OUTCOME TABLE – TRANSITIONAL HOUSING SUB-COMPONENT

The information below should include those assisted with ESG and Non-ESG funding.

ACTUAL OUTCOMES FOR JULY 1, 2011 THROUGH JUNE 30, 2012			
QUESTIONS	$\frac{A}{}$ # Homeless (Individuals)  who moved into...	$\frac{B}{}$ # Homeless (Individual Intakes)  (Program Participants of all ages that entered into this Transitional Housing Project)	$\frac{C}{}$ A÷B=C (%)
Homeless <u>Individuals</u> who have exited this Transitional Housing Project and moved into <u>Permanent Housing</u> .			
Homeless <u>Individuals</u> who have exited this Transitional Housing Project and moved into other <u>Transitional Housing</u> .			
Homeless <u>Individuals</u> who have exited this Transitional Housing Project and moved into an <u>Emergency Shelter</u> .			
	$\frac{A}{}$ # Homeless (Adults)  who have...	$\frac{B}{}$ # Homeless (Adult Intakes)  (Adult Program Participants that entered into this Transitional Housing Project)	$\frac{C}{}$ A÷B=C (%)
Homeless <u>Adults</u> who have <u>obtained or retained 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 have <u>stabilized a mental illness or chemical addiction for a minimum of 90 days</u>			
	$\frac{A}{}$ # Homeless (Individuals)  who were assisted	$\frac{B}{}$ # Homeless (Individual Intakes)  (Program Participants of all ages that entered into this Transitional Housing Project)	$\frac{C}{}$ 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 with <u>HIV/AIDS</u>			

**SECTION VI – MINI APPLICATION SECTION**

**TRANSITIONAL HOUSING SUB-COMPONENT – RATING AND RANKING**

**C. COST EFFICIENCY**

5. When determining Bed Capacity, Cribs may be counted as Beds.

Provide the Schematics or Floor Plan for this Transitional Housing Project. The placement of each Bed/Crib must be shown and numbered (i.e., Count Single Bed as '1'; Double/ Queen/King/Bunk Beds as '2').

**Attach Schematics/Floor Plans as Page 43-1.**

Number of Beds:	
+ ( <i>Plus</i> ) Number of Cribs:	
Total Bed Capacity:	

6. Each Applicant will be rated by the Level of Coordination with other Organizations to operate this Transitional Housing Project as demonstrated by the following:

- Coordination of Service Delivery with other Providers of Housing and/or Services to the Homeless
- Use of Volunteers
- Use of In-Kind Donations
- Use of Program Participant and Community Educational Projects
- Participation in Coalitions

Include three (3) Letters from the Collaborating Organizations. The letters should describe their collaborative relationship with your Organization. (Do Not Include Letters of Support). **Attach Letters as Page 43-2, and so on.**

Number of Letters attached:  3;  2;  1;  0

**SECTION VI – MINI APPLICATION SECTION**

**TRANSITIONAL HOUSING SUB-COMPONENT – RATING AND RANKING**

**D. STATE OBJECTIVES**

7. The following questions apply ONLY to this Project, and NOT to other Projects in the Organization.

- Project targets Chronically Homeless Individuals (As defined in the 24 CFR, Part 91.5).

Total # of Chronically Homeless	÷ Total Served	%

- Project does not target a population but accepts all persons in a Seasonal Shelter.
- Project serves an Under-Served Area (Mariposa, Modoc and/or Siskiyou County).
- Project serves Homeless Veterans as part of a Targeted Population.

**Attach as Page 44-1:**

For Projects targeting Chronically Homeless, attach an explanation of how your Project targets that population. Discuss Outreach Efforts.

For Projects in an Under-Served Area, describe the efforts your Organization is taking to include those specific areas in the local Continuum of Care.

For Projects targeting Homeless Veterans, describe your Outreach Efforts and indicate what percentage of your total clients are Homeless Veterans.

## SECTION VI – MINI APPLICATION SECTION

### STREET OUTREACH COMPONENT (Pages 45-52)

Name of Applicant: \_\_\_\_\_

Name of Project: \_\_\_\_\_  
 (Where ESG Activities will be Provided)

Physical Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

#### Target Population: Check all that Apply to this Project

1. Physically Disabled <input type="checkbox"/>	6. Single Men <input type="checkbox"/>	11. Mentally Ill <input type="checkbox"/>	16. General Homeless <input type="checkbox"/>
2. Persons with HIV/AIDS <input type="checkbox"/>	7. Single Women <input type="checkbox"/>	12. Veterans <input type="checkbox"/>	17. Chronically Homeless <i>(Must Meet Federal Definition.)</i> <input type="checkbox"/>
3. Youths <i>(Under 25 Years Old)</i> <input type="checkbox"/>	8. Families <input type="checkbox"/>	13. Domestic Violence Victims <input type="checkbox"/>	18. Families with Children <input type="checkbox"/>
4. Foster Youths <i>(Under 25 Years Old)</i> <input type="checkbox"/>	9. Developmentally Disabled <input type="checkbox"/>	14. Substance Abusers <input type="checkbox"/>	19. At-Risk <input type="checkbox"/>
5. Single Adults <input type="checkbox"/>	10. Seniors <input type="checkbox"/>	15. Physically, Mentally, or Emotionally Disabled <input type="checkbox"/>	20. Other: <input type="checkbox"/>

1. \_\_\_\_ Estimated Number of Individuals Served Daily at this Street Outreach Project.  
 (July 1, 2011 through June 30, 2012)

2. Street Outreach Project Description - Please provide a Brief Description of this Street Outreach Project. **(Attach as Page 45-1)**

Be sure to include:

- Types of Services Offered
- Method(s) Used to ensure the Target Population has access to the Services Offered
- Any Limitations Placed on Assistance
- Outreach Plan

3.  Project Staffing Sheet for this Street Outreach Project (Attach as Page 45-2)  
<http://hcd.ca.gov/fa/esg/index.html>

**SECTION VI – MINI APPLICATION SECTION**

**STREET OUTREACH COMPONENT – THRESHOLD**

- 4.  Street Outreach activities have been provided continuously for the last 12 months.
- Street Outreach activities have not been provided continuously for the last 12 months.

**SERVING SELECTED POPULATIONS WITH ESG FUNDS  
(Refer to the ESG 2012 NOFA – Appendix D)**

- 5.  Street Outreach Project Targets a Select Population of Homeless Persons.  
**Select Population Type:** \_\_\_\_\_
- Street Outreach Project does not Target a Select Population of Homeless Persons.
- 6.  There is a State or federal law or regulation that requires the Street Outreach Project to exclusively serve a Select Population of Homeless Persons.

State/Federal Law or Regulation Citation (Include Name of Code)	Funding Agency

- There is not a State or federal law or regulation that requires the Street Outreach Project to exclusively serve a Select Population of Homeless Persons.

**Homeless Youth**

- 7.  Street Outreach Project serves Homeless Youth. Program Participants meet the definition of Homeless Youth as stated in California Government Code Section 11139.3.
- Street Outreach Project does not serve Homeless Youth.
- 8.  A person who is not a member of the Street Outreach Project’s target population would have access to services.
- A person who is not a member of the Street Outreach Project’s target population would not have access to services.

**(Check One Reason Why You Would Deny Services):**

- The nature of the **services** provided at the Street Outreach Project necessitates a restriction of the Street Outreach exclusively to our target population.
- Other. Please provide a written explanation and attach your policy for referring Program Participants to alternative services. **(Attach as Page 46-1)**



## SECTION VI – MINI APPLICATION SECTION

### STREET OUTREACH COMPONENT – RATING AND RANKING

#### A. APPLICANT CAPABILITY

- 1 a.  Applicant has experience operating the proposed Street Outreach Project.  
(If Checked, indicate number of years below and proceed to Question 2)
- 8+ years
- 6-7 years
- 4-5years
- 1-3 years
- Less than 1 year
- b.  Applicant does not have experience operating the proposed Street Outreach Project. (If checked, proceed to Question 1.c below)
- c.  Applicant has experience operating a similar Street Outreach Project.  
(If checked, indicate number of years below and proceed to Question 2)
- 8+ years
- 6-7 years
- 4-5years
- 1-3 years
- Less than 1 year
- d.  Applicant does not have experience operating a similar Street Outreach Project.

## SECTION VI – MINI APPLICATION SECTION

### STREET OUTREACH COMPONENT – RATING AND RANKING

#### 2. Process Used to Evaluate and Improve this Street Outreach Project

- a. Describe the process used by your organization to review this Street Outreach Project to determine areas for improvement.

Discuss the following:

- Appraisal of organizational needs and assessment of Program Participant outcomes.
  - Frequency of review.
  - Involvement of staff and Program Participants in the review process.
  - Results from the evaluation process.
- b. Describe how your organization uses this information to make improvements to this Street Outreach Project.

If additional space is needed for the description of the process, copies of evaluation tools, and other documentation of evaluation outcomes, attach as **Page 48-1 etc...**

## SECTION VI – MINI APPLICATION SECTION

### STREET OUTREACH COMPONENT – RATING AND RANKING

#### B. IMPACT AND EFFECTIVENESS

3. List all Supportive Services that will be provided to Program Participants as part of the Street Outreach Project.

TYPE OF SERVICE AND DESCRIPTION OF SERVICE	LOCATION (Please Select One)	AGENCY PROVIDING SERVICE FOR OFF-SITE
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	

4. Accessibility of Services:

- a.  Street Outreach provides Transportation to and from off-site services based on the needs of the individual Program Participants.
  - Street Outreach Project does not provide Transportation to and from off-site services based on the needs of the individual Program Participants.
- b.  Street Outreach Project has Accommodations for Program Participants with disabilities.
  - Street Outreach Project does not have Accommodations for Program Participants with disabilities.
- c.  Street Outreach Project offers services for linguistic needs of the Program Participants including information that complies with the HUD Limited English Proficiency (LEP) Guidelines.
  - Street Outreach Project does not offer services for linguistic needs of the Program Participants including information that complies with the HUD Limited English Proficiency (LEP) Guidelines.

## SECTION VI – MINI APPLICATION SECTION

### STREET OUTREACH COMPONENT – RATING AND RANKING

#### OUTCOME TABLE

- Provide Projected Outcomes for the 'Grant Period'.
- No supporting documentation is required. However, describe the methodology used to determine the projected outcomes. **Attach as Page 50-1.**
- The information below should include those assisted with ESG and Non-ESG funding.

<b>PROJECTED OUTCOMES</b>			
<b>QUESTIONS</b>	<b>A</b> # Homeless (Individuals)  who will...	<b>B</b> # Homeless (Individual) Intakes  <i>(Program Participants of all ages that entered into this Street Outreach Project)</i>	<b>C</b> A÷B=C (%)
Homeless who will be assisted with Street Outreach Project activities.			
Homeless who will move into an <u>Emergency Shelter</u> .			
Homeless who will move into <u>Transitional Housing</u> .			
Homeless who will move into <u>Permanent Housing</u> .			
	<b>A</b> # Homeless (Adults)  who will...	<b>B</b> # Homeless (Adult) Intakes  <i>(Adult Program Participants that entered into this Street Outreach Project)</i>	<b>C</b> A÷B=C (%)
Homeless <u>Adults</u> who will <u>obtain Employment</u> .			
Homeless <u>Adults</u> who will <u>obtain other income (e.g. SSI, TANF, or County General Assistance)</u> .			
Homeless <u>Adults</u> who have <u>stabilized a mental illness or chemical addiction for a minimum of 30 days</u>			
	<b>A</b> # Homeless  who will be assisted	<b>B</b> # Homeless (Individual) Intakes  <i>(Program Participants of all ages that entered into this Street Outreach Project)</i>	<b>C</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 with <u>HIV/AIDS</u>			

**SECTION VI – MINI APPLICATION SECTION**

**STREET OUTREACH COMPONENT – RATING AND RANKING**

**C. COST EFFICIENCY**

5. Enter the requested information below:

<b>Estimated Total Number of Households to be Served at this Street Outreach Project for this <u>Grant Period</u></b>	<b>Average Number of Persons Per Household</b>

6. Each Applicant will be rated by the Level of Coordination with other Organizations to operate this Street Outreach Project as demonstrated by the following:

- Coordination of Service Delivery with other Providers of Housing and/or Services to the Homeless
- Use of Volunteers
- Use of In-Kind Donations
- Use of Program Participant and Community Educational Projects
- Participation in Coalitions

Include three (3) Letters from the collaborating Organizations. The letters should describe their collaborative relationship with your Organization. (Do Not Include Letters of Support).

**Attach Letters as Page 51-1, and so on.**

Number of Letters Attached:  3;  2;  1;  0

**SECTION VI – MINI APPLICATION SECTION**

**STREET OUTREACH COMPONENT – RATING AND RANKING**

**D. STATE OBJECTIVES**

7. The following questions apply ONLY to this Project, and NOT to other Projects in the Organization.

- Project targets Chronically Homeless Individuals (As defined in the 24 CFR, Part 91.5).

Total # of Chronically Homeless	÷ Total Served	%

- Project serves an Under-Served Area (Mariposa, Modoc and/or Siskiyou County).
- Project serves Homeless Veterans as part of a Targeted Population.

**Attach as Page 52-1:**

For Projects targeting Chronically Homeless, attach an explanation of how your Project targets that population. Discuss Outreach Efforts.

For Projects in an Under-Served Area, describe the efforts your Organization is taking to include those specific areas in the local Continuum of Care.

For Projects targeting Homeless Veterans, describe your Outreach Efforts and indicate what percentage of your total clients are Homeless Veterans.

## SECTION VI – MINI APPLICATION SECTION

### HOMELESSNESS PREVENTION COMPONENT (Pages 53-61)

**Name of Applicant:** \_\_\_\_\_

**Name of Project:** \_\_\_\_\_  
 (Where ESG Activities will be Provided)

**Physical Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**County:** \_\_\_\_\_

#### Target Population: Check all that Apply to this Project

1. Physically Disabled <input type="checkbox"/>	6. Single Men <input type="checkbox"/>	11. Mentally Ill <input type="checkbox"/>	16. General Homeless <input type="checkbox"/>
2. Persons with HIV/AIDS <input type="checkbox"/>	7. Single Women <input type="checkbox"/>	12. Veterans <input type="checkbox"/>	17. Chronically Homeless <i>(Must Meet Federal Definition.)</i> <input type="checkbox"/>
3. Youths <i>(Under 25 Years Old)</i> <input type="checkbox"/>	8. Families <input type="checkbox"/>	13. Domestic Violence Victims <input type="checkbox"/>	18. Families with Children <input type="checkbox"/>
4. Foster Youths <i>(Under 25 Years Old)</i> <input type="checkbox"/>	9. Developmentally Disabled <input type="checkbox"/>	14. Substance Abusers <input type="checkbox"/>	19. At-Risk <input type="checkbox"/>
5. Single Adults <input type="checkbox"/>	10. Seniors <input type="checkbox"/>	15. Physically, Mentally, or Emotionally Disabled <input type="checkbox"/>	20. Other: <input type="checkbox"/>

1. \_\_\_ Estimated Number of Households Served Monthly at this Homelessness Prevention Project for the period July 1, 2011 through June 30, 2012.

2. Homelessness Prevention Project Description - Please provide a Brief Description of this Homelessness Prevention Project. **(Attach as Page 53-1)**

Be sure to include:

- Types of Services Offered
- Method(s) Used to ensure the Target Population has access to the Services Offered
- Any Limitations Placed on Assistance
- Outreach Plan

3.  Project Staffing Sheet for this Homelessness Prevention Project **(Attach as Page 53-2)**  
<http://hcd.ca.gov/fa/esg/index.html>

## SECTION VI – MINI APPLICATION SECTION

### HOMELESSNESS PREVENTION COMPONENT

4. Health and Safety Code (Health and Safety Code Section 17920.3)
- a.  Building does not have conditions of a Sub-Standard Building.
  - Building has conditions of a Sub-Standard Building.
  - b.  Sub-Standard Building conditions will remain after funding. Provide an explanation and time plan when these conditions will be corrected.
  - Sub-Standard Building conditions will not remain after funding.
5.  Homelessness Prevention activities have been provided continuously for the last 12 months.
- Homelessness Prevention activities have not been provided continuously for the last 12 months.
6.  Homelessness Prevention Project has Program Participant Rules.
- Homelessness Prevention Project does not have Program Participant Rules.



**SECTION VI – MINI APPLICATION SECTION**

**HOMELESSNESS PREVENTION COMPONENT – THRESHOLD**

**SERVING SELECTED POPULATIONS WITH ESG FUNDS  
(Refer to the ESG 2012 NOFA – Appendix D)**

7.  Homelessness Prevention Project Targets a Select Population of Homeless Persons.

**Select Population Type:** \_\_\_\_\_

- Homelessness Prevention Project does not Target a Select Population of Homeless Persons.

8.  There is a State or federal law or regulation that requires the Homelessness Prevention Project to exclusively serve a Select Population of Homeless Persons.

State/Federal Law or Regulation Citation (Include Name of Code)	Funding Agency

- There is not a State or federal law or regulation that requires the Homelessness Prevention Project to exclusively serve a Select Population of Homeless Persons.

**Homeless Youth**

9.  Homelessness Prevention Project serves Homeless Youth. Program Participants meet the definition of Homeless Youth as stated in California Government Code Section 11139.3.

- Homelessness Prevention Project does not serve Homeless Youth.

10.  A person who is not a member of the Homelessness Prevention Project's target population would have access to available services.

- A person who is not a member of the Homelessness Prevention Project's target population would not have access to available services.

**(Check One Reason Why You Would Deny Services):**

- The nature of the **services** provided at the Homelessness Prevention Project necessitates a restriction of the services exclusively to our target population.

- Other. Please provide a written explanation and attach your policy for referring Program Participants to alternative services. **(Attach as Page 55-1)**

## SECTION VI – MINI APPLICATION SECTION

### HOMELESSNESS PREVENTION COMPONENT – RATING AND RANKING

#### A. APPLICANT CAPABILITY

1. a.  Applicant has experience operating the proposed Homelessness Prevention Project. (If Checked, indicate the number of years below and proceed to Question 2)
  - 8+ years
  - 6-7 years
  - 4-5years
  - 1-3 years
  - Less than 1 year
- b.  Applicant does not have experience operating the proposed Homelessness Prevention Project. (If checked, proceed to Question 1.c below)
- c.  Applicant has experience operating a similar Homelessness Prevention Project. (If checked, indicate the number of years below and proceed to Question 2)
  - 8+ years
  - 6-7 years
  - 4-5years
  - 1-3 years
  - Less than 1 year
- d.  Applicant does not have experience operating a similar Homelessness Prevention Project.

## SECTION VI – MINI APPLICATION SECTION

### HOMELESSNESS PREVENTION COMPONENT – RATING AND RANKING

2. Process Used to Evaluate and Improve this Homelessness Prevention Project
  - a. Describe the process used by your Organization to review this Homelessness Prevention Project to determine areas for improvement.

Discuss the following:

- Appraisal of organizational needs and assessment of Program Participant outcomes.
  - Frequency of review.
  - Involvement of staff and Program Participants in the review process.
  - Results from the evaluation process.
- b. Describe how your organization uses this information to make improvements to this Homelessness Prevention Project.

If additional space is needed for the description of the process, copies of evaluation tools, and other documentation of evaluation outcomes, **attach as Page 57-1 etc...**

## SECTION VI – MINI APPLICATION SECTION

### HOMELESSNESS PREVENTION COMPONENT – RATING AND RANKING

#### B. IMPACT AND EFFECTIVENESS

3. List all Supportive Services that will be provided to Program Participants as part of the Homelessness Prevention Project.

TYPE OF SERVICE AND DESCRIPTION OF SERVICE	LOCATION (Please Select One)	AGENCY PROVIDING SERVICE FOR OFF-SITE
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <i>or</i> <input type="checkbox"/> Off-Site	

4. Accessibility of Services:

- a.  Homelessness Prevention Project provides Transportation to and from off-site services based on the needs of the individual Program Participants.
- Homelessness Prevention Project does not provide Transportation to and from off-site services based on the needs of the individual Program Participants.
- b.  Homelessness Prevention Project has Accommodations for Program Participants with disabilities.
- Homelessness Prevention Project does not have Accommodations for Program Participants with disabilities.
- c.  Homelessness Prevention Project offers services for linguistic needs of the Program Participants including information that complies with the HUD Limited English Proficiency (LEP) Guidelines.
- Homelessness Prevention Project does not offer services for linguistic needs of the Program Participants including information that complies with the HUD Limited English Proficiency (LEP) Guidelines.

## SECTION VI – MINI APPLICATION SECTION

### OUTCOME TABLE – HOMELESSNESS PREVENTION COMPONENT

- Provide Projected Outcomes for the 'Grant Period'.
- No supporting documentation is required. However, describe the methodology used to determine the projected outcomes. **Attach as Page 59-1.**
- The information below should include those assisted with ESG and Non-ESG funding.

<b>PROJECTED OUTCOMES</b>						
<b>QUESTIONS</b>	<b>A</b> # At-Risk (Individuals) who will ...	<b>B</b> # At-Risk (Individual) Intakes <i>(Program Participants of all ages that entered into this Homelessness Prevention Project)</i>	<b>C</b> A÷B= C (%)	<b>D</b> # At-Risk (Households) who will be...	<b>E</b> # At-Risk (Household) Intakes <i>(Head of household applying for Homelessness Prevention Project)</i>	<b>F</b> D÷E=F (%)
At-Risk who will be assisted with <u>Homelessness Prevention activities.</u>						
At-Risk who will <u>obtain Permanent housing.</u>						
At-Risk who will <u>obtain or retain employment</u>						
Homeless who will <u>obtain other income (e.g. SSI, TANF, or County General Assistance).</u>						
	<b>A</b> # At-Risk... (Individuals) who will be assisted	<b>B</b> # At-Risk (Individual) Intakes <i>(Program Participants of all ages that entered into this Homelessness Prevention Project)</i>	<b>C</b> A÷B= C (%)	<b>D</b> # At-Risk .... (Households) who will be assisted	<b>E</b> # At-Risk (Household) Intakes <i>(Head of household applying for Homelessness Prevention Project)</i>	<b>F</b> D÷E=F (%)
At-Risk <u>Veterans</u>						
At-Risk <u>Victims of Domestic Violence</u>						
At-Risk <u>Developmentally Disabled</u>						
At-Risk <u>Physically, Mentally or Emotionally Disabled</u>						
At-Risk <u>HIV/AIDS</u>						

**SECTION VI – MINI APPLICATION SECTION**

**HOMELESSNESS PREVENTION COMPONENT – RATING AND RANKING**

**C. COST EFFICIENCY**

5. Enter the requested information below:.

<b>Estimated Total Number of <u>Households</u> to be Served at this Homelessness Prevention Project for this <u>Grant Period</u></b>	<b>Average Number of Persons Per Household</b>

6. Each Applicant will be rated by the Level of Coordination with other Organizations to operate this Homelessness Prevention Project as demonstrated by the following:

- Coordination of Service Delivery with other Providers of Housing and/or Services to the Homeless
- Use of Volunteers
- Use of In-Kind Donations
- Use of Program Participant and Community Educational Projects
- Participation in Coalitions

Include three (3) Letters from the Collaborating Organizations. The letters should describe their collaborative relationship with your Organization. (Do Not Include Letters of Support).

**Attach Letters as Page 60-1, and so on.**

Number of Letters Attached:  3;  2;  1;  0

**SECTION VI – MINI APPLICATION SECTION**

**HOMELESSNESS PREVENTION COMPONENT – RATING AND RANKING**

**D. STATE OBJECTIVES**

7. The following questions apply ONLY to this Project, and NOT to other Projects in the Organization.

- Project targets Chronically Homeless Individuals (As defined in the 24 CFR, Part 91.5).

Total # of Chronically Homeless	÷ Total Served	%

- Project serves an Under-Served Area (Mariposa, Modoc and/or Siskiyou County).
- Project serves Homeless Veterans as part of a Targeted Population.

**Attach as Page 61-1:**

For Projects targeting Chronically Homeless, attach an explanation of how your Project targets that population. Discuss Outreach Efforts.

For Projects in an Under-Served Area, describe the efforts your Organization is taking to include those specific areas in the local Continuum of Care.

For Projects targeting Homeless Veterans, describe your Outreach Efforts and indicate what percentage of your total clients are Homeless Veterans.

## SECTION VI – MINI APPLICATION SECTION

### RAPID RE-HOUSING ASSISTANCE COMPONENT (Pages 62-70)

**Name of Applicant:** \_\_\_\_\_

**Name of Project:** \_\_\_\_\_  
 (Where ESG Activities will be Provided)

**Physical Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**County:** \_\_\_\_\_

#### Target Population: Check all that Apply to this Project

1. Physically Disabled <input type="checkbox"/>	6. Single Men <input type="checkbox"/>	11. Mentally Ill <input type="checkbox"/>	16. General Homeless <input type="checkbox"/>
2. Persons with HIV/AIDS <input type="checkbox"/>	7. Single Women <input type="checkbox"/>	12. Veterans <input type="checkbox"/>	17. Chronically Homeless <i>(Must Meet Federal Definition.)</i> <input type="checkbox"/>
3. Youths <i>(Under 25 Years Old)</i> <input type="checkbox"/>	8. Families <input type="checkbox"/>	13. Domestic Violence Victims <input type="checkbox"/>	18. Families with Children <input type="checkbox"/>
4. Foster Youths <i>(Under 25 Years Old)</i> <input type="checkbox"/>	9. Developmentally Disabled <input type="checkbox"/>	14. Substance Abusers <input type="checkbox"/>	19. At-Risk <input type="checkbox"/>
5. Single Adults <input type="checkbox"/>	10. Seniors <input type="checkbox"/>	15. Physically, Mentally, or Emotionally Disabled <input type="checkbox"/>	20. Other: <input type="checkbox"/>

1. \_\_\_\_ Estimated Number of Households Served Monthly at this Rapid Re-Housing Shelter.  
 (July 1, 2011 through June 30, 2012)

2. **Rapid Re-Housing Project Description** - Please provide a Brief Description of this Rapid Re-Housing Project. **(Attach as Page 62-1)**

Be sure to include:

- Types of Services Offered
- Method(s) Used to ensure the Target Population has access to the Services Offered
- Any Limitations Placed on Assistance
- Outreach Plan

3.  Project Staffing Sheet for this Rapid Re-Housing Project **(Attach as Page 62-2)**  
<http://hcd.ca.gov/fa/esg/index.html>\_



## SECTION VI – MINI APPLICATION SECTION

### RAPID RE-HOUSING ASSISTANCE COMPONENT – THRESHOLD

4.  Rapid Re-Housing Project activities have been provided continuously for the last 12 months.
- Rapid Re-Housing Project activities have not been provided continuously for the last 12 months.
5.  Rapid Re-Housing Project has Program Participant Rules.
- Rapid Re-Housing Project does not have Program Participant Rules.

**SECTION VI – MINI APPLICATION SECTION**

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

**SERVING SELECTED POPULATIONS WITH ESG FUNDS  
(Refer to the ESG 2012 NOFA – Appendix D)**

6.  Rapid Re-Housing Project Targets a Select Population of Homeless Persons.

**Select Population Type:** \_\_\_\_\_

- Rapid Re-Housing Project does not Target a Select Population of Homeless Persons.

7.  There is a State or federal law or regulation that requires the Rapid Re-Housing Project to exclusively serve a Select Population of Homeless Persons.

State/Federal Law or Regulation Citation (Include Name of Code)	Funding Agency

- There is not a State or federal law or regulation that requires the Rapid Re-Housing Project to exclusively serve a Select Population of Homeless Persons.

**Homeless Youth**

8.  Rapid Re-Housing Project serves Homeless Youth. Program Participants meet the definition of Homeless Youth as stated in California Government Code Section 11139.3.

- Rapid Re-Housing Project does not serve Homeless Youth.

9.  A person who is not a member of the Rapid Re-Housing Project’s target population would have access to available services.

- A person who is not a member of the Rapid Re-Housing Project’s target population would not have access to available services.

**(Check One Reason Why You Would Deny Services):**

- The nature of the **services** provided at the Rapid Re-Housing Project necessitates a restriction of the Rapid Re-Housing exclusively to our target population.

- Other. Please provide a written explanation and attach your policy for referring Program Participants to alternative services. **(Attach as Page 64-1)**

## SECTION VI – MINI APPLICATION SECTION

### RAPID RE-HOUSING ASSISTANCE COMPONENT RATING AND RANKING

#### A. APPLICANT CAPABILITY

1. a.  Applicant has experience operating the proposed Rapid Re-Housing Project.  
(If Checked, indicate the number of years below and proceed to Question 2).
  - 8+ years
  - 6-7 years
  - 4-5years
  - 1-3 years
  - Less than 1 year
  
- b.  Applicant does not have experience operating the proposed Rapid Re-Housing Project. (If checked, proceed to Question 1.c below)
  
- c.  Applicant has experience operating a similar Rapid Re-Housing Project.  
(If checked, indicate the number of years below and proceed to Question 2).
  - 8+ years
  - 6-7 years
  - 4-5years
  - 1-3 years
  - Less than 1 year
  
- d.  Applicant does not have experience operating a similar Rapid Re-Housing Project.

## SECTION VI – MINI APPLICATION SECTION

### RAPID RE-HOUSING ASSISTANCE COMPONENT RATING AND RANKING

#### 2. Process Used to Evaluate and Improve this Rapid Re-Housing Project

- a. Describe the process used by your Organization to review this Rapid Re-Housing Project to determine areas for improvement.

Discuss the following:

- Appraisal of organizational needs and assessment of Program Participant outcomes.
  - Frequency of review.
  - Involvement of staff and Program Participants in the review process.
  - Results from the evaluation process.
- b. Describe how your Organization uses this information to make improvements to this Rapid Re-Housing Project.

If additional space is needed for the description of the process, copies of evaluation tools, and other documentation of evaluation outcomes, **attach as Page 66-1 etc....**

## SECTION VI – MINI APPLICATION SECTION

### RAPID RE-HOUSING ASSISTANCE COMPONENT RATING AND RANKING

#### B. IMPACT AND EFFECTIVENESS

3. List all Supportive Services that will be provided to Program Participants as part of the Rapid Re-Housing Project.

TYPE OF SERVICE AND DESCRIPTION OF SERVICE	LOCATION (Please Select One)	AGENCY PROVIDING SERVICE FOR OFF-SITE
	<input type="checkbox"/> On-Site <b>or</b> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <b>or</b> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <b>or</b> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <b>or</b> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <b>or</b> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <b>or</b> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <b>or</b> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <b>or</b> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <b>or</b> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <b>or</b> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <b>or</b> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <b>or</b> <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> On-Site <b>or</b> <input type="checkbox"/> Off-Site	

4. Accessibility of Services:

- a.  Rapid Re-Housing Project provides Transportation to and from off-site services based on the needs of the individual Program Participants.
- Rapid Re-Housing Project does not provide Transportation to and from off-site services based on the needs of the individual Program Participants.
- b.  Rapid Re-Housing Project has Accommodations for Program Participants with disabilities.
- Rapid Re-Housing Project does not have Accommodations for Program Participants with disabilities.
- c.  Rapid Re-Housing Project offers services for linguistic needs of the Program Participants including information that complies with the HUD Limited English Proficiency (LEP) Guidelines.
- Rapid Re-Housing Project does not offer services for linguistic needs of the Program Participants including information that complies with the HUD Limited English Proficiency (LEP) Guidelines.

## SECTION VI – MINI APPLICATION SECTION

### RAPID RE-HOUSING ASSISTANCE COMPONENT RATING AND RANKING

#### OUTCOME TABLE – RAPID RE-HOUSING COMPONENT

- Provide Projected Outcomes for this ‘Grant Period.’
- No supporting documentation is required. However, describe the methodology used to determine the projected outcomes. **Attach as Page 68-1.**
- The information below should include those assisted with ESG and non-ESG funding.

<b>PROJECTED OUTCOMES</b>						
<b>QUESTIONS</b>	<b>A</b> # Homeless (Individuals) who will ...	<b>B</b> # Homeless (Individual) Intakes <i>(Program Participants of all ages that entered into this Rapid Re- Housing Project)</i>	<b>C</b> A÷B=C (%)	<b>D</b> # Homeless (Household s) who will be...	<b>E</b> # Homeless (Household) Intakes <i>(Head of household applying for Rapid Re- Housing Project)</i>	<b>F</b> D÷E=F (%)
Homeless who will be assisted with <u>Rapid Re-Housing</u> .						
Homeless who will <u>obtain Permanent housing</u> .						
Homeless who will <u>obtain employment</u> .						
Homeless who will <u>obtain other income (e.g. SSI, TANF, or County General Assistance)</u>						
	<b>A</b> # Homeless (Individuals) who will be assisted	<b>B</b> # Homeless (Individual) Intakes <i>(Program Participants of all ages that entered into this Rapid Re- Housing Project)</i>	<b>C</b> A÷B=C (%)	<b>D</b> # Homeless. (Household s) who will be assisted	<b>E</b> # Homeless (Household) Intakes <i>(Head of household applying for Rapid Re- Housing Project)</i>	<b>F</b> D÷E=F (%)
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>HIV/AIDS</u>						

**SECTION VI – MINI APPLICATION SECTION**

**RAPID RE-HOUSING ASSISTANCE COMPONENT  
RATING AND RANKING**

**C. COST EFFICIENCY**

5. Enter the requested information below:

<b>Estimated Total Number of <u>Households</u> to be Served at this Rapid Re-Housing Project for this <u>Grant Period</u></b>	<b>Average Number of Persons Per Household</b>

6. Each Applicant will be rated by the Level of Coordination with other Organizations to operate this Rapid Re-Housing Project as demonstrated by the following:

- Coordination of Service Delivery with other Providers of Housing and/or Services to the Homeless
- Use of Volunteers
- Use of In-Kind Donations
- Use of Program Participant and Community Educational Projects
- Participation in Coalitions

Include three (3) Letters from the Collaborating Organizations. The letters should describe their collaborative relationship with your Organization. (Do Not Include Letters of Support).

**Attach Letters as Page 69-1, and so on.**

Number of Letters Attached:  3;  2;  1;  0

**SECTION VI – MINI APPLICATION SECTION**

**RAPID RE-HOUSING ASSISTANCE COMPONENT  
RATING AND RANKING**

**D. STATE OBJECTIVES**

7. The following questions apply ONLY to this Project, and NOT to other Projects in the Organization.

- Project targets Chronically Homeless Individuals (As defined in the 24 CFR, Part 91.5).

Total # of Chronically Homeless	÷ Total Served	%

- Project serves an Under-Served Area (Mariposa, Modoc and/or Siskiyou County).
- Project serves Homeless Veterans as part of a Targeted Population.

**Attach as Page 70-1:**

For Projects targeting Chronically Homeless, attach an explanation of how your Project targets that population. Discuss Outreach Efforts.

For Projects in an Under-Served Area, describe the efforts your Organization is taking to include those specific areas in the local Continuum of Care.

For Projects targeting Homeless Veterans, describe your Outreach Efforts and indicate what percentage of your total clients are Homeless Veterans.



**SECTION VI – MINI APPLICATION SECTION**

**HMIS AND ADMINISTRATION COMPONENTS (Page 71)**

Name of Applicant: \_\_\_\_\_

Name of Project: \_\_\_\_\_  
(Where ESG Activities will be Provided)

1. Please provide a Brief Description of the HMIS and Administration Component Activities for your Project(s). **Attach as Pages 71-1 and 71-2.**
2.  Project Staffing Sheet for HMIS Component. **Attach as Page 71-3.**  
<http://www.hcd.ca.gov/fa/esg/index.html>
- Project Staffing Sheet for Administration Component. **Attach as Page 71-4.**  
<http://www.hcd.ca.gov/fa/esg/index.html>

## **SECTION VII – APPLICATION ATTACHMENTS**

Attachment A – Checklist for Preparing Resolution and Sample Resolution

Attachment B – Statement of Certifications

Attachment C – Certification of Local Approval

Attachment D – Certification of Local Need

Attachment E – Statement of Confidentiality – Victims of Domestic Violence

Attachment F – Certification of Religious Compliance

Attachment G – Annual Financial Data

Attachment H – Evidence of Site Control

Attachment I – Program Participant Rules

Attachment J – Service Provider Agreement

Attachment K – Confidential Site Location Designation Agreement

Attachment L – Confidentiality Procedures of Applicant

Attachment M – Matching Funds

Attachment N – Payee Data Record

Attachment O – ESG Written Standards

Attachment P – Memorandum of Understanding

Attachment Q – Maintenance of Effort

Attachment R – List of Eligible Activities by Component-Type

Attachment S – Budget Sheets – Staffing and Non-Staffing

## ATTACHMENT A

### CHECKLIST FOR PREPARING RESOLUTION

**The Resolution must authorize submittal of the Application.**

The Resolution must also authorize:

- Execution of the Standard Agreement;
- Funding level between \$50,000 and \$230,000; 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 2012 Application, (i.e., the date must be no earlier than the ESG NOFA's release date and no later than February 12, 2013.)

Resolution Checklist:

- A. Resolution has been re-typed on Organization'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's release date and on or before February 12, 2012.
- C. The exact wording of the Sample Resolution has been used, or the State has approved alternative wording.

(Exception: Where it is appropriate to change the language, (e.g., to insert the Name of the Organization instead of the words "Name of Applicant Organization".)

- D. The person authorized to sign the Standard Agreement has not signed the Resolution.

**Note: The Title and Name of the Authorized Person must be in the Resolution. If your Project is funded, the Authorized Person 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.

***Applications submitted without a complete and originally signed Resolution will be ineligible.***

**(Use Own Letterhead)**

**ATTACHMENT A**

**Sample Resolution**

**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) Project; and
- B. \_\_\_\_\_ is a private nonprofit 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 \_\_\_\_\_ 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 \_\_\_\_\_ hereby authorizes \_\_\_\_\_ *(Insert title and name of Authorized Person/Officer)* to execute all required certifications, apply for and accept the Federal Emergency Solutions Grant in the amount of not more than \$\_\_\_\_\_, and to sign the Standard Agreement, any subsequent amendments thereto, and, where applicable, any ESG loan documents with HCD of not more than \$\_\_\_\_\_, 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 Application Organization)* this \_\_\_\_\_ day of \_\_\_\_\_, 20XX by the following vote:

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

---

*Signature and Title of Approving Officer*  
*(Chairperson or Secretary - Not the same person Authorized to enter into the Standard Agreement)*

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

## Attachment B

### 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;

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.

## **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.

**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).

\_\_\_\_\_  
Signature/Authorized Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title



**ATTACHMENT C**

**CERTIFICATION OF LOCAL APPROVAL**

**Instructions:**

Organizations may apply for Projects 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, \_\_\_\_\_, duly Authorized to act on behalf of \_\_\_\_\_, hereby approve of the Operation of the following Projects (see list below) proposed by \_\_\_\_\_ which is/are to be located/operated in

\_\_\_\_\_  
*Name of State ESG eligible Jurisdiction*

- Street Outreach
- Emergency Shelter
- Day Center
- Transitional Housing
- Homelessness Prevention
- Rapid Re-Housing

<b>CERTIFICATION</b>
<i>(Name)</i>
<i>(Title)</i>
<i>(Date)</i>
<i>(Signature)</i>

## ATTACHMENT D

### CERTIFICATION OF LOCAL NEED

#### **NEED FOR FUNDS**

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

1. Before completing your ESG Application, contact your Continuum of Care (CoC) to inform them that you are submitting an ESG Application to HCD. Refer to **Appendix G**, in the ESG 2012 NOFA, to identify the CoC covering your project area.
2. **Complete the Need for Funds Rating Criteria, Items 1-3 (See Page 82).**
3. Submit Attachment D, "Need for Funds" and any additional items required by your CoC serving the county where your Project is located.
4. HCD recommends that you obtain a 'dated proof of receipt', from your CoC, indicating you have provided them with Attachment D.
5. Attachment D will be submitted by your local CoC directly to HCD by February 26, 2013 (5:00 P.M.).

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

1. All CoC's are required to develop and implement written rating criteria and procedures to evaluate, score and rank the "Need for Funds" Rating Criteria.
2. Verify the Project to ensure it is located in your CoC Service area.
3. Make sure the Applicant completed Need for Funds Rating Criteria, Items 1-3, before commencing.
4. **Section 1:** At a minimum, the CoC must take into consideration the following elements:
  - a. Leverage of ESG Funds.
  - b. Project Alignment with the local CoC priorities.
5. **Section 2:** Each Application must be ranked according to the following:
  - a. Develop rating criteria and procedures used to determine the priority ranking of the applications received from each County (within the CoC's Service Area).
  - b. Only one (1) project per rank.
  - c. Duplicate ranking is not allowed.
  - d. The final score should result in a five (5) point spread between assigned Projects (e.g. 100=Rank 1; 95 = Rank 2).
6. Complete the Name, ID Number and signature section of the form.

7. **New Instructions: CoC is responsible for submitting the Attachment D package directly to HCD.**

**The Attachment D package consists of:**

- Attachment D, 'Need for Funds Rating Criteria'
- Written Rating Criteria and Procedures developed by the CoC
- Summary Table identifying the following:
  - Name of Applicant
  - Name of Project
  - Date Attachment D was received from the Applicant
  - Rank
  - Comments
- Submit the Attachment D package using one of the following methods:
  - Hand-deliver the Attachment D package to HCD/DFA and ask for a receipt;
  - Mail the Attachment D package by certified mail (see address below) with return receipt requested;
  - 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  
1800 Third Street, MS 390  
Sacramento, CA 95811

8. CoC is responsible for sending a separate e-mail notification, to each Applicant, informing them that Attachment D has been received by HCD.

**ATTACHMENT D**

**CERTIFICATION OF LOCAL NEED**

**NEED FOR FUNDS (Continued)**

**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. Applicant Organization: \_\_\_\_\_

Name of Project for which ESG funds are being requested: \_\_\_\_\_

2. County where the Facility/Project is located: \_\_\_\_\_

3. ESG Program Components (and Sub-Components) being provided by the Applicant Project:

- Check all that Apply:  Emergency Shelter  Transitional Housing  
 Day Center  Street Outreach  
 Homelessness Prevention  Rapid Re-Housing  
 HMIS  Administration

**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 \_\_\_\_\_ = \_\_\_\_\_  
(See Attachment S, Budget Sheet, Proposed Budget Tab, Cell B.11. and B.1)

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

**Section 2**

Rank the Application according to Score (in descending order).

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

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

**ATTACHMENT D**

**CERTIFICATION OF LOCAL NEED**

**NEED FOR FUNDS (Continued)**

Name and ID Number of Continuum of Care:

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

\_\_\_\_\_  
*Printed Name and Title/Position 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 thereafter, I do and will not have any personal financial interest or benefit from any State that while in my current position and for one-year ESG-assisted activity, or have any interest in any contract, subcontract, or agreement with respect thereto or the proceeds there under, either for myself or for those with whom I have family or financial ties.**

\_\_\_\_\_  
*Signature of individual representing Continuum of Care*

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

**ATTACHMENT E**

**STATEMENT OF CONFIDENTIALITY**  
**(VICTIMS OF DOMESTIC VIOLENCE)**

(Agency Name) \_\_\_\_\_ assures that it will adopt policies which meet at least the minimal standards for protecting the confidentiality of information as set forth in the State Information Practices Act (Civil Code 1798, et. seq.).

<b>STATEMENT OF CONFIDENTIALITY</b>
<i>(Signature of President, Board of Directors)</i>
<i>(Date)</i>
<i>(Signature of Authorized Person)</i>
<i>(Date)</i>

## ATTACHMENT F

### CERTIFICATION OF RELIGIOUS COMPLIANCE

(Organization Name) agrees to provide all eligible activities under this Project in a manner that is free from religious influences and in accordance with the following principles:

- 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</b>
<i>(Signature of President , Board of Directors)</i>
<i>(Date)</i>
<i>(Signature of Executive Person)</i>
<i>(Date)</i>

**ATTACHMENT G**

**ANNUAL FINANCIAL DATA  
(PRIVATE NONPROFIT ORGANIZATIONS ONLY)**

Attach the following documents behind this page:

Attachment G1: Articles of Incorporation

Attachment G2: Evidence of IRS Tax-Exemption (501(c) Status)

Attachment G3: Most Recent Federal Tax Return – 990, including and all applicable Attachments

Federal Tax Return-990 (Line 19) shows a positive balance.

Federal Tax Return-990 (Line 19) does not show a positive balance.

Attachment G4: Most Recent OMB Circular A-133 Single Audit

There are no unresolved Audit Findings.

There are unresolved Audit Findings.



## **ATTACHMENT H**

### **EVIDENCE OF SITE CONTROL (Emergency Shelter, Transitional Housing and Day Center Projects ONLY)**

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

- A Deed, demonstrating ownership in fee title.
- A Lease, 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.
- A 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, 2014.

**If a Domestic Violence Shelter Site Address Waiver is requested, Site Control is addressed on Attachments K and L.**

## ATTACHMENT I

### **PROGRAM PARTICIPANTS RULES**

(Not Applicable to Street Outreach Projects)

Please attach the following items in your Application:

1. Disability-Related Policies and Procedures. Include the process a Program Participant would follow to Request a Reasonable Accommodation, and a copy of the disability-related Grievance Procedures. **Attach as Page 87-1.**
2. Termination Policies and Procedure. Include the policy for termination of a Program Participant from housing, and the process a Program Participant would follow to appeal such termination. **Attach as Page 87-2.**
3. Describe where your Program Participant Rules are conspicuously posted for each Project Site identified in this Application. **Attach as Page 87-3.**

For Homelessness Prevention and Rapid Re-Housing Projects, describe when Program Participant Rules are given to Program Participants. **Attach as Page 87-3.**

4. A statement of the maximum, consecutive number of days (months) during which a Program Participant is eligible to participate in housing. **Attach as Page 87-4.**

For Transitional Housing Projects,

1. All Program Participants must be offered at least three types of Self-Sufficiency Development Services.

Describe the requirements for participation in at least one Self-Sufficiency Development Service, such as:

- Job counseling or instruction.
- Personal budgeting or home economics instruction.
- Tenant skills instruction.
- Landlord/tenant.
- Victim's rights counseling.
- Apartment search skills instruction.

**Attach as Page 87-5.**

**ATTACHMENT J**

**SERVICE PROVIDER AGREEMENT**

Attach behind this page, **if applicable.**

(Needed when service is provided by an Entity other than the Applicant)

**ATTACHMENT K**

**CONFIDENTIAL SITE LOCATION DESIGNATION AGREEMENT  
(DOMESTIC VIOLENCE PROVIDERS ONLY)**

Attach behind this page.

**ATTACHMENT K**

**CONFIDENTIAL SITE LOCATION DESIGNATION AGREEMENT**

\_\_\_\_\_ is hereby granted a “DV Site Address Waiver” for the DV Shelter Site located in the County of \_\_\_\_\_.

This waiver is granted with the following conditions:

1. The Grantee certifies that “Site Control” defined in the Application for funding exists for the Project Site address; and the Site Control of the Project Site is for a period not less than the ESG term; and
2. HCD may monitor and inspect the confidential site(s) at any time by giving at least ten (10) day notice to the Grantee; and
3. Any HCD site inspection will begin at the Administrative Office of the Grantee, and designated Grantee staff will accompany HCD staff during the site visit(s); and
4. Any HCD staff visiting confidential site(s) will first sign confidentiality statements approved by HCD to restrict distribution of site location knowledge obtained as a result of the site visit(s);and
5. In the event that HCD determines that the DV Site and/or Grantee do not appear to be in substantial compliance with the terms of any written agreement with HCD pursuant to the ESG Program, HCD may suspend or terminate the Confidential Site Location Designation Agreement and assume sole responsibility for monitoring and maintaining reasonable confidentiality of the affected site(s). Under these conditions, the Grantee would be required to provide site location information to HCD and additionally be subject to Grant termination.

\_\_\_\_\_ understands and approves the conditions of this Agreement.

<b>CERTIFICATION OF CONFIDENTIAL SITE WAIVER</b>	
<i>Printed Name</i>	<i>Title</i>
<i>Authorized Signature for Applicant (Authorized by Resolution)</i>	<i>Date</i>

**ATTACHMENT L**

**CONFIDENTIALITY PROCEDURES OF APPLICANT  
(DOMESTIC VIOLENCE PROVIDERS ONLY)**

**Attach "Confidentiality Procedures" behind this page.**

As a condition of funding, all Applicants requesting a "DV Site Address Waiver" are required to provide HCD with an outline/copy of the Applicant's Confidentiality Procedures. Such procedures shall reasonably demonstrate to HCD how the Applicant Organization systematically protects the confidentiality of its Domestic Violence Shelter Site(s) and the clients served therein.)

**ATTACHMENT M**  
**MATCHING FUNDS**

Attach behind this page.

Applicants must match ESG funding dollar-for-dollar. Eligible sources of matching contributions include any Federal source other than the ESG Program, as well as state, local, and private sources. Refer to 24 CFR, 576.201(b) for additional requirements that apply to matching contributions from a Federal source of funds.

Matching contributions must:

- Be provided after 7/1/12
- Be expended within the expenditure deadline identified in the Standard Agreement or 6/30/14, whichever is earlier
- Not have been used to match a previous ESG Grant
- Not have been used to match another Federal grant or award

Eligible types of matching contributions include:

- Cash Contributions (Refer to 24 CFR 576.201(d)(1))
- Noncash Contributions (Refer to 24 CFR 576.201(d)(2))
  - The value of any real property, equipment, goods, or services
  - The purchase value of any donated building
- Costs Paid by Program Income (Refer to 24 CFR 576.201(f))

**Specific Source Names and Amounts of matching funds for ESG Project must be identified in the boxes below:**

<b>MATCHING FUNDS</b>	
<b>SOURCE OF FUNDING</b>	<b>AMOUNT OF MATCH</b>
ESG ( <i>Total Grant Amount Requested</i> )	
LOCAL MATCH FUNDING:	
STATE GOVERNMENT MATCH FUNDING:	
FEDERAL GOVERNMENT MATCH FUNDING:	
PRIVATE FUNDING	
FUND RAISING/CASH	
LOANS	
BUILDING VALUE OR LEASE	
DONATED GOODS	
DONATED COMPUTERS	
NEW STAFF SALARIES	
+VOLUNTEERS	
<b>TOTAL MATCH FUNDING</b>	

<b>CERTIFICATION OF MATCH</b>	
<i>Name of Authorized Person</i>	<i>Title</i>
<i>Signature</i>	<i>Date</i>



**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>PAYEE'S LEGAL BUSINESS NAME (Type or Print)</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">SOLE PROPRIETOR—ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)</td> <td style="width:50%; border: none;">E-MAIL ADDRESS</td> </tr> <tr> <td style="border: none;">MAILING ADDRESS</td> <td style="border: none;">BUSINESS ADDRESS</td> </tr> <tr> <td style="border: none;">CITY, STATE, ZIP CODE</td> <td style="border: none;">CITY, STATE, ZIP CODE</td> </tr> </table>			SOLE PROPRIETOR—ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)	E-MAIL ADDRESS	MAILING ADDRESS	BUSINESS ADDRESS	CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE																	
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CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE																									
<b>3</b>	<p>ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):</p> <table style="width:100%; border: none;"> <tr> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> </tr> </table> <p><input type="checkbox"/> PARTNERSHIP      <b>CORPORATION:</b></p> <p><input type="checkbox"/> ESTATE OR TRUST      <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.)</p> <p>   <input type="checkbox"/> LEGAL (e.g., attorney services)</p> <p>   <input type="checkbox"/> EXEMPT (nonprofit)</p> <p>   <input type="checkbox"/> ALL OTHERS</p> <hr/> <p><input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR          ENTER SOCIAL SECURITY NUMBER:</p> <table style="width:100%; border: none;"> <tr> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> </tr> </table> <p style="text-align: center; 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 style="text-align: center;"><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 border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; font-size: x-small;">AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)</td> <td colspan="2" style="font-size: x-small;">TITLE</td> </tr> <tr> <td style="font-size: x-small;">SIGNATURE</td> <td style="font-size: x-small;">DATE</td> <td style="font-size: x-small;">TELEPHONE (   )</td> </tr> </table>			AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)	TITLE		SIGNATURE	DATE	TELEPHONE (   )																	
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SIGNATURE	DATE	TELEPHONE (   )																								
<b>6</b>	<p><b>Please return completed form to:</b></p> <p><b>Department/Office:</b> _____</p> <p><b>Unit/Section:</b> EMERGENCY SOLUTIONS GRANT PROGRAM</p> <p><b>Mailing Address:</b> _____</p> <p><b>City/State/ZIP:</b> _____</p> <p><b>Telephone:</b> _____ <b>FAX:</b> (   ) _____</p>																									

**PAYEE DATA RECORD**

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

1	<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>									
2	<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>									
3	<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>									
4	<p style="text-align: center;"><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 border="0" style="width: 100%;"> <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:</td> </tr> <tr> <td>wscs.gen@ftb.ca.gov</td> <td></td> <td></td> </tr> <tr> <td>For hearing impaired with TDD, call:</td> <td>1-800-822-6268</td> <td>Website: www.ftb.ca.gov</td> </tr> </table>	Withholding Services and Compliance Section:	1-888-792-4900	E-mail address:	wscs.gen@ftb.ca.gov			For hearing impaired with TDD, call:	1-800-822-6268	Website: www.ftb.ca.gov
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wscs.gen@ftb.ca.gov										
For hearing impaired with TDD, call:	1-800-822-6268	Website: www.ftb.ca.gov								
5	<p>Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p>									
6	<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 O

**ESG Written Standards Checklist:** The written standards required in ESG must be established for each area covered by a Continuum of Care or area over which the services are coordinated and followed by each subrecipient providing assistance in that area; or by each subrecipient and applied consistently within the subrecipient's program.

**Please certify below that you have established Written Standards for this program. (Do not attach a copy of your Written Standards).**

<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 homeless 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"/>	<p><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>.</p>
<input type="checkbox"/>	<p><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.</p>

<b>CERTIFICATION OF WRITTEN STANDARDS</b>	
<i>Printed Name</i>	<i>Title</i>
<i>Authorized Signature for Applicant (Authorized by Resolution)</i>	<i>Date</i>

## ATTACHMENT P

### Memorandum of Understanding MOU(s)

#### 1. Partner Agency Information

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

#### 2. Partner Agency Information

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

#### 3. Partner Agency Information

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

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

**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>	\$	

**ATTACHMENT Q**

**Maintenance of Effort  
(FOR UNITS OF GENERAL PURPOSE LOCAL GOVERNMENT ONLY)**

- Local Government provided funding for Emergency Shelter services within the last 12 months. Project **may not** be eligible. \*
- Local Government did not provide funding for Emergency Shelter services within the last 12 months.
- Local Government provided funding for Street Outreach services within the last 12 months. Project **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 Project **may not** be eligible for Emergency Shelter and/or Street Outreach funding during this funding round unless you meet the 'Severe Financial Deficit' criteria. (see below)

**\*Criteria for 'Severe Financial Deficit'. (Refer to 24 CFR 576.101(a)(6)(c))**

**ATTACHMENT R**

**LIST OF ACTIVITIES BY COMPONENT TYPE**

For each Major Component in your Application, list the Project Activities that will be funded by this Grant. For each Subcomponent in your Application, if any, complete a separate Attachment R and attach as Page 101-1, and so on. Refer to Appendix C of the ESG 2012 NOFA for List of Eligible Activities.

<b>COMPONENTS</b>					
Street Outreach	Emergency Shelter	Homelessness Prevention	Rapid Re-Housing	HMIS	Local Grant Administration
<b>MAIN ACTIVITIES</b>					

## **ATTACHMENT S**

### **BUDGET SHEETS – STAFFING AND NON-STAFFING**

#### **To locate and submit Budget Sheets:**

1. Go to the HCD Website: <http://www.hcd.ca.gov/fa/esg/index.html>
2. Locate ESG Forms and click on Budget Sheets.
3. Enter your data into the Excel spreadsheets provided.
  - Enter your Applicant Name and Facility Address at the top of the page.  
You will only need to do this one time. The consecutive pages will auto populate.
  - Complete each sheet before continuing onto the next.
  - Do not attempt to enter data into locked cells.
4. Print the completed forms and include as **Attachment S** in your Application

#### **A complete set of Staffing and Budget Sheets consists of:**

- Current Fiscal Year Project Budget
- Proposed Project Budget
- Proposed ESG Budget – (Includes Staffing and Non-Staffing)
  - Emergency Shelter
  - Street Outreach
  - Homelessness Prevention
  - Rapid Re-Housing Assistance
  - HMIS
  - Administration
- ESG Detailed Breakdown of Individual Staff Costs