

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time.

CoC Name and Number (From CoC Registration): CA-525 - El Dorado County CoC

CoC Lead Organization Name: El Dorado County Public Housing Authority

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions pertain to the primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the CoC, including, but not limited to, the following types of activities: setting agendas for full Continuum of Care meetings, project monitoring, determining project priorities, and providing final approval for the CoC application submission. This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: El Dorado County Continuum of Care Stakeholders Committee

Indicate the frequency of group meetings: Monthly or more

Indicate the legal status of the group: Not a legally recognized organization

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 79%

*** Indicate the selection process of group members: (select all that apply)**

Elected:	<input type="checkbox"/>
Assigned:	<input checked="" type="checkbox"/>
Volunteer:	<input checked="" type="checkbox"/>
Appointed:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

Briefly describe the selection process including why this process was established and how it works.

El Dorado County has developed a Continuum of Care Stakeholders Committee that collaborates with many faith based organizations, homeless service programs and government agencies, with the goal of coordinating homeless services currently provided in the jurisdiction. The members of the committee are involved in a larger network within the community, participating on various boards, advisory committees and coalitions in the County. This collaboration is used to obtain and share information and to work collectively on homeless problems and solutions. El Dorado County is a relatively small rural community, and the committee is always seeking to recruit additional members and stakeholders. The community has been eager to come to the table to develop a comprehensive Continuum of Care Strategy and volunteer for sub-committees that work towards the goals established for the Continuum of Care. Members either volunteer to participate or are assigned by participating agencies. The goal is to encourage every community member that is interested in advocating for the homeless to work together to find a solution that addresses the homelessness in our community.

*** Indicate the selection process of group leaders:
(select all that apply):**

Elected:	<input type="checkbox"/>
Assigned:	<input checked="" type="checkbox"/>
Volunteer:	<input checked="" type="checkbox"/>
Appointed:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

If HUD could provide administrative funds to the CoC, would the primary decision-making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring? Explain.

Yes. The lead agency for the El Dorado County Continuum of Care Stakeholders Committee is the El Dorado County Public Housing Authority, which is a local government agency. This is the department that will be applying for and administering grant funds under the Continuum of Care Homeless Programs, as required by the Housing Element of the El Dorado County General Plan.

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

List the name and role of each CoC planning committee. To add committees to this list, click on the icon and enter requested information.

Name	Meeting Frequency
El Dorado County ...	Monthly or more
Homeless Count Co...	Semi-annually
Rating and Rankin...	Semi-annually
HMIS Committee	Monthly or more
Discharge Plannin...	Quarterly

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: El Dorado County Continuum of Care Stakeholders Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This group meets once a month to discuss status of Continuum of Care application, increase public awareness, address current issues, guides the sub-committees, advocacy and coalition building, address the needs of the homeless within the jurisdiction, determine needs and goals for the Continuum of Care, works together to develop strategies and oversee the progress and development of Continuum of Care plan and strategy.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Homeless Count Committee

Indicate the frequency of group meetings: Semi-annually

Describe the role of this group:

Works with local organizations and volunteers to coordinate and conduct homeless count and survey. Conducts the volunteer training, obtain and assemble donations of incentives to encourage participation, coordinate survey locations, prepare survey documents, coordinate unsheltered homeless count, assembles and reviews data and reports results.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Rating and Ranking Committee

Indicate the frequency of group meetings: Semi-annually

Describe the role of this group:

Responsible for review and evaluation of the Continuum of Care Exhibit Two funding requests received, with the goal of determining project priority rankings for inclusion in the annual Continuum of Care Homeless Assistance Program grant funding application.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: HMIS Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This committee is responsible for the development and implementation of the local HMIS, including reviewing the needs of community and local agencies, overseeing data collected, providing support to encourage and increase HMIS participation, providing data for the point-in-time homeless count and surveys, developing and reviewing forms and procedures, and provides or coordinates HMIS training for provider organizations.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Discharge Planning Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Members will research, develop and work with publicly funded institutions or systems of care to document or implement a formalized discharge protocol, including working with local faith-based, non profit and existing community agencies or organizations to encourage the development of partnerships beneficial to discharge planning.

1D. Continuum of Care (CoC) Member Organizations

Identify all organizations involved in the CoC planning process. To add an organization to this list, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
El Dora...	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
El Dora...	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
El Dora...	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
El Dora...	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
El Dora...	Public Sector	Public ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Placer v...	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
El Dora...	Public Sector	School ...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Youth
El Dora...	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
El Dora...	Public Sector	Local w...	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
Golden ...	Public Sector	Local w...	Committee/Sub-committee/Work Group	NONE
Wome nsp...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Domestic Vio...
The Cen...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Domestic Vio...
H.E.L. P...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Food Ba...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Can Do ...	Private Sector	Busines ses	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Emergi n...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Pollock ...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
United ...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Tahoe Y...	Private Sector	---	Committee/Sub-committee/Work Group	Youth
Sierra ...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Substance Abuse

El Dorado County Continuum of Care				COC_REG_v10_000210
Salvati..	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
New Mor...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth
Boys an...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth
Mother ...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Camin o ...	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Federa t...	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Calvar y...	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Green V...	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Foothil. ..	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Faith E...	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Cold Sp...	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
St. Pat...	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
St. The...	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Afforda ...	Private Sector	Funder ...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Homel es...	Private Sector	Funder ...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Job One...	Private Sector	Busines ses	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
John Co...	Private Sector	Busines ses	Committee/Sub-committee/Work Group	NONE
Marsh al...	Private Sector	Hospit a...	Committee/Sub-committee/Work Group	NONE
El Dora...	Private Sector	Hospit a...	Committee/Sub-committee/Work Group	NONE
Dan Smith	Individual	Homel es...	Committee/Sub-committee/Work Group	NONE
Hugo Ge...	Individual	Homel es...	Committee/Sub-committee/Work Group	NONE
Leagu e ...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
El Dora...	Private Sector	Other	Committee/Sub-committee/Work Group	NONE

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: El Dorado County Human Services Department
(or name of homeless individual)

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership"
selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) Consolidated Plan focus groups/public forums
during past 12 months, Primary Decision Making
Group

Subpopulation(s) represented by the organization: NONE
(no more than 2 subpopulation)

Is the organization a homeless service provider? Yes

Services provided to homeless persons and families: Case Management, Child Care, Employment,
(select all that apply) Healthcare, Utilities Assistance

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: El Dorado County Public Guardian
(or name of homeless individual)

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership"
selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(no more than 2 subpopulation)

Is the organization a homeless service provider? No

Services provided to homeless persons and families: Case Management, Life Skills
(select all that apply)

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: El Dorado County Mental Health
(or name of homeless individual)

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership"
selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months, Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(no more than 2 subpopulation)

Is the organization a homeless service provider? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Life Skills, Mental health, Street Outreach
(select all that apply)

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: El Dorado County Public Health
(or name of homeless individual)

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(no more than 2 subpopulation)

Is the organization a homeless service provider? Yes

Services provided to homeless persons and families: Healthcare
(select all that apply)

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: El Dorado County Public Housing Authority
(or name of homeless individual)

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Authoring agency for Consolidated Plan, Attend Consolidated Plan focus groups/public forums during past 12 months, Lead agency for 10-year plan, Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(no more than 2 subpopulation)

Is the organization a homeless service provider? No

Services provided to homeless persons and families: Rental Assistance
(select all that apply)

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: Placerville Union School District
(or name of homeless individual)

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(no more than 2 subpopulation)

Is the organization a homeless service provider? Yes

Services provided to homeless persons and families: Case Management, Counseling/Advocacy, Education
(select all that apply)

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: El Dorado County Office of Education
(or name of homeless individual)

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership"
selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Primary
(select all that apply) Decision Making Group

Subpopulation(s) represented by the organization: Youth
(no more than 2 subpopulation)

Is the organization a homeless service provider? Yes

Services provided to homeless persons and families: Case Management, Counseling/Advocacy,
(select all that apply) Education

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: El Dorado County Sheriff Department
(or name of homeless individual)

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership"
selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(no more than 2 subpopulation)

Is the organization a homeless service provider? Yes

Services provided to homeless persons and families: Law Enforcement
(select all that apply)

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: El Dorado County Human Services-Workforce
(or name of homeless individual) Investment Act

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership"
selection)

Role(s) of the organization: Committee/Sub-committee/Work Group,
(select all that apply) Authoring agency for Consolidated Plan, Primary Decision Making Group

Subpopulation(s) represented by the organization: NONE
(no more than 2 subpopulation)

Is the organization a homeless service provider? Yes

Services provided to homeless persons and families: Employment
(select all that apply)

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: Golden Sierra Job Training Agency-Workforce
(or name of homeless individual) Investment Board

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(no more than 2 subpopulation)

Is the organization a homeless service provider? Yes

Services provided to homeless persons and families:
(select all that apply) Employment

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: Womenspace Unlimited-South Lake Tahoe
(or name of homeless individual) Women's Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Primary
(select all that apply) Decision Making Group

Subpopulation(s) represented by the organization: Domestic Violence
(no more than 2 subpopulation)

Is the organization a homeless service provider? Yes

Services provided to homeless persons and families:
(select all that apply) Case Management, Counseling/Advocacy,
Education, Life Skills, Street Outreach

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: The Center for Violence Free Relationships
(or name of homeless individual)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Primary
(select all that apply) Decision Making Group

Subpopulation(s) represented by the organization: Domestic Violence
(no more than 2 subpopulation)

Is the organization a homeless service provider? Yes

Services provided to homeless persons and families: Case Management, Counseling/Advocacy, Education, Life Skills, Street Outreach, Transportation
(select all that apply)

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: H.E.L.P. - Housing Emergency Lodging Program
(or name of homeless individual)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership"
selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(no more than 2 subpopulation)

Is the organization a homeless service provider? Yes

Services provided to homeless persons and families: Case Management, Life Skills
(select all that apply)

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: Food Bank of El Dorado County
(or name of homeless individual)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership"
selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(no more than 2 subpopulation)

Is the organization a homeless service provider? Yes

Services provided to homeless persons and families: Not Applicable
(select all that apply)

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: Can Do Laborers
(or name of homeless individual)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Primary
(select all that apply) Decision Making Group

Subpopulation(s) represented by the organization: NONE
(no more than 2 subpopulation)

Is the organization a homeless service provider? Yes

Services provided to homeless persons and families: Employment
(select all that apply)

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: Emerging Hope Ministries - Hope House
(or name of homeless individual) Transitional Home

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Primary
(select all that apply) Decision Making Group

Subpopulation(s) represented by the organization: NONE
(no more than 2 subpopulation)

Is the organization a homeless service provider? Yes

Services provided to homeless persons and families: Case Management, Counseling/Advocacy,
(select all that apply) Employment, Legal Assistance, Life Skills, Street Outreach, Transportation

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: Pollock Pines Community Health and Wellness Center
(or name of homeless individual)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(no more than 2 subpopulation)

Is the organization a homeless service provider? Yes

Services provided to homeless persons and families: Not Applicable
(select all that apply)

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: United Outreach of El Dorado County
(or name of homeless individual)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership"
selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Primary
(select all that apply) Decision Making Group

Subpopulation(s) represented by the organization: NONE
(no more than 2 subpopulation)

Is the organization a homeless service provider? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: Tahoe Youth and Family Services
(or name of homeless individual)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization:
 (Content depends on "Type of Membership"
 selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
 (select all that apply)

Subpopulation(s) represented by the organization: Youth
 (no more than 2 subpopulation)

Is the organization a homeless service provider? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach
 (select all that apply)

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: Sierra Recovery Center
 (or name of homeless individual)

Type of Membership: Private Sector
 (public, private, or individual)

Type of Organization:
 (Content depends on "Type of Membership"
 selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
 (select all that apply)

**Subpopulation(s) represented by the organization:
(no more than 2 subpopulation)** Substance Abuse

Is the organization a homeless service provider? Yes

**Services provided to homeless persons and families:
(select all that apply)** Alcohol/Drug Abuse, Case Management, Counseling/Advocacy, Life Skills

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

**Organization Name:
(or name of homeless individual)** Salvation Army

**Type of Membership:
(public, private, or individual)** Private Sector

**Type of Organization:
(Content depends on "Type of Membership"
selection)**

**Role(s) of the organization:
(select all that apply)** Committee/Sub-committee/Work Group, Primary Decision Making Group

**Subpopulation(s) represented by the organization:
(no more than 2 subpopulation)** NONE

Is the organization a homeless service provider? Yes

Services provided to homeless persons and families: Rental Assistance, Street Outreach, Transportation, Utilities Assistance
(select all that apply)

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: New Morning Youth and Family Services
(or name of homeless individual)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(no more than 2 subpopulation)

Is the organization a homeless service provider? No

Services provided to homeless persons and families: Case Management, Counseling/Advocacy, Education
(select all that apply)

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: Boys and Girls Club of El Dorado County-West
(or name of homeless individual) Slope

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership"
selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(no more than 2 subpopulation)

Is the organization a homeless service provider? No

Services provided to homeless persons and families: Child Care
(select all that apply)

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: Mother Theresa Maternity Home
(or name of homeless individual)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership"
selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(no more than 2 subpopulation)

Is the organization a homeless service provider? Yes

Services provided to homeless persons and families: Education, Life Skills, Street Outreach, Transportation
(select all that apply)

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: Camino Seventh Day Adventist Church
(or name of homeless individual)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership"
selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(no more than 2 subpopulation)

Is the organization a homeless service provider? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: Federated Church
(or name of homeless individual)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(no more than 2 subpopulation)

Is the organization a homeless service provider? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: Calvary Chapel
(or name of homeless individual)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(no more than 2 subpopulation)

Is the organization a homeless service provider? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: Green Valley Community Church
(or name of homeless individual)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership"
selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Primary
(select all that apply) Decision Making Group

Subpopulation(s) represented by the organization: NONE
(no more than 2 subpopulation)

Is the organization a homeless service provider? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: Foothill United Methodist Church
(or name of homeless individual)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership"
selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(no more than 2 subpopulation)

Is the organization a homeless service provider? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: Faith Episcopal Church
(or name of homeless individual)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership"
selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
 (select all that apply)

Subpopulation(s) represented by the organization: NONE
 (no more than 2 subpopulation)

Is the organization a homeless service provider? No

Services provided to homeless persons and families: Not Applicable
 (select all that apply)

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: Cold Springs Community Church
 (or name of homeless individual)

Type of Membership: Private Sector
 (public, private, or individual)

Type of Organization:
 (Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
 (select all that apply)

Subpopulation(s) represented by the organization: NONE
 (no more than 2 subpopulation)

Is the organization a homeless service provider? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: St. Patrick's Catholic Church
(or name of homeless individual)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(no more than 2 subpopulation)

Is the organization a homeless service provider? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: St. Theresa Catholic Church
(or name of homeless individual)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(no more than 2 subpopulation)

Is the organization a homeless service provider? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: Affordable Housing Coalition of El Dorado
(or name of homeless individual) County

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership"
selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Primary
(select all that apply) Decision Making Group

Subpopulation(s) represented by the organization: NONE
(no more than 2 subpopulation)

Is the organization a homeless service provider? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: Homeless Advocacy Group
(or name of homeless individual)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership"
selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Primary
(select all that apply) Decision Making Group

Subpopulation(s) represented by the organization: NONE
(no more than 2 subpopulation)

Is the organization a homeless service provider? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: Job One - Business Services
(or name of homeless individual)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership"
selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Primary
(select all that apply) Decision Making Group

Subpopulation(s) represented by the organization: NONE
(no more than 2 subpopulation)

Is the organization a homeless service provider? Yes

Services provided to homeless persons and families: Employment
(select all that apply)

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: John Conforti and Associates
(or name of homeless individual)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(no more than 2 subpopulation)

Is the organization a homeless service provider? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: Marshall Medical Center
(or name of homeless individual)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(no more than 2 subpopulation)

Is the organization a homeless service provider? Yes

Services provided to homeless persons and families:
(select all that apply) Healthcare

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: El Dorado County Community Health Center
(or name of homeless individual)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership"
selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(no more than 2 subpopulation)

Is the organization a homeless service provider? Yes

Services provided to homeless persons and families: Healthcare
(select all that apply)

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: Dan Smith
(or name of homeless individual)

Type of Membership: Individual
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership"
selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(no more than 2 subpopulation)

Is the organization a homeless service provider? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: Hugo Gervais
(or name of homeless individual)

Type of Membership: Individual
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership"
selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(no more than 2 subpopulation)

Is the organization a homeless service provider? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: League of Women Voters
(or name of homeless individual)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(no more than 2 subpopulation)

Is the organization a homeless service provider? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

Continuum of Care (CoC) Member Organizations Detail

Provide information about each CoC member organization and homeless individual, including organization name, type of membership, geographic area, organization role, subpopulations represented, and services provided. Identify at least 2 homeless or formerly homeless individuals. Do not enter the real name of domestic violence survivors.

Organization Name: El Dorado Transit
(or name of homeless individual)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization:
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(no more than 2 subpopulation)

Is the organization a homeless service provider? No

Services provided to homeless persons and families: Transportation
(select all that apply)

1E. Continuum of Care (CoC) Project Review and Selection Process

The CoC should solicit and select projects in a fair and impartial manner. For each of the following sections, select the appropriate items that indicate all of the methods and processes the CoC used in the past year to assess all new and renewal projects performance, effectiveness, and quality.

Open Solicitation Methods:
(select all that apply)

a. Newspapers, b. Letters/Emails to CoC Membership, c. Responsive to Public Inquiries, d. Outreach to Faith-Based Groups, e. Announcements at CoC Meetings, f. Announcements at Other Meetings

Rating and Performance Assessment Measure(s):
(select all that apply)

a. CoC Rating & Review Committee Exists, i. Evaluate Project Readiness, j. Assess Spending (fast or slow), k. Assess Cost Effectiveness, l. Assess Provider Organization Experience, m. Assess Provider Organization Capacity, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, p. Review Match, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), r. Review HMIS participation status

Voting/Decision Method(s):
(select all that apply)

a. Unbiased Panel/Review Committee, b. Consumer Representative Has a Vote, c. All CoC Members Present Can Vote, e. Consensus (general agreement), f. Voting Members Abstain if Conflict of Interest

1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available

For each housing type, indicate if there was an increase or reduction in the total number of beds in the 2008 electronic Housing Inventory Chart (e-HIC) as compared to the 2007 Housing Inventory Chart. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: No

Briefly describe the reasons for the change:

Safe Haven Bed: No

Briefly describe the reasons for the change:

Transitional Housing: Yes

Briefly describe the reasons for the change:

Gates Recovery closed their transitional homes and are no longer operating in El Dorado County.

Permanent Housing: No

Briefly describe the reasons for the change, including changes in beds designated for chronically homeless persons:

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	--	No Attachment

Attachment Details

Document Description:

1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Complete the following information based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The date on which the bed inventory was completed should be one day during the last ten days of January 2008.

Indicate the date on which the housing inventory count was completed: 01/29/2008
(mm/dd/yyyy)

Indicate the type of data or methods used to complete the housing inventory count: Housing inventory survey
(select all that apply)

Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: Instructions, Updated prior housing inventory information, Follow-up, Confirmation
(select all that apply)

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: Stakeholder discussion, Local studies or non-HMIS data sources, Unsheltered count, Housing inventory, Provider opinion through discussion or survey forms
(select all that apply)

Specify "other" data types:

If more than one method was selected, describe how these methods were used.

Stakeholder discussion was the method used to determine unmet need, taking into consideration local studies, unsheltered count results, local housing inventory, and provider opinion through discussion or survey forms.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be as of the date this application is submitted.

Select the HMIS implementation type: Single CoC

Select the CoC(s) covered by the HMIS: CA-525 - El Dorado County CoC
(select all that apply)

Does the CoC Lead Organization have a written agreement with HMIS Lead Organization? No

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization? Yes

Has the CoC selected an HMIS software product? No

If "No" select reason: In planning/software selection process

If "Yes" list the name of the product: Dedicated HMIS conditional award in planning/selection process

What is the name of the HMIS software company? Planning/selecion process

Does the CoC plan to change HMIS software within the next 18 months? No

Is this an actual or anticipated HMIS data entry start date? Anticipated Data Entry Start Date

Indicate the date on which HMIS data entry started (or will start): 12/01/2008
(format mm/dd/yyyy)

Indicate the challenges and barriers impacting the HMIS implementation: Inadequate resources, No or low participation of SHP funded providers, No or low participation by non-HUD funded providers
(select all the apply):

If "None" was selected, briefly describe why CoC had no challenges or how all barriers were overcome:

Briefly describe the CoC's plans to overcome challenges and barriers:

Newly established Continuum of Care in 2007. The initial 2007 SHP funded project is the Dedicated HMIS grant. Conditional award notice has been received for this grant and Continuum of Care is waiting on the Technical Assistance letter and final execution of grant agreement. HMIS selection and implementation will begin when this process is completed. Currently, there are not any providers receiving SHP grants, but the 2008 project applicants have indicated a willingness to participate. Our rural county has few dedicated homeless service and housing providers and many of the small organizations in our community serve both at-risk and homeless clients and will have to pay a portion of the HMIS implementation with their small budgets if they chose to participate, making it difficult to encourage participation. To overcome this challenge, the Continuum of Care will continue to provide the community with information on the HMIS, through discussion, website information, presentations or brochures/flyers and will seek the assistance of those agencies choosing to participate in the HMIS to encourage other community agencies to participate. As the Continuum of Care grows and more SHP projects are developed in the community, participation will increase.

Attachment Details

Document Description:

2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Organization.

Organization Name El Dorado County Public Housing Authority
Street Address 1 937 Spring Street
Street Address 2
City Placerville
State California
Zip Code 95667
Format: xxxxx or xxxxx-xxxx
Organization Type State or Local Government
If "Other" please specify

2C. Homeless Management Information System (HMIS) Contact Person

Prefix: Mrs

First Name Joyce

Middle Name/Initial

Last Name Aldrich

Suffix

Telephone Number: 530-621-6276
(Format: 123-456-7890)

Extension

Fax Number: 530-295-2597
(Format: 123-456-7890)

E-mail Address: jaldrich@co.el-dorado.ca.us

Confirm E-mail Address: jaldrich@co.el-dorado.ca.us

2D. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

For each housing type, indicate the percentage of the CoC's total beds (bed coverage) in the HMIS.

* Emergency Shelter (ES) Beds	65-75%
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	65-75%
* Permanent Housing (PH) Beds	No beds in CoC

How often does the CoC review or assess its HMIS bed coverage? Semi-annually

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

The rates indicated in this chart are only anticipated as the El Dorado County Continuum of Care is currently in planning/selection process and is receiving HUD sponsored technical assistance, pending the execution of SHP grant agreement. HMIS implementation will begin after the grant agreement is executed and the software is selected. Many agencies have indicated interest in participating in the system and are also member agencies of the HMIS Committee. It is anticipated that it may take one to two years once funding is received to attain the coverage rates anticipated. In the meantime, the El Dorado County Continuum of Care members are committed to working together to examine ways of encouraging small non-mandated agency participation in the HMIS, and funding for the HMIS will remain a priority of the committee.

2E. Homeless Management Information System (HMIS) Data Quality

Instructions:

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2008.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	0%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	0%
* Disabling Condition	0%	0%
* Residence Prior to Program Entry	0%	0%
* Zip Code of Last Permanent Address	0%	0%
* Name	0%	0%

Did the CoC or subset of the CoC participate in AHAR 3? No

Did the CoC or subset of the CoC participate in AHAR 4? No

How frequently does the CoC review the quality of client level data? Monthly

How frequently does the CoC review the quality of program level data? Monthly

Describe the process, extent of assistance, and tools used to improve data quality for participating agencies.

SHP funding has not been received for the dedicated HMIS implementation. The El Dorado County Continuum of Care was newly established in 2007. The lead agency in HMIS implementation, the El Dorado County Public Housing Authority, will serve as the HMIS system administrator to work directly with the software provider and HMIS participating agencies to encourage and improve data quality, and establish appropriate checks and measures to verify data accuracy. HMIS reports will be utilized to determine missing values. In addition, the HMIS Committee has been established to develop policies and procedures for participating agencies, and will work together to determine measures to further ensure data quality for participating agencies.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS.

The HMIS Committee is developing policies and procedures that will include measures to ensure valid program entry and exit dates are recorded, which include running monthly verification reports to determine accurate and complete information obtained through agency/provider data entry. It is expected that these procedures will be developed prior to agency implementation.

2F. Homeless Management Information System (HMIS) Data Usage

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC uses each of the following items:

Data integration/data warehousing to generate unduplicated counts:	Monthly
Use of HMIS for point-in-time count of sheltered persons:	Semi-annually
Use of HMIS for point-in-time count of unsheltered persons:	Semi-annually
Use of HMIS for performance assessment:	Monthly
Use of HMIS for program management:	Quarterly
Integration of HMIS data with mainstream system:	Never

2G. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following standards:

* Unique user name and password	Quarterly
* Secure location for equipment	Semi-annually
* Locking screen savers	Semi-annually
* Virus protection with auto update	Semi-annually
* Individual or network firewalls	Semi-annually
* Restrictions on access to HMIS via public forums	Semi-annually
* Compliance with HMIS Policy and Procedures manual	Semi-annually
* Validation of off-site storage of HMIS data	Semi-annually

How often does the CoC assess compliance with HMIS Data and Technical Standards? Annually

How often does the CoC aggregate data to a central location (HMIS database or analytical database)? Monthly

Does the CoC have an HMIS Policy and Procedures manual? No

If 'Yes' indicate date of last review or update by CoC:

If 'No' indicate when development of manual will be completed: By March 31, 2009

2H. Homeless Management Information System (HMIS) Training

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC or HMIS Lead offers each of the following training activities:

Privacy/Ethics training	Annually
Data Security training	Annually
Data Quality training	Annually
Using HMIS data locally	Annually
Using HMIS data for assessing program performance	Annually
Basic computer skills training	Annually
HMIS software training	Annually

2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. HUD requires CoCs to conduct a point-in-time count at least every two years during the last 10 days of January - January 22nd to 31st - and requests that CoCs conduct a count annually if resources allow. The last required count was in January 2007. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January in 2007 or 2008, unless a waiver was received by HUD.

There are six (6) categories of homeless populations on this form. They are:

Households with Dependent Children - Sheltered Emergency
 Households with Dependent Children - Sheltered Transitional
 Households with Dependent Children - Unsheltered

Households without Dependent Children - Sheltered Emergency
 Households without Dependent Children - Sheltered Transitional
 Households without Dependent Children - Unsheltered

For each category, the number of households must be less than or equal to the number of persons. For example, in Households with Dependent Children - Sheltered Emergency, the number entered for ?Number of Households? must be less than or equal to the number entered for ?Number of Persons (adults with children)?

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the date of the last PIT count: 01/29/2008

For each homeless population category, the number of households must be less than or equal to the number of persons.

		Households with Dependent Children				
		Sheltered			Unsheltered	Total
		Emergency	Transitional			
Number of Households		3	4	0	7	
Number of Persons (adults and children)		10	12	0	22	
		Households without Dependent Children				
		Sheltered			Unsheltered	Total
		Emergency	Transitional			
Number of Households		39	14	75	128	
Number of Persons (adults and unaccompanied youth)		39	14	75	128	
		All Households/ All Persons				
		Sheltered			Unsheltered	Total
		Emergency	Transitional			
Total Households		42	18	75	135	

El Dorado County Continuum of Care			COC_REG_v10_000210	
Total Persons	49	26	75	150

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using data from a point-in-time count conducted during the last ten days of January 2007 or January 2008. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

Complete the following information for the most recent point-in-time (PIT) count conducted using statistically reliable, unduplicated counts or estimates of homeless persons. Completion of the "Unsheltered" column is optional for all subpopulations, except for Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	7	5	12
* Severely Mentally Ill	1	0	1
* Chronic Substance Abuse	22	0	22
* Veterans	4	0	4
* Persons with HIV/AIDS	0	0	0
* Victims of Domestic Violence	12	0	12
* Unaccompanied Youth (under 18)	12	6	18

2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

Separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Annually (every year); Biennially (every other year); Semi-annually (every six months)

How often will the CoC conduct a PIT count? Biennially

Enter the date in which the CoC plans to conduct its next annual point-in-time count: 01/27/2009
(mm/dd/yyyy)

Indicate the percentage of providers supplying population and subpopulation data collected via survey, interview, and/or HMIS.

Emergency Shelter providers 100%

Transitional housing providers: 75%

2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

Instructions:

Survey Providers:

Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.

HMIS:

The CoC used HMIS to complete the point-in-time sheltered count.

Extrapolation:

The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at most emergency shelters and transitional housing programs.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:

(Select all that apply):

Survey Providers:	X
HMIS:	
Extrapolation: (Extrapolation attachment is required)	
Other:	

If Other, specify:

Describe how the sheltered population data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered count.

Sheltered population data and count information was gathered from the following sources: 1) a point-in-time count of people staying at emergency shelters and transitional housing programs; and 2) a survey of homeless people conducted at 21 housing and service sites. The consultant firm, HomeBase, was contracted with to conduct the count and survey as a result of a California State CDBG P/TA grant award. Due to bad weather and lack of full provider participation, HomeBase determined the results are an undercount.

The results from the 2008 homeless count, although determined to be an undercount by HomeBase, represent an increase from the 2007 homeless count due to the expertise of the consultant firm HomeBase and the increased provider participation and volunteer recruitment efforts.

2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

HMIS:

Only HMIS used for subpopulation data on sheltered persons (no extrapolation for missing data).

HMIS plus extrapolation:

Extrapolation to account for missing HMIS data and HUD's extrapolation tool completed.

Sample of PIT interviews plus extrapolation:

Interviews conducted with a random or stratified sample of sheltered adults and unaccompanied youth and appropriate HUD extrapolation tool completed.

Interviews:

Interviews conducted with every person staying in an emergency shelter or transitional housing program on the night of the point-in-time count.

Non-HMIS client level information:

Providers used individual client records to provide subpopulation data for each sheltered adult and unaccompanied youth for the night of the point-in-time count.

Other:

CoC used a combination of methods.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

HMIS	
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation: (PIT attachment is required)	
Sample Strategy:	
Provider Expertise:	
Non-HMIS client level information:	X
None:	
Other:	

If Other, specify:

Describe how the sheltered subpopulation data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered subpopulation counts, particularly the chronically homeless count.

Sheltered subpopulation data was obtained through client-level data provided by emergency shelter or transitional housing providers. Surveys of people who are homeless were collected from 21 locations in El Dorado County. The consultant firm, HomeBase, indicated that the survey results are not fully representative of the homeless population in El Dorado County, as certain subpopulations were missed due to difficulties in collecting surveys from those groups, lack of provider participation and bad weather which caused low turnouts and program closures.

The decrease in subpopulation data was a result of a new survey instrument, new procedures, closure of a local transitional housing program, lack of full provider participation and extreme weather during the time of the count. The consultant firm, HomeBase, indicated that the number reported as chronically homeless is an undercount because most chronically homeless were most likely counted in the unsheltered count but were not surveyed to determine chronic homeless status.

2N. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the steps used to ensure the data quality of the sheltered persons count:

(select all that apply)

Instructions:	<input checked="" type="checkbox"/>
Training:	<input checked="" type="checkbox"/>
Remind/Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the non-HMIS de-duplication techniques (if Non-HMIS de-duplication was selected):

The survey instrument used an identifier that consisted of first and middle initial, first two letters of last name and date of birth. The survey instrument also asked where the homeless person spent the night of January 28th, in order to provide de-duplication data to be used by the HomeBase Analyst responsible for compiling the data and making the final report.

20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

Public places count:
Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:
Interviewed either all unsheltered persons encountered during public places count or a sample

Service-based count:
Counted homeless persons using non-shelter services based on interviews.

HMIS:
HMIS used to collect, analyze or report data on unsheltered persons.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the method(s) used to count unsheltered homeless persons:
(select all that apply)**

Public places count:	X
Public places count with interviews:	
Service-based count:	X
HMIS:	
Other:	

If Other, specify:

2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Complete coverage:

Every part of a specified geography (e.g. entire city, downtown area, etc.) is covered by enumerators.

Known locations:

Counting in areas where unsheltered homeless people are known to congregate or live.

Combination:

Conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the level of coverage of the PIT count of unsheltered homeless people: Known Locations

If Other, specify:

2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count. (select all that apply)

Training:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the techniques used to reduce duplication.

The techniques used to reduce duplication, include assigning areas for volunteers to conduct the count in and indicating the location the person was counted at on the enumeration document so information could be compared to service-based survey instruments.

Describe the CoCs efforts, including outreach plan, to reduce the number of unsheltered homeless households with dependent children.

During the point-in-time count, there were not any unsheltered families with children that were counted. This is a result of the outstanding job of our many local service or housing programs that work with homeless families and children. Our Continuum of Care consists of multiple agencies that provide outreach to homeless households with dependent children, consisting of domestic violence shelters, the Placerville Union School District, the El Dorado County Office of Education, Tahoe Youth and Family Services, New Morning Youth and Family Services, Hope House, Mother Theresa Maternity Home and the El Dorado County Human Services Department.

Describe the CoCs efforts to identify and engage persons routinely sleeping on the streets and other places not meant for human habitation. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the unsheltered population (especially the chronically homeless and families with children).

Many Continuum of Care agencies provide outreach to persons sleeping on the streets, including the many involved community volunteers and local faith-based organizations that have established relationships with these persons and provide individualized assistance when possible. Many youth-based organizations provide street outreach to work with local youths that appear to be homeless.

The point-in-time count that took place in January 2007 counted 16 unsheltered, and the point-in-time count that took place in January 2008 counted 75 unsheltered. The reason for this is the increase in volunteers, the participation of local law enforcement and the coordination of the count by the consultant firm, HomeBase.

Attachment Details

Document Description:

Attachment Details

Document Description:

3A. Continuum of Care (CoC) 10-Year Plan, Objectives and Action Steps

Click on the icon and add requested information for each of the national objectives.

Objective
Create new PH beds for chronically homeless persons
Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%
Increase percentage of homeless persons moving from TH to PH to at least 63.5%
Increase percentage of homeless persons employed at exit to at least 19%
Decrease the number of homeless households with children

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Create new PH beds for chronically homeless persons

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Work with community to promote a coordinated community approach to creating specific permanent housing beds through community involvement and through city and county participation.	Joyce Aldrich, El Dorado County Public Housing Authority
Action Step 2	Establish partnerships with developers and non-profit or for-profit organizations that are interested and able to rehabilitate and manage Permanent Supportive Housing Projects. Identify and apply for funding sources on behalf of community-based organizations. Apply for the acquisition of Permanent Housing units.	Joyce Aldrich, El Dorado County Public Housing Authority
Action Step 3	Develop permanent housing project for homeless individuals and/or families with mental illness.	Carolina Meyer, El Dorado County Mental Health

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	0
Numeric Achievement in 12 months	10
Numeric Achievement in 5 years	20
Numeric Achievement in 10 years	50

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Promote a more cohesive and coordinated community approach to create more services for the homeless and chronically homeless.	Joyce Aldrich, El Dorado County Public Housing Authority
Action Step 2	Work with community agencies to promote the development of permanent housing projects, and to specifically promote permanent housing bed creation	Joyce Aldrich, El Dorado County Public Housing Authority
Action Step 3	Establish a homeless prevention program and staging house to coordinate efforts of non-profit, community based and mainstream programs to provide essential services to homeless individuals through educational assistance, healthcare, Medi-Cal, general assistance application, transitional housing services, counseling and support groups, and informational workshops and activities.	Art Edwards, President of United Outreach of El Dorado County

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	0
Numeric Achievement in 12 months	0
Numeric Achievement in 5 years	72
Numeric Achievement in 10 years	72

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons moving from TH to PH to at least 63.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Work with community to promote and develop specific bed creation through community involvement and city and county participation.	Joyce Aldrich, El Dorado County Public Housing Authority
Action Step 2	Work with faith-based, community and mainstream organizations to develop a coordinated community approach to provide services for the chronically homeless.	Joyce Aldrich, El Dorado County Public Housing Authority
Action Step 3	Work with United Outreach to develop a service program for the homeless that includes commitments from multiple faith-based, community and government organizations.	Mike Applegarth, El Dorado County Chief Administrator's Office

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	0
Numeric Achievement in 12 months	0
Numeric Achievement in 5 years	65
Numeric Achievement in 10 years	65

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons employed at exit to at least 19%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Continue to promote vocation programs for the homeless, and involve local Workforce Investment Board and JobOne Business Services in the development of local homeless programs and community or Continuum of Care meetings.	Debbie Stack, El Dorado County Human Services and Gail Saylor, Job One Business Services
Action Step 2	As part of the coordination efforts of the homeless prevention program and "staging house" project, provide employment/vocational services, job training and resume workshops to homeless persons within the county. Coordinate efforts with Job One One-Stop, Employment Development Department, Central Sierra Regional Occupational Program, Workforce Investment Act, and Can Do laborers	Joyce Aldrich, El Dorado County Public Housing Authority
Action Step 3		

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	0
Numeric Achievement in 12 months	0
Numeric Achievement in 5 years	20
Numeric Achievement in 10 years	20

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Decrease the number of homeless households with children

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Establish priorities in the Continuum of Care that address permanent housing for families with dependent children.	Joyce Aldrich, El Dorado County Public Housing Authority
Action Step 2	Continue to work with community agencies that work with families to develop a cohesive and coordinated approach to obtaining housing and services.	Joyce Aldrich, El Dorado County Public Housing Authority
Action Step 3	Establish partnerships with developers and non-profit or for profit organizations that in order to develop permanent housing beds for families with dependent children. Identify and research funding sources on behalf of those organizations to assist in the development of permanent housing.	Joyce Aldrich, El Dorado County Public Housing Authority

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	0
Numeric Achievement in 12 months	0
Numeric Achievement in 5 years	10
Numeric Achievement in 10 years	20

3B. Continuum of Care (CoC) Discharge Planning Protocols: Level of Development

Instructions:

Pursuant to the McKinney-Vento Act, to the maximum extent practicable, persons discharged from publicly funded institutions or systems of care should not be discharged into homelessness. For each system of care, the CoC should indicate the level of development for its discharge planning policy.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge Protocol: Initial Discussion

Health Care Discharge Protocol: Initial Discussion

Mental Health Discharge Protocol: Initial Discussion

Corrections Discharge Protocol: Initial Discussion

3C. Continuum of Care (CoC) Discharge Planning Protocols: Narratives

For each system of care describe the discharge planning protocol. For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge

For Initial Discussion, indicate collaborating agencies/partners that have been involved in discussions as well as an estimated timeline of protocol development.

The local foster care system through the El Dorado County Human Services Department has an established internal protocol that prevents client discharge into homelessness for former foster youth. Established community relationships are in place, including the THP+ Transitional Housing Program for youths aging out of foster care.

Health Care Discharge

For Initial Discussion, indicate collaborating agencies/partners that have been involved in discussions as well as an estimated timeline of protocol development.

In 2007/2008, in order to further the development of discharge planning in the community, a Discharge Planning Committee has been assembled to coordinate community resources and develop a formal protocol to prevent client discharge into homelessness from all of the public institutions. Partner agencies currently include Marshall Hospital, Hope House, El Dorado County Mental Health, El Dorado County Human Services and New Morning Youth and Family Services with the intent of bringing additional partners into discussions and the Continuum of Care. The goal is to develop an initial draft of a discharge planning protocol by the end of 2008/2009.

Marshall Hospital has discharge planning staff that provides case management, which can begin in the pre-admission stage and is developed throughout hospitalization and into the aftercare stage. Their discharge criteria and protocol is directed in their organizational Generic Structure Standards. Development of housing and services so that individuals are not released into homelessness or HUD McKinney-Vento funded homeless programs are a priority of the Discharge Planning Committee.

Mental Health Discharge

For Initial Discussion, indicate collaborating agencies/partners that have been involved in discussions as well as an estimated timeline of protocol development.

In 2007/2008, in order to further the development of discharge planning in the community, a Discharge Planning Committee has been assembled to coordinate community resources and develop a formal protocol to prevent client discharge into homelessness from all of the public institutions. Partner agencies currently include Marshall Hospital, Hope House, El Dorado County Mental Health, El Dorado County Human Services and New Morning Youth and Family Services with the intent of bringing additional partners into discussions and the Continuum of Care. The goal is to develop an initial draft of a discharge planning protocol by the end of 2008/2009.

Corrections Discharge

For initial discussion, indicate the collaborating agencies/partners that have been involved in discussions as well as an estimated timeline of protocol development.

In 2007/2008, in order to further the development of discharge planning in the community, a Discharge Planning Committee has been assembled to coordinate community resources and develop a formal protocol to prevent client discharge into homelessness from all of the public institutions. Partner agencies currently include Marshall Hospital, Hope House, El Dorado County Mental Health, El Dorado County Human Services and New Morning Youth and Family Services with the intents of bringing additional partners into discussions and the Continuum of Care. The goal is to develop an initial draft of a discharge planning protocol by the end of 2008/2009.

3D. Continuum of Care (CoC) Discharge Planning Protocol: Attachments

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	--	No Attachment
Mental Health Discharge Protocol	No	--	No Attachment
Corrections Discharge Protocol	No	--	No Attachment
Health Care Discharge Protocol	No	--	No Attachment

Attachment Details

Document Description:

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description:

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description:

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description:

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

3E. Continuum of Care (CoC) Coordination

CoCs should coordinate, as appropriate, with any existing strategic planning groups to assess the local homeless system and identify shortcomings and unmet needs. Answer the following questions regarding coordination in the CoC.

Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the Consolidated Plan:

Long term objectives: establishment of a homeless prevention program, applying for acquisition of permanent supportive housing units; establishment of a staging home for the homeless that will address and recognize the unmet needs of individuals; address the mental and physical well-being of the homeless population with a cooperative relationship with mental health and drug addiction services; develop a HMIS to collect unduplicated data, track trends and demographics, provide HUD required reports and analyze the effectiveness of our services on a long term basis.

Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)? No

Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness? No

If yes, briefly list a few of the goals included in the 10-year plan(s):

The El Dorado County Public Housing Authority is currently planning to present a proposal to the community to begin working together to develop a formal 10-year plan to end homelessness for the County of El Dorado. The agency is currently researching grant funding opportunities from outside sources, to bring in a consultant to facilitate the process with the community.

3F. Hold Harmless Need (HHN) Reallocation

Instructions:

CoC's that are in Hold Harmless Need status may choose to eliminate or reduce one or more of their SHP grants eligible for renewal in the 2008 CoC competition. CoC's may reallocate the funds made available through this process to create new permanent housing projects or HMIS. Reallocation projects may be SHP (1, 2, or 3 years), SPC (5 years) or Section 8 SRO (10 years). CoC's that are in Preliminary Pro Rate Need (PPRN) status are not eligible to reallocate projects. Reallocated funds cannot be used for Samaritan Housing project(s).

Refer to the NOFA for additional guidance on reallocating projects.

Is the CoC reallocating funds from one or more expiring renewal grant(s) to one or more new project(s)? No

CoC's that are in Preliminary Pro Rata Need (PPRN) status are not eligible to reallocate projects.

4A. Continuum of Care (CoC) 2007 Achievements

Instructions:

For the five HUD national objectives in the 2007 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Chart N of the 2007 CoC application in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the numeric achievement that you CoC attained within the past 12 months that is directly related to the relevant national objective.

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new PH beds for CH	0	Beds	0	B e d s
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	0	%	0	%
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	0	%	0	%
Increase percentage of homeless persons employed at exit to at least 18%	0	%	0	%
Ensure that the CoC has a functional HMIS system	17	%	0	%

4B. Continuum of Care (CoC) Chronic Homeless Progress

Complete the following fields using data from the last point-in-time (PIT) count and housing inventory count. For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in your CoC for each year

Year	Number of CH Persons	Number of PH beds for the CH
2006	0	0
2007	8	0
2008	12	0

Indicate the number of new PH beds in place and made available for occupancy for the chronically homeless between February 1, 2007 and January 31, 2008

Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2007 and January 31, 2008.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$0	\$0	\$0	\$0	\$0
Operations	\$0	\$0	\$0	\$0	\$0
Total	\$0	\$0	\$0	\$0	\$0

4C. Continuum of Care (CoC) Housing Performance

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients move to and stabilize in permanent housing.

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	0
b. Number of participants who did not leave the project(s)	0
c. Number of participants who exited after staying 6 months or longer	0
d. Number of participants who did not exit after staying 6 months or longer	0
e. Number of participants who did not leave and were enrolled for 5 months or less	0
TOTAL PH (%)	0
Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	0
b. Number of participants who moved to PH	0
TOTAL TH (%)	0

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients access mainstream services and gain employment.

Total Number of Exiting Adults: 0

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)
SSI	0	0 %
SSDI	0	0 %
Social Security	0	0 %
General Public Assistance	0	0 %
TANF	0	0 %
SCHIP	0	0 %
Veterans Benefits	0	0 %
Employment Income	0	0 %
Unemployment Benefits	0	0 %
Veterans Health Care	0	0 %
Medicaid	0	0 %
Food Stamps	0	0 %
Other (Please specify below)	0	0 %
	0	
No Financial Resources	0	0 %

The percentage values are automatically calculated by the system when you click the "save" button.

4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: <http://www.energystar.gov>

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? No

4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

Does the CoC systematically analyze the APRs for its projects to assess and improve access to mainstream programs? Yes

If 'Yes', describe the process and the frequency that it occurs.

New CoC in 2007. 2007 Dedicated HMIS was first approved project. Waiting on technical submission to enter into grant funding contract; no funding received to date and no APR submitted. APR's will be reviewed to determine the ability to assess and improve access to mainstream programs.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? No

If "Yes", indicate all meeting dates in the past 12 months.

The Continuum of Care Stakeholders Committee is open to discussion regarding access to mainstream program, and is always open to discussion of any concerns that local Continuum of Care member agencies have regarding client access to mainstream services. Many agencies in the community have pre-existing working relationships and contacts with mainstream agencies in the community and use these existing relationships to help their clients access mainstream services.

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? No

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If yes, identify these staff members Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff. No

If "Yes", specify the frequency of the training. Monthly or more

Does the CoC uses HMIS to screen for benefit eligibility? No

If "Yes", indicate for which mainstream programs HMIS completes screening.

In planning/selection phase of dedicated HMIS implementation.

Has the CoC participated in SOAR training? No

If "Yes", indicate training date(s).

El Dorado County Continuum of Care

El Dorado County Continuum of Care is a coalition of community-based organizations that work together to address the needs of the homeless population in El Dorado County. The Continuum of Care is committed to providing a continuum of care services that range from emergency shelter to permanent housing.

The Continuum of Care is currently providing a range of services to the homeless population in El Dorado County. These services include emergency shelter, transitional housing, permanent housing, case management, and other supportive services. The Continuum of Care is committed to providing a continuum of care services that range from emergency shelter to permanent housing.

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4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received. 4a. Describe the follow-up process:	

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction)).

Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.

Indicate the section applicable to the CoC Lead Agency: Part A

Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

<p>*1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?</p> <p>A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.</p>	Yes
<p>2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?</p>	Yes
<p>3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan?</p> <p>(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.</p>	Yes
<p>4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?</p>	No
<p>*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?</p> <p>If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.</p>	Yes
<p>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</p>	Yes

Part A - Page 2

*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	Yes
*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html .)	No
*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification. In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?	Yes
Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.	
*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?	Yes
*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?	Yes
*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)	No
*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?	No

Part A - Page 3

<p>*14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?</p> <p>(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</p>	Yes
<p>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	Yes
<p>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	Yes
<p>*17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?</p>	Yes
<p>*18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?</p>	Yes
<p>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	No
<p>*20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?</p>	No

Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
This list contains no items								

**El Dorado County Continuum of Care
2008 Projects**

**Continuum of Care Homeless Assistance Programs
Supportive Housing Program (SHP) CFDA 14.235**

Priority	Project Name	Project Applicant Name/Address	Amount Requested	Match Amount	Project Total	PRN Available
Current ProRata Need Amount Assigned by HUD for 2008:						\$ 176,801
1	El Dorado County HMIS RENEWAL	El Dorado County Public Housing Authority 550 Main Street, Ste C Placerville, CA 95667	\$ 13,339	\$ 3,176	\$ 16,515	\$ 163,462
2	Transitional Housing Programs for Survivors of Domestic Violence	Women Space Unlimited-SLTWC 2941 Lake Tahoe Blvd South Lake Tahoe, CA 96150	\$ 31,563	\$ 9,126	\$ 40,689	\$ 131,899
3	Targeted Case Management and Supportive Svcs	Sierra Recovery Center 1137 Emerald Bay Road South Lake Tahoe, CA 96150	\$ 131,654	\$38,470	\$170,124	\$ 245
			0	0	0	\$ 245
Totals:			\$ 176,556	\$50,772	\$227,328	
ProRata Need Assigned by HUD:			\$ 176,801	Pro Rata Need Remaining:		\$ 245
			\$ 245			

- Total Year-Round Beds - Individuals**
- Current Year-Round Individual Emergency Shelter (ES) Beds
 - Number of DV Year-Round Individual ES Beds
 - Subtotal, non-DV Year-Round Individual ES Beds
 - New Year-Round Individual ES beds
 - Under Development Year-Round Individual Beds
 - Total Year Round Individual ES Beds in HMIS
 - HMIS Bed Coverage: Individual ES Beds
- Total Year-Round Beds - Families**
- Current Year-Round Family Emergency Shelter (ES) Beds:
 - Number of DV Year-Round Family ES Beds:
 - Subtotal, non-DV Year-Round Family ES Beds
 - New Year-Round Family ES Beds
 - Under Development Year-Round Family ES Beds
 - Total Year-Round Family ES Beds in HMIS
 - HMIS Bed Coverage: Family ES Beds

- KEY: Inventory type**
- C: Current Inventory
 - N: New Inventory
 - U: Under development
- KEY: Target Population A and B**
- SM: single males
 - SF: single females
 - SMF: single males and females
 - CC: couples only, no children
 - SMHC: single males and households with c
 - SFHC: single females and households with DV - Domestic Violence victims only
 - HC: households with children
 - YM: youth males
 - YF: youth females
 - YMF: youth males and females
 - SMF + HC: Single male and female plus households with children
 - VEV - Veterans only
 - HIV - HIV/AIDS populations only

Error Messages

ERROR MSG: PROGRAM DETAILS None

ERROR MSG: FAMILY BEDS/UNITS None

ERROR MSG: DV HMIS COVERAGE None

#	Provider	Facility Name	Geo Code	Inventory Type	Target Population		HUD Funding Information Does this facility receive HUD McKinney-Vento funding?	All Year-Round Beds/Units				Seasonal Beds				OV Beds
					A	B		Family Beds	Family Units	Individual Beds	Total Year-Round Beds	Total Seasonal Beds	Number Available in HMIS	Availability Start Date	Availability End Date	
ES1	United Outreach	Grace Place	069017	C	SMF+HC	No	No	0	0	0	0	40	0	0	0	0
ES2	New Morning	Youth Shelter	069017	C	YMF	No	No	0	0	0	6	0	0	0	0	0
ES3	The Center for Violence Free Relationships	Women's Shelter	069017	C	SFHC	DV	No	9	4	1	14	0	0	0	0	0
ES4	Tahoe Youth and Family Services	Youth Shelter	069017	C	YMF	No	No	0	0	4	4	0	0	0	0	6
ES5	South Lake Tahoe Women's Center	Women's Center	069017	C	SFHC	DV	No	6	2	6	14	0	0	0	0	0
ES6	HELLP	Motel Voucher	069017	C	SMF+HC	No	No	0	0	0	0	0	0	0	0	6
ES7	Insert provider name															

Total Year-Round Beds - Individuals		
1. Current Year-Round Individual Transitional Housing (TH) Beds		40
1A. Number of DV Year-Round Individual TH Beds		40
1B. Subtotal, non-DV Year-Round Individual TH Beds		0
2. New Year-Round Individual TH Beds		0
3. Under Development Year-Round Individual Beds		0
4. Total Year Round Individual TH Beds in HMIS		40
5. HMIS/Bed Coverage: Individual TH Beds		100%

Total Year-Round Beds - Families		
6. Current Year-Round Family Transitional Housing (TH) Beds:		0
6A. Number of DV Year-Round Family TH Beds:		0
6B. Subtotal, non-DV Year-Round Family TH Beds		0
7. New Year-Round Family TH Beds		0
8. Under Development Year-Round Family TH Beds		0
9. Total Year-Round Family TH Beds in HMIS		0
10. HMIS Bed Coverage: Family TH Beds		0%

Error Messages
 ERROR MSG: PROGRAM DETAILS None
 ERROR MSG: FAMILY BEDS/UNITS None
 ERROR MSG: DV HMIS COVERAGE None

KEY: Inventory type
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 SMF + HC: Single male and female plus households with children
 SMHC: single males and households with c
 SFHC: single females and households with c
 VET - Veterans only
 HIV - HIV/AIDS populations only

Program Information										Target Population		HUD Funding Information		All Year-Round Beds/Units				PIT Counts	Utilization Rates
#	Provider	Facility Name	Geo Code	Inventory type	A	B	Does this facility receive HUD McKinney-Vento funding?	Family Beds	Family Units	Individual Beds	Total Year-Round Beds	Point-In-Time Homeless Count	Program Utilization Rate						
069017	South Lake Tahoe Women's Center	Women's Transitional	069017	C	HC	DV	no	6	2	0	6	5	0						
069017	Mother Theresa Maternity H.E.L.P.	Maternity Home	069017	C	SF		no	0	0	6	6	0	0						
069017	Emerging Hope	Mentor House	069017	C	SMF+HC		no	5	1	1	7	7	0						
069017	Sierra Recovery Center	Men's Transitional Housing	069017	C	HC		no	17	5	0	0	0	0						
069017	Sierra Recovery Center	Women's Transitional	069017	C	SM		no	0	0	6	6	2	5						
069017	Sierra Recovery Center	Women & Children	069017	C	SF		no	0	0	6	6	5	0						
069017	Sierra Recovery Center	Transitional	069017	C	HC		no	8	4	0	0	0	0						
069017	Remi Vista Foster Agency	THP Plus - Former Foster Youth	069017	C	SMF+HC		no	2	1	6	6	7	0						
069017	Tree House Ministries	Tree House	069017	N	SM		no	0	0	6	6	0	0						
069017	Tree House Ministries	The Ranch	069017	N	SM		no	0	0	9	9	0	0						

Housing Inventory Chart: Unmet Need Totals

All Year-Round Beds/Units				Seasonal Beds	Overflow Beds
Family Beds	Family Units	Individual Beds	Total Year-Round Beds	Total Seasonal Beds	Overflow Beds
Emergency Shelters					
10	5	57	67		
Transitional Housing					
4	2	31	35		
Permanent Supportive Housing					
22	7	78	100		
Safe Havens					
0	0	20	20		0

Project Information - Page 1

Instructions:

Select the appropriate Continuum of Care (CoC) name and number from the drop-down menu. The system will auto-populate the "Project Name" field.

Identify the appropriate "Project Type" from the drop-down menu (new or renewal project). Renewal projects are defined as those HUD McKinney-Vento grants that have received prior funding and are eligible to renew during the current competition.

Identify the project's "Program Type" and "Component Type." These selections must be made in the order of appearance (i.e. component type cannot be selected before selecting program type or project type). Depending on the program type selected, indicate the appropriate component type for the project.

Select the state(s) and the congressional district(s) in which the project is located. This information will be used to list the available geography codes on the next screen, and to send correspondence to the appropriate Congressional Representative(s).

In the last field on this form, provide a general description of the project. The description should include information on the homeless needs that are addressed by the project, the type of housing and number of units being proposed, and the target population that the project will serve. This information is required of all new and renewal projects. Rapid Re-housing projects must review the detailed instructions attached to the left menu and must reference the 2008 NOFA for detailed program requirements. Additional program requirements for all project types are also available at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements. As well, additional training for completing this page is available online at: <http://esnaps.hudhre.info/training>.

The following fields must be completed for every project application.

CoC Number and Name CA-525 - El Dorado County CoC

Project Name El Dorado County HMIS

Project Type Renewal Project

Program Type

Content depends on "Project Type" selection

Component Type

Content depends on "Program Type" selection

In which state is the project located? California
(for multiple state selections hold CTRL+Key)

In which Congressional District(s) is the project located? CA-004
(for multiple selections hold CTRL + Key)

Provide a general description of the project.
(Max 3000 characters)

The El Dorado County Public Housing Authority (EDCPHA) is the lead organization for the El Dorado County Continuum of Care and is also the organization responsible for implementation and administration of the El Dorado County HMIS. This organization will be responsible for applying for funding, serving as grantee, providing oversight and monitoring, coordinating individualized participating agency training, and will continue to promote and encourage the participation of new and existing providers. This funding request is for a renewal of the original dedicated HMIS project, to continue to maintain the HMIS and make it available to community agencies that serve the homeless. This project will provide user licenses, computers (if necessary), customization and training of the HMIS once implementation is completed for the 2007 funding competition.

The need to implement a countwide HMIS became the top priority of the CoC Stakeholders Committee in 2007, due to the difficulty in obtaining unsheltered homeless counts within the rural community and a need to provide streamlined referrals with community service agencies. The implementation of the HMIS will increase knowledge on usage patterns, seasonal needs and resource barriers that affect the homeless in our community, and will also provide accurate and unduplicated numbers that will be crucial for determining the CoC's unmet needs. A desired goal of the project is to assist in streamlining services to the homeless community, and to ensure that the needs of user agencies are fully addressed so that the system will meet the functional needs of each agency.

In 2007, EDCPHA submitted a Continuum of Care Exhibit 2 funding request for implementation of a dedicated HMIS throughout El Dorado County and was notified of funding award. El Dorado County is currently receiving technical assistance from HUD for guidance with HMIS implementation, and is in the planning/selection phase of the project pending receipt of the technical submission letter and executed funding contract for the 2007 Continuum of Care funding competition.

To prepare for implementation, a vendor demonstration was conducted with four different HMIS representatives and site visits have been conducted with HMIS administrators from other jurisdictions. An HMIS sub-committee to the El Dorado County Continuum of Care Stakeholders Committee has been assembled with multiple community service agencies and homeless providers to prepare procedures, processes, forms and to encourage community participation in the HMIS.

Project Information - Page 2

Instructions:

New projects:

There are two types of special housing projects for the 2008 competition, Samaritan Housing and Rapid Re-Housing. All new SHP-PH, SHP-TH, S+C, and Section 8 SRO projects must identify whether or not special housing funds are being requested. Only new SHP-PH, S+C, and Section 8 SRO projects may request Samaritan Housing funds. Rapid Re-housing funds can be requested by new SHP-TH projects only.

Renewal projects:

Indicate whether or not the project previously received funds under the Samaritan Housing Initiative. If the project received Samaritan funds, the project must continue to meet the requirements of the initiative for the life of the project. Renewal SHP projects must also indicate whether or not it is a consolidated grant. All grant consolidations must be HUD approved prior to application submission. Each consolidated grant must be listed on the "Grant Consolidation" page.

New and renewal projects:

Indicate whether or not the project is:

- using Energy Star;
- located in a rural area (reference the definition in 2008 NOFA before answering this question); and
- located on land previously owned by the military.

All new and renewal projects must also indicate the geographic area(s) that will be served by the project.

Budget Activities:

All SHP projects must identify the budget activities being requested for the project. Depending on the project type, these budget activities may include acquisition, new construction, rehabilitation, leasing (units or structures), supportive services, operations, and/or HMIS. All S+C and Section 8 SRO projects must only complete the rental assistance budget and the estimated development cost budget, if applicable.

For additional instructions and examples on completing this form, reference the detailed instructions document on the left menu and the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

The following fields must be completed for every project application.

Were one or more projects consolidated with this project? No

If "yes" additional information is required on the following page.

Grant Term 1 Year

NOTE: New projects must be 2 or 3 years, except new HMIS projects and new hold harmless reallocation projects, which can be 1, 2 or 3 years.

Does the project use Energy Star? No

Is the project located in a rural area? Yes

Is the project located on land previously owned by the military? No

Select the geographic code(s) for area(s) served by the project (for multiple selections hold CTRL + Key) 069017 El Dorado County

***Select all applicable budget activities that the project is requesting:**

HMIS

Grant Consolidation Detail

Instructions

If the project has consolidated two or more grants, identify the grant name, number, PIN, and annual renewal amount for each consolidated grant. All consolidated grants must be approved by HUD prior to application submission. Applicants that attempt to consolidate two or more grants without prior HUD approval risk having their Exhibit 2 application reduced or rejected. Contact the local HUD Field Office for additional grant consolidation requirements: <http://www.hud.gov/offices/cpd/about/local/index.cfm>.

Name of project El Dorado County HMIS

Grant Number CA01B725001

PIN

Annual Renewal Amount 13339

Project Sponsor Information

Instructions:

The project sponsor is usually the entity that will be carrying out the project. If the sponsor is the same entity as the project applicant, select "yes" in the first drop-down box and enter "save" at the bottom of the page, and the system will auto-populate the fields on this form based on the information entered in the SF-424. Simply verify that the correct information has been populated. If the information is incorrect, correct the applicant information on the SF-424.

If the project sponsor and applicant are separate entities, manually enter the information for the project sponsor. All non-profit sponsors will need to attach proper documentation to verify their non-profit status, if the documentation is not attached to the SF 424. All projects can identify only one sponsor. If multiple sponsors have been identified on past funding applications, the project applicant must identify a "lead" sponsor.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

Complete the following fields to identify the project sponsor, including its legal name, type of organization, DUNS number, employer/taxpayer number, and physical address.

Is the project applicant the same as the project sponsor? Yes
(If yes select the "Save" button to auto-fill the fields below)

Organization Name El Dorado County Human Services-Community Services Division

Organization Type B. County Government

If "Other" specify:

DUNS Number 965067382
Format: xxxxxxxxx or xxxxxxxxxxxxxx

Tax ID or EIN 94-6000511
Format: 12-3456789

Street Address 1 937 Spring Street

Street Address 2

City Placerville

State California

Zip Code 95667
Format: 12345 or 12345-1234

Is the sponsor a Faith-Based Organization? No

Non-Profit Documentation Attachment Detail

Document Description:

[The following text is extremely faint and illegible, appearing to be a list of document descriptions or a table of contents.]

Project Sponsor Contact Information

Instructions:

The project sponsor is usually the entity that will be carrying out the project. If the sponsor is the same entity as the project applicant, the system will auto-populate the fields on this form based on the information entered in the SF-424. Simply verify that the correct information has been populated. If the information is incorrect, correct the applicant information on the SF-424.

If the project sponsor and applicant are separate entities, manually enter the information for the project sponsor. All non-profit sponsors will need to attach proper documentation to verify their non-profit status, if the documentation is not attached to the SF 424. All projects can identify only one sponsor. If multiple sponsors have been identified on past funding applications, the project applicant must identify a "lead" sponsor.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

Provide the name and contact information of the person to be contacted for matters regarding project operations. If the sponsor is the same entity as the applicant, the system will auto-populate the fields below.

Prefix
First Name Joyce
Middle Name
Last Name Aldrich
Suffix
Title Program Manager
E-mail Address jaldrich@co.el-dorado.ca.us
Confirm E-mail Address jaldrich@co.el-dorado.ca.us
Phone Number 530-621-6276
Format: 123-456-7890
Extension
Fax Number 530-295-2598
Format: 123-456-7890

Assessment Tool Attachment Detail

Document Description:

[Faint, illegible text describing the document content]

Housing for Participants

Instructions:

The purpose of this form is to determine the ability of the project to meet the housing standards as described in the NOFA. While this form may be visible by all projects, it only applies to specific housing activities. All renewal projects and new SHP-SSO, SHP-HMIS, SHP-SH, S+C-SRA, and S+C-PRA projects do not have to complete this form and may move to the next form.

The maximum allowable length of stay for participants in SHP-TH projects is 24 months. However, Rapid Re-housing participants must not be housed longer than 18 months. HUD does not impose a length of stay restriction on participants in permanent housing projects (S+C, SHP permanent housing, and Section 8 SRO).

All SHP-PH, S+C-TRA, and S+C-SRA projects must describe the reason for selecting the proposed housing structure.

All S+C-PRAR, S+C-SRO, Section 8 SRO projects and SHP projects that are requesting funds for rehabilitation must describe the rehabilitation activities that will be undertaken for housing the participants in the project.

All other project types are not required to complete this form and may move to the next form.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

Discharge Planning Policy

The following question must be completed by project applicants that are State or Local government agencies.

Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs?

No

Project Leveraging

The following list summarizes the leveraging funds for the project. To add information to this list, click on the icon and enter the requested information.

Total value of written commitment \$3,176

Contributor	Source	Date of Commitment	Value of Commitment
County of El Dorado	Government	09/23/2008	\$3,176

Project Leveraging Detail

Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, do not enter the contribution. Undocumented leveraging claims may result in the re-scoring of the CoC application and the withdrawal of the conditional award.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

Select the Type of Contribution	Cash
Name the Source of the Contribution	County of El Dorado
Select Type of Source	Government
Date of Written Commitment	09/23/2008
Value of Written Commitment	\$3,176

Homeless Management Information System (HMIS) Participation

Instructions:

The data entered into this form will be used to determine the percentage of clients reported in the CoC's HMIS for this project.

Indicate whether or not the project is participating in the HMIS. If the project is participating in the HMIS, enter additional information about the project's participation in the HMIS, including the total number of clients served by the project, the total number of clients reported in the HMIS, and the percentage of values that are missing ("Null or Missing Values") and/or unknown ("Don't Know or Refused") for all client records reported. If there were no unknown value, enter "0" in any field within the chart, and select "Save & Next" to move to the next form.

If the project is not participating in the HMIS, indicate the reason(s) for non-participation.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA for additional program requirements.

All projects must indicate their level of participation in the CoC's HMIS.

Does this project provide client level data to HMIS at least annually? Not Applicable (HMIS Dedicated Projects Only)

Select the "Save" button to enter additional information.

Renewal Performance

Instructions:

The fields on this form will assess the progress of the renewal project and identify any significant changes from the prior grant. Indicate whether or not the project has unresolved monitoring findings, or outstanding audit findings, and whether or not amendments have been made to the project since the last funding approval.

If amendments have occurred, indicate and explain the reason(s) for the change(s). Also, indicate the specific change in the project, by noting the previous information (before the amendment) and new information (after the amendment).

Contact the local HUD Field Office for amendment requirements, and/or any unresolved monitoring or outstanding audit findings: <http://www.hud.gov/offices/cpd/about/local/index.cfm>. For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

The following fields must be completed by all renewal projects.

Are there any unresolved monitoring or audit findings on HUD McKinney-Vento Act grants, excluding ESG? No

Were there any amendments executed since the last funding approval? No

HMIS Budget - Equipment

Instructions:

HMIS costs are those costs associated with the implementation of an HMIS. Only the portion of the costs DIRECTLY related to the HMIS are eligible for SHP funding. For each year in which SHP funds are being requested, enter the amount requested for each eligible activity.

HMIS cash match - by law, SHP funds may be used to pay for up to 80% of the total HMIS budget for each year of the grant term. This means that the grantee or project sponsor must make cash payment for at least 20% of the project's total HMIS annual budget. Although documentation of matching funds is not required in this application, if the project is awarded grant funds, documentation for Year 1 must be presented before grant agreement and entered in the Annual Performance Report (APR) at the end of the operating year. Documentation of cash match for Years 2 and 3, if applicable, must be met by the end of each of those years and entered in the corresponding APR.

HMIS Other Resources - if there are additional cash or in-kind resources to be contributed to the project, above and beyond the statutorily-required cash match, enter the total amount per year in the appropriate "Other Resources" field.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. For details on funding limitations, cash match, and eligible budget activities refer to the 2008 NOFA, and the SHP desk guide located at: <http://www.hudhre.info/index.cfm?do=viewShpDeskguideD>.

Complete the following budget fields detailing how SHP funds will be used for costs related to the HMIS.

	SHP Request Year 1	Total
Equipment		
1. Central Server(s)	\$0	\$0
2. Personal Computers and Printers	\$3,600	\$3,600
3. Networking	\$0	\$0
4. Security	\$0	\$0
Subtotal Equipment Request	\$3,600	\$3,600
Cash Match	\$0	\$0
Total Equipment Budget	\$3,600	\$3,600
Other Resources (cash and in-kind)	\$0	\$0

The Total values are automatically calculated by the system when you click the "save" button.

HMIS Budget - Software

Instructions:

HMIS costs are those costs associated with the implementation of an HMIS. Only the portion of the costs DIRECTLY related to the HMIS are eligible for SHP funding. For each year in which SHP funds are being requested, enter the amount requested for each eligible activity.

HMIS cash match - by law, SHP funds may be used to pay for up to 80% of the total HMIS budget for each year of the grant term. This means that the grantee or project sponsor must make cash payment for at least 20% of the project's total HMIS annual budget. Although documentation of matching funds is not required in this application, if the project is awarded grant funds, documentation for Year 1 must be presented before grant agreement and entered in the Annual Performance Report (APR) at the end of the operating year. Documentation of cash match for Years 2 and 3, if applicable, must be met by the end of each of those years and entered in the corresponding APR.

HMIS Other Resources - if there are additional cash or in-kind resources to be contributed to the project, above and beyond the statutorily-required cash match, enter the total amount per year in the appropriate "Other Resources" field.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. For details on funding limitations, cash match, and eligible budget activities refer to the 2008 NOFA, and the SHP desk guide located at: <http://www.hudhre.info/index.cfm?do=viewShpDeskguideD>.

Complete the following budget fields detailing how SHP funds will be used for costs related to the HMIS.

	Year 1 SHP Request	Total
Software		
5. Software/User Licensing	\$6,000	\$6,000
6. Software Installation	\$0	\$0
7. Support and Maintenance	\$0	\$0
8. Supporting Software Tools	\$0	\$0
Subtotal Software Request	\$6,000	\$6,000
Cash Match	\$0	\$0
Total Software Budget	\$6,000	\$6,000
Other Resources (cash and in-kind)	\$0	\$0

The Total values are automatically calculated by the system when you click the "save" button.

HMIS Budget - Services

Instructions:

HMIS costs are those costs associated with the implementation of an HMIS. Only the portion of the costs DIRECTLY related to the HMIS are eligible for SHP funding. For each year in which SHP funds are being requested, enter the amount requested for each eligible activity.

HMIS cash match - by law, SHP funds may be used to pay for up to 80% of the total HMIS budget for each year of the grant term. This means that the grantee or project sponsor must make cash payment for at least 20% of the project's total HMIS annual budget. Although documentation of matching funds is not required in this application, if the project is awarded grant funds, documentation for Year 1 must be presented before grant agreement and entered in the Annual Performance Report (APR) at the end of the operating year. Documentation of cash match for Years 2 and 3, if applicable, must be met by the end of each of those years and entered in the corresponding APR.

HMIS Other Resources - if there are additional cash or in-kind resources to be contributed to the project, above and beyond the statutorily-required cash match, enter the total amount per year in the appropriate "Other Resources" field.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. For details on funding limitations, cash match, and eligible budget activities refer to the 2008 NOFA, and the SHP desk guide located at: <http://www.hudhre.info/index.cfm?do=viewShpDeskguideD>.

Complete the following budget fields detailing how SHP funds will be used for costs related to the HMIS.

	Year 1 SHP Request	Total
Services		
9. Training by Third Parties	\$0	\$0
10. Hosting/Technical Services	\$0	\$0
11. Programming: Customization	\$600	\$600
12. Programming: System Interface	\$0	\$0
13. Programming: Data Conversion	\$0	\$0
14. Security Assessment and Setup	\$0	\$0
15. On-line Connectivity (Internet Access)	\$0	\$0
16. Facilitation	\$0	\$0
17. Disaster and Recovery	\$0	\$0
Other (must specify *)		
	\$0	\$0
Subtotal HMIS Services Request	\$600	\$600
Cash Match	\$0	\$0
Total HMIS Services Budget	\$600	\$600
Other Resources (cash and in-kind)	\$0	\$0

The Total values are automatically calculated by the system when you click the "save" button.

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HMIS Budget - Personnel

Instructions:

HMIS costs are those costs associated with the implementation of an HMIS. Only the portion of the costs DIRECTLY related to the HMIS are eligible for SHP funding. For each year in which SHP funds are being requested, enter the amount requested for each eligible activity.

HMIS cash match - by law, SHP funds may be used to pay for up to 80% of the total HMIS budget for each year of the grant term. This means that the grantee or project sponsor must make cash payment for at least 20% of the project's total HMIS annual budget. Although documentation of matching funds is not required in this application, if the project is awarded grant funds, documentation for Year 1 must be presented before grant agreement and entered in the Annual Performance Report (APR) at the end of the operating year. Documentation of cash match for Years 2 and 3, if applicable, must be met by the end of each of those years and entered in the corresponding APR.

HMIS Other Resources - if there are additional cash or in-kind resources to be contributed to the project, above and beyond the statutorily-required cash match, enter the total amount per year in the appropriate "Other Resources" field.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. For details on funding limitations, cash match, and eligible budget activities refer to the 2008 NOFA, and the SHP desk guide located at: <http://www.hudhre.info/index.cfm?do=viewSHPDeskguideD>.

Complete the following budget fields detailing how SHP funds will be used for costs related to the HMIS.

	Year 1 SHP Request	Total
Personnel		
18. Project Management/Coordination	\$1,158	\$1,158
19. Data Analysis	\$368	\$368
20. Programming	\$0	\$0
21. Technical Assistance and Training	\$978	\$978
22. Administrative Support Staff	\$0	\$0
Subtotal Personnel Request	\$2,504	\$2,504
Cash Match	\$3,176	\$3,176
Total Personnel Budget	\$5,680	\$5,680
Other Resources (cash and in-kind)	\$0	\$0

HMIS Budget - Space & Operations

Instructions:

HMIS costs are those costs associated with the implementation of an HMIS. Only the portion of the costs DIRECTLY related to the HMIS are eligible for SHP funding. For each year in which SHP funds are being requested, enter the amount requested for each eligible activity.

HMIS cash match - by law, SHP funds may be used to pay for up to 80% of the total HMIS budget for each year of the grant term. This means that the grantee or project sponsor must make cash payment for at least 20% of the project's total HMIS annual budget. Although documentation of matching funds is not required in this application, if the project is awarded grant funds, documentation for Year 1 must be presented before grant agreement and entered in the Annual Performance Report (APR) at the end of the operating year. Documentation of cash match for Years 2 and 3, if applicable, must be met by the end of each of those years and entered in the corresponding APR.

HMIS Other Resources - if there are additional cash or in-kind resources to be contributed to the project, above and beyond the statutorily-required cash match, enter the total amount per year in the appropriate "Other Resources" field.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. For details on funding limitations, cash match, and eligible budget activities refer to the 2008 NOFA, and the SHP desk guide located at: <http://www.hudhre.info/index.cfm?do=viewShpDeskguideD>.

Complete the following budget fields detailing how SHP funds will be used for costs related to the HMIS.

	Year 1 SHP Request	Total
HMIS Space and Operations		
23. Space Costs	\$0	\$0
24. Operational Costs	\$0	\$0
Subtotal Space & Operations Request	\$0	\$0
Cash Match	\$0	\$0
Total Space & Operations Budget	\$0	\$0
Other Resources (cash and in-kind)	\$0	\$0

The Total values are automatically calculated by the system when you click the "save" button.

HMIS Budget Summary

The following information summarizes the total HMIS funding request for each year of the grant term.

	Year 1
25. Total SHP HMIS Request	\$12,704
26. Total Cash Match	\$3,176
27. Total HMIS Costs	\$15,880

Supportive Housing Program (SHP) Summary Budget

Instructions:

To update the individual budget activities (acquisition, new construction, rehabilitation, leasing, supportive services, operations, or HMIS), use the left menu bar to go back to the appropriate budget. Refer to the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewShpDeskguideD> for details on funding limitations, cash match, and eligible budget activities.

The following information summarizes the SHP funding request and the available cash match for the total term of the project. Enter the appropriate amount of administrative costs for the project.

Selected Grant Term 1 Year

SHP Activities	SHP Dollars Request	Cash Match	Totals
1. Acquisition			\$0
2. Rehabilitation			\$0
3. New Construction			\$0
4. Subtotal (Lines 1 - 3)	\$0	\$0	\$0
5. Real Property Leasing From Leasing Budget Chart	\$0		\$0
6. Supportive Services From Supportive Services Budget Chart	\$0	\$0	\$0
7. Operations From Operating Budget Chart	\$0	\$0	\$0
8. HMIS From HMIS Budget Chart	\$12,704	\$3,176	\$15,880
9. SHP Request (Subtotal lines 4-8)	\$12,704		
10. Administrative Costs (Up to 5% of line 9)	\$635	Max. Admin. Allowed	\$635
	Total SHP Request (Total lines 9 and 10)	Total Cash Match	Total Budget (Total SHP Request + Total Cash Match)
	\$13,339	\$3,176	\$16,515

Public Housing Authority (PHA) Certification Attachment Detail

Document Description:

[The following text is extremely faint and illegible, appearing to be a list or table of document descriptions.]

Program Outcome Logic Model (HUD 96010) Attachment

Document Type	Required?	Document Description	Date Attached
Logic Model for Program Outcome (HUD 96010)	Yes	--	No Attachment

Program Outcome Logic Model (HUD 96010) Attachment Detail

Document Description:

Policy	Problem, Need, Situation	Services or Activities/Outputs	Measure	Outcome	Measure	Evaluation Tools
1	2	3	4	5	6	7

Applicant Name: **Prado County Human Services**

HUD Program:

Continuum of Care

US Department of Housing and Urban Development

Project Name: **EI Dorado County HMIS**

Period:

OMB Approval 2535-0114 exp. 2008 Pending

Project Type: **Dedicated HMIS**

Start Date:

Year 1

Component Name:

Construction Type: **n/a**

End Date:

Accountability

Communities need a functioning HMIS system to facilitate development and planning of programs and housing for homeless persons.

HMIS training sessions

Beds covered by an HMIS data collection and reporting system

% of Beds Covered

Mgt. Info. System-automated Questionnaire

Participating agencies entering data in HMIS

4 Sessions

Beds covered by an HMIS data collection and reporting system

% of Beds Covered

Centralized database

Agencies

6

Beds covered by an HMIS data collection and reporting system

% of Beds Covered

Monthly

#N/A

#N/A

#N/A

#N/A

Annually

#N/A

#N/A

#N/A

#N/A

Upon incident

#N/A

#N/A

#N/A

#N/A

Computer spreadsheets

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Computer spreadsheets

Application Type

Instructions:

1 - 7. The fields on this screen are not required for HUD McKinney-Vento homeless assistance funding.

1. Type of Submission:

2. Type of Application:

If Revision, select appropriate letter(s):

If "Other", specify:

Date Received 08/29/2008

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

Applicant

Instructions:

8. Applicant Information: Enter the following related to the organization applying for homeless assistance funding.

a. Legal Name (Required): Enter the legal name of applicant that will undertake the assistance activity. It is important that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained online at: <http://esnaps.hudhre.info/training>.

b. Employer/Taxpayer Number (EIN/TIN) (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.

c. Organizational DUNS (Required): Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at <http://www.dnb.com>.

d. Address: Enter the complete address as follows: Street address (Line 1 required, Line 2 optional), City (Required), County (Optional), State (Required), Province (Not-required), Country (Auto-populated), Zip/Postal Code (Required).

e. Organizational Unit: Enter the name of the primary organizational unit and department or division,(if applicable) that will undertake the assistance activity, if applicable.

f. Name and contact information of person to be contacted on matters involving this applicant (Required): first and last names, title, telephone number, fax number, and email address. If applicable, enter the person's organizational affiliation if affiliated with an organization other than the applicant organization.

8. Applicant

b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000511

a. Legal Name: El Dorado County Human Services-Community Services Division

c. Organizational DUNS: 965067382

d. Address

Street 1: 937 Spring Street

Street 2:

City: Placerville

County: El Dorado

State: California

Province:

Country: United States

Zip / Postal Code: 95667

e. Organizational Unit

Department Name: Public Housing Authority

Division Name: Housing, Comm & Economic Dev.

f. Name and contact information of person to be contacted on matters involving this application

Prefix:

First Name: Joyce

Middle Name:

Last Name: Aldrich

Suffix:

Title: Program Manager

Organizational Affiliation: El Dorado County Continuum of Care

Telephone Number: (530) 621-6276

Extension:

Fax Number: (530) 295-2598

Email: jaldrich@co.el-dorado.ca.us

Confirm Email: jaldrich@co.el-dorado.ca.us

Application Details

Instructions:

9. Type of Applicant (Required): Select the appropriate applicant type that identifies the organization applying for homeless assistance funding.

10, 11. These fields are not required for HUD McKinney-Vento homeless assistance funding.

12. Funding Opportunity (Required): Applicants must enter the Funding Opportunity Number as indicated in the CoC NOFA.

13. This field is not required for HUD McKinney-Vento homeless assistance funding.

9. Type of Applicant: B. County Government

If "Other" please specify:
(select the "Save" button to enter data in this field)

10. Name of Federal Agency:

**11. Catalog of Federal Domestic Assistance
Number/Title:**

CFDA Title:

12. Funding Opportunity Number: FR-5220-N-01

Title: Continuum of Care Homeless Assistance
Competition

13. Competition Identification Number:

Title:

Nonprofit Documentation Attachment Detail

Document Description:

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Project

Instructions:

14 - 17. The fields on this screen are not required for HUD McKinney-Vento homeless assistance funding.

14. Areas Affected by Project (Cities, Counties, States, etc.):

15. Descriptive Title of Applicant's Project:

16. Congressional Districts of

Enter in the format: 2 characters State Abbreviation - 3 characters District Number, e.g., CA-005 for California 5th district, CA-012 for California 12th district, NC-103 for North Carolina's 103rd district.

a. Applicant:

b. Program/Project:

17. Proposed Project

***a. Start Date:**

***b. End Date:**

Funding

Instructions:

18. Funding (Not Required): The fields on this screen are not required for HUD McKinney-Vento homeless assistance funding.

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. TOTAL:

Compliance

Instructions:

19. Is Application Subject to Review By State Executive Order 12372 Process? (Required): Select the appropriate box that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

If "YES" is selected enter the date this application was made available to the State for review.

20. Is the Applicant Delinquent on any Federal Debt? (Required): Select the appropriate box that applies to the Applicant applying for homeless assistance funding. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "YES" is selected include an explanation in the space provided on this screen.

19. Is the Application Subject to Review By State Executive Order 12372 Process? Program is not covered by E.O. 12372

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

Declaration

Instructions:

21. Declaration (Required): This Declaration must be signed and dated by the authorized representative of the applicant organization. **The list of certifications and assurances are contained in the announcement and on the left menu under HUD-SNAPS Information.

Authorized Representative (Required): Enter the first and last names, title, telephone number, fax number, and e-mail address of the person authorized to sign for the applicant. A copy of the governing body's authorization for this person to sign this application as the official representative must be on file in the applicant's office.

21. By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE:

Authorized Representative

Prefix:

First Name: Doug

Middle Name:

Last Name: Nowka

Suffix:

Title: Director of Human Services

Telephone Number: (530) 621-6163
(Format: 123-456-7890)

Fax Number: (530) 295-2598
(Format: 123-456-7890)

Email: nowka@co.el-dorado.ca.us

Signature of Authorized Representative Doug Nowka
(enter first, middle, and last names)

Date Signed 08/29/2008

Additional Information

Instructions:

Indicate the applicant's congressional districts (Required): Select the applicant's congressional district from the available list. Any district(s) affected by the program or project should be indicated on the Exhibit 2 application. The information selected here and on the Exhibit 2 will be used to send funding notification to the appropriate congressional representatives.

Is the applicant a faith-based organization? (Required): Select the appropriate answer that identifies the applicant applying for homeless assistance funding.

Has the applicant ever received a federal grant? (Required): Select the appropriate answers that applies to the applicant applying for homeless assistance funding.

Is the applicant's most recent Code of Conduct on file with HUD? (Required): Reference the following website to determine whether or not the applicant's Code of Conduct is on file with HUD, <http://www.hud.gov/offices/adm/grants/codeofconduct/cconduct.cfm>. If the Code of Conduct is not listed on the website, contact the local HUD Field Office or attach the first five (5) pages of the Code.

Identify the source documentation for the applicant's nonprofit status: All nonprofit applicants must select the appropriate documentation that applies to the applicant applying for homeless assistance funding. This document must be attached to the "Nonprofit Document" page. If the applicant is not a nonprofit organization this question will not appear on the page.

Indicate applicant's congressional district(s): CA-004
(for multiple selections hold CTRL and key)

Is the applicant a faith-based organization? No

Has the applicant ever received a federal grant? Yes

Is the applicant's most recent Code of Conduct on file with HUD? Yes
(If "no" attach the first 5 pages of the Code)

Applicant's Code of Conduct Attachment Detail

Document Description:

Survey on Ensuring Equal Opportunities for Applicants (SF-424 Supplement) - Attachment Detail

Document Description:

Disclosure of Lobbying Activities (SF-LLL) Attachment Detail

Document Description:

Certification of Consistency with the Consolidation Plan (HUD-2991) Attachment

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidation Plan	No	--	No Attachment

Certification of Consistency with the Consolidation Plan (HUD-2991) Attachment Detail

Document Description:

Applicant/Recipient Disclosure/Update Report (HUD 2880)

Document Type	Required?	Document Description	Date Attached
Applicant/Recipient Disclosure/Update Report	No	--	No Attachment

Applicant/Recipient Disclosure/Update Report (HUD 2880)

Attachment Detail

Document Description:

You Are Our Client! Grant Applicant Survey (HUD-2994-A)

Document Type	Required?	Document Description	Date Attached
Grant Applicant Survey	No	--	No Attachment

Grant Applicant Survey (HUD-2994-A) Attachment Detail

Document Description:

[Faint, illegible text describing the document content]

Applicant Certification

A. For the Supportive Housing (SHP), Shelter Plus Care (S+C), and Single Room Occupancy (SRO) programs:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for S+C:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For SHP Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. For S+C Only. Supportive Services.

It will make available supportive services appropriate to the needs of the population served and equal in value to the aggregate amount of rental assistance funded by HUD for the full term of the rental assistance.

D. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall attach an explanation behind this page.

Name of Authorized Certifying Official Doug Nowka

Date: 08/29/2008

Title: Director of Human Services

Applicant Organization: El Dorado County Human Services - Community Services

PHA Number (For PHA Applicants Only): CA151

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

X

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing and Urban Development

OMB Approval No. 2510-0011 (exp. 8/31/2009)

Instructions. (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

Applicant/Recipient Information

Indicate whether this is an Initial Report or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code): El Dorado County Human Services-Community Services Division 937 Spring Street, Placerville CA 95667	2. Social Security Number or Employer ID Number: 946-00-0511
3. HUD Program Name Continuum of Care Homeless Assistance Programs	4. Amount of HUD Assistance Requested/Received \$13,339.00
5. State the name and location (street address, City and State) of the project or activity: 937 Spring Street, Placerville CA 95667	

Part I Threshold Determinations

- | | |
|--|---|
| 1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. |
|--|---|

If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form. **However,** you must sign the certification at the end of the report.

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

- All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
- any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)

(Note: Use Additional pages if necessary.)

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

Signature: X	Date: (mm/dd/yyyy)
---------------------	--------------------

Public reporting burden for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collection displays a valid OMB control number.

Privacy Act Statement. Except for Social Security Numbers (SSNs) and Employer Identification Numbers (EINs), the Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under section 102 of the Department of Housing and Urban Development Reform Act of 1989, 42 U.S.C. 3531. Disclosure of SSNs and EINs is optional. The SSN or EIN is used as a unique identifier. The information you provide will enable HUD to carry out its responsibilities under Sections 102(b), (c), and (d) of the Department of Housing and Urban Development Reform Act of 1989, Pub. L. 101-235, approved December 15, 1989. These provisions will help ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. They will also help ensure that HUD assistance for a specific housing project under Section 102(d) is not more than is necessary to make the project feasible after taking account of other government assistance. HUD will make available to the public all applicant disclosure reports for five years in the case of applications for competitive assistance, and for generally three years in the case of other applications. Update reports will be made available along with the disclosure reports, but in no case for a period generally less than three years. All reports, both initial reports and update reports, will be made available in accordance with the Freedom of Information Act (5 U.S.C. §552) and HUD's implementing regulations at 24 CFR Part 15. HUD will use the information in evaluating individual assistance applications and in performing internal administrative analyses to assist in the management of specific HUD programs. The information will also be used in making the determination under Section 102(d) whether HUD assistance for a specific housing project is more than is necessary to make the project feasible after taking account of other government assistance. You must provide all the required information. Failure to provide any required information may delay the processing of your application, and may result in sanctions and penalties, including imposition of the administrative and civil money penalties specified under 24 CFR §4.38.

Note: This form only covers assistance made available by the Department. States and units of general local government that carry out responsibilities under Sections 102(b) and (c) of the Reform Act must develop their own procedures for complying with the Act.

Instructions

Overview.

A. Coverage. You must complete this report if:

- (1) You are applying for assistance from HUD for a specific project or activity and you have received, or expect to receive, assistance from HUD in excess of \$200,000 during the fiscal year;
- (2) You are updating a prior report as discussed below; or
- (3) You are submitting an application for assistance to an entity other than HUD, a State or local government if the application is required by statute or regulation to be submitted to HUD for approval or for any other purpose.

B. Update reports (filed by "Recipients" of HUD Assistance):

General. All recipients of covered assistance must submit update reports to the Department to reflect substantial changes to the initial applicant disclosure reports.

Line-by-Line Instructions.

Applicant/Recipient Information.

All applicants for HUD competitive assistance, must complete the information required in blocks 1-5 of form HUD-2880:

1. Enter the full name, address, city, State, zip code, and telephone number (including area code) of the applicant/recipient. Where the applicant/recipient is an individual, the last name, first name, and middle initial must be entered.
2. Entry of the applicant/recipient's SSN or EIN, as appropriate, is optional.
3. Applicants enter the HUD program name under which the assistance is being requested.
4. Applicants enter the amount of HUD assistance that is being requested. Recipients enter the amount of HUD assistance that has been provided and to which the update report relates. The amounts are those stated in the application or award documentation. NOTE: In the case of assistance that is provided pursuant to contract over a period of time (such as project-based assistance under section 8 of the United States Housing Act of 1937), the amount of assistance to be reported includes all amounts that are to be provided over the term of the contract, irrespective of when they are to be received.
5. Applicants enter the name and full address of the project or activity for which the HUD assistance is sought. Recipients enter the name and full address of the HUD-assisted project or activity to which the update report relates. The most appropriate government identifying number must be used (e.g., RFP No.; IFB No.; grant announcement No.; or contract, grant, or loan No.) Include prefixes.

Part I. Threshold Determinations - Applicants Only

Part I contains information to help the applicant determine whether the remainder of the form must be completed. **Recipients filing Update Reports should not complete this Part.**

If the answer to *either* questions 1 or 2 is No, the applicant need not complete Parts II and III of the report, but must sign the certification at the end of the form.

Part II. Other Government Assistance and Expected Sources and Uses of Funds.

A. Other Government Assistance. This Part is to be completed by both applicants and recipients for assistance and recipients filing update reports. Applicants and recipients must report any other government assistance involved in the project or activity for which assistance is sought. Applicants and recipients must report any other government assistance involved in the project or activity. Other government assistance is defined in note 4 on the last page. For purposes of this definition, other government assistance is expected to be made available if, based on an assessment of all the circumstances involved, there are reasonable grounds to anticipate that the assistance will be forthcoming.

Both applicant and recipient disclosures must include all other government assistance involved with the HUD assistance, as well as any other government assistance that was made available before the request, but that has continuing vitality at the time of the request. Examples of this latter category include tax credits that provide for a number of years of tax benefits, and grant assistance that continues to benefit the project at the time of the assistance request.

The following information must be provided:

1. Enter the name and address, city, State, and zip code of the government agency making the assistance available.
2. State the type of other government assistance (e.g., loan, grant, loan insurance).
3. Enter the dollar amount of the other government assistance that is, or is expected to be, made available with respect to the project or activities for which the HUD assistance is sought (applicants) or has been provided (recipients).
4. Uses of funds. Each reportable use of funds must clearly identify the purpose to which they are to be put. Reasonable aggregations may be used, such as "total structure" to include a number of structural costs, such as roof, elevators, exterior masonry, etc.

B. Non-Government Assistance. Note that the applicant and recipient disclosure report must specify all expected sources and uses of funds - both from HUD *and any other source* - that have been or are to be, made available for the project or activity. Non-government sources of

funds typically include (but are not limited to) foundations and private contributors.

Part III. Interested Parties.

This Part is to be completed by both applicants and recipients filing update reports. Applicants must provide information on:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Note: A financial interest means any financial involvement in the project or activity, including (but not limited to) situations in which an individual or entity has an equity interest in the project or activity, shares in any profit on resale or any distribution of surplus cash or other assets of the project or activity, or receives compensation for any goods or services provided in connection with the project or activity. Residency of an individual in housing for which assistance is being sought is not, by itself, considered a covered financial interest.

The information required below must be provided.

1. Enter the full names and addresses. If the person is an entity, the listing must include the full name and address of the entity as well as the CEO. Please list all names alphabetically.
2. Entry of the Social Security Number (SSN) or Employee Identification Number (EIN), as appropriate, for each person listed is optional.
3. Enter the type of participation in the project or activity for each person listed: i.e., the person's specific role in the project (e.g., contractor, consultant, planner, investor).
4. Enter the financial interest in the project or activity for each person listed. The interest must be expressed both as a dollar amount and as a percentage of the amount of the HUD assistance involved.

Note that if any of the source/use information required by this report has been provided elsewhere in this application package, the applicant need

not repeat the information, but need only refer to the form and location to incorporate it into this report. (It is likely that some of the information required by this report has been provided on SF 424A, and on various budget forms accompanying the application.) If this report requires information beyond that provided elsewhere in the application package, the applicant must include in this report all the additional information required.

Recipients must submit an update report for any change in previously disclosed sources and uses of funds as provided in Section I.D.5., above.

Notes:

1. All citations are to 24 CFR Part 4, which was published in the Federal Register. [April 1, 1996, at 63 Fed. Reg. 14448.]
2. Assistance means any contract, grant, loan, cooperative agreement, or other form of assistance, including the insurance or guarantee of a loan or mortgage, that is provided with respect to a specific project or activity under a program administered by the Department. The term does not include contracts, such as procurements contracts, that are subject to the Fed. Acquisition Regulation (FAR) (48 CFR Chapter 1).
3. See 24 CFR §4.9 for detailed guidance on how the threshold is calculated.
4. "Other government assistance" is defined to include any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance from the Federal government (other than that requested from HUD in the application), a State, or a unit of general local government, or any agency or instrumentality thereof, that is, or is expected to be made, available with respect to the project or activities for which the assistance is sought.
5. For the purpose of this form and 24 CFR Part 4, "person" means an individual (including a consultant, lobbyist, or lawyer); corporation; company; association; authority; firm; partnership; society; State, unit of general local government, or other government entity, or agency thereof (including a public housing agency); Indian tribe; and any other organization or group of people.

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: El Dorado County Human Services - Community Services Division

Project Name: El Dorado County HMIS

Location of the Project: El Dorado County Public Housing Authority
937 Spring Street
Placerville, CA 95667

Name of the Federal Program to which the applicant is applying: Continuum of Care Homeless Assistance Programs

Name of Certifying Jurisdiction: El Dorado County Human Services - Community Services Division

Certifying Official of the Jurisdiction Name: Doug Nowka

Title: Director of Human Services

Signature: _____

Date: _____

Exhibit 2: HUD Homeless Programs Project Application

OMB Approval No. 2506-0112

U.S. Department of Housing and Urban Development
Office of Community Planning and Development

(exp. 3/31/10)

The information collection requirements contained in this application have been submitted to the Office of Management and Budget (OMB) for review under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Information is submitted in accordance with the regulatory authority contained in each program rule. The information will be used to rate applications, determine eligibility, and establish grant amounts.

Selection of applications for funding under the Continuum of Care Homeless Assistance are based on rating factors listed in the Notice of Fund Availability (NOFA), which is published each year to announce the Continuum of Care Homeless Assistance funding round. The information collected in the application form will only be collected for specific funding competitions.

Public reporting burden for this collection of information is estimated to 30 hours including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

To the extent that any information collected is of a confidential nature, there will be compliance with Privacy Act requirements. However, the Continuum of Care Homeless Assistance application does not request the submission of such information.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

2008 Continuum of Care Application: Exhibit 2

Section I: Project Summary Information

Part A: General Project Information (All Projects)

1. Project Priority Number (From Project Priority Chart in Exhibit 1): _____	2. <input checked="" type="checkbox"/> New Project	3. If renewal, list previous grant number & project identifier number (PIN):	Previous Grant Number:
<input type="checkbox"/> Check box if project is a #1 Priority Samaritan Bonus Project	<input type="checkbox"/> Renewal Project		PIN Number:
4. HUD-Defined CoC Name: El Dorado County CoC		5. CoC Number: CA-525	
6. Applicant's Organization Name (Legal Name from SF-424) Womenspace Unlimited South Lake Tahoe Women's Center		8. Applicant's DUNS Number (From SF-424): 123542811	
7. <input type="checkbox"/> Check box if Applicant is a Faith-Based Organization <input checked="" type="checkbox"/> Check box if Applicant has ever received a federal grant, either directly from a federal agency or through a state/local agency			
9. Project Applicant's Address (From SF-424) Street: 2941 Lake Tahoe Blvd. City: South Lake Tahoe State: CA Zip: 96150		10. Applicant's Employer Identification Number (EIN) (From SF-424): 94-2598256	
11. Contact person of Project Applicant: (From SF-424) Name: Anna Kathryn Richter Phone number: (530) 542-7633 Title: Development Director Fax number: (530) 542-7624 Email Address: ARichter@sltwc.org		12. <input checked="" type="checkbox"/> Check box if Project Applicant is the same as Project Sponsor	
13. Project Name: Transitional Housing Program for Survivors of Domestic Violence		14. Project's location 6-digit Geographic Code: 069017	
15. Project Address (S+C SRAs, if multiple sites list all addresses including): Street: 2640 Christ Street City: South Lake Tahoe State: CA Zip: 96150		18. <input checked="" type="checkbox"/> Check box if Energy Star is used in this project	
16. <input checked="" type="checkbox"/> Check box if project is located in a Rural Area		19. Project Congressional District(s): CA-003, CA-004	
17. If project contains housing units, are these units: <input type="checkbox"/> Leased? <input checked="" type="checkbox"/> Owned?			
20. Project Sponsor's Organization Name (If different from Applicant) N/A		22. Sponsor's DUNS Number:	
21. <input type="checkbox"/> Check box if Project Sponsor is a Faith-Based Organization <input type="checkbox"/> Check box if Project Sponsor has ever received a federal grant, either directly from a federal agency or through a state/local agency			
23. Project Sponsor's Address (if different from Applicant) Street: City: State: Zip:		24. Sponsor's Employer Identification Number (EIN):	
25. Contact person of Project Sponsor (if different from Applicant) Name: Phone number: Title: Fax number: Email Address:			

Part B: Project Summary Budget

B1. Supportive Housing Program (SHP) (All SHP Projects)

a. <input checked="" type="checkbox"/> SHP Program		c. Grant Term* (Check only one box)	
b. Component Types (Check only one box)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> TH	<input type="checkbox"/> PH	<input type="checkbox"/> SSO	<input type="checkbox"/> HMIS
		<input type="checkbox"/> Safe Haven/TH	<input type="checkbox"/> Safe Haven/PH
d. Proposed SHP Activities		e. SHP Dollars Request	f. Cash Match
g. Totals (Col. e + Col. f)			
1. Acquisition			
2. Rehabilitation			
3. New Construction			
4. Subtotal (Lines 1 through 3)			
5. Real Property Leasing From Leasing Budget Chart			
6. Supportive Services From Supportive Services Budget Chart		\$10,747	\$2,688
7. Operations From Operating Budget Chart		\$19,313	\$6,438
8. HMIS From HMIS Budget Chart			
9. SHP Request (Subtotal lines 4 through 8)		\$30,060	Total Cash Match
10. Administrative Costs (Up to 5% of line 9)		\$1,503	
11. Total SHP Request (Total lines 9 and 10)		\$31,563	\$9,126
			Total Budget (Total SHP Request + Total Cash Match)
			\$40,689

*New projects must be 2 or 3 years, except new HMIS projects and new hold harmless reallocation projects, which can be 1, 2 or 3 years.

B2. Shelter Plus Care (S+C) (All S+C Projects)

a. <input type="checkbox"/> S+C Program		c. Grant Term (Renewals are 1 year only)	
b. Component Types (Check only one box)		(Check only one box)	
<input type="checkbox"/> TRA	<input type="checkbox"/> SRA	<input type="checkbox"/> PRA	<input type="checkbox"/> PRAR
		<input type="checkbox"/> S+C/SRO	<input type="checkbox"/> New (PRAR, S+C/SRO)
		<input type="checkbox"/> Renewal 1 Year	<input type="checkbox"/> New 5 Years
1. Total S+C Rental Assistance Amount from S+C and SRO Budget Chart		\$	

B3. Section 8 Single Room Occupancy (SRO) (All Section 8 SRO Projects)

a. <input type="checkbox"/> SRO Program		c. Grant Term	
b. Component Type <input type="checkbox"/> (SRO)		<input type="checkbox"/> 10 Years	
1. Total SRO Rental Assistance Amount from SRO Budget Chart		\$	

Part C: Point in Time Housing and Participants Chart

(All Projects Except Dedicated HMIS Projects)

1. Housing Type* (Check all that apply)	1a. <input type="checkbox"/> Multi-family <input type="checkbox"/> Single-family <input type="checkbox"/> Congregate Facility	1b. <input type="checkbox"/> Scattered Site <input type="checkbox"/> Project Based	
2. Units, Bedrooms, Beds	a. Current Level (Point-in-Time)	b. New Effort or Change in Effort (If Applicable)	c. Projected Level (column a + col. b)
Number of Units	2		2
Number of Bedrooms	4		4
Number of Beds	10		10
3. Participants	1	2	3
a. Number of Households with Dependent Children			
i. Number of adults	1	2	3
ii. Number of children	2	4	6
iii. Number of disabled persons	0	1	1
b. Number of Households without Dependent Children	0	0	0
i. Number of disabled persons	0	1	1
ii. Of all disabled persons, number of chronically homeless	0	0	0
*Housing Types: Multi-family (apartments, duplexes, SROs, other buildings with 2 or more units); Single-family; Congregate Facility (dormitory, barracks, shared-living).			

Part D: Targeted Subpopulations

(All Projects Except Dedicated HMIS Projects)

List the approximate percentages for each homeless subpopulation you expect to serve. If you expect to serve subpopulations that fit more than one category (i.e. Severely Mentally Ill Persons with Chronic Substance Abuse), you may place overlapping approximate percentages on the appropriate lines. *If this is a #1 priority project, it must serve 100% chronically homeless persons to receive the Samaritan bonus.*

1. Homeless Subpopulations	2. Approximate Percentages (%)
Chronically Homeless (as defined by HUD)	
Severely Mentally Ill	
Chronic Substance Abusers	
Veterans	
Persons with HIV/AIDS	
Victims of Domestic Violence	100%
Unaccompanied Youth (Under 18 years of age)	

Part E: Discharge Policy (Only State & Local Government Applicants)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there policies and protocols developed or implemented for the discharge of persons from publicly funded institutions or systems of care (e.g., health care facilities, foster care or other youth facilities, or corrections programs and institutions) in order to prevent such discharge from immediately resulting in homelessness or requiring HUD McKinney-Vento homeless assistance for such persons in your jurisdiction?
--	--

Part F: Project Leveraging Chart (All Projects)

HUD homeless program funding is limited and can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. HUD encourages applicants to use supplemental resources, including state and local appropriated funds, to address homeless needs. **Please be aware that undocumented leveraging claims may result in a re-scoring of your application and possible withdrawal of your conditional award(s).** For further instructions for filling out this section, see the Instructions section.

Type of Contribution	Source of Contribution	Identify Source as: (G) Government* or (P) Private	Date of Written Commitment	Value of Written Commitment
<i>Example: Child Care</i>	CDBG	G	2/15/06	\$10,000
Cash match	South Lake Tahoe Women's Center	G, P	09/02/08	\$9,126
*Government sources are appropriated dollars.	TOTAL:	\$9,126		

Part G: Project Participation and Data Coverage in Homeless Management Information System (HMIS)

(All Projects Except Dedicated HMIS Projects)

1. Is this project providing client level data to the HMIS either through direct data entry or data upload/integration at least annually? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
a. If no, when does the project anticipate providing client level data to the HMIS? If not applicable, briefly explain. <u>09/2009</u> (mm/yyyy)	b. If yes, is the client level data collected on all persons served by the project provided to the HMIS? <input type="checkbox"/> Yes <input type="checkbox"/> No

Part H: Renewal Performance (All Renewal Projects)

<p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Are there any unresolved HUD monitoring findings, or outstanding audit findings related to this project? If "Yes," briefly describe.</p> <hr/> <hr/> <hr/>
<p>2. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Are there any significant changes in the project since the last funding approval? Check all that apply:</p> <p><input type="checkbox"/> Number of persons served: from _____ to _____.</p> <p><input type="checkbox"/> Number of units: from _____ to _____.</p> <p><input type="checkbox"/> Location of project sites.</p> <p><input type="checkbox"/> Line item or cost category budget changes more than 10%.</p> <p><input type="checkbox"/> Change in target population.</p> <p><input type="checkbox"/> Change in project sponsor.</p> <p><input type="checkbox"/> Change in component type.</p> <p><input type="checkbox"/> Other: _____</p> <p>Please explain changes: _____</p> <hr/> <hr/>

H: Renewal Performance (Continued)

(For all S+C, SHP-PH, SHP-TH, SHP-Safe Haven, and SSO Renewals):

Use information from the most recently submitted Annual Progress Report (APR) to answer questions 3, 4, and 5. If an APR has not yet been submitted for this renewal project, please check the N/A box and skip these questions. N/A

3. Permanent Housing (PH) Performance (To be filled out by all SHP and S+C renewal permanent housing projects, including both SHP-PH and SHP-Safe Haven permanent housing). Complete the following chart using data based on the most recently submitted APR Questions 12(a) and 12(b):

a. Number of participants who exited PH project(s)—APR Question 12(a)	
b. Number of participants who did not leave the project(s)—APR Question 12 (b)	
c. Of those who exited , how many stayed 7 months or longer in PH—APR Question 12(a)	
d. Of those who did not leave , how many stayed 7 months or longer in PH—APR question 12(b)	
e. Percentage of all participants in PH projects staying 7 months or longer [(c + d) divided by (a + b)] x 100 = e. Example: [(16 + 15) divided by (20 + 20)] x 100 = 77.5%	%

4. Transitional Housing (TH) Performance (To be filled out by all SHP renewal transitional housing projects, including both SHP-TH and SHP-Safe Haven transitional housing). Complete the following chart using data based on the most recently submitted APR Question 14:

a. Number of participants who exited TH project(s)—including unknown destination	
b. Number of participants who moved to PH —from any destination identified as permanent housing	
c. Of the number of participants who left TH, what percentage moved to PH? (b divided by a) x 100 = c Example: (14 / 18) x 100 = 77.7%.	%

H: Renewal Performance (Continued)

5. Supportive Services - Mainstream Programs and Employment Chart
(To be filled out by all S+C and SHP renewals, except dedicated HMIS projects)
 HUD will be assessing the percentage of clients in your renewal project who gained access to mainstream services and, especially, who gained employment. Based on responses to APR Question 11 complete the following:

1 Number of Adults Who Left (Use the same number in each row)	2 Income Source	3 Number of Exiting Adults with Each Source of Income	4 % with Income at Exit (Col. 3 ÷ Col. 1 x 100)
Example: 105	a. Social Security Insurance (SSI)	40	38.1%
105	b. Social Security Disability Insurance (SSDI)	35	33.3%
105	c. Social Security	25	23.8%
	a. SSI		
	b. SSDI		
	c. Social Security		
	d. General Public Assistance		
	e. TANF		
	f. SCHIP		
	g. Veterans Benefits		
	h. Employment Income		
	i. Unemployment Benefits		
	j. Veterans Health Care		
	k. Medicaid		
	l. Food Stamps		
	m. Other (please specify)		
	n. No Financial Resources		

Section II: Project Budgets

Part I: SHP Project Budgets (All SHP Projects as Applicable)

II. SHP Leasing Budget (All SHP Projects with Leasing)

Leased Unit(s) for Housing and/or Services				
a. Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area:				
b. New Projects Only, check the appropriate box that relates your rent to the published FMR. For Renewal Projects, skip to items c-g.				
<input type="checkbox"/> 1% to 99% of FMR				
<input type="checkbox"/> 100% of FMR				
<input type="checkbox"/> 101% to 110% of FMR (PHA approval letter must be attached).				
<input type="checkbox"/> Greater than 110% (HUD approval letter must be attached).				
c. Size of Units	d. Number of Units	e. HUD Paid Amount	f. Number of Months	g. Totals
SRO	x	x	=	\$
0 Bedroom	x	x	=	\$
1 Bedroom	x	x	=	\$
2 Bedrooms	x	x	=	\$
3 Bedrooms	x	x	=	\$
4 Bedrooms	x	x	=	\$
5 Bedrooms	x	x	=	\$
6 Bedrooms	x	x	=	\$
Other:	x	x	=	\$
h. Totals:	x	x	=	\$
Leased Structure(s) for Housing and/or Services - No Applicable FMR				
Structure 1		X	=	\$
Address:	Street:	State:	Zip:	
	City:			
Structure 2		x	=	\$
Address:	Street:	State:	Zip:	
	City:			

12. SHP Supportive Services Budget (All SHP Projects as Applicable)

Supportive Services Costs	SHP Dollars Requested			
	Year 1	Year 2	Year 3	Total
1. Outreach Quantity:				
2. Case Management Quantity: 50 units per year (1 unit = 1 hour with client to: address immediate needs; assess progress toward goals; create action plans; provide advocacy; and facilitate goal completion)	\$1,063	\$1,095		\$2,158
3. Life Skills (outside of case management) Quantity: 50 units per year (1 unit = 1 hour with client to provide education and assistance regarding: self-transportation (bus, other public transport), budgeting, cost effective meal planning/grocery shopping/meal preparation, resume development, completing employment and housing searches, finding/evaluating child care, referrals to other service providers, etc.)	\$ 877	\$ 903		\$1,780
4. Alcohol and Drug Abuse Services Quantity:				
5. Mental Health and Counseling Services Quantity: 50 units (1 unit = 1 hour session with MA-level counselor at SLTWC business office)	\$1,353	\$1,394		\$2,747
6. HIV/AIDS Services Quantity:				
7. Health Related & Home Health Services Quantity:				
8. Education and Instruction Quantity:				
9. Employment Services Quantity:				
10. Child Care Quantity: \$400 per month X 1.5 months while securing employment/income x 2 families =	\$1,200	\$1,200		\$2,400
11. Transportation Quantity: 75 gallons client gas (\$4.75 x 75 = \$356) 250 Blue Go bus passes (\$1.5 x 250 = \$375) 10 taxi rides (\$10 x 10 rides = \$100)	\$831	\$831		\$1,662
12. Transitional Living Services Quantity:				
13. Other (must specify *) Quantity:				
14. Total SHP dollars requested:** (lines 1 to 13)	\$5,324	\$5,423		\$10,747
<p><i>*If not specified, the costs will be removed from the budget.</i></p> <p><i>**Total of Line 14 must match line 6, column e., on the Project Summary Budget. The amount of the SHP request entered must be no more than 80 percent of the Total Supportive Services Costs entered on Line 16.</i></p>				
15. Total cash match to be spent on SHP eligible supportive service activities:	\$1,344	\$1,344		\$2,688
16. Total supportive services costs: ***	\$6,668	\$6,767		\$13,435
<p><i>*** The Total Supportive Services Costs includes the cash match entered on line 15, and the SHP dollars requested on line 14. The total of Line 16 must match line 6, column g., on the Project Summary Budget.</i></p>				

13. SHP Operating Budget (All SHP Projects with Operating Costs)

Operating Costs	SHP Dollars Requested			
	Year 1	Year 2	Year 3	Total
1. Maintenance/Repair Quantity: \$25 per hour x 3 hours per month X 12 hours per year = \$900	\$900	\$900		\$1,800
2. Staff (position, salary, % time, fringe benefits) Housing Coordinator Year 1: \$34,278 x 10% x 1.29 = \$4,422 Year 2: \$35,307 x 10% x 1.29 = \$4,555	\$4,422	\$4,555		\$8,977
3. Utilities Quantity: \$188 per month (electricity, gas, water/sewer/garbage—winter heat included)x 2 units x 6 months = \$2,256	\$2,256	\$2,256		\$4,512
4. Equipment (lease/buy) Quantity:				
5. Supplies Quantity: \$250 per unit x 1 year x 2 units = \$500	\$500	\$500		\$1,000
6. Insurance Quantity: \$152 per month x 12 months x 50% = \$912	\$912	\$912		\$1,824
7. Furnishings Quantity:				
8. Relocation Quantity: (number of persons)				
9. Food Quantity: \$75 per week x 2 families x 4 weeks = \$600	\$600	\$600		\$1,200
10. Other Operating Activity: * Quantity:				
11. Total SHP Operating Dollars Requested (lines 1 to 10): **	\$9,590	\$9,723		\$19,313
<i>*If not specified, the costs will be removed from the budget.</i>				
<i>**Total of Line 11 must match line 7 column e., on the Project Summary Budget. The amount of the SHP request entered must be no more than 75 percent of the Total Operating Costs entered on Line 12.</i>				
12. Total cash match to be spent on SHP eligible operations activities:	\$3,219	\$3,219		\$6,438
13. Total Operating Costs: ***	\$12,809	\$12,942		\$25,751
*** The Total Operating Costs includes the cash match entered on line 12 and the SHP dollars requested on line 11. The total of Line 13 must match line 7, column g., on the Project Summary Budget.				

14. SHP New Project Multiple Structures Budget (All New SHP Projects as Applicable) To be used only for projects with multiple structures with acquisition, rehabilitation or new construction funds. Fill out an additional chart for each structure.

Structure A			Structure B		
Address:			Address:		
City, State, Zip:			City, State, Zip:		
	SHP Request	Total Budget		SHP Request	Total Budget
1. Acquisition			1. Acquisition		
2. Rehabilitation			2. Rehabilitation		
3. New Construction			3. New Construction		
4. Real Property Leasing			4. Real Property Leasing		
5. Supportive Services			5. Supportive Services		
6. Operations			6. Operations		
7. HMIS			7. HMIS		
8. Total			8. Total		

15. SHP HMIS Budget (All SHP Projects with HMIS Costs)

HMIS Costs	SHP Dollars Requested			
	Year 1	Year 2	Year 3	Total
Equipment				
1. Central Server(s)				
2. Personal Computers and Printers				
3. Networking				
4. Security				
Subtotal:				
Software				
5. Software/User Licensing				
6. Software Installation				
7. Support and Maintenance				
8. Supporting Software Tools				
Subtotal:				
Services				
9. Training by Third Parties				
10. Hosting/Technical Services				
11. Programming: Customization				
12. Programming: System Interface				
13. Programming: Data Conversion				
14. Security Assessment and Setup				
15. On-line Connectivity (Internet Access)				
16. Facilitation				
17. Disaster and Recovery				
Subtotal:				
Personnel				
18. Project Management/Coordination				
19. Data Analysis				
20. Programming				

21. Technical Assistance and Training				
22. Administrative Support Staff				
Subtotal:				
HMIS Space and Operations				
23. Space Costs				
24. Operational Costs				
Subtotal:				
25. Total SHP HMIS dollars requested: *				
<i>* Total of Line 25 must be no more than 80 percent of the Total HMIS Costs entered on Line 27.</i>				
26. Total cash match to be spent on SHP eligible HMIS activities:				
27. Total HMIS Costs**				
<i>**The Total HMIS Costs includes the SHP dollars requested on line 25 and the cash match entered on line 26. The total on line 27 must match line 8, column g., on the Project Summary Budget.</i>				

Part J: Shelter Plus Care and Section 8 SRO Project Budgets

(All S+C and SRO Projects as Applicable)

J1. Shelter Plus Care and Section 8 SRO Rental Assistance Budget

a. Check the box to indicate the type of program: <input type="checkbox"/> S+C <input type="checkbox"/> Section 8 SRO				
b. Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area:				
c. Check the appropriate box that relates your rent to the published FMR*:				
<input type="checkbox"/> 1% to 99% of FMR				
<input type="checkbox"/> 100% of FMR				
<input type="checkbox"/> 101% to 110% of FMR (PHA approval letter must be attached).				
<input type="checkbox"/> Greater than 110% (HUD approval letter must be attached).				
d. Size of Units	e. Number Of Units	f. FMR or Actual Rent**	g. Number of Months	h. Total
SRO	x	x	=	\$
0 Bedroom	x	x	=	\$
1 Bedroom	x	x	=	\$
2 Bedrooms	x	x	=	\$
3 Bedrooms	x	x	=	\$
4 Bedrooms	x	x	=	\$
5 Bedrooms	x	x	=	\$
6 Bedrooms	x	x	=	\$
Other:	x	x	=	\$
i. Totals:	x	x	=	\$

**Please be advised that the actual FMRs used in calculating your S+C or SRO grant will be those in effect at the time the grants are conditionally approved, which may be higher or lower than the FMRs listed above.*

***If requested rent is other than the published FMR, your project will be funded at the requested amount and will not receive an FMR update.*

J2. New Shelter Plus Care Single Room Occupancy (S+C/SRO) and New Section 8 Single Room Occupancy (SRO) Project Budget

a. List below an estimate of the total costs of developing the S+C/SRO project:	
Type	Amount
Total Rehabilitation Costs (Eligible and Ineligible):	
Acquisition:	
Other Costs (Eligible & Ineligible, e.g., furniture):	
Total:	\$
b. List any commitments from public and private sources that you are able to provide at this time to help cover the costs of developing the project:	
Source	Amount
Total:	\$

Section III: New Project Narratives

Part K: General Project Narrative Information

(All New Projects Except Dedicated HMIS Projects)

1. Provide a general description of the new project. (use less than one-half page).

Supportive Housing Program funds will be used to expand supportive services for residents of South Lake Tahoe Women's Center's Transitional Shelter Program. The rising costs of energy, supplies, transportation, and insurance combined with nearly \$100,000 in funding cuts have negatively impacted the shelter budget, requiring that a part-time transitional housing assistant position be cut, thus reducing supportive services to Transitional Shelter clients. Funds requested will be used to leverage other funding to reinstate the part-time assistant position to provide supportive services to homeless victims of domestic violence who have completed the agency's 90-day Emergency Domestic Violence Shelter Program but who require additional support to achieve stable, safe self-sufficiency. This position will ensure that staff has sufficient time to allocate to providing individualized supportive services to the two families. This will increase each adult's and child's access to: individual, group and peer counseling for adults and children; case management; legal services; job and education counseling; budgeting education; life skills training; assistance with permanent housing searches; emergency transportation, food and clothing; advocacy and/or accompaniment; and community resource referrals. Each supportive service provided is tracked on individual client service sheets, which are checked for accuracy by the Advocate Coordinator and submitted to the Data Entry Coordinator to be entered into the agency database. Increasing case management and staff time spent in providing support and education leads to more clients securing permanent housing.

2. Enter the percentage of homeless participants(s) that will be served (N/A for dedicated HMIS projects):

____% Persons who came from the street or other locations not meant for human habitation.*

____% Persons who came from Emergency Shelters.*

100% Persons in TH who came directly from the street or Emergency Shelters.*

100% Total of above percentages. If the total is less than 100%, describe very specifically where the other persons you propose to serve would be coming from, and how these persons would meet the HUD homeless definition (use less than one-quarter page).

*This includes persons who ordinarily sleep in one of the above places but are spending a short time (30 consecutive days or less) in a jail, hospital, or other institution.

3. Describe the outreach plan to bring these homeless participants into the project.

Staff and volunteers: distribute flyers and brochures detailing services available in English, Spanish and Tagalog throughout the community; appear on local TV stations; record public service announcements on local radio stations; and write articles in local papers. Flyers and brochures are widely distributed through doctors' offices, the hospital, laundromats, beauty salons, restaurants, schools, grocery stores, post offices, senior centers, Chambers of Commerce, places of worship, and other public places, courts, hospitals, law enforcement agencies, other social service agencies, and service clubs. In addition, the agency's website details all programs and services and announces community events open to the public.

In-person contacts are made regularly with community members as well. During fiscal year 2006-2007, the agency provided direct services to 2,110 clients and provided violence prevention education to 10,558 community members. Three bilingual staff members conduct home visits for Spanish- and Tagalog-

speaking families to inform families of all agency services. Additionally, in 2007-2008, the Outreach Coordinator conducted 200 violence prevention presentations to 4,252 local school children. During these presentations, children receive safety whistles, pens, pencils, erasers and other items with the crisis hotline number. Word-of-mouth referrals from friends, family members, or the victims themselves account for 52% of new clients, and another 8% of clients state that they came in directly due to a community education presentation they attended. These statistics, and the 20% of referrals coming from law enforcement personnel, indicate the effectiveness of the agency's outreach and collaborative efforts.

4. Will basic **community amenities** (e.g., medical facilities, grocery store, recreation facilities, schools, etc.) be readily accessible (e.g., walking distance, near bus line, etc.) to your clients?

Yes, very accessible Somewhat accessible Not accessible

5. **For transitional housing component only:**

List the program's maximum allowable length of stay: 18 months

6. **For permanent housing for persons with disabilities component** where more than 16 persons will reside in a structure: Describe what local market conditions necessitate the development of a project of this size and how the housing will be integrated into the neighborhood.

7. **For Shelter Plus Care TRA projects only:** Will participants be required to live in particular structures or units during the first year and in a particular area within the locality in subsequent years, or to live in a particular area for the entire period of participation? Yes No

Explain how and why the project will implement this requirement (use less than one-half page).

8. **For Section 8 SRO projects only:**

- Describe the rehabilitation proposed for the property and the responsibility you and any other organizations will have in operating and maintaining the property.
- Include a photograph of the building to be assisted with the address (street, city, zip) on the photograph.
- For Non-PHA applicants you must submit a certification letter from the PHA that will administer the rental assistance. Please refer to the instructions for letter content.

9. **(SHP ONLY)** Will your proposed project use an existing homeless facility or incorporate activities that you are currently providing? Yes No

If Yes, check one or more of the activities below that describe your proposed project.
Facilities that you are currently operating and activities you are currently undertaking to serve homeless persons may only receive SHP funding for the four purposes listed below.

My project will:

- Increase the number of homeless persons served.
- Provide additional supportive services for residents of supportive housing and/or homeless persons not residing in supportive housing.
- Bring existing facilities up to a level that meets state and local government health and safety standards. Please explain.
- Replace the loss of nonrenewable funding from private, Federal, or other sources (except from the state or local government), which will cease on or before the end of 2008.

By law, no SHP funds may be used to replace state or local government funds previously used, or designated for use, to assist homeless persons [see 24 CFR 583.150(a)].

If this (fourth) box is checked, you must fully describe the following in order to be eligible for funding:

- a. The source of the nonrenewable funding, indicating that it is not under the control of the State or local government.
- b. Why it is nonrenewable.
- c. When it will cease.
- d. Document the specific steps you took to obtain other funding, why there are no other sources of funding and why, without the SHP assistance, the activity will cease.

Part L: Supportive Services the Participants Will Receive
 (All New Projects Except Dedicated HMIS Projects)

1. Indicate the type and frequency of the proposed supportive services that would fit the needs of the participants (regardless of the resources that will be used to pay for the services):

Supportive Service	Daily	Weekly	Bi-monthly	Monthly	Other
<input checked="" type="checkbox"/> Outreach	X				
<input checked="" type="checkbox"/> Case management		X			
<input checked="" type="checkbox"/> Life skills (outside of case management)	X				
<input checked="" type="checkbox"/> Job training		X			
<input type="checkbox"/> Alcohol and Drug Abuse Services					
<input checked="" type="checkbox"/> Mental Health and Counseling Services		X			
<input type="checkbox"/> HIV/AIDS Services					
<input checked="" type="checkbox"/> Health Related & Home Health Services		X			
<input checked="" type="checkbox"/> Education and Instruction		X			
<input checked="" type="checkbox"/> Employment Services		X			
<input checked="" type="checkbox"/> Child Care		X			
<input checked="" type="checkbox"/> Transportation	X				
<input type="checkbox"/> Transitional Living Services					
<input type="checkbox"/> Other – specify: _____					

Part M: Accessing Permanent Housing
 (All New Projects Except Dedicated HMIS Projects)

1. Describe specifically how participants will be assisted both to obtain and also remain in permanent housing.

Requested funds will be used to leverage other funds to allow for the part-time housing assistant position to be reinstated. The Housing Coordinator supervises the part-time housing assistant and ensures that shelter staff time is adequately allocated so that all clients receive assistance with searching for and securing permanent housing. Through modeling as she works with clients, the Housing Coordinator will train the new shelter staff regarding effective ways to work with clients to help them to identify affordable housing options based on savings and individual budgets, and assist with completing/submitted/following-up with applications for low-income and other housing options. Staff assist with client transportation and accompany clients to model and teach self-advocacy to assist them in securing permanent housing.

When permanent housing has been secured, advocates and volunteers assist with moving the client's belongings. The supportive South Lake Tahoe community donates gently used furniture for transitional clients to use to establish violence-free households. Most often, clients who have been involved with the transitional housing program remain in contact with the agency, attending support groups or just coming by to check in with staff. For those clients who move out of Transitional and into permanent housing who do not stay in contact with the agency, shelter staff make phone calls to check in with clients every month or so. Any challenges identified in those phone calls are addressed in follow up case management meetings whenever the client is interested in this service.

With the Housing Coordinator organizing staff time with each client and ensuring the quality of services provided by advocates, she supports client success and clients feeling supported by the agency. Education and counseling provided regarding domestic violence issues helps clients identify “red flags” in future relationships, reducing their chances of finding themselves in an abusive relationship in the future. Educating survivors and establishing rapport and respect with them leads to clients coming back for other supportive services to stabilize situations as necessary, which increases the ability of clients to remain in permanent housing.

Part N: Participant Self-Sufficiency

(All New Projects Except Dedicated HMIS Projects)

1. Describe **specifically** how participants will be assisted both to increase their **employment** and/or **income** and to maximize their ability to **live independently**.

Advocates meet weekly with clients interested in securing or increasing their income and/or continuing their education to provide information, assistance, referrals and support. Advocates support clients through assisting with job applications or public benefits applications, providing advocacy and accompaniment in meetings with potential employers, assisting with pre-employment conditions or needs (getting Sheriff’s card to work in casinos, drug testing appointments, paying for uniforms), and support clients through the process of securing child care during working hours.

Clients receive weekly training on parenting, budgeting, housekeeping, safe food handling practices, healthy menu planning strategies on limited budgets, and cost-effective grocery shopping. The assistance and support provided as these essential life skills are taught gives clients the tools they will need to successfully and independently support themselves and their children on limited budgets.

2. If you are proposing to serve persons with disabling conditions, please describe how this project will assist these persons to address their needs.

One of the two transitional housing units available is fully accessible to persons with disabilities. Accommodations will be made, as necessary, to ensure that persons with disabilities receive the same high-quality supportive services as do those without disabilities. For example, counseling will take place in a counseling office on the first floor of the building rather than on the second floor, as usual. Shelter staff are currently increasing safety measures for clients with disabilities who may reside in one of the two transitional units; for example, staff are installing fire alarms that blink and flash, large-button phones, grab bars around the toilets, and more.

Part O: Experience Narrative (All New Projects)

1. List the specific type and length of experience of all organizations involved in implementing the proposed project, including the project sponsor, housing and supportive service providers, and any key subcontractors. Describe experience directly related to their role in the proposed project as well as their overall experience working with homeless people. For projects contracting for and overseeing the construction or rehabilitation of housing or administering rental assistance, describe experience, as applicable. A project sponsor must meet the same eligibility standards as applicants.

Before state funds were available to domestic violence programs to provide shelter to survivors, the

Women's Center recognized the need for emergency shelter in the community and organized a grassroots network of community volunteers who provided such shelter out of their own homes. In 1985, when state shelter funds became available, the Women's Center began providing temporary emergency shelter in local motels and long-term shelter through a rented "safe house." Shortly thereafter, the agency began a grassroots transitional housing program. The Women's Center rented houses on clients' behalves and paid a large portion of the rent. With each month that passed, clients paid larger percentages until they eventually worked up to paying all of the rent. At that time, the lease was transferred to the client's name. In 1991, the Women's Center used state and federal funds to purchase an eight-bed emergency shelter whose location has remained confidential ever since. In 2001, the Women's Center purchased a transitional housing duplex to provide subsidized housing for two families.

Current shelter staff are bilingual Latinas, one with significant management experience and one with a BA in public health. The Housing Coordinator has worked with homeless survivors of domestic violence for 5 years (and was trained by the former Housing Coordinator, who had nearly 11 years experience in the shelter program) and the Housing Advocate is in her first year of serving the same population.

2. Have you ever received a Federal grant either directly from a Federal Agency or through a state/local agency? Yes No

If Yes,

- a. List **all** HUD McKinney-Vento Act grants, other than ESG, received after 2001, including for each grant: the year awarded, grant number, grant amount, and amounts spent to date. Only list HUD-issued grant numbers. If you are unclear about the HUD grant number assigned to any project, please contact your HUD field office for assistance. Add rows as needed.

Year Awarded	Grant Number	Grant Amount	Amount Spent to Date
Example: 2002	CA16B200062	\$500,000	\$375,412
N/A—no HUD McKinney Vento Act Grants received			

- b. Please explain any delays in implementing any of the grants listed in (2a) above which exceed the applicable timeliness standards described in the Notice of Funding Availability (NOFA).
- c. Identify any unresolved HUD monitoring findings, or outstanding audit findings related to any of the grants listed in (2a).

3. Is the applicant or sponsor a nonprofit organization (rather than a state or unit of local Government)? Yes No

If Yes, one of the following must be attached for each organization:

- a. IRS ruling, providing tax-exempt status under Section 501 C (3) of the IRS Code of 1986, as amended, or documentation of nonprofit status as described in the Glossary in Section I.A.7 of the program section of the NOFA.
- b. Public nonprofit community mental health centers must attach a letter or other document acceptable to HUD from an authorized official stating that the organization is a public nonprofit organization.

Part P: HMIS Narrative (Dedicated HMIS Projects ONLY)

1. Describe how the CoC's homeless needs will be assessed, resources allocated, and services coordinated more efficiently and effectively through the introduction of a new or expanded CoC-wide HMIS.
2. Demonstrate that at least 50 percent of the beds (emergency, transitional and McKinney-Vento permanent housing) listed in the "Current Inventory in 2007" categories in the Fundamental Components in the CoC System – Housing Inventory Chart will be included in the CoC-wide HMIS.
3. Name the lead agency designated to oversee the HMIS project.
4. Provide the timetable for implementing the new or expanded HMIS.
5. Demonstrate that no state or local government funds would be replaced with the funding being requested of HUD for this project.

South Lake Tahoe Women's Center

Womenspace Unlimited

September 4, 2008

El Dorado County Department of Human Service
937 Spring Street
Placerville, CA 95667

RE: Agency Letter Documenting Cash Match
2008 Continuum of Care Homeless Assistance Program
RFQ#: 09-952-016

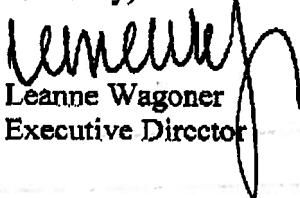
To Whom It May Concern:

South Lake Tahoe Women's Center will provide a total of \$9,126 in cash match (\$2,688 in supportive services match, \$6,438 in operations match) over the two year grant cycle.

A total of \$4,563 in cash match will be provided between during FY 09-10 (7/1/09-6/30/10). Cash match will be paid through grant funds from the California Department of Health Services--Maternal, Child and Adolescent Health Branch, which were committed in writing on 12/23/05. These funds are approved to provide supportive services to survivors of domestic violence through the agency's Transitional Housing Program.

South Lake Tahoe Women's Center does not have written commitment of grant funds for FY 10-11 but has received uninterrupted, annual funding from the California Department of Health Services for more than 20 years. Should funding from this agency decrease, South Lake Tahoe Women's Center is committed to providing the remaining \$4,563 cash match through other grant funds or through unrestricted agency donations, as necessary.

Sincerely,


Leanne Wagoner
Executive Director

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	*Other (Specify) _____
--	---	----------------------------------

3. Date Received: _____ 4. Applicant Identifier: _____

5a. Federal Entity Identifier: _____ *5b. Federal Award Identifier: _____

State Use Only:

6. Date Received by State: _____ 7. State Application Identifier: _____

8. APPLICANT INFORMATION:

*a. Legal Name: Womenspace Unlimited South Lake Tahoe Women's Center

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2598256	*c. Organizational DUNS: 123542811
--	---------------------------------------

d. Address:

*Street 1: 2941 Lake Tahoe Blvd.
Street 2: _____
*City: South Lake Tahoe
County: El Dorado
*State: CA
Province: _____
*Country: USA
*Zip / Postal Code 96150

e. Organizational Unit:

Department Name: _____	Division Name: _____
------------------------	----------------------

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms *First Name: Anna
Middle Name: Kathryn
*Last Name: Richter
Suffix: _____

Title: Development Director

Organizational Affiliation:
Employee of Womenspace Unlimited South Lake Tahoe Women's Center

*Telephone Number: (530) 542-7633 Fax Number: (530) 542-7624

*Email: ARichter@sltwc.org

Application for Federal Assistance SF-424

***9. Type of Applicant 1: Select Applicant Type:**

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

HUD

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

Supportive Housing Program

***12 Funding Opportunity Number:**

FR-5100-N-14

*Title:

Continuum of Care Homeless Assistance Program (CoC)

13. Competition Identification Number:

CoC-14

Title:

Continuum of Care Homeless Assistance Program (CoC)

14. Areas Affected by Project (Cities, Counties, States, etc.):

Alpine County and eastern half of El Dorado County, including the following cities/towns: South Lake Tahoe, Meyers, Kyburz, Twin Bridges, Fallen Leaf, Camp Richardson, Frederickburg, Kirkwood, Mesa Vista, Woodfords, Markleeville, Lake Alpine and Bear Valley.

***15. Descriptive Title of Applicant's Project:**

Transitional Housing Program for Survivors of Domestic Violence

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-003, CA-004

*b. Program/Project: CA-003, CA-004

17. Proposed Project:

*a. Start Date: 9/1/09

*b. End Date: 8/31/12

18. Estimated Funding (\$):

*a. Federal	<u>\$80,349</u>
*b. Applicant	_____
*c. State	<u>\$ 6,979</u>
*d. Local	_____
*e. Other	<u>\$ 600</u>
*f. Program Income	_____
*g. TOTAL	<u>\$87,928</u>

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on 7/18/08
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

- Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Mrs. *First Name: Leanne

Middle Name: C.

*Last Name: Wagoner

Suffix: _____

*Title: Executive Director

*Telephone Number: (530) 544-2118

Fax Number: (530) 542-7624

* Email: LWagoner@sltwc.org

*Signature of Authorized Representative: 

*Date Signed: 7/18/08

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

N/A

**SURVEY ON ENSURING
EQUAL OPPORTUNITY
FOR APPLICANTS**

**U.S. DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT**

OMB No. 1890-0014

(Exp. 2/28/2009)

Purpose: The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey: If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name: Womenspace Unlimited South Lake Tahoe Women's Center

Applicant's DUNS Number: 123542811

Grant Name: Supportive Housing Program

CFDA Number: 14.235

1. Does the applicant have 501(c)(3) status?
 Yes No
2. How many full-time equivalent employees does the applicant have? *(Check only one box).*
 3 or Fewer 15-50
 4-5 51-100
 6-14 over 100
3. What is the size of the applicant's annual budget?
(Check only one box.)
 Less Than \$150,000
 \$150,000 - \$299,999
 \$300,000 - \$499,999
 \$500,000 - \$999,999
 \$1,000,000 - \$4,999,999
 \$5,000,000 or more
4. Is the applicant a faith-based/religious organization?
 Yes No
5. Is the applicant a non-religious community-based organization?
 Yes No
6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?
 Yes No
7. Has the applicant ever received a government grant or contract (Federal, State, or local)?
 Yes No
8. Is the applicant a local affiliate of a national organization?
 Yes No

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing and Urban Development

OMB Approval No. 2510-0011 (exp. 8/31/2009)

Instructions. (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

Applicant/Recipient Information

Indicate whether this is an Initial Report or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code): Womenspace Unlimited South Lake Tahoe Women's Center 2941 Lake Tahoe Blvd. South Lake Tahoe, CA 96150 (530) 544-2118		2. Social Security Number or Employer ID Number: 94-2598256
3. HUD Program Name Continuum of Care Homeless Assistance Program		4. Amount of HUD Assistance Requested/Received \$31,563
5. State the name and location (street address, City and State) of the project or activity: Transitional Housing Program, 2640 Chris Street, South Lake Tahoe, CA		

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).
 Yes No
2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9
 Yes No.

If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form. **However,** you must sign the certification at the end of the report.

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

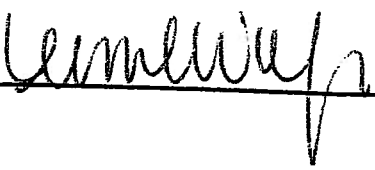
- All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
- any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)

(Note: Use Additional pages if necessary.)

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation. I certify that this information is true and complete.

Signature:  Date: (mm/dd/yyyy)
7/16/08

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

OMB Approval No. 2506-0112 (Exp. 3/31/2010)

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Womenspace Unlimited South Lake Tahoe Women's Center

Project Name: Transitional Housing Program

Location of the Project: Business office: 2941 Lake Tahoe Blvd., South Lake Tahoe, CA

Transitional shelter: 2641 Chris Street, South Lake Tahoe, CA

Name of the Federal
Program to which the
applicant is applying:

HUD

Name of
Certifying Jurisdiction:

Certifying Official
of the Jurisdiction

Name:

Title:

Signature:

Date:

HUD Goals	Policy Priority	Problem, Need, Situation	Continuum of Care		Outcome		Supportive Housing	
			Pre	Post	Pre	Post	Pre	Post
1		2	3	4	5	6	7	
C4	F6	Transitional housing programs are needed to help homeless individuals and families move to self-sufficiency.	Programming Case Management - All	Measure Participants 2	Impact Homeless participants moved from street to transitional housing - SSOs only	Measure Participants	Accountability	
	F7		Life skills-non case management - All	Participants 2	Homeless participants moved to permanent housing - All	Participants	A. Tools for Measurement Database	
			Mental health services - All	Participants 4	Homeless participants moved to permanent housing - All	Participants	Post tests Intake log	
			Child care - All	Participants 2	Homeless participants obtained employment - All	Participants	Interviews Questionnaire	
			Transportation - All	Participants 4	Homeless participants moved to permanent housing - All	Participants	B. Where Data Maintained Individual case records Agency database Specialized database	
				#N/A		#N/A		
				#N/A		#N/A		
				#N/A		#N/A	C. Source of Data Counseling reports Employment records Placements Financial reports	
				#N/A		#N/A		
				#N/A		#N/A	D. Frequency of Collection Daily Weekly Upon incident	
				#N/A		#N/A		
				#N/A		#N/A	E. Processing of Data Computer spreadsheets Statistical database	
				#N/A		#N/A		
				#N/A		#N/A		
				#N/A		#N/A		
				#N/A		#N/A		

Homeless individuals lack the skills and income and other resources needed to obtain and maintain self-sufficiency.

Applicant Name: Ice Unlimited South Lake Tahoe Women's Center
Project Name: Transitional Housing Program
TERM: Year 2

Component Name: Supportive Housing

Hub Goals	Policy Priority	Problem, Need, Situation	HUD Program	Service or Activities/Output	Pre	Post	Outcome	Pre	Post	Evaluation Tools
1				3		4	5	6	7	
C4	F6	Transitional housing programs are needed to help homeless individuals and families move to self-sufficiency.	HUD Program	Continuum of Care	Measure Participants	Measure Participants	Impact	Measure Participants	Measure Participants	Accountability
	F7		Case Management - All	Programming	2	2	Homeless participants moved from street to transitional housing - SSOs only	2	2	A. Tools for Measurement
			Life skills-non case management - All	Life skills-non case management - All	Participants	Participants	Homeless participants moved to permanent housing - All	Participants	Participants	Database
			Mental health services - All	Mental health services - All	2	2	Homeless participants moved to permanent housing - All	2	2	Post tests
			Child care - All	Child care - All	4	4	Homeless participants moved to permanent housing - All	8	8	Interviews
			Transportation - All	Transportation - All	Participants	Participants	Homeless participants obtained employment - All	Participants	Participants	Questionnaire
					2	2		2	2	B. Where Data Maintained
					Participants	Participants	Homeless participants moved to permanent housing - All	Participants	Participants	Individual case records
					4	4		8	8	Agency database
					#/N/A	#/N/A		#/N/A	#/N/A	
					#/N/A	#/N/A		#/N/A	#/N/A	
					#/N/A	#/N/A		#/N/A	#/N/A	
					#/N/A	#/N/A		#/N/A	#/N/A	C. Source of Data
					#/N/A	#/N/A		#/N/A	#/N/A	Counseling reports
					#/N/A	#/N/A		#/N/A	#/N/A	Employment records
					#/N/A	#/N/A		#/N/A	#/N/A	Placements
					#/N/A	#/N/A		#/N/A	#/N/A	
					#/N/A	#/N/A		#/N/A	#/N/A	D. Frequency of Collection
					#/N/A	#/N/A		#/N/A	#/N/A	Daily
					#/N/A	#/N/A		#/N/A	#/N/A	Weekly
					#/N/A	#/N/A		#/N/A	#/N/A	Upon incident
					#/N/A	#/N/A		#/N/A	#/N/A	
					#/N/A	#/N/A		#/N/A	#/N/A	E. Processing of Data
					#/N/A	#/N/A		#/N/A	#/N/A	
					#/N/A	#/N/A		#/N/A	#/N/A	
					#/N/A	#/N/A		#/N/A	#/N/A	
					#/N/A	#/N/A		#/N/A	#/N/A	
					#/N/A	#/N/A		#/N/A	#/N/A	
					#/N/A	#/N/A		#/N/A	#/N/A	

Homeless individuals lack the skills and income and other resources needed to obtain and maintain self-sufficiency.

HUD Goals		HUD Program		Continuum of Care		Outcome		Supportive Housing		
1	2	3	4	Pre	Post	5	6	Pre	Post	
Policy Priority	Problem, Need, Situation	Service or Activities/Output	Measure			Outcome	Measure			
C4	Planning Transitional housing programs are needed to help homeless individuals and families move to self-sufficiency. Homeless individuals lack the skills and income and other resources needed to obtain and maintain self-sufficiency.	Case Management - All	Participants 2	Participants 2	Participants 2	Homeless participants moved from street to transitional housing - SSOs only	Participants 2		Accountability	
F6		Life skills-non case management - All	Participants 2	Participants 2	Participants 4	Homeless participants moved to permanent housing - All	Participants 2		A. Tools for Measurement Database	
F7		Mental health services - All	Participants 4	Participants 2	Participants 2	Homeless participants moved to permanent housing - All	Participants 8		Post tests Intake log Interviews Questionnaire	
		Child care - All	Participants 2	Participants 2	Participants 2	Homeless participants obtained employment - All	Participants 2		B. Where Data Maintained Individual case records Agency database Specialized database	
		Transportation - All	Participants 4	Participants 4	Participants 4	Homeless participants moved to permanent housing - All	Participants 8			
				#N/A	#N/A			#N/A		
				#N/A	#N/A			#N/A		
				#N/A	#N/A			#N/A		C. Source of Data Counseling reports Employment records Placements Financial reports
				#N/A	#N/A			#N/A		D. Frequency of Collection Daily Weekly Upon incident
				#N/A	#N/A			#N/A		E. Processing of Data Computer spreadsheets Statistical database
			#N/A	#N/A			#N/A			
			#N/A	#N/A			#N/A			
			#N/A	#N/A			#N/A			
			#N/A	#N/A			#N/A			
			#N/A	#N/A			#N/A			

Exhibit 2: HUD Homeless Programs Project Application

OMB Approval No. 2506-0112

U.S. Department of Housing and Urban Development
Office of Community Planning and Development

(exp. 3/31/10)

The information collection requirements contained in this application have been submitted to the Office of Management and Budget (OMB) for review under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Information is submitted in accordance with the regulatory authority contained in each program rule. The information will be used to rate applications, determine eligibility, and establish grant amounts.

Selection of applications for funding under the Continuum of Care Homeless Assistance are based on rating factors listed in the Notice of Fund Availability (NOFA), which is published each year to announce the Continuum of Care Homeless Assistance funding round. The information collected in the application form will only be collected for specific funding competitions.

Public reporting burden for this collection of information is estimated to 30 hours including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

To the extent that any information collected is of a confidential nature, there will be compliance with Privacy Act requirements. However, the Continuum of Care Homeless Assistance application does not request the submission of such information.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

2008 Continuum of Care Application: Exhibit 2

Section I: Project Summary Information

Part A: General Project Information (All Projects)

1. Project Priority Number (From Project Priority Chart in Exhibit1): _____	2. <input checked="" type="checkbox"/> New Project	3. If renewal, list previous grant number & project identifier number (PIN):	Previous Grant Number:
<input type="checkbox"/> Check box if project is a #1 Priority Samaritan Bonus Project	<input type="checkbox"/> Renewal Project		PIN Number:
4. HUD-Defined CoC Name: 2008 Continuum of Care Homeless Program		5. CoC Number: CA-525	
6. Applicant's Organization Name (Legal Name from SF-424) Sierra Recovery Center		8. Applicant's DUNS Number (From SF-424): 178052635	
7. <input type="checkbox"/> Check box if Applicant is a Faith-Based Organization <input checked="" type="checkbox"/> Check box if Applicant has ever received a federal grant, either directly from a federal agency or through a state/local agency		9615010. Applicant's Employer Identification Number (EIN) (From SF-424): 94-2422412	
9. Project Applicant's Address (From SF-424) Street: 1137 Emerald Bay Road City: South Lake Tahoe State: CA Zip:		11. Contact person of Project Applicant: (From SF-424) Name: Betsy Fedor Phone number: 530-541-5190 Title: Executive Director Fax number: 530-541-6031 Email Address: bfedor@sierrarecovercenter.org	
10. Project Name: Targeted Case Management and Supportive Services		12. <input checked="" type="checkbox"/> Check box if Project Applicant is the same as Project Sponsor	
13. Project Address (S+C SRAs, if multiple sites list all addresses including): Street: City: State: Zip:		14. Project's location 6-digit Geographic Code: 069017	
15. <input checked="" type="checkbox"/> Check box if project is located in a Rural Area 16. If project contains housing units, are these units: <input checked="" type="checkbox"/> Leased? <input checked="" type="checkbox"/> Owned? (one unit is leased; one unit is owned by Sierra Recovery Center)		17. <input type="checkbox"/> Check box if Energy Star is used in this project	
18. Project Sponsor's Organization Name (If different from Applicant)		19. Project Congressional District(s): CA - 004	
20. <input type="checkbox"/> Check box if Project Sponsor is a Faith-Based Organization <input checked="" type="checkbox"/> Check box if Project Sponsor has ever received a federal grant, either directly from a federal agency or through a state/local agency		21. Sponsor's DUNS Number: 178052635	
22. Project Sponsor's Address (if different from Applicant) Street: City: State: Zip:		23. Sponsor's Employer Identification Number (EIN): 94-2422412	
24. Contact person of Project Sponsor (if different from Applicant) Name: Phone number: Title: Fax number: Email Address:			

Part B: Project Summary Budget

B1. Supportive Housing Program (SHP) (All SHP Projects)

a. X SHP Program		c. Grant Term* (Check only one box)		
b. Component Types (Check only one box) <input checked="" type="checkbox"/> Safe Haven/TH <input type="checkbox"/> Safe Haven/PH		<input type="checkbox"/> 1 Year	<input type="checkbox"/> 2 Years	<input checked="" type="checkbox"/> 3 Years
d. Proposed SHP Activities	e. SHP Dollars Request	f. Cash Match	g. Totals (Col. e + Col. f)	
1. Acquisition	0.00	0.00	0.00	
2. Rehabilitation	0.00	0.00	0.00	
3. New Construction	0.00	0.00	0.00	
4. Subtotal (Lines 1 through 3)	0.00	0.00	0.00	
5. Real Property Leasing From Leasing Budget Chart	0.00		0.00	
6. Supportive Services From Supportive Services Budget Chart	39,895.38	9,973.86	49,869.24	
7. Operations From Operating Budget Chart	85,489.08	28,496.28	113,985.36	
8. HMIS From HMIS Budget Chart	0.00	0.00	0.00	
9. SHP Request (Subtotal lines 4 through 8)	125,384.46	Total Cash Match	Total Budget (Total SHP Request + Total Cash Match)	
10. Administrative Costs (Up to 5% of line 9)	6269.22			
11. Total SHP Request (Total lines 9 and 10)	131,653.68	38,470.14	170,123.82	

*New projects must be 2 or 3 years, except new HMIS projects and new hold harmless reallocation projects, which can be 1, 2 or 3 years.

B2. Shelter Plus Care (S+C) (All S+C Projects)

a. <input type="checkbox"/> S+C Program	c. Grant Term (Renewals are 1 year only) (Check only one box)		
b. Component Types (Check only one box) <input type="checkbox"/> TRA <input type="checkbox"/> SRA <input type="checkbox"/> PRA <input type="checkbox"/> PRAR <input type="checkbox"/> S+C/SRO	<input type="checkbox"/> Renewal 1 Year	<input type="checkbox"/> New 5 Years	<input type="checkbox"/> New 10 Years (PRAR, S+C/SRO)
1. Total S+C Rental Assistance Amount from S+C and SRO Budget Chart	\$		

B3. Section 8 Single Room Occupancy (SRO) (All Section 8 SRO Projects)

a. <input type="checkbox"/> SRO Program	c. Grant Term
b. Component Type <input type="checkbox"/> (SRO)	<input type="checkbox"/> 10 Years
1. Total SRO Rental Assistance Amount from SRO Budget Chart	\$

Part C: Point in Time Housing and Participants Chart

(All Projects Except Dedicated HMIS Projects)

1. Housing Type* (Check all that apply)	1a. <input checked="" type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Single-family <input type="checkbox"/> Congregate Facility		1b. <input type="checkbox"/> Scattered Site <input checked="" type="checkbox"/> Project Based
2. Units, Bedrooms, Beds	a. Current Level (Point-in-Time)	b. New Effort or Change in Effort (If Applicable)	c. Projected Level (column a + col. b)
Number of Units	3	0	3
Number of Bedrooms	8	0	8
Number of Beds	14	0	14
3. Participants	5	0	5
a. Number of Households with Dependent Children			
i. Number of adults	17	2	19
ii. Number of children	5	1	7
iii. Number of disabled persons	0	0	0
b. Number of Households without Dependent Children	12	2	14
i. Number of disabled persons	0	0	0
ii. Of all disabled persons, number of chronically homeless	0	0	1
*Housing Types: Multi-family (apartments, duplexes, SROs, other buildings with 2 or more units); Single-family; Congregate Facility (dormitory, barracks, shared-living).			

Part D: Targeted Subpopulations

(All Projects Except Dedicated HMIS Projects)

List the approximate percentages for each homeless subpopulation you expect to serve. If you expect to serve subpopulations that fit more than one category (i.e. Severely Mentally Ill Persons with Chronic Substance Abuse), you may place overlapping approximate percentages on the appropriate lines. *If this is a #1 priority project, it must serve 100% chronically homeless persons to receive the Samaritan bonus.*

1. Homeless Subpopulations	2. Approximate Percentages (%)
Chronically Homeless (as defined by HUD)	30
Severely Mentally Ill	5
Chronic Substance Abusers	100
Veterans	0
Persons with HIV/AIDS	0
Victims of Domestic Violence	0
Unaccompanied Youth (Under 18 years of age)	0

Part E: Discharge Policy (Only State & Local Government Applicants)

X Yes <input type="checkbox"/> No	Are there policies and protocols developed or implemented for the discharge of persons from publicly funded institutions or systems of care (e.g., health care facilities, foster care or other youth facilities, or corrections programs and institutions) in order to prevent such discharge from immediately resulting in homelessness or requiring HUD McKinney-Vento homeless assistance for such persons in your jurisdiction?
-----------------------------------	--

Part F: Project Leveraging Chart (All Projects)

HUD homeless program funding is limited and can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. HUD encourages applicants to use supplemental resources, including state and local appropriated funds, to address homeless needs. **Please be aware that undocumented leveraging claims may result in a re-scoring of your application and possible withdrawal of your conditional award(s).** For further instructions for filling out this section, see the Instructions section.

Type of Contribution	Source of Contribution	Identify Source as: (G) Government* or (P) Private	Date of Written Commitment	Value of Written Commitment
<i>Example: Child Care</i>	CDBG	G	2/15/06	\$10,000
Employee Health Insurance	Sierra Recovery Center	Private	7/25/08	\$23,148.00
Worker's Compensation	Sierra Recovery Center	Private	7/25/08	\$ 2,376.00
Rent on facility /bldg	Sierra Recovery Center	Private	7/25/08	\$12,346.14
Training	Sierra Recovery Center	Private	7/25/08	\$ 600.00
*Government sources are appropriated dollars.			TOTAL:	\$38,470.14

Part G: Project Participation and Data Coverage in Homeless Management Information System (HMIS)

(All Projects Except Dedicated HMIS Projects)

1. Is this project providing client level data to the HMIS either through direct data entry or data upload/integration at least annually? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
a. If no, when does the project anticipate providing client level data to the HMIS? If not applicable, briefly explain. _____ (mm/yyyy) Data is collected and documented in CalOMS files which are completed during the admission and discharge of every client.	b. If yes, is the client level data collected on all persons served by the project provided to the HMIS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part H: Renewal Performance (All Renewal Projects)

<p>1. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Are there any unresolved HUD monitoring findings, or outstanding audit findings related to this project? If "Yes," briefly describe.</p> <hr/> <hr/> <hr/>
<p>2. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Are there any significant changes in the project since the last funding approval? Check all that apply:</p> <p><input type="checkbox"/> Number of persons served: from _____ to _____.</p> <p><input type="checkbox"/> Number of units: from _____ to _____.</p> <p><input type="checkbox"/> Location of project sites.</p> <p><input type="checkbox"/> Line item or cost category budget changes more than 10%.</p> <p><input type="checkbox"/> Change in target population.</p> <p><input type="checkbox"/> Change in project sponsor.</p> <p><input type="checkbox"/> Change in component type.</p> <p><input type="checkbox"/> Other: _____</p> <p>Please explain changes: _____</p> <hr/> <hr/>

H: Renewal Performance (Continued)

(For all S+C, SHP-PH, SHP-TH, SHP-Safe Haven, and SSO Renewals):

Use information from the most recently submitted Annual Progress Report (APR) to answer questions 3, 4, and 5. If an APR has not yet been submitted for this renewal project, please check the N/A box and skip these questions. N/A

3. Permanent Housing (PH) Performance (To be filled out by all SHP and S+C renewal permanent housing projects, including both SHP-PH and SHP-Safe Haven permanent housing). Complete the following chart using data based on the most recently submitted APR Questions 12(a) and 12(b):

a. Number of participants who exited PH project(s)—APR Question 12(a)	
b. Number of participants who did not leave the project(s)—APR Question 12 (b)	
c. Of those who exited , how many stayed 7 months or longer in PH—APR Question 12(a)	
d. Of those who did not leave , how many stayed 7 months or longer in PH—APR question 12(b)	
e. Percentage of all participants in PH projects staying 7 months or longer [(c + d) divided by (a + b)] x 100 = e. Example: [(16 + 15) divided by (20 + 20)] x 100 = 77.5%	%

4. Transitional Housing (TH) Performance (To be filled out by all SHP renewal transitional housing projects, including both SHP-TH and SHP-Safe Haven transitional housing). Complete the following chart using data based on the most recently submitted APR Question 14:

a. Number of participants who exited TH project(s)—including unknown destination	
b. Number of participants who moved to PH —from any destination identified as permanent housing	
c. Of the number of participants who left TH, what percentage moved to PH? (b divided by a) x 100 = c Example: (14 / 18) x 100 = 77.7%.	%

H: Renewal Performance (Continued)

5. Supportive Services - Mainstream Programs and Employment Chart
(To be filled out by all S+C and SHP renewals, except dedicated HMIS projects)

HUD will be assessing the percentage of clients in your renewal project who gained access to mainstream services and, especially, who gained employment. Based on responses to APR Question 11 complete the following:

1 Number of Adults Who Left (Use the same number in each row)	2 Income Source	3 Number of Exiting Adults with Each Source of Income	4 % with Income at Exit (Col. 3 ÷ Col. 1 x 100)
Example: 105	a. Social Security Insurance (SSI)	40	38.1%
105	b. Social Security Disability Insurance (SSDI)	35	33.3%
105	c. Social Security	25	23.8%
	a. SSI		
	b. SSDI		
	c. Social Security		
	d. General Public Assistance		
	e. TANF		
	f. SCHIP		
	g. Veterans Benefits		
	h. Employment Income		
	i. Unemployment Benefits		
	j. Veterans Health Care		
	k. Medicaid		
	l. Food Stamps		
	m. Other (please specify)		
	n. No Financial Resources		

Section II: Project Budgets

Part I: SHP Project Budgets (All SHP Projects as Applicable)

11. SHP Leasing Budget (All SHP Projects with Leasing)

Leased Unit(s) for Housing and/or Services				
a. Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area:				
b. New Projects Only, check the appropriate box that relates your rent to the published FMR. For Renewal Projects, skip to items c-g.				
<input type="checkbox"/> 1% to 99% of FMR				
<input type="checkbox"/> 100% of FMR				
<input type="checkbox"/> 101% to 110% of FMR (PHA approval letter must be attached).				
<input type="checkbox"/> Greater than 110% (HUD approval letter must be attached).				
c. Size of Units	d. Number of Units	e. HUD Paid Amount	f. Number of Months	g. Totals
SRO	x	x	=	\$
0 Bedroom	x	x	=	\$
1 Bedroom	x	x	=	\$
2 Bedrooms	x	x	=	\$
3 Bedrooms	x	x	=	\$
4 Bedrooms	x	x	=	\$
5 Bedrooms	x	x	=	\$
6 Bedrooms	x	x	=	\$
Other:	x	x	=	\$
h. Totals:	x	x	=	\$
Leased Structure(s) for Housing and/or Services - No Applicable FMR				
Structure 1		x	=	\$
Address:	Street:		State:	Zip:
	City:			
Structure 2		x	=	\$
Address:	Street:		State:	Zip:
	City:			

I2. SHP Supportive Services Budget (All SHP Projects as Applicable)

Supportive Services Costs	SHP Dollars Requested			
	Year 1	Year 2	Year 3	Total
1. Outreach Quantity: 2hrs per week (5%)	1399.84	1399.84	1399.84	4199.52
2. Case Management Quantity:				
3. Life Skills (outside of case management) Quantity: 2 hrs per week (5%)	1399.84	1399.84	1399.84	4199.52
4. Alcohol and Drug Abuse Services Quantity: 2 hrs per week (5%)	1399.84	1399.84	1399.84	4199.52
5. Mental Health and Counseling Services Quantity:				
6. HIV/AIDS Services Quantity:				
7. Health Related & Home Health Services Quantity: 2 hrs per week (5%)	1399.84	1399.84	1399.84	4199.52
8. Education and Instruction Quantity: 2 hrs per week (5%)	1399.84	1399.84	1399.84	4199.52
9. Employment Services Quantity: 3 hrs per week (7.5%)	2099.75	2099.75	2099.75	6299.25
10. Child Care Quantity: 1 hr per week (2.5%)	699.92	699.92	699.92	2099.76
11. Transportation Quantity: 2 hrs per week (5%)	1399.84	1399.84	1399.84	4199.52
12. Transitional Living Services Quantity: 3 hrs per week (7.5%)	2099.75	2099.75	2099.75	6299.25
13. Other (must specify *) Quantity:				
14. Total SHP dollars requested:** (lines 1 to 13)	13,298.46	13,298.46	13,298.46	39,895.38
<i>*If not specified, the costs will be removed from the budget.</i>				
<i>**Total of Line 14 must match line 6, column e., on the Project Summary Budget. The amount of the SHP request entered must be no more than 80 percent of the Total Supportive Services Costs entered on Line 16.</i>				
15. Total cash match to be spent on SHP eligible supportive service activities:	3,324.62	3,324.62	3,324.62	9,973.86
16. Total supportive services costs: ***	16,623.08	16,623.08	16,623.08	49,869.24
<i>*** The Total Supportive Services Costs includes the cash match entered on line 15, and the SHP dollars requested on line 14. The total of Line 16 must match line 6, column g., on the Project Summary Budget.</i>				

I3. SHP Operating Budget (All SHP Projects with Operating Costs)

Operating Costs	SHP Dollars Requested			
	Year 1	Year 2	Year 3	Total
1. Maintenance/Repair Quantity:				
2. Staff 1 FTE (position, salary, % time, fringe benefits)	28,000.00	28,000.00	28,000.00	84,000.00
3. Utilities Quantity: prorated for employee usage; include telephone @ \$25.00/mo	496.36	496.36	496.36	1489.08
4. Equipment (lease/buy) Quantity: computer, copier	0.00	0.00	0.00	0.00
5. Supplies Quantity: office, paper	0.00	0.00	0.00	0.00
6. Insurance Quantity:	0.00	0.00	0.00	0.00
7. Furnishings Quantity: desk and chair	0.00	0.00	0.00	0.00
8. Relocation Quantity: (number of persons)	0.00	0.00	0.00	0.00
9. Food Quantity:	0.00	0.00	0.00	0.00
10. Other Operating Activity: * Quantity:	0.00	0.00	0.00	0.00
11. Total SHP Operating Dollars Requested (lines 1 to 10): **	28,496.36	28,496.36	28,496.36	85,489.08
<i>*If not specified, the costs will be removed from the budget.</i>				
<i>**Total of Line 11 must match line 7 column e., on the Project Summary Budget. The amount of the SHP request entered must be no more than 75 percent of the Total Operating Costs entered on Line 12.</i>				
12. Total cash match to be spent on SHP eligible operations activities:	9,498.76	9,498.76	9,498.76	28,496.28
13. Total Operating Costs: ***	37,995.15	37,995.15	37,995.15	113,985.36
*** The Total Operating Costs includes the cash match entered on line 12 and the SHP dollars requested on line 11. The total of Line 13 must match line 7, column g., on the Project Summary Budget.				

I4. SHP New Project Multiple Structures Budget (All New SHP Projects as Applicable) To be used only for projects with multiple structures with acquisition, rehabilitation or new construction funds. Fill out an additional chart for each structure.

Structure A			Structure B		
Address:			Address:		
City, State, Zip:			City, State, Zip:		
	SHP Request	Total Budget		SHP Request	Total Budget
1. Acquisition			1. Acquisition		
2. Rehabilitation			2. Rehabilitation		
3. New Construction			3. New Construction		
4. Real Property Leasing			4. Real Property Leasing		
5. Supportive Services			5. Supportive Services		
6. Operations			6. Operations		
7. HMIS			7. HMIS		
8. Total			8. Total		

15. SHP HMIS Budget (All SHP Projects with HMIS Costs)

HMIS Costs	SHP Dollars Requested			
	Year 1	Year 2	Year 3	Total
Equipment				
1. Central Server(s)				
2. Personal Computers and Printers				
3. Networking				
4. Security				
Subtotal:				
Software				
5. Software/User Licensing				
6. Software Installation				
7. Support and Maintenance				
8. Supporting Software Tools				
Subtotal:				
Services				
9. Training by Third Parties				
10. Hosting/Technical Services				
11. Programming: Customization				
12. Programming: System Interface				
13. Programming: Data Conversion				
14. Security Assessment and Setup				
15. On-line Connectivity (Internet Access)				
16. Facilitation				
17. Disaster and Recovery				
Subtotal:				
Personnel				
18. Project Management/Coordination				
19. Data Analysis				
20. Programming				
21. Technical Assistance and Training				
22. Administrative Support Staff				
Subtotal:				

HMIS Space and Operations				
23. Space Costs				
24. Operational Costs				
Subtotal:				
25. Total SHP HMIS dollars requested: *				
<i>* Total of Line 25 must be no more than 80 percent of the Total HMIS Costs entered on Line 27.</i>				
26. Total cash match to be spent on SHP eligible HMIS activities:				
27. Total HMIS Costs**				
**The Total HMIS Costs includes the SHP dollars requested on line 25 and the cash match entered on line 26. The total on line 27 must match line 8, column g., on the Project Summary Budget.				

Part J: Shelter Plus Care and Section 8 SRO Project Budgets

(All S+C and SRO Projects as Applicable)

J1. Shelter Plus Care and Section 8 SRO Rental Assistance Budget

a. Check the box to indicate the type of program: <input type="checkbox"/> S+C <input type="checkbox"/> Section 8 SRO				
b. Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area:				
c. Check the appropriate box that relates your rent to the published FMR*:				
<input type="checkbox"/> 1% to 99% of FMR				
<input type="checkbox"/> 100% of FMR				
<input type="checkbox"/> 101% to 110% of FMR (PHA approval letter must be attached).				
<input type="checkbox"/> Greater than 110% (HUD approval letter must be attached).				
d. Size of Units	e. Number Of Units	f. FMR or Actual Rent**	g. Number of Months	h. Total
SRO	x	x	=	\$
0 Bedroom	x	x	=	\$
1 Bedroom	x	x	=	\$
2 Bedrooms	x	x	=	\$
3 Bedrooms	x	x	=	\$
4 Bedrooms	x	x	=	\$
5 Bedrooms	x	x	=	\$
6 Bedrooms	x	x	=	\$
Other:	x	x	=	\$
i. Totals:	x	x	=	\$

**Please be advised that the actual FMRs used in calculating your S+C or SRO grant will be those in effect at the time the grants are conditionally approved, which may be higher or lower than the FMRs listed above.*

***If requested rent is other than the published FMR, your project will be funded at the requested amount and will not receive an FMR update.*

J2. New Shelter Plus Care Single Room Occupancy (S+C/SRO) and New Section 8 Single Room Occupancy (SRO) Project Budget

a. List below an estimate of the total costs of developing the S+C/SRO project:	
Type	Amount
Total Rehabilitation Costs (Eligible and Ineligible):	
Acquisition:	
Other Costs (Eligible & Ineligible, e.g., furniture):	
Total:	\$
b. List any commitments from public and private sources that you are able to provide at this time to help cover the costs of developing the project:	
Source	Amount
Total:	\$

Section III: New Project Narratives

Part K: General Project Narrative Information

(All New Projects Except Dedicated HMIS Projects)

1. Provide a general description of the new project. (use less than one-half page).

Sierra Recovery Center currently maintains a men's, a women's and a women and children transitional housing facilities (one building is owned and the other building is on lease). Although identified during in-take as homeless, clients are currently not provided any specific guidance to assist them to locate permanent housing because of the lack of staffing. This impedes the progress of the client in successfully identifying permanent housing upon discharge from the program.

The Targeted Case Management and Supportive Services program would provide a new service in the form of a full time case manager on site, with the specific supervision of homeless clients with the goal of assisting them in the process of locating and securing permanent housing to ensure a smooth transition to permanent housing environment that the client can successfully maintain. Clients will be identified during the in-take process and their goal for housing will be the direct responsibility of the Case Manager who will work closely with the client's assigned counselor in developing a plan. The Case Manager will work with the client to monitor progress through the plan, making adjustments and modifications as deemed necessary.

Currently, 30% of our clients are homeless with chronic substance abuse issues. These clients require extensive re-education and training with the goal of assisting them in not only overcoming the challenges of their substance user but also finding permanent housing upon re-entry. The opportunity to have a full time Case Manager available to clients during the day would greatly enhance the opportunity for these individuals to have a consistent, professional advocate readily available to them which is currently not offered. The constant presence of someone who can establish a rapport with clients and help them to help themselves achieve independence is our goal. In addition, this program would allow additional funding for a larger quantity of programs which would allow more individualized attention and focus when and where needed. SRC expects an approximate 21% increase in clients reached (from 34 to 41) in this rural community. The goal is to empower our clients to lead productive and independent lives, which would be enhanced and would occur sooner with the presence of professional staff and more frequent programs.

2. Enter the percentage of homeless participants(s) that will be served (N/A for dedicated HMIS projects):

____ % Persons who came from the street or other locations not meant for human habitation.*

____ % Persons who came from Emergency Shelters.*

____ 100% Persons in TH who came directly from the street or Emergency Shelters.*

____ % Total of above percentages. If the total is less than 100%, describe very specifically where the other persons you propose to serve would be coming from, and how these persons would meet the HUD homeless definition (use less than one-quarter page).

*This includes persons who ordinarily sleep in one of the above places but are spending a short time (30 consecutive days or less) in a jail, hospital, or other institution.

3. Describe the outreach plan to bring these homeless participants into the project.

Sierra Recovery Center will implement and monitor a number of different components to reach homeless individuals and their families. This includes the publishing and distribution of flyers, tri-folds, and PSA's. Our printed documents will be distributed to food pantries, churches and other local facilities where homeless often gather. Sierra Recovery Center continues to be a part of the Lake Tahoe Collaborative, a non-profit group that promotes, supports and shares

materials.

4. Will basic **community amenities** (e.g., medical facilities, grocery store, recreation facilities, schools, etc.) be readily accessible (e.g., walking distance, near bus line, etc.) to your clients?
 X Yes, very accessible Somewhat accessible Not accessible

5. **For transitional housing component only:**
 List the program's maximum allowable length of stay: 24 months

6. **For permanent housing for persons with disabilities component** where more than 16 persons will reside in a structure: Describe what local market conditions necessitate the development of a project of this size and how the housing will be integrated into the neighborhood.

7. **For Shelter Plus Care TRA projects only:** Will participants be required to live in particular structures or units during the first year and in a particular area within the locality in subsequent years, or to live in a particular area for the entire period of participation? Yes No

Explain how and why the project will implement this requirement (use less than one-half page).

8. **For Section 8 SRO projects only:**
- Describe the rehabilitation proposed for the property and the responsibility you and any other organizations will have in operating and maintaining the property.
 - Include a photograph of the building to be assisted with the address (street, city, zip) on the photograph.
 - For Non-PHA applicants you must submit a certification letter from the PHA that will administer the rental assistance. Please refer to the instructions for letter content.

9. **(SHP ONLY)** Will your proposed project use an existing homeless facility or incorporate activities that you are currently providing? X Yes No

If Yes, check one or more of the activities below that describe your proposed project.
Facilities that you are currently operating and activities you are currently undertaking to serve homeless persons may only receive SHP funding for the four purposes listed below.

My project will:

Increase the number of homeless persons served.

X Provide additional supportive services for residents of supportive housing and/or homeless persons not residing in supportive housing.

Bring existing facilities up to a level that meets state and local government health and safety standards. Please explain.

Replace the loss of nonrenewable funding from private, Federal, or other sources (except from the state or local government), which will cease on or before the end of 2008.

By law, no SHP funds may be used to replace state or local government funds previously used, or designated for use, to assist homeless persons [see 24 CFR 583.150(a)].

If this (fourth) box is checked, you must fully describe the following in order to be eligible for funding:

- The source of the nonrenewable funding, indicating that it is not under the control of the State or local government.

- b. Why it is nonrenewable.
- c. When it will cease.
- d. Document the specific steps you took to obtain other funding, why there are no other sources of funding and why, without the SHP assistance, the activity will cease.

Part L: Supportive Services the Participants Will Receive

(All New Projects Except Dedicated HMIS Projects)

1. Indicate the type and frequency of the proposed supportive services that would fit the needs of the participants (regardless of the resources that will be used to pay for the services):					
Supportive Service	Daily	Weekly	Bi-monthly	Monthly	Other
X Outreach		2/ WK			
X Case management	1/DAILY				
X Life skills (outside of case management)		1-3 / WK			
X Job training		1/WK			
X Alcohol and Drug Abuse Services		1-3 / WK			
X Mental Health and Counseling Services					AS NEEDED
X HIV/AIDS Services				1/MO	
X Health Related & Home Health Services					AS NEEDED
X Education and Instruction		1/WK			
X Employment Services		1/WK			
X Child Care					AS NEEDED
X Transportation					AS NEEDED
X Transitional Living Services	DAILY				
X Other – specify: 12 Step Meetings UA Testing	1 /DAILY				AS NEEDED

Part M: Accessing Permanent Housing

(All New Projects Except Dedicated HMIS Projects)

1. Describe specifically how participants will be assisted both to **obtain and also remain in permanent housing**.

During the course of their stay in transitional housing, clients will attend various educational programs that including job interviewing skills and productive work skills. This will enable clients to look for and have the confidence to obtain a job that will be self supporting. Clients will also attend programs on money management, budgeting and banking procedures. These programs are designed to assist the client in managing their income and to guide them in the making of appropriate choices that will ensure they can obtain housing and to be able to afford the housing costs. The budget classes will provide instruction on how to make a budget based on current income and expenditures. The goal of these programs is to empower clients with the tools and structures that will best enable them to become independent, productive citizens and maintain a stable home environment.

The Case Manager will work closely with each client, identifying those areas that need extra attention and support. The Case Manager, working closely with the client's counselor shall develop a plan to move the client towards independence. If the client is in need of programs that support them due to a disability the Case Manager will work with the client in making the necessary

appointments and follow up to complete the process. For clients that are able to work, the Case Manager will follow up with them weekly during the job interview process and continue this communication after the client has secured a position. The Case Manager will review the client's budget with them to make certain the client understands a working budget and how to make the necessary changes as they progress towards moving into permanent housing. The Case Manager will oversee the process as the client looks for affordable housing, reviewing their options and the potential that exists. The goal shall be for the Case Manager to diligently guide the client towards self-sufficiency using their income as the foundation from which to find them permanent housing for themselves and their families. It is the responsibility of the Case Manager to be fully apprised of local services and resources that are available in the community that may assist client with their various individual challenges. The Case Manager will be responsible for keeping the client's counselor apprised of the client's progress towards securing permanent housing. The two prong approach will allow the counselor to focus on guiding the client through substance treatment and the Case Manager will focus on assisting the client in securing permanent housing upon discharge.

Part N: Participant Self-Sufficiency

(All New Projects Except Dedicated HMIS Projects)

1. Describe **specifically** how participants will be assisted both to increase their **employment** and/or income **and** to maximize their ability to **live independently**.

The goals of financial stability and productive independent living will be presented to the clients using various methods including, individualized counseling, group sessions and programs, skill assessment and personalized goal setting. Clients will be encouraged to assess their educational skill level and their productive work skills. From this assessment, staff will assist clients in planning how to improve their employment stability and income level by improving upon their current skill level. Staff will review job interviewing skills, how to fill out applications and obtain employment. Discussion will be held that provide encouragement to work towards expanding and developing unused potential in clients by furthering their education. Programs will also focus on re-grouping when financial set backs may occur. Discussions will include job re-training, and opportunities for educational growth through the local community college. These goals combined with the programs on budgeting, time management and financial responsibility will assist clients in becoming financially responsible for their future.

2. If you are proposing to serve persons with disabling conditions, please describe how this project will assist these persons to address their needs.

Sierra Recovery Center has a 20 plus year relationship with other non-profit agencies and public health entities in the community and surrounding areas. Should a client enter the program that has a disabling condition, Sierra Recovery Center will do everything possible to meet the needs of the client and to work jointly with other agencies to promote financial stability and independence to the degree by which the client is willing and able.

Part O: Experience Narrative (All New Projects)

1. List the specific type and length of experience of all organizations involved in implementing the proposed project, including the project sponsor, housing and supportive service providers, and any key subcontractors. Describe experience directly related to their role in the proposed project as well as their overall experience working with homeless people. For projects contracting for and overseeing the construction or rehabilitation of housing or administering rental assistance, describe experience, as applicable. A project sponsor must meet the same eligibility standards as applicants.

The correlation of chronic substance abuse and homelessness has long been discussed and reviewed in the medical field. Sierra Recovery Center established itself as a halfway house in 1969, focusing on the needs of those that are alcohol dependent. For nearly 40 years, Sierra Recovery Center has committed time, energy, staffing and money to develop, implement and monitor programs that would best meet the needs of the pressing substance abuse issues and all too often the aftermath of near self-destruction, homelessness. For clients that possess a substance abuse issue and are homeless, SRC is readily available for services. SRC works collaboratively with other community agencies to locate the best possible program for the client. SRC has a staff of 33, 27 which are full time. The Executive Director has over 20 year in the substance abuse field and is currently overseeing the renovation of the newest building which is expected to add 10 new beds to the facility next year. The Board of Directors is committed to expanding and updating current programs as determined by community need and demonstrated by their willingness to renovate to provide the services needed. SRC has been a much appreciated mainstay in Lake Tahoe community. It has grown and developed to reflect the growth and needs of community. It is well respected by like agencies and is a necessity in this rural community.

2. Have you ever received a Federal grant either directly from a Federal Agency or through a State/local agency? Yes No

If Yes,

- a. List *all* HUD McKinney-Vento Act grants, other than ESG, received after 2001, including for each grant: the year awarded, grant number, grant amount, and amounts spent to date. Only list HUD-issued grant numbers. If you are unclear about the HUD grant number assigned to any project, please contact your HUD field office for assistance. Add rows as needed.

Year Awarded	Grant Number	Grant Amount	Amount Spent to Date
Example: 2002	CA16B200062	\$500,000	\$375,412

- b. Please explain any delays in implementing any of the grants listed in (2a) above which exceed the applicable timeliness standards described in the Notice of Funding Availability (NOFA).
- c. Identify any unresolved HUD monitoring findings, or outstanding audit findings related to any of the grants listed in (2a).

3. Is the applicant or sponsor a nonprofit organization (rather than a state or unit of local Government)? X Yes No
- If Yes**, one of the following must be attached for each organization:
- a. IRS ruling, providing tax-exempt status under Section 501 C (3) of the IRS Code of 1986, as amended, or documentation of nonprofit status as described in the Glossary in Section I.A.7 of the program section of the NOFA. **Attached**
 - b. Public nonprofit community mental health centers must attach a letter or other document acceptable to HUD from an authorized official stating that the organization is a public nonprofit organization.

Part P: HMIS Narrative (Dedicated HMIS Projects ONLY)

1. Describe how the CoC's homeless needs will be assessed, resources allocated, and services coordinated more efficiently and effectively through the introduction of a new or expanded CoC-wide HMIS.
2. Demonstrate that at least 50 percent of the beds (emergency, transitional and McKinney-Vento permanent housing) listed in the "Current Inventory in 2007" categories in the Fundamental Components in the CoC System – Housing Inventory Chart will be included in the CoC-wide HMIS.
3. Name the lead agency designated to oversee the HMIS project.
4. Provide the timetable for implementing the new or expanded HMIS.
5. Demonstrate that no state or local government funds would be replaced with the funding being requested of HUD for this project.

Applicant Name: Sierra Recovery Center
 Project Name: eted Case Management & Support Services

US Department of Housing and Urban Development
 OMB Approval 2535-0114 exp. 09/30/2007

TERM: HUD Program

Component Name: 0

HUD Program Continuum of Care

Period:
 Start Date:
 End Date:

HUD Goals	Policy Priority	Problem, Need, Situation	Service or Activities/Output	Pre Measure	Post Measure	Outcome	Pre Measure	Post Measure	Evaluation Tools
1	Policy	2	3	4	5		6	7	
C3	F3	Homeless individuals lack the skills and income and other resources needed to obtain and maintain self-sufficiency.	Programming	Measure	Impact		Measure	Accountability	
C4	F5		Case Management-chronic	Participants	Homeless participants moved from street to transitional housing – SSOs only	Participants	A. Tools for Measurement	Database	Interviews
F6	F6		Alcohol or drug abuse services-chronic	Participants	Homeless persons residing in permanent supportive housing over six months-chronic	Participants	B. Where Data Maintained	Agency database	Individual case records
			Housing placement-chronic	Participants			#N/A		C. Source of Data
							#N/A		Placements
							#N/A		Counseling reports
							#N/A		
							#N/A		D. Frequency of Collection
							#N/A		Weekly
							#N/A		Monthly
							#N/A		Annually
							#N/A		E. Processing of Data
							#N/A		Computer spreadsheets
							#N/A		Statistical database
							#N/A		
							#N/A		
							#N/A		

Project Name: eled Case Management & Support Services

TERM: Year 3

Period:

OMB Approval 2535-0114 exp: 09/30/2007

HUD Program

Continuum of Care

Start Date:

Component Name: 0

HUD Goals	Policy Priority	Problem, Need, Situation	Service or Activities/Output	Pre Measure	Post Measure	Outcome	Pre Measure	Post Measure	Evaluation Tools
1	2	3	4	5	6	7	8	9	10
Policy	Planning	Programming	Measure	Impact	Measure	Accountability			
C3	F3	Homeless individuals lack the skills and income and other resources needed to obtain and maintain self-sufficiency.	Case Management-chronic	Participants	Participants	Homeless participants moved from street to transitional housing – SSOs only	Participants	Participants	A. Tools for Measurement Database Interviews Questionnaire
C4	F5		Alcohol or drug abuse services-chronic	Participants	Participants	Homeless participants moved to permanent housing – chronic	Participants	Participants	
	F6			Participants	Participants		Participants	Participants	
				#N/A	#N/A		#N/A	#N/A	B. Where Data Maintained Agency database Individual case records
				#N/A	#N/A		#N/A	#N/A	
				#N/A	#N/A		#N/A	#N/A	
				#N/A	#N/A		#N/A	#N/A	C. Source of Data Counseling reports Placements
				#N/A	#N/A		#N/A	#N/A	
				#N/A	#N/A		#N/A	#N/A	
				#N/A	#N/A		#N/A	#N/A	D. Frequency of Collection Monthly Monthly Annually
				#N/A	#N/A		#N/A	#N/A	
				#N/A	#N/A		#N/A	#N/A	
				#N/A	#N/A		#N/A	#N/A	E. Processing of Data Computer spreadsheets Statistical database
				#N/A	#N/A		#N/A	#N/A	
				#N/A	#N/A		#N/A	#N/A	



Sierra Recovery Center

Solutions for Substance Abuse

July 25, 2008

Ms. Bonnie H. Rich
The County of El Dorado
Manager of Procurement & Contracts
Procurement & Contracts Division
330 Fair Lane
Placerville, CA 95667

Dear Ms. Rich,

Sierra Recovery Center is committed to supporting a Case Manager for our Transitional Housing facilities. This position is essential to improving the effectiveness of the services we provide our clients. I am authorized to execute financial disbursements of funds necessary to realize this position. On behalf of Sierra Recovery Center and its Board of Directors, I commit matching funds to support this position as indicated in the 2008 Continuum of Care Homeless Assistance Program:

Health Insurance	\$23,148.00
Worker's Compensation	2,376.00
Rent on the facility	12,346.14
Training	600.00
Total 3 year commitment	\$38,470.14

These funds will be available upon the acceptance of Sierra Recovery Center's 2008 – 2009 budget, effective September 1, 2008.

Should you require any additional information, or have any questions, please do not hesitate to call my office at 530-541-5190.

Thanks you.

Sincerely,

Betsy Fedor
Executive Director

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

*2. Type of Application

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

94-2422412

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Sierra Recovery Center

*b. Employer/Taxpayer Identification Number (EIN/TIN):

94-2422412

*c. Organizational DUNS:

178052635

d. Address:

*Street 1: 1137 Emerald Bay Road

Street 2: _____

*City: South Lake Tahoe

County: El Dorado

*State: California

Province: _____

*Country: United States

*Zip / Postal Code 96150

e. Organizational Unit:

Department Name:
Sierra Recovery Center

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms.

*First Name: Betsy

Middle Name: _____

*Last Name: Fedor

Suffix: _____

Title: Executive Director

Organizational Affiliation:

Sierra Recovery Center

*Telephone Number: 530-541-5190

Fax Number: 530-541-6031

*Email: bfedor@sierrarecoverycenter.org

Application for Federal Assistance SF-424

Version 02

***9. Type of Applicant 1: Select Applicant Type:**

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

2008 Continuum of Care Homeless Assistance Program ~ Supportive Housing Program (SHP)

***12 Funding Opportunity Number:**

*Title:

2008 Continuum of Care Homeless Assistance Program

13. Competition Identification Number:

CcC-14

Title:

2008 Continuum of Care Homeless Assitance Program

14. Areas Affected by Project (Cities, Counties, States, etc.):

South Lake Tahoe, El Dorado County, California

Alpine County, California

Stateline, Douglas County, Nevada

North Shore Lake Tahoe, Incline, CA

***15. Descriptive Title of Applicant's Project:**

Targeted Case Management and Support Services

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-004

*b. Program/Project:

17. Proposed Project:

*a. Start Date: January 1, 2010

*b. End Date: December 31, 2013

18. Estimated Funding (\$):

*a. Federal	_____	134252.43
*b. Applicant	_____	39295.24
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	167154.70

*19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on _____
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Ms. _____ *First Name: Betsy _____

Middle Name: _____

*Last Name: Fedor _____

Suffix: _____

*Title: Executive Director

*Telephone Number: 530-541-5190

Fax Number: 530-541-6031

* Email: bfeodor@sierrarecoverycenter.org

*Signature of Authorized Representative: 

*Date Signed: 7-28-08

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

Sierra Recovery Center is not delinquent of any Federal Debt.

**SURVEY ON ENSURING
EQUAL OPPORTUNITY
FOR APPLICANTS**

**U.S. DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT**

OMB No. 1890-0014

(Exp. 2/28/2009)

Purpose: The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey: If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name: Sierra Recovery Center

Applicant's DUNS Number: 178052635

Grant Name: 2008 Continuum of Care Homeless Assistance Program ~ Supportive Housing Program

(SHP) CFDA Number: 14.235

1. Does the applicant have 501(c)(3) status?

X Yes

No

4. Is the applicant a faith-based/religious organization?

Yes

X No

2. How many full-time equivalent employees does the applicant have? (Check only one box).

3 or Fewer

X 15-50

4-5

51-100

6-14

over 100

5. Is the applicant a non-religious community-based organization?

X Yes

No

3. What is the size of the applicant's annual budget?

(Check only one box.)

Less Than \$150,000

\$150,000 - \$299,999

\$300,000 - \$499,999

\$500,000 - \$999,999

X \$1,000,000 - \$4,999,999

\$5,000,000 or more

6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?

Yes

X No

7. Has the applicant ever received a government grant or contract (Federal, State, or local)?

X Yes

No

8. Is the applicant a local affiliate of a national organization?

Yes

X No

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing
and Urban Development

OMB Approval No. 2510-0011 (exp. 8/31/2009)

Instructions. (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

Applicant/Recipient Information

Indicate whether this is an Initial Report or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code):

Sierra Recovery Center
1137 Emerald Bay Road
(530) 541 -5190

2. Social Security Number or
Employer ID Number:

94-2422412 - -

3. HUD Program Name

2008 Continuum of Care Homeless (Assistant) Program

4. Amount of HUD Assistance
Requested/Received

\$167,154.70

5. State the name and location (street address, City and State) of the project or activity:

921 Macinaw and 955 Tulare, South Lake Tahoe, CA

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).

X Yes No

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9

Yes X No.

If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form. **However,** you must sign the certification at the end of the report.

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

- All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
- any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)

(Note: Use Additional pages if necessary.)

Certification

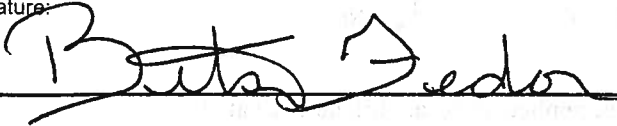
Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

Signature:

Date: (mm/dd/yyyy)

x



07/20/2008

Applicant Certification

These certified statements are required by law.
Previous versions obsolete

form HUD-40090-4

A. For the Supportive Housing (SHP), Shelter Plus Care (S+C), and Single Room Occupancy (SRO) programs:

Fair Housing and Equal Opportunity.

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for S+C:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For SHP Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

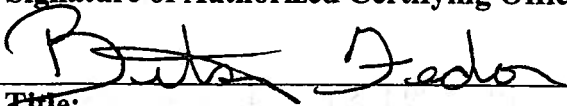
For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. For S+C Only. Supportive Services.

It will make available supportive services appropriate to the needs of the population served and equal in value to the aggregate amount of rental assistance funded by HUD for the full term of the rental assistance.

D. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall attach an explanation behind this page.

Signature of Authorized Certifying Official: 	Date: 7/29/08
Title: Executive Director	
Applicant: Sierra Recovery Center	For PHA Applicants Only: (PHA Number)