



Jason Stalder <jason.stalder@edcgov.us>

HHAP - Online Application Submission - App ID: EL -COU-1EO2ARQAKN

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To: jason.stalder@edcgov.us

Thu, Jan 23, 2020 at 7:45 AM

Please review the submitted data below and reply to this email and attach the supporting application documents required to complete your application.

Homeless Housing, Assistance, and Prevention Program (HHAP) Application-Allocation

Application ID: EL -COU-1EO2ARQAKN

Section 1: Eligible Applicant and Administrative Entity Information

City & Contact Information:

Submission Date: 2020-01-23

Applicant: El Dorado County

Administrative Entity Contact Name: El Dorado Health and Human Services Agency

Address: 3057 Briw Rd, Suite B

City: Placerville

Zip: 95667

E-mail Address: jason.stalder@edcgov.us

Phone: 530-642-7331

Section 2: HHAP Program Allocation Request:

Homeless Point in Time Count: 2019

Are you accepting redirected funds?: No

Section 3: Required Application Attachments

HHAP Application Narrative

Annual Budget

Letters of Support

HMIS Data Sharing Agreement

Redirection of Funds Documents (if applicable)

Authorized Signatory Form

Payee Data Record (STD 204 Form) for non-Governmental Organizations

Government Tax Identification (GovTIN Form) for Governmental Organizations

Section 4: Certification of Applicant Information

Authorization to Apply for HHAP Funds

Name of Person Completing the Form: Jason Stalder

Title of Person Completing the Form: Department Analyst

Email address to receive confirmation of submitted application:: jason.stalder@edcgov.us

Statement of Certifications

Name of Administrative Entity's Authorized Representative: Don Semon

Title of Administrative Entity's Authorized Representative: Director

By submitting this application, I acknowledge that I am applying for the total amount of funds to which I am eligible, upon the release of the U.S. Department of Housing and Urban Development's official 2019 Point-in-Time count. If I am applying prior to the release of this information, I understand that I am currently eligible for up to 75% of the estimated allocation as shown [here](#) and that additional information may be required to receive my total allocation.

By submitting this application, I agree to participate in any statewide Homeless Management Information System implemented by the State of California in accordance with the requirements in Health and Safety Code § 50219(a) (10) and as directed by the Homeless Coordinating and Financing Council.