## Attachment 1: Request for Funds Application and Questionnaire

## **Homeless Housing, Assistance and Prevention Program- Round 4**

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| Legal Name of Applicant Organization: | | | |
| Contact Name: | Phone: | Fax: | Email: |
| Agency UEI Number | County: | Agency Tax ID Number: |  |
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| 1. **Scope of Services:** Provide an overview of your organization and your capacity to deliver the project. | | | |
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| 1. **Proposed Project:** Provide an overview of the proposed program activities, the target population, and the gaps the project will address. Include a description of how the proposed activities are in line with the goals and strategies identified in the Local Homeless Action Plan. | | | |
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| 1. **Funding Plans:** Complete *Attachment 2 – Budget*. Explain in detail how your organization plans to use the full amount of HHAP funds requested (including youth set-aside) and how it will complement existing funds. | | | |
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| 1. **Mainstream Partnerships:** Select any groups or organizations your organization is partnering with or plans to use HHAP funding to increase partnership with. | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **People with lived Experience** | Yes, formal partnering  CURRENT  PLANNED  HHAP funds support this partnership | Yes, informal partnering  CURRENT  PLANNED  HHAP funds support this partnership | No | Other (please explain) | | **Social Services** (Calfresh, Medi-cal, CALWORKS, VA Benefits, SSI, etc) | Yes, formal partnering  CURRENT  PLANNED  HHAP funds support this partnership | Yes, informal partnering  CURRENT  PLANNED  HHAP funds support this partnership | No | Other (please explain) | | **Justice Entities** | Yes, formal partnering  CURRENT  PLANNED  HHAP funds support this partnership | Yes, informal partnering  CURRENT  PLANNED  HHAP funds support this partnership | No | Other (please explain) | | **Workforce System** | Yes, formal partnering  CURRENT  PLANNED  HHAP funds support this partnership | Yes, informal partnering  CURRENT  PLANNED  HHAP funds support this partnership | No | Other (please explain) | | **Services for older adults** | Yes, formal partnering  CURRENT  PLANNED  HHAP funds support this partnership | Yes, informal partnering  CURRENT  PLANNED  HHAP funds support this partnership | No | Other (please explain) | | **Services for people with disabilities** | Yes, formal partnering  CURRENT  PLANNED  HHAP funds support this partnership | Yes, informal partnering  CURRENT  PLANNED  HHAP funds support this partnership | No | Other (please explain) | | **Child welfare system** | Yes, formal partnering  CURRENT  PLANNED  HHAP funds support this partnership | Yes, informal partnering  CURRENT  PLANNED  HHAP funds support this partnership | No | Other (please explain) | | **Education system** | Yes, formal partnering  CURRENT  PLANNED  HHAP funds support this partnership | Yes, informal partnering  CURRENT  PLANNED  HHAP funds support this partnership | No | Other (please explain) | | **Local Homeless Coordinated Entry System** | Yes, formal partnering  CURRENT  PLANNED  HHAP funds support this partnership | Yes, informal partnering  CURRENT  PLANNED  HHAP funds support this partnership | No | Other (please explain) | | **Other \_\_\_\_\_\_\_\_ (specify)** | Yes, formal partnering  CURRENT  PLANNED  HHAP funds support this partnership | Yes, informal partnering  CURRENT  PLANNED  HHAP funds support this partnership | No | Other (please explain) |   **Describe your most notable partnerships with these groups (e.g. MOUs, shared funding, data sharing agreements, service coordination, etc.)** | | | |
| 1. **Partnerships:** Explain/select below if your organization is strengthening its partnership, strategies, and resources across: | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Managed care plans and resources** *(such as HHIP)* | Yes | No | Data Sharing Agreement Established | Other (please explain) | | **Physical and behavioral health care systems and resources** | Yes | No | Data Sharing Agreement Established | Other (please explain) | | **Public health system and resources** | Yes | No | Data Sharing Agreement Established | Other (please explain) |   **Describe your most notable coordination, planning, and/or sharing of data/information that is occurring within these partnerships:** | | | |
| 1. **Equity:** Select what actions your jurisdiction will take to ensure racial/ethnic/gender groups that are overrepresented among residents experiencing homelessness have equitable access to housing and services. | | | |
| Disaggregating administrative data for use in decision making processes  Modifying procurement processes  Ensuring those with lived experience have a role in program design, strategy development, and oversight  Developing workgroups and hosting training related to advancing equity  Other, please describe:  **Describe the most notable specific actions the jurisdiction will take regarding equity for racial/ethnic/gender groups:** | | | |
| 1. **Partnerships to Prevent Exits to Homelessness:** Select below if your organization has specific strategies to prevent exits to homelessness from institutional settings in partnership with the following mainstream systems: | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Physical and behavioral health care systems and managed care plan organizations** | Yes, formal partnering | Yes, informal partnering | Yes, leveraging funding | No | Other (please explain) | | **Public health system** | Yes, formal partnering | Yes, informal partnering | Yes, leveraging funding | No | Other (please explain) | | **Criminal legal system and system for supporting re-entry from incarceration** | Yes, formal partnering | Yes, informal partnering | Yes, leveraging funding | No | Other (please explain) | | **Child welfare system** | Yes, formal partnering | Yes, informal partnering | Yes, leveraging funding | No | Other (please explain) | | **Affordable housing funders and providers** | Yes, formal partnering | Yes, informal partnering | Yes, leveraging funding | No | Other (please explain) | | **Income support programs** | Yes, formal partnering | Yes, informal partnering | Yes, leveraging funding | No | Other (please explain) | | **Education system** | Yes, formal partnering | Yes, informal partnering | Yes, leveraging funding | No | Other (please explain) | | **Workforce and employment systems** | Yes, formal partnering | Yes, informal partnering | Yes, leveraging funding | No | Other (please explain) | | **Other (please specify)** | Yes, formal partnering | Yes, informal partnering | Yes, leveraging funding | No | Other (please explain) |   **Describe the most notable specific actions the jurisdiction will take to prevent exits to homelessness from institutional settings:** | | | |
| 1. **System Improvements:** Describe any specific and quantifiable systems improvements that your organization will take to improve the delivery of housing and services to people experiencing homelessness or at risk of homelessness, including, but not limited to, the following:  * Capacity building and workforce development for service providers within the jurisdiction, including removing barriers to contracting with culturally specific service providers and building the capacity of providers to administer culturally specific services. * Strengthening the data quality of the Homeless Management Information System. * Increasing capacity for pooling and aligning housing and services funding from existing, mainstream, and new funding. * Improving homeless point-in-time counts. * Improving coordinated entry systems to strengthen coordinated entry systems to eliminate racial bias, to create a youth specific coordinated entry system or youth-specific coordinated entry access points, or to improve the coordinated entry assessment tool to ensure that it contemplates the specific needs of youth experiencing homelessness. | | | |
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## Select check boxes below to certify that if selected for funding, the agency is willing to comply with:

## Homeless Manage Information System (HMIS) data requirements

## Compliance with grant terms and conditions as indicated in the Notice of Funding Availability, found here: <https://www.bcsh.ca.gov/hcfc/documents/hhap_nofa.pdf>

## Enter into a contract with the County of Glenn CAD, example found here: <https://www.countyofglenn.net/sites/default/files/County_Counsel/Independent%20contractor%20template%20v012920.pdf>

## Comply with required monitoring per state or federal law, including but not limited to Chapter 6 of the Health and Safety Code, which can be viewed here: <https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=HSC&division=31.&title=&part=1.&chapter=6.&article=>

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| Authorized Representative  Printed Name | Authorized Representative Signature | Date |
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| For Lead Agency Use Only: | Received by Deadline | Yes / No | Project Funded | Yes / No |