## Attachment 1: Request for Funds Application and Questionnaire

## **Homeless Housing, Assistance and Prevention Program- Round 5**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Legal Name of Applicant Organization: | | | | |
| Contact Name: | Phone: | Fax: | Email: | |
| Agency UEI Number | County: | Agency Tax ID Number: | Total amount of requested funds: | |
|  | | | | |
| 1. **Experience:** Provide an overview of your organization and experience effectively utilizing federal, state or local funds. Describe your organizations experience in providing services or utilizing funding with the goal of preventing, reducing, or ending homelessness. | | | | |
|  | | | | |
| 1. **Organizational Capacity:** Provide an explanation of your organizations capacity to deliver the project, including but not limited to, an explanation of the staffing structure, existing resources that will be leveraged, and understanding of housing program requirements. | | | | |
|  | | | | |
| 1. **Program Design:**  Provide an overview of the proposed program activities. Including but not limited to: 2. The target population; 3. The gaps the project will address; 4. Planned partnerships; and 5. Plan for implementation. | | | | |
|  | | | | |
| 1. **Impact and Effectiveness:** Describe the goals and priorities this project will serve, and how these align with the goal and priorities in the Regional Local Homeless Action Plan. Describe any key actions that will improve system performance measures 1-7. | | | | |
|  | | | | |
| 1. **A) Funding Plans:** Budget Table. Complete the table below with the requested funding, and the desired eligible use categories. Note: A minimum of 10% of funds must be utilized toward youth set aside activities. | | | | |
| **Eligible Use Category** | | | | **Amount** |
| Delivery of Permanent Housing | | | | **$** |
| Delivery of Permanent Housing - Youth | | | | **$** |
| Rapid Rehousing | | | | **$** |
| Rapid Rehousing - Youth | | | | **$** |
| Prevention and Shelter Diversion | | | | **$** |
| Prevention and Shelter Diversion - Youth | | | | **$** |
| Operating Subsidies – Permanent housing | | | | **$** |
| Operating Subsidies – Permanent housing – Youth | | | | **$** |
| Operation Subsidies – Interim Housing | | | | **$** |
| Operation Subsidies – Interim Housing - Youth | | | | **$** |
| Improvement to Existing Interim Housing | | | | **$** |
| Improvement to Existing Interim Housing - Youth | | | | **$** |
| Street Outreach | | | | **$** |
| Street Outreach - Youth | | | | **$** |
| Systems Support | | | | **$** |
| Systems Support - Youth | | | | **$** |
| **Total** | | | | **$** |
| 5. **B) Funding Plans:** Budget Narrative. Explain in detail how your organization plans to use the full amount of HHAP funds requested (including youth set-aside), what activities the funds will support, how it will complement existing funds, and how the activities align with the CoC’s priorities. | | | | |
|  | | | | |
| 1. **Equity:** Described specific actions that your organization will take to ensure racial and gender equity in service delivery, housing placements, and housing retention and changes to procurement or other means of affirming racial and ethnic groups that are overrepresented among residents experiencing homelessness have equitable access to housing and services. | | | | |
|  | | | | |
| 1. **System Improvements:** Describe any specific and quantifiable systems improvements or strategies that your organization will take to improve: 2. The number of people experience homelessness upon exiting institutional settings (examples: jail/prison, behavioral health facilities, foster care) 3. Connecting people experiencing homelessness to all eligible benefit programs 4. Additional system improvements, if applicable. | | | | |
|  | | | | |

## 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/calich/documents/hhapround5funding.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=>

## Enter into a Memorandum of Understanding (MOU) committing each signatory to participation in, and to comply with, the regionally coordinated homelessness action plan.

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Authorized Representative  Printed Name | Authorized Representative Signature | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| For Lead Agency Use Only: | Received by Deadline | Yes / No | Project Funded | Yes / No |