

PROJECT APPLICATION



CALIFORNIA EMERGENCY SOLUTIONS AND HOUSING (CESH) PROGRAM

MARCH 2019

**Completed Applications Must Be Submitted to:
JENNIFER HARKEY, PROGRAM ADMINISTRATOR
Jennifer.Harkey@ventura.org
COUNTY OF VENTURA
CEO - COMMUNITY DEVELOPMENT DIVISION
800 SOUTH VICTORIA AVENUE, VENTURA, CA 93009
NO LATER THAN
APRIL 19, 2019 AT 5PM**

COUNTY OF VENTURA
CALIFORNIA EMERGENCY SOLUTIONS AND HOUSING PROGRAM (CESH)
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GENERAL INSTRUCTIONS:

The County of Ventura's County Executive Office is accepting State of California Emergency Solutions and Housing (CESH) Program applications on behalf of the Ventura County Continuum of Care. The CESH Program is funded from a portion of revenue deposited in the Building Homes and Jobs Act Trust Fund (Stats. 2017, chapter 364, § 3.).

Senate Bill 850 enacted the CESH program which is subject to California Health and Safety Code, Part 2 of Division 31, Chapter 2.8, Section 50490. Certain eligible activities within the program must comply with federal regulations established by the U. S. Department of Housing and Urban Development (HUD), 24 Code of Federal Regulations (CFR), Parts 91 and 576, as well as 25 California Code of Regulations (CCR), Section 8400 et seq.

The total available for funding in this second round of the CESH Program is \$386,735. The grant term covers a five year period (2019-2024). No more than \$154,694 may be allocated for operating support for emergency housing interventions (item 4 below). Eligible activities include the following:

- 1) Rental assistance, housing relocation, and stabilization services** for individuals experiencing homelessness or who are at risk of homelessness. Rental assistance may be provided for up to 48 months for each assisted household and rent payments shall not exceed two times the current HUD fair market rent for the local area.
- 2) Operating subsidies** in the form of 15-year capitalized operating reserves for new and existing affordable permanent housing units for homeless individuals and/or families.
- 3) Flexible housing subsidy funds** for local programs that establish or support the provision of rental subsidies in permanent housing to assist homeless individuals and families. Funds used for this purpose may support rental assistance, bridge subsidies to property owners waiting for approval from another permanent rental subsidy source, vacancy payments, or project-based rent or operating reserves.
- 4) Operating support for emergency housing interventions**, including, but not limited to the following:
 - a) Navigation centers that provide temporary shelter and case managers who work to connect homeless individuals and families to benefits, health services, permanent housing, or other shelter;
 - b) Street outreach services to connect unsheltered homeless individuals and families to temporary or permanent housing;
 - c) Shelter diversion, including, but not limited to, homelessness prevention activities ([24 CFR 576.103](#)) and other necessary service integration activities ([24 CFR 576.105](#)) to connect individuals and families to alternate housing arrangements, services, and financial assistance.

There is no matching contribution requirement for activities funded with the CESH Program; however, CESH funds may be used for the one-to-one match of federal ESG funds as long as they are for the same approved activity.

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APPLICATION SUBMITTAL:

- Applications will be accepted for Rental Assistance, Housing Relocation, Stabilization Services, Emergency Housing Interventions, Operating Subsidies and Flexible Housing Subsidies. Applicants may include a unit of local government, a private non-profit, or a for-profit.
- **If your agency or organization was already approved for CESH funding in the first round by the CoC Board and you plan to request an expansion of services only, you may submit a letter with a revised budget to apply for an expansion in lieu of completing this application.** An expansion means an expansion of services or beds which results in a greater number of persons to be served. This letter will be attached to your prior grant application and added to the requests for review by the CoC Data Committee and CoC Board.
- Submit one (1) copy, including all attachments, via email to: Jennifer.Harkey@ventura.org

Please note: CoC staff will acknowledge the receipt of each emailed application within two business days. If no confirmation email has been received, please contact Jennifer Harkey at 805-658-4342.

- Round all dollar amounts to the nearest dollar (i.e. \$4.59 should be rounded to \$5 and \$4.25 should be rounded to \$4); and

All applications will be reviewed for completeness. All or a portion of the application can be denied for the following reasons:

- The application is incomplete and the CoC staff is unable to reasonably determine what the Applicant is proposing or whether the application meets threshold requirements;
- The application does not pass the CESH Program threshold, such as, if the Applicant or proposed activities are not eligible.

A. Rating Criteria:

All applications will be reviewed and ranked by the VC CoC Data, Performance & Evaluation Committee and recommendations will be finalized as directed by the CoC Board. Projects will be reviewed based on the following criteria:

- Program design (30 points)
- Management and past experience (20 points)
- Impact and effectiveness (20 points)
- Cost efficiency and budgeting (10 points)

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1. Application Information

Legal Name of Organization: _____

Is the organization a 501(c)? Yes No

Mailing Address: _____

City: _____ Zip: _____

Executive Director Name & Title: _____

Organization Contact Name & Title: _____

Work Phone: _____ Fax: _____

E-mail Address: _____

Organization Website Address: _____

Organization's DUNS #: _____ Tax Payer ID #: _____

Fiscal Agent Contact Name & Title: _____

Work Phone: _____ Fax: _____

E-mail Address: _____

Type of CESH Component Addressed:

- Operating Subsidies Flexible Housing Subsidies
 Emergency Housing Interventions Rental Assistance / Stabilization Services

Number of beneficiaries to be served by the project: _____

Cost per beneficiary for this project (CESH request / beneficiaries) = \$ _____

2. Project Information

Title of proposed project: _____

Project Address: _____

City: _____ Zip: _____

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a. Project service area:

- | | | |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Camarillo | <input type="checkbox"/> Ojai | <input type="checkbox"/> Somis |
| <input type="checkbox"/> Fillmore | <input type="checkbox"/> Oxnard | <input type="checkbox"/> Ventura |
| <input type="checkbox"/> Moorpark | <input type="checkbox"/> Port Hueneme | <input type="checkbox"/> Thousand Oaks |
| <input type="checkbox"/> Newbury Park | <input type="checkbox"/> Santa Paula | <input type="checkbox"/> County-wide |
| <input type="checkbox"/> Oak Park | <input type="checkbox"/> Simi Valley | <input type="checkbox"/> Other _____ |

b. Amount requested for this project: \$ _____

c. Amount of leveraged funds available for this project: \$ _____

d. Total project cost (all sources): \$ _____

Note: The amounts for b, c and d should equal the amounts in Section E Project Budget.

Which activities best describes the project? You may list more than one; be specific:

Identify the population(s) that the project will serve:

- | | |
|---|--|
| <input type="checkbox"/> Single Males only | <input type="checkbox"/> Households with children |
| <input type="checkbox"/> Single Females only | <input type="checkbox"/> Transitional Age Youth (TAY) 18 to 24 years old |
| <input type="checkbox"/> Adults only, no children | <input type="checkbox"/> Unaccompanied Youth under 18 years old |

Which of the following priority needs does the proposed project address?

- Operating reserves for new or existing affordable permanent housing units
- Rental subsidies for up to 48 months of rental assistance in permanent housing
- Bridge subsidies to property owners waiting for approval on a permanent rental subsidy source
- Project-based rent or operating reserves for permanent housing
- Operating support for navigation centers
- Street outreach services
- Shelter diversion, including homelessness prevention activities

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3. Financial Information

What is your agency's fiscal year? _____

Date of your organization's most recently completed audit (month/year): _____

What fiscal year did this most recent audit include (month/year – month/year): _____

Was this audit conducted in compliance with the Single Audit Act (yes/no)? _____

Does the requirement of 2 CFR 200.501 to submit a fiscal year "Federal Single Audit" apply to your organization, specifically in the last fiscal year (yes/no)? _____

Does your organization have any outstanding audit findings which remain unresolved, outstanding litigation, or other legal issues (yes/no)? _____

If yes, explain:

4. Program Design (30 points)

Summarize the project. Describe how the project will benefit the target population(s) and fill an unmet need in the Continuum of Care. Identify any best practices that will be utilized. Please include how the program will follow the Housing First / Low Barrier model.

Describe the intended use of grant funds, ensuring the provision of CESH-eligible services.

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Client Participation – Describe the process or provide a copy of your policies and procedures to:
a) ensure the confidentiality of client records; and b) facilitate client participation in program evaluation and planning.

Core Practices – State regulation section 8409 contain the Core Practices which fall into three primary areas: Coordinated Entry Process (section 8409(a)); Housing First Practices (section 8409(b)); and Progressive Engagement (section 8409(b)(6)). Use the table below to document which of the following your agency has adopted for implementation of programs:

Guidance	Relates to: (check all that apply)
1. Has your agency adopted the local CoC's Written Standards with regards to the following?	<input type="checkbox"/> Coordinated Entry <input type="checkbox"/> Housing First <input type="checkbox"/> Progressive Engagement
2. Does your agency have Program Rules, Policies and Procedures that address the following?	<input type="checkbox"/> Coordinated Entry <input type="checkbox"/> Housing First <input type="checkbox"/> Progressive Engagement
3. Does your agency commit to adopt and follow the local CoC Coordinated Entry Policies and Procedures?	<input type="checkbox"/> Coordinated Entry <input type="checkbox"/> Housing First <input type="checkbox"/> Progressive Engagement

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Collaboration – Describe how resources will be leveraged to address the needs of the target population(s). How will the project collaborate with other organizations and programs to address the needs of the target population and participate in Pathways to Home and HMIS?

Identify the person(s) responsible for overall program administration and financial management of the activity. Indicate how many years of experience they have managing CoC, ESG or other HUD programs.

Identify all other persons involved in the delivery of services for this activity, noting whether these positions are current or pending this award. If this is a new project, discuss the timeline for the project including dates for hiring staff, training, and starting operations.

5. Management and Past Experience (20 points)

Describe your organization's experience in successfully conducting this type of activity. Identify any skills, current services, or special accomplishments that demonstrate your capacity for success.

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HUD grant experience for the past three years:

HUD Grant Program	Purpose of Grant	Date(s) Obtained	Funding Amount

6. Impact and Effectiveness (20 points)

Performance Measures – Describe the objectives and outcomes of the proposed program(s) and how will you measure the effectiveness of your project in meeting these outcomes.

Describe the data sources, methodology and resources to be used for tracking the following HUD system performance measures that apply to your specific program(s):

- 1) The length of time persons remain homeless;
- 2) The number of persons who return to homelessness from permanent housing;
- 3) The unduplicated number of homeless persons;
- 4) The percent of adults who gain or increase employment or cash income over time;
- 5) The number of persons who become homeless for the first time;
- 6) The number of families and youth who exit to or retain permanent housing;
- 7) The number of persons successfully placed in permanent or supportive housing from street outreach, and the number who exit to or retain permanent housing

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7. Cost Efficiency and Budgeting (10 points)

Describe whether your proposed activity could be undertaken with a reduced commitment of funding and if so, highlight how that would affect the scope of services.

Cost Efficiency – For this analysis, the complete program expenditures should include the applicant’s expenditures from all sources of funding for the proposed program activity, including administration, HMIS, and indirect costs associated with the activity for the most recent 12-month period. Scoring will be evaluated based on the average cost per exit to permanent housing based on the total program expenditures for the proposed activity:

- 1) Enter the corresponding dates of the program expenditures provided below:
From _____ to _____
- 2) Enter the source of exit and outcome data: _____
- 3) Complete the table below:

Total 12-month Program Expenditures	<i>Divided by</i>	# of Individual Leaver Exits to a Permanent Housing Destination*	<i>Equals</i>	Average Cost per Permanent Housing Outcome
_____	/	_____	=	_____

*Should match the project level performance data provided in question 6.

8. Required Attachments*

- Budget Workbook
- Current Organization Chart, including proposed CESH funded staff
- Evidence of Insurance
 - Copy of current insurance (General Liability, Automobile, Worker’s Compensation, etc.)
 - Note: if funded, an updated insurance policy will be required with the funding jurisdiction listed as “additionally insured”
- Written policies and procedures, including confidentiality, conflict of interest, eligibility and intake requirements, non-discrimination, client assessment, and code of conduct.

***Please provide electronic copies of documents. Paper copies are not required.**

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1. Agency Certifications

The following certification **must** be completed and **signed by an authorized agency representative** to be further considered for CESH program funding.

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached is complete and accurate. No material information has been omitted, including financial information.

[U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or caused to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid. HUD will prosecute false claims and statements and conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)].

- b. The agency certifies to the best of its knowledge and belief that its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal debarment or agency.
- c. The agency shall comply with all federal and county policies and requirements applicable to the CESH program as appropriate for the funding if received.
- d. The assistance made available through the CESH program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities.
- e. If CESH funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.
- f. The agency certifies that it will participate in the locally approved HMIS system.

Name of Agency	
Typed Name and Title of Agency Official	
Agency Official's Signature	Date of Signature
Phone Number of Agency Official	E-Mail Address of Agency Official