



Office of Homeless Services
 560 E. Hospitality Lane, Suite 200 • San Bernardino, CA 92408-0044
 Phone: (909)501-0610 • Fax: (909)501-0622
 Email: homelessrfp@hss.sbcounty.gov • Website: <https://sbchp.sbcounty.gov/>

Item No.	Consent
1	Approve Minutes of the August 10, 2023, Grant Review Committee (GRC) Meeting – Zazette Scott, Chair <i>Pages 4-6</i>
Item No.	Discussion/Action Item
2	Review DV and CoC Bonus application(s) – Scott Neeri, Office of Homeless Services; Tom Hernandez, Office of Homeless Services; Christy Hamilton, Urban Initiatives
3	CoC Competition Renewal Ranking – Scott Neeri, Office of Homeless Services; Tom Hernandez, Office of Homeless Services; Christy Hamilton, Urban Initiatives
Committee Roundtable	
	Open to comments by the Committee Members
Adjournment	

Next Grant Review Committee Meeting

Special GRC Meeting to Review Appeals
Friday, August 18, 2023
11:00 am – 12:00 pm
Address: Program Development Division (Conference Room B)
825 E. Hospitality Lane, San Bernardino, CA 92415

(Meeting will be cancelled if no appeals are received)

Mission Statement
 The mission of the San Bernardino County Homeless Partnership is to provide a system of care that is inclusive, well planned, coordinated and evaluated and is accessible to all who are homeless and those at-risk of becoming homeless.



**Minutes for San Bernardino County
Homeless Partnership
Continuum of Care (CoC) Grant Review Committee (GRC) Meeting**
August 10, 2023
11:00 a.m. – 12:30 p.m.
In Person

Minutes Recorded and Transcribed by Joy Woodard (Secretary), Office of Homeless Services

TOPIC	PRESENTER	ACTION/OUTCOME
Call to Order	ZaZette Scott, Chair	The meeting was called to order at 11:09 a.m.
Introductions	ZaZette Scott, Chair	ZaZette Scott took GRC Board Member roll call. Members of the public are not introduced
GRC Members Present		<ul style="list-style-type: none"> • The following GRC members were present for the meeting: Astrid Johnson, Daniel Belew, Zazette Scott, Erika Lewis-Huntley, Mike Jones • Shonie Perry arrived late at 11:33 am • Absent: Damon Alexander and Steevonna Evans
PUBLIC COMMENTS	PRESENTER	ACTION/OUTCOME
	ZaZette Scott, Chair	<p>The Chair recognized Public Comments from:</p> <ul style="list-style-type: none"> • Vanessa Perez (Public Comment) • Kameron Grosvenor (Public Comment) <p>The Chair closed Public Comment.</p>
CONSENT	PRESENTER	ACTION/OUTCOME

Approve Minutes of the July 25, 2023, GRC Meeting	ZaZette Scott, Chair	<p>The Chair requested a motion to be made for the consent calendar portion of the agenda.</p> <p>Mike Jones made a motion to approve the consent calendar and was second by Astrid Johnson.</p> <p>The Chair opened consent item for discussion.</p> <ul style="list-style-type: none"> • A roll call vote was taken. 5 members were in favor: Astrid Johnson, Daniel Belew, Zazette Scott, Erika Lewis-Huntley, Mike Jones. • 0 members were opposed. • Absent: Damon Alexander, Stevevonna Evans, Shonie Perry <p>Motion was approved.</p> <p>Chair closed consent portion of the calendar for discussion.</p>
DISCUSSION/ ACTION ITEM	PRESENTER	
CoC Competition Renewal Rubric and Ranking	Scott Neeri, Office of Homeless Services; Tom Hernandez, Office of Homeless Services; Christy Hamilton, Urban Initiatives	<p>The Chair recognized Scott Neeri from Community Revitalization to present the CoC Competition Renewal Rubric and Ranking</p> <p>Scott Neeri- Explained the Draft 2023 Letter of Intent (LOI) to Renew CoC Renewal Projects Rubric.</p> <ul style="list-style-type: none"> • Tom Hernandez- Stated that at the previous meeting, the GRC had looked at the performance measures which were taken from the annual performance reports. Mr. Hernandez stated that the rubric and the scoring is based on the response they get from the agencies. • Cristy Hamilton- Stated that she does verify the information received on the LOI but if the data from the HMIS annual performance reports differs she will contact the agency and request clarification. Mrs. Hamilton stated that the Family Assistance Program was not scored because they requested and were granted by HUD an extension of the program year. Mrs. Hamilton stated that new program year ends November 30th so in the next round they will be able to be evaluated by the GRC. Mrs. Hamilton informed that they plot the numbers based on the LOI and it's verified through data from HUD, so this is what the scores are. • Tom Hernandez- Stated that HUD requires all the agencies to rate to tier. Mr. Hernandez informed that tier 2 is not guaranteed per HUD. Mr. Hernandez stated the reason we're tiering at 93 percent is because technically HUD only has enough money to fund 93 percent of all existing projects. • Scott Neeri- explained the three different scenarios of ranking situations. Mr. Neeri informed that the first scenario is ranking strictly by score, the second scenario is called the safe option, and the third scenario includes the CoC Bonus and Tier one. • ZaZette Scott- Inquired that on the presentation for Inland Housing Solutions it says 88 percent on but in the paperwork, it is scored 90. • Tom Hernandez- Stated that they were using an old form and it can be adjusted.

		<ul style="list-style-type: none"> • ZaZette Scott- Asked if in tier one if the 93 percent is of the PPRN or of the ARD • Tom Hernandez- Informed it is 93 percent of the ARD. Mr. Hernandez stated they still don't know the final amounts yet and once they know that from the new projects after the committee approves them the committee will be able to make the recommendation to the ICH. • Tom Hernandez- Asked the chair if there was a decision on the approval of the rubric and ranking. Mr. Hernandez stated that the reason he is asking is because if this is approved and they don't do reallocation, then we can let the agencies know that they can start populating into e-Snaps. • Christy Hamilton- Stated she can change the verbiage to say, "you may be tentatively recommended to funding that ICH has development". Mrs. Hamilton stated that the committee is ranking them next week and they will include that in the verbiage when it is sent to the agencies. Mrs. Hamilton stated the agencies can begin populating their application and that copies are due to OHS, but the GRC will determine the final rankings that will be recommended to the ICH. • Tom Hernandez- Stated the vote would be to tentative approve the renewal agency scoring as well as advising the Office of Homeless Services to move forward with instructing all the renewal agencies to move forward with populating into e-Snap. • Damon Alexander- Stated he wanted to put that motion forward. • ZaZette Scott- Stated Damon Alexander had to be person in order to put that motion forward. <p>Daniel Belew made a motion to approve the item #2 and was second by Mike Jones.</p> <p>The Chair opened item# 2 for discussion.</p> <ul style="list-style-type: none"> • A roll call vote was taken. 6 members were in favor: Astrid Johnson, Daniel Belew, Zazette Scott, Erika Lewis-Huntley, Mike Jones, Shonie Perry. • 0 members were opposed. <p>Absent: Damon Alexander and Stevevonna Evans</p> <p>Motion was approved.</p> <p>Chair closed item #2 of the agenda for discussion.</p>
<p>Approve August 15, 2023, for the next GRC meeting.</p>	<p>Zazette Scott, Chair</p>	<p>The Chair requested a motion to be made to Approve August 15, 2023, for the next GRC meeting.</p> <p>Erika Lewis-Huntley made a motion to approve item #3 and was second by Mike Jones.</p> <p>The Chair opened consent item for discussion.</p> <ul style="list-style-type: none"> • Daniel Belew-Stated that the Twentynine Palms Library is an option to attend the GRC meeting. • Damon Alexander- Asked who he can give his address to so it can be a satellite location for next week's meeting. • ZaZette Scott- Stated that OHS will contact him.

		<ul style="list-style-type: none"> • A roll call vote was taken. 6 members were in favor: Astrid Johnson, Daniel Belew, Zazette Scott, Erika Lewis-Huntley, Mike Jones, Shonie Perry. • 0 members were opposed. • Absent: Damon Alexander and Steevonna Evans • Motion was approved. • Chair closed item #3 of the agenda for discussion.
COUNCIL ROUNDTABLE	PRESENTER	
Adjournment		Being no further business, the meeting was adjourned at 12:00 p.m.
Next Meeting		<p>The next GRC meeting will be held as follows:</p> <p style="text-align: center;"><u>GRC Meeting (Regular) In Person</u> <u>Tuesday, August 15, 2023</u> <u>11:00 am – 12:00 pm</u> <u>Human Services Program Integrity Division- Mountain View Room</u> <u>1111 East Mill Street 2nd Floor San Bernardino, CA 92408</u></p>

Attendees on August 10, 2023, • Grant Review Committee – In-Person

LAST NAME	FIRST NAME	ORGANIZATION	EMAIL
Belew	Daniel	Nonprofit (Rescue+ Residence) & Veteran with Lived Experience	Daniel.belew@rescueresidence.org
Hamilton	Christy	Urban Initiatives	hamiltonchristy317@gmail.com
Johnson	Astrid	Morongo Basin ARCH	skyviewfarm29@gmail.com
Jones	Mike	San Bernardino County H.O.P.E Team	mjones@sbcasd.org
Lewis-Huntley	Erika	City of Rancho Cucamonga	Erika.Lewis-Huntley@cityofrc.us
Meggs	Robin	Molina Health Care	robin.meggs@molinahealthcare.com
Neeri	Scott	Community Revitalization	Scott.neeri@cao.sbcounty.gov
Perry	Shonie	San Bernardino County Superintendent of Schools	Shonie.Perry@sbcass.net
Scott	ZaZette	Foothill Aids Project	zazette45@gmail.com
Stevens	Kristin	Office of Homeless Services	Kristin.stevens@hss.sbcounty.gov
Woodard	Joy	Office of Homeless Services	Joy.woodard@hss.sbcounty.gov

*Please note we do not take attendance of members of the public that joined via tele-conference

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO and the FY 2023 General Section NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2023 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/11/2023

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

- a. Legal Name: Desert Manna
- b. Employer/Taxpayer Identification Number (EIN/TIN): 33-0264040
- c. Unique Entity Identifier: YNLKAJSFLJJ6

d. Address

Street 1: 201 N. 1st Avenue
Street 2: Suite B
City: Barstow
County: San Bernardino
State: California
Country: United States
Zip / Postal Code: 92311

e. Organizational Unit (optional)

Department Name:
Division Name:

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

Prefix: Mr.
First Name: Eugene
Middle Name:
Last Name: Butticci
Suffix:
Title: Program Director
Organizational Affiliation: Desert Manna
Telephone Number: (760) 256-7797
Extension:

Fax Number: (760) 256-4043

Email: programdirector@desertmanna.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program
CFDA Number: 14.267

12. Funding Opportunity Number: FR-6700-N-25
Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): California
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Desert Manna PH/PHS 2023

16. Congressional District(s):

16a. Applicant: CA-023

16b. Project: CA-023
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 01/15/2024

b. End Date: 01/14/2025

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

1F. SF-424 Declaration

By signing and submitting 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:

21. Authorized Representative

Prefix: Mr.

First Name: Darrin

Middle Name:

Last Name: Fikstad

Suffix:

Title: President & CEO

Telephone Number: (760) 256-7797
(Format: 123-456-7890)

Fax Number: (760) 256-4043
(Format: 123-456-7890)

Email: topchefone@gmail.com

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/11/2023

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2501-0017 (exp. 1/31/2026)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Desert Manna
Prefix: Mr.
First Name: Darrin
Middle Name:
Last Name: Fikstad
Suffix:
Title: President & CEO
Organizational Affiliation: Desert Manna
Telephone Number: (760) 256-7797
Extension:
Email: topchefone@gmail.com
City: Barstow
County: San Bernardino
State: California
Country: United States
Zip/Postal Code: 92311

2. Employer ID Number (EIN): 33-0264040

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$241,740.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? **Yes**
 (For further information, see 24 CFR Sec. 4.3).

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**

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/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
HHAP-3/ SB County ICHP, 560 East Hospitality Lane, Suite 200, San Bernardino, CA 92408-0044	EMERGENCY HOUSING	\$67,345.00	EMERGENCY HOUSING AND SUPPORTIVE SERVICES

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

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/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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 nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

X

Name / Title of Authorized Official: Darrin Fikstad, President & CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/11/2023

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Desert Manna
Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a.	<p>Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.</p>
b.	<p>Establishing an on-going drug-free awareness program to inform employees —</p> <ul style="list-style-type: none"> (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
c.	<p>Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;</p>
d.	<p>Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will —</p> <ul style="list-style-type: none"> (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
e.	<p>Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</p>
f.	<p>Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted —</p> <ul style="list-style-type: none"> (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
g.	<p>Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

X

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Darrin

Middle Name

Last Name: Fikstad

Suffix:

Title: President & CEO

Telephone Number: (760) 256-7797
(Format: 123-456-7890)

Fax Number: (760) 256-4043
(Format: 123-456-7890)

Email: topchefone@gmail.com

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/11/2023

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

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)

Applicant's Organization: Desert Manna

Name / Title of Authorized Official: Darrin Fikstad, President & CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/11/2023

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352. Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Desert Manna
Street 1: 201 N. 1st Avenue
Street 2: Suite B
City: Barstow
County: San Bernardino
State: California
Country: United States
Zip / Postal Code: 92311

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

Authorized Representative

Prefix: Mr.

First Name: Darrin

Middle Name:

Last Name: Fikstad

Suffix:

Title: President & CEO

Telephone Number: (760) 256-7797
(Format: 123-456-7890)

Fax Number: (760) 256-4043
(Format: 123-456-7890)

Email: topchefone@gmail.com

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/11/2023

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

- | | |
|-----|--|
| 9. | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements. |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more. |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93~205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.). |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance. |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures. |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations." |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program. |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award. |

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: Desert Manna
Prefix: Mr.
First Name: Darrin

Middle Name:

Last Name: Fikstad

Suffix:

Title: President & CEO

Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.

Date Signed: 08/11/2023

1L. SF-424D

Are you requesting CoC Program funds for No
construction costs in this application?

No SF-424D is required. Select "Save and Next" to move to the next screen.

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$0

Organization	Type	Sub-Award Amount
This list contains no items		

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

Desert Manna received and effectively administered HUD funding to operate an emergency stay housing for 25 years. Included case management, HMIS intake, wrap around services (collaborations with San Bernardino County Department of Behavioral Health, Department of Aging and Adult Services, Workforce Development Department, Inland Empire Legal Services, Barstow Community Hospital, Inland Empire Housing Authority, KEYS program). Desert Manna also operated Permanent Supportive Housing (8 units) for eight years (2015-2023). Administrated temporary housing through various Motel Voucher programs.

2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

Successfully managed 475K State of California CalRecycle Grant, various grant awards from Annenberg Foundation, Walmart, Weingart Foundation, Bank of America Philanthropy, Stater Bros Markets Philanthropy, San Bernardino County, St. Josephs Healthcare Systems Foundation, Barstow Community Hospital, City of Barstow Awarded CDBG funding, funding from San Bernardino County HHAP-3 funding for Emergency Motel Vouchers, Desert Manna Board of Director fundraisers, private donors, Catholic Charities.

3. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.

We have a dedicated Chief Financial Office/Treasurer who is responsible for bookkeeping duties. Financial information is provided and approved by the Board of Directors. Outside professional Business Tax service to administer tax filings/payroll. Various bank accounts to administer restricted and unrestricted funds. Annual independent CPA audits are conducted.

**4. Are there any unresolved HUD monitoring or No
OIG audit findings for any HUD grants (including
ESG) under your organization?**

3A. Project Detail

- 1. CoC Number and Name: CA-609 - San Bernardino City & County CoC
- 2. CoC Collaborative Applicant Name: County of San Bernardino

- 3. Project Name: Desert Manna PH/PHS 2023

- 4. Project Status: Standard

- 5. Component Type: PH

- 5a. Select the type of PH project: PSH

- 6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

- 7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) No

- 8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No

- 9. Will this project include replacement reserves in the Operating budget? No

- 10. Is this project applying for Rural costs on screen 6A? No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

Desert Manna to provide Rapid Rehousing and Permanent Support Housing through the Rental Assistance program. This will be paired with the numerous wrap around services to maintain a long-term self-sustaining program for at-risk unhoused clients that are underserved. This project includes key services with healthcare providers, social service service providers, education and vocational opportunities. Consistent ongoing case management, life skills programs, childcare, food insecurity are addressed under one umbrella. All clients will be monitored and coached for success. Administrative duties will include accurate data and information documented to assure high degree of success. Our long-term relationship with San Bernardino County Department of Behavioral Health, Inland Empire Housing Authority, Barstow Community Hospital, SAC Health, US Vets, San Bernardino County Workforce Development, and numerous other organization. Provide a complete collaborative for this project to succeed and provide self sustainability for both applicant and client.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	60			
Begin program participant enrollment	60			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	60			
Leased or rental assistance units or structure, and supportive services near 100% capacity	60			
Closing on purchase of land, structure(s), or execution of structure lease	0			
Start rehabilitation	0			
Complete rehabilitation	0			
Start new construction	0			
Complete new construction	0			

2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.

n/a

3. Check the appropriate box(s) if this project will have a specific subpopulation focus.

(Select ALL that apply)

N/A - Project Serves All Subpopulations	<input checked="" type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families	<input checked="" type="checkbox"/>	HIV/AIDS	<input checked="" type="checkbox"/>
		Chronic Homeless	<input checked="" type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? Yes

5. Housing First

5a. Will the project quickly move participants into permanent housing? Yes

5b. Will the project enroll program participants who have the following barriers? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

5c. Will the project prevent program participant termination for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

5d. Will the project follow a "Housing First" approach? Yes
 (Click 'Save' to update)

6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? No

7. Will more than 16 persons live in a single structure? No

100% Dedicated or DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

8. Is this project 100% Dedicated or 100% Dedicated DedicatedPLUS?

3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible renewal project? No

4A. Supportive Services for Participants

1. Describe how program participants will be assisted to obtain and remain in permanent housing.

Case management and life skills provided for ongoing support. Provide wrap around services, transportation, child care, health care services, food, will maintain a self sustaining balance of home security.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

Partnership Growing Outreach Growing Opportunities, Barstow Community Hospital (Emergency Services), San Bernardino County Department of Behavioral Health (mental illness). New Hope Village (sobriety concerns), employment programs (San Bernardino Workforce Development Department. Desert Manna has a long term partnership with these organizations among others including DAAS, US Vets, California Veterans Home - Barstow, Inland Empire Legal Services, San Bernardino Public Defenders Office, SSI/SSD, etc. through Data Entry Intake Forms and track the progress, deficiencies or challenges.

**3. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.
 Click 'Save' to update.**

Supportive Services	Provider	Frequency
Assessment of Service Needs	Partner	As needed
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	As needed
Child Care	Applicant	As needed
Education Services	Partner	As needed
Employment Assistance and Job Training	Partner	As needed
Food	Applicant	As needed
Housing Search and Counseling Services	Partner	As needed
Legal Services	Applicant	As needed
Life Skills Training	Applicant	As needed
Mental Health Services	Partner	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Partner	As needed

Substance Abuse Treatment Services
Transportation
Utility Deposits

Partner	As needed
Applicant	As needed
Applicant	As needed

Identify whether the project will include the following activities:

- 4. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? **Yes**
- 5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? **Yes**
- 6. Will program participants have access to SSI/SSDI technical assistance provided by this project the applicant, a subrecipient, or partner agency? **Yes**
- 6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. **No**

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 10

Total Beds: 16

Total Dedicated CH Beds: 16

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Dormitory, shared or privat...	---	10	16	16

4B. Housing Type and Location Detail

1. **Housing Type:** Dormitory, shared or private rooms

2. **Indicate the maximum number of units and beds available for program participants at the selected housing site.**

a. **Units:** 10

b. **Beds:** 16

3. **How many beds in “2b. Beds” are dedicated to persons experiencing chronic homelessness?** 16

This includes both the “dedicated” and “prioritized” beds.

4. **Address:**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project’s administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 1271 East Main

Street 2:

City: Barstow

State: California

ZIP Code: 92311

***5. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)**

063180 San Bernardino

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	11	13		24
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24	7	11		18
Persons ages 18-24	4	2		6
Accompanied Children under age 18	11			11
Unaccompanied Children under age 18				0
Total Persons	22	13	0	35

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	7									
Persons ages 18-24	4									
Children under age 18	11									
Total Persons	22	0	0	0	0	0	0	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans- (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	7	4								
Persons ages 18-24	1	1								
Total Persons	8	5	0	0	0	0	0	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2025? Yes
2. What type of CoC funding is this project applying for in this CoC Program Competition? CoC Bonus
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Select a grant term: 1 Year

* 5. Select the costs for which funding is requested:



Acquisition/Rehabilitation/New Construction	<input type="checkbox"/>
Leased Units	<input type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input type="checkbox"/>
HMIS	<input type="checkbox"/>
VAWA	<input checked="" type="checkbox"/>
Rural	<input type="checkbox"/>

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? Yes
(13 to 18 months)

6a. Select the number of additional months requested for the initial grant term: 18 months

6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the  icon. To view or update information already listed, select the  icon.

Total Annual Assistance Request:	\$70,764
Grant Term:	1 Year
Total Request for Grant Term:	\$70,764
Total Units:	5

The number of beds for which funding has been requested in the Rental Assistance budget is 6.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	CA - Riverside-San Bernardino-Ontario...	5	\$70,764

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: CA - Riverside-San Bernardino-Ontario, CA MSA (0606599999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	\$797	x	12		=	\$0
0 Bedroom	3	x	\$1,062	x	12		=	\$38,232
1 Bedroom	1	x	\$1,202	x	12		=	\$14,424

2 Bedrooms	1	x	\$1,509	x	12	=	\$18,108
3 Bedrooms	0	x	\$2,065	x	12	=	\$0
4 Bedrooms		x	\$2,542	x	12	=	\$0
5 Bedrooms		x	\$2,923	x	12	=	\$0
6 Bedrooms		x	\$3,305	x	12	=	\$0
7 Bedrooms		x	\$3,686	x	12	=	\$0
8 Bedrooms		x	\$4,067	x	12	=	\$0
9 Bedrooms		x	\$4,449	x	12	=	\$0
Total Units and Annual Assistance Requested	5						\$70,764
Grant Term							1 Year
Total Request for Grant Term							\$70,764

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	1FTE @ \$60k including fringe benefits of 2,400 hours at \$25/hour ; HMIS intake, asses client needs, (physical/ psychological evaluation), home visits, supportive services	\$60,000
4. Child Care	247 client vouchers @ \$75 each emergency childcare for medical issues, work/employment	\$18,500
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills	.5 FTE @ \$18/hr Life Skills Coaching. 311 Life Skills Kits @ \$25 each	\$26,500
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	QTY 240 transportation voucher @ \$50 each	\$12,000
16. Utility Deposits	64 Utility deposits @ \$500 each	\$32,000
17. Operating Costs		
Total Annual Assistance Requested		\$149,000
Grant Term		1 Year
Total Request for Grant Term		\$149,000

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

New in FY2023, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

- A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:
- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
 - Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.
 - Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
 - Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
 - Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
 - Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
 - Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
 - Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.
- B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:
- Monitoring and evaluating compliance.
 - Developing and implementing strategies for corrective actions and remedies to ensure compliance.
 - Program evaluation of confidentiality policies, practices, and procedures.
 - Training on compliance with VAWA confidentiality requirements.
 - Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
 - Costs for establishing methodology to protect survivor information.
 - Staff time associated with maintaining adherence to VAWA confidentiality requirements.



Enter the estimated amount(s) you are requesting for this project’s Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

Eligible Costs	Annual Assistance Requested
Estimated budget amount for VAWA Emergency Transfer Facilitation:	
Estimated budget amount for VAWA Confidentiality Requirements:	

CoC VAWA BLI Total:	\$0
Grant Term	1 Year
Total Request for Grant Term	\$0

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

Total Amount of Cash Commitments:	\$10,000
Total Amount of In-Kind Commitments:	\$64,200
Total Amount of All Commitments:	\$74,200

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Type	Source	Name of Source	Amount of Commitments
Cash	Private	Desert Manna	\$10,000
In-Kind	Private	FTE	\$30,000
In-Kind	Private	Food	\$25,200
In-Kind	Private	Lease Credit	\$9,000

Sources of Match Detail

- 1. Type of Match commitment: Cash
- 2. Source: Private
- 3. Name of Source: Desert Manna
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$10,000

Sources of Match Detail

- 1. Type of Match commitment: In-Kind
- 2. Source: Private
- 3. Name of Source: FTE
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$30,000

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

- 1. Type of Match commitment: In-Kind
- 2. Source: Private
- 3. Name of Source: Food
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$25,200

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

- 1. Type of Match commitment: In-Kind
- 2. Source: Private
- 3. Name of Source: Lease Credit
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$9,000

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition (Screen 6B)			\$0
1b. Rehabilitation (Screen 6B)			\$0
1c. New Construction (Screen 6B)			\$0
2a. Leased Units (Screen 6C)	\$0	1 Year	\$0
2b. Leased Structures (Screen 6D)	\$0	1 Year	\$0
3. Rental Assistance (Screen 6E)	\$70,764	1 Year	\$70,764
4. Supportive Services (Screen 6F)	\$149,000	1 Year	\$149,000
5. Operating (Screen 6G)	\$0	1 Year	\$0
6. HMIS (Screen 6H)	\$0	1 Year	\$0
 7. VAWA	\$0	1 Year	\$0
8. Rural (Only for HUD CoC Program approved rural areas)	\$0	1 Year	\$0
9. Sub-total of CoC Program Costs Requested			\$219,764
10. Admin (Up to 10% of Sub-total in #9)			\$21,976
11. HUD funded Sub-total + Admin. Requested			\$241,740
12. Cash Match (From Screen 6I)			\$10,000
13. In-Kind Match (From Screen 6I)			\$64,200
14. Total Match (From Screen 6I)			\$74,200
15. Total Project Budget for this grant, including Match			\$315,940

The minimum required Total Match amount for the Grant Term is \$60,435.

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No	Healthcare Provid...	08/11/2023
3) Other Attachment(s)	No	Letter of Intent...	08/11/2023

Attachment Details

Document Description:

Attachment Details

Document Description: Healthcare Provider Partner

Attachment Details

Document Description: Letter of Intent for Housing and Support Services

7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7D. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Darrin Fikstad

Date: 08/11/2023

Title: President & CEO

Applicant Organization: Desert Manna

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.(18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).**

X

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	08/08/2023
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/11/2023
1E. SF-424 Compliance	08/08/2023
1F. SF-424 Declaration	08/08/2023
1G. HUD 2880	08/11/2023
1H. HUD 50070	08/08/2023
1I. Cert. Lobbying	08/08/2023
1J. SF-LLL	08/08/2023
1K. SF-424B	08/08/2023
1L. SF-424D	08/08/2023
2A. Subrecipients	No Input Required
2B. Experience	08/08/2023
3A. Project Detail	08/11/2023
3B. Description	08/11/2023
3C. Expansion	08/10/2023
4A. Services	08/10/2023
4B. Housing Type	08/11/2023
5A. Households	08/08/2023
5B. Subpopulations	No Input Required
6A. Funding Request	08/08/2023
6E. Rental Assistance	08/08/2023
6F. Supp Srvcs Budget	08/11/2023
VAWA Budget	No Input Required
6I. Match	08/09/2023

6J. Summary Budget	No Input Required
7A. Attachment(s)	08/11/2023
7A. In-Kind MOU Attachment	No Input Required
7D. Certification	08/09/2023



Quality Care...Close to Home.



820 E. Mountain View Street
Barstow, CA 92311
Phone: 760.256.1761
www.BarstowHospital.com

8/09/2023

RE: the CoC FY 2023 Bonus Projects Request for Application (RFA), Funding Opportunity FR-6700-N-25

To whom it may concern,

I am writing to express Barstow Community Hospital's support for Desert Manna's grant application for the CoC FY 2023 Bonus Projects Request for Application (RFA), Funding Opportunity FR-6700-N-25. For the past 30 years, Barstow Community Hospital has had a mutually beneficial relationship with Desert Manna, with the hospital providing monetary donations as requested and Desert Manna, in turn, providing support services to our homeless and at-risk homeless patients. Both organizations aim to provide coordinated services to vulnerable and underserved communities.

In 2022, Barstow Community Hospital had to write off \$15M to bad debt/charity care – a significant portion of that to our area's homeless population. Since 2019 with the passing of California SB 1152, Barstow Community Hospital has included a written homeless patient discharge planning policy and process within our discharge policies. The discharge process consists of an inquiry about the patient's housing status, and the hospital does not use housing status to discriminate against the patient for medical care or hospital admission. The hospital considers the best interests and preferences for placement of the homeless patient and tries to connect them to available resources and services upon discharge. The hospital informs the homeless patient of all available placement options. It communicates the discharge or transfer plan in a culturally competent manner and language that the homeless patient can understand.

Unless a homeless patient is transferred to another licensed facility, Barstow Community Hospital prioritizes placing the homeless patient at a sheltered location with supportive services. This has been an enormous challenge without a homeless shelter in Barstow for the past few years. The hospital identifies a post-discharge destination for the homeless patient as either a social services agency or provider that has agreed in advance to the placement; a dwelling place specified by the homeless patient as their residence; or an alternative location indicated by the homeless patient and documented in their record.

Barstow Community Hospital expresses our support and confidence in Desert Manna, through these grant funds, to provide comprehensive quality housing services for our community's homeless and at-risk homeless. Thank you in advance for your consideration of Desert Manna's grant application. I look forward to the potential funding of this grant and the benefits it will bring to our community. If you have any questions, please feel free to contact me at 760-957-3221.

Sincerely,

Adam Loris, CEO
Barstow Community Hospital





130 Coolwater Lane

Barstow, Ca 92311 Est. 2019

Letter Of Intent To Enter Into An Memorium Of Understanding Pending Project Award

August 9, 2023

Re: Supportive Services

I am writing on behalf of Growing Outreach Growing Opportunities, G.O.G.O. to express our sincere interest in extending our collaborative partnership between ourselves and Desert Manna, with the goal of providing comprehensive case management, rapid rehousing, permanent supportive housing services and long-term supportive services to the individuals and communities we collectively serve.

Growing Outreach Growing Opportunities, G.O.G.O. is minority owned and operated with one hundred percent of its board identifying as African American, Black, Latino and or Latinx. Growing Outreach Growing Opportunities is based in Barstow where the majority of residents living at our below poverty levels are Black and or Latino. We specialize in removing barriers in the black and brown communities as they are marginalized and severely underserved if not unserved. We close the gap on homelessness, access to care, education, and job skills by carrying out year-round case management, life skills, and job preparedness services in Barstow and surrounding areas. Equally, we admire Desert Manna's dedication and commitment to addressing the needs of individuals and families in our region for over 34 years as a social services provider to the greater Barstow area and rural communities.

Our vision aligns closely with the values and goals of the COC and HUD. With G.O.G.O. and Desert Manna combining our resources, expertise, and networks, we can create a more powerful impact and reach a wider range of individuals who are in need of housing security, case management, job preparedness and supportive services.

The proposed collaboration would involve:

1. **Resource Sharing:** Sharing knowledge, expertise, and best practices in the areas of case management and supportive services to enhance the quality and effectiveness of our programs.
2. **Joint Initiatives:** Developing and implementing joint initiatives that leverage the strengths of both organizations to address specific needs within the community.



130 Coolwater Lane

Barstow, Ca 92311 Est. 2019

3. **Coordinated Referrals:** Establishing a streamlined referral process between our organizations to ensure that individuals receive the most appropriate and timely assistance.
4. **Shared Advocacy:** Collaborating on advocacy efforts to raise awareness about the challenges faced by the populations we serve and to advocate for policy changes that promote social justice and equality.
5. **Capacity Building:** Offering training and professional development opportunities for staff members of both organizations to enhance their skills and knowledge.
6. **Provider Referrals:** Offering warm transfers for our clients to service providers to assist with wrap around services.
7. **Rapid Rehousing & Permanent Supportive Housing:** Fast tracking housing security along with continued supportive services to ensure clients and families learn to maintain and thrive permanently.

We are excited about the potential impact of this partnership and are committed to working together to achieve meaningful and sustainable outcomes. Our combined efforts will not only amplify our reach but also create a more holistic and integrated approach to addressing the needs of our community.

Thank you for considering our proposal. We are enthusiastic about the possibilities that lie ahead and are eager to contribute to the betterment of our community.

Sincerely,

Elizabeth Givens

Executive Director

Growing Outreach Growing Opportunities, G.O.G.O.

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO and the FY 2023 General Section NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2023 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/10/2023

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

- a. Legal Name:** City of San Bernardino
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 95-6000772
- c. Unique Entity Identifier:** EJLMHR1CMKM7

d. Address

Street 1: 290 North D St
Street 2:
City: San Bernardino
County: San Bernardino
State: California
Country: United States
Zip / Postal Code: 92401

e. Organizational Unit (optional)

Department Name: Community & Economic Development
Division Name: Housing

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

Prefix: Miss
First Name: Trina
Middle Name:
Last Name: Perez
Suffix:
Title: Senior Management Analyst
Organizational Affiliation: City of San Bernardino
Telephone Number: (909) 384-5135
Extension: 5135

Applicant: City of San Bernardino

EJLMHR1CMKM7

Project: City of San Bernardino SB HOPE Campus

207125

Fax Number: (123) 456-7890

Email: perez_tr@sbcity.org

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program
CFDA Number: 14.267

12. Funding Opportunity Number: FR-6700-N-25
Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): California
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: City of San Bernardino SB HOPE Campus

16. Congressional District(s):

16a. Applicant: CA-033

16b. Project: CA-033
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 03/04/2024

b. End Date: 03/03/2025

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

1F. SF-424 Declaration

By signing and submitting 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:

21. Authorized Representative

Prefix: Mrs.

First Name: Cassandra

Middle Name: Renee

Last Name: Searcy

Suffix:

Title: Deputy Director of Housing & Homelessness

Telephone Number: (909) 384-7270
(Format: 123-456-7890)

Fax Number: (123) 456-7890
(Format: 123-456-7890)

Email: searcy_ca@sbcity.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/10/2023

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2501-0017 (exp. 1/31/2026)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of San Bernardino
Prefix: Mrs.
First Name: Cassandra
Middle Name: Renee
Last Name: Searcy
Suffix:
Title: Deputy Director of Housing & Homelessness
Organizational Affiliation: City of San Bernardino
Telephone Number: (909) 384-7270
Extension: 7270
Email: searcy_ca@sbcity.org
City: San Bernardino
County: San Bernardino
State: California
Country: United States
Zip/Postal Code: 92401

2. Employer ID Number (EIN): 95-6000772

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$1,148,352.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
 (For further information, see 24 CFR Sec. 4.3).

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

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/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
Housing Community & Development (HCD)	State (PLHA)	\$300,000.00	Operation of Navigation Ctr

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

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/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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 nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

X

Name / Title of Authorized Official: Cassandra Searcy, Deputy Director of Housing & Homelessness

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/10/2023

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of San Bernardino
Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees — (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted — (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will — (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

X

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Mrs.

First Name: Cassandra

Middle Name: Renee

Last Name: Searcy

Suffix:

Title: Deputy Director of Housing & Homelessness

Telephone Number: (909) 384-7270
(Format: 123-456-7890)

Fax Number: (123) 456-7890
(Format: 123-456-7890)

Email: searcy_ca@sbcity.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/10/2023

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

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)

Applicant's Organization: City of San Bernardino

Name / Title of Authorized Official: Cassandra Searcy, Deputy Director of Housing & Homelessness

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/10/2023

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of San Bernardino

Street 1: 290 North D St

Street 2:

City: San Bernardino

County: San Bernardino

State: California

Country: United States

Zip / Postal Code: 92401

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

Authorized Representative

Prefix: Mrs.

First Name: Cassandra

Middle Name: Renee

Last Name: Searcy

Suffix:

Title: Deputy Director of Housing & Homelessness

Telephone Number: (909) 384-7270
(Format: 123-456-7890)

Fax Number: (123) 456-7890
(Format: 123-456-7890)

Email: searcy_ca@sbcity.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/10/2023

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

- | | |
|-----|--|
| 9. | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements. |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more. |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93~205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.). |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance. |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures. |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations." |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program. |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award. |

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: City of San Bernardino
Prefix: Mrs.
First Name: Cassandra

Middle Name: Renee

Last Name: Searcy

Suffix:

Title: Deputy Director of Housing & Homelessness

Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.

Date Signed: 08/10/2023

1L. SF-424D

Are you requesting CoC Program funds for No
construction costs in this application?

No SF-424D is required. Select "Save and Next" to move to the next screen.

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$0

Organization	Type	Sub-Award Amount
This list contains no items		

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

The City continues to partner with several local homeless service providers to assist unhoused individuals and for several years, the City has supported a seasonal shelter in partnership with a local, non-profit to accommodate vulnerable, homeless men and women prior to the COVID-19 pandemic. Due to the rise in homelessness along with the City’s recent Homelessness State of Emergency Declaration, issued February 1, 2023, the City is moving forward with the development of a 24-hour, 200-bed, low barrier, non-congregate, navigation center known as SB HOPE Campus, that will provide the targeted population with direct access to housing services, medical oversight, basic necessities and resources. The City will release a Request for Proposal (RFP) and enter into a Professional Service Agreement with the Lead Operator who will partner with local non-profits, community-based organizations, and government agencies to prioritize homeless related matters through engagement, intervention, and immediate assistance. Onsite supportive services will address mental health, substance abuse disorder, job training & placement and life skills. The navigation center will also employ housing navigators who will build relationships with landlords, Room & Board operators, and residential facilities to expand housing options for navigation center participants while the city builds more affordable housing units.

The City also has experience partnering with various stakeholders to build affordable housing units using multiple funding sources. Most recently, the City partnered with the County of San Bernardino, the Housing Authority of the County of San Bernardino (HACSB), National Community Renaissance of California (CORE) and an array of other entities to complete Phase III of the Arrowhead Grove Neighborhood Revitalization project. Phase III of Arrowhead Grove closed escrow in December 2023 and consist of 184 apartment units, which helps to house households whose incomes fall within 30%-60% of the area median income. The development of Arrowhead Grove launched catalytic change in and around the former Waterman Gardens public housing complex in Central San Bernardino. The redevelopment of Waterman Gardens into Arrowhead Grove has planted seeds; significantly improving housing, education, employment, health & wellness, and other services and resources. The City is currently working with the HACSB to develop Phase IV (92 units) of Arrowhead Grove and is also working with other affordable housing developers to increase inventory throughout the City.

As of the 2023 Point in Time Count, the City houses 36% of the County’s homeless population. Unfortunately, the City lacks an adequate number of available shelter beds required to accommodate its unhoused population, which is why the City is developing a navigation center. Fortunately, the City has experienced and dedicated staff in place to help address the issue of homelessness through use of various funding sources including American Rescue Plan Act (ARPA) Funds, Community Development Block Grant (CDBG) funds and Permanent Local Housing Allocation (PLHA) funds, but additional funding is always needed as homelessness has reached crisis levels in the City. The City has a Homelessness Implementation Plan to accompany the State of Emergency Declaration to help streamline ministerial processes and increase shelter and interim housing capacity within the City. Staff routinely assist with the coordination of public se

2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

The City is a direct recipient of Community Planning and Development formula grants (Community Development Block Grant [CDBG], HOME Investment Partnerships Program [HOME] and Emergency Solutions Grant [ESG]). As an entitlement City, the City is required to provide a report to HUD on its performance in meeting the affordable housing and community development goals and objectives in its approved Five-Year Consolidated Plan. This performance report is called the CAPER. The purpose of the funds is to assist the City in meeting the greatest need and highest priorities in the community, particularly for persons and families of low- to moderate income. As a result, the City funds affordable housing developers, Public Works, businesses and local non-profits to provide affordable housing, public service, eviction prevention services and economic development projects. Community projects are outlined in the City's Five-Year Consolidated Plan.

The City was allocated \$77 million in American Rescue Plan Act funds and received its first tranche of \$38.8 million in May 2021 followed by a second tranche of \$38.8 million in June 2022. These funds were spent to assist the community and homeless population as well as other COVID-19 related necessities. The City was able to develop a Recovery Program to help local businesses impacted by COVID-19 and improve infrastructure, but a significant portion has been allocated towards homeless initiatives. On December 7, 2022, the Mayor and City Council approved \$24.5 million in ARPA funds to help mitigate homelessness. Specifically, \$5million to expand shelter capacity with a local non-profit, \$1.5 million was directed towards a city dedicated Homeless Outreach Team, \$12 million was directed towards the development of the City's first low barrier, non-congregate Navigation Center, and an additional \$4.5 million was directed towards the navigation center's operations.

The City also has two active Homekey 3.0 applications in partnership with Lutheran Social Services to develop a 170-bed Community Wellness Campus to serve homeless men and with Hope the Mission for a 200-bed navigation center (SB HOPE Campus) for both men and women.

As an Entitlement City, staff are responsible for all required tasks associated with program development, application guidance, processing, determination of project eligibility, project oversight, contract compliance, all reporting requirements, and direct draw of funds from HUD.

3. Describe your organization's (and subrecipient(s) if applicable) financial management structure.

The City of San Bernardino maintains extensive budgetary controls. The objective of these controls are to ensure compliance with legal provisions embodied in the annual appropriated budget approved by the Council. Activities of the general fund and special revenue funds are included in the annual appropriated budget. Project-length budgets are prepared for the capital project funds. The level of budgetary control (i.e., the level at which expenditures cannot legally exceed the appropriated amount) is at the departmental level within each fund. The City also maintains an encumbrance accounting system as one method of maintaining budgetary control. Ongoing capital budgets and grants roll forward to the following year. Other encumbered amounts lapse at year-end. However, outstanding operating encumbrances generally are re-appropriated as part of the following year's budget. The City of San Bernardino will oversee all administrative areas of the grant and ensure quality assurance by consistent monitoring and auditing.

**4. Are there any unresolved HUD monitoring or
OIG audit findings for any HUD grants (including
ESG) under your organization?** No

3A. Project Detail

1. **CoC Number and Name:** CA-609 - San Bernardino City & County CoC
2. **CoC Collaborative Applicant Name:** County of San Bernardino
3. **Project Name:** City of San Bernardino SB HOPE Campus
4. **Project Status:** Standard
5. **Component Type:** SSO
- 5a. **Select the type of SSO Project:** Coordinated Entry
6. **Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** No
7. **Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement)** No
8. **Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?** No
10. **Is this project applying for Rural costs on screen 6A?** No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

The City is developing a 200-bed, low barrier, non-congregate, navigation center known as SB HOPE Campus, that will provide the targeted population with direct access to housing services, medical oversight, basic necessities and resources. The City will release a Request for Proposal (RFP) and enter into a Professional Service Agreement with the Lead Operator who will partner with local non-profits, community-based organizations, and government agencies to prioritize homeless related matters through engagement, intervention, and immediate assistance. Case management and housing navigation will be provided. Onsite supportive services will address mental health, substance abuse disorder, job training & placement and life skills. The City already has site control of the 2.5 acre parcel and pre-development has already begun.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	1			
Begin program participant enrollment	1			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	1			
Leased or rental assistance units or structure, and supportive services near 100% capacity	0			
Closing on purchase of land, structure(s), or execution of structure lease	0			
Start rehabilitation	0			
Complete rehabilitation	0			
Start new construction	60			
Complete new construction	360			

3. Check the appropriate box(s) if this project will have a specific subpopulation focus.

(Select ALL that apply)

N/A - Project Serves All Subpopulations	<input checked="" type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families	<input checked="" type="checkbox"/>	HIV/AIDS	<input checked="" type="checkbox"/>
		Chronic Homeless	<input checked="" type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

4. As an SSO-Coodinated Entry project answer the following questions:

4a. Will the coordinated entry process cover the CoC's entire geographic area? No

4b. Will the coordinated entry process be affirmatively marketed and easily accessible by program participants seeking assistance? Yes

4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

Outside of using the City's website and newsletter to publicize the navigation center (SB HOPE Campus), the City has a robust social media platform operated by the City's Public Information Office, economic development and the housing division to let the community and businesses know that shelter and services are available to those in need. The City will also require the contracted lead operator to market the referral process on its personal website as well as educate and collaborate with local non-profits and homeless housing service providers to broadcast programs, services and accessibility. The lead operator will also be responsible for operating and maintaining a dedicated phone line and email address to answer questions from those seeking assistance and members from the community.

4d. Will the coordinated entry process use a comprehensive, standardized assessment process? Yes

4e. Describe the standardized assessment and referral process that directs individuals and families to appropriate housing and services.

The standardized assessment and referral process utilized by SB HOPE Campus will follow the core components of Housing First as set forth at Welfare and Institutions Code section 8255. The Project shall accept tenants regardless of sobriety, participation in services or treatment, religious affiliation, sexual orientation, history of incarceration, credit history or eviction in accordance with practices permitted pursuant to Housing first practices, including local Coordinated Entry System prioritization protocols, or other federal or state Project finding sources.

Because SB HOPE Campus will provide interim housing for men, women and families, registered sex offenders will not be permitted entry. The City will release a Request for Proposal (RFP) in search of a professional lead operator that is familiar with the tenant referral process, tenant selection process, level of service mechanisms required and has the staffing capacity to successfully operate an interim shelter serving the target population. SB HOPE Campus staff will be trained to work with the San Bernardino County's Continuum of Care (CoC) and Homeless Management Information System (HMIS)/Clarity, which will ensure that all interim housing residents are appropriately linked to County related programs and housing services. HMIS is a coordinated system of computers that enable service, shelter, and housing providers in different locations across the County to collect and share information about homeless individuals and families seeking services. Collected information is then used to improve service delivery.

Referrals for SB HOPE Campus will be generated through the Coordinated Entry System (CES) which, utilizes a standard assessment tool to ensure continuity and better alignment of services. However, there are distinct differences between accessing interim housing versus recuperative care. See the breakdown below:

Shelter/Interim Housing Component

The target population will be able to gain access to SB HOPE Campus through the coordinated entry system. Upon entry, participants will connect with case managers who will perform assessments and help design an individualized service plan that is realistic to the participant's needs and abilities.

A Coordinated Entry Specialist will be on-site to ensure that all interim housing residents are appropriately linked to the Coordinated Entry System (CES) and will assist on-site service personnel with helping residents establish exit strategies and connections to available housing, resources and opportunities.

Recuperative Care Component

Homeless individuals requiring medical respite can only receive admittance to Recuperative Care at SB HOPE Campus via an appropriate hospital discharge plan. A system will be established where either the hospital or recuperative care lead operator will work directly with CES to process a referral for recuperative care. The recuperative care lead operator will establish contracts directly with hospitals and healthcare management organizations (HMO) to provide medical care, oversight to appropriate clients and help with income stabilization and help with housing navigation. The contractual agreement will include either leased or per diem beds. A recuperative care client cannot have a skilled need. The recuperative care operator is able to perform many of the same supportive services provided by the shelter/interim housing component, but if needed patients can be referred to onsite services.

4f. If the coordinated entry process includes differences in access, entry, assessment, or referral for certain subpopulations, are those differences limited only to the following groups: Yes

- (1) adults without children;
- (2) adults accompanied by children;
- (3) unaccompanied youth;
- (4) households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and
- (5) persons at risk of homelessness?

3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible renewal project? No

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2025? Yes
2. What type of CoC funding is this project applying for in this CoC Program Competition? CoC Bonus
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Select a grant term: 2 Years

* 5. Select the costs for which funding is requested:

Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>
VAWA	<input checked="" type="checkbox"/>
Rural	<input type="checkbox"/>

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6F. Supportive Services Budget

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		\$0
16. Utility Deposits		
17. Operating Costs	Payment to Lead Operator for wrap-around supportive services and property maintenance	\$574,176
Total Annual Assistance Requested		\$574,176
Grant Term		2 Years
Total Request for Grant Term		\$1,148,352

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

New in FY2023, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

- A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:
- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
 - Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.
 - Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
 - Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
 - Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
 - Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
 - Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
 - Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.
- B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:
- Monitoring and evaluating compliance.
 - Developing and implementing strategies for corrective actions and remedies to ensure compliance.
 - Program evaluation of confidentiality policies, practices, and procedures.
 - Training on compliance with VAWA confidentiality requirements.
 - Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
 - Costs for establishing methodology to protect survivor information.
 - Staff time associated with maintaining adherence to VAWA confidentiality requirements.



Enter the estimated amount(s) you are requesting for this project’s Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

Eligible Costs	Annual Assistance Requested
Estimated budget amount for VAWA Emergency Transfer Facilitation:	
Estimated budget amount for VAWA Confidentiality Requirements:	

CoC VAWA BLI Total:	\$0
Grant Term	2 Years
Total Request for Grant Term	\$0

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

Total Amount of Cash Commitments:	\$287,117
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$287,117

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Name of Source	Amount of Commitments
Cash	Government	Permanent Local H...	\$287,117

Sources of Match Detail

- 1. **Type of Match commitment:** Cash
- 2. **Source:** Government
- 3. **Name of Source:** Permanent Local Housing Allocation (PLHA)
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$287,117

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition (Screen 6B)			\$0
1b. Rehabilitation (Screen 6B)			\$0
1c. New Construction (Screen 6B)			\$0
2a. Leased Units (Screen 6C)	\$0	2 Years	\$0
2b. Leased Structures (Screen 6D)	\$0	2 Years	\$0
3. Rental Assistance (Screen 6E)	\$0	2 Years	\$0
4. Supportive Services (Screen 6F)	\$574,176	2 Years	\$1,148,352
5. Operating (Screen 6G)	\$0	2 Years	\$0
6. HMIS (Screen 6H)	\$0	2 Years	\$0
 7. VAWA	\$0	2 Years	\$0
8. Rural (Only for HUD CoC Program approved rural areas)	\$0	2 Years	\$0
9. Sub-total of CoC Program Costs Requested			\$1,148,352
10. Admin (Up to 10% of Sub-total in #9)			
11. HUD funded Sub-total + Admin. Requested			\$1,148,352
12. Cash Match (From Screen 6I)			\$287,117
13. In-Kind Match (From Screen 6I)			\$0
14. Total Match (From Screen 6I)			\$287,117
15. Total Project Budget for this grant, including Match			\$1,435,469

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7D. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Cassandra Searcy

Date: 08/10/2023

Title: Deputy Director of Housing & Homelessness

Applicant Organization: City of San Bernardino

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.**(18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

X

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	08/08/2023
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/10/2023

1E. SF-424 Compliance	08/08/2023
1F. SF-424 Declaration	08/08/2023
1G. HUD 2880	08/10/2023
1H. HUD 50070	08/08/2023
1I. Cert. Lobbying	08/08/2023
1J. SF-LLL	08/08/2023
IK. SF-424B	08/08/2023
1L. SF-424D	08/08/2023
2A. Subrecipients	No Input Required
2B. Experience	08/08/2023
3A. Project Detail	08/08/2023
3B. Description	08/08/2023
3C. Expansion	08/08/2023
6A. Funding Request	08/08/2023
6F. Supp Srvcs Budget	08/10/2023
VAWA Budget	No Input Required
6I. Match	08/10/2023
6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7D. Certification	08/10/2023

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO and the FY 2023 General Section NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2023 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/11/2023

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. **Legal Name:** Inland Temporary Homes dba Inland Housing Solutions

b. **Employer/Taxpayer Identification Number (EIN/TIN):** 33-0307314

c. **Unique Entity Identifier:** JT3MS83V8SN8

d. Address

Street 1: P. O. Box 239

Street 2:

City: Loma Linda

County: San Bernardino

State: California

Country: United States

Zip / Postal Code: 92354

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Mrs.

First Name: Kate

Middle Name:

Last Name: Nazareno

Suffix:

Title: Housing Programs Manager

Organizational Affiliation: Inland Temporary Homes dba Inland Housing Solutions

Telephone Number: (909) 736-3547

Extension:

Fax Number: (909) 736-3544

Email: kate@inlandhousingsolutions.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program
CFDA Number: 14.267

12. Funding Opportunity Number: FR-6700-N-25
Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): California
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: IHS-IEHP: RRH FY2023

16. Congressional District(s):

16a. Applicant: CA-031

16b. Project: CA-035, CA-008, CA-031
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2024

b. End Date: 09/30/2025

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

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:

1F. SF-424 Declaration

By signing and submitting 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:

21. Authorized Representative

Prefix: Mr.

First Name: Jeff

Middle Name:

Last Name: Little

Suffix:

Title: CEO

Telephone Number: (909) 736-3546
(Format: 123-456-7890)

Fax Number: (909) 736-3545
(Format: 123-456-7890)

Email: jeff@inland housingsolutions.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/11/2023

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2501-0017 (exp. 1/31/2026)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Inland Temporary Homes dba Inland Housing Solutions

Prefix: Mr.

First Name: Jeff

Middle Name:

Last Name: Little

Suffix:

Title: CEO

Organizational Affiliation: Inland Temporary Homes dba Inland Housing Solutions

Telephone Number: (909) 736-3546

Extension:

Email: jeff@inlandhousingsolutions.org

City: Loma Linda

County: San Bernardino

State: California

Country: United States

Zip/Postal Code: 92354

2. Employer ID Number (EIN): 33-0307314

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$1,148,351.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
 (For further information, see 24 CFR Sec. 4.3).

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

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/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
CDBG-SB County 385 N. Arrowhead Ave 3rd flr, San Bernardino, CA	Grant	\$10,000.00	Employee Wages

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

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/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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 nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

X

Name / Title of Authorized Official: Jeff Little, CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/11/2023

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Inland Temporary Homes dba Inland Housing Solutions

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
<p>a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.</p>	<p>e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</p>
<p>b. Establishing an on-going drug-free awareness program to inform employees — (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</p>	<p>f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted — (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;</p>
<p>c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;</p>	<p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>
<p>d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will — (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;</p>	

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Jeff

Middle Name:

Last Name: Little

Suffix:

Title: CEO

Telephone Number: (909) 736-3546
(Format: 123-456-7890)

Fax Number: (909) 736-3545
(Format: 123-456-7890)

Email: jeff@inland housingsolutions.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/11/2023

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

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)

Applicant's Organization: Inland Temporary Homes dba Inland Housing Solutions

Name / Title of Authorized Official: Jeff Little, CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/11/2023

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352. Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Inland Temporary Homes dba Inland Housing Solutions
Street 1: P. O. Box 239
Street 2:
City: Loma Linda
County: San Bernardino
State: California
Country: United States
Zip / Postal Code: 92354

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

Authorized Representative

Prefix: Mr.

First Name: Jeff

Middle Name:

Last Name: Little

Suffix:

Title: CEO

Telephone Number: (909) 736-3546
(Format: 123-456-7890)

Fax Number: (909) 736-3545
(Format: 123-456-7890)

Email: jeff@inlandhousingsolutions.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/11/2023

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93~205).
- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: Inland Temporary Homes dba Inland Housing Solutions

Prefix: Mr.

First Name: Jeff

Middle Name:

Last Name: Little

Suffix:

Title: CEO

Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.

Date Signed: 08/11/2023

1L. SF-424D

Are you requesting CoC Program funds for No
construction costs in this application?

No SF-424D is required. Select "Save and Next" to move to the next screen.

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$0

Organization	Type	Sub-Award Amount
This list contains no items		

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

Inland Housing Solutions (IHS) has a strong record of over 21 years in effectively utilizing federal funds, including managing multiple HUD Supportive Housing Program (SHP) programs like emergency shelter and transitional housing. Our experience extends to the administration of Emergency Food & Shelter Programs (EFSP), Community Development Block Grants (CDBG), and Homeless Prevention and Rapid Rehousing Program (HP-RRP) rental assistance, including rental arrears, security deposits, utility deposits, and moving costs. Expanding on our foundation, this application integrates Rapid Rehousing (HP-RRP) activities with CalAIM Community Supports services. The following paragraphs elaborate on our experience and expertise in these areas.

In 2010, IHS began providing housing first, rapid rehousing services designed to help families with children experiencing or at-risk of homelessness to move quickly to affordable permanent housing and achieve long-term stability utilizing housing navigation, light touch case management and time-limited rental assistance. In 2013, IHS repurposed a HUD CoC-funded project from transitional housing to a Rapid Re-housing program for families with children.

Once the program shifted to a permanent housing-rapid rehousing service model, the IHS Infinite Horizons program team provided direct assistance with housing identification, rental assistance, and stabilization case management services for over 200 literally homeless families with children in San Bernardino County. Over the last six years, the IHS Infinite Horizons team has worked with landlord partners to successfully help participants move into new rental housing in an average of 37 days from program enrollment to lease-up and has helped to facilitate an 88% retention rate, consistently ranking among the top performers on the HUD performance measurement standards for SBC CoC-funded agencies.

In 2016, IHS was designated to serve as the Lead Agency to administer and implement a centralized Housing Search and Stabilization (PH-RRH) component within the Coordinated Entry System (CES) on behalf of the San Bernardino City & County Continuum of Care (SBC CoC). IHS is a subcontracting partner on the HUD CoC-funded CES project administered by Inland SoCal United Way (ISCUW) with responsibility for carrying out the Housing Search and Stabilization component and also serves under contract with the County of San Bernardino Department of Community Development & Housing (CDH) utilizing ESG funding to support centralized housing search and stabilization services in collaboration with all CoC and ESG funded agencies participating in the coordinated entry system.

Our recent collaboration with IEHP in CalAIM's Community Supports, specifically Housing Transition Navigation Services (HTNS)(PH-RRH) for almost 2 years, serving over 1,304 members in San Bernardino County, underscores our commitment to innovative housing solutions. We have consistently demonstrated the ability to navigate time constraints, fulfill contractual obligations, and manage funding resources with precision, resulting in programs that have made a tangible difference in the lives of those we serve.

2. Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

Over the past 21 years, IHS organization has developed a robust proficiency in effectively leveraging funds from a multitude of sources, including Federal, State, and local agencies, as well as the private sector. Central to our financial strategy is our tried-and-true model of braided funding. This model allows us to cohesively combine diverse funding streams, both restricted and unrestricted, to bolster our services. The result is a streamlined and amplified offering without risking duplication or supplantation of funds.

Our funding history demonstrates the management of resources from a range of significant sources, including the HUD Supportive Housing Program (SHP), Emergency Food & Shelter Programs (EFSP), Community Development Block Grants (CDBG), Emergency Solutions Grant (ESG), and the Homeless Prevention and Rapid Rehousing Program (HP-RRP), among others. Furthermore, our ability to utilize unrestricted funds, especially from the private and healthcare sectors, has been instrumental in bridging potential service gaps. While direct private donations form a smaller part of our funding matrix, our partnerships with local agencies and sectors have been invaluable in aligning our resources with broader community objectives.

By skillfully navigating these multifaceted funding avenues, IHS consistently ensures a maximized reach in our services while maintaining our commitment to fiscal responsibility and transparency.

3. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.

IHS has a professionally managed administrative system structured to ensure the appropriate use of funds. The Accountant prepares a draft budget based on an analysis of expenses and income over the past five years and a projection of expenses for new programs. Any new program expenses are based on the research of the Chief Executive Officer. The budget is then presented to the Board of Directors. The Board of Directors approves the yearly budget as well as any unexpected expenditures that arise during the year that were not included in the original budget.

IHS uses the Quickbooks Non-Profit accounting program which allows the staff accountant to update and organize financial records in a general ledger and create various reports as needed or requested by the Board of Directors. The IHS Accountant is responsible for grant allocations under the supervision of the Chief Executive Officer. All income (reimbursement or advances) from grant sources are accounted for and tracked separately on an Excel spreadsheet. When advances are received, the funds are recorded as deferred revenue to be allocated on a monthly basis according to expenditures and are tracked on an Excel spreadsheet. Expenses that serve multiple programs are allocated between programs utilizing a reasonable and equitable.

Methodology. The Chief Executive Officer reviews and approves all accounts payable to the accountant, who then processes the checks. A double signature by two board members is required for all checks over \$10,000. Accounting duties are separated and completed by different staff/board members to ensure internal controls are in place. Financial reports are produced on a monthly basis. The Board of Directors receives the monthly financial reports for review and approval. The Board Treasurer approves and signs all bank reconciliations and financial reports. Finally, the agency has an independent audit firm that audits the agency's financial statements and completes tax forms annually.

**4. Are there any unresolved HUD monitoring or
OIG audit findings for any HUD grants (including
ESG) under your organization?** No

3A. Project Detail

1. CoC Number and Name: CA-609 - San Bernardino City & County CoC

2. CoC Collaborative Applicant Name: County of San Bernardino

3. Project Name: IHS-IEHP: RRH FY2023

4. Project Status: Standard

5. Component Type: PH

5a. Select the type of PH project: RRH

6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) No

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No

10. Is this project applying for Rural costs on screen 6A? No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

Outcomes

IHS is to provide Rapid Rehousing (PH-RRH) services to 60 households (65 individuals) experiencing homelessness in San Bernardino County through CalAIM Community Supports referrals from Inland Empire Health Plan (IEHP). Increasing access to available community support services including medical, mental health and employment resources. Improved health and wellness. Increase landlord engagement willing to participate. Strengthened interagency collaboration between IHS, IEHP, and other stakeholders. Increase in diverse housing solutions to ensure participants' needs are met.

Use of CoC Funding

Total CoC Funding Request: \$1,148,351: Tenant Based Rental Assistance (TRA) \$862,020, Personnel \$154,326, Direct Assistance \$19,600, Operations \$8,010, and Admin \$104,396.

Target Population

Low-income individuals and families experiencing literal homelessness per 24 CFR 578.3 referred by IEHP, including those with high utilization of crisis services such as emergency rooms, jails, and psychiatric facilities.

Project Description

IHS will provide up to 24 months of tenant-based rental assistance and supportive services to at least 60 households referred by IEHP. Case managers will help households secure rental units, make moving arrangements, and provide stabilization services during housing search and post-housing placement. Both housing-focused and clinical case management via partner healthcare providers will ensure retention. The project coordinator will work closely with IEHP, other referral sources, landlords and clinical partners.

Services

Referrals and supports for health, mental health and substance use disorder treatment tailored to IEHP-covered services. Case management and care coordination to help participants engage in treatment, maintain stable housing, access benefits/income supports, and achieve overall wellness. Mental health treatment including outpatient therapy, psychiatric services, medication management, and crisis stabilization either through on-site providers or referrals to off-site clinicians. Substance use disorder treatment such as outpatient counseling, medication-assisted treatment, recovery coaching, and relapse prevention services on-site or through referral partnerships. Care coordination and adherence support for chronic health conditions, including physical health appointments, medication management, health education, and transportation assistance to access medical care. Benefits advocacy and eligibility screening assistance to access Medicaid, Medicare, SSI/SSDI, CalFresh, Medi-Cal, public health insurance, mainstream programs. Employment counseling, skills training, job preparation supports, assistance with education or vocational programs through local workforce development partners. Life skills training in areas like budgeting, household management, nutritional education to support health and self-sufficiency.

Coordination of Services

IEHP will identify eligible individuals experiencing or at risk of homelessness from their healthcare enrollment data and refer them to the project. Clients would be assigned a case manager from the applicant agency who would work closely with IEHP care coordinators to develop an individualized housing

stability plan. Supportive services like life skills training, benefits advocacy, and employment counseling will be provided on-site by housing agency staff or through referral partnerships.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	1			
Begin program participant enrollment		30		
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin			60	
Leased or rental assistance units or structure, and supportive services near 100% capacity				90
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

3. Check the appropriate box(s) if this project will have a specific subpopulation focus.

(Select ALL that apply)

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input checked="" type="checkbox"/>

Other: Individuals and families with chronic health conditions

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? Yes

5. Housing First

5a. Will the project quickly move participants into permanent housing? Yes

5b. Will the project enroll program participants who have the following barriers? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

5c. Will the project prevent program participant termination for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

5d. Will the project follow a "Housing First" approach? Yes
 (Click 'Save' to update)

6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? No

7. Will more than 16 persons live in a single structure? No

3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible No
renewal project?

4A. Supportive Services for Participants

1. Describe how program participants will be assisted to obtain and remain in permanent housing.

IHS's approach to assisting participants in obtaining and retaining permanent housing is a holistic strategy, rooted in the extensive experience of our Infinite Horizons Program and synergistically combined with Community Supports Services tailored for IEHP Members.

Financial Assistance & Landlord Engagement

We deploy dedicated financial support for participants, covering essential housing-related expenses such as application fees, holding deposits, utility payments, and more. This ensures that the financial barriers to obtaining housing are minimized. Our commitment extends to fostering landlord relationships by offering landlord incentives, which include signing bonuses and damage mitigation. This cultivates a supportive environment for program participants to secure housing.

Housing Search & Placement

Our dedicated housing specialists collaborate with other CoC participating agencies to craft a customized housing search and placement plan. Housing Navigators work with each household to establish customized Individualized Service Plans (ISP) and Housing Stability Plan (HSP) based on housing needs and preferences identified by the participating household, which is used to facilitate housing-focused case management in obtaining and maintaining housing stability.

Individualized Care

The place to call home is very subjective and personal – where to live, with whom, the size of the unit, and the cost of the rent. Inland Housing Solutions staff assist all individuals and families with the available and appropriate housing options based on the household's unique needs, preferences, barriers, and financial resources. Housing Navigators review the Housing Stability Plan (HSP) and Individualized Service Plans (ISP) with each household to assess and encourage progress, help facilitate community service connections, and determine if additional supports are needed to attain housing stabilization goals.

Landlord Recruitment & Retention

Recognizing the importance of landlord partnerships, our housing team works tirelessly to build and maintain relationships with rental property owners throughout the county. We facilitate a smooth move-in process, negotiate tenant screening and lease provisions, and ensure timely provision of available incentives and assistance. Our proactive landlord outreach, via Landlord Link, bridges the gap between property owners and program participants, enabling us to rapidly match participants with suitable housing options.

Continuous Coordination & Support

Coordinating closely with ESG/CoC/CES agencies, we devise individualized housing identification and stabilization service plans for each client. This coordination ensures that adequate case management plans are in place, promoting client housing stabilization and longevity. Our daily communication with housing navigators, case managers, and other stakeholders, through meetings and case conferences, facilitates a consistent flow of feedback. This feedback loop aids in refining our housing search and placement process, ensuring a responsive approach to the dynamic needs of our participants.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

IHS remains dedicated to a Housing First comprehensive approach, facilitating access for program participants to mainstream health, social services, and employment programs. Our longstanding association with partners, including Inland Empire Health Plan (IEHP) for CalAIM Community Supports, is a testament to this dedication.

Employment Income and Economic Empowerment: IHS has established partnerships with local employment agencies, notably America’s Job Center/Workforce Development offices. We actively assist participants in accessing job training, educational programs, and other local employment opportunities. These initiatives ensure participants not only secure employment but also achieve economic stability, leading to successful exits from homelessness.

Mainstream Benefit Navigation: Our team guides participants in obtaining non-employment income benefits, such as SSI, SSDI, Food Stamps, and Veterans benefits. This is achieved through close collaboration with agencies responsible for these benefits and regular training sessions for our staff. Participants are equipped with the necessary resources and knowledge to access and maximize their entitled benefits.

Holistic Social Support: Adhering to the Housing First model, IHS assists participants in accessing essential social services. This includes childcare, food assistance, TANF, and early childhood education. Our partnerships with public service agencies and community-based programs ensure a holistic approach to participant needs. A comprehensive support system ensures participants' immediate and long-term needs are addressed, promoting stability and self-sufficiency.

Healthcare Access and Collaboration: IHS ensures participants have access to healthcare benefits and resources, including Medicaid, Medicare, healthcare for the homeless, and FQHCs. Our collaboration with the County of San Bernardino Department of Community Development & Housing, the Department of Behavioral Health, and Inland SoCal United Way 211 is pivotal in this regard. Timely medical attention and awareness of healthcare entitlements are crucial for the overall well-being of our participants.

Housing Stability and Individualized Service Plans: Every IHS client undergoes a thorough assessment leading to the development of a Housing Stability Plan (HSP) and an Individualized Service Plan (ISP). These plans, tailored to individual needs, ensure that clients receive the most appropriate services and support to maintain stable housing and achieve personal goals. The HSP and ISP frameworks ensure that interventions are client-centered, addressing unique challenges and leveraging individual strengths, leading to sustainable outcomes.

Achievements and Experience: IHS's collaboration with IEHP for CalAIM Community Supports has led to serving over 2400 members across Riverside and San Bernardino Counties, with 1300 members specifically in San Bernardino County. Our adherence to Housing First practices has resulted in an impressive 88% housing retention rate. With 13 years of experience providing Housing First and rapid rehousing services, we have consistently ranked among the top performers on the HUD performance measurement standards for SBC CoC-funded agencies.

**3. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.
 Click 'Save' to update.**

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	As needed
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	Bi-weekly
Child Care		
Education Services	Partner	As needed
Employment Assistance and Job Training	Partner	As needed
Food	Partner	As needed
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Partner	As needed
Life Skills Training	Applicant	As needed
Mental Health Services	Partner	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Applicant	As needed
Substance Abuse Treatment Services	Partner	As needed
Transportation	Applicant	As needed
Utility Deposits	Applicant	As needed

Identify whether the project will include the following activities:

4. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? Yes

6. Will program participants have access to SSI/SSDI technical assistance provided by this project the applicant, a subrecipient, or partner agency? Yes

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 60

Total Beds: 65

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Single family homes/townhou...	---	60	65	

4B. Housing Type and Location Detail

1. **Housing Type:** Single family homes/townhouses/duplexes

2. **Indicate the maximum number of units and beds available for program participants at the selected housing site.**

a. **Units:** 60

b. **Beds:** 65

3. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: P.O. Box 239

Street 2:

City: Loma Linda

State: California

ZIP Code: 92354

***4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

069071 San Bernardino County

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	5	55		60
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24	4	55		59
Persons ages 18-24	1	0		1
Accompanied Children under age 18	5			5
Unaccompanied Children under age 18				0
Total Persons	10	55	0	65

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24							2	1		1
Persons ages 18-24							1			0
Children under age 18							2			3
Total Persons	0	0	0	0	0	0	5	1	0	4

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans- (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24				5	0	5	5	20	5	20
Persons ages 18-24										
Total Persons	0	0	0	5	0	5	5	20	5	20

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

Describe the "Persons Not Represented by a Listed Subpopulation" referred to above:

This project is focused on the Rapid Re-Housing of literal homeless individuals and families. This population does NOT always include a disabling condition or chronic homelessness (even though these sub-populations will be served). So, not all individuals will fall under one of the sub-populations.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2025? Yes

2. What type of CoC funding is this project applying for in this CoC Program Competition? CoC Bonus

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Select a grant term: 1 Year

* 5. Select the costs for which funding is requested:

Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>
VAWA	<input checked="" type="checkbox"/>
Rural	<input type="checkbox"/>

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? Yes
(13 to 18 months)

6a. Select the number of additional months requested for the initial grant term: 15 months

6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Request:	\$862,020
Grant Term:	1 Year
Total Request for Grant Term:	\$862,020
Total Units:	60

The number of beds for which funding has been requested in the Rental Assistance budget is 65.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	CA - Riverside-San Bernardino-Ontario...	60	\$862,020

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: CA - Riverside-San Bernardino-Ontario, CA MSA (0606599999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$797	x	12	=	\$0
0 Bedroom	13	x	\$1,062	x	12	=	\$165,672
1 Bedroom	42	x	\$1,202	x	12	=	\$605,808

2 Bedrooms	5	x	\$1,509	x	12	=	\$90,540
3 Bedrooms		x	\$2,065	x	12	=	\$0
4 Bedrooms		x	\$2,542	x	12	=	\$0
5 Bedrooms		x	\$2,923	x	12	=	\$0
6 Bedrooms		x	\$3,305	x	12	=	\$0
7 Bedrooms		x	\$3,686	x	12	=	\$0
8 Bedrooms		x	\$4,067	x	12	=	\$0
9 Bedrooms		x	\$4,449	x	12	=	\$0
Total Units and Annual Assistance Requested	60						\$862,020
Grant Term							1 Year
Total Request for Grant Term							\$862,020

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs	Service Coordinator: \$47,840, 0.4 FTE = \$19,136 Benefits = \$1,914	\$21,050
2. Assistance with Moving Costs	Client Assistance for moving costs (ie: Uhaul, Storage Unit, etc.)	\$5,000
3. Case Management	Case Manager: \$56,160, 1.25 FTE = \$70,200 Benefits = \$7,020	\$77,220
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services	Housing Navigator: \$52,000, 0.5 FTE = \$26,000 Benefits = \$2,600	\$28,600
9. Legal Services		
10. Life Skills	Client Support Specialist: \$49,920, 0.2 FTE = \$9,984 Benefits = \$998	\$10,982
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services	Client Support Specialist: \$49,920, 0.3 FTE = \$14,976 Benefits = \$1,498	\$16,474
14. Substance Abuse Treatment Services		
15. Transportation	Transportation: \$2,000 for client transportation assistance (ie; gas vouchers, bus passes, etc) Staff Milage for client transport: \$3,000	\$5,000
16. Utility Deposits	Client Utility Deposits	\$9,600
17. Operating Costs	Consumable Supplies = \$5,010, Equipment = \$3,000	\$8,010
Total Annual Assistance Requested		\$181,936
Grant Term		1 Year
Total Request for Grant Term		\$181,936

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

New in FY2023, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:

- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
- Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.
- Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
- Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
- Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:

- Monitoring and evaluating compliance.
- Developing and implementing strategies for corrective actions and remedies to ensure compliance.
- Program evaluation of confidentiality policies, practices, and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.



Enter the estimated amount(s) you are requesting for this project’s Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

Eligible Costs	Annual Assistance Requested
Estimated budget amount for VAWA Emergency Transfer Facilitation:	
Estimated budget amount for VAWA Confidentiality Requirements:	

CoC VAWA BLI Total:	\$0
Grant Term	1 Year
Total Request for Grant Term	\$0

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

Total Amount of Cash Commitments:	\$580,000
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$580,000

1. Will this project generate program income **Yes**
 described in 24 CFR 578.97 to use as Match for
 this project?

1a. Briefly describe the source of the program income:
 (limit 1000 characters)

IEHP will provide 25% (290,000/year) service match of the requested HUD funding (\$1,148,351/year) for IHS's project health care support, utilizing specific CalAIM Community Supports (CS) codes such as: Housing Transition Navigation Services (HTNS), Housing Deposits (HD), and Housing Tenancy and Sustaining Services (HTSS), leveraging IHS's current Community Supports (CS) contracts.

1b. Estimate the amount of program income that
 will be used as Match for this project:

Type	Source	Name of Source	Amount of Commitments
Cash	Private	Inland Housing So...	\$290,000
Cash	Private	Inland Empire Hea...	\$290,000

Sources of Match Detail

1. Type of Match commitment: Cash
2. Source: Private
3. Name of Source: Inland Housing Solutions
(Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: \$290,000

Sources of Match Detail

1. Type of Match commitment: Cash
2. Source: Private
3. Name of Source: Inland Empire Health Plan (IEHP)
(Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: \$290,000

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition (Screen 6B)			\$0
1b. Rehabilitation (Screen 6B)			\$0
1c. New Construction (Screen 6B)			\$0
2a. Leased Units (Screen 6C)	\$0	1 Year	\$0
2b. Leased Structures (Screen 6D)	\$0	1 Year	\$0
3. Rental Assistance (Screen 6E)	\$862,020	1 Year	\$862,020
4. Supportive Services (Screen 6F)	\$181,936	1 Year	\$181,936
5. Operating (Screen 6G)	\$0	1 Year	\$0
6. HMIS (Screen 6H)	\$0	1 Year	\$0
 7. VAWA	\$0	1 Year	\$0
8. Rural (Only for HUD CoC Program approved rural areas)	\$0	1 Year	\$0
9. Sub-total of CoC Program Costs Requested			\$1,043,956
10. Admin (Up to 10% of Sub-total in #9)			\$104,395
11. HUD funded Sub-total + Admin. Requested			\$1,148,351
12. Cash Match (From Screen 6I)			\$580,000
13. In-Kind Match (From Screen 6I)			\$0
14. Total Match (From Screen 6I)			\$580,000
15. Total Project Budget for this grant, including Match			\$1,728,351

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No	IEHP Letter of Co...	08/11/2023
3) Other Attachment(s)	No	IHS Letter of Sup...	08/11/2023

Attachment Details

Document Description:

Attachment Details

Document Description: IEHP Letter of Commitment_IHS Match

Attachment Details

Document Description: IHS Letter of Support_HUD CoC Bonus

7D. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Jeff Little

Date: 08/11/2023

Title: CEO

Applicant Organization: Inland Temporary Homes dba Inland Housing Solutions

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.(18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).**

X

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
New Project Application FY2023	Page 58 08/11/2023

1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	08/09/2023
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/09/2023
1E. SF-424 Compliance	08/09/2023
1F. SF-424 Declaration	08/09/2023
1G. HUD 2880	08/09/2023
1H. HUD 50070	08/09/2023
1I. Cert. Lobbying	08/09/2023
1J. SF-LLL	08/09/2023
IK. SF-424B	08/09/2023
1L. SF-424D	08/09/2023
2A. Subrecipients	No Input Required
2B. Experience	08/10/2023
3A. Project Detail	08/09/2023
3B. Description	08/11/2023
3C. Expansion	08/09/2023
4A. Services	08/11/2023
4B. Housing Type	08/09/2023
5A. Households	08/09/2023
5B. Subpopulations	08/09/2023
6A. Funding Request	08/09/2023
6E. Rental Assistance	08/09/2023
6F. Supp Srvcs Budget	08/10/2023
VAWA Budget	No Input Required
6I. Match	08/09/2023
6J. Summary Budget	No Input Required
7A. Attachment(s)	08/11/2023
7D. Certification	08/11/2023



We heal and inspire the human spirit.

August 8, 2023

Subject: Letter of Commitment for Inland Housing Solution's Submission for HUD CoC FY2023 Competition

To Whom It May Concern:

I am writing on behalf of IEHP to express our strong support and commitment to Inland Housing Solution's application for the HUD Continuum of Care (CoC) FY2023 competition. We recognize the vital role that Inland Housing Solutions (IHS) plays in our community, providing essential housing and support services to those in need.

Our commitment to IHS's efforts is reflected in the following key areas:

1. **Health Care Funding:** IEHP will provide 25% (290,000/year) service match of the requested HUD funding (\$1,148,351/year) for IHS's project health care support, utilizing specific CalAIM Community Supports (CS) codes such as: Housing Transition Navigation Services (HTNS), Housing Deposits (HD), and Housing Tenancy and Sustaining Services (HTSS), leveraging IHS's current Community Supports (CS) contracts.
2. **Rapid Re-Housing Model:** IEHP endorses IHS's plan for a new project utilizing a Rapid Rehousing (PH-RRH) Model, offering up to 2-years of Tenant-Based Rental Assistance (TRA) for IEHP Members, aligning with the goal of stable housing for vulnerable community members.
3. **Eligibility Requirements:** IEHP and IHS will adhere to HUD and fair housing requirements, without adding extra eligibility conditions for program participation.
4. **Contribution of Units:** IEHP backs IHS's commitment to allocate an additional 25% match of available units for IEHP Members, reflecting an additional \$290,000 in rental supports funded by IHS, bringing the total project match to 50% of total requested HUD funding.
5. **Anticipated Impact:** With IEHP's annual support of \$290,000 through CalAIM Service codes, IHS expects to serve over **60 households** per year, using approximately \$1.72 million (\$1.14 million requested through HUD, \$290,000 IHS, and \$290,000 IEHP) in total yearly funding.
6. **Start Date:** The program is set to begin on **October 1, 2024**.

We believe that IHS's comprehensive approach to addressing homelessness, coupled with our collaborative partnership, will lead to meaningful and lasting change in our community. We are proud to stand with IHS in this endeavor and look forward to seeing the positive impact of our combined efforts.

Please consider this letter as a formal expression of IEHP's commitment to IHS's submission for the HUD CoC FY2023 competition. Should you have any questions or require further information, please do not hesitate to contact me directly at [Contact Information].

Sincerely,

Takashi Wada, MD, MPH
Chief Medical Officer
10801 e Sixth St. Rancho Cucamonga, CA
Administration
Wada-t@iehp.org



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P.O. Box 1800, Rancho Cucamonga, CA 91729-1800
Tel (909) 890-2000 Fax (909) 890-2019, TTY (909) 890-0731
Visit our website at: www.iehp.org



PO Box 239
Loma Linda, CA 92354

909.796.6381

info@inland housingsolutions.org

www.inland housingsolutions.org

August 9, 2023

Subject: Letter of Commitment for Inland Housing Solution's Submission for HUD CoC FY2023 Competition

To Whom It May Concern:

I am writing on behalf of Inland Housing Solutions (IHS) to express our strong commitment for the submission of a new Rapid Rehousing Model (PH-RRH) for the HUD Continuum of Care (CoC) FY2023 competition. To support successful outcome of the proposed goals, objectives and outcomes, our organization will contribute the following resources:

1. **Contribution of Units:** IHS will offer \$290,000 (a 25% match) of requested funding per year for program participants anticipated to be served by the project. In combination with IEHP's 25% support commitment, this will bring the total project match to 50% of total requested HUD funding.
2. **Eligibility Requirements:** Will adhere to HUD and fair housing requirements, without adding extra eligibility conditions for program participation.
3. **Anticipated Impact:** With IHS's annual support of \$290,000, IHS expects to serve over **60 households** per year, using approximately \$1.72 million (\$1.14 million requested through HUD, \$290,000 IHS, and \$290,000 IEHP) in total yearly funding.
4. **Start Date:** If awarded, the program is set to begin on **October 1, 2024**.
5. **Rapid Rehousing Model:** Will support utilizing a Rapid Rehousing (PH-RRH) Model, offering up to 2-years of Tenant-Based Rental Assistance (TRA) for IEHP Members, aligning with the goal of stable housing for vulnerable community members.

We believe that this new Rapid Rehousing Project (PH-RRH) approach to addressing homelessness, coupled with our collaborative partnership with IEHP, will lead to meaningful and lasting change in our community.

Please consider this letter as a formal expression of IHS's commitment to this project submission for the HUD CoC FY2023 competition. Should you have any questions or require further information, please do not hesitate to contact me directly.

Thank you,

Jeff Little
Chief Executive Officer (CEO)
Inland Housing Solutions



Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO and the FY 2023 General Section NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2023 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/11/2023

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Family Assistance Program

b. Employer/Taxpayer Identification Number (EIN/TIN): 33-0107971

c. Unique Entity Identifier: MAKVS3P6FCG3

d. Address

Street 1: 15075 7th Street

Street 2:

City: Victorville

County: San Bernardino

State: California

Country: United States

Zip / Postal Code: 92395

e. Organizational Unit (optional)

Department Name: Family Assistance Program

Division Name: DV Housing

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

Prefix: Mr.

First Name: Matt

Middle Name:

Last Name: Letellier

Suffix:

Title: Grant Manager

Organizational Affiliation: Family Assistance Program

Telephone Number: (760) 843-0701

Extension:

Applicant: Family Assistance Program

05855208

Project: Domestic Violence Services and Support In San Bernardino County

208939

Fax Number: (760) 843-9551

Email: matt@familyassist.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6700-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): California
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Domestic Violence Services and Support In San Bernardino County

16. Congressional District(s):

16a. Applicant: CA-008, CA-031

16b. Project: CA-035, CA-008, CA-039, CA-027, CA-031
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 12/01/2024

b. End Date: 11/30/2025

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

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:

1F. SF-424 Declaration

By signing and submitting 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:

21. Authorized Representative

Prefix: Mr.

First Name: Darryl

Middle Name:

Last Name: Evey

Suffix:

Title: CEO

Telephone Number: (760) 843-0701
(Format: 123-456-7890)

Fax Number: (760) 843-9551
(Format: 123-456-7890)

Email: darryl@familyassist.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/11/2023

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2501-0017 (exp. 1/31/2026)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Family Assistance Program

Prefix: Mr.

First Name: Darryl

Middle Name:

Last Name: Evey

Suffix:

Title: CEO

Organizational Affiliation: Family Assistance Program

Telephone Number: (760) 843-0701

Extension:

Email: darryl@familyassist.org

City: Victorville

County: San Bernardino

State: California

Country: United States

Zip/Postal Code: 92395

2. Employer ID Number (EIN): 33-0107971

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$1,186,154.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? **Yes**
 (For further information, see 24 CFR Sec. 4.3).

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**

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/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	\$0.00	NA

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below?

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/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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 nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

X

Name / Title of Authorized Official: Darryl Evey, CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/11/2023

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Family Assistance Program
Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
<p>a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.</p>	<p>e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</p>
<p>b. Establishing an on-going drug-free awareness program to inform employees — (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</p>	<p>f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted — (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;</p>
<p>c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;</p>	<p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>
<p>d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will — (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;</p>	

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

X

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Darryl

Middle Name

Last Name: Evey

Suffix:

Title: CEO

Telephone Number: (760) 843-0701
(Format: 123-456-7890)

Fax Number: (760) 843-9551
(Format: 123-456-7890)

Email: darryl@familyassist.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/11/2023

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

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)

Applicant's Organization: Family Assistance Program

Name / Title of Authorized Official: Darryl Evey, CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/11/2023

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352. Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Family Assistance Program

Street 1: 15075 7th Street

Street 2:

City: Victorville

County: San Bernardino

State: California

Country: United States

Zip / Postal Code: 92395

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

Authorized Representative

Prefix: Mr.

First Name: Darryl

Middle Name:

Last Name: Evey

Suffix:

Title: CEO

Telephone Number: (760) 843-0701
(Format: 123-456-7890)

Fax Number: (760) 843-9551
(Format: 123-456-7890)

Email: darryl@familyassist.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/11/2023

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93~205).
- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: Family Assistance Program
Prefix: Mr.
First Name: Darryl

Middle Name:

Last Name: Evey

Suffix:

Title: CEO

Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.

Date Signed: 08/11/2023

1L. SF-424D

Are you requesting CoC Program funds for No
construction costs in this application?

No SF-424D is required. Select "Save and Next" to move to the next screen.

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

Family Assistance Program has been serving victims of domestic violence since 1985. Over the years, the agency has provided emergency shelter services, transitional housing, care coordination, and rental assistance to victims. Most funding for the agency's domestic violence shelter is federal VAWA and VOCA funds that are awarded by the California Office of Emergency Services (Cal OES). These funds cover costs for staffing, services, and facilities. Cal OES audits the program each year. Over the past 25 years of funding the audits have never had a finding.

From 2009 through 2012, the Family Assistance Program managed an ARRA funded rental assistance project. This project provided \$1.2M in rental assistance to funds to families across the county. Most of these funds were distributed through partnerships with local agencies. Many of the transitional housing sites have been funded using federal funding through local cities. For example, the Town of Apple Valley awarded the agency HUD funding to purchase and rehab a 4-plex to be used for transitional housing. This project was completed in 2014. An additional transitional housing project was purchased in 2017 utilizing a capital campaign that was jump-started through a \$75,000 donation from a foundation.

Family Assistance Program has been managing \$2.3m in federal funds from the US Department of Housing and Urban Development (HUD) for the past 12 months. The agency's existing HUD contract includes six sub-recipient partners to which Family Assistance Program subcontracts a combined \$500,000. In August 2023, Family Assistance Program successfully completed its first HUD audit for the existing DV Bonus project this expansion project will enhance.

2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

Family Assistance Program has been leveraging federal funding with state, local, and private sectors for 20 years. Since 2004, the agency has received federal VOCA funding through a domestic violence grant from Cal OES. This state contract requires a 20% non-federal match each year. The agency currently leverages over \$700,000 in state funding with its existing DV Bonus project through HUD. The agency also manages three federal contracts with the Family and Youth Service Bureau that require matching state or local funding.

Family Assistance Program also receives roughly \$100,000 to \$150,000 in foundation grants each year that help fill funding gaps and address cash flow. This year, the Mary Kay Ash Foundation will support the domestic violence shelter with \$20,000 in general operating support. The Dignity Health Foundation will support the agency with \$64,000 for advocates to work with victims to access medical care and develop a medical home. Other funding sources include In N' Out Burger Foundation, Inland Empire Healthcare Plan, Stater Brothers, and Kaiser Permanente.

3. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.

Family Assistance Program is a nonprofit corporation with a volunteer board of directors. The board meets monthly to review financial statements, evaluate program performance and logic models, and review progress toward achieving the goals established in the five-year strategic plan. The applicant’s strategic plan is updated every three years.

The Executive Director - is responsible for general oversight of the agency. He meets with the leadership team monthly to review progress toward goals, discuss any challenges that need to be addressed, and discuss future projects.

The Chief Operations Officer - works with each member of the leadership team to keep each department on track toward achieving agency-established goals. The Chief Operations Officer also assists each team in fine-tuning policies and procedures. This position is responsible for human resources, reporting requirements, and case management.

Program Managers - work closely with their team to establish a culture and values that best serve their clients. This includes reviewing client feedback each week, setting priorities for staff training, and ensuring all clients receive the best possible services.

The Financial Director - leads the accounting department, ensures all expenses are programmatically necessary, and tracks all operations compared to the board-approved budget. She worked with the Executive Director and the independent auditor to develop a system of checks and balances. Each member of the financial department has visual access to all bank accounts but is not able to transfer funds. Checks are maintained and tracked by the Financial Director but are signed by both the Executive Director and board treasurer. All funds are tracked through Quickbooks. An independent auditor performs an A-133 Single Audit each year.

4. Are there any unresolved HUD monitoring or
OIG audit findings for any HUD grants (including
ESG) under your organization? No

3A. Project Detail

- 1. **CoC Number and Name:** CA-609 - San Bernardino City & County CoC
- 2. **CoC Collaborative Applicant Name:** County of San Bernardino

- 3. **Project Name:** Domestic Violence Services and Support In San Bernardino County

- 4. **Project Status:** Standard

- 5. **Component Type:** Joint TH & PH-RRH

- 6. **Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** Yes

- 7. **Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement)** No

- 8. **Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?** No

- 9. **Will this project include replacement reserves in the Operating budget?** No

- 10. **Is this project applying for Rural costs on screen 6A?** No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

The new expansion project will add 12 housing units with a bed inventory of 40 bedrooms for victims in San Bernardino County. This will double the agency’s transitional housing services for victims of domestic violence and their children. Each participant will receive no less than 12 months of transitional housing. The agency has learned through experience that most families only require an average of 6 months of supportive housing. That means the 40 bedrooms have the potential to serve up to 80 families during the expansion grant term.

The new expansion project will enhance mental health services. This will include ensuring clinical therapy is available and accessible for all families in the project. A Licensed “Supervising” Therapist will oversee a department of part-time Intern Therapists who are completing their education requirement and will offer clinical therapy at a portion of the cost. The expansion of mental health services will allow clients to talk about their pain, be validated, process past trauma, and develop healthy coping skills. Therapy will be trauma-informed and offered in individual, group, and family settings. Children in the project will have access to therapy.

The new expansion project will create a life skills training element geared toward employment and economic empowerment. Life Coaches will focus on helping victims create and reach their employment goals. The Life Coach will meet with victims in the project weekly. Victims will discuss their background histories, and problems, and work with the Life Coach to develop goal-based solutions. The Life Coach will teach victims to set SMART (Specific, Measurable, Achievable, Realistic, Timely) employment goals. Progress—big or small—toward goals is reviewed each week with the client by the Life Coach to track growth and keep participants motivated. The Life Coach will use a strength-based approach during the helping process, continuously steering their thinking patterns toward possibilities, not limitations. For example, this week a client received a job interview but was not selected for employment. The Life Coach reassures the client that just receiving an interview is a big accomplishment. For victims, who may lack follow-through, direct personal support is an effective tool for success. The Life Coach will provide the direct personal support that clients need to remain motivated and follow through on their life goals including job placements and opportunities.

Case Managers will provide intensive case management geared towards employment, self-sufficiency, and economic empowerment. Case Managers will conduct intakes, assessments, service coordination, and provide ongoing transportation. Each Case Manager will have a caseload of 20 clients during the grant timeline. This caseload size will allow the staff to focus on complex clients who require housing, transportation, care coordination, soft-employment skills, and warm hand-off referrals. Case Managers will be responsible for administering the \$300 available for employment-related items which can be used for formal clothes for interviews, obtaining personal documentation (ID, Driver’s License, etc.), shoes, food hander’s card, heavy jacket, required tools, and any other item needed to obtain or maintain employment.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	30			
Begin program participant enrollment	30			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	60			
Leased or rental assistance units or structure, and supportive services near 100% capacity	300			
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

3. Check the appropriate box(s) if this project will have a specific subpopulation focus.

(Select ALL that apply)

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? Yes

5. Housing First

5a. Will the project quickly move participants into permanent housing? Yes

5b. Will the project enroll program participants who have the following barriers?
 Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

5c. Will the project prevent program participant termination for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

5d. Will the project follow a "Housing First" approach? Yes
 (Click 'Save' to update)

6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? No

7. Will more than 16 persons live in a single structure? No

3C. Project Expansion Information

1. Is this a “Project Expansion” of an eligible renewal project? **Yes**

Enter the PIN (first 6 characters of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2023 upon which this project proposes to expand.

1a. Eligible Renewal Grant PIN: CA2056

1b. Eligible Renewal Grant Project Name: DV Coalition

2. Will this expansion project increase the number of program participants? **Yes**

2a.	Currently Approved Renewal Numbers (from “Stand-alone Renewal” project application)	
	Number of persons (From renewal application Screen 5A)	416
	Number of units (From renewal application Screen 4B)	154
	Number of beds (From renewal application Screen 4B)	382
2b.	New Requested Numbers to Add (from this “Stand-alone New” project application)	
	Number of additional persons (From this new application Screen 5A)	188
	Number of additional units (From this new application Screen 4B)	12
	Number of additional beds (From this new application Screen 4B)	40

3. Will this expansion project provide additional supportive services to program participants? **Yes**

3a. Indicate how the project will provide additional supportive services to program participants.
 (Check one or both boxes)

Increase number of or expand supportive services provided	<input type="checkbox"/>
Increase frequency or intensity of supportive services	<input type="checkbox"/>

4. Will this expansion project bring existing facilities up to government health or safety standards? **No**

4A. Supportive Services for Participants

1. Describe how program participants will be assisted to obtain and remain in permanent housing.

The project uses a Housing First Model for addressing the housing needs of survivors. This model prioritizes placement into permanent housing by letting survivors choose where they want to live and not requiring any participation in additional services. This low-barrier approach ensures survivors in the program move quickly into housing. The project's supportive service staff will continue to assist survivors regardless of housing locations or arrangements until they are placed into permanent housing. This will increase the number of families securing permanent housing.

The agency's existing renewal project includes housing advocacy that is continuously provided to address any barriers victims and their families may encounter when seeking permanent housing. Case Managers will assist victims with online searches for housing, help reviewing and completing rental applications and paperwork, meet with landlords, and assistance with obtaining any required documents. Case Managers also advocate for the rights of victims which educates property owners on the needs of victims of domestic violence. These staff have experience working with local property owners. They are able to educate the landlord on the needs of the victims of domestic violence and work as a liaison and support person for both the property owner and the tenant. The agency's existing renewal project includes rental and utility assistance which will be available to victims for helping securing permanent housing.

Permanent housing arrangements may include special physical features that accommodate disabilities, reduce harm, promote health and community, and independence among tenants. Permanent housing may also include placement outside of San Bernardino County. Transportation will be provided to ensure survivors are placed in permanent housing in the location they have chosen.

The new expansion project's employment assistance, life skills training, and mental health services will help victims maintain permanent housing, once secured. This will include having a full support system a client can rely on for help with employment and the life skills for managing incomes, paying bills, and communicating needs to family and friends.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

Case managers work with each survivor to establish the plan that is most appropriate for their unique needs. This includes discussing finances, employment, and childcare – the three greatest barriers to independence. Case managers help the survivor understand the pros and cons of each option and remind them they can change their mind at any time. The case managers are certified with Covered California and help all clients secure health insurance and establish a medical home. If total independence is the preferred option, the case managers have lists of apartments and property management companies that work well with the agency. They can assist in completing the application, and then assist with moving into their new facility.

Case Managers will provide warm handoff referrals to the San Bernardino County Public Health Clinics. Through this project partnership, families will receive a “golden ticket” to be seen by a doctor within 2 to 3 business days. This service is through an operational agreement already in place with a state funded Cal OES grant. While in the project, many families will develop a medical home for routine care and health services.

Case Managers are on multiple email lists for job openings. Case Managers also work with Workforce Development and Goodwill Industries to assist with job training and resume writing. For the participants who are not able to secure employment due to a disability, case Managers are SOAR certified to assist them in applying for other benefits. Case Managers help determine if clients are eligible for SPAPS benefits and assist them with completing the application process. Donated canned goods are also available to clients needing food.

Education services will be provided to participants who are interested. Antelope Valley Learning Academy offers free courses to victims to help them complete their General Education Requirements and prepare for college. A Case Manager will help victims complete a Free Application for Federal Student Aid (FAFSA) for financial aid. Case Managers will also help clients search for and apply for trade schools.

As part of the coordination of supportive services, victims will receive transportation, as needed. The Case Manager will transport clients to and from appointments. This will also include warm hand-offs to new services providers to ensure that the victim feels safe and accesses services. The Victor Valley Transit Authority provides Family Assistance Program with transportation assistance in the form of bus passes. Whenever necessary or requested, victims in the program will receive bus passes.

3. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.

Click 'Save' to update.

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	Daily
Assistance with Moving Costs	Applicant	Daily
Case Management	Applicant	Weekly
Child Care	Partner	Daily
Education Services	Partner	Weekly

Employment Assistance and Job Training
Food
Housing Search and Counseling Services
Legal Services
Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Applicant	Weekly
Partner	Daily
Applicant	Daily
Applicant	Daily
Applicant	Daily
Applicant	Daily
Partner	Weekly
Partner	Weekly
Non-Partner	As needed
Applicant	Daily
Applicant	Daily

Identify whether the project will include the following activities:

4. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? Yes

6. Will program participants have access to SSI/SSDI technical assistance provided by this project the applicant, a subrecipient, or partner agency? Yes

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

List all CoC-funded and Non CoC-funded units and beds for this project

	TH	RRH		Total
Total Units:	12	0		12
Total Beds:	40	0		40
Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
---	Clustered apartments	2	6	
---	Clustered apartments	3	9	
---	Clustered apartments	3	9	
---	Single family hom...	4	16	

4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type and location for the TH TH
portion or the RRH portion of the project?

1a. Does this TH portion of the project have Yes
private rooms per household?

2. Housing Type: Clustered apartments

3. What is the funding source for these units and CoC
beds?
(If multiple sources, select "Mixed" from the
dropdown menu)

4. Indicate the maximum number of units and beds available for program
participants at the selected housing site.

a. Units: 2

b. Beds: 6

5. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: Confidential

Street 2:

City: San Bernardino

State: California

ZIP Code: 92410

6. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)

063180 San Bernardino

4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type and location for the TH portion or the RRH portion of the project? TH

1a. Does this TH portion of the project have private rooms per household? Yes

2. Housing Type: Clustered apartments

3. What is the funding source for these units and beds? CoC
(If multiple sources, select "Mixed" from the dropdown menu)

4. Indicate the maximum number of units and beds available for program participants at the selected housing site.

a. Units: 3

b. Beds: 9

5. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: Confidential
Street 2:
City: San Bernardino
State: California
ZIP Code: 92410

6. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)

063180 San Bernardino

4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type and location for the TH portion or the RRH portion of the project? TH

1a. Does this TH portion of the project have private rooms per household? Yes

2. Housing Type: Clustered apartments

3. What is the funding source for these units and beds? CoC
(If multiple sources, select "Mixed" from the dropdown menu)

4. Indicate the maximum number of units and beds available for program participants at the selected housing site.

a. Units: 3

b. Beds: 9

5. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: Confidential

Street 2:

City: Victorville

State: California

ZIP Code: 92395

6. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)

063900 Victorville

4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type and location for the TH TH
portion or the RRH portion of the project?

1a. Does this TH portion of the project have Yes
private rooms per household?

2. **Housing Type:** Single family homes/townhouses/duplexes

3. What is the funding source for these units and beds? CoC
(If multiple sources, select "Mixed" from the dropdown menu)

4. Indicate the maximum number of units and beds available for program participants at the selected housing site.

- a. Units: 4
- b. Beds: 16

5. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: Confidential

Street 2:

City: Victorville

State: California

ZIP Code: 92395

6. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)

063900 Victorville

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	72	8		80

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24	60	6		66
Persons ages 18-24	12	2		14
Accompanied Children under age 18	108			108
Unaccompanied Children under age 18				0
Total Persons	180	8	0	188

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24							60			
Persons ages 18-24							12			
Children under age 18							108			
Total Persons	0	0	0	0	0	0	180	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans- (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24							6			
Persons ages 18-24							2			
Total Persons	0	0	0	0	0	0	8	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2025? **Yes**

2. What type of CoC funding is this project applying for in this CoC Program Competition? **DV Bonus**

3. Does this project propose to allocate funds according to an indirect cost rate? **Yes**

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

3a. Complete the indirect cost rate table below

Cognizant Agency	Indirect Cost Rate	Direct Cost Base	Plan approved by cognizant agency or will use 10% de minimis rate
Department of Health and Human Services	10%	\$718,380	Will use 10% de minimis rate

4. Select a grant term: **1 Year**

* 5. Select the costs for which funding is requested:

Leased Units	X
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	
HMIS	
VAWA	X
Rural	

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

**6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months?
(13 to 18 months) No**

6C. Leased Units

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:	\$320,256
Grant Term:	1 Year
Total Request for Grant Term:	\$320,256
Total Units:	12

The number of beds for which funding has been requested in the Leased Units budget is 40.

FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
CA - Riverside-Sa...	12	\$320,256	\$320,256

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Metropolitan or non-metropolitan fair market rent area: CA - Riverside-San Bernardino-Ontario, CA MSA (0606599999)

Leased Units Annual Budget

Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months	=	Total request (Applicant)
SRO		x	\$797		x	12	=	\$0
0 Bedroom		x	\$1,062		x	12	=	\$0
1 Bedroom		x	\$1,202		x	12	=	\$0
2 Bedroom		x	\$1,509		x	12	=	\$0
3 Bedroom	8	x	\$2,065	\$2,065	x	12	=	\$198,240
4 Bedroom	4	x	\$2,542	\$2,542	x	12	=	\$122,016
5 Bedroom		x	\$2,923		x	12	=	\$0
6 Bedroom		x	\$3,305		x	12	=	\$0
7 Bedroom		x	\$3,686		x	12	=	\$0
8 Bedroom		x	\$4,067		x	12	=	\$0
9 Bedroom		x	\$4,449		x	12	=	\$0
Total units and annual assistance requested:	12							\$320,256
Grant term:								1 Year
Total request for grant term:								\$320,256

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	2 FTE Case Managers @ \$25/hour, plus 25% benefits	\$130,000
4. Child Care		
5. Education Services		
6. Employment Assistance	\$250/victim x 80 victims: Work items, clothes, shoes, tools, driver's license, food handler's card.	\$20,000
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills	3 FTE Life Coaches @ \$30/hour, plus 25% benefits	\$234,000
11. Mental Health Services	1 FTE Supervising Therapist @ \$50/hour + 4 FTE Intern Therapists @ \$24/hour, plus 25% benefits	\$379,600
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	300 miles/month x 10 FTE x 12 months x \$0.655 (IRS Rate)	\$23,580
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$787,180
Grant Term		1 Year
Total Request for Grant Term		\$787,180

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

New in FY2023, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:

- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
- Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.
- Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
- Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
- Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:

- Monitoring and evaluating compliance.
- Developing and implementing strategies for corrective actions and remedies to ensure compliance.
- Program evaluation of confidentiality policies, practices, and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the estimated amount(s) you are requesting for this project’s Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

Eligible Costs	Annual Assistance Requested
Estimated budget amount for VAWA Emergency Transfer Facilitation:	
Estimated budget amount for VAWA Confidentiality Requirements:	

Applicant: Family Assistance Program

05855208

Project: Domestic Violence Services and Support In San Bernardino County

208939

CoC VAWA BLI Total:	\$0
Grant Term	1 Year
Total Request for Grant Term	\$0

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

Summary for Match

Total Amount of Cash Commitments:	\$296,539
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$296,539

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Name of Source	Amount of Commitments
Cash	Government	California Govern...	\$296,539

Sources of Match Detail

1. **Type of Match commitment:** Cash

2. **Source:** Government

3. **Name of Source:** California Governor's Offices of Emergency Services
(Be as specific as possible and include the office or grant program as applicable)

4. **Amount of Written Commitment:** \$296,539

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition (Screen 6B)			\$0
1b. Rehabilitation (Screen 6B)			\$0
1c. New Construction (Screen 6B)			\$0
2a. Leased Units (Screen 6C)	\$320,256	1 Year	\$320,256
2b. Leased Structures (Screen 6D)	\$0	1 Year	\$0
3. Rental Assistance (Screen 6E)	\$0	1 Year	\$0
4. Supportive Services (Screen 6F)	\$787,180	1 Year	\$787,180
5. Operating (Screen 6G)	\$0	1 Year	\$0
6. HMIS (Screen 6H)	\$0	1 Year	\$0
 7. VAWA	\$0	1 Year	\$0
8. Rural (Only for HUD CoC Program approved rural areas)	\$0	1 Year	\$0
9. Sub-total of CoC Program Costs Requested			\$1,107,436
10. Admin (Up to 10% of Sub-total in #9)			\$78,718
11. HUD funded Sub-total + Admin. Requested			\$1,186,154
12. Cash Match (From Screen 6I)			\$296,539
13. In-Kind Match (From Screen 6I)			\$0
14. Total Match (From Screen 6I)			\$296,539
15. Total Project Budget for this grant, including Match			\$1,482,693

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No	State Match (Cal ...	08/11/2023
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description: State Match (Cal OES Contracts)

Attachment Details

Document Description:

7D. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Darryl Evey

Date: 08/11/2023

Title: CEO

Applicant Organization: Family Assistance Program

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.(18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).**

X

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
New Project Application FY2023	Page 58 08/11/2023

1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	08/10/2023
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/11/2023
1E. SF-424 Compliance	08/10/2023
1F. SF-424 Declaration	08/10/2023
1G. HUD 2880	Please Complete
1H. HUD 50070	08/10/2023
1I. Cert. Lobbying	08/10/2023
1J. SF-LLL	08/10/2023
IK. SF-424B	08/10/2023
1L. SF-424D	08/10/2023
2A. Subrecipients	No Input Required
2B. Experience	08/10/2023
3A. Project Detail	08/10/2023
3B. Description	08/11/2023
3C. Expansion	08/11/2023
4A. Services	08/11/2023
4B. Housing Type	08/11/2023
5A. Households	08/11/2023
5B. Subpopulations	No Input Required
6A. Funding Request	08/11/2023
6C. Leased Units	08/10/2023
6F. Supp Srvcs Budget	08/11/2023
VAWA Budget	No Input Required
6I. Match	08/11/2023
6J. Summary Budget	No Input Required
7A. Attachment(s)	08/11/2023
7D. Certification	08/10/2023

Cal OES #	FIPS #	VS#	Subaward #
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**CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES
GRANT SUBAWARD FACE SHEET**

The California Governor's Office of Emergency Services (Cal OES) hereby makes a Grant Subaward of funds to the following:

1. **Subrecipient:** Family Assistance Program 1a. UEI#: MAKVS3P6FCG3

2. **Implementing Agency:** Family Assistance Program 2a. UEI#: MAKVS3P6FCG3

3. **Implementing Agency Address:** 15075 7th Street Victorville 92395-3810
(Street) (City) (Zip+4)

4. **Location of Project:** Victorville San Bernardino 92395-3810
(City) (County) (Zip+4)

5. **Disaster/Program Title:** DV - Domestic Violence Assistance Program **6. Performance/
Budget Period:** 10/1/2023 to 9/30/2024
(Start Date) (End Date)

7. **Indirect Cost Rate:** Federally Approved ICR **Federally Approved ICR (if applicable):** 16.60 %

Item Number	Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Cost
8.	2022	VOCA		\$250,474					\$250,474
9.	2023	FVPS		\$85,133					\$85,133
10.	2023	DVPO	\$201,980						\$201,980
11.	Select	Select							
12.	Select	Select							
Total	Project	Cost	\$201,980	\$335,607	\$537,587				\$537,587

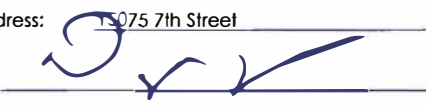
13. Certification - This Grant Subaward consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurances/Certifications. I hereby certify I am vested with the authority to enter into this Grant Subaward, and have the approval of the City/County Financial Officer, City Manager, County Administrator, Governing Board Chair, or other Approving Body. The Subrecipient certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Subaward. The Subrecipient accepts this Grant Subaward and agrees to administer the grant project in accordance with the Grant Subaward as well as all applicable state and federal laws, audit requirements, federal program guidelines, and Cal OES policy and program guidance. The Subrecipient further agrees that the allocation of funds may be contingent on the enactment of the State Budget.

14. CA Public Records Act - Grant applications are subject to the California Public Records Act, Government Code section 6250 et seq. Do not put any personally identifiable information or private information on this application. If you believe that any of the information you are putting on this application is exempt from the Public Records Act, please attach a statement that indicates what portions of the application and the basis for the exemption. Your statement that the information is not subject to the Public Records Act will not guarantee that the information will not be disclosed.

15. Official Authorized to Sign for Subrecipient:

Name: Darryl Evey Title: Executive Director

Payment Mailing Address: 15075 7th Street City: Victorville Zip Code+4: 92395-3810

Signature:  Date: 07/18/23

16. Federal Employer ID Number: 330107971

(FOR Cal OES USE ONLY)

I hereby certify upon my personal knowledge that budgeted funds are available for the period and purposes of this expenditure stated above.

(Cal OES Fiscal Officer)

(Date)

(Cal OES Director or Designee)

(Date)

Cal OES #	FIPS #	VS#	Subaward #
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**CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES
GRANT SUBAWARD FACE SHEET**

The California Governor's Office of Emergency Services (Cal OES) hereby makes a Grant Subaward of funds to the following:

1. **Subrecipient:** Family Assistance Program 1a. **UEI#:** MAKVS3P6FCG3
2. **Implementing Agency:** Family Assistance Program 2a. **UEI#:** MAKVS3P6FCG3
3. **Implementing Agency Address:** 15075 7th Street Victorville 92395-3810
(Street) (City) (Zip+4)
4. **Location of Project:** Victorville San Bernardino 92395-3810
(City) (County) (Zip+4)
5. **Disaster/Program Title:** HV - Human Trafficking Victim Assistance Program 6. **Performance/Budget Period:** 4/1/2023 **to** 3/31/2024
(Start Date) (End Date)
7. **Indirect Cost Rate:** 10% de minimis Federally Approved ICR (if applicable): _____ %

Item Number	Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Cost
8.	2022	HTVA	\$666,666						\$666,666
9.	Select	Select							
10.	Select	Select							
11.	Select	Select							
12.	Select	Select							
Total	Project	Cost	\$666,666		\$666,666				\$666,666

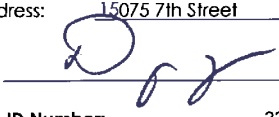
13. Certification- This Grant Subaward consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurances/Certifications. I hereby certify I am vested with the authority to enter into this Grant Subaward, and have the approval of the City/County Financial Officer, City Manager, County Administrator, Governing Board Chair, or other Approving Body. The Subrecipient certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Subaward. The Subrecipient accepts this Grant Subaward and agrees to administer the grant project in accordance with the Grant Subaward as well as all applicable state and federal laws, audit requirements, federal program guidelines, and Cal OES policy and program guidance. The Subrecipient further agrees that the allocation of funds may be contingent on the enactment of the State Budget.

14. CA Public Records Act - Grant applications are subject to the California Public Records Act, Government Code section 6250 et seq. Do not put any personally identifiable information or private information on this application. If you believe that any of the information you are putting on this application is exempt from the Public Records Act, please attach a statement that indicates what portions of the application and the basis for the exemption. Your statement that the information is not subject to the Public Records Act will not guarantee that the information will not be disclosed.

15. Official Authorized to Sign for Subrecipient:

Name: Darryl Evey Title: Executive Director

Payment Mailing Address: 15075 7th Street City: Victorville Zip Code+4: 92395-3810

Signature:  Date: 12/12/22

16. **Federal Employer ID Number:** 330107971

(FOR Cal OES USE ONLY)

I hereby certify upon my personal knowledge that budgeted funds are available for the period and purposes of this expenditure stated above.

 (Cal OES Fiscal Officer) (Date) (Cal OES Director or Designee) (Date)

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO and the FY 2023 General Section NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2023 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/10/2023

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

- a. **Legal Name:** Step Up on Second Street, Inc.
- b. **Employer/Taxpayer Identification Number (EIN/TIN):** 95-4109386
- c. **Unique Entity Identifier:** JA9DL54US3E3

d. Address

Street 1: 1328 Second St.
Street 2:
City: Santa Monica
County: Los Angeles
State: California
Country: United States
Zip / Postal Code: 90401

e. Organizational Unit (optional)

Department Name:
Division Name:

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

Prefix: Ms.
First Name: Rebecca
Middle Name:
Last Name: MacFarlane
Suffix:
Title: Vice President of Administration
Organizational Affiliation: Step Up on Second Street, Inc.
Telephone Number: (213) 294-1253
Extension:

Applicant: Step Up on Second Street, Inc.

362990244

Project: Step Up in Redlands

208082

Fax Number: (310) 451-4629

Email: rmacfarlane@stepup.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6700-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): California
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Step Up in Redlands

16. Congressional District(s):

16a. Applicant: CA-033, CA-037, CA-028, CA-030, CA-034

16b. Project: CA-033
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 04/01/2024

b. End Date: 03/31/2025

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

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:

1F. SF-424 Declaration

By signing and submitting 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:

21. Authorized Representative

Prefix: Mr.

First Name: Tod

Middle Name:

Last Name: Lipka

Suffix:

Title: President & CEO

Telephone Number: (310) 394-6889
(Format: 123-456-7890)

Fax Number: (310) 394-6883
(Format: 123-456-7890)

Email: tlipka@stepuponsecond.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/10/2023

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2501-0017 (exp. 1/31/2026)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Step Up on Second Street, Inc.

Prefix: Mr.

First Name: Tod

Middle Name:

Last Name: Lipka

Suffix:

Title: President & CEO

Organizational Affiliation: Step Up on Second Street, Inc.

Telephone Number: (310) 394-6889

Extension: 1626

Email: tlipka@stepuponsecond.org

City: Santa Monica

County: Los Angeles

State: California

Country: United States

Zip/Postal Code: 90401

2. Employer ID Number (EIN): 95-4109386

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$263,010.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? **Yes**
 (For further information, see 24 CFR Sec. 4.3).

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**

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/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
HUD San Bernardino	Grant	\$2,681,672.00	homeless services/rental
HUD Santa Monica	Grant	\$144,410.00	homeless services/rental
HUD LAHSA Hollywood	Grant	\$1,992,877.00	homeless services/rental
HUD Pasadena	Grant	\$192,065.00	homeless services/rental
HUD King City	Grant	\$242,827.00	homeless services/rental

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

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/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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 nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

X

Name / Title of Authorized Official: Tod Lipka, President & CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/10/2023

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Step Up on Second Street, Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

X

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Tod

Middle Name

Last Name: Lipka

Suffix:

Title: President & CEO

Telephone Number: (310) 394-6889
(Format: 123-456-7890)

Fax Number: (310) 394-6883
(Format: 123-456-7890)

Email: tlipka@stepuponsecond.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/10/2023

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

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)

Applicant's Organization: Step Up on Second Street, Inc.

Name / Title of Authorized Official: Tod Lipka, President & CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/10/2023

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Step Up on Second Street, Inc.

Street 1: 1328 Second St.

Street 2:

City: Santa Monica

County: Los Angeles

State: California

Country: United States

Zip / Postal Code: 90401

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

Authorized Representative

Prefix: Mr.

First Name: Tod

Middle Name:

Last Name: Lipka

Suffix:

Title: President & CEO

Telephone Number: (310) 394-6889
(Format: 123-456-7890)

Fax Number: (310) 394-6883
(Format: 123-456-7890)

Email: tlipka@stepuponsecond.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/10/2023

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93~205).
- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: Step Up on Second Street, Inc.

Prefix: Mr.

First Name: Tod

Middle Name:

Last Name: Lipka

Suffix:

Title: President & CEO

Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.

Date Signed: 08/10/2023

1L. SF-424D

Are you requesting CoC Program funds for No
construction costs in this application?

No SF-424D is required. Select "Save and Next" to move to the next screen.

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$0

Organization	Type	Sub-Award Amount
This list contains no items		

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

Step Up Inland Empire (SUIE) has received multiple HUD CoC grants and funds for PSH chronic homeless populations through the San Bernardino County CoC (SBC CoC). SUIE was first awarded a contract for the SBC CoC in October 2016 to serve 112 individuals, and in January 2018 was awarded bonus funding for 19 individuals and an assumption of a Salvation Army grant for 13 additional individuals. SUIE was also awarded reallocation funding to support 9 more expanded units for the PSH program. To date, SUIE’s PSH and Mental Health teams have provided housing for over 153 households with 220 members served and provided San Bernardino County Department of Behavioral Health (DBH) Medi-Cal specialty mental health services that function as match supports. All 153 TBRA subsidies were used by the end of 2021. The three grants were consolidated in the 2018 HUD competition into one project effective October 2019. In 2020, SUIE finalized a 5-year, \$6,088,000 per year, contract for Full Services Partnership (FSP) services with DBH. These funds will ensure stability of services to the Inland Empire region over the next 5 years. SUIE was granted board approval of this 5-year contract without going through a formal procurement process. DBH has expressed a desire to continue growing the partnership through additional FSP funding and partnering on potential housing projects as a service provider and developer.

2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

In regards to housing, recently in 2020-2022, SUIE collaborated with the County of San Bernardino and Shangri-La Corporation (a private low-income housing developer) to pursue Homekey funding through the State of California. Homekey provided a unique opportunity to develop permanent housing for the homeless through motel/hotel conversions. The project, Step Up Redlands (formerly the Goodnite Inn) is located at 1675 Industrial Park Avenue, Redlands CA 92374 and it is a 100 Permanent Supportive Housing Units facility. See leverage letter attachment.

In regards to leveraging healthcare, SUIE partners with Molina Healthcare and Inland Empire Health Plan (IEHP) to assign the Intensive Case Management (ICMS) and/or Health Homes (HH) Program team that is comprised of Behavioral Health Specialists, a Registered Nurse, Community Health Workers, and Service Coordinator as part of CalAIM/ILOS and ECM. SUIE ICMS and HH program aims to increase access to healthcare, reduce health disparities, medically stabilize residents and decrease unwarranted emergency hospital visits. In 2020, SUIE engaged 964 individuals experiencing homelessness, housed 570 individuals with 97% housing retention rate, assisted in securing 41% increase in income, and delivered over 32,000 mental health and medical encounters. SUIE also assisted in the medical stabilization of these individuals. SUIE has been recognized as a leading provider by maintaining a 95% success rate for the key metrics for the HH Program. In addition, In 2020, SUIE finalized a 5-year, \$6,088,000 per year, contract for Full Services Partnership (FSP) services with the San Bernardino Department of Behavioral Health. These funds will ensure stability of services to the Inland Empire region over the next 5 years. DBH funds are also the match funding for this proposed project.

3. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.

SUIE follows Generally Accepted Accounting Principles (GAAP) for nonprofits that includes fund accounting, expenditure control, and restriction tracking, using a best-in-class software specific to the non-profit industry (Sage Intacct). This accounting system is managed by the Accounting and Support Department (A&S), whose dedicated function is to manage the accounting and administrative functions of all Step Up on Second, Inc. (Step Up) programs. A&S is managed by the CFO, Alan Darby, who has extensive expertise in non-profit finances and holds CPA and attorney licenses. Key staff members of A&S also have backgrounds in the non-profit arena. The CFO reports to the CEO on a weekly basis, and reports to the Finance Committee of the Board of Directors, which meets monthly. Accounting procedures are documented in the Accounting Policy and cover all areas of internal controls, expenditure and approval limits and processes. These are reviewed annually by management and outside CPA firms and updated periodically.

Step Up’s Financial Management Policy and Procedure Manual governs all financial transactions. Step Up’s program financial assistance requests and internal check cutting processes policies and procedures follow the guidelines stated below. The purpose of these Policies and Procedures is to establish required accounting, financial reporting, and internal control standards for the organization and to ensure that the financial statements conform to GAAP; assets are safeguarded; guidelines of grantors and donors are complied with; and finances are managed with accuracy, efficiency, and transparency.

In addition to the accounting, financial reporting, and internal control standards outlined in this manual, Step Up’s policies and procedures are consistent with GAAP and comply with applicable federal, state, and contractual guidelines and regulations, including Uniform Administrative Requirements for grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non Profit Organizations. The accounting system is compliant with the federal regulations for accounting records and source documentation as required by Audits of States, Local Governments, and Non-Profit Organizations. Step Up maintains records which identify the source and application of funds provided. In addition, these records contain information pertaining to the awards. Accounting records are supported by source documentation such as cancelled checks, paid bills, payrolls, time and attendance records, and contracts and agreements.

**4. Are there any unresolved HUD monitoring or No
 OIG audit findings for any HUD grants (including
 ESG) under your organization?**

3A. Project Detail

1. CoC Number and Name: CA-609 - San Bernardino City & County CoC

2. CoC Collaborative Applicant Name: County of San Bernardino

3. Project Name: Step Up in Redlands

4. Project Status: Standard

5. Component Type: PH

5a. Select the type of PH project: PSH

6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) No

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No

9. Will this project include replacement reserves in the Operating budget? No

10. Is this project applying for Rural costs on screen 6A? No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

The Step Up in Redlands Project-Based Voucher (PBV) Permanent Supportive Housing Program will use 25 PBV to provide housing assistance to 25 new single or couple households in San Bernardino County. SUIE will continue their collaboration with the DBH to provide additional mental services to those eligible through the Full Service Partnership Program.

Services Provided: All tenants moving into Step Up's PBV Permanent Supportive Housing Program will receive supportive services at no cost to the participants. SUIE supportive services and Homekey staff are available to accompany tenants and offer guidance during all activities. Staff will help refer tenants to off-site services such as health care services. Tenants will access services through public transportation and when needed SUIE's dedicated company vehicles. These vehicles are used in accordance with the manufacturer's rated seating capacity, have liability insurance, and all drivers are licensed for the type of vehicle they are driving.

On-Site Services Detail: A case file will be opened that includes demographic and identification information, authorization for services, confidentiality, and other information needed to substantiate benefits. At the same time a full range of supportive services will be offered including access to medical and mental health care, substance abuse treatment, life skills, representative payee services, and other rehabilitative services. Each participant's benefits will be reviewed to assure that access to income, health care, food programs, and transportation assistance is in place. This assessment will include both income support (SSI, SSDI, unemployment assistance, General Relief, pensions, Veteran's Benefits) and medical benefit review. Supportive services staff will assist with collecting identifying documents, financial and diagnostic information and provide advocacy as required. Ongoing money management training is provided. All members will be supported with move-in services to accommodate their individual needs and capacity.

Case management and housing services: Once the participant has moved into the unit, supportive services continue to ensure the necessary supports are in place to preserve housing status, prevent relapses into homelessness, and continue advancements in well-being. Life Skills are an essential service for formerly homeless individuals entering permanent housing. Supportive services staff work with tenants in a one-to-one basis as well as offering groups which support their growth and improvement in these areas. Pending eligibility, participants will also be linked and referred to an array of partner programs who provide assistance to the location including the DBH's FSP Program, as well as IEHP and Molina HH Programs. The SUIE staff will assess the participants' strengths and areas needing improvement in these areas. Pending eligibility, participants will also be linked and referred to an array of partner programs who provide assistance to the location including the DBH's FSP Program, as well as IEHP and Molina HH Programs.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	30			
Begin program participant enrollment	30			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	60			
Leased or rental assistance units or structure, and supportive services near 100% capacity	180			
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.

N/A

3. Check the appropriate box(s) if this project will have a specific subpopulation focus.

(Select ALL that apply)

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input checked="" type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? Yes

5. Housing First

5a. Will the project quickly move participants into permanent housing? Yes

5b. Will the project enroll program participants who have the following barriers? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

5c. Will the project prevent program participant termination for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

5d. Will the project follow a "Housing First" approach? Yes
(Click 'Save' to update)

6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? Yes

6a. Explain how and why the project will implement this requirement.

Step Up's Homekey property located at 1675 Industrial Park Avenue, Redlands CA 92374 will be the project location for Step Up's PBV Permanent Supportive Housing Program. The property is comprised of 100 efficiency/studio units. This will alleviate the need to locate new housing resources and services creating a more cost efficient dynamic for the program and provide greater ease of access to comprehensive supportive services.

7. Will more than 16 persons live in a single structure? Yes

7a. Describe the local market conditions that necessitate a project of this size.

The results of the 2023 San Bernardino County Homeless Point in Time Count showed homelessness had increased 26 percent during the past year. A total of 4,195 homeless individuals were counted of which 2,976 individuals were unsheltered. This project will provide an additional 25 units of permanent housing to those with chronic homeless stats.

7b. Describe how the project will be integrated into the neighborhood.

As an effect of the Homekey project attached to this program, this project is already integrated into the local community and in operation with on-site supportive services creating a seamless flow to transition new eligible members from homelessness into permanent supportive housing. The project is currently acting as a bridge/interim housing service while site renovations and updates are being completed. With this the local market is already primed for the existence and operation of a program of this nature in the community.

100% Dedicated or DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

8. Is this project 100% Dedicated or DedicatedPLUS? 100% Dedicated

3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible No
renewal project?

4A. Supportive Services for Participants

1. Describe how program participants will be assisted to obtain and remain in permanent housing.

Step Up will continue implementation of service that has been successfully underway for years through Step Up's scattered site San Bernardino County (TBRA) Permanent Supportive Housing Program – Street Outreach utilizing a Housing First model to engage individuals experiencing chronic homelessness in services leading to stability in permanent supportive housing, including mental health, medical, vocational and substance abuse. Step Up's team of CMs and mental health professionals, led by Step Up Inland Empire's Vice President of IE housing first programs, will offer services in the places where individuals experiencing homelessness, many with co-occurring substance abuse and mental health disorders, can be found. By establishing trusting relationships with individuals experiencing homelessness while they are still on the streets, the team will provide an opening for those most in need to access the new permanent supportive housing opportunities offered by Step Up in San Bernardino.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

Step Up offers supportive services to ensure the necessary programs are in place to preserve housing status, prevent relapses into homelessness, and continue advancements in well-being. This includes services to increase self-sufficiency, individualized life skills training may include money management, shopping best practices, budgeting, support in finding constructive use of time, choices for decreasing substance usage, engaging in mental health and peer support services. Of notable importance are the practices of preventing conflict with neighbors and property management staff and keeping an acceptable level of housekeeping. Step Up directs individuals to food pantries as well as providing emergency sustenance assistance when needed.

If part of a tenant's plan for increasing well-being is seeking employment and/or increasing income, Service Coordinators staff connect the member with employment resources including WIOA and WDD agencies, which may provide job training and help with job searches, resume development, and training for interviews. Service Coordinator staff may also connect tenants to education services including: GED completion, specialized training programs through school district adult education skills and Occupation Centers, and local colleges.

Step Up embraces a housing first and person-centered approach to their case management utilizing the most updated evidence-based practices such as harm reduction and trauma informed care. Upon initial engagement staff assist the member in developing a person-centered Individual Service Plan (ISP). The ISP is the written details of the supports, activities, and resources required for the individual to achieve personal goals. The ISP is developed to articulate decisions and agreements made during a person-centered process of planning and information gathering. The general welfare and personal preferences of the individual are the key consideration in the development of all plans and provide a road map for staff to initiate person-centered care coordination.

Step Up assist members with a range of funded or leveraged services based on the stated needs of the member as stated in the Housing and Services Plan, including but not limited to:

- Crisis Housing and Bridge Housing
- Crisis Intervention
- Physical Health Care
- Mental Health Care
- Mainstream Benefits Establishment
- Substance Use Treatment
- Education
- Life Skills
- Legal Services
- Employment Services
- Vocational Training
- Credit Counseling
- Financial Literacy
- Transportation
- Reunification/Problem-Solving
- Tenancy Rights and Responsibilities

**3. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.
 Click 'Save' to update.**

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	As needed
Assistance with Moving Costs	Partner	As needed
Case Management	Applicant	Daily
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Partner	As needed
Food	Non-Partner	As needed
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Applicant	As needed
Life Skills Training	Applicant	Daily
Mental Health Services	Partner	Daily
Outpatient Health Services	Partner	As needed
Outreach Services	Applicant	As needed
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Applicant	As needed
Utility Deposits	Applicant	Daily

Identify whether the project will include the following activities:

4. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? Yes

6. Will program participants have access to SSI/SSDI technical assistance provided by this project the applicant, a subrecipient, or partner agency? Yes

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 25

Total Beds: 25

Total Dedicated CH Beds: 25

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Clustered apartments	---	25	25	25

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for program participants at the selected housing site.

a. Units: 25

b. Beds: 25

3. How many beds in "2b. Beds" are dedicated to persons experiencing chronic homelessness? 25

This includes both the "dedicated" and "prioritized" beds.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 1675 Industrial Park Avenue

Street 2:

City: Redlands

State: California

ZIP Code: 92374

*5. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)

069071 San Bernardino County

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households		25		25
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24		25		25
Persons ages 18-24				0
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	25	0	25

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	25					25				
Persons ages 18-24										
Total Persons	25	0	0	0	0	25	0	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2025? Yes

2. What type of CoC funding is this project applying for in this CoC Program Competition? CoC Bonus

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Select a grant term: 1 Year

* 5. Select the costs for which funding is requested:

Acquisition/Rehabilitation/New Construction	<input type="checkbox"/>
Leased Units	<input type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input type="checkbox"/>
Operating	<input type="checkbox"/>
HMIS	<input type="checkbox"/>
VAWA	<input checked="" type="checkbox"/>
Rural	<input type="checkbox"/>

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months) No

6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Request:	\$239,100
Grant Term:	1 Year
Total Request for Grant Term:	\$239,100
Total Units:	25

The number of beds for which funding has been requested in the Rental Assistance budget is 25.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
PRA	CA - Riverside-San Bernardino-Ontario...	25	\$239,100

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

Type of Rental Assistance: PRA

Metropolitan or non-metropolitan fair market rent area: CA - Riverside-San Bernardino-Ontario, CA MSA (0606599999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO	25	x	\$797	x	12	=	\$239,100
0 Bedroom		x	\$1,062	x	12	=	\$0
1 Bedroom		x	\$1,202	x	12	=	\$0

2 Bedrooms		x	\$1,509	x	12	=	\$0
3 Bedrooms		x	\$2,065	x	12	=	\$0
4 Bedrooms		x	\$2,542	x	12	=	\$0
5 Bedrooms		x	\$2,923	x	12	=	\$0
6 Bedrooms		x	\$3,305	x	12	=	\$0
7 Bedrooms		x	\$3,686	x	12	=	\$0
8 Bedrooms		x	\$4,067	x	12	=	\$0
9 Bedrooms		x	\$4,449	x	12	=	\$0
Total Units and Annual Assistance Requested	25						\$239,100
Grant Term							1 Year
Total Request for Grant Term							\$239,100

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

New in FY2023, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:

- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
- Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.
- Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
- Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
- Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:

- Monitoring and evaluating compliance.
- Developing and implementing strategies for corrective actions and remedies to ensure compliance.
- Program evaluation of confidentiality policies, practices, and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the estimated amount(s) you are requesting for this project’s Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

Eligible Costs	Annual Assistance Requested
Estimated budget amount for VAWA Emergency Transfer Facilitation:	
Estimated budget amount for VAWA Confidentiality Requirements:	

Applicant: Step Up on Second Street, Inc.

362990244



Project: Step Up in Redlands

208082

CoC VAWA BLI Total:	\$0
Grant Term	1 Year
Total Request for Grant Term	\$0

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

Total Amount of Cash Commitments:	\$65,753
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$65,753

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Name of Source	Amount of Commitments
Cash	Private	Shangri-La Indust...	\$65,753

Sources of Match Detail

1. Type of Match commitment: Cash

2. Source: Private

3. Name of Source: Shangri-La Industries, LLC

(Be as specific as possible and include the office
or grant program as applicable)

4. Amount of Written Commitment: \$65,753

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition (Screen 6B)			\$0
1b. Rehabilitation (Screen 6B)			\$0
1c. New Construction (Screen 6B)			\$0
2a. Leased Units (Screen 6C)	\$0	1 Year	\$0
2b. Leased Structures (Screen 6D)	\$0	1 Year	\$0
3. Rental Assistance (Screen 6E)	\$239,100	1 Year	\$239,100
4. Supportive Services (Screen 6F)	\$0	1 Year	\$0
5. Operating (Screen 6G)	\$0	1 Year	\$0
6. HMIS (Screen 6H)	\$0	1 Year	\$0
 7. VAWA	\$0	1 Year	\$0
8. Rural (Only for HUD CoC Program approved rural areas)	\$0	1 Year	\$0
9. Sub-total of CoC Program Costs Requested			\$239,100
10. Admin (Up to 10% of Sub-total in #9)			\$23,910
11. HUD funded Sub-total + Admin. Requested			\$263,010
12. Cash Match (From Screen 6I)			\$65,753
13. In-Kind Match (From Screen 6I)			\$0
14. Total Match (From Screen 6I)			\$65,753
15. Total Project Budget for this grant, including Match			\$328,763

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No	Cash Match Letter	08/10/2023
3) Other Attachment(s)	No	Housing Leverage ...	08/10/2023

Attachment Details

Document Description:

Attachment Details

Document Description: Cash Match Letter

Attachment Details

Document Description: Housing Leverage Letter

7D. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Tod Lipka

Date: 08/10/2023

Title: President & CEO

Applicant Organization: Step Up on Second Street, Inc.

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.(18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).**

X

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
New Project Application FY2023	Page 53
	08/10/2023

1B. SF-424 Legal Applicant	08/09/2023
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/09/2023
1E. SF-424 Compliance	08/09/2023
1F. SF-424 Declaration	08/09/2023
1G. HUD 2880	08/09/2023
1H. HUD 50070	08/09/2023
1I. Cert. Lobbying	08/09/2023
1J. SF-LLL	08/09/2023
IK. SF-424B	08/09/2023
1L. SF-424D	08/09/2023
2A. Subrecipients	No Input Required
2B. Experience	08/10/2023
3A. Project Detail	08/09/2023
3B. Description	08/10/2023
3C. Expansion	08/09/2023
4A. Services	08/09/2023
4B. Housing Type	08/09/2023
5A. Households	08/09/2023
5B. Subpopulations	No Input Required
6A. Funding Request	08/09/2023
6E. Rental Assistance	08/09/2023
VAWA Budget	No Input Required
6I. Match	08/09/2023
6J. Summary Budget	No Input Required
7A. Attachment(s)	08/10/2023
7D. Certification	08/09/2023

Shangri-La Capital, LLC

660 South Figueroa Street, Suite 1888

Los Angeles, CA 90017

O: 213.797.4240 **F:** 213.265.3030

August 10, 2023

Cash Match Funding Commitment – Step Up in Redlands

Dear Ventura County Continuum of Care Alliance,

In support of Step Up on Second, Inc.'s application for Step Up in Thousand Oaks as part of the FY23 HUD CoC NOFO, Shangri-La Industries, LLC's ("SLI") will provide \$65,753 as cash match funds. This match commitment is for the first year of the project.

Please feel free to connect should you have any questions.

Thank you,

A handwritten signature in black ink, appearing to be 'Cody Holmes', written in a cursive style.

Cody Holmes

Chief Financial Officer



August 9, 2023

Dear San Bernardino County Continuum of Care:

Step Up on Second Street, Inc. submits this Housing Leverage Commitment for the Step Up in Redlands Bonus CoC application requesting funding for 25 units for clients who experience chronic homelessness.

The Step Up in Redlands project is part of the Homekey program funded through the American Rescue Plan. These non-CoC/ESG funds will be leveraged for the units 75 that do not receive funding through this CoC application as well as site operations and services.

Sincerely,

Tod Lipka
President & CEO
Step Up on Second Street, Inc.

1328 Second Street • Santa Monica • CA • 90401 • 310.394.6889 • www.stepup.org • EIN #95-4109386



Tier I

Item #2b

#1 Item #4b

Agency Name	Rank and Project Type PH TH Bonus	Low Barrier	request	Type
County of San Bernardino - HMIS	1-Data System	Yes	\$250,158	HMIS
Inland Southern California 211+ Pathways Home	2- Coordinated Entry System	Yes	\$403,136	SSO-CES
Family Assistance Program	3-DV Coalition	Yes	\$2,352,206	Joint TH-RRH
New Hope Village	4-New Hope Village, Too!	Yes	\$45,843	PSH
Step Up on Second Street, Inc.	5-Step Up in San Bernardino	Yes	\$2,681,672	PSH
The Time for Change Foundation	6-Home of Hope	Yes	\$433,560	PSH
United States Veterans Initiative	7-U.S. VETS SB PH Renewal	Yes	\$1,255,841	PSH
Housing Authority of the County of San Bernardino	8-Laurelbrook	Yes	\$443,004	PSH
Housing Authority of the County of San Bernardino	9-Cornerstone	Yes	\$3,633,423	PSH
Lighthouse Social Service Centers	10-Hope for Heroes	Yes	\$1,003,477	PSH
Knowledge and Education for Your Success	11-KEYS for Life	Yes	\$281,281	RRH
Housing Authority of the County of San Bernardino	12-Lantern Woods	Yes	\$186,134	PSH
Inland Housing Solutions	13-Infinite Horizons (Straddling)	Yes	\$401,161	RRH
			\$13,370,896	

Project Scoring

N/A
N/A
N/A
95
95
95
95
95
95
95
95
95
94
90
90

\$14,377,308 ARD
 \$13,370,896 Tier 1
 \$1,006,412 Tier 2

Not Ranked

Office of Homeless Services	Planning Grant	N/A	\$820,251
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TIER 2 SCORING FORMULA ONLY - TIER 2

Grantee / Project	Project Type	Housing First or No?	HUD Request	Amount Remaining in Tier 2- Running Tally
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Total ABOVE PROJECT in TIER 2	Project value	Total value	% of Tier 2 Total compared with total Tier 2 (column 1/ E4)	1.0 minus % of Tier
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TOTAL	VALUE	TIER 2	\$3,795,264
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CELL E35 should be the total of your tier 2 with Bonuses

Tier 2 Projects in Rank Order	Project Type PH TH Bonus	Low Barrier	request	Score
Inland Housing Solutions	13-RRH (Straddle Tier 2) Infinite Horizons	Yes	\$180,441	90
Lutheran Social Services of Southern California	14-PSH PH for Homeless with HIV/AIDS	Yes	\$84,696	89
Housing Authority of the County of San Bernardino	15-PSH Project Gateway	Yes	\$228,918	89
Inland Valley HOPE Partners	16-RRH Famiy Stabilization Program	Yes	\$170,621	83
Knowledge and Education for Your Success	17-RRH KEYS for Success	Yes	\$341,736	79
DV Bonus	18-Joint TH/PH-RRH		\$1,640,501	
CoC Bonus	19-PSH		\$1,148,351	
next project			\$0	

0	90,221	90,221	0.02	0.98
180441	42,348	222,789	0.06	0.94
265137	114,459	379,596	0.10	0.90
494055	85,311	579,366	0.15	0.85
664676	170,868	835,544	0.22	0.78
1006412	820,251	1,826,663	0.48	0.52
2646913	574,176	3,221,089	0.85	0.15
3795264	0	3,795,264	1.00	-

Formula = 40 *(1-column D)	Possible	Column D	Points Rounded to whole #
Project 1	40	0.98	39
Project 2	40	0.94	38
Project 3	40	0.90	36
Project 4	40	0.85	34
Project 5	40	0.78	31
Project 6	40	0.52	21
Project 7	40	0.15	6

SCORING OF PROJECTS IN TIER 2	Row =	Project 1	Project 2	Project 3	Project 4	Project 5	Project 6	Project 7
NOFO p 14 b.(1)	CoC Portion on 50 Points, Assume CoC got 45 of 50	45	45	45	45	45	45	45
p 14 b.(2)	CoC Ranking 'b' - this sheet value	39	38	36	34	31	21	6
p. 14 b.(3)	Commitment to Housing First	10	10	10	10	10	10	10
Total points for each project (rounded)	HUD Score	94	93	91	89	86	76	61

Tier I

Item #2b

#2

Item #4b

Agency Name	Rank and Project Type PH TH Bonus	Low Barrier	request	Type
County of San Bernardino - HMIS	1-Data System	Yes	\$250,158	HMIS
Inland Southern California 211+ Pathways Home	2-Coordinated Entry System	Yes	\$403,136	SSO-CES
Family Assistance Program	3-DV Coalition	Yes	\$2,352,206	Joint TH-RRH
New Hope Village	4-New Hope Village, Too!	Yes	\$45,843	PSH
Step Up on Second Street, Inc.	5-Step Up in San Bernardino	Yes	\$2,681,672	PSH
The Time for Change Foundation	6-Home of Hope	Yes	\$433,560	PSH
United States Veterans Initiative	7-U.S. VETS SB PH Renewal	Yes	\$1,255,841	PSH
Housing Authority of the County of San Bernardino	8-Laurelbrook	Yes	\$443,004	PSH
Lighthouse Social Service Centers	9-Hope for Heroes	Yes	\$1,003,477	PSH
Knowledge and Education for Your Success	10-KEYS for Life	Yes	\$281,281	RRH
Housing Authority of the County of San Bernardino	11-Lantern Woods	Yes	\$186,134	PSH
Inland Housing Solutions	14-Infinite Horizons	Yes	\$581,602	RRH
Lutheran Social Services of Southern California	12-PH for Homeless with HIV/AIDS	Yes	\$84,696	PSH
Housing Authority of the County of San Bernardino	13-Project Gateway	Yes	\$228,918	PSH
Inland Valley HOPE Partners	15-Family Stabilization Program	Yes	\$170,621	RRH
Knowledge and Education for Your Success	16-KEYS for Success	Yes	\$341,736	RRH
Housing Authority of the County of San Bernardino	17-Cornerstone (Straddling)	Yes	\$2,627,011	PSH
			\$13,370,896	

Project Scoring

N/A
N/A
N/A
95
95
95
95
95
95
95
94
90
90
89
89
83
79
95

\$14,377,308 ARD
\$13,370,896 Tier 1
\$1,006,412 Tier 2

Not Ranked

Office of Homeless Services	Planning Grant	N/A	\$820,251
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TIER 2 SCORING FORMULA ONLY - TIER 2

Grantee / Project	Project Type	Housing First or No?	HUD Request	Amount Remaining in Tier 2- Running Tally
TOTAL				

Total ABOVE PROJECT in TIER 2	Project value	Total value	% of Tier 2 Total compared with total Tier 2 (column 1/ E4)	1.0 minus % of Tier
CELL E35 should be the total of your tier 2 with Bonuses				

TOTAL	VALUE	TIER 2	\$3,795,264
--------------	--------------	---------------	--------------------

Tier 2 Projects in Rank Order	Project Type PH TH Bonus	Low Barrier	request	Score
Housing Authority of the County of San Bernardino	17-PSH (Straddle Tier 2) Cornerstone	Yes	\$1,006,412	\$2,788,852
CoC Bonus	18-PSH	Yes	\$1,640,501	\$1,148,351
DV Bonus	19-SSO-CES	Yes	\$1,148,351	\$0
next project			\$0	\$0
next project			\$0	\$0
next project			\$0	\$0
next project			\$0	\$0
next project			\$0	\$0
next project			\$0	\$0

95
0
503,206
503,206
0.13
0.87
1006412
820,251
1,826,663
0.48
0.52
2646913
574,176
3,221,089
0.85
0.15
3795264
0
3,795,264
1.00
-
3795264
0
3,795,264
1.00
-
3795264
0
3,795,264
1.00
-
3795264
0
3,795,264
1.00
-

Formula = 40 *(1-column D)	Possible	Column D	Points Rounded to whole #
Project 1	40	0.87	35
Project 2	40	0.52	21
Project 3	40	0.15	6
Project 4	40	-	-
Project 5	40	-	-

SCORING OF PROJECTS IN TIER 2	Row =	Project 1	Project 2	Project 3	Project 4	Project 5
NOFO p 14 b.(1)	CoC Portion on 50 Points, Assume CoC got 45 of 50	45	45	45	-	-
p 14 b.(2)	CoC Ranking 'b' - this sheet value	35	21	6	-	-
p. 14 b.(3)	Commitment to Housing First	10	10	10	-	-
Total points for each project (rounded)	HUD Score	90	76	61	0	0

Tier I

Item #2b

Agency Name	Rank and Project Type PH TH Bonus	Low Barrier	request	Type	Project Scoring
County of San Bernardino - HMIS	1-Data System	Yes	\$250,158	HMIS	N/A
Inland Southern California 211+ Pathways Home	2- Coordinated Entry System	Yes	\$403,136	SSO-CES	N/A
Family Assistance Program	3-DV Coalition	Yes	\$2,352,206	Joint TH-RRH	N/A
New Hope Village	4-New Hope Village, Too!	Yes	\$45,843	PSH	95
Step Up on Second Street, Inc.	5-Step Up in San Bernardino	Yes	\$2,681,672	PSH	95
The Time for Change Foundation	6-Home of Hope	Yes	\$433,560	PSH	95
United States Veterans Initiative	7-U.S. VETS SB PH Renewal	Yes	\$1,255,841	PSH	95
Housing Authority of the County of San Bernardino	8-Laurelbrook	Yes	\$443,004	PSH	95
Housing Authority of the County of San Bernardino	9-Cornerstone	Yes	\$3,633,423	PSH	95
CoC Bonus	10-PSH	Yes	\$1,148,351	PSH	N/A
Lighthouse Social Service Centers	11-Hope for Heroes (Straddling)	Yes	\$723,702	PSH	95
			\$13,370,896		

\$14,377,308 ARD
 \$13,370,896 Tier 1
 \$1,006,412 Tier 2

Not Ranked

Office of Homeless Services	Planning Grant	N/A	\$820,251
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TIER 2 SCORING FORMULA ONLY - TIER 2

Grantee / Project	Project Type	Housing First or No?	HUD Request	Amount Remaining in Tier 2- Running Tally
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Total ABOVE PROJECT in TIER 2	Project value	Total value	% of Tier 2 Total compared with total Tier 2 (column 1/ E4)	1.0 minus % of Tier
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TOTAL VALUE TIER 2 \$3,795,264 CELL E35 should be the total of your tier 2 with Bonuses

Tier 2 Projects in Rank Order	Project Type PH TH Bonus	Low Barrier	request	Score
Lighthouse Social Service Centers	11-PSH Hope for Heroes (Straddling Tier 2)	Yes	\$279,775	95
Knowledge and Education for Your Success	12-RRH KEYS for Life	Yes	\$281,281	94
Housing Authority of the County of San Bernardino	13-PSH Lantern Woods	Yes	\$186,134	90
Inland Housing Solutions	14-RRH Infinite Horizons	Yes	\$581,602	90
Lutheran Social Services of Southern California	15-PH for Homeless with HIV/AIDS	Yes	\$84,696	89
Housing Authority of the County of San Bernardino	16-Project Gateway	Yes	\$228,918	89
Inland Valley HOPE Partners	17-Family Stabilization Program	Yes	\$170,621	83
Knowledge and Education for Your Success	18-KEYS for Success	Yes	\$341,736	79
DV Bonus	19-SSO-CES	Yes	\$1,640,501	50

0	139,888	139,888	0.04	0.96
279775	140,641	420,416	0.11	0.89
561056	93,067	654,123	0.17	0.83
747190	290,801	1,037,991	0.27	0.73
1328792	42,348	1,371,140	0.36	0.64
1413488	114,459	1,527,947	0.40	0.60
1642406	85,311	1,727,717	0.46	0.54
1813027	170,868	1,983,895	0.52	0.48
2154763	820,251	2,975,014	0.78	0.22

Formula = 40 *(1-column D)	Possible	Column D	Points Rounded to whole #
Project 1	40	0.96	39
Project 2	40	0.89	36
Project 3	40	0.83	33
Project 4	40	0.73	29
Project 5	40	0.64	26
Project 6	40	0.60	24
Project 7	40	0.54	22
Project 8	40	0.48	19
Project 9	40	0.22	9

SCORING OF PROJECTS IN TIER 2	Row =	Project 1	Project 2	Project 3	Project 4	Project 5	Project 6	Project 7	Project 8	Project 9
NOFO p 14 b.(1)	CoC Portion on 50 Points, Assume CoC got 45 of 50	45	45	45	45	45	45	45	45	45
p 14 b.(2)	CoC Ranking 'b' - this sheet value	39	36	33	29	26	24	22	19	9
p. 14 b.(3)	Commitment to Housing First	10	10	10	10	10	10	10	10	10
Total points for each project (rounded)	HUD Score	94	91	88	84	81	79	77	74	64

**2023 Letter of Intent to Renew Coc Renewal Projects Rubric
(as approved by the Grant Review Committee)**

CoC Annual Renewal Demand:	\$14,377,308
Tier 1 Amount:	\$13,370,896
Tier 2 Amount:	\$1,006,412

					Agency	Agency	Agency	Agency	Agency	Agency	Agency	Agency	Agency	Agency	Agency	Agency	Agency	Agency	Agency	Agency	
					NHV	SUS	TFCF	US Vets	HASBC	HASBC	LSSC	KEYS	HASBC	ITH	LSSC	HASBC	IVHP	KEYS	Agency Family Assistance Program	Agency Inland SoCal 211	Agency SBC-OHS
Item in Guideline / LOI	Description	Max Pts	Scale (% rounded to nearest whole)	(Data source or Verification)	New Hope Village, Tool	Step Up in San Bernardino	Homes of Hope	U.S. Vets SB PH	Laurelbrook	Cornerstone	Hope for Heroes	Keys for Life	Lanternwoods	Infinite Horizons	PH for Homeless with HIV/AIDS	Gateway	Family Stabilization	Keys for Success	DV Coalition	CES	HMS
Section I:	System Performance Measures	30			\$45,843	\$2,681,672	\$433,560	\$1,255,841	\$443,004	\$3,633,423	\$1,003,477	\$281,281	\$186,134	\$581,602	\$84,696	\$228,918	\$170,621	\$341,736	\$2,352,206	\$403,136	\$250,158
1	Measure #2-Percentage of Persons Exit Homeless to Permanent Housing Destination & Return to Homelessness within 2 years. Lower % represents a positive outcome	10	0-25% = 10 pt 26-50% = 8 pts 51-75% = 6 pts 76-100% = 0 pts	Project Level System Performance Measure Report 10/1/2021-9/30/2022	10	10	10	10	10	10	10	10	10	10	10	10	10	10	Agency requested and was granted a Program Year (PY) extension.	N/A	N/A
2	Measure #4-Percentage of Income Growth for Homeless Persons - Leavers & Stayers- Higher % represents a positive outcome	10	Sum 2a + 2b below	Project Level System Performance Measure Report 10/1/2021-9/30/2022															The PY has not expired for this project.		
2a	Metric 4.3 5 pts. Maximum- % Program <u>Stayers</u> with increased income	5	30-100% = 5 pts 20-29% = 4 pts 15-19% = 3 pts 9-14% = 2 pts 5-8% = 1 pts 0-4% = 0 pts	Project Level System Performance Measure Report 10/1/2021-9/30/2022	0	5	5	5	5	5	5	5	5	0	4	4	5	0		N/A	N/A
2b	Metric 4.6 5 pts. Maximum- % Program <u>Leavers</u> with Increased Income	5	30-100% = 5 pts 20-29% = 4 pts 15-19% = 3 pts 9-14% = 2 pts 5-8% = 1 pts 0-4% = 0 pts	Project Level System Performance Measure Report 10/1/2021-9/30/2022	5	5	5	5	5	0	5	4	0	5	0	5	4	4	N/A	N/A	N/A
3	Measure 7- % of Successful Placement from Street Outreach and Successful placement in or retention of PH-Higher % represents a positive outcome	10	Points from 3a OR 3b below	Project Level System Performance Measure Report 10/1/2021-9/30/2022																	
3a	RRH Projects - Metric 7b.1 – PH-RRH exits to permanent housing destinations	10	80-100% = 10 pts 50-79% = 5 pts 0-49% = 0 pts	Project Level System Performance Measure Report 10/1/2021-9/30/2022								10		10				10	0		
3b	PSH Projects - Metric 7b.2 – PH-PSH exits to permanent housing destinations or retention of permanent housing	10	80-100% = 10 pts 50-79% = 5 pts 0-49% = 0 pts	Project Level System Performance Measure Report 10/1/2021-9/30/2022	10	10	10	10	10	10	10		10		10	10			N/A	N/A	N/A
Total Points - Section I		30			25	30	30	30	30	25	30	29	25	25	24	29	29	14	N/A	N/A	N/A

**2023 Letter of Intent to Renew Coc Renewal Projects Rubric
(as approved by the Grant Review Committee)**

Item in Guideline / LOI	Description	Max Pts	Scale (% rounded to nearest whole)	(Data source or Verification)	NHV	SUS	TFCF	US Vets	HASBC	HASBC	LSSC	KEYS	HASBC	ITH	LSSSC PH For Homeless with HIV/AIDS	HASBC	IVHP	KEYS	Family Assistance Program	Inland SoCal 211	SBC-OHS
Section II:	Recipient Compliance with Grants and Financial Management:	30			New Hope Village, Tool	Step Up in San Bernardino	Homes of Hope	U.S. Vets SB PH	LaurelBrook	Cornerstone	Hope for Heroes	Keys for Life	Lanternwoods	Infinite Horizons	Gateway	Family Stabilization	Keys for Success	DV Coalition	CE5	HMIS	
1	Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	10	Submitted timely = 10 pts Submitted late = 5 pts Not submitted = 0 pts	(HUD Sage System)	10	10	10	10	10	10	10	10	10	10	10	10	10	10	N/A	N/A	N/A
2	Does the recipient have any unresolved HUD/OHS Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	5	No findings = 5 pts Unresolved/OIG findings= 0 pts	(HUD/OHS) Monitoring Letters	5	5	5	5	5	5	5	5	5	5	5	5	5	5	N/A	N/A	N/A
3	Has the recipient maintained timely and consistent monthly submission of claims for the most recent grant terms related to this renewal project request?	5	Submitted Monthly Claims = 5 pts Submitted Periodoc claims = 3 pts Submitted No Claims = 0 Pts	(E-Loccs report)	5	5	5	5	5	5	5	5	5	5	5	5	5	5	N/A	N/A	N/A
4	Have any funds been recaptured by HUD for any of the three (3) most recently expired grant terms related to this renewal project request?	5	0-10% recaptured = 5 pts 10%+ recaptured = 0 pts	E-Loccs Report and Agency verification	5	5	5	5	0	5	5	5	0	5	5	0	0	0	N/A	N/A	N/A
5	Cost Effectiveness-Cost per permanent housing exit can be determined by dividing total project costs by the number of permanent housing exits. PSH projects may also include the number of clients that have maintained PSH for 6 months or more.	5	Points from 5a OR 5b below																		
5a	Cost Effectiveness-RRH - cost per exit to Permanent Housing	5	Costs are within local median cost per positive housing exit for RRH = 5 pts Costs are above local median cost per positive housing exit for RRH = 0 pts	APR submitted for PY ending in 2022-Median Cost for RRH Projects - \$7,744								5		0			0	5	N/A	N/A	N/A
5b	Cost Effectiveness-PSH-Cost per exit and 6 months of project retention.	5	Costs are within local median cost per positive housing exit and 6 months retention (Stayers) for PSH = 5 pts Costs are above local median cost per positive housing exit and 6 months retention (Stayers) for PSH = 0 pts	APR submitted for PY ending in 2022-Median Cost for PSH Projects - \$11,665	5	0	0	0	5	5	0		5		5	0			N/A	N/A	N/A
Total Points - Section II		30			30	25	25	25	25	30	25	30	25	25	30	20	20	25			

**2023 Letter of Intent to Renew Coc Renewal Projects Rubric
(as approved by the Grant Review Committee)**

Item in Guideline / LOI	Description	Max Pts	Scale (% rounded to nearest whole)	(Data source or Verification)	NHV	SUS	TFCF	US Vets	HASBC	HASBC	LSSC	KEYS	HASBC	ITH	LSSSC PH For Homeless with HIV/AIDS	HASBC	IVHP	KEYS	*Family Assistance Program	Inland SoCal 211	SBC-OHS
Section III:	Data Quality - Homeless Management Information System (HMIS)	10																			
1	Data		Sum 1a + 1b below	Data Quality Report (DQR)																	
1a	Universal Data Element - the lower the percentage the higher the score awarded	5	0-1% = 5 pts 2% = 4 pts 3% = 3 pts 4% = 2 pts 5% = 1 pt 6%+ = 0 pts	DQR	5	5	5	5	5	5	5	5	5	5	5	5	5	5	N/A	N/A	N/A
1b	Program Specific Data Element - the lower the percentage the higher the score awarded	5	0-1% = 5 pts 2% = 4 pts 3% = 3 pts 4% = 2 pts 5% = 1 pt 6%+ = 0 pts	DQR	5	5	5	5	5	5	5	0	5	5	0	5	4	5	N/A	N/A	N/A
Total Points - Section III		10			10	10	10	10	10	10	10	5	10	10	5	10	9	10			
Item in Guideline/LOI	Description	Max Pts	Scale	(Verification)																	
Section IV:	Equity Factors-Agency Leadership and Policies	10																			
1	The recipient has under-represented individuals (LGBTQ, Black, Indigenous, People of Color (BIPOC), Person with Lived Experience of Homelessness) in managerial and leadership positions.	5	Yes = 5 pts No = 0 pts	LOI	5	5	5	5	5	5	5	5	5	5	5	5	5	5	N/A	N/A	N/A
2	The recipient has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers that exacerbate disparities and outcomes.	5	Yes = 5 pts No = 0 pts	LOI	5	5	5	5	5	5	5	5	5	5	5	5	5	5	N/A	N/A	N/A
Total Points - Section IV		10			10	10	10	10	10	10	10	10	10	10	10	10	10	10			
Item in Guideline/LOI	Description	Max Pts	Scale	(Data source or Verification)																	
Section V:	Supportive Services for Participants	5																			
1	Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?	3	Yes = 3 pts No = 0 pts	LOI	3	3	3	3	3	3	3	3	3	3	3	3	3	3	N/A	N/A	N/A
2	At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?	1	Annual Follow-up = 1 pts No Follow-up or less than annual = 0 pts	LOI	1	1	1	1	1	1	1	1	1	1	1	1	1	1	N/A	N/A	N/A
3	Do program participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	1	Access to SSI / SSDI assistance = 1 pts No assistance provided = 0 pts	LOI	1	1	1	1	1	1	1	1	1	1	1	1	1	1	N/A	N/A	N/A
Total Points - Section V		5			5	5	5	5	5	5	5	5	5	5	5	5	5	5			

**2023 Letter of Intent to Renew Coc Renewal Projects Rubric
(as approved by the Grant Review Committee)**

Item in Guideline / LOI	Description	Max Pts	Scale (% rounded to nearest whole)	(Data source or Verification)	NHV	SUS	TFCF	US Vets	HASBC	HASBC	LSSC	KEYS	HASBC	ITH	LSSSC PH For Homeless with HIV/AIDS	HASBC	IVHP	KEYS	*Family Assistance Program	Inland SoCal 211	SBC-OHS
Section VI:	Utilization Rates	5	1, 2, or 3 below																		
1	Unit Utilization Percent for Permanent Housing Projects that serve Households with Children (0%-50%-0 pts., 51%-64%-2 pts., 65%-84%-3 pts., 85%+5 pts.)	5	85% + = 5 pts 65%-84% = 3 pts 51%-64% = 2 pts 0%-50% = 0 pts	APRs	5		5	5	5	5	5		5			5			N/A	N/A	N/A
2	Bed Utilization Percent for Permanent Housing Projects that serve Households without Children(0%-50%-0 pts., 51%-64%-2 pts., 65%-84%-3 pts., 85%+5 pts.)	5	85% + = 5 pts 65%-84% = 3 pts 51%-64% = 2 pts 0%-50% = 0 pts	APRs		5									5				N/A	N/A	N/A
3	Unit Utilization Percent for all Rapid Rehousing - (0%-50%-0 pts., 51%-64%-2 pts., 65%-84%-3 pts., 85%+5 pts.)	5	85% + = 5 pts 65%-84% = 3 pts 51%-64% = 2 pts 0%-50% = 0 pts	APRs								5		5			0	5	N/A	N/A	N/A
Total Points - Section VI		5			5	5	5	5	5	5	5	5	5	5	5	5	0	5			
Item in Guideline/LOI	Description	Max Pts	Scale	(Verification)																	
Section VII:	Assessing Vulnerability	5																			
1	Percentage of persons served during the most recent PY that are in under-served groups (BIPOC, youth, DV, Chronic, and Veterans)	5	25% + = 5 pts 15%-24% = 3 pts 10%-14% = 2 pts 0%- 9% = 0 pts	APR	5	5	5	5	5	5	5	5	5	5	5	5	5	5	N/A	N/A	N/A
Total Points - Section VII		5			5	5	5	5	5	5	5	5	5	5	5	5	5	5			
Item in Guideline/LOI	Description	Max Pts	Scale																		
Section VIII:	Participation in Coordinated Entry System	3																			
1	% of intakes involved in the CES process.	3	80% + = 3 pts 0%-79% = 0 pts	LOI and Agency Verification	3	3	3	3	3	3	3	3	3	3	3	3	3	3	N/A	N/A	N/A
Total Points - Section VIII		3			3	3	3	3	3	3	3	3	3	3	3	3	3	3			
Item in Guideline/LOI	Description	Max Pts																			
Section IX:	Leverage	2																			
1	Does the recipient partner with healthcare and housing agencies to	2	Yes = 2 pts No = 0 pts	LOI	2	2	2	2	2	2	2	2	2	2	2	2	2	2	N/A	N/A	N/A
Total Points - Section IX		2			2	2	2	2	2	2	2	2	2	2	2	2	2	2			
Total Final Points for Project Overall		100			95	95	95	95	95	95	95	94	90	90	89	89	83	79	N/A	N/A	N/A

**San Bernardino County CoC 2023 - CoC Bonus and New Reallocation
Project Scoring Guideline**

Continuum of Care (CoC) FY 2023 new projects will be reviewed by the San Bernardino County Interagency Council on Homelessness (ICH) Grant Review Committee (GRC). All projects will be reviewed and scored by the GRC for recommendation to the United States Department of Housing and Urban Development (HUD) based on the following:

A. Experience and Capacity (30 points Max.)

- Applicants that demonstrate a partnership between housing, healthcare, and supportive services providers to expand housing options, such as permanent supportive housing, housing subsidies, and rapid re-housing.
- The extent to which the proposed project fills a gap in the community's CoC and addresses an eligible population.
- The applicant's ability to provide documentation for the required match.
- The applicant's ability to propose an eligible project type.
- The applicant's ability to provide solid fiscal accountability to the project and the proposed budget is less than or equal to the amount of available funding, if noted.
- The extent to which the proposed project meets HUD's threshold.
- The applicant's experience and capacity in providing similar services, the length and type of experience it has working with the homeless, the quality of programs/services it provides, and the experience level of key staff.

B. Housing First Emphasis (25 points Max.)

- The extent to which applicant is a Housing First organization.
- Housing First practices include rapid placement and stabilization in permanent housing and does not have service participation requirements.

C. Sub-population Focus (25 points Max.)

- Permanent Housing-Permanent Supportive Housing (PH-PSH) – Persons eligible to be served by DedicatedPLUS projects in Section I.B.2.b.(7) of the U.S. Department of Housing and Urban Development Notice of Funding Opportunity for Fiscal Year (FY) 2023 CoC Competition or persons experiencing chronic homelessness at the time they initially enroll in the project.
- Permanent Housing – Rapid Re-Housing (PH-RRH) – Persons who qualify as homeless under paragraphs (1), (2), or (4) of 24 CFR 578.3
- Joint Transitional Housing and Permanent Housing – Persons who qualify as homeless under paragraphs (1), (2), or (4) of 24 CFR 578.3
- SSO-CE - Persons who qualify as homeless under paragraphs (1), (2), or (4) of 24 CFR 578.3

D. Cost Effectiveness (10 points Max.)

- Total project cost/number of persons served within a program year.

E. Equity Factors (10 points Max.)

- Agency Leadership-Agency has under-represented persons in managerial and leadership positions
- Internal Policies & Procedures

San Bernardino County CoC 2023-CoC DV Bonus Project Scoring Guideline

Continuum of Care (CoC) FY 2023 new projects will be reviewed by the San Bernardino County Interagency Council on Homelessness (ICH) Grant Review Committee (GRC). All projects will be reviewed and scored by the GRC for recommendation to the United States Department of Housing and Urban Development (HUD) based on the following:

A. Experience and Capacity (30 points Max.)

- Applicants that demonstrate a partnership between housing, healthcare, and supportive service providers to expand housing options, such as permanent supportive housing, housing subsidies, and rapid re-housing.
- The extent to which the proposed project fills a gap in the community's CoC and addresses an eligible population.
- The applicant's ability to provide documentation for the required match.
- The applicant's ability to propose an eligible project type.
- The applicant's ability to provide solid fiscal accountability to the project and the proposed budget is less than or equal to the amount of available funding, if noted.
- The extent to which the proposed project meets HUD's threshold.
- The applicant's experience and capacity in providing similar services, the length and type of experience it has working with the homeless, the quality of programs/services it provides, and the experience level of key staff.

B. Housing First Emphasis (25 points Max.)

- The extent to which the applicant is a Housing First organization.
- Housing First practices include rapid placement and stabilization in permanent housing and does not have service participation requirements.

C. Sub-population Focus (25 points Max.)

- Transitional Housing (TH)/Permanent Housing-Rapid Re-housing (PH-RRH) and Joint TH and PH-RRH applicant's ability to design a project that is dedicated to survivors of domestic violence, dating violence, sexual assault, or stalking as defined in paragraph (4) at 24 CFR 578.3. These projects must demonstrate trauma-informed, victim-centered approaches, and safety planning.
- Supportive Services Only Projects for Coordinated Entry (SSO-CE) ability to implement policies, procedures, and practices that equip the CoC's coordinated entry to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking (e.g., to implement policies and procedures that are trauma-informed, client-centered or to better coordinate referrals between the CoC's coordinated entry and the victim service providers coordinated entry system where they are different).

D. Cost Effectiveness (10 points Max.)

- Total project cost/number of persons served within a program year.

E. Equity Factors (10 points Max.)

- Agency Leadership-Agency has under-represented persons in managerial and leadership positions.
- Internal Policies & Procedures