

California Emergency Solutions and Housing (CESH) Program

2019 NOTICE OF FUNDING AVAILABILITY APPLICATION



**State of California
Governor Gavin Newsom**

**Alexis Podesta, Secretary
Business, Consumer Services and Housing Agency**

**Ben Metcalf, Director
Department of Housing and Community Development**

**NOFA Section, CESH Program
2020 West El Camino Avenue, Suite 650, Sacramento, CA 95833
CESH Program Email: CESH@hcd.ca.gov**

Final Filing Date: June 28, 2019 at 5:00 p.m.

Overview - Applicant Information				Rev. 3/12/19
Instructions				
This application is subject to the California Emergency Solutions and Housing (CESH) program requirements of Health and Safety Code (HSC) Part 2 of Division 31 Chapter 2.8, commencing with §50490 and including §50490.1, §50490.2, §50490.3, §50490.4, and §50490.5, and the 2019 CESH Notice of Funding Availability (NOFA).				
A. Download and review the 2019 NOFA for the CESH Program SB 850 (Chapter 48, Statutes of 2018)				
B. Application Submittal: Submit one original (hard copy) application with wet, original signatures in a 3-ring binder with pockets, and one USB flash drive that includes a copy of the application with signatures with all files uploaded. Applications must be uploaded to the USB flash drive in Excel format. Applicants are required to submit the Application Forms in this Excel Workbook as instructed on each form.				
C. Application forms for the CESH Program are available at http://www.hcd.ca.gov/grants-funding/active-funding/cesh.shtml				
D. All application forms must be postmarked or received no later than 5 p.m. PST on May 6, 2019 . Application forms not submitted by the deadline will result in a denial of funds to your CoC Service Area. AEs are responsible for ensuring that all required materials are submitted by the deadline as set forth in the NOFA Section I(B).				
General Application Requirements §50490.3				
Administrative Entity (Applicant)				
Name				
Applicant Type				
Address:				
City:	State:	Zip:	County:	
Federal Tax ID Number (FEIN):			Data Universal Numbering System (DUNS):	
Authorized Representative (Per Board Resolution)				
Name		Title	Email Address	Phone
Address		City	State	Zip
Applicant Contact Information (If different from Authorized Representative)				
Name:		Title:		
Address:		City:	State	Zip:
Phone:	Ext.:	Fax:	Email:	
Administrative Fiscal Representative (i.e., CFO, Accountant/Bookkeeper)				
Name		Title	Email Address	Phone
Address		City	State	Zip
Continuum of Care (CoC)				
CoC Service Area				
CoC Rep				
Name		Title	Email Address	Phone
Address		City	State	Zip
File Name:	Administrative Entity (AE) Certification from	Attach certification from the CoC documenting that the AE has been designated by the CoC to administer CESH funds per §50490(a)		Attached and uploaded?
Application requests an allocation in order to carry out one or more eligible activity within the CoC service area §50490.3(a)(1)? <i>(See Estimated Budget and Goals Worksheet)</i>				
Applicant has prior experience administering the eligible activities described in the application or has partnered with one or more local governments or other entities with in the relevant CoC service area that have the necessary prior experience to administer the requested funds §50490.3(a)(2)(A&B)? <i>(See Estimated Budget and Goals Worksheet)</i>				
Does CoC service area have a functioning CES and HMIS that meet the applicable HUD requirements, as set forth in the NOFA Section II(e)(3) per §50490.3(a)(3)(A)?				
File Name:	HUD Coordinated Entry Process Self-Assessment	Attach HUD Coordinated Entry Process Self-Assessment documenting that CES meets at a minimum the required aspects of coordinated entry found here: https://www.hudexchange.info/resources/documents/coordinated-entry-self-assessment.pdf		Attached and uploaded?
If self-assessment is not attached, application documents that a minimum of 20 percent of the allocation to the CoC service area will be used to implement or update its systems to comply with the applicable HUD requirements §50490.3(a)(3)(B)? <i>(See Estimated Budget and Goals Worksheet)</i>				
Did you set aside 20% or more of your budget from 2018 CESH Round 1 to implement systems to comply with the applicable HUD requirements §50490.3(a)(3)(B)?				
File Name:	Local Program or Project Selection Process Documentation	Attach documentation, if available, demonstrating that local program or project selection process anticipated to be used to allocate available funds to subrecipients qualified to carry out the eligible activities is consistent with §50490.3(a)(4)		Attached and uploaded?
Enter the page number(s) in the provided Selection Process Documentation that demonstrates how the program or project avoids conflicts of interest:		Enter the page number(s) in the provided Selection Process Documentation that demonstrates how the program or project a is easily accessible to the public:		
If local program or project selection process documentation is not attached, describe how the local program or project selection process to allocate available funds to subrecipients is consistent with §50490.3(a)(4): §50490.3(a)(4) The application describes or provides documentation of the local program or project selection process anticipated to be used to allocate available funds to subrecipients qualified to carry out the eligible activities. In order to satisfy the requirements of this subdivision, the applicant's proposed program or project selection process shall avoid conflicts of interest in program or project selection and shall be easily accessible to the public.				
Current Plan Addressing Actions to be Taken with in the Continuum of Care Service Area §50490.3(b)?				
File Name:	Current Homelessness Plan	If yes, attach the most current plan addressing actions to be taken within the Continuum of Care service area to address homelessness §50490.3(b)		Attached and uploaded?
If not, funding requested to develop a homelessness plan §50490.3(b)? <i>(See Estimated Budget and Goals Worksheet)</i>				
Other Documents				
File Name:	STD-204 Applicants that are not a government agency must submit a Payee Data Record (STD-204)			Attached and uploaded?

File	Government TIN Form	Applicants that are a government agency must submit a Government TIN Form	Attached and uploaded?	
File Name:	Resolution	Resolutions (Refer to Resolution Instructions and Sample Resolution on CESH Program website)	Attached and uploaded?	

Certifications										
On behalf of the entity identified below, I certify that: The information, statements and attachments included in this application are, to the best of my knowledge and belief, true and correct and I possess the legal authority to submit this application on behalf of the entity identified in the signature block.										
Authorized Representative Printed Name				Title		Signature			Date	
Entity name:					Phone Number:					
Entity Address					City			State		Zip

Legislative and Congressional Information

Provide the Legislative and Congressional information for the applicant and each activity location, (if different than applicant location), included in this application.

To locate or verify the Legislative and Congressional information, click on the respective links below and enter the applicant office location zip code, the activity location site zip code(s) (i.e. zip code(s) where activities are performed), and any additional activity location site(s), as applicable.

[State Legislator](#)

[U.S. House of Representatives](#)

Applicant Office Location

	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
Activity Location 1 (if different from applicant location)			
	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
Activity Location 2 (if different from applicant location)			
	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
Activity Location 3 (if different from applicant location)			
	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
Activity Location 4 (if different from applicant location)			
	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
Activity Location 5 (if different from applicant location)			
	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
Activity Location 6 (if different from applicant location)			
	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
Activity Location 7 (if different from applicant location)			
	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
Activity Location 8 (if different from applicant location)			
	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
Activity Location 9 (if different from applicant location)			
	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
Activity Location 10 (if different from applicant location)			
	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
Activity Location 11 (if different from applicant location)			
	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
Activity Location 12 (if different from applicant location)			
	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
Activity Location 13 (if different from applicant location)			
	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			

Activity Location 14 (if different from applicant location)			
	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
Activity Location 15 (if different from applicant location)			
	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			

Estimated Budget and Goals §50490.3(a)(5)					CoC Service Area Allocation requested §50490.2:											
Activity #1	Rental assistance, housing relocation & stabilization services to ensure housing affordability to individuals experiencing homelessness or who are at risk of homelessness.				Projected administrative costs §50490.2(b):											
Activity #2	Operating subsidies in the form of 15-year capitalized operating reserves for new and existing affordable permanent housing units for homeless individuals and/or families.				Instructions: Complete the following chart by listing the anticipated estimated amounts to be used for the specific eligible activities the AE and/or local partner will carry out with the allocation requested above. Describe each activity and the experience the AE or local partner has administering it. Identify numerical goals and performance measures to be used to evaluate success in implementing each eligible activity. Certify that each activity will be administered consistent with Housing First as described in §II.G of the NOFA.											
Activity #3	Flexible housing subsidy funds for local programs that establish or support the provision of rental subsidies in permanent housing to assist homeless individuals & families.															
Activity #4	Operating support for emergency housing interventions including but not limited to: navigation centers, street outreach, and shelter diversion.															
Activity #5	Systems support for activities necessary to maintain a comprehensive homeless services and housing delivery system, including Coordinated Entry System (CES) data, and Homeless Management Information System (HMIS) reporting, and homelessness planning activities.															
Activity #6a	Develop or update a CES, if the CoC does not have a system in place that meets the applicable HUD requirements, as set forth in Section II.E.3.A of the NOFA.															
Activity #6b	Development of a plan addressing actions to be taken within the CoC service area if no such plan exists.															
Eligible Activities §50490.4(a)			Prior Experience §50490.3(a)(2)(A&B)		Projected Performance Measures §50490.3(a)(5)										Housing First	
Activity	Estimated amount for eligible activity	Activity as a % of Allocation amount requested	Describe Activity and prior AE experience administering Activity	If no relevant experience, describe activity and prior experience of local government or other entity in CoC service area that AE will partner with to administer activity	(A) Number of homeless persons served	(B1) Number of unsheltered homeless persons served	(B2) Average length of time (DAYS) spent as homeless before entry into program or project	(C) Number of homeless persons exiting the program or project into permanent housing	(D) Number of persons that return to homelessness after exiting the program or project	Other applicant identified performance measure #1	Numerical goal (#)	Other applicant identified performance measure #2	Numerical goal (#)	Other applicant identified performance measure #3	Numerical goal (#)	AE or subrecipient will administer activity consistent with
Total:	\$0															

CoC Certification of AE Designation to Administer Funds

By signing below, the CoC Representative certifies is designated by the CoC to administer 2019 CESH funds.

Certification of AE Designation to Administer Funds

Printed Name of CcC Authorized Representative	Title	CoC Authorized Representative Signature	Date

State of California
Financial Information System for California (FI\$Cal)
GOVERNMENT AGENCY TAXPAYER ID FORM

2000 Evergreen Street, Suite 215
Sacramento, CA 95815
www.fiscal.ca.gov
1-855-347-2250



The principal purpose of the information provided is to establish the unique identification of the government entity.

Instructions: You may submit one form for the principal government agency and all subsidiaries sharing the same TIN. Subsidiaries with a different TIN must submit a separate form. Fields bordered in red are required. Hover over fields to view help information. Please print the form to sign prior to submittal. You may email the form to: vendors@fiscal.ca.gov, or fax it to (916) 576-5200, or mail it to the address above.

Principal Government Agency Name			
Remit-To Address (Street or PO Box)			
City		State	
		Zip Code+4	
Government Type:	☐ City	☐ County	Federal Employer Identification Number (FEIN)
	☐ Special District	☐ Federal	
	☐ Other (Specify)		

List other subsidiary Departments, Divisions or Units under your principal agency's jurisdiction who share the same FEIN and receives payment from the State of California.

Dept/Division/Unit Name		Complete Address	
Dept/Division/Unit Name		Complete Address	
Dept/Division/Unit Name		Complete Address	
Dept/Division/Unit Name		Complete Address	

Contact Person		Title	
Phone number		E-mail address	
Signature		Date	