



VENTURA COUNTY
**CONTINUUM OF
CARE ALLIANCE**

ENDING HOMELESSNESS
IN VENTURA COUNTY

CALIFORNIA
HOMELESS HOUSING, ASSISTANCE & PREVENTION
PROGRAM
(HHAP ROUND 2)

PROJECT APPLICATION

APRIL 21, 2021

Completed Applications Must Be Submitted to:
TARA CARRUTH, PROGRAM MANAGEMENT ANALYST
via email to: Tara.Carruth@ventura.org
COUNTY OF VENTURA
CEO - COMMUNITY DEVELOPMENT DIVISION
800 SOUTH VICTORIA AVENUE, VENTURA, CA 93009
NO LATER THAN

**VENTURA COUNTY CONTINUUM OF CARE
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1. APPLICANT CAPACITY & FINANCIAL INFORMATION:

Legal Name of Organization: _____

Is the organization a 501(c)? Yes No

Mailing Address: _____

City: _____ Zip: _____

Executive Director Name & Title: _____

Organization Contact Name & Title: _____

Work Phone: _____ Fax: _____

E-mail Address: _____

Organization Website Address: _____

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

Fiscal Agent Contact Name & Title: _____

Work Phone: _____ Fax: _____

E-mail Address: _____

Years in operation: _____

Date of most recent 990 filed: _____

Does your organization have any outstanding financial audit findings? Yes No

If yes, please explain:

Is your organization required to file a Federal Single Audit (CFR200.501)? Yes No

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Does your organization comply with 2 CFR 200 Part 2400 Uniform Requirements? Yes No

How many members are part of your Board of Directors? _____

How often does your Board meet? _____

Describe the financial expertise of your current board members:

Has your organization received and managed State/Federal funds? Yes No

Please complete the chart below with the most recent State/Federal grant awards for your organization

Operating Year	Grant Number	Activity(ies)	Grant Amount

2. PROJECT INFORMATION

Title of proposed project: _____

Project Address: _____

City: _____ Zip: _____

Project anticipated start date for serving clients: _____

HHAP Priority Need Addressed:

- | | |
|--|--|
| <input type="checkbox"/> Low Barrier Emergency Shelter
<input type="checkbox"/> Street Outreach
<input type="checkbox"/> Housing Location Services
<input type="checkbox"/> Landlord Engagement
<input type="checkbox"/> Rental Subsidies
<input type="checkbox"/> Permanent Supportive Housing | <input type="checkbox"/> Coordinated Entry
<input type="checkbox"/> Housing Navigation Services
<input type="checkbox"/> Homeless Prevention & Diversion
<input type="checkbox"/> Master Leasing
<input type="checkbox"/> Supportive Services for PSH
<input type="checkbox"/> Other (list below):
_____ |
|--|--|

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Number of beneficiaries to be served by the project: _____

a. Project service area (check all that apply):

- | | | |
|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Camarillo | <input type="checkbox"/> Fillmore | <input type="checkbox"/> Moorpark |
| <input type="checkbox"/> Ojai | <input type="checkbox"/> Oxnard | <input type="checkbox"/> Port Hueneme |
| <input type="checkbox"/> Santa Paula | <input type="checkbox"/> Simi Valley | <input type="checkbox"/> Thousand Oaks |
| <input type="checkbox"/> Ventura | <input type="checkbox"/> County-wide | <input type="checkbox"/> Unincorporated County |

b. Amount requested for this project: \$ _____

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

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

Note: The amounts for b, c and d should equal the amounts in Project Budget. Comprehensive budget should be submitted in provided budget template. Permanent Supportive Housing Applications should submit the PSH program budget.

Which CoC priorities best align with the project? You may list more than one; be specific:

Identify the population(s) that the project will serve (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Single Adults | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Families with children | <input type="checkbox"/> Persons with disabilities |
| <input type="checkbox"/> Transitional Age Youth (TAY) 18 to 24 years old | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Unaccompanied Youth under 18 years old | <input type="checkbox"/> Chronic Homeless |

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3. Subrecipients

Does your agency plan to administer HHAP funds or award them to a service provider/subrecipient? _____

Service Provider/Subrecipient* _____

4. PROGRAM DESIGN

Summarize the project. Describe how the project will benefit the target population(s) and meet an immediate need in addressing homelessness in the Continuum of Care. Describe how this funding will expand capacity or create new resources to shelter and/or house homeless people/families. Identify best practices that will be utilized. Describe how the program will be accessible to persons disproportionately impacted by homelessness and COVID-19. Please include how the program will follow the Housing First/Low Barrier model. Describe how the program will connect persons quickly to permanent housing.

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Describe the intended use of grant funds, ensuring the provision of HHAP-eligible services. Please list a comprehensive budget including all funding sources, if any that have been committed to the project or other funds pending award or notification of award.

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Collaboration – Describe how resources will be leveraged to address the needs of the target population(s). How will the project collaborate with other organizations and programs to address the needs of the target population and participate in Pathways to Home and HMIS. Please include any partnerships for furthering racial equity and serving underserved populations including BIPOC, LGBTQ, undocumented persons and persons with limited English proficiency.

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Core Practices – State regulation section 8409 contain the Core Practices: Coordinated Entry Process (section 8409(a)); and Housing First Practices (section 8409(b)) Use the table below to document which of the following your agency or contracted agency/service provider has adopted for implementation of programs:

Guidance	Relates to: (check all that apply)
1. Has your agency/service provider adopted the local CoC's Written Standards with regards to the following?	<input type="checkbox"/> Coordinated Entry <input type="checkbox"/> Housing First
2. Does your agency/service provider have Program Rules, Policies and Procedures that address the following?	<input type="checkbox"/> Coordinated Entry <input type="checkbox"/> Housing First
3. Does your agency/service provider commit to adopt and follow the local CoC Coordinated Entry Policies and Procedures?	<input type="checkbox"/> Coordinated Entry <input type="checkbox"/> Housing First
4. Does your agency utilize HMIS for entering client level data. Please include attachments that demonstrate data quality and annual performance of an existing project.	<input type="checkbox"/> HMIS participating project <input type="checkbox"/> Attach HMIS generated reports showing data quality and performance of existing project

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5. MANAGEMENT & PAST EXPERIENCE:

Describe your organization's and/or sub-recipient's experience in successfully conducting this type of activity. Identify any skills, current services, or accomplishments that demonstrate your capacity for success. Please include any relevant past performance data that is relevant to this proposal.

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6. IMPACT & EFFECTIVENESS:

Performance Measures – Describe the objectives and outcomes of the proposed program(s) and how will you measure the effectiveness of your project in meeting these outcomes. Goals should align with VC CoC adopted performance benchmarks.

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Describe how this program will help achieve improved system performance for the Ventura County homeless services system. Include those that apply to your specific program:

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

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7. SUSTAINABILITY:

Please explain plans your agency has for future sustainability of this proposed program and/or service. How will your agency leverage other funds beyond this one-time funding opportunity of HHAP-Round 2? Please detail your agency's experience in leverage state, federal, local and private dollars to support your programs.

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AGENCY CERTIFICATIONS

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

The undersigned agency hereby certifies that:

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

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

- b. The agency certifies to the best of its knowledge and belief that its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal debarment or agency.
- c. The agency shall comply with all federal and County policies and requirements applicable to the HEAP program as appropriate for the funding if received.
- d. The proposed project will assist in alleviating the homeless shelter crisis in the jurisdiction it proposes to serve.
- e. If HHAP funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.
- f. The agency certifies that the funded program will participate in the locally approved HMIS system.

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

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Attachment A

Ventura County Homeless Housing, Prevention & Assistance Program Priorities

- 1) **Low Barrier Emergency Shelter:** Providing low barrier access to housing-focused emergency shelter. Low barrier access means the expectations placed on shelter guests should be minimal, transparent and reasonable. Intake, screening and assessment processes should reflect the CoC's Housing First orientation to helping everyone seeking shelter and assistance connect as quickly as possible with permanent housing. Low barrier shelters accommodate partners, pets and possessions of persons seeking shelter. More information may be found here: <https://www.usich.gov/solutions/crisis-response/emergency-shelter/>
- 2) **Coordinated Entry:** Coverage of full geography of CoC to promote access to shelter and housing resources with the utilization of HMIS.
 - a. **Street Outreach:** Dedicated street outreach to connect with unsheltered persons including persons in homeless encampments. Goals should be to connect persons to shelter, housing and other resources. Priority need for outreach that covers all parts of the county with evening and weekend hours.
 - b. **Housing Locators:** Dedicated staff to identify housing opportunities including engaging landlords and housing partners and providing the link between housing providers and service providers. Programs must integrate into the larger service system bringing available units to the coordinated entry system/partnering with United Way's Landlord Engagement Program.
 - c. **Housing Navigators:** Dedicated service providers to serve as case managers focused on housing needs from the time a person enters through the coordinated entry system until they are connected with a housing resource. These service providers assist with collecting eligibility documentation, applying for eligible housing programs, linking to shelter, employment and other resources.
- 3) **Homeless Prevention & Diversion:** Program to provide flexible financial assistance to prevent individuals and families from becoming homeless including services that divert individuals and families from the homeless service system through a variety of problem-solving solutions.
- 4) **Permanent Supportive Housing Programs:** new supportive housing programs to serve chronically homeless adults. Referrals will come through the coordinated entry prioritization process. Housing-retention focused, engaging services focused on helping tenants remain housed and link to desired programs and services to support housing retention. Services should be designed to support the most vulnerable households in achieving their housing goals. Proposals will be accepted for expansion of services in existing programs that need additional service capacity and new programs including voucher programs and project-based housing.
- 5) **Flexible housing subsidies/rental assistance** including **Master Leasing** and **Rapid Re-Housing** assistance. Master leasing program should include property management and supportive services assistance to pair with supportive housing vouchers including VASH. Rapid Re-Housing program proposals should include ability to expand capacity and provide longer/deeper financial subsidies to serve the most vulnerable individuals and families.