



VENTURA COUNTY
**CONTINUUM OF
CARE ALLIANCE**

ENDING HOMELESSNESS
IN VENTURA COUNTY

CALIFORNIA
HOMELESS HOUSING, ASSISTANCE & PREVENTION
PROGRAM
(HHAP ROUND 3)

PROJECT APPLICATION

MAY 12TH, 2022

Completed Applications Must Be Submitted to:
Alicia Morales-McKinney, MANAGEMENT ANALYST
via email to: alicia.morales-mckinney@ventura.org
COUNTY OF VENTURA
CEO - COMMUNITY DEVELOPMENT DIVISION
800 SOUTH VICTORIA AVENUE, VENTURA, CA 93009

NO LATER THAN
JUNE 10TH, 2022 BY 5PM

**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

Grant Year(s) Start-End Date	Grant Number	Activity Type: <i>Street Outreach, Emergency Shelter, Rapid Re-Housing, Housing Navigation, Permanent Supportive Housing, Landlord Engagement, Homeless Prevention, Interim Sheltering, Coordinated Entry System Supports, Transitional Housing, other (please list)</i>	Grant Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

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2.PROJECT INFORMATION

Title of proposed project: _____

Project Address: _____

City: _____ Zip: _____

Project anticipated start date for serving clients: _____

HHAP-3 Priority Need Addressed (listed in order of priority per CoC Board Approval):

1. <input type="checkbox"/> Delivery of Permanent Housing	6. <input type="checkbox"/> Coordinated Entry Systems Support
2. <input type="checkbox"/> Operational Subsidies	7. <input type="checkbox"/> Services Coordination
3. <input type="checkbox"/> Prevention and Shelter Diversion	8. <input type="checkbox"/> Shelter Improvements to lower barriers and increase privacy
4. <input type="checkbox"/> Rapid Re-Housing	9. <input type="checkbox"/> Street Outreach
5. <input type="checkbox"/> Interim Sheltering (new and existing)	10. <input type="checkbox"/> Other (list): _____

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.

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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"/> Older Adults 55+ |
| <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 |

3. Subrecipients

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

Service Provider/Subrecipient: _____

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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. Please include how the program will follow the Housing First/Low Barrier model. Describe how the program will connect persons to permanent housing. Please refer to Attachment A to address *Demonstrated Need (a-e)* for Interim Sheltering.

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Describe the intended use of grant funds, ensuring the provision of HHAP-eligible services. Please attach 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.

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Please include any partnerships for furthering racial equity and serving underserved populations including BIPOC, LGBTQ, undocumented persons, and persons with limited English proficiency. Please describe how the program will commit and implement action to ensuring equitable provision of services for Black, Asian, Native and Indigenous, Latinx, Pacific Islanders and other People of Color who are disproportionately impacted by homelessness and COVID-19.

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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 from January 1, 2021-December 31, 2021.	<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:

Please 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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Please describe your success in submitting previous HHAP Round I and/or II quarterly reporting and drawdowns. Have you had any challenges implementing your project(s), onboarding with HMIS/CES, accepting referrals via CES or submitting draw down requests?

Not applicable (*not a recipient of previous HHAP rounds*)

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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.

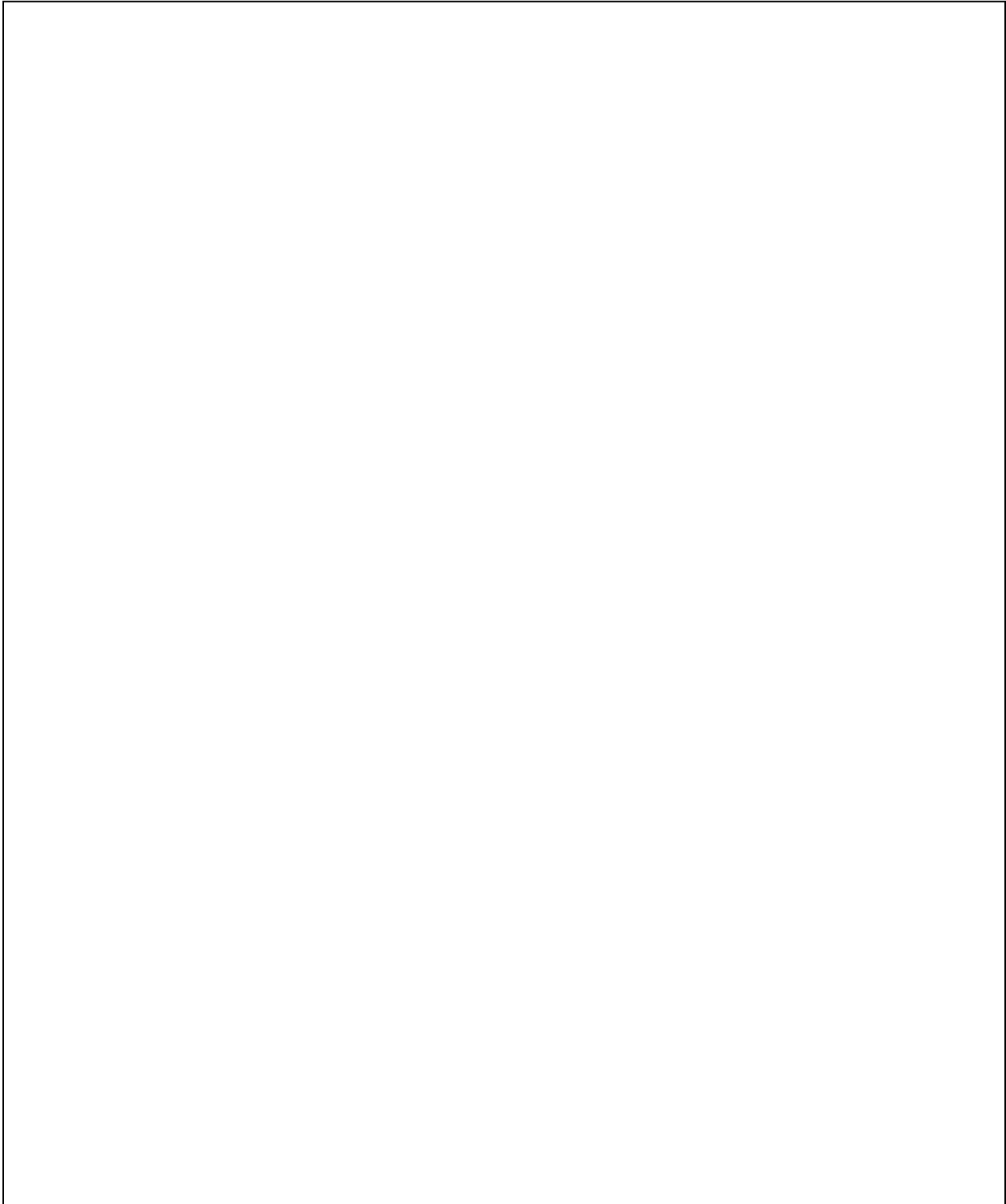
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Please describe how this program will help achieve improved system performance for the Ventura County homeless services system. Include those that apply to your specific program:

1. Reducing the number of persons experiencing homelessness
2. Reducing the number of persons who become homeless for the first time
3. Increasing the number of people exiting homelessness into permanent housing
4. Reducing the length of time persons remain homeless
5. Reducing the number of persons who return to homelessness after exiting homelessness
6. Increasing successful placements from street outreach
7. Focus on equity goals related to underserved populations and populations disproportionately impacted by homelessness

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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 3? Please detail your agency's experience in leverage state, federal, local and private dollars to support your programs.

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8. AGENCY CERTIFICATIONS

The following certification **must** be completed and **signed by an authorized agency representative** to be further considered for HHAP 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 HAAP 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 and CES.
- g. If HHAP funds are approved in the requested amount, the agency will provide a final budget summary.

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. Delivery of Permanent Housing (Cal ICH priority):
 - Hotel and motel conversions for chronically homeless,
 - Master leasing projects. Master Leasing is a strategy for providing permanent housing that is allowable through HHAP. Program design and its intended purpose must follow the Housing First Model and utilize HMIS,
 - Innovative housing solutions.
2. Operating subsidies (Operating subsidies may include operating reserves):
 - In new and existing affordable or supportive housing units,
 - Emergency shelters,
 - Navigation centers
3. Homeless Prevention & Diversion programs:
 - Programs providing flexible financial resources to prevent individuals and families from becoming homeless in Ventura County.
4. Rapid Re-Housing:
 - Flexible rental subsidies in Rapid Re-Housing Programs for vulnerable individuals and households that may be medium or long term in nature paired with voluntary supportive services.
5. Interim Sheltering:
 - Limited to newly developed clinically enhanced congregate shelters,
 - New or existing non-congregate shelters,
 - Operations of existing navigation centers and the expansion of shelter beds based on demonstrated need,
 - Master Leasing. Master Leasing is a strategy for providing emergency housing that is allowable through HHAP. Program design and its intended purpose must follow the Housing First model and utilize HMIS.

Demonstrated need for purposes of this paragraph shall be based on the following:

 - a. The number of available shelter beds in the city, county, or region served by a continuum of care,
 - b. The number of people experiencing unsheltered homelessness in the homeless point-in-time count,
 - c. Shelter vacancy rate in the summer and winter months,
 - d. Percentage of exits from emergency shelters to permanent housing solutions,
 - e. A plan to connect residents to permanent housing,

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f. Any new interim sheltering funded by round 3 funds must be low barrier, comply with Housing First, and prioritize interventions other than congregate shelters.

6. Coordinated Entry Systems Support: for activities necessary to create regional partnerships and maintain a homeless services and housing delivery system, particularly for vulnerable populations, including families and homeless youth.
 - Housing Navigation Services: Dedicated staff to work with homeless individuals and families in gathering eligibility documentation and linking to eligible housing programs,
 - Housing Locator Services: Dedicated Housing Locator(s) to serve the full Ventura County CoC by developing relationships with landlords and/or property managers and identify housing opportunities for persons who are homeless in Ventura County,
 - Landlord Engagement Efforts: Identifying new landlord partners to utilize housing assistance resources including vouchers and rapid rehousing assistance, providing incentives to landlords to participate in housing programs, serving as a liaison between housing programs, supportive services, and landlords.

7. Services coordination:
 - Access to workforce,
 - Education,
 - Training programs,
 - Other services needed to promote housing stability in supportive housing,
 - Supportive Services for Permanent Supportive Housing Programs: housing-focused, engaging services focused on helping tenants remain housed and linking 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 new housing inventory including voucher programs and site-based housing.

8. Shelter improvements:
 - Lower barriers,
 - Increase privacy.

9. Street Outreach:
 - New dedicated street outreach services with expanded hours (evening/weekend coverage) that will work to engage persons and families living on the streets or encampments and link persons to shelter and housing programs.