



**CALIFORNIA**  
**HOMELESS HOUSING, ASSISTANCE & PREVENTION**  
**PROGRAM**  
**(HHAP ROUND 5)**

**PROJECT APPLICATION**

**NOVEMBER 14, 2024**

**Completed Applications Must Be Submitted to:**  
**Alicia Morales-McKinney, MANAGEMENT ANALYST**  
via RFP Submission Portal to: <https://www.venturacoc.org/document-submission-form/>

**COUNTY OF VENTURA**  
**CEO - COMMUNITY DEVELOPMENT DIVISION**  
**800 SOUTH VICTORIA AVENUE, VENTURA, CA 93009**

**NO LATER THAN**  
**DECEMBER 6, 2024 BY 2PM (NO EXCEPTIONS)**

**VENTURA COUNTY CONTINUUM OF CARE  
CALIFORNIA HOMELESS HOUSING, ASSISTANCE, AND PREVENTION PROGRAM (HHAP)  
2024 PROJECT APPLICATION**

**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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Please check off the application type you are applying for:

- Unaccompanied Youth Set Aside Application (18-24) *ONLY*
- Adult Application *ONLY*
- Adult and Youth (18-24) combined

(This information is intended to help determine the required 10% Youth Set aside)

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. Failure to provide grant sources may impact contracting agreements. To prevent duplication of funding, information is required to be disclosed at time of application

<b>Grant Year(s) Start-End Date or Future Date</b>	<b>Funding Source (State, Federal, Local) and Department (HUD, HCD, etc)</b>	<b>Activity Type: <i>Street Outreach, Emergency Shelter, Rapid Re-Housing, Housing Navigation, Permanent Supportive Housing and/or Operational subsidies, Landlord Engagement, Homeless Prevention, Interim Sheltering and/or Operational Subsidies, Coordinated Entry System Supports, Transitional Housing, other (please list)</i></b>	<b>Grant Amount</b>
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

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**2.PROJECT INFORMATION:**

Title of proposed project: \_\_\_\_\_

Project Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Project anticipated start date for serving clients: \_\_\_\_\_

HHAP-5 Priority Need Addressed (listed in order of priority per CoC Board Approval):

1. <input type="checkbox"/> Delivery of Permanent Housing (Priority) <input type="checkbox"/> This application includes Youth Set aside	6. <input type="checkbox"/> Operating Subsidies Interim Housing (existing shelters only/ youth only eligible) <input type="checkbox"/> This application includes Youth Set aside
2. <input type="checkbox"/> Operational Subsidies- Permanent Housing (Priority) <input type="checkbox"/> This application includes Youth Set aside	7. <input type="checkbox"/> Youth Services Coordination (Youth Provider only)
3. <input type="checkbox"/> Prevention and Shelter Diversion (Priority) <input type="checkbox"/> This application includes Youth Set aside	8. <input type="checkbox"/> Youth Systems Support (Youth Provider only)
4. <input type="checkbox"/> Rapid Re-Housing (Priority) <input type="checkbox"/> This application includes Youth Set aside	9. <input type="checkbox"/> Youth Street Outreach (Youth Provider only)
10. <input type="checkbox"/> HMIS Administration (HMIS Administration eligible only)	

Number of beneficiaries to be served by the project: \_\_\_\_\_

Number of unaccompanied Youth (18-24) 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: \$ \_\_\_\_\_

(Please note, only Youth Set Aside may exceed the funding request)

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

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

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***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):

- Single Adults
- Families with children
- Unaccompanied Transitional Age Youth (TAY) 18 to 24 years old
- Veterans
- Chronic Homeless
- Older Adults 55+
- Persons with disabilities

**3. SUBRECIPIENTS:**

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

Service Provider/Subrecipient: \_\_\_\_\_

Subject to review and approval by the Data Performance and Evaluations committee. Sub-recipient must be in good standing with CoC and provide evidence of non-suspension/debarment from all parties. Subject to same requirements as recipient (reference page 18 and 19 of HHAP 5 Guidance).

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**4. PROGRAM DESIGN (20 points):** Please describe below the eligible activity and program you intend to implement with HHAP-5 funds?

Summarize the project and intended use of grant funds. Describe how the project will benefit the target population(s) and meet an immediate need in addressing homelessness in the Continuum of Care by quickly moving participants into permanent housing. 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. If applying for Interim Sheltering, describe a pathway to permanent housing. (3,000-character count limit)

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Please attach a comprehensive budget including ALL funding sources, if any that have been committed to the project you are applying for or other funds *pending* award or notification of award. Address how HHAP 5 funds will be used to fill project cost gaps. *Note: (HHAP funds cannot be used to supplant/ replace current/pending funds)*. Failure to provide grant sources may impact contracting agreements. To prevent duplication of funding, information is required to be disclosed at time of application. (3,000-character count limit)

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Coordination and Collaboration (12 points) – 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 describe if this application will support a new collaborative effort with agencies who are not yet connected to VC CoC. (3,000-character count limit)



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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. Consider policy changes to ensure racial and gender equity. Please provide the date of your last racial/gender equity assessment. Notate findings and address how the proposed program will support those who are disproportionately impacted. (3,000-character count limit)

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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:

<b>Guidance</b>	<b>Relates to: (check all that apply)</b>
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, 2022-December 31, 2022.	<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 staffing ratio per beneficiary. Please include any relevant past performance data that is relevant to this proposal. (3,000-character count limit)

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Please describe your success in submitting previous HHAP Round I/II/III and/or IV, CoC and ESG 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? Have you returned funds back to HUD or the State in the past? Did your previous projects implement within the 45–60-day period? If not, please provide justification. Did your previous projects commit to serving Youth? If so, please provide the number of youth beneficiaries committed to be served on your application and number of youth served to date. (3,000-character count limit)

Not applicable (*not a recipient of previous HHAP, CoC or ESG 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. (3,000-character count limit)

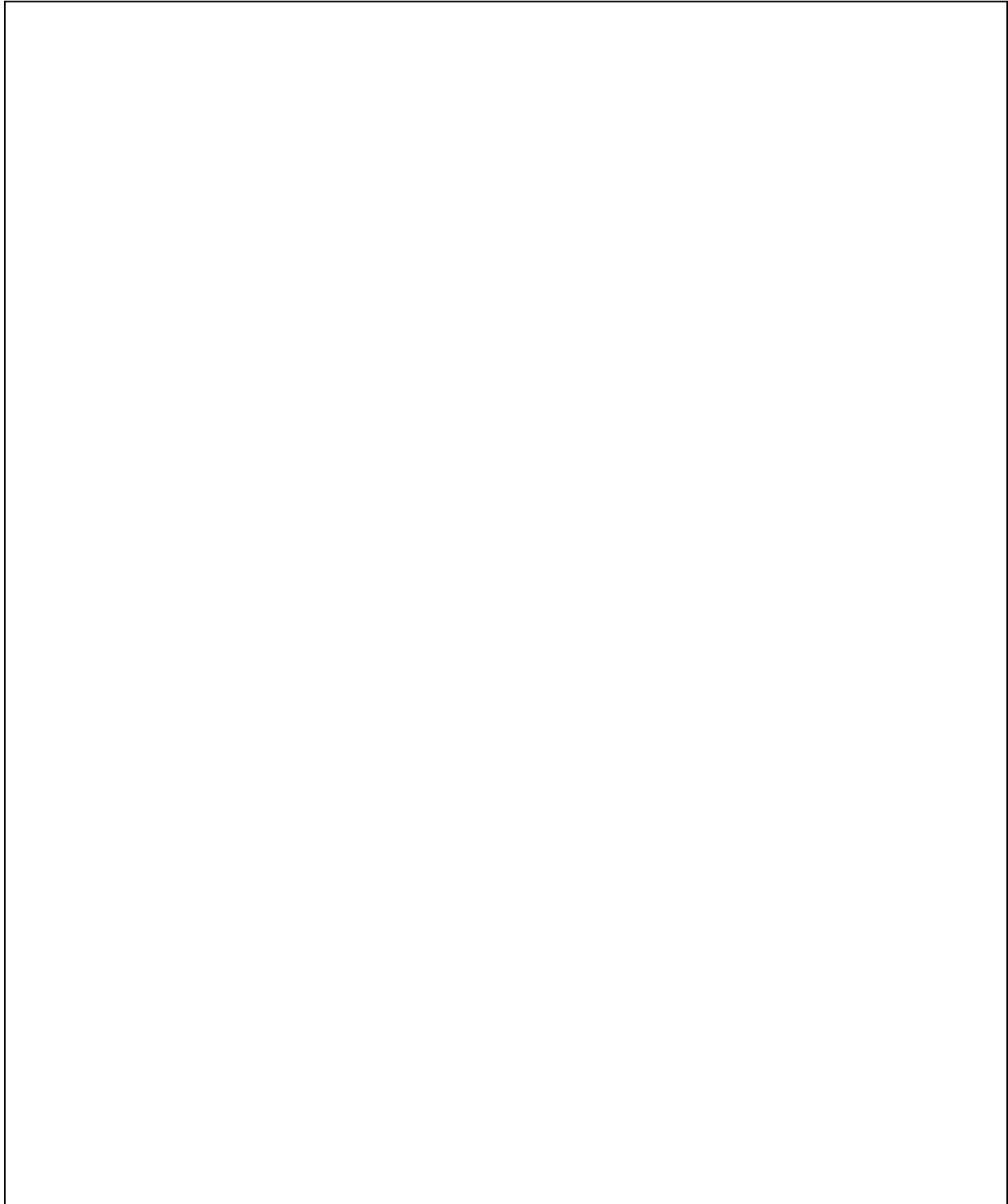
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Please describe how this program will help achieve improved system performance for the Ventura County homeless services system. Describe the strategies you intend to implement to meet the outcome goals (be descriptive and include the percentage you intend to meet for each item). (3,000-character count limit)

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 5? Please detail your agency's experience in leverage state, federal, local and private dollars to support your programs. (3,000-character count limit)



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VC CoC will consider how much each project spends to serve and house an individual or family as compared to other projects serving similar populations. The State of California and HUD state that the project must be cost-effective and not deviate substantially from the norm in that locale for the type of activity including case management and other supportive services. Is your intended project cost-effective concerning case management and other supportive services? (3,000-character count limit)

- Yes
- No

Please explain your response in the box below and provide the cost per beneficiary (expand box as needed).

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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