

**FY 2024 NorCal Continuum of Care**  
**CoC: CA-516**  
**CoC Funding Project Application Cover Sheet**  
(Complete one for each CoC Project Application)  
(Due September 6, 2024 by 5pm pdt)

Project Name: \_\_\_\_\_

Applicant: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Email Address: \_\_\_\_\_

Project Will Utilize Subrecipients: No \_\_\_\_\_ Yes \_\_\_\_\_

Sub-recipient(s): (If applicable) \_\_\_\_\_

Requested Funding Amount: \$ \_\_\_\_\_

Project Type being applied for (check one)

- ☐ New Project
- ☐ New DV Bonus Project
- ☐ Renewal Project

Project Component (check one)

- ☐ Permanent Supportive Housing
- ☐ Rapid Rehousing
- ☐ Transitional Housing
- ☐ Joint Transitional Housing and PH/Rapid Re-Housing
- ☐ Supportive Services Only - CES

Funding Purpose (check one)

- ☐ Tenant-based rental assistance
- ☐ Sponsor-based rental assistance
- ☐ Project-based rental assistance
- ☐ Leasing costs
- ☐ Operational costs (case management etc)

Counties To Serve (check all that apply)

- ☐ Del Norte
- ☐ Lassen
- ☐ Modoc
- ☐ Plumas
- ☐ Sierra
- ☐ Siskiyou
- ☐ Shasta

Optional Funding Purpose (check one if applicable)

- ☐ New construction
- ☐ Acquisition
- ☐ Rehabilitation

## APPLICANT ELIGIBILITY THRESHOLD (PASS/FAIL)

Applicants must qualify (pass) under these eligibility requirements in order for their application to be reviewed and ranked in the competition. Applicants deemed to fail these threshold eligibility requirements will not be reviewed and ranked in the competition. Applicants are encouraged to review pages 35-36 of the *NOFO (Section III.B.1 and 2)*.

| <b>Applicant Eligibility Threshold</b> |  |  |          |  |          |  |          |  |          |  |          |
|--|--|--|----------|--|----------|--|----------|--|----------|--|----------|
| A.                                     | <p>Applicant must have a Data Universal Numbering System (DUNS) number and an active registration in the System for Award Management (SAM). Check all appropriate boxes:</p> <p><input type="checkbox"/> Current DUNS number _____</p> <p><input type="checkbox"/> Applying for a DUNS number</p> <p><input type="checkbox"/> SAM UEI entity identifier _____</p> <p><input type="checkbox"/> Registering in SAM (currently)</p>   |  |          |  |          |  |          |  |          |  |          |
| B.                                     | <p>Applicant must be a non-profit organization, state, local government or public agency, public housing agency, Indian Tribe, or Tribally Designated Housing Agency. Check the box that describes your agency:</p> <p><input type="checkbox"/> Non profit organization</p> <p><input type="checkbox"/> State local government or public agency</p> <p><input type="checkbox"/> Public housing agency</p> <p><input type="checkbox"/> Indian Tribe</p> <p><input type="checkbox"/> Tribally Designated Housing Agency</p>  |  |          |  |          |  |          |  |          |  |          |
| C.                                     | <p>Projects Commitments</p> <ol style="list-style-type: none"> <li>1. If awarded the proposed grant, how many months after being awarded would work begin for this project, including rental assistance if applicable? _____ Months (<b>New Project Only</b>)</li> <li>2. Applicant is a Drug Free Workplace (Initials _____)</li> <li>3. Applicant does not participate in federal lobbying activities in connection with the CoC program (Initials _____)</li> <li>4. Applicant does not have outstanding delinquent federal debt or judgments (Initials _____)</li> <li>5. Applicant is not debarred or suspended from doing business with the federal government (Initials _____)</li> <li>6. Applicant adheres to Fair Housing and Equal Opportunity Act (Initials _____)</li> <li>7. Attach proof of non-profit or public agency</li> <li>8. Attach a description of your financial and management capacity and experience to carry out the project</li> <li>9. Attach your organization's most recent audited financials</li> <li>10. Attach a description of your experience successfully administering similar projects, and include a list of all your organization's federally funded projects</li> </ol> |  |          |  |          |  |          |  |          |  |          |
| D.                                     | <p>Match (25%)</p> <ol style="list-style-type: none"> <li>1. (Estimated) Match Sources and Amounts <table style="margin-left: 100px; border: none;"> <tr> <td style="border-bottom: 1px solid black; width: 200px;"></td> <td style="text-align: right; vertical-align: bottom;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: right; vertical-align: bottom;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: right; vertical-align: bottom;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: right; vertical-align: bottom;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: right; vertical-align: bottom;">\$ _____</td> </tr> </table> </li> </ol>  |  | \$ _____ |  | \$ _____ |  | \$ _____ |  | \$ _____ |  | \$ _____ |
|  | \$ _____   |  |          |  |          |  |          |  |          |  |          |
|  | \$ _____   |  |          |  |          |  |          |  |          |  |          |
|  | \$ _____   |  |          |  |          |  |          |  |          |  |          |
|  | \$ _____   |  |          |  |          |  |          |  |          |  |          |
|  | \$ _____   |  |          |  |          |  |          |  |          |  |          |

|   |
|---|
| <p>E. Indirect Costs</p> <ol style="list-style-type: none"> <li>1. Percent of indirect cost _____ % (cannot exceed 10%)</li> <li>2. Attach federal negotiated Indirect Cost Rate Proposal (if applicable)</li> <li>3. n/a</li> </ol>  |
| <p>F. Statutory Requirements</p> <p>The administrating agency and proposed project meet all statutory and regulatory requirements in 24 CFR part 578 (Initials) _____</p>   |
| <p>H. Project Applicants must participate in the local Homeless Management Information System (HMIS), which includes the use of the Coordinated Entry System and selection of program participants consistent with the CoC's coordinated entry process. Check one:</p> <p><input type="checkbox"/> Project currently participate in HMIS or Coordinated Entry</p> <p><input type="checkbox"/> Project does not currently participate in HMIS or Coordinated Entry but agree to participate in the future</p> <p><input type="checkbox"/> We are a victim service provider who uses a comparable database</p> <p><input type="checkbox"/> We are a victim service provider who has some role in CA-516 Coordinated Entry</p>   |
| <p>I. Check the box next to each of the CA-516 County CoC policies and procedures you intend to incorporate into your proposed program.</p> <p><input type="checkbox"/> Code of Conduct, Ethics and Principles of Working Effectively</p> <p><input type="checkbox"/> Governance Charter</p> <p><input type="checkbox"/> Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in CoC-Funded Permanent Supportive Housing</p> <p><input type="checkbox"/> Priority Homeless Households with Children</p> <p><input type="checkbox"/> Prioritizing Unaccompanied Homeless Youth for Housing Services</p> <p><input type="checkbox"/> Ensure that Emergency Shelters, Transitional Housing and Permanent Housing Providers Do Not Deny Admission or Separate Family Members Based on Age, Sex or Gender</p> <p><input type="checkbox"/> Requirements to Inform Program Participants of Their Eligibility for Educational Services and Ensure Their Access to Those Services Under the HEARTH Act</p> <p><input type="checkbox"/> Equal Access to Housing in HUD Programs Regardless of Sexual Orientation, Gender Identity or Marital Status</p> |
| <p>J. Sub-Recipient Information (if applicable)</p> <ol style="list-style-type: none"> <li>1. Attach proof of non-profit or public agency</li> <li>2. Attach description of sub-recipient's experience successfully administering similar projects, and include a list of all your organization's federally funded projects</li> <li>3. If awarded the proposed grant, how many months after being awarded would work with the sub-recipient begin for this project, including rental assistance if applicable? _____ Months</li> </ol>   |

## PROJECT QUALITY THRESHOLD (PASS/FAIL)

Applicants must qualify (pass) under these eligibility requirements in order for their application to be reviewed and ranked in the competition. The number of criteria which must be met in order to be eligible is noted within each project component type.

### Project Quality Threshold

#### A. New Permanent Supportive Housing or Rapid Rehousing Projects Only

Check all that apply (at least three are required to be eligible) and attach a description of the associated policies to prove qualification (label as indicated):

- ☐ Type of housing and number of configuration of units fit the needs of the program participants (e.g. two or more bedrooms for families)
- ☐ Type of supportive services ensure successful retention or help to obtain permanent housing
- ☐ Specific plan for ensuring participants will be individually assisted to obtain benefits of the mainstream health, social and employment programs, and others, for which they are eligible to apply and meets the needs of the participants
- ☐ The project is designed to assist participants to obtain and remain in permanent housing in a manner that fits their needs

#### B. New Transitional or Joint Transitional and Permanent Housing-Rapid Rehousing Projects Only

Check all that apply (at least four are required to be eligible) and attach a description of the associated policies and/or services to prove qualification (label as indicated):

- ☐ Type of housing and number of configuration of units fit the needs of the program participants (e.g. two or more bedrooms for families)
- ☐ Project will provide enough rapid rehousing assistance to ensure participants may move from transitional to permanent housing at any given time, as identified by budget and unit resources
- ☐ Type of supportive services ensure successful retention or help to obtain permanent housing
- ☐ Specific plan for ensuring participants will be individually assisted to obtain benefits of the mainstream health, social and employment programs, and others, for which they are eligible to apply and meets the needs of the participants
- ☐ The project is designed to assist participants to obtain and remain in permanent housing in a manner that fits their needs
- ☐ The project adheres to a Housing First model as defined in *Section I.B.2.b.15* of the HUD NOFO

### Project Readiness

#### 1. Administrative Experience

Describe your experience (and sub-recipient, if applicable) in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of sub-recipients (if applicable) regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants. (Attach description titled "Administrative Experience"; two-page maximum)

#### 2. Implementation Timeliness

|   |
|---|
| Describe the plan for rapid implementation of the program with proposed activities on a schedule for 60 days, 120 days and 180 days, include when the project will begin housing the first participant. (Attach description titled "Timeliness"; one page maximum)  |
| <p><b>3. Property Status</b></p> <p>If applying for leasing, operational expenses, or project-based rental assistance, have you secured the property for your project?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> In the process, please describe (Attach a description titled "Property Status")</p> |

**Instructions:**

Date Completed: \_\_\_\_\_

Authorizing Signature:\_\_\_\_\_

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

**Submit by Email To:**

Shawwna Flanigan

City of Redding

[sflanigan@cityofredding.org](mailto:sflanigan@cityofredding.org)

Friday September 6, 2024 5:00 pm pdt

## CA-516 Project Rating Analysis

DV Bonus Only

| Applicant Information       |  | Agency/Project Name |
|-----------------------------|--|---------------------|
| DV Bonus Project Name       |  |                     |
| Component Being Applied For |  |                     |
| Household Type              |  |                     |

|                               | Summary Totals | Percent | Proposal Summary |
|-------------------------------|----------------|---------|------------------|
| Total Score (From bottom up)  | 100            |         | 0                |
| Project Performance Total     | 39             | 39%     | 0                |
| High Needs Populations Served | 6              | 6%      | 0                |
| Housing First                 | 10             | 10%     | 0                |
| Equity Factors                | 16             | 16%     | 0                |
| Local Collaborations          | 10             | 10%     | 0                |
| Contract Administration       | 13             | 13%     | 0                |
| Other Items                   | 6              | 6%      | 0                |

| Threshold and Program  | Points Possible |  | Proposal Score |
|--|-----------------|--|----------------|
| Amount Requested   | \$ 175,000.00   |  |                |
| Number Anticipated To Be Served                                | 20              |  | n/a            |
| Cost Per Household   | \$ 8,750        |  |                |
| Application Complete   | 4               |  |                |
| Applicant is an active CoC Participant                         | 5               |  |                |
| Project Seems Financially Feasible                             | 5               |  |                |
| Bed Ratio is 1 TH to 2 RRH Beds (f applicable)                 | 5               |  |                |
| Applicant Follows Emergency Transfer Plan                      | 8               |  |                |
| Inclusion of Victim Centered-Centered Practices                | 6               |  |                |
| an to incude survivors with lived experience of being a victim | 6               |  |                |
|  |                 |  |                |
| Project Services High Needs Populations                        | 6               |  |                |
| Housing First Practice   | 10              |  |                |

### Equity Factors

|   |   |  |  |
|---|---|--|--|
| Agency has diverse Leadership, Governance and Policies        | 5 |  |  |
| Collaboration with Coordinated Entry                          | 6 |  |  |
| /Experience of Project Staff working with diverse populations | 5 |  |  |

### Local/State Collaborations

|   |   |  |  |
|---|---|--|--|
| ates with the California Partnership to End Domestic Violence | 4 |  |  |
| SOAR Certification Client Assistance                          | 2 |  |  |
| Justice Partners  | 1 |  |  |
| Coordination w/ Health Care Providers                         | 1 |  |  |
| Supplemental Trainings for Service Providers                  | 1 |  |  |
| lunteering, community engagement, and employment services     | 1 |  |  |

### Contract Administration

|   |   |  |  |
|---|---|--|--|
| Agency Has Suitable Financial Tracking System       | 4 |  |  |
| Agency Has Experience Managing Government Contracts | 4 |  |  |
| Acceptable Organizational Audit/Financial Review    | 5 |  |  |

#### *Other Items*

|   |   |  |  |
|---|---|--|--|
| <b>Change Management &amp; Institutionalization of Knowledge:</b> Procedures are in place to ensure transmission of program and grants management knowledge when staff changes take place<br><b>Data-informed</b> program research; use of agency or local CoC data to guide program development & delivery. Use of documented best practices; outcomes information is used as an indicator of how well the project is accomplishing stated goals | 4 |  |  |
|   | 2 |  |  |