Exhibit C: NorCal CoC - Notice of Funding Availability

Application

Homeless Housing, Assistance and Prevention Program- Round 6

Legal Name of Applicant Organization:			
Application Project Name:			
Contact Name:	Phone:	Fax:	Email:
Agency UEI Number:	County:	Agency Tax ID Number:	
Initial Application Date:	Total Requested:	Amended Application Date:	Amended Total Requested:

1. **A) Funding Plans: Budget Table**. Complete the table below with the requested funding, and the desired eligible use categories. Note: The required minimum 10% Youth Set Aside is calculated on the total amount of HHAP 6 funding allocated to the CoC and all Counties. The Youth Set Aside must be utilized toward youth set-aside activities. In this application the youth allocation is a sub-set of the total funding per eligible use category.

Eligible Use Category	HMIS Required	Total Application Amount	Youth Amount (Sub-set)
1) Permanent Housing			
Rapid Rehousing	Yes		
Operating Subsidies- Permanent Housing	No		
Permanent Housing Services and Services Coordination	Yes		
Capital for Permanent Housing	No		
2) Homeless Prevention Activities			
Prevention and Diversion	Yes		
3) Interim Housing Solutions			
Navigation Centers	Yes		
Motel/Hotel Vouchers	Yes		
Operating Expenses – Interim Housing	No		
Interim Housing Services and Services Coordination	Yes		
Capital for New Interim Housing	No		
Improvements to Existing Interim Housing	No		
4) Non-Housing Solutions			
Services and Services Coordination for People Experiencing Unsheltered Homelessness	Yes		
Totals	–	$	$
Total Amount Requested	–	$	

For each project requiring participation in HMIS, please indicate whether the project is already established in HMIS. If so, please provide the corresponding HMIS Project ID number(s).

1. B) Funding Plans: Budget Narrative.

a. Explain in detail how your organization plans to use the full amount of HHAP funds requested (including youth set-aside).
b. What activities the funds will support.
c. How it will leverage existing funds.

2. **Program Design:** Provide an overview of the proposed program activities. Including but not limited to:
   a. Estimated number of individuals to be served by target subpopulation;
   b. The gaps the project will address;
   c. Planned partnerships; and
   d. Plan for implementation.
   e. Programmatic Experience: Describe the following about the program design:
   - Target Subpopulations: Describe your specialized experience serving distinct groups, such as Veterans, survivors of domestic or dating violence, and individuals with specific physical, mental, or developmental disabilities.
   - Case Management Methodology: Highlight your implementation of evidence-based practices—including Housing Focused models, Critical Time Intervention (CTI), Motivational Interviewing, and person-centered or strength-based approaches. Specify how your program staff are trained, upskilled, or certified in these chosen modalities.
   - System Integration and Collaboration: Outline your active knowledge of and participation within the local housing ecosystem, specifically referencing your engagement with the local Continuum of Care (CoC), CoC Advisory Boards, the NorCal Homeless Management Information System (HMIS), Coordinated Entry Systems (CES), and broader community service referral networks.
   - Lived Experience Engagement: Explain the concrete mechanisms your agency uses to intentionally incorporate the feedback, guidance, and expertise of individuals with lived experience of homelessness into your program design and operations.

   f. Program Design and Impact: Describe the following about how the program will impact homeless clients and the CA System Performance Measures:
   - Describe how your organization will implement low-barrier, trauma-informed, culturally responsive, and person-centered services, detailing the specific processes used to coordinate with housing providers, behavioral health organizations, healthcare providers, benefit programs, justice-system partners, and other community agencies.
   - Describe how this program will collect and manage HMIS data and review programmatic reports to identify areas of improvement.
   - Describe the implementation timeline, what steps will be needed before the program is open for service including staff additions, training programs and timeframes.
   - Additionally, demonstrate that your program team possesses the necessary skills, training, and bandwidth to carry out the project activities, and verify that the program budget and funding sources are clearly identified and realistic according to your submitted funding plan.
   - Finally, outline specific and quantifiable systems improvements or strategies that the program will implement to improve the identified California System Performance Measures 1b, 2, and 3.

3. **Experience:**
   a. Provide an overview of your organization and experience effectively utilizing federal, state or local funds.
   b. Describe your organization's experience in providing services or utilizing funding with the goal of preventing, reducing, or ending homelessness.

4. **Organizational Capacity:**
   a. Provide an explanation of your organization's capacity to deliver the project, including but not limited to:
   b. An explanation of the staffing structure
   c. Existing resources that will be leveraged
   d. Understanding of housing program requirements.
   e. Describe your organization’s capacity to successfully manage the funds, including ability to

manage existing grants. Audited financials, including accompanying management letters, must accompany each agency's application submission. If audited financials are not available, please indicate the reason on a signed statement by the nonprofit board. If the applicant is a for-profit business, the past three months of accounting system-generated financial statements and an internally created cash flow analysis, signed by the Organization's CEO and Finance Director, must be submitted.

5. **Impact and Effectiveness:** Describe the goals and priorities this project will serve, and how these align with the goals and priorities in the HHAP-6 CoC Regionally Coordinated Homelessness Action Plan (RCHAP) for each of the seven CoCs and additionally the Counties of Modoc, Plumas or Sierra.

6. **Equity:** Describe specific actions that your organization will take to ensure racial and gender equity in service delivery, housing placements, and housing retention and changes to procurement or other means of affirming racial and ethnic groups that are overrepresented among residents experiencing homelessness have equitable access to housing and services.

7. **System Improvements:**
   Based on declarations made in the HHAP-6 RCHAP submitted by NorCal CoC, describe any specific and quantifiable systems improvements or strategies that your organization will take to improve the following:
   CA SPM 1.b. The number of people experiencing unsheltered homelessness -
   How the projects being applied for will help reduce the number of unsheltered homeless people, based on results reflected through the annual CA-516 Point-in-Time Count.
   CA SPM 2 Engagement with people experiencing homelessness to connect them with services for the first time including those experiencing re-entry from institutional settings, such as jails, prisons and hospitals.
   How the projects being applied for will increase service engagement for people experiencing homelessness for the first time.
   CA SPM 3 An increase in the number of people exiting homelessness into Permanent Destinations -
   How will the projects being applied for increase the number of people exiting homelessness to either In System or Out of System destinations.
   For more information on the listed CA SPMs please visit this link.

Select check boxes below to certify that if selected for funding, the agency is willing to comply with:

☐Homeless Manage Information System (HMIS) data collection and management requirements
☐Compliance with grant terms and conditions as indicated in the Notice of Funding Availability
☐Enter into a contract with T.E.A.C.H., Inc. as the Administrative Entity for the NorCal CoC
☐Comply with required monitoring per state or federal law, including but not limited to Chapter 6 of the Health and Safety Code, which can be viewed here:
https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=HSC&division=31.&title=&part=1.&chapter=6.&article=

Authorized Representative Printed Name	Authorized Representative Signature	Date

Title

Administrative Entity Use Only:

Application Received by Deadline	Yes / No	Project Funded	Yes / No	Amount Funded	$