

File No. 180918

Committee Item No. 1

Board Item No. 19

### COMMITTEE/BOARD OF SUPERVISORS

#### AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Committee

Date October 4, 2018

Board of Supervisors Meeting

Date October 16, 2018

#### Cmte Board

- |                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/>            | Motion                                       |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Resolution                                   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Ordinance                                    |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Legislative Digest                           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Budget and Legislative Analyst Report        |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Youth Commission Report                      |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Introduction Form                            |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/>            | <input type="checkbox"/>            | MOU  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Grant Information Form                       |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Grant Budget                                 |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Subcontract Budget                           |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Contract/Agreement                           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Form 126 – Ethics Commission                 |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Award Letter                                 |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Application                                  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Public Correspondence                        |

#### OTHER

(Use back side if additional space is needed)

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Completed by: Linda Wong

Date September 28, 2018

Completed by: Linda Wong

Date October 9, 2018

1 [Apply for Grant - California Department of Housing and Community Development - California  
2 Emergency Solutions and Housing Program]

3 **Resolution authorizing the Department of Homelessness and Supportive Housing to**  
4 **apply for the California Emergency Solutions and Housing Program from the California**  
5 **Department of Housing and Community Development.**

6  
7 WHEREAS, The State of California, Department of Housing and Community  
8 Development, (Department) issued a Notice of Funding Availability (NOFA) dated August 15,  
9 2018, under the California Emergency Solutions and Housing (CESH) Program; and

10 WHEREAS, The San Francisco Department of Homelessness and Supportive Housing  
11 (Applicant) is an Administrative Entity designated by the Continuum of Care to administer  
12 California Emergency Solutions and Housing Program funds; and

13 WHEREAS, The Department may approve funding allocations for the CESH Program,  
14 subject to the terms and conditions of the NOFA Program requirements, and the Standard  
15 Agreement and other contracts between the Department and CESH grant recipients; now,  
16 therefore, be it

17 RESOLVED, That the Department of Homelessness and Supportive Housing is  
18 authorized to apply for funds from the California Emergency Solutions and Housing (CESH)  
19 Program through the State of California, Department of Housing and Community  
20 Development (Department); and, be it

21 FURTHER RESOLVED, That the Board of Supervisors previously appropriated these  
22 funds, in anticipation of being awarded funding, through the passage of the FY2018-20  
23 Annual Appropriation Ordinance; and, be it

24 FURTHER RESOLVED, That if the Applicant receives the CESH funds from the  
25 Department, pursuant to the above referenced CESH NOFA, it represents and certifies that it

1 will use all such funds in a manner consistent and in compliance with all applicable state and  
2 federal statutes, rules, regulations, and laws, including without limitation all rules and laws  
3 regarding the CESH Program, as well as any and all contracts Applicant may have with the  
4 Department; and, be it

5 FURTHER RESOLVED, That the Applicant is hereby authorized and directed to  
6 receive a CESH grant, in an amount not to exceed \$4,000,000 in accordance with all  
7 applicable rules and laws; and, be it

8 FURTHER RESOLVED, That the Applicant hereby agrees to use the CESH funds for  
9 eligible activities as approved by the Department and in accordance with all Program  
10 requirements, and other rules and laws, as well as in a manner consistent and in compliance  
11 with the Standard Agreement and other contracts between the Applicant and the Department;  
12 and, be it

13 FURTHER RESOLVED, That the Director or Deputy Director of the San Francisco  
14 Department of Homelessness and Supportive Housing is authorized to execute the Standard  
15 Agreement and any subsequent amendments or modifications thereto, as well as any other  
16 documents which are related to the Program or the CESH grant awarded to Applicant, as the  
17 Department may deem appropriate.

STATE OF CALIFORNIA  
**STANDARD AGREEMENT**  
 STD. 213 A(NEW 02/98)

AGREEMENT NUMBER  
 NUMBER

AMENDMENT NUMBER

1. This Agreement is entered into between the State Agency and the Contractor named below:  
 STATE AGENCY'S NAME  
 DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT  
 CONTRACTOR'S NAME  
 CONTRACTOR'S NAME
2. The term of this Agreement is: See paragraph 5 in Exhibit A, attached hereto.
3. The Maximum amount of \$ AMOUNT  
 this Agreement is:
4. The parties mutually agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of the agreement:

	2 Pages
Exhibit B - General Terms and Conditions	5 Pages
Exhibit C - Conditional Commitment Letter	1 Page (Incorporated by reference)

**Total Number of Pages      8 Pages**

**IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.**

<b>CONTRACTOR</b>	<b>CALIFORNIA Department of General Services Use Only</b>
CONTRACTOR'S NAME <i>(If other than an individual, state whether a corporation, partnership, etc.)</i>	
Contractor's Name	
BY <i>(Authorized Signature)</i>	DATE SIGNED <i>(Do not type)</i>
PRINTED NAME AND TITLE OF PERSON SIGNING	
Person Signing/Title	
ADDRESS	
Address	
City, State, Zip	
<b>STATE OF CALIFORNIA</b>	
AGENCY NAME	
Housing & Community Development	
BY <i>(Authorized Signature)</i>	DATE SIGNED <i>(Do not type)</i>
PRINTED NAME AND TITLE OF PERSON SIGNING	
Rick Beard, Manager      Budget and Contract Branch	
ADDRESS	
1800 Third Street, Suite 350	
Sacramento, CA 95814	
<input type="checkbox"/> Exempt	

# California Emergency Solutions and Housing (CESH) Program

## 2018 Application



State of California  
Governor Edmund G. Brown Jr.

Alexis Podesta, Secretary  
Business, Consumer Services and Housing Agency

Ben Metcalf, Director  
Department of Housing and Community Development

NOFA Section, CESH Program  
2020 West El Camino Avenue, Suite 650, Sacramento, CA 95833  
CESH Program Email: [CESH@hcd.ca.gov](mailto:CESH@hcd.ca.gov)



**Overview - Applicant Information**

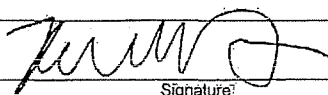
Rev. 8/16/18

**Instructions**

This application is subject to the California Emergency Solutions and Housing (CESH) program requirements of Health and Safety Code (HSC) Part 2 of Division 31 Chapter 2.8, commencing with §50490 and including §50490.1, §50490.2, §50490.3, §50490.4, and §50490.5, and the 2018 CESH Notice of Funding Availability (NOFA).

- A. Download and review the 2018 NOFA for the CESH Program and Section 4 of SB 850 (Chapter 48, Statutes of 2018)
- B. **Application Submittal:** Submit one original (hard copy) application with wet, original signatures in a 3-ring binder with pockets, and one CD or USB flash drive that includes a copy of the application with signatures with all files uploaded. Applicants are required to submit the Application Forms in this Excel Workbook as instructed on each form.
- C. Application forms for the CESH Program are available at <http://www.hcd.ca.gov/grants-funding/active-funding/cesh.shtml>
- D. All application forms from applicants that wish to receive an award by November 5, 2018 must be postmarked or received no later than 5 p.m. Pacific Standard Time (PST) on September 27, 2018 as set forth in the NOFA Section 1(B).
- E. All other application forms must be postmarked or received no later than 5 p.m. PST on October 15, 2018. Application forms not submitted by the deadline will result in a denial of funds to your CoC Service Area. AEs are responsible for ensuring that all required materials are submitted by the deadline as set forth in the NOFA Section 1(B).

**General Application Requirements §50490.3**

File Name:	Administrative Entity (AE) Certification from CoC	Attach certification from the CoC documenting that the AE has been designated by the CoC to administer CESH funds per §50490(a)	Attached and uploaded?	Yes
AE and Authorized Representative (Per Board Resolution)				
Entity Name: City & County of San Francisco, Dept of Homelessness and Supportive Housing				
Applicant Type: Unit of general purpose local government				
Address: P.O. BOX 427400				
Auth Rep Name: Kerry Abbott		Title: Deputy Director of Programs	Authorized Rep. Email: kerry.abbott@sfgov.org	Phone: 415-355-5356
Federal Tax ID Number (FEIN): 94-6200417		Data Universal Numbering System (DUNS): 081005635		
Address: P.O. BOX 427400				
City: San Francisco State: CA Zip: 94142-7400				
Administrative Fiscal Representative (i.e., CFO, Accountant/Bookkeeper)				
Name: Thomas Chen		Title: Budget and Finance Manager	Authorized Rep. Email: thomas.chen@sfgov.org	Phone: 415-355-5213
Contact Name: Thomas Chen		Title: Budget and Finance Manager	Contact Email: thomas.chen@sfgov.org	Contact Phone: 415-355-5213
Address: P.O. BOX 427400				
City: San Francisco State: CA Zip: 94142-7400				
Continuum of Care (CoC)				
CoC Service Area: San Francisco CoC				
CoC Name: San Francisco Continuum of Care - Local Homelessness Coordinating Board CA-501				
Address: P.O. BOX 427400				
Rep Name: Del Seymour		Title: Co-Chair	Authorized Rep. Email: tiwalkingtours@gmail.com	Phone: 415-574-1841
Contact Name: Charles Minor		Title: Local Homeless Coordinating Board Manager	Contact Email: charles.minor@sfgov.org	Contact Phone: 415-355-5209
Address: P.O. BOX 427400				
City: San Francisco State: CA Zip: 94142-7400				
Application requests an allocation in order to carry out one or more eligible activity within the CoC service area §50490.3(a)(1)? (See Estimated Budget and Goals Worksheet)				
				Yes
Applicant has prior experience administering the eligible activities described in the application or has partnered with one or more local governments or other entities with in the relevant CoC service area that have the necessary prior experience to administer the requested funds §50490.3(a)(2)(A&B)? (See Estimated Budget and Goals Worksheet)				
				Yes
Does CoC service area have a functioning CES and HMIS that meet the applicable HUD requirements, as set forth in the NOFA Section II(e)(3) per §50490.3(a)(3)(A)?				
				Yes
File Name:	HUD Coordinated Entry Process Self-Assessment	Attach HUD Coordinated Entry Process Self-Assessment documenting that CES meets at a minimum the required aspects of coordinated entry	Attached and uploaded?	Yes
If self-assessment is not attached, application documents that a minimum of 20 percent of the allocation to the CoC service area will be used to implement or update its systems to comply with the applicable HUD requirements §50490.3(a)(3)(B)? (See Estimated Budget and Goals Worksheet)				
File Name:	Local Program or Project Selection Process Documentation	Attach documentation, if available, demonstrating that local program or project selection process anticipated to be used to allocate available funds to subrecipients qualified to carry out the eligible activities is consistent with §50490.3(a)(4)	Attached and uploaded?	Yes
If local program or project selection process documentation not attached, describe how the local program or project selection process to allocate available funds to subrecipients is consistent with §50490.3(a)(4):				
§50490.3(a)(4) The application describes or provides documentation of the local program or project selection process anticipated to be used to allocate available funds to subrecipients qualified to carry out the eligible activities. In order to satisfy the requirements of this subdivision, the applicant's proposed program or project selection process shall avoid conflicts of interest in program or project selection and shall be easily accessible to the public.				
Current Plan Addressing Actions to be Taken with in the Continuum of Care Service Area §50490.3(b)?				
				Yes
File Name:	Current Homelessness Plan	If yes, attach the most current plan addressing actions to be taken within the Continuum of Care service	Attached and uploaded?	Yes
If not, funding requested to develop a homelessness plan §50490.3(b)? (See Estimated Budget and Goals Worksheet)				
Other Documents				
File Name:	STD-204	Applicants that are not a government agency must submit a Payee Data Record (STD-204)	Attached and uploaded?	Yes
File Name:	Government TIN Form	Applicants that are a government agency must submit a Government TIN Form	Attached and uploaded?	Yes
File Name:	Resolution	Resolutions (Refer to Resolution Instructions and Sample Resolution on CESH Program website)	Attached and uploaded?	Yes
Certifications				
On behalf of the entity identified below, I certify that: The information, statements and attachments included in this application are, to the best of my knowledge and belief, true and correct and I possess the legal authority to submit this application on behalf of the entity identified in the signature block.				
Kerry Abbott				
Printed Name and Title of Signatory		Signature		
Date				
Entity name:	City & County of San Francisco Dept of Homelessness and Supportive Housing	Phone Number: 415-355-5356	State: CA	Zip: 94142-7400
Entity Address:	P.O. BOX 427400			
		City: San Francisco	State: CA	Zip: 94142-7400

**CoC Certification of AE Designation to Administer Funds**

the CoC Representative certifies  
2018 CESH funds.

City & County of San Francisco, Dept of Homelessness and Supportive Housing

is designated by the

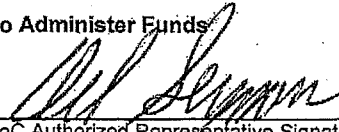
**Certification of AE Designation to Administer Funds**

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Title

Co-Chair

\_\_\_\_\_  
CoC Authorized Representative Signature



\_\_\_\_\_  
DATE

9-25-18

1172



OFFICE OF THE MAYOR  
SAN FRANCISCO



LONDON N. BREED  
MAYOR

2018 SEP 18 PM 3:50  
OFFICE OF THE MAYOR  
SAN FRANCISCO  
*[Handwritten signature]*

TO: Angela Calvillo, Clerk of the Board of Supervisors  
FROM: Mayor London Breed *[Handwritten initials]*  
RE: Apply for a Grant from the California Emergency Solutions and Housing Program  
DATE: September 18, 2018

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**Resolution of the City and County of San Francisco Board of Supervisors authorizing the Department of Homelessness and Supportive Housing to apply for, and receive, California Emergency Solutions and Housing Program from the California Department of Housing and Community.**

Should you have any questions, please contact Kanishka Karunaratne Cheng at 415-269-1819.

