
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

**Final Filing Date for November 2018 Award: 9/27/2018 at 5:00 p.m.
Final Filing Date: 10/15/2018 at 5:00 p.m.**

Estimated Budget and Goals §50490.3(a)(5)

CoC Service Area Allocation requested §50490.2: \$1,631,370
Projected administrative costs §50490.2(b): \$81,569

Activity #1	Rental assistance, housing relocation & stabilization services to ensure housing affordability to individuals experiencing homelessness or who are at risk of homelessness.
Activity #2	Operating subsidies in the form of 15-year capitalized operating reserves for new and existing affordable permanent housing units for homeless individuals and/or families.
Activity #3	Flexible housing subsidy funds for local programs that establish or support the provision of rental subsidies in permanent housing to assist homeless individuals & families.
Activity #4	Operating support for emergency housing interventions including but not limited to: navigation centers, street outreach, and shelter diversion.
Activity #5	Systems support for activities necessary to maintain a comprehensive homeless services and housing delivery system, including Coordinated Entry System (CES) data, and Homeless Management Information System (HMIS) reporting, and homelessness planning activities.
Activity #6a	Develop or update a CES, if the CoC does not have a system in place that meets the applicable HUD requirements, as set forth in Section II.E.3.A of the NOFA.
Activity #6b	Development of a plan addressing actions to be taken within the CoC service area if no such plan exists.

Instructions:
 Complete the following chart by listing the anticipated estimated amounts to be used for the specific eligible activities the AE and/or local partner will carry out with the allocation requested above. Describe each activity and the experience the AE or local partner has administering it. Identify numerical goals and performance measures to be used to evaluate success in implementing each eligible activity. Certify that each activity will be administered consistent with Housing First as described in §II.G of the NOFA.

Eligible Activities §50490.4(a)			Prior Experience §50490.3(a)(2)(A&B)	Projected Performance Measures §50490.3(a)(5)										Housing First §50490.4(d,e)		
Activity	Estimated amount for eligible activity	Activity as a % of Allocation amount requested	Describe Activity and prior AE experience administering Activity	If no relevant experience, describe activity and prior experience of local government or other entity in CoC service area that AE will partner with to administer activity	(A) Number of homeless persons served	(B1) Number of unsheltered homeless persons served	(B2) Average length of time spent as homeless before entry into program or project	(C) Number of homeless persons exiting the program or project into permanent housing	(D) Number of persons that return to homelessness after exiting the program or project	Other applicant identified performance measure #1	Numerical goal (#)	Other applicant identified performance measure #2	Numerical goal (#)	Other applicant identified performance measure #3	Numerical goal (#)	AE or subrecipient will administer activity consistent with Housing First NOFA §II.G?
Activity #1	\$1,500,861	92.0%	Support services funds for housing stabilization, including operating support, staffing, rental assistance, services support, and unit acquisition for individuals experiencing homelessness. HSH currently oversees the support services contracts for the CoC.	NA	150	75	3	130	20	Number of individuals who stay in housing for at least one year	117	100% of people issued a lease violation will receive additional outreach and stabilization support	40	100% of individuals will receive a housing action plan	150	Yes
Activity #6a	\$48,940	3.0%	Funds will be used to update and support the Coordinated Entry system and HMIS (ONE System). This will include training and customizing the existing HMIS platform. HSH currently runs and Coordinated Entry/HMIS system for the CoC.	NA	150	75	3	130	20							Yes
Total:	\$1,631,370															

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 I(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 I(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	Title	City	State	Zip
Kerry Abbott	Deputy Director of Programs	San Francisco	CA	94142-7400
Federal Tax ID Number (FEIN):		Authorized Rep. Email kerry.abbott@sfgov.org		
94-6000417		Data Universal Numbering System (DUNS): 081005635		
Address		P.O. BOX 427400		
Administrative Fiscal Representative (i.e., CFO, Accountant/Bookkeeper)		City San Francisco State CA Zip 94142-7400		
Name	Title	Authorized Rep. Email	Phone	
Thomas Chen	Budget and Finance Manager	thomas.chen@sfgov.org	415-355-5213	
Contact Name	Title	Contact Email	Contact Phone	
Thomas Chen	Budget and Finance Manager	thomas.chen@sfgov.org	415-355-5213	
Address		P.O. BOX 427400		
Continuum of Care (CoC)		City San Francisco State CA Zip 94142-7400		
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	Title	Authorized Rep. Email	Phone	
Del Seymour	Co-Chair	twalkingtours@gmail.com	415-574-1641	
Contact Name	Title	Contact Email	Contact Phone	
Charles Minor	Local Homeless Coordinating Board Manager	charles.minor@sfgov.org	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)?				
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		
Entity name:	City & County of San Francisco Dept of Homelessness and Support		Phone Number:	415-355-5356
Entity Address	P.O. BOX 427400	City	San Francisco	State CA Zip 94142-7400

CoC Certification of AE Designation to Administer Funds

By signing below, the CoC Representative certifies
CoC to administer 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

Del Seymour
Printed Name of CoC Authorized Representative

Co-Chair
Title


CoC Authorized Representative Signature

9-25-18
DATE