

Housing for a Healthy California

2019 NOTICE OF FUNDING AVAILABILITY

Article II - Building Homes and Jobs Act (SB2) Allocation - Supplemental Application



**State of California
Governor Gavin Newsom**

**Alexis Podesta, Secretary
Business, Consumer Services and Housing Agency**

**Ben Metcalf, Director
Department of Housing and Community Development (HCD)**

**2020 West El Camino Avenue, Suite 500
Sacramento, CA 95833
Phone: (916) 263-2771**

Email: HousingforHealthyCA@hcd.ca.gov

Website: <http://www.hcd.ca.gov/grants-funding/active-funding/hhc.shtml>

**Application Technical Support email:
AppSupport@hcd.ca.gov**

May 13, 2019

Instructions & Checklist

HCD will only accept applications through a postal carrier service such as U.S. Postal Service, UPS, FedEx or other carrier services that provide date stamp verification confirming delivery to HCD's office. A complete original application and an electronic copy on CD or USB flash drive with all applicable information must be received by HCD via postal carrier no later than 5:00 p.m. on:

Tuesday, August 13, 2019

Applications must be on the HCD's forms and cannot be altered or modified by the Applicant. Excel forms must be in Excel format and unprotected, not a .pdf document. Please fill out the Support tab and email the entire workbook to Application Support for application errors at AppSupport@hcd.ca.gov.

General Instructions (additional instructions and guidance are given throughout the Supplemental Application in "red" text and in cell comments.)

"Yellow" cells are for applicant input. *Failure to provide the required attachments and documentation may disqualify your application from consideration or may negatively impact your point score.*

Required attachments are indicated in "Orange" through the Supplemental Application. *Failure to provide the required attachments and documentation may disqualify your application from consideration or may negatively impact your point score.* Electronically attached files must use the naming convention in the Supplemental Application. For Example: "App1 Payee Data" for Applicant 1 Payee Data Record/ STD. 204.

Self score points awarded are indicated in "blue" cells in the 'Selection Criteria' worksheet. These are automated calculations based on the inputs provided by the applicant.

"Red" shaded cells indicate the Applicant has failed to meet a requirement of the program. Point cells in "Scoring" worksheet shaded in "Red" indicate that the applicant has failed to meet the minimum points required.

HHC Article II Supplemental Application Instructions

Applicants must complete the following worksheets in the Supplemental Application.

Applicant

Supportive Services Plan

Unit Mix & Max Award Amount

Selection Criteria

Certification

Universal Application - NOT REQUIRED FOR HHC ARTICLE II

Disclosure of Application: Information provided in this application and attachments will become a public record available for review by the public pursuant to the Public Records Act. As such, any materials provided will be disclosable to any person making a public records request. Please use discretion in providing HCD with information that is not specifically requested, including but not limited to, bank account numbers, personal phone numbers and home addresses. By providing this information to HCD, the Sponsor is waiving any claim of confidentiality and consents to the disclosure of all submitted material upon request.

Application Checklist

Packaging instructions for the HHC application submission:

- (1) Use 3-ring binder/binders appropriate to the size/thickness of the Universal Application and the Supplemental Application when submitting the application package to the Department.
- (2) Use a labeled tab for each Tab and File Name to separate sections and documents attached in the Application.
- (3) Use the tab file name descriptions and file structure below for the attached document tabs.

Section A - Applicant

Tab #	File Name	File Description	Attached?
A1	Applicant Worksheet		
A2	App1 Cert & Legal Disclosure	Reference Certification Tab	
A3	App1 Reso	Reference HHC webpage for Resolution Document.	
A4	App1 Signature Block	Signature Block - upload in Microsoft Word Document.	
A5	App1 TIN	Reference Taxpayer Identification Number Document on the HHC webpage.	
A6	App2 Cert & Legal Disclosure	Reference Certification Tab	
A7	App2 Reso	Reference HHC webpage for Resolution Document.	
A8	App2 Signature Block	Signature Block - upload in Microsoft Word Document.	
A9	App2 TIN	Reference Taxpayer Identification Number Document on the HHC webpage.	
A10	County Application Plan	Attached County Application Plan as specified in §211.	
A11	Letter of Explanation	Letter of explanation for any "red" shaded cells.	

Section B - Unit Mix & Max Award Amt Section

Tab #	File Name	Attached?
B1	Unit Mix & Max Award Amt Worksheet	

Section C - Selection Criteria Section

Tab #	File Name	File Description	Attached?
C1	Selection Criteria Worksheet		
C2	PIT Cert Letter	Letter from CoC Certifying PIT Count.	
C3	Homelessness Plan	Attach Applicant's homelessness plan.	
C4	Dev Exp 1, 2, 3, etc	Notice of Completion, Placed in Service, Certificate of Occ. or equivalent.	
C5	Rent Contracts 1, 2, 3, etc	Copies of Rental Assistance contracts.	
C6	TP Dev Exp 1, 2, 3, etc	Notice of Completion, Placed in Service, Certificate of Occ. or equivalent.	
C7	TP Rent Contracts 1, 2, 3, etc	Copies of Rental Assistance contracts.	
C8	Funding Commitments	Attach letter(s) of commitment from funding sources.	
C9	Feasibility Study	Attach documentation of applicants determination the project's feasibility showing there is no financial gap that needs	
C10	Homeless Benefits Program	Whole Person Care Pilot Program documents or documentation of a Health Homes Program benefitting people	
C11	Funding Program	Documentation of a locally committed funding program for projects in an amount at least equivalent to requested	

Section D - Supportive Services Plan Section

Tab #	File Name	File Description	Attached?
D1	Supportive Services Plan Worksheet		
D2	SSP	Attach a Supportive Services Plan as specified in §214.	
D3	Org. Chart/ Resumes	Attach copies provider org. charts, staff resumes, and duty statements.	

Section E - Certification Section

Tab #	File Name	Attached?
E1	Certification Worksheet	

Applicant										Rev. 7/3/19	
Proposed Project uses of the HHC Funds §203											
Eligible County Applicant:		Sacramento		Continuum of Care (CoC):			Sacramento City & County CoC		CoC #:	CA-503	
Address					City		State		Zip		
Auth Rep Name		Title		Authorized Rep. Email			Phone				
Contact Name		Title		Contact Email			Phone				
Address					City		State		Zip		
File Name:	A2	App1 Cert & Legal Disclosure	Reference Certification Tab					Attached and on USB?			
File Name:	A3	App1 Reso	Reference HHC webpage for Resolution Document.					Attached and on USB?			
File Name:	A4	App1 Signature Block	Signature Block - upload in Microsoft Word Document.					Attached and on USB?			
File Name:	A5	App1 TIN	Reference Taxpayer Identification Number Document on the HHC webpage.					Attached and on USB?			
Eligible City Applicant #2:		City Name:									
Address					City		State		Zip		
Auth Rep Name		Title		Authorized Rep. Email			Phone				
Contact Name		Title		Contact Email			Phone				
Address					City		State		Zip		
File Name:	A6	App2 Cert & Legal Disclosure	Reference Certification Tab					Attached and on USB?			
File Name:	A7	App2 Reso	Reference HHC webpage for Resolution Document.					Attached and on USB?			
File Name:	A8	App2 Signature Block	Signature Block - upload in Microsoft Word Document.					Attached and on USB?			
File Name:	A9	App2 TIN	Reference Taxpayer Identification Number Document on the HHC webpage.					Attached and on USB?			
Other Project Contacts											
Financial Consultant											
Legal Name		Contact Name			Contact Email						
Phone		Address		City		State		Zip			
Lead (primary) Service Provider											
Legal Name		Contact Name			Contact Email						
Phone		Address		City		State		Zip			
Minimum Requirements §202											
(a)(1) Has Applicant identified a source of funding for providing intensive services promoting housing stability?											
Identify and explain source(s):											
(a)(2) Has Applicant developed a process for administering grant funds implementing affordable & Supportive housing projects (the agency Applicant is partnering with, or the applying housing agency, must have either administered rental assistance or funded an affordable or Supportive housing project within the past 3 years)?											
(a)(3) Does Applicant agree to collect and report data, as described in §219, to HCD?											
(a)(4) Is Applicant compliant with both their housing element and annual progress report submittals?											
(b)(1) Does Applicant's application promote housing for persons who meet all the requirements of §202(b)(1)?											
(b)(2) Is Applicant's proposed use of funds connected to the goals and strategies pursuant to Health & Safety Code §53591(a)(1)?											
(b)(3) Is Applicant's requested fund amount less than or equal to the amount specified in §208?											
(b)(4) Does Applicant agree that the proposed project(s) must be financially feasible for the duration of the HHC rental subsidy?											
(b)(5) Has Applicant attached a resolution from the County board of supervisors, or other controlling body, that authorizes the County to apply for funding and coordinate referrals and access to health care services to HHC tenants, such as a WPC pilot program, Health Homes Program, or other community-based program funding services?											
(b)(6) Has Applicant provided the County Application Plan as specified in §211?											
File Name:	A10	County Application Plan	Attached County Application Plan as specified in §211.					Attached and on USB?			
(c) Does Applicant acknowledge County subrecipient(s) of HHC funds have not been debarred or suspended from any state programs?											
Other Requirements											
Applicant agrees to use grant funds pursuant to the eligible uses in §203. For acquisition, new construction, reconstruction, and rehabilitation projects, Applicant agrees project will comply with Article 1, §103(a)(1), 104, 105, 106, 107, and 109(a)?											
Applicant agrees to comply with §204, Site and Neighborhood and Property Standard Requirements?											
Applicant agrees to comply with the §205, Occupancy and Income as well as the documentation requirements?											
Applicant agrees to comply with the §206, Rent Standard requirements?											
Applicant agrees to comply with §207, Capitalized Operating Subsidy Reserves (COSR) and §210, Use of Operating Cash Flow if funds are used to pay for a COSR?											
Applicant agrees to comply with §215, Housing First?											
Applicant agrees to comply with §216, Tenant Selection?											
Applicant agrees to comply with §217, Rental Agreements and Grievance Procedures?											
For HHC funded construction projects, Applicant agrees to incorporate §218, Vulnerable Populations Best Practices?											
Applicant agrees to comply with §219, Reporting Requirements?											
Applicant agrees to comply with the §221, Federal and State Overlays?											
Explanations											
Please provide a letter of explanation providing details for all "No" answers that are shaded red above.											
File Name:	B3	Letter of Explanation	Letter of explanation for any "red" shaded cells above.					Attached and on USB?			

Unit Mix & Maximum Award Amount

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Will Applicant be using award funds for Administrative Costs?

If Applicant is using Administrative Costs, What is the proposed Administrative Cost percentage?

Allowed Administrative Cost: \$0

Allowed Activity Cost: \$0

[Maximum HHC Loan Amount Chart - click here for 2019 HHC loan limits - \(beginning on page 31\)](#)

TOTAL AWARD LIMIT: \$0

			Proposed # of Assisted Units				Eligible Per Unit (PU) Award Amounts						
	# of Bedrms	% of Area Median Income (AMI)	9% Tax Credit Development	Non 4% or No Tax Credit Development	COSR	Rental Assistance	9% Tax Credit Development PU Amount	4% or No Tax Credit Development PU Amount	Max Development Award	Total ANNUAL PU COSR	Max COSR Award (15 Years)	Annual Rental Assistance PU Amount	Max Rental Assistance Award 5 yrs per NOFA
Sacramento County	0	30%					\$132,862	\$186,006	\$0		\$0	\$9,724	\$0
	1	30%					\$132,862	\$186,006	\$0		\$0	\$11,035	\$0
	2	30%					\$132,862	\$186,006	\$0		\$0	\$13,908	\$0
	3	30%					\$132,862	\$186,006	\$0		\$0	\$20,110	\$0
	4+	30%					\$132,862	\$186,006	\$0		\$0	\$24,430	\$0
	0	25%					\$143,377	\$196,521	\$0		\$0	\$9,724	\$0
	1	25%					\$144,098	\$197,242	\$0		\$0	\$11,035	\$0
	2	25%					\$146,402	\$199,546	\$0		\$0	\$13,908	\$0
	3	25%					\$148,563	\$201,707	\$0		\$0	\$20,110	\$0
	4+	25%					\$150,292	\$203,436	\$0		\$0	\$24,430	\$0
	0	20%					\$153,893	\$207,037	\$0		\$0	\$9,724	\$0
	1	20%					\$155,477	\$208,621	\$0		\$0	\$11,035	\$0
	2	20%					\$159,943	\$213,087	\$0		\$0	\$13,908	\$0
	3	20%					\$164,264	\$217,408	\$0		\$0	\$20,110	\$0
	4+	20%					\$167,721	\$220,865	\$0		\$0	\$24,430	\$0
	0	15%					\$164,552	\$217,696	\$0		\$0	\$9,724	\$0
	1	15%					\$166,713	\$219,857	\$0		\$0	\$11,035	\$0
	2	15%					\$173,483	\$226,627	\$0		\$0	\$13,908	\$0
	3	15%					\$179,821	\$232,965	\$0		\$0	\$20,110	\$0
	4+	15%					\$185,295	\$238,439	\$0		\$0	\$24,430	\$0
Total Units:			0	0	0	0			\$0		\$0		\$0

Applicants Requesting COSR: Describe methodology used to estimate per unit COSR amount that is consistent with §207

Applicant agrees to use awarded grant funds pursuant to §203

CERTIFICATION

The information, statements and, attachments included in this "Unit Mix & Award Amt" worksheet are, to the best of my knowledge and belief, true and correct.

Printed Name	Title of Signatory	Signature	Date

Selection Criteria §213 (145 Points Max)

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Total Self Score										0.0	
Need §213(a) - 25 Points Max										0.0	
(1) Estimated Need based on Applicant's geographic jurisdiction - 10 Points Max.										0	
(a) Points awarded if more than 400 individuals are Homeless using the latest Point in Time Count (PIT) as stated in the NOFA - 10 points. OR					County:	Sacramento		County PIT:		0	
(b) More than half of the Extremely low income (ELI) population that pay more than 50% of their income towards rent - 5 points.					ELI pop. paying >50% to rent	1,368	Total ELI pop.	62,015	2.21%	0	
File Name:	C2	PIT Cert Letter	<i>Letter from CoC Certifying PIT Count.</i>					Attached and on USB?			
(2) Describe the Applicant's demonstrated commitment to address the needs of people experiencing homelessness. Applicant has demonstrated successful outcomes in implementing federal and state programs addressing the needs of people experiencing homelessness, along with local commitment of resources - 15 Points Max.										0	
(a) The Applicant has dedicated local resources to provide Permanent housing to residents experiencing homelessness over the last three years and has a plan to address homelessness. The plan has been successful and has been implemented for at least one year - 15 points. OR										0	
(b) The Applicant has administered programs with successful outcomes in moving people from homelessness to Permanent housing but has not dedicated resources consistently over the last three years. The Applicant has a plan to address homelessness and has been implementing it over the last year - 10 points. OR										0	
(c) The Applicant proposes to implement some actions in the next 12 months, including implementation of a plan to address homelessness and dedication of local resources - 5 points.										0	
File Name:	C3	Homelessness Plan	<i>Attach Applicant's homelessness plan.</i>					Attached and on USB?			
Proposed Uses and Process for Using Funds §213(b) - 30 Points Max										0	
(1) Applicant's description (either address or narrative) of the specific uses of the grant funds. (must provide all information below to receive points). (a) If the Applicant intends to use funding for development, project(s)' location and target date(s) for completion; OR (b) If the Applicant intends to use funding for rental assistance or a COSR, project(s)' total number of units and the total number of households who will receive Permanent housing and/or rental subsidies under the project. - 10 Points.										0	
	Project Address/ Description				Project Type	Total Units	# of Households that will receive Permanent Housing and/or Rental Subsidies		Target Date Completion		
1.											
2.											
3.											
4.											
5.											
(2) Process for Using Grant Funds (must provide descriptions for the following to receive points) - 10 Points Max.										0	
(a) The Applicant's or agency or agencies responsible for the distribution of the HHC grant funds and the proposed selection criteria and process to identify project(s) and/or sub-recipient(s) - 6 Points:										0	
(b) The timeline with clearly delineated milestones - 1 Point:										0	
(c) The proposed funding source for the services - 3 Points:										0	
(3) Funding Coordination (must provide descriptions for the following to receive points) - 10 Points.										0	
(a) Applicant's description of the following service provisions:										0	

(1) The funding source(s) - 2 points.		0
(2) The amount of funding per participant, per month, the Applicant intends to commit - 1 Point		0
(3) The length of time services will be provided - 1 Point.		0
(4) The process for selecting the Homeless service provider - 2 Points.		0
(b) The Applicant's partnerships with affordable and Supportive housing providers to address homelessness - 2 Points.		0
(c) Applicant's partnerships with healthcare providers who provide dental, mental health, primary care and substance abuse services - 2 Points.		0
Experience §213(c) - 40 Points Max		0
(1) The Applicant's experience, for the last three years, in funding and underwriting Supportive housing projects; and/or the Applicant's experience administering Supportive housing projects; and/or the Applicant's experience working with agencies that administer rental subsidies. - 15 points max.		0
If Applicant intends to use funding for <u>development or a COSR</u> , enter the number of Projects Applicant has developed and/or administered in the last 3 Years:		0
File Name: C4 Dev Exp 1, 2, 3, etc <i>Notice of Completion, Placed in Service, Certificate of Occ. or equivalent.</i>	Attached and on USB?	
If Applicant intends to use funding for <u>rental assistance</u> , enter the number of households Applicant has administered rental subsidies for in the last 3 years:		0
File Name: C5 Rent Contracts 1, 2, 3, etc <i>Copies of Rental Assistance contracts.</i>	Attached and on USB?	
(2) The Applicant's development funding, rental assistance, or other operating assistance to the Target Population that is comparable in scale and scope to the number of projects or rental assistance the Applicant has proposed for the Program. - 15 points max		0
If Applicant intends to use funding for <u>development or a COSR</u> , enter the number of Projects comparable in scale and scope to the proposed project and Target Population that Applicant has developed and/or administered in last 3 Years:		0
File Name: C6 TP Dev Exp 1, 2, 3, etc <i>Notice of Completion, Placed in Service, Certificate of Occ. or equivalent.</i>	Attached and on USB?	
If Applicant intends to use funding for <u>rental assistance</u> , enter the number of clients similar to the Target Population the administering agency has administered rental subsidies for in the last 3 years:		0
File Name: C7 TP Rent Contracts 1, 2, 3, etc <i>Copies of Rental Assistance contracts.</i>	Attached and on USB?	
(3) Describe barrier(s) the Applicant encountered in the implementation of its Homeless strategy or funding and how barriers were resolved - 5 points.		0
(4) Describe any best practices developed by the Applicant that could be used for other program participants. - 5 points.		0
Funding Sources §213(d) - 30 Points Max		0
(1) Applicant's description of the plan to sustain funding for the program/project. The Applicant may commit to using funding from the Building Homes & Jobs Act allocations to score points in this category. - 30 points.		0
File Name: C8 Funding Commitments <i>Attach letter(s) of commitment from funding sources.</i>	Attached and on USB?	
File Name: C9 Feasibility Study <i>Attach documentation of applicants determination the project's feasibility showing there is no financial gap that needs to be addressed.</i>	Attached and on USB?	

Incentive Points §213(e) - 20 Points Max				0
(1) The Applicant has a Whole Person Care Pilot Program or is working with managed care organizations to make available Health Homes Program benefits to people experiencing homelessness. - 10 points.				0.0
(2) Evidence demonstrating locally committed funding program for projects in an amount at least equivalent to requested HHC funding. - 10 points.				0.0
File Name:	C10	Homeless Benefits Program	<i>Whole Person Care Pilot Program documents or documentation of a Health Homes Program benefitting people experiencing homelessness.</i>	Attached and on USB?
File Name:	C11	Funding Program	<i>Documentation of a locally committed funding program for projects in an amount at least equivalent to requested HHC funding.</i>	Attached and on USB?

Supportive Services Plan §214

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All projects must include a SSP meeting §214 requirements. Be as specific as possible. The checklist below serves as a guide to ensure all the components of the SSP are complete.

File Name:	D2	SSP	Attach a Supportive Services Plan as specified in §214.	Attached and on USB?
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Tenant Outreach, Engagement, and Retention Strategies §214 (d)(1)

Services in the HHC Program must be voluntary, flexible, and individualized so that HHC tenants may continue to engage with supportive services providers, even as the intensity of services needed may change. Adaptability in the level of services should support tenant engagement and housing retention. Describe the plan for conducting tenant outreach, engagement and retention strategies to be used in support of these Program objectives.

List of Services §214 (d)(2)

Pursuant to §214 (d)(2), identify all required services, and any other services that are encouraged to be part of the SSP, in the table below. Provide a detailed description of each service to be offered, the frequency of each service, the proposed service provider, location, and general hours of availability of the services.

§214 (c), Required Services	Description	Provider	Miles from Project Site	Frequency of Offered Service	Hrs. Available (for example) 8 am - 5 pm
(1) Housing Navigation					
(2) Case management					
(3) Peer support activities					
(4) Support linking to behavior health care					
(5) Support linking to substance abuse disorder treatment					
(6) Support linking to primary care services					
(7) Benefits counseling and advocacy					
(8) Basic housing retention skills					
(9) Services for persons with co-occurring disabilities/disorders					
Optional (encouraged) Services:	Description	Provider	Miles from Project Site	Frequency of Offered Service	Hrs. Available (for example) 8 am - 5 pm
(1) Recreational and social activities					
(2) Educational services					
(3) Employment services					
(4) Obtaining access to other needed services					

Transportation Plan §214 (d)(3)

For services provided off-site, (not at the project site), provide a detailed narrative on what transportation options will be available to tenants in order to provide them with reasonable access to these services. Reasonable access is access that does not require walking more than ½ mile.

Services Competency §214 (d)(4)

(A) Describe how the services are linguistically and culturally competent for persons of different races, ethnicities, sexual orientations, gender identities, and gender expressions. (B) Explain how services will be provided to HHC tenants who do not speak English, or have other communication barriers, including sensory disabilities. (C) Explain how communication among the services providers, the property manager, and these tenants will be facilitated.

Supportive Services Plan §214

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Estimated Itemized Budget §214(d)(5)

Provide a line item Supportive Services Budget for project using format below. Complete both income and expense portions of the budget. Include all costs associated with implementing your Supportive Services Plan, including any in-kind services. Include income and expenses for Sponsor or LSP staff positions, and also any staff positions of partnering organizations who have committed time to the project. Don't include costs associated with providing services in non-HHC assisted units. If costs are associated with both HHC & non-HHC assisted units, include only that portion of costs associated with HHC assisted units.

Income Source/Program Name		Amount	Type	Status	% of Total
					0.00%
					0.00%
					0.00%
					0.00%
Total Revenue:		\$0			0.00%
Expense Item		Amount	Type	Status	% of Total
Staff Salaries: List by title of position. (This list must match the Staffing Chart above.)					
Staff Position	FTE:				0.00%
Staff Position	FTE:				0.00%
Staff Position	FTE:				0.00%
Staff Position	FTE:				0.00%
Fringe Benefits					0.00%
Total Staff Expenses		\$0			0.00%
Tenant Transportation					0.00%
Equipment					0.00%
Supplies					0.00%
Travel					0.00%
Office Rent/Occupancy Costs (don't include rent/leasing costs for SH units)					0.00%
Training					0.00%
Consultants: List by Function					0.00%
Subcontractors/Partners (list by Entity & Service Type)					0.00%
Other Expenses (type in expense description)					0.00%
Other Expenses (type in expense description)					0.00%
Other Expenses (type in expense description)					0.00%
Total Expenses		\$0			0.00%

Supportive Services Cost Per Unit: Permanent supportive housing best practice suggests a range between \$5,000 - \$10,000 annually in services per household, depending upon the intensity of the needs of the target population.

Budget Narrative and Funding Commitments

- Describe how budgeted amts. are adequate to provide services described in Supportive Services Plan and in Services Staffing Table:
- Document committed funds with letter from committing agency that includes the following. Documented services/funding must appear in Supportive Services Budget Table.
a) Project name; b) Description of services to be funded or provided; c) Dollar value of funds or in-kind services. If cash is provided, state funding source; d) Funding term or service provision; e) A description and history of agency/organization providing funding or services.
- For funding that is not yet committed, specifically describe your experience filling major services funding gaps in similar housing.
- Describe in specific terms the plan to fill any service gaps that occur during project life due to expiration of grants, partner withdrawals, cancellation of a commitment or any other reason. Describe experience filling service gaps caused by loss of major funding sources.

Supportive Services Plan §214

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Collaboration of Supportive Services and Property Management Staff §214 (d)(6)

Describe how the supportive services staff and property management staff will collaborate to prevent evictions, adopt and ensure compliance with harm reduction principles, and facilitate the implementation of reasonable accommodation policies from rent-up to on-going Project operations.

[Empty response area for §214 (d)(6)]

Communication Protocols §214 (d)(7)

Provide a detailed narrative on the communication protocols to be utilized by the services providers and the property manager.

[Empty response area for §214 (d)(7)]

Provider-to-Client Staff Ratio §214 (d)(8)

Service provider will maintain at least a 1:20 provider-to-client staff Ratio?

File Name:	D3	Org. Chart/ Resumes	Attach copies provider org. charts, staff resumes, and duty statements.	Attached and on USB?
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Project Physical Design §214 (d)(9)

Provide a detailed narrative on how the physical design of the Project fosters tenant engagement, on-site supportive services provision, security and safety, and sustainability of equipment, furnishings, and fixtures.

[Empty response area for §214 (d)(9)]

Other Additional Information §214 (d)(10)

Provide any other information necessary to evaluate the supportive services to be offered consistent with HHC Program requirements.

[Empty response area for §214 (d)(10)]

Certifications

State of California

On behalf of the entity identified in the signature block below, I certify that:

- 1. The information, statements and attachments included in this application are, to the best of my knowledge and belief, true and correct.
 - 2. I possess the legal authority to submit this application on behalf of the entity identified in the signature block.
 - 3. As of the date of application, the Project, or the real property on which the Project is proposed (Property) is not part to or the subject of any claim or action at the State or Federal appellate level.
 - 4. I have disclosed and described below any claim or action undertaken which affects or potentially affects the feasibility of the Project.
- In addition, I acknowledge that all information in this application and attachments is public, and may be disclosed by the State.

Printed Name	Title of Signatory	Signature	Date

