



Housing Homeless Assistance Prevention Program (HHAP)

Round 3 & 4 Application

We are pleased to announce the availability of funds for the Homeless, Housing Assistance Program (HHAP) administered by the California Interagency Council on Homelessness (Cal ICH), a subdivision of the California Business, Consumer Services and Housing Agency (BSCH). Eligible Applicants are encouraged to apply for and receive HHAP funds within the Glendale Continuum of Care (CoC). The HHAP application process signifies the Glendale CoC's dedication to collaboratively combat homelessness by supporting service providers in our community.

INSTRUCTIONS

1. Please fill out all required sections , if you do not intend to apply for an eligible use category, you may enter "0" for the dollar amount.
2. Review the RFP: familiarize yourself with the HHAP Request for Proposal (RFP) document, which provides valuable information about the application process and eligibility criteria.
You can access the RFP at: <https://www.glendaleca.gov/home/showpublisheddocument/72569>
3. To complete the application and the required attachments, please refer to:
<https://www.glendaleca.gov/home/showpublisheddocument/72565>

Submit the following deliverables to hmis@glendaleca.gov

1. Verification of SAM's /DUNS registration–Active Status
2. Internal Revenue Service tax-exempt determination letter(501)c3
3. Most recent financial audit, including management letters and any findings or concerns.
4. Please attach a Budget and Budget Narrative for the project for which you are applying for. While matching funding is not required, it may be helpful to include the value of any matching funding.
See <https://www.glendaleca.gov/home/showpublisheddocument/72567> for Budget worksheet
5. Pre-Award Risk Assessment Worksheet
(refer to: <https://www.glendaleca.gov/home/showpublisheddocument/72565>)
6. Housing First Policy
7. Program Policies and Procedures
8. Board Contact Information and Current Organizational Chart
9. Résumés / Job Description of Key Staff
10. Past Performance Annual Performance Report (APR)
9. Advertisement Material (i.e., Program Flyers)

DEADLINE TO RESPOND: Thursday, November 16, 2023 by 5 p.m.

* Required

Name and Contact Information of Individual Completing Application

1. Agency Name *

2. **Full Name ***

3. **Title ***

4. **Address ***

5. **Email ***

6. **Phone Number ***

The value must be a number

HHAP ROUND 3 Eligible Program Components / Activities and Funding Request

HHAP Round 3 requires subrecipients to expend funds on evidence-based solutions that prevent, reduce and end homelessness. Funds must be expended in compliance with Housing First requirements per Health and Safety Code Section 50220.7(g)

7. Youth Set-Aside (10%)

Up to **\$36,370** available for services for homeless youth populations, which are defined as unaccompanied youth who are between 12 and 24 years old and experiencing homelessness. Funds spent under this provision must still also comply with the eligible use requirements of Health and Safety Code section 50220.7(e). *

Please enter a number less than or equal to 36370

8. Prevention and Shelter Diversion

Up to **\$83,330** is available under this component, which comprises of programs that are intended to quickly support people who are a imminent risk of homelessness or who are initially attempting to access shelter by helping them quickly regain stability in their current housing or in other permanent housing *

Please enter a number less than or equal to 83330

9. Outreach and Coordination (including employment)

Up to **\$60,301.72** available under this component, which includes diversion to permanent housing, including rental subsidies *

Please enter a number less than or equal to 60301.72

10. Operating Subsidies

Up to **\$40,052.52** available under this component, for affordable or supportive housing units, emergency shelters, and navigation centers. Operating subsidies may include operating reserves *

Please enter a number less than or equal to 40052.52

11. Interim Sheltering

Up to **\$100,000** available under this component, limited to newly developed clinically enhanced congregate shelters, new or existing non-congregate shelters, and operations of existing navigation centers and shelters based on demonstrated need *

Please enter a number less than or equal to 100000

HHAP ROUND 4 Eligible Program Components / Activities and Funding Request

HHAP Round 4 requires subrecipients to expend funds on evidence-based solutions that prevent, reduce and end homelessness. Funds must be expended in compliance with Housing First requirements per Health and Safety Code Section 50220.7(g)

12. Rental Assistance and Rapid Rehousing

Up to **\$233,290** available under this component, which involves rental subsidies and incentives to landlords, such as security deposits and holding fees *

Please enter a number less than or equal to 233290

13. Youth Set-Aside (10%)

Up to **\$29,909** available for services for homeless youth populations, which are defined as unaccompanied youth who are between 12 and 24 years old and experiencing homelessness. Funds spent under this provision must still also comply with the eligible use requirements of Health and Safety Code section 50220.7(e). *

Please enter a number less than or equal to 29909

Application Questions

A. Project Overview

14. Briefly describe the proposed project, the population to be served and the specific services to be provided. Indicate if this is a new or existing project. Specify the total number of unduplicated persons expected to be served by the project annually. Describe how this will meet the project will focus on moving homeless individuals and families into permanent housing and supporting the efforts of those individuals and families to maintain their permanent housing. Please refer to RFP, section Program Guidelines for description of eligible components for the HHAP program. *

15. Does your Project use a centralized or coordinated system to initially assess the eligibility and needs of each homeless or at-risk of homeless individual or family who seeks assistance? If yes, describe your system, including the point of contact. *

16. Does your Project have Written Standards for providing assistance for eligible activities listed under HHAP? If yes, please attach to the RFP. If not, please describe the activities proposed for the project and time plan you are developing to comply with this regulation. Please include guidelines used to address services during COVID-19.

17. Identify and describe existing unmet needs in the community to be addressed by the proposed project. What methods and/or data were used to identify and verify the need for this project? *

18. Please provide a detailed description of how the proposed project's activities directly align with and address the specific local service gaps and community needs identified in the RFP *

19. Advancing Racial Equity

What specific steps has your agency taken to not only *identify* racial disparities in your prioritization processes but also *address* them? Your response should be detailed and include the following:

1. **Identified Disparities:** Describe any identified disparities and/or barriers to participation (i.e., lack of outreach) faced by people of color overrepresented in the homeless services system.
2. **Addressing Disparities:** Describe steps your agency has taken/will take to do both of the following:
 - a) address these disparities and/or barriers in the *provision of assistance* to improve racial equity; and
 - b) address disparities in program enrollment and outcomes.
3. **Partnerships:** Describe any steps your agency has taken/will take to obtain input and include persons of different races and ethnicities in improving your response to homelessness.
4. **Data:** Describe the measures your agency has implemented/will implement to *track progress* on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance.

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Project Details**20. Target Population ***

Select all that apply.

- ☐ Veterans
- ☐ Chronically Homeless
- ☐ Families with Children
- ☐ Youth (under 25)
- ☐ Domestic Violence
- ☐ Substance Abuse Disorder
- ☐ Mental Illness
- ☐ HIV/AIDS
- ☐ N/A - Project Serves All Populations

21. If the proposed project is expected to serve youth experiencing homelessness (as defined in HSC § 50216 (k)) what youth-specific best practices will be utilized to ensure they can access the services?**22. Describe, in detail, the characteristics of the target population. Describe how you will reach out to the target population. (Attach samples of outreach materials your agency will use and sent to HMIS@GlendaleCA.gov). *****23. Indicate and describe what form of documentation will be provided to demonstrate that persons served by the project are homeless or at-risk for homelessness. ***

Continuum of Care / Coordination and Collaboration

In this section, outline your strategies for robust coordination and collaboration within the Continuum of Care (CoC) framework. Highlight how your project aligns with broader CoC efforts to end homelessness and your commitment to working collaboratively with partners to achieve shared goals.

24. Describe how this project is consistent with the continuum of care approach to homeless services. If this is a new program, how does your project fill a gap in Glendale's continuum of care? *

25. Describe your organization's current efforts to collaborate with other community organizations that provide services to the homeless and with mainstream (non-homeless) service providers. How will you develop any needed linkages that are not already in place? How do you ensure household needs are met with all the different partnering agencies? *

26. Does any community organization other than your own offer this type of service? If yes, describe how your program will enhance, and is not a duplication of, these efforts. *

27. **Collaboration with Public Health Agencies**

Please elaborate on your agency's successful collaborations with other public health agencies to reduce the incidence of homelessness among program participants. Highlight how these collaborations have facilitated the seamless reintegration of unhoused individuals into the community, coupled with the provision of comprehensive wraparound services.

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Program Goals and Outcomes

Data on the applicant's progress towards meeting their outcome goals, which shall be submitted quarterly through the duration of the program. If the applicant has not made significant progress toward their outcome goals.

28. Please provide at least two outcomes that you will measure for your program. Outcomes should be appropriate and attainable given the population served by the program; low levels of achievement are not necessarily indicators of poor performance. When establishing outcomes, be mindful of the following components:

- i. Reduce the number of persons who become homeless*
- ii. Reduce the length of time persons remain homeless*
- iii. Increase successful placement in permanent housing*
- iv. Reduce recurrence to homelessness after placement in permanent housing*
- v. Increase employment access / to increase and improve income by 20%*
- vi. Homelessness Prevention and housing placement for people who are unstably housed*
- vii. Exits to permanent Housing--successful housing placement after program participation*

Outcome Example: Of the 80 persons served by the program, 40% (32 persons) will be placed in permanent housing within 60 days.

*

Implementation Plan

Detail your step-by-step approach to executing the proposed project. Describe timelines, milestones, key tasks, and responsible parties to demonstrate a clear and effective path toward project success

29. Is this a new project *

☐ Yes

☐ No

30. For new projects, please describe the action steps and sustainability plans that will be in place to ensure the project's continuity once HHAP funds are exhausted.

*It's essential to keep in mind that HHAP funds are intended to complement existing funding sources, not replace them. Your response should outline your strategy for long-term sustainability **

31. i. Describe specific steps to be taken to implement the project accompanied by a proposed schedule which identifies target dates for each phase of implementation.
ii. Identify any barriers and/or difficulties related to implementing the project and explain how these barriers and/or difficulties will be overcome. *

32. Identify barriers and/or difficulties in service delivery that you have encountered in the past, and explain what specific steps have or will be taken to mitigate these barriers and/or difficulties. (It is assumed that all projects have challenges). Describe the specific steps to be taken to improve the quality of services and/or expand services in this project. *

33. If funded, describe Agency efforts to involve, to the maximum extent practicable, homeless individuals and families in program policy and procedure making decisions, in the maintenance and operation of facilities and in the provision of services to residents of these facilities. For example, involvement of a formerly homeless person on the Board of Directors, Advisory Council or similar entity that considers and sets program policy or makes decisions for the grantee, client employment or volunteering in agency activities. Other methods of achieving client involvement may include having a suggestion box and exit interviews, conducting regularly scheduled house meetings, encouraging clients to assist with children's programs, parenting classes or vocational training programming. Agencies may request a waiver from this requirement when the grantee is unable to meet this requirement, and the sub-recipient agrees to consult with homeless or formerly homeless persons in making program policy or decisions. *

Budget

Present a well-structured financial plan that accounts for all project expenses and demonstrates fiscal responsibility. Show how you will maximize HHAP funds to achieve program objectives efficiently.

34. Please complete the HHAP Project Budget Form. Please refer to: <https://www.glendaleca.gov/home/showpublisheddocument/72567>
Budgets should include only costs attributed directly to the proposed HHAP funded project

Provide a brief description or justification of all line items included on the Project Budget Form *

35. Operations Costs: Describe how total actual annual costs included on the Budget Worksheet is calculated *

Leverage

In this section, you will explain how you will utilize additional resources and partnerships to augment HHAP funding, ensuring a comprehensive and sustainable approach to addressing homelessness in our community

36. What percentage of the total project budget would the proposed HHAP funding cover?

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37. Does the implementation of this program depend on receiving 100% of your request? *

38. How will you close any funding shortfalls? Indicate any other funding sources with whom you have pending applications, or from whom you anticipate requesting funds. Does the implementation of this project depend on receiving funds from these or any other sources *

Demonstrated Experience and Capacity of Sponsoring Organization

Showcase your organization's track record, expertise, and capabilities in successfully executing projects of a similar nature. Highlight how your experience positions you for success in implementing this HHAP project

39. Describe the proposing organization's background and years of experience in implementing the proposed project or similar projects. *

40. **Past Performance Evaluation and APR Status**

Please provide a list of similar projects that have been funded within the last three years. For each project, include its current status and provide a detailed account of specific achievements, including both quantitative and qualitative information. Additionally, please submit an Annual Performance Report that substantiates the validity of the reported accomplishments. Include information such as the year the project was funded, the Program Activity it falls under, the approved budget, and the total funds expended to date

Submit APR to hmis@glendaleca.gov *

41. Describe the specific experience of the organization's principal staff as it relates to the proposed project or similar projects. *

42. Describe the organization's experience with HMIS or other equivalent databases to collect client data, and report on outcomes. *

43. System for Award Management (SAM) Clearance:

Does your agency have an active SAM registration Unique Entity ID (UEI) number? *

Note: Email proof of your agency's current SAM registration to hmis@glendaleca.gov by 11/16/2023.

To pass threshold requirements, applicants must have System for Award Management (SAM) clearance to ensure they are not suspended or debarred from working on federally-funded projects. SAM clearance must be renewed annually at www.sam.gov.

☐ Yes

☐ No

Signature and Title of Authorized Project Sponsor Official

I verify that the information in the previous section is true.

44. **Digital** Signature of Authorized Project Sponsor Official *

45. **Title** of Authorized Project Sponsor Official *

46. **Date of Signing** *

