

**HOUSING AND DISABILITY ADVOCACY  
PROGRAM (HDAP) CERTIFICATION, GOALS,  
AND CONFIRMATION OF MATCH: FISCAL  
YEAR 2020-21**

*This form must be completed by all applicants applying for HDAP funding for Fiscal Year (FY) 2020-21.*

**County Agency/Tribe Name: San Bernardino County**

**I. PROGRAM APPLICATION PACKAGE CHECKLIST FOR NEW APPLICANTS**

*Complete program applications will include the following. Refer to Attachment One, Section (F) for detailed application packaging requirements.*

- Certification, Funding Request, and Confirmation of Match (Attachment Two)
- Housing First Assessment (Attachment Three)
- Program Description (See Attachment One for more information)
- Program Budget Narrative (Attachment Five)
- Letter(s) of Support (See Attachment One for more information)
- HMIS Waiver, if applicable (See Attachment One for more information)

**II. PROGRAM APPLICATION PACKAGE CHECKLIST FOR CONTINUING GRANTEES**

- Certification, Funding Request, and Confirmation of Match (Attachment 2)

**III. PROGRAM FUNDING REQUEST**

*All applicants must complete sections a, b, c, d, and e below. Continuing Grantees must also complete section f. Note: information below should match the detailed program budget narrative.*

- a. Amount of state HDAP funding the applicant is requesting in this application (i.e., total amount, without match, for FY 2020-21; do not include funds allocated in FY 2017-18 or FY 2019-20); **\$1,155,127.30**
- b. Match amount the applicant is proposing; **\$1,155,127.30**
- c. Total amount of new program funding the applicant is proposing (i.e., state funds request (a), plus match (b), for FY 2020-21); **\$2,310,254.60**
- d. Total amount of program funding the applicant is proposing, including total

amount of funding available in FY 2020-21, from Pilot FY 2017-18 and/or FY 2019-20 (including all available match dollars)

- e. Estimated number of individuals the HDAP will **newly house and serve** with all required program components, specific to this funding request in item d (refer to budget narrative for additional information) **40**; and
- f. (Continuing Grantees and HDAP Pilot Grantees Only) Number of individuals the HDAP will **continue to support** in HDAP during FY 2020-21 and associated with this funding request in item d (i.e., number of individuals served prior to FY 2020-21 who will continue to receive HDAP service components supported by this funding request) **60**.

#### IV. MATCH FUND DETAILS

List each source of match funding below including the type, amount, and any additional description necessary. (See Attachment Four for more information on allowable match sources and refer to [CFL No. 17/18-79](#) for examples.)

	Source (Name of entity and/or funding source)	Type (cash/direct expenditure, county in-kind, or third-party in- kind)	Description of match (how funds have been or will be used)	Amount
1.	General Relief Administration	County in-kind	General Assistance/Relief Funding	\$1,155,127.30
2.				
3.				
4.				
5.				
6.				
<b>Total Amount of Match</b>				<b>\$1,155,127.30</b>
Total amount should be consistent with match amounts completed on page 1.				

#### V. COUNTY WELFARE DIRECTOR AND/OR TRIBAL GOVERNMENT

**CERTIFICATION**

I certify that the County Welfare Department or Tribe will administer the HDAP pursuant to the conditions set forth by the California Department of Social Services. I certify that the information completed above and attached is true and correct.

**Acceptance of HDAP funding is contingent upon County Board of Supervisors approval.**

Print Name: **CaSonya Thomas**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HDAP CONTACTS**

*The person(s) listed below will be the primary point of contact for questions or follow up for both the proposal and program. The contact's information will also be available to the public and stakeholders for direct questions, as indicated below. Changes to the information indicated below should sent to [housing@dss.ca.gov](mailto:housing@dss.ca.gov).*

**Primary County/Tribe HDAP Contact**

Contact Name and Title: **Shannon Bailey, Program Manager**

Address: **825 E. Hospitality Lane, 2<sup>nd</sup> Floor San Bernardino, CA 92415**

Email Address: [Shannon.bailey@hss.sbcounty.gov](mailto:Shannon.bailey@hss.sbcounty.gov) Phone Number: **(909) 383-9717**

Public Inquiry/Stakeholder Contact: Yes  No

**Secondary County/Tribe HDAP Contact**

Contact Name and Title: **Gary Watson, Deputy Director**

Address: **860 E. Brier Dr. San Bernardino, CA 92415**

Email Address: [GWatson@hss.sbcounty.gov](mailto:GWatson@hss.sbcounty.gov) Phone Number: **(909) 252-4858**

Public Inquiry/Stakeholder Contact: Yes  No