

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY  
 HOMELESS COORDINATING AND FINANCING COUNCIL (REV 9/18)  
 915 Capitol Mall, Suite 350-A  
 Sacramento, CA 95814  
 Phone: (916) 653-4090  
 Fax: (916) 653-3815



# HOMELESS HOUSING, ASSISTANCE AND PREVENTION FUNDING

## REQUEST FOR FUNDS FORM

**Contract Number** 20-HHAP-00081  
**Invoice Number** 20-HHAP-00081  
**Grantee Name:** San Bernardino County  
**Address:** 385 N. Arrowhead Avenue, 3rd Floor  
**City:** San Bernardino  
**State & Zip:** CA, 92415

**Expiration Date:** 6/30/2025  
**Contact Person:** Dena Fuentes  
**Contact Person Title:**  
**E-mail:** [dena.fuentes@cdh.sbcounty.gov](mailto:dena.fuentes@cdh.sbcounty.gov)  
**Phone No.:** 909-387-4438

## HOMELESS HOUSING, ASSISTANCE AND PREVENTION FUNDING BREAKDOWN

AWARD	
Eligible Use Category per § HSC 50219(c)	Draw Amount
Rental Assistance and Rapid Rehousing	\$227,609.36
Operating Subsidies and Reserves	
Landlord Incentives	
Outreach and Coordination (including employment)	
Systems Support to Create Regional Partnerships	\$200,000.00
Delivery of Permanent Housing	\$2,076,093.64
Prevention and Shelter Diversion to Permanent Housing	
New Navigation Centers and Emergency Shelters	
Strategic Homelessness Planning, Infrastructure Development, CES, and HMIS (up to 5%)	\$142,255.85
Administrative (up to 7%)	\$199,158.19
<b>TOTAL:</b>	<b>\$2,845,117.04</b>

## CERTIFICATION

*\*By signing this form, I certify to the best of my knowledge and belief that the form is true, complete, and accurate, and the activities and budget are for the purposes and objectives set forth in the terms and conditions of the Standard Agreement. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.*

Name of Authorized Person

Signature of Authorized Person

Date:

### BCSH USE ONLY

Grant Management Representative Signature

Date:

Amber Ostrander

Grant Management Manager Signature

Date: