

Federal Emergency Solutions Grants Program

2020 NOTICE OF FUNDING AVAILABILITY Continuum of Care Allocation Application



**State of California
Governor Gavin Newsom**

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

**Doug McCauley, Acting Director
Department of Housing and Community Development**

Division of Financial Assistance, Federal Programs Branch
2020 West El Camino Avenue, Suite 500, Sacramento, CA 95833
ESG Program Email: ESG@hcd.ca.gov
Application Support: AppSupport@hcd.ca.gov

FINAL FILING DATE: MAY 28, 2020 at 5:00 P.M.

Rev. 2/19/20

General Instructions

This application is subject to the Emergency Solutions Grants (ESG) Program federal regulations established by the U.S. Department of Housing and Urban Development (HUD), 24 Code of Federal Regulations (CFR), Parts 91 and 576, as well as 25 California Code of Regulations (CCR), Section 8400 et seq.

- | | |
|----|--|
| A. | Please read the ESG 2020 Notice of Funding Availability (NOFA) for the Continuum of Care (CoC) Allocation, as well as the federal and State ESG regulations. |
| B. | <p>Application Submittal: Submit one original (hard copy) application with wet, original signatures in a 3-ring binder with pockets, and one USB flash drive that includes a copy of the application with signatures. Applicants are required to submit the Application Forms in this Excel Workbook and the Budget Workbook as instructed on each form; each section should have an individual tab in the submitted 3-ring binder.</p> <p>Application forms for the CoC Allocation are available online.</p> <p>Application forms including the Budget Workbook must be postmarked or received no later than 5:00 p.m. Pacific Standard Time on May 28, 2020. Application forms not submitted by 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.</p> |
| C. | All HCD funding decisions are final. |

Resources

[Emergency Solutions Grant Program Webpage](#)

[25 CCR 8400](#)

[24 CFR 576](#)

[2 CFR 200](#)

[24 CFR 91](#)

[US Code Title 18 Section 1001-1002](#)

[US Code Title 31 Section 3729-3730](#)

Application Forms Checklist

Exhibit #	Exhibit	Check if Worksheet print out included
Form I	Funded Award Package	Yes
Form II	Contact Information	Yes
Form III	Legislative and Congressional Information	Yes
Form IV	Budget Workbook	Yes
Form V	Certificate of Indirect Costs	Yes
Form VI	Payee Data Record, Government TIN Form and Applicant Verification Form	Yes
Form VII	Projected Outcomes	Yes
Form VIII	Governing Board Authorizing Resolution	Yes
Form IX	Administrative Entity Compliance Certification	Yes

Form II - Contact Information

Unit of General Purpose Local Government

Name:	Gary Hallen				
Address:	385 N. Arrowhead Avenue				
City:	San Bernardino	State:	CA	Zip:	92415
Federal Tax ID Number (FEIN):	95-6002748		Data Universal Numbering System (DUNS):	9241659	

Authorized Representative (Per Board Resolution)

Salutation:	Mr.	Full Name:	Gary Hallen		Title:	Director	
Address:	385 N. Arrowhead Avenue				City:	San Bernardino	
Phone:	909-387-4391	Ext.:		Fax:	909-387-4415	Email:	gary.hallen@cdh.sbcounty.gov

Applicant Contact Information (If different from Authorized Representative)

Salutation:		Full Name:		Title:	
Address:		City:		State:	
Phone:		Ext.:		Fax:	

Applicant Fiscal Representative Information (i.e., CFO, Accountant/Bookkeeper)

Salutation:	Mr.	Full Name:	Dennis Kwan		Title:	Finance Officer	
Address:	385 N. Arrowhead Avenue				City:	San Bernardino	
Phone:	909-387-4420	Ext.:		Fax:		Email:	dennis.kwan@cdh.sbcounty.gov

Continuum of Care (CoC)

CoC Name:	San Bernardino City & County CoC				CoC No:	CA-609	
Salutation:	Mr.	Full Name:	Tom Hernandez		Title:	Homeless Services Officer	
Address:	215 North D Street, Suite 301				City:	San Bernardino	
Phone:	909-501-0611	Ext.:		Fax:		Email:	tom.hernandez@dbh.sbounty.gov

CoC Homeless Management Information System (HMIS)

HMIS Software:	Client Track						
Salutation:	Mr.	Full Name:	Michael Bell		Title:	Automated Systems Analyst II	
Address:	215 North D Street, Suite 301				City:	San Bernardino	
Phone:	909-501-0613	Ext.:		Fax:		Email:	michael.bell@dbh.sbcounty.gov

Victim Service Provider Comparable Database

Database Name:						
Salutation:		Full Name:		Title:		
Address:		City:		State:		
Phone:		Ext.:		Fax:		

Legal Service Provider Comparable Database

Database Name:						
Salutation:		Full Name:		Title:		
Address:		City:		State:		
Phone:		Ext.:		Fax:		

Continuum of Care (CoC)

CoC Name:					CoC No:	
Salutation:		Full Name:		Title:		
Address:		City:		State:		
Phone:		Ext.:		Fax:		

CoC Homeless Management Information System (HMIS)

HMIS Software:						
Salutation:		Full Name:		Title:		
Address:		City:		State:		
Phone:		Ext.:		Fax:		

Victim Service Provider Comparable Database

Database Name:						
Salutation:		Full Name:		Title:		
Address:		City:		State:		
Phone:		Ext.:		Fax:		

Legal Service Provider Comparable Database

Database Name:						
Salutation:		Full Name:		Title:		
Address:		City:		State:		
Phone:		Ext.:		Fax:		

Form III - Legislative and Congressional Information

Provide the Legislative and Congressional information for the applicant and each activity location, (if different than applicant location), included in this application. To locate or verify the Legislative and Congressional information, click on the respective links below and enter the applicant office location zip code, the activity location site zip code(s) (i.e. zip code(s) where activities are performed), and any additional activity location site(s), as applicable.

[California State Assembly](#)

[California State Senate](#)

[U.S. House of Representatives](#)

Applicant Office Location

	District #	First Name	Last Name
State Assembly Member	47	Elose	Gomez-Teyes
State Senate Member	20	Connie	Leyva
U.S. House of Representatives	31	Pete	Aguilar

Activity Location 1 (if different from applicant location)

	District #	First Name	Last Name
State Assembly Member	40	James	Ramos
State Senate Member	23	Mike	Morrell
U.S. House of Representatives	31	Pete	Aguilar

Activity Location 2 (if different from applicant location)

	District #	First Name	Last Name
State Assembly Member	36	Tom	Lackey
State Senate Member	20	Connie	Leyva
U.S. House of Representatives	8	Paul	Cook

Activity Location 3 (if different from applicant location)

	District #	First Name	Last Name
State Assembly Member	41	Chris	Holden
State Senate Member	16	Shannon	Grove
U.S. House of Representatives	27	Judy	Chu

Activity Location 4 (if different from applicant location)

	District #	First Name	Last Name
State Assembly Member	42	Chad	Mayes
State Senate Member	21	Scott	Wilk
U.S. House of Representatives	35	Norma	Torres

Activity Location 5 (if different from applicant location)

	District #	First Name	Last Name
State Assembly Member			
State Senate Member	25	Anthony	Portantino
U.S. House of Representatives	41	Mark	Takano

Activity Location 6 (if different from applicant location)

	District #	First Name	Last Name
State Assembly Member			
State Senate Member	29	Ling Ling	Chang
U.S. House of Representatives	36	Raul	Ruiz

Activity Location 7 (if different from applicant location)

	District #	First Name	Last Name
State Assembly Member	52	Freddie	Rodriguez
State Senate Member			
U.S. House of Representatives			

Activity Location 8 (if different from applicant location)

	District #	First Name	Last Name
State Assembly Member	55	Phillip	Chen
State Senate Member			
U.S. House of Representatives			

Activity Location 9 (if different from applicant location)

	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			

Activity Location 10 (if different from applicant location)

	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			

Activity Location 11 (if different from applicant location)

	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			

Activity Location 12 (if different from applicant location)

	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			

Activity Location 13 (if different from applicant location)

	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			

Activity Location 14 (if different from applicant location)

	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			

Activity Location 15 (if different from applicant location)

	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			

Form IV(b) - Budget Workbook

NOTE: Provide the proposed ESG budget, match contributions, and the source of match funds for the ESG activity(ies). The requested amounts should reflect the total ESG allocation. The total match funds must equal the total federal ESG grant amounts. All formulas in this spreadsheet are set up to auto-calculate; do not alter any formulas or totals.

ESG Funding Activities - 2020 Allocation	FEDERAL ESG Allocation	Match Contributions	Source of Match Funds
Emergency Shelter			
Essential Services, Shelter Operations	\$51,022	\$51,022	Private; non-federal
Street Outreach			
Essential Services	\$0	\$0	
Homelessness Prevention			
Housing Relocation & Stabilization Services-Financial Assistance, Short-and Medium Term Rental Assistance	\$15,000	\$15,000	Private
Rapid Re-Housing			
Housing Relocation & Stabilization Services-Financial Assistance, Short-and Medium Term Rental Assistance	\$225,000	\$225,000	CoC, Private Funds; Non federal funds; Housing Trust Funds
HMIS			
The total amount of ESG funds that may be used for HMIS cannot exceed 10% of the AE's State ESG allocation.			
Staffing, Hardware, Equipment & Software Costs, Training and Overhead			
Local Grant Administration			
General Management/Oversight/Coordination, Training on ESG Requirements, Consolidation Plan, Environmental Review	\$8,427	\$8,427	Non federal funds; Housing Trust Funds
GRAND TOTAL	\$299,449	\$299,449	

Form V- Certificate of Indirect Costs

Will the applicant's selected provider seek reimbursement for indirect costs for the 2020 ESG funds?

I certify under penalty of perjury that:

(1) to the best of my knowledge and belief that the form is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the ESG program. 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. (U.S. Code Title 18, Section 1001 and Title 31, Section 3729-3730 and 3801-3812).

(2) If the applicant will seek reimbursement for any indirect costs, the applicant must:

- A. Comply with all OMB requirements and standards including 2 CFR 200.403, 200.415, and Part 200 Appendix 4,
- B. Certify that the applicant and/or any subcontractor seeking reimbursement for indirect costs at the de minimis rate do not meet the definition of a major nonprofit organization as defined by OMB 2 CFR 200.414, and
- C. Maintain records including evidence of the Modified Total Direct Cost (MTDC) (2 CFR 200.68) calculations, indirect cost limits, and supporting documentation for actual direct cost billing.

I further certify that I am aware that there are penalties for willfully and knowingly giving false information on an application for federal or State funds that may include immediate repayment of all federal or State funds received. I understand that the information submitted is subject to verification by federal or State personnel as part of compliance monitoring.

CERTIFICATION OF INDIRECT COSTS

The signee to this certification must be the Authorized Representative named in the Resolution

Gary Hallen	Director		
PRINTED NAME OF AUTHORIZED REPRESENTATIVE	TITLE	AUTHORIZED REPRESENTATIVE SIGNATURE	DATE

Form VI - Payee Data Record, Government TIN Form and Applicant Verification Form

Applicants that are not a government agency must submit a Payee Data Record Form, [STD 204](#) with the Application Package.

Applicants that are a government agency must submit a Government [TIN Form](#) with the Application Package.

Form VII - Projected Outcomes

Provide the projected performance data for each ESG activity. Emergency Shelter projects should provide the performance data in both Chart A and B.

Chart A

	Activity	Projected Number of Persons Served	Projected Number of Households Served
	Emergency Shelter	196	49
	Street Outreach	0	0
	Homelessness Prevention	30	6
	Rapid Rehousing	50	10

Chart B

	Total Number of Cribs	0
	Total Number of Beds	2727
	Total Bed Capacity	2727

Household: A household is defined as an individual or a family that will be served during the duration of the grant. For projects that serve single individuals, the household is the same as the individual. For projects that serve couples, families with children, and other multi-person households, the household outcome should be based on the head of household.

Form VIII - Governing Board Authorizing Resolution

Refer to the Resolution Instructions and Sample Resolution on the [ESG's Program website](#) to submit a Resolution.

Form IX - Administrative Entity (AE) Compliance Certification

On behalf of the Gary Hallen,

I certify that funding recommendations being made for use of ESG funds meet federal and State ESG requirements pursuant to 25 CCR Sections 8403, 8408, and 8409.

The CoC used a process that meets the following requirements:

- A. Is fair and open, and avoids conflicts of interest in project selection, implementation, and the administration of funds.
- B. Considers the State application eligibility and rating criteria in the Department's 2020 ESG NOFA for the CoC allocation.
- C. Complies with the Core Practice requirements in 25 CCR 8408 and 8409.
- D. Incorporates the performance standards set forth in the Department's Annual Action Plan.
- E. Complies with federal ESG.
- F. Considers any other practices promoted or required by HUD.
- G. Ensures the funded homeless service provider will maintain documentation of satisfactory match pursuant to the requirements of 24 CFR 576.201.

AE COMPLIANCE CERTIFICATION

Gary Hallen	Director	 	
PRINTED NAME OF AUTHORIZED REPRESENTATIVE	TITLE	AUTHORIZED REPRESENTATIVE SIGNATURE	DATE