

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
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HOMELESS HOUSING, ASSISTANCE AND PREVENTION FUNDING

REQUEST FOR FUNDS FORM

Contract Number 20-HHAP-00088
Invoice Number 20-HHAP-00088
Grantee Name: San Bernardino County (CA-609)
Address: 385 N. Arrowhead Avenue, Third Floor
City: San Bernardino
State & Zip: CA, 92415

Expiration Date: 6/30/2025
Contact Person: Dena Fuentes
Contact Person Title: Deputy Executive Officer
E-mail: dena.fuentes@cdh.sbcounty.gov
Phone No.: 909-387-4355

HOMELESS HOUSING, ASSISTANCE AND PREVENTION FUNDING BREAKDOWN

AWARD	
Eligible Use Category per § HSC 50219(c)	Draw Amount
Rental Assistance and Rapid Rehousing	\$694,761.69
Operating Subsidies and Reserves	
Landlord Incentives	\$136,228.10
Outreach and Coordination (including employment)	\$631,592.15
Systems Support to Create Regional Partnerships	
Delivery of Permanent Housing	\$319,156.45
Prevention and Shelter Diversion to Permanent Housing	\$82,900.80
New Navigation Centers and Emergency Shelters	\$991,446.30
Strategic Homelessness Planning, Infrastructure Development, CES, and HMIS (up to 5%)	
Administrative (up to 7%)	\$214,974.18
TOTAL:	\$3,071,059.67

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: