

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 ROUND 2 FUNDING REQUEST FOR FUNDS FORM

Contract Number: 21-HHAP-00040
Invoice Number: 21-HHAP-00040
Grantee Name: San Bernardino County
Attention to: Dawn Jones
Address: 215 North D Street, Suite 301
City/State/Zip: San Bernardino, CA 92415-0044

Expiration Date: 6/30/2026
Contact Person: Dawn Jones
Contact Person Title: Administrative Supervisor
E-mail: dawn.jones@hss.sbcounty.gov
Phone No.: 909-501-0612

HOMELESS HOUSING, ASSISTANCE AND PREVENTION FUNDING BREAKDOWN

AWARD	
Eligible Use Category per § HSC 50220.5(d)	Draw Amount
Rapid rehousing, including rental subsidies and incentives to landlords, such as security deposits and holding fees	\$50,000.00
Operating subsidies and reserves in new and existing affordable or supportive housing units, emergency shelters, and navigation centers	\$1,105,531.25
Street outreach to assist persons experiencing homelessness to access permanent housing and services	\$0.00
Services coordination, which may include access to workforce, education, and training programs, or other services needed to promote housing stability in supportive housing	\$0.00
Systems support for activities necessary to create regional partnerships and maintain a homeless services and housing delivery system	\$0.00
Delivery of permanent housing and innovative housing solutions, such as hotel and motel conversions	\$0.00
Prevention and shelter diversion to permanent housing, including rental subsidies	\$54,050.00
New navigation centers and emergency shelters based on demonstrated need	\$0.00
Strategic homelessness planning and infrastructure development to support CES and HMIS (up to 5%)	\$0.00
Administrative costs to administer the program allocation (up to 7%)	\$91,043.75
TOTAL:	\$1,300,625.00

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 Representative or Signatory

Signature of Authorized Representative or Signatory

Date:

BCSH USE ONLY

Grant Management Representative Signature

Date:

Grant Management Representative Name

Victor Duron