**CITIES AND COUNCILS OF GOVERNMENTS INTERIM HOUSING (IH) SERVICES FUND**

**APPLICATION TEMPLATE**

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| 1. **PROPOSAL CONTACT INFORMATION (Administrative Entity)** | | |
| Name of the City or COG |  | |
| Address |  | |
| Website |  | |
| Principal Point of Contact | Name | Title |
|  |  |
| Email Address | Telephone Number |
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| My organization is proposing as | | |
| A single entity  A joint venture or consortium. If the latter, list the partners involved in this proposal. | | |

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| 1. **LANDSCAPE ANALYSIS OF NEEDS, DEMOGRAPHICS AND RESOURCES** | | |
| **2020** [**Point in Time Count**](https://www.lahsa.org/homeless-count/) **of People Experiencing Homelessness (PEH) in the Proposer’s Jurisdiction and Service Planning Area (SPA)** | | |
|  | In the Proposer’s Jurisdiction | In [SPA](http://publichealth.lacounty.gov/ha/images/GIS_MAPS/SPACitiesCommunities2011.pdf) that the Proposer’s Jurisdiction is Located In (1-8). Leave blank if you don’t have SPA-based information. |
| Total Number of PEH |  |  |
| # of PEH Who are Unsheltered |  |  |
| Demographic information of PEH, including but not limited to (as available):   * Race / ethnicity * Gender identity * Age * LGBTQIA+ |  |  |
| # of *Existing* IH Beds/Units |  |  |
| IH vacancy rate in the summer and winter months |  |  |
| Percentage of exits from emergency shelters to permanent housing solutions |  |  |
| # of *Planned* IH Beds/Units |  |  |
| # of *Existing* Permanent Housing Units (i.e. Housing, Rapid Rehousing, etc.) |  |  |
| # of *Existing* Permanent *Supportive* Housing Units (Project-based and scattered sites) |  |  |
| # of *Planned* Permanent Housing Units (i.e. Rapid Rehousing) |  |  |
| # of *Planned* Permanent Supportive Housing Units (Project-based and scattered sites) |  |  |
| Applying jurisdiction(s) has a Public Housing Authority. (Yes/No) |  |  |
| Applying jurisdiction(s) has received Emergency Housing Vouchers. If yes, list the number of EHVs. (Yes/No) |  |  |

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| 1. **PROPOSAL FOR INTERIM HOUSING (IH)** | | | |
| Project Name |  | | |
| Project Address |  | | |
| Target Service Area | Targeted region(s) the proposed project will serve. | | |
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| Type of IH | Congregate, Non-Congregate such as Tiny Home/Pallet Shelter. If other, please state. | | |
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| Project Status | Newly constructed IH site  Remodeled existing property to serve as IH  Expansion in existing IH project to add more IH beds  Existing site without expansion  Other: Please explain. | | |
| Project Duration | Project Start Date | **Project End Date** | |
|  |  | |
| Project Beds/Units (#) | Total # of Beds/Units in the Project | Total # of Beds/Units requested for funding | |
|  |  | |
| Project Budget | Total Project Budget ($) | Funding Request ($) | Bed/Unit Rate ($) |
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| If the total project budget exceeds the funding request, list other funding sources, amounts and duration. | | |
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| **Site Operator** | If the applicant is not operating the proposed project, describe how the proposer will retain a sub-contractor to operate the proposed IH. Include how the proposer will ensure equitable access to the subcontracting opportunity(ies), particularly for smaller-scale contractors and/or contractors located in the targeted service area. If there is an executed contract with the service provider, please include a copy of the contract with your application submission. |
| **Target Population to be served** | Describe the target population to be served by the IH site. Include demographic details, including but not limited to race / ethnicity, gender, age, and LGBTQIA+. Please also detail any population you are serving that might be disproportionately affected by homelessness. |
| **Project Description** | At the minimum, this section needs to include:   1. Demonstrated need 2. Project Intent/envisioned outcomes 3. Proposed uses of funds requested including how it complements other existing or future fundng 4. Equitably closing the gaps for demographic subpopulations that are underserved 5. Evidence of connection with the local homeless Coordinated Entry System including utilization of Homeless Management Information System 6. A demonstration of how the jurisdiction has coordinated, and will continue to coordinate, with other jurisdictions 7. A demonstration of the applicant partners with, or plans to use funding to increase partnership with local health, behavioral health, social services, and justice entities located within the target service area(s) and with people with lived experiences of homelessness. |
| **Equity** | Describe specific actions the proposed project will take to ensure racial, gender and other forms of equity in service delivery and housing placements, changes to procurement, or other means of advancing equitable access to housing and services for racial /ethnic groups overrepresented among residents experiencing homelessness . |
| **Pathway to Permanent Housing** | 1. Describe how the proposed project will directly link clients to permanent housing exits, i.e., demonstrate a direct pathway to permanent housing via efforts such as rapid re-housing, matching Housing Choice Vouchers/Emergency Housing Voucher clients to scattered site housing, master leasing, etc. 2. If the proposed project is a part of expanding the permanent housing capacity, please describe. i.e., collaborating with LAHSA and Department of Health Services to secure new scattered permanent housing units or master leasing by engaging multi-unit property owners in their local jurisdictions. |

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| 1. **WORKPLAN FOR THE PROPOSED PROJECT**   Provide a work plan with detailed specific tasks, deliverables and target timeline. Add more tables and rows as needed. | | |
|  | **Activity (who, what, and target deliverable)**  *Examples are provided below.* | **Target Timeline** |
| *1.2* | *City to execute a sub-contract with the interim housing Operator* | *MM/YYYY* |
| *1.3* | *Engage clients and create a bynames list* | *MM/YYYY* |
| *1.4* | *Begin interim housing operation* | *MM/YYYY* |
| *1.5* | *Develop a standardized training curriculum and ensure staff are trained on Coordinated Entry System intakes, HMIS, and how to assess clients and make effective referrals to mainstream services including, but not limited to, General Relief, CalFresh, Medi-Cal, mental health and substance use disorder services.* | *MM/YYYY* |
| *1.6* | *Achieve an 95% occupancy* | *Quarterly* |
| *1.7* | *Serve at least # of unduplicated clients* | *Quarterly* |
| *1.8* | *Achieve at least 40% unduplicated clients’ exits to permanent housing* | *Contract term* |
| *2.1* | *Establish a partnership with LAHSA and Dept. of Health Services in securing new permanent housing for IH clients to transition to.* | *MM/YYYY* |
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| 1. **KEY STAKEHOLDERS AND PARTNERS**   List and describe key stakeholders and partners, starting with the proposing agency, involved in supporting implementation of the proposed project. Include their specific roles and financial and in-kind contribution, if applicable, with funding amounts. Add more rows as needed. | | |
| **Agency** | **Role** | **Contribution** |
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| 1. **ADDITIONAL COMMENTS**   If there is anything else that you would like to share about the project, please include here. |
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