

**Attachment 1: Request for Funds Application and Questionnaire
Homeless Housing, Assistance and Prevention Program- Round 1**

Legal Name of Applicant Organization:			
Contact Name:	Phone:	Fax:	Email:
Agency DUNS Number	County:	Agency Tax ID Number:	
1. Intent to Apply for Funds: <input type="checkbox"/> We intend to apply for the following project(s) (please name separately): HHAP Round 1			
Eligible Use Category: (Minimum 8% Youth Set-Aside - Required)	Amount Requested:	Proposed Number of Persons assisted	For Office Use Only:
Rental Assistance and Rapid Rehousing			
Youth Set-Aside			
Landlord Incentives			
Youth Set-Aside			
Operating Subsidies and Reserves			
Youth Set-Aside			
Outreach and Coordination (including employment)			
Youth Set-Aside			
System Support to Create Regional Partnerships			
Youth Set-Aside			
Delivery of permanent housing			
Youth Set-Aside			
Prevention and Shelter Diversion to Permanent Housing			
Youth Set-Aside			
New navigation centers and emergency shelters			
Youth Set-Aside			
Total Funding Requested (excluding Youth Set Aside)			
Youth Set-Aside (8% Required)			
Total Funding Requested (including Youth Set Aside)			

1. **Scope of Services:** Provide an overview of your organization and your capacity to deliver the project.

2. **Proposed Project:** Provide an overview of the proposed program activities, the target population, and the gaps the project will address.

3. **Funding Plans:** Explain in detail how your organization plans to use the full amount of HHAP funds requested (including youth set-aside) and how it will complement existing funds.

4. HHAP is one-time grant to support regional coordination and expand and develop local capacity to address immediate homelessness challenges. Please explain how your projects are in line with the intent of the funding.

Select check boxes below to certify that if selected for funding, the agency is willing to comply with:

- Homeless Manage Information System (HMIS) data requirements
- Compliance with grant terms and conditions as indicated in the Notice of Funding Availability, found here:
https://www.bcsd.ca.gov/hcfc/documents/hhap_nofa.pdf
- Enter into a contract with the County of Glenn CAD, example found here:
https://www.countyofglenn.net/sites/default/files/County_Counsel/Independent%20contractor%20template%20v012920.pdf
- Comply with required monitoring per state or federal law, including but not limited to Chapter 6 of the Health and Safety Code, which can be viewed here:
https://leginfo.ca.gov/faces/codes_displayText.xhtml?lawCode=HSC&division=31.&title=&part=1.&chapter=6.&article=

Authorized Representative
Printed Name

Authorized Representative Signature

Date

Title

For Lead Agency Use Only:	Received by Deadline	Yes / No	Project Funded	Yes / No
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