



**Sonoma County Continuum of Care**

Lead Agency: Sonoma County Department of Health Services/Homelessness Services Division  
1450 Neotomas, Suite 115, Santa Rosa, CA 95405

**FUNDING APPLICATION  
FY 2023-2024 HOMELESS SERVICES  
Application Cover Sheet**

**Organization Contact Information**

|  |    |
|--|----|
| <b>Legal Name of Organization</b>                    |    |
| <b>Project Name</b>                                  |    |
| <b>Project Alternate Name</b>                        |    |
| <b>Amount of Funding Requested</b>                   | \$ |
| <b>Primary Physical Location of Activities</b>       |    |
| <b>Organization Mailing Address, City State, Zip</b> |    |
| <b>Main Telephone Number</b>                         |    |
| <b>Organization Web URL</b>                          |    |
| <b>Agency DUNS Number</b>                            |    |

**Executive Director or CEO Contact Information**

|              |  |
|--------------|--|
| <b>Name</b>  |  |
| <b>Title</b> |  |
| <b>Email</b> |  |
| <b>Phone</b> |  |

**Contract Manager (or another secondary contact)**

|              |  |
|--------------|--|
| <b>Name</b>  |  |
| <b>Title</b> |  |
| <b>Email</b> |  |
| <b>Phone</b> |  |

**By my signature, I certify that the information provided in this FY 2023-2024 Homeless Services Funding application is correct, accurate, and complete.**

\_\_\_\_\_  
Executive Director/CEO Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**DHS Receipt Use Only**

Received By: \_\_\_\_\_

Ref: \_\_\_\_\_

**Organization & Project Title**

|                                 |  |
|---------------------------------|--|
| <b>Organization name:</b>       |  |
| <b>Project name:</b>            |  |
| <b>New or Returning Project</b> |  |

**Funding Amount Requested**

|   |    |
|---|----|
| <b>Amount of Funding requested for FY 2023-2024</b>                                     | \$ |
| <b>Total project budget as calculated on the Project Budget Excel sheet in cell F3.</b> | \$ |

**APPLICATION CHECKLIST:**

**Applicants should ensure the following:**

- The applicant has reviewed FY 2023-2024 Strategic Plan.
- The applicant has attended Technical Assistance Sessions:
- The applicant has reviewed the application guidelines.
- This Funding Request is at least the minimum amount of \$30,000.
- The Project Budget Workbook is completed and attached.

**Applicants must submit the following for an application to be considered submitted complete:**

- Application Cover Sheet
- Application form completed
- 501(c)(3) determination letter (applications for status not accepted)
- Most recent Single Audit, or Financials for the past two-year period.
- Board of Directors roster
- Non-Discrimination Policy
- Limited English Proficiency (LEP) policy

**PART I**  
**Executive Summary and Project Description**

**P1 - Section 1: Project Type Described in this Application**

This application requests funding for **one** of the following eligible activities:

- Rapid Re-housing**
- Non-Congregate Shelter**
- Emergency Shelter / Navigation Center**
- Permanent Supportive Housing**
- Street Outreach (Including Safe Parking focused projects)**
- Homelessness Prevention**

The project **does not** fall into one of the categories stated above

- Other (State General Project Focus):** \_\_\_\_\_

**P1 - Section 2: Alignment with Strategic Plan**

Check the boxes which your proposed project will address through the project type selected:

**Goal 1: More Housing and Prevention**

- Strategy 1.1: Preserve Housing for Those at Risk of Homelessness by Investing in Prevention and Problem-Solving Interventions
- Strategy 1.2: Enhance and Invest in Non-Congregate Interim Housing Options
- Strategy 1.3: Develop Sustainable Permanent & Permanent Supportive Housing Solutions
- Strategy 1.4: Support Efforts to Increase the Region's Supply of Affordable Housing

**Goal 2: Stronger Supportive Services**

- Strategy 2.1: Standardize Minimum Compensation, Training, and Wellness Practices for Housing and Supportive Service Providers
- Strategy 2.2: Significantly Expand Mental and Physical Healthcare Services for Individuals Experiencing Homelessness, Including Those Living in Supportive Housing
- Strategy 2.3 Improve Services Dedicated to the Unique Needs of Specific Populations
- Strategy 2.4 Coordinate Cross Sectors of Healthcare, Behavioral Health, and Homeless Response
- Strategy 2.5: Develop, Expand, and Coordinate Interventions to Support Those Living on the Street in Encampments
- Strategy 2.6 Create Meaningful Pathways to Economic Self-Sufficiency

**Goal 3: Operate as One Coordinated System**

- Strategy 3.1: Develop a Countywide Coordinated Funding Process to Use Available Resources Efficiently and Effectively to Drive Local Priorities and Ensure Accountability
- Strategy 3.2: Prioritize Funding to Entities that Align with Local Priorities to Promote Equity, Center the Voices of People with Lived Experience, and Utilize Evidence-Based Practices
- Strategy 3.3: Improve Systemwide and Project Level Data Collection, Performance, Reporting, and Transparency
- Strategy 3.4: Ensure the Voices of Individuals with Lived Experience of Homelessness are Consistently Incorporated into Planning and Evaluating the Homeless System of Care

**P1 - Section 3 – Statements of Alignment with Strategic Plan Goals**

For each box checked above for each Goal, please state in general how the proposed project will address each (*75 words per Goal*):

- **P1 – Section 3 – Goal 1: More Housing and Prevention:**  
(*Please limit your response to no more than 75 words*)

|  |
|--|
|  |
|--|

- **P1 – Section 3 – Goal 2: Stronger Supportive Services**  
(*Please limit your response to no more than 75 words*)

|  |
|--|
|  |
|--|

- **Goal 3: Operate as One Coordinated System**
- **P1 – Section 3 – Goal 3: Operate as One Coordinated System**  
(*Please limit your response to no more than 75 words*)

|  |
|--|
|  |
|--|

**P1 - Section 4 - Executive Summary**

*Provide an overview of the project which covers the following areas: the community need, the target population, the core services delivered, the types of services participants receive, the average length of time participants will receive services, and how long the project has been in operation. **Please limit your response to no more than 250 words.***

**PART II**  
**SUMMARY PROJECT INFORMATION**

**P2 – Section 1 – System Performance Measures**

|  |  |
|--|--|
| <i>Identify the System Performance Measures that the proposed project will primarily impact. (Choose all that apply)</i> |  |
| <input type="checkbox"/>   | Housing Placements ( <i>Permanent Supportive Housing; Rapid Re-Housing, Emergency Shelter and Non-Congregate Shelter</i> ) |
| <input type="checkbox"/>   | Reducing length of time homeless ( <i>All Projects</i> )   |
| <input type="checkbox"/>   | Retention of Permanent Housing ( <i>Permanent Supportive Housing and Rapid Rehousing</i> )                                 |
| <input type="checkbox"/>   | Increase in clients' earned and non-earned income ( <i>All Projects</i> )  |
| <input type="checkbox"/>   | Reduce participant returns to homelessness ( <i>All Projects</i> )   |

**P2 – Section 2 - Project Subpopulation**

|  |                                 |                          |   |                          |                 |
|--|---------------------------------|--------------------------|---|--------------------------|-----------------|
| <i>Check <b>THREE</b> subpopulations that the proposed project will directly serve - .</i> |                                 |                          |   |                          |                 |
| <input type="checkbox"/>   | Homeless Adults                 | <input type="checkbox"/> | Chronically Homeless                          | <input type="checkbox"/> | Veterans        |
| <input type="checkbox"/>   | Transitional Aged Youth (12-17) | <input type="checkbox"/> | Developmental Disability                      | <input type="checkbox"/> | Seniors/Elderly |
| <input type="checkbox"/>   | Substance Abuse Disabilities    | <input type="checkbox"/> | Victims of Domestic Violence / Sexual Assault |                          |                 |
| <input type="checkbox"/>   | Mental Health Disabilities      | <input type="checkbox"/> | Other Subpopulation: _____                    |                          |                 |

**P2 – Section 3 - Supplemental Project Services Provided**

|  |   |                          |                                    |                          |                    |
|--|---|--------------------------|------------------------------------|--------------------------|--------------------|
| <i>(Check up to <b>three secondary</b> services provided directly by your staff to participants)</i> |   |                          |                                    |                          |                    |
| <input type="checkbox"/>   | Individual or Family Counseling         | <input type="checkbox"/> | Housing Location                   | <input type="checkbox"/> | Financial Literacy |
| <input type="checkbox"/>   | Domestic Violence Intervention          | <input type="checkbox"/> | Street Outreach                    | <input type="checkbox"/> | Tenancy Education  |
| <input type="checkbox"/>   | Short- to Medium-Term Rental Assistance | <input type="checkbox"/> | Housing-Focused Case Management    |                          |                    |
| <input type="checkbox"/>   | Drug/Alcohol Treatment Services         | <input type="checkbox"/> | Mental Health Services & Treatment |                          |                    |
| <input type="checkbox"/>   | Case Management                         | <input type="checkbox"/> | Other Services Not Listed          |                          |                    |

**P2 – Section 3- List the estimated percentage of the target population served in each of the local income categories below:**

|                      |  |                               |
|----------------------|--|-------------------------------|
| <b>Extremely Low</b> |  | <b>(Below 30% AMI)</b>        |
| <b>Very Low</b>      |  | <b>(Between 31% -50% AMI)</b> |
| <b>Low</b>           |  | <b>(Between 51% -80% AMI)</b> |
| <b>Moderate</b>      |  | <b>(Over 80% AMI)</b>         |

**P2 – Section 4 – State strategies this project will use to help participants increase their monthly income. Please limit your response to no more than 75 words.**

**PART 3**

**Alignment with Sonoma County Initiatives**

**Q3a - Sonoma County Upstream Investment Initiative:**

|   |  |
|---|--|
| <p>1 – Do services offered in this project directly utilize evidence-based practices (EBPs) represented in the Upstream Portfolio?</p>  | <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>   |
| <p>2 – Does <b>the proposed project</b> directly utilize any EBPs included in the Upstream Investment portfolio?</p> <p>2a – If yes, in which Tier does the EBP utilized directly in the proposed project fall.</p> | <p><input type="checkbox"/> Yes – Please check the Tier on which your EBP is listed</p> <p><input type="checkbox"/> Tier 1 – Evidence Based Practice<br/> <input type="checkbox"/> Tier 2 – Promising Practice<br/> <input type="checkbox"/> Tier 3 – Emerging Practice</p> <p><input type="checkbox"/> No</p> |
| <p>3 – If you are directly using an EBP in this project please enter the name of the strategy:</p>  |  |
| <p>4- Are you participating in the Housing First / Housing First process? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>   |  |
| <p>5 - Describe your strategy to ensure that staff are trained and are using the EBP to closely follow the model as intended.</p>   |  |

**Q4a – Lived Experience:**

|  |  |
|--|--|
| <p>1 – Please describe how your proposed project or program included the voices and perspectives of persons with lived experience in homelessness in program or project development?</p> |  |
|--|--|



|   |  |
|---|--|
| <p>2 – Briefly describe how the project will continue to include lived experience perspectives during project operation?</p>  |  |
| <p>3- Please describe if (and if so, how) your proposed project or program reduces current Sonoma County disparities in housing and care outcomes for persons who are Black, indigenous, or persons of color (BIPOC).</p> |  |
| <p>4- Please describe how you consulted with BIPOC organizations or individuals as you developed this project or program</p>  |  |
| <p>4a - How did that interaction shape program development, if at all?</p>  |  |



**PART 5**  
**PROJECT FINANCING AND BUDGET**

**Q5a - Funding Status**

|  |   |
|--|---|
| Is this application for New or Renewal Funding?  | <input type="checkbox"/> New <input type="checkbox"/> Renewal |
| Has this project been previously funded by the Continuum of Care?  | <input type="checkbox"/> Yes <input type="checkbox"/> No      |
| If this project received funding under a different name, please state the name of the program.<br>(If "No" = NA) |   |
| What percentage of your project budget does your request make up?  | %   |
| Requested funding will not supplant existing funding for the project   | <input type="checkbox"/> Yes <input type="checkbox"/> No      |

**Q5b -Funding History**

|                   | <i>FY 2019-20</i> | <i>FY 2020-21</i> | <i>FY 2021-22</i> | <i>Current Request<br/>for FY 2023-2024</i> |
|-------------------|-------------------|-------------------|-------------------|---|
| <b>Requested:</b> | \$                | \$                | \$                | \$  |
| <b>Awarded:</b>   | \$                | \$                | \$                |   |

**Q5c - Application Budget Overview**

|  |    |
|--|----|
| Total Organization Budget:   | \$ |
| Total Project Budget:  | \$ |
| The request represents this percentage of the project budget:  | %  |
| Please other funding sources leveraged to support your proposed project and approximate percentage of the total project budget that these represent.                     |    |
| Describe the aspects of the project design that are scalable. Indicate how many fewer participants will receive services if the award is less than the amount requested. |    |
| What is your organization's plan for the long-term financial sustainability of this project?   |    |