



1. New vs. Renewal

a. Application Funding Background:

In the following section, please choose one project category:

New Project Proposals

(This proposed project is NEW and has not previously been funded through the annual Sonoma County Homeless Coalition (SCHC) NOFA, Sonoma County Department of Health, or the Sonoma County Community Development Commission, and has NOT otherwise operated as a service)

The applicant organization has not operated this project prior to this application submission.

New to the SCHC annual NOFA competition

(The proposed project is currently in operation but has not previously been funded through the annual Sonoma County Homeless Coalition (SCHC)NOFA, the Sonoma County Department of Health, or the Sonoma County Community Development Commission.)

This project has been in operation prior to this submission.

1. **The date this project began operating:** _____

2. **The location of services:** _____

3. **List the primary funding sources supporting this project previously:**

Name of Source	Annual Allocation
• _____	\$ _____
• _____	\$ _____

Funded in Fiscal Year 2023-2024

(This project was funded through the Continuum of Care NOFA in Fiscal Year 2023-24)

1. **List the amount of the Fiscal Year 2023-2024 SCHC Allocation:**

• \$ _____

b. Project Readiness:

If funded, this project is prepared to begin services and hiring of staff on July 1, 2024, for both new and renewing projects.

If necessary, this project will have site control for the proposed project to begin operations as of July 1, 2024, for both new and renewing projects.

1. **Please enter the proposed project’s site location if applicable:**

• _____



**Sonoma County Continuum of Care
Fiscal Year 2024-2025 Local Homelessness Services Project Application**

c. Fidelity to the Project Model:

- If funded, the Applicant, by checking this box, agrees to operate the proposed project with fidelity to the project model defined in 24 CFR 576.1-501 or per the COC Interim Rule for Permanent Supportive Housing projects, and in alignment with the Sonoma County Homeless Coalition’s program standards.

<https://www.govinfo.gov/content/pkg/CFR-2018-title24-vol3/xml/CFR-2018-title24-vol3-part576.xml#seqnum576.104>

<https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/>

d. Project Type

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

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

If the project is not in the stated categories, please state the general project focus:

- Other Homelessness Services Project (State General Project Focus):

For Other Homelessness Services Projects, please *briefly* describe the proposed modality used in your project:

2. Funding Priorities

a. The proposed project targets chronically homeless individuals

- Yes
- No, the project type applied for does not require chronic homeless status for entry.

b. For Permanent Supportive Housing project applications only:



**Sonoma County Continuum of Care
Fiscal Year 2024-2025 Local Homelessness Services Project Application**

- This project application is for housing services only.
- This project application is for capital improvements or construction.
- This project application is for services and capital improvements or construction.

c. Does this project increase supportive services for an existing project?

- Yes, this project application will increase supportive services for an existing project.

In the space below, please broadly describe what aspects of services will be increased:

d. Focus on increasing staff retention?

In the space below, please broadly describe what strategies will support increased staff retention:

e. Case Management/Services Ratio:



**Sonoma County Continuum of Care
Fiscal Year 2024-2025 Local Homelessness Services Project Application**

Please acknowledge the anticipated case management to client ratio for the project type being applied for:

- 20:1 - Permanent Supportive Housing
- 30:1 - Rapid Re-housing
- 30:1 – Emergency Shelter / NCS Site
- Other- Please describe: _____

f. Subregional Street Outreach

If applying for a Street Outreach project, please indicate what subregion of Sonoma County your project will focus upon.

- North County (Windsor to Cloverdale)
- Central County (Santa Rosa)
- Eastern County (Kenwood, Glen Ellen, Sonoma Springs, City of Sonoma)
- Southern County (Rohnert Park, Cotati, Penngrove Petaluma)
- West County (Sebastopol, lower Russian River Communities, Sonoma Coast)

g. Use of Housing Choice or Project Based Vouchers

• **Rapid Re-housing Applicants Only**

- This Rapid Re-housing application is for a tenant-based project (per California ICH regulations)
- This Rapid Re-housing application is for project-based RRH

Does the proposed Rapid Re-housing project target any of the following specific populations:

- Transitional-aged youth,
- Veterans
- Families
- Victims of domestic violence
- Justice-involved individuals)

• **Permanent Supportive Housing Applicants Only**

- This proposed **Permanent Supportive Housing** project will be able to utilize Housing Choice Vouchers/Project Based Vouchers.
- This proposed **Permanent Supportive Housing** project will be a project-based Permanent Supportive Housing Project.
- This proposed **Permanent Supportive Housing** project will be a tenant-based Permanent Supportive Housing Project.

Does the proposed Permanent Supportive Housing project target any of the following specific populations:



**Sonoma County Continuum of Care
Fiscal Year 2024-2025 Local Homelessness Services Project Application**

- transitional-aged youth,
- Veterans
- Families
- Victims of domestic violence
- Justice-involved individuals)

h. Evidence Based and Promising Practices:

- The proposed project will utilize an Evidence-Based, or Promising Practice in service delivery of the project described in this application.

If you checked the box above, please list the Evidence Based or Promising Practice used directly in the proposed project:

- _____
- _____
- _____
- _____

Please state the number of staff who are trained in the Evidence-Based, or Promising Practice who will be working directly with service recipients in the proposed project:

- _____

Please state how your organization will ensure that staff are trained in the Evidence-Based, or Promising Practice strategies to utilize these practices to fidelity.