



1. New vs. Renewal

a.	• •	ion Funding Background: following section, please choose one proje	ect category:		
		New Project Proposals	occurrence of the control of the con		
	_	(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 <u>NOT</u> otherwise operated as a service)			
		The applicant organization has application submission.	not operated <u>this</u> project prior to this		
		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 oper	ation prior to this submission.		
		1. The date this project began operat	ing:		
		2. The location of services:			
		3. List the primary funding sources supporting this project previously:			
		Name of Source	Annual Allocation		
		•	<u> </u>		
		•	<u> </u>		
		Funded in Fiscal Year 2023-2024			
		(This project was funded through the Continu	uum 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 be operations as of July 1, 2024, for both new and renewing projects.			
		1. Please enter the proposed project's	s site location if applicable:		
		•			



2.

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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:				
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:



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	☐ 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:
ď.	Focus on increasing staff retention?
d.	Focus on increasing staff retention? In the space below, please broadly describe what strategies will support increased staff
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e. Case Management/Services Ratio:

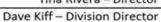


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		ise acknov ig applied	vledge the anticipated case management to client ratio for the project type for:	
20:1 - Permanent Supportive Housing				
30:1 - Rapid Re-housing				
		30:1 – E	mergency Shelter / NCS Site	
		Other- P	lease describe:	
f.	If a _l	pplying for	treet Outreach r a Street Outreach project, please indicate what subregion of Sonoma project will focus upon.	
		North Co	ounty (Windsor to Cloverdale)	
		Central C	County (Santa Rosa)	
		Eastern (County (Kenwood, Glen Ellen, Sonoma Springs, City of Sonoma)	
		Southern	County (Rohnert Park, Cotati, Penngrove Petaluma)	
		West Co	unty (Sebastopol, lower Russian River Communities, Sonoma Coast)	
g.	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 to	he proposed Rapid Re-housing project target any of the following specific tions:	
			Transitional-aged youth,	
			Veterans	
			Families	
			Victims of domestic violence	
			Justice-involved individuals)	
	•	Permane	nt Supportive Housing Applicants Only	
			This proposed <u>Permanent Supportive Housing</u> project will be able to utilize Housing Choice Vouchers/Project Based Vouchers.	
			This proposed <u>Permanent Supportive Housing</u> project will be a project-based Permanent Supportive Housing Project.	
			This proposed <u>Permanent Supportive Housing</u> project will be a tenant-based Permanent Supportive Housing Project.	
		Does t	he proposed Permanent Supportive Housing project target any of the	

following specific populations:





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	transitional-aged youth,				
	☐ Veterans				
	Families				
	☐ Victims of domestic violence				
	Justice-involved individuals)				
n. Eviden	ice 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.					