



**2020-21 Notice of Funding Availability for  
CARES Act Funding, Round 1- Emergency  
Solutions Grant (ESG-CV1) for Homelessness  
Prevention Services through the Emergency Rental  
Assistance Program (ERAP) in Response to the  
COVID-19 Pandemic**

**CDH#2020-01 (ESGCV1)**

**County of San Bernardino  
Community Development and Housing Department  
385 N. Arrowhead Avenue  
San Bernardino, CA 92415**

**COUNTY OF SAN BERNARDINO, COMMUNITY DEVELOPMENT AND HOUSING  
DEPARTMENT NOTICE OF FUNDING AVAILABILITY (NOFA)  
2020-21 EMERGENCY SOLUTIONS GRANT FUNDING FOR HOMELESSNESS  
PREVENTION - EMERGENCY RENTAL ASSISTANCE PROGRAM (ERAP) IN  
RESPONSE THE COVID-19 PANDEMIC**

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The County of San Bernardino, Community Development and Housing has released a 2020-21 Notice of Funding Availability #CDH2020-01 (ESGCV1) for grant funds made available to address homeless assistance and prevention in response to the COVID-19 pandemic. The County is allocating **\$1,783,000** of ESG-CV1 funds under the ***Coronavirus Aid, Relief, and Economic Security Act (CARES Act)*** to provide homelessness prevention services under the Emergency Rental Assistance Program (ERAP), this amount is inclusive of direct financial assistance/services to clients, case management and HMIS data collection.

As directed by Congress, the ESG-CV funds are to be used to prevent, prepare for, and respond to the coronavirus pandemic (COVID19) among individuals and families who are homeless or receiving homeless assistance and to support additional homeless assistance and homelessness prevention activities to mitigate the impacts of COVID-19.

**PURPOSE**

The purpose of the ESG-CV ERAP Program is to assist families and individuals who have experienced financial hardship because of the global COVID-19 epidemic, by providing financial assistance to retain their current, permanent housing. Assistance provided through the ESG-CV ERAP program will only be provided to the extent necessary to help the program participant regain stability in their current housing or move into other permanent housing and achieve stability.

**PROGRAM**

The maximum financial assistance per program participant is \$4,800. The program will provide the following financial assistance categories:

- **Rental Assistance**
  - Rental arrears for unpaid rent
  - Rent payments for current or upcoming rent
- **Utility assistance**
  - Utility arrears and/or current payments
  - Utility reconnection fees/deposits for reestablishment of services

In addition to the financial assistance provided to program participants, the following services may be provided under Case Management to assist program participants with retaining housing stability: housing search and placement, landlord-tenant mediation, and tenant legal services.

## MINIMUM PROGRAM ELIGIBILITY

Program participant(s) must:

- Be current resident of the San Bernardino County.
- Meet specific categories within HUD’s Homelessness or At-Risk of Homelessness definition(s)(**See Exhibit D**).
- Have household income that does not exceed 50% Area Medium Income, as established by HUD, adjusted for household size, and updated annually (**See Table 1**):

**TABLE 1: FY 2020 Very Low (50%) Income Limits  
Riverside-San Bernardino- Ontario, CA MSA Area**

Number of Persons in Household	1	2	3	4	5	6	7	8
<b>FY 2020 Income Limits</b>	\$26,400	\$30,150	\$33,900	\$37,650	\$40,700	\$43,700	\$46,700	\$49,700

- Be the primary lease holder in a multifamily unit or single-family home within the county limits.
- Lack sufficient resources and/or support networks to obtain and retain permanent housing.
- Have verifiable and documented impacts due to COVID-19, including but not limited to:
  - Being sick with COVID-19 or caring for a household or family member who is sick with COVID-19.
  - Lay-off or loss of hours or business closure.
  - Compliance with government health authority recommendations to stay home, self-quarantine, or avoid congregating with others during the state of emergency.
  - Extraordinary out-of-pocket medical expenses.
  - Childcare needs.
- Be able to demonstrate proof of hardship that reflects in ability to pay rent or utilities (**See Table 2**).
- Reside in a housing unit that meet HUD’s Habitability Standards.
- Not have received assistance by another program for the same assistance.
- Provide required documentation (**See Table 3**).

## TABLE 2: PROOF OF HARDSHIP

Job/Wage Instability		Health-Related Issues		Other	
Unemployment/ Termination/Layoff	Income		Medical		Unexpected Expenses
	Hours Reduced	Wages Reduced	One-time Support	Temporary Condition	
Termination/Layoff Letter from employer	Employer Letter Stating change in hours	Employer Letter regarding wage reduction or notice of furlough	Estimate of treatment cost and hospital/or insurance bill	Receipt and discharge paperwork from hospital	Receipts of expenses incurred such as: Funeral, tow, car repair, divorce, etc.
Proof of unemployment application	Paystubs for last three pay cycles	Employer letter of current/future hours per pay period	Diagnosis paperwork (doctors note)	Doctor's note with release date for work	
Proof client has applied for benefits (Social Security, SSI, TANF, SNAP or Medicaid, etc.)		Unemployment letter/SSI benefits discontinued	FMLA paperwork, if applicable	FMLA paperwork, if applicable	

## TABLE 3: ACCEPTABLE DOCUMENTATION

**Before applying, please ensure to have the following documentation available.** If there is more than one adult person in the household, ensure to collect information for every adult household member

Category	Most common	Other common submissions	If you do not have anything...
<b>Personal Identification</b>	<ul style="list-style-type: none"> <li>Government-issued ID card or Driver's license</li> </ul>	<ul style="list-style-type: none"> <li>Passport</li> <li>Social security card</li> <li>Birth certificates</li> <li>Tax return that lists everyone</li> <li>Employment authorization document (EAD)</li> <li>Voter registration</li> <li>Matricula Consular</li> </ul>	<ul style="list-style-type: none"> <li>Please work with our service provider to determine available options.</li> </ul>
<b>Proof of Hardship</b>	<ul style="list-style-type: none"> <li>Notice of termination/unemployment or reduction in work hours/furlough</li> <li>Notice of past due rent/eviction</li> <li>Notice of past due utilities/shut-off notice</li> </ul>	<ul style="list-style-type: none"> <li>Check stubs that show a loss of pay or hours</li> </ul>	<ul style="list-style-type: none"> <li>Write a letter explaining your situation and sign it.</li> </ul>
<b>Proof of Income and Assets</b>	<ul style="list-style-type: none"> <li>Paycheck stubs</li> </ul>	<ul style="list-style-type: none"> <li>Bank Statements</li> <li>Award letter for Social Security, SSI, TANF, SNAP or Medicaid that shows your income</li> <li>Verification of Income</li> </ul>	<ul style="list-style-type: none"> <li>Please work with our service provider to determine available options.</li> </ul>
<b>Proof of Residency/Need for Assistance</b>	<ul style="list-style-type: none"> <li>Lease agreement</li> <li>Current utility bill</li> </ul>		<ul style="list-style-type: none"> <li>Please work with our service provider to determine available options.</li> </ul>

## 2020-21 ESG-CV1 PROGRAM APPLICATION

All responders for the 2020-21 ESG-CV1 ERAP Program must use the Application -Exhibit A located at <https://sbcountycdha.com/community-development-and-housing-department/nofas-notices-rfps/>. All forms necessary to apply are available online except for the documents required to be submitted by the applicant (e.g., bylaws, authorizations, back up information, etc.).

ALL completed applications MUST be emailed to [ESG@cdh.sbcounty.gov](mailto:ESG@cdh.sbcounty.gov) no later than 5:00 PM (PST) on Friday, August 14, 2020.

The County will only accept applications from 501 (c) (3) non-profit corporation and governmental agencies. Applications received after the deadline date and time, **will not be accepted**. Applicants submitting their applications by email will receive an electronic receipt at the time of submission.

**Please Note:** The applicant will be required to certify that the individual submitting the application has been authorized to submit on the behalf of the organization applying for ESG-CV and COVID-19 Emergency Homelessness funds. This certification MUST be accompanied by a minute order, resolution, or other official authorization to submit the application.

### Additional Information

Successful applicants will be required to submit additional insurance information (**Exhibit B - Insurance Inventory**) to the County with the application, as well as additional documentation, prior to the receipt of an award (See Application Checklist. This documentation may include evidence or documentation related to:

- Liability Insurance
- Workmen's Compensation Insurance
- Legible copy of current IRS letter indicating 501(c) (3) status
- Current Board roster, names, addresses, telephone numbers, and professions or organizations represented
- Organizational chart listing all staff names, positions, and job descriptions
- Include your agency shelter policy statement, sign-in sheet, and intake form
- Copies of Agreements, letters and/or MOUs for all off-site essential services provided
- Organization's most recent fiscal report
- Most current annual audit and most recent Single Audit in accordance with 2 CFR Part 200.500, if applicable, including any exceptions
- Incorporation Documents

### APPLICATION ELIGIBILITY INFORMATION

The County of San Bernardino, Community Development and Housing Department will only accept 2020-21 applications from the following organizations or entities with demonstrated experience administering ESG or similar homeless programs:

1. Non-Profit organizations subject to 26 U.S.C. 501 (c)(3) of the tax code; and
2. Governmental agencies including Cities and Special Districts that currently directly operate a homelessness assistance program or activities.

Individuals and For-Profit entities **cannot** apply for ESG-CV funding.

Non-profit organizations will be required to submit documentation as part of the 2020-21 Homeless Assistance and Homeless Prevention Program application pertaining to their incorporation, bylaws, tax-exempt status, organizational structure and demonstrated fiscal and organizational capacity to perform services, meet program guidelines and administer program.

## **APPLICATION REVIEW AND SCORING**

The County's Community Development and Housing Department will use an expedited evaluation scoring system for the ESG-CV1 ERAP applications appropriate for the current urgency and public health crisis resulting from the COVID19 pandemic. The scoring criteria (**Exhibit C- Project/Proposal Evaluation Scoring Criteria**) of the application will be used as the basis of selection. The applications will be reviewed and scored by a review committee. The County to the best of its ability, will ensure the evaluation of applications conducted by a multidisciplinary review committee, contingent upon participant availability. All applications will be considered, however, one (1) bonus point each will be given for each criteria 1-3 below:

- 1. Current and/or recent experience as a County of San Bernardino and/or CoC homeless services provider;**
- 2. A pre-existing homelessness prevention program providing the same or similar services;**
- 3. Demonstrated experience providing services using federal funding;**
- 4. Able to serve Countywide (all Districts) (See Exhibit D- Service Areas by District)**
5. The proposed uses of the ESG-CV funds reflect understanding of the need and ability to address the identified need; and,
- 6. The ability readily utilize and expend the 2020-21 ESG-CV1 ERAP Program funds tentatively by September 30, 2022; guidances are outstanding from HUD and my change upon the release of formal program guidelines for ESG-CV funding.**

## **AWARD INFORMATION**

The following funding sources are intended for costs necessary to prevent, prepare for, and respond to the coronavirus pandemic, it is expected that ESG-CV grant funds will be utilized quickly to respond to the need.

To better manage the program and the needs of the clients being served, the County's preference is to award a single contract to a single provider that has the capacity to serve: 1) the entire County and administer the program entirely in-house; or 2) possess the ability to subcontract with other eligible providers to serve the entire provide services County-wide. While that is the County's preference, it is not a mandate, single provider applications received that apply for the minimum grant amount will be considered.

**The minimum grant award is \$175,000, there is no maximum grant amount.** Awards less than \$200,000 will be processed administratively, awards in excess of \$200,000 will require approval by the Board. Please see Announcement and Notification of Awards section below for timeline.

All grant awards made by the County will be in the form of a grant and on a reimbursement basis. Subrecipients will be required to execute an approved Grant Subrecipient Agreement with the County including non-profit organizations and governmental entities.

Organizations that have previously applied for and/or received regular County ESG funding are eligible to apply, and there is no limit on the number of applications an organization can submit.

## **ANNOUNCEMENT AND NOTIFICATION OF AWARDS**

Dependent upon the timing of award, it is anticipated that the County will make funding recommendations as a ratified action to the Board of Supervisors for consideration at the **August 25, 2020** Board meeting. A preliminary award announcement will be made the week of August 17, 2020. The formal award announcements and award letters will be distributed shortly after, contingent upon approval by the Board of Supervisors.

Those applicants that have been approved for 2020-21 ESG-CV1 funding will be notified via email. The notification will clearly indicate the amount of the award, the effective date, and the expenditure deadlines. The notice will inform the successful applicants that a Subrecipient Agreement will be prepared and forwarded to them with further instructions.

**NOTE: The County reserves the right to consider any 2020-21 ESG-CV1 ERAP application for other funding that may become available at a later date.**

## **SPECIAL PROVISIONS FOR ESG-CV1 FUNDING PERTAINING TO THIS NOFA**

- There is no “matching” requirement for funds awarded.
- Individuals and families with incomes must not exceed HUD’s very low-income limit designation of 50% of Area Median Income (Table 1).
- ESG-CV funds may not be used to require persons experiencing homelessness to receive treatment or perform other prerequisite activities as a condition of receiving shelter, housing, or other services.
- The Fair Market Rent (FMR) limits have been waived until 9/30/2020, notification will be provided upon extension of waiver.

## **USES OF ESG-CV FUNDING**

The ESG-CV funds may be used to provide all services eligible under the standard ESG Program; however, this NOFA is specifically for financial assistance and services to be rendered under the Homelessness Prevention eligible activity. Funding will be used to assist County of San Bernardino residents referred or reverse-referred by the County’s Coordinated Entry System (CES). The prioritization of this ESG-CV1 funding is **Homelessness Prevention** to prevent families and individuals from becoming homeless. Applicants **MUST** utilize CES to obtain funding.

## **HUD HOMELESS DEFINITIONS FOR ELIGIBILITY DETERMINATIONS FOR ESG-CV1 ERAP PROGRAM**

Households or individuals receiving services and/or assistance via the ESG-CV 1 ERAP Program must meet HUD’s definition of at-risk of homelessness. The applicant and its proposed programs or services must serve individuals and families who are at-risk homeless as defined by HUD. Documentation demonstrating

eligibility and needed must be collected and maintained for each Program Participant. All federal documentation and recordkeeping requirements apply to ESG-CV1 funding and will be enforced by the County (**See Exhibit E**).

## **HOMELESS MANAGEMENT INFORMATION SYSTEM**

ESG-CV1 subrecipients must use the County's HMIS database or a comparable database if the subrecipient is a victim services or a legal services provider. Comparable database must be able to collect client-level data over time and generate unduplicated aggregate reports based on the data. In addition, record sharing is required. In addition to HMIS, providers must use CES to obtain a referral, or reverse-referral, for clients requiring homelessness prevention services.

## **ESG PROGRAM REGULATIONS**

The applicable regulations for the ESG program can be found at Subtitle B of Title IV of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11371-11378) and 24 CFR Part 576 (CFDA 14.231). For information about the ESG program, please visit <https://www.hudexchange.info/programs/esg/>.

## **COMPLIANCE WITH LAWS AND REGULATIONS**

A subrecipient of the County's ESG-CV and COVID-19 Emergency Homelessness funding shall comply with all applicable federal, state, and local laws, regulations, and ordinances pertinent to its operations and services to be performed hereunder, and shall keep in effect any and all licenses, permits, notices, and certificates as are required thereby. 2019-20 Homeless Assistance and Homeless Prevention Program subrecipients shall further comply with all laws applicable to a subrecipient of ESG-CV and COVID-19 Emergency Homelessness funds. A list of these regulations is available upon request.

## **DUN AND BRADSTREET DATA UNIVERSAL NUMBER SYSTEM (DUNS) AND SYSTEM FOR AWARD MANAGEMENT (SAM)**

Pursuant to Federal regulations, all applicants awarded ESG-CV grant funds must comply with the following requirements **prior to submitting** their application to the County:

1. Be registered in the System for Award Management (SAM) system;
2. Provide a valid DUNS number in the application; and
3. Must maintain an active SAM registration, with current information, at all times during the performance period of the ESG grant.

ESG grant awards will not be made to any organization or government entity that fails to comply with the SAM and DUNS requirements. If you do not already have a DUNS number, contact Dun and Bradstreet toll free at 1-866-705-5711. For more information, visit <https://www.sam.gov/portal/SAM/#1>

## **REPORTING REQUIREMENTS**

To ensure compliance with the ESG-CV and COVID-19 Emergency Homelessness program requirements, all subrecipients of 2020-21 ESG-CV1 ERAP Program funds will be required to comply with the applicable program reporting requirements. The type, amount, frequency, format (paper or electronic), and detail of the reporting requirements depends upon the specific use of the ESG-CV, CES and HMIS requirements. All specific reporting requirements will be stated in the Subrecipient Agreement.



## GENERAL QUESTIONS AND TECHNICAL ASSISTANCE

For information about the 2020-21 ESG-CV1 ERAP Program or application process, please contact the following:

Shaniqua Freeman, Deputy Director  
385 N. Arrowhead Avenue, 3<sup>rd</sup> Floor  
San Bernardino, CA 92415  
PH: (909) 387- 4327  
FAX: (909) 387-4415  
[ESG@cdh.sbcounty.gov](mailto:ESG@cdh.sbcounty.gov)

To view the full **Notice of Funding Availability and Application** for the 2020-21 ESG-CV1 ERAP Program, please visit <https://sbcountycdha.com/community-development-and-housing-department/nofas-notices-rfps/>.

All applications must be submitted by email to CHD at [ESG@cdh.sbcounty.gov](mailto:ESG@cdh.sbcounty.gov) by 5 p.m. on August 14, 2020. Staff will review applications the week of August 17, 2020. Funding recommendations will be presented to the Board of Supervisors on August 25, 2020.

ESG applications will **only** be accepted from 501 (c)(3) non-profit organizations and government entities.

**EXHIBIT A - APPLICATION**

**COUNTY OF SAN BERNARDINO  
DEPARTMENT OF COMMUNITY DEVELOPMENT AND HOUSING**

**2020-21 CARES ACT- EMERGENCY SOLUTIONS GRANT (ESG-CV1)  
EMERGENCY RENTAL ASSISTANCE PROGRAM (ERAP) APPLICATION**

**HOMELESSNESS PREVENTION SERVICES**

**PURPOSE**

The purpose of the ESG-CV ERAP Program is to assist families and individuals who have experienced financial hardship because of the global COVID-19 epidemic, by providing financial assistance to retain their current, permanent housing. Assistance provided through the ESG-CV ERAP program will only be provided to the extent necessary to help the program participant regain stability in their current housing or move into other permanent housing and achieve stability.

**PROGRAM**

The maximum financial assistance per program participant is \$4,800. The assistance may be used toward in combination of any of the following for COVID-19 related impacts. The program will provide the following financial assistance categories:

❖ **Rental Assistance**

- Rental arrears for unpaid rent
- Rent payments for current or upcoming rent

❖ **Utility assistance**

- Utility arrears and/or current payments
- Utility reconnection fees/deposits for reestablishment of services

In addition to the financial assistance provided to program participants, the following services may be provided under Case Management to assist program participants with retaining housing stability: housing search and placement, landlord-tenant mediation and tenant legal services.

Carefully read through the instructions and proposal forms. Answer all questions as specifically and completely as possible. If more space is needed, attach separate sheets.

**TYPE OR PRINT**

A. Applicant Information	
1	Name of Applicant Organization:
2	Mailing Address:
	City: State: Zip:
3	Contact Person:
4	Title:
5	Phone:

6	E-mail Address:
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B. Project Description	
Using 150 words or less, provide a concise description of the proposed program. <b>This 150-word description is required in order for this application to be considered complete.</b> Consider items addressed under the General Project Eligibility section of the Project Proposal Instructions. A detailed project description is also required to be provided on page 6.	

C. Project Characteristics	
1	Street address and nearest cross streets of the site or office where the program will be carried out:
2	Legal property owner:
3	Describe the geographic boundaries of the neighborhood, community, or area in which clients of the proposed program will be served (attach a map if needed):
4	The following services are provided by this applicant: (Please check all that apply.) <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Homeless Prevention/Rental Assistance <input type="checkbox"/> Motel Vouchers <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Case Management <input type="checkbox"/> Domestic Violence Services <input type="checkbox"/> Individual and Family Counseling <input type="checkbox"/> Employment Training and Services <input type="checkbox"/> Parent Education <input type="checkbox"/> Self-Sufficiency Skills Training <input type="checkbox"/> Referral Services <input type="checkbox"/> Other: (Please describe.):
5	Estimated unduplicated number of clients/persons projected to be served during the program administration:

D. Project Budget		
	ESG-CV1 ERAP Funding	Other Source(s); not required*
Financial Assistance	\$	\$
Case Management**	\$	\$
HMIS Staffing***	\$	\$
Other Costs (covered by other sources)	\$	\$
Total Costs	\$	\$
Grand Total (ESG + Other)	\$	

\*Match is not required, but demonstrates organization's overall capacity to provide services.  
 \*\* Case Management budget request may not exceed 20% of the total requested funding amount.  
 \*\*\* HMIS budget request may not exceed 10% of the total requested funding amount.  
 The final HMIS and Case Management budgets will be determined by the County upon application review and consideration.

**2020-21 ESG-CV1 ERAP PROGRAM GRANT APPLICATION**

**E. Amount of ESG Funds Requested**

<b>1</b>	Amount of ESG funds requested in this application (must equal Section D ESG-CV1 ERAP Program funding):
<b>2</b>	Additional funds to be provided by <u>other source(s)</u> for this project; this is NOT a requirement. The date that the <u>other source(s)</u> of funds have been or will be awarded and available, must be stated below:
	Source(s):
	Award Date: <span style="float: right;">Date Available:</span> \$
	Source(s):
	Award Date: <span style="float: right;">Date Available:</span> \$
	Source(s):
	Award Date: <span style="float: right;">Date Available:</span> \$
	Source(s):
	Award Date: <span style="float: right;">Date Available:</span> \$
	Source(s):
	Award Date: <span style="float: right;">Date Available:</span> \$
	Source(s):
	Award Date: <span style="float: right;">Date Available:</span> \$
	Total of Other Sources
	(Should equal "Total costs, Other Sources" in Section D Above) \$
<p><b>Please note:</b> If this project also benefits residents of non-participating jurisdictions, matching funds in proportion to the percentage of non-cooperating residents to be served must be provided by other funding sources.</p>	
<b>3</b>	Additional funds to be provided to this applicant by other COUNTY Departments for any type of service provided by applicant. The date that <u>other COUNTY Departments</u> funds have been or will be awarded and available, must be stated below:
	Source(s):
	Award Date: <span style="float: right;">Date Available:</span> \$
	Source(s):
	Award Date: <span style="float: right;">Date Available:</span> \$
	Source(s):
	Award Date: <span style="float: right;">Date Available:</span> \$
	Source(s):
	Award Date: <span style="float: right;">Date Available:</span> \$

**F. Homeless Management Information Systems (HMIS)**

<input type="checkbox"/> Currently participates in HMIS?
<input type="checkbox"/> Agrees to participate in the HMIS?



**2020-21 ESG-CV1 ERAP PROGRAM GRANT APPLICATION**

**DETAILED PROJECT DESCRIPTION**

Provide detailed information needed to fully describe the proposed service, its purpose and its beneficiaries. Please attach applicable maps, and brochures.

2020-21 ESG-CV1 ERAP PROGRAM GRANT APPLICATION

**DETAILED PROJECT DESCRIPTION**

(Continuation of Section B, Project Description, Page 1)

**Authorized Signature:** To the best of my knowledge, the information provided on this application is true and I am authorized to submit this application on behalf of the applicant agency. Also, I acknowledge that insurance coverage including, but not limited to, Comprehensive General Liability and Automobile Liability, and Professional Liability will be required before ESG funds can be made available to approved projects.

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_ **Date:** / / \_\_\_\_\_

PLEASE SUBMIT APPLICATION VIA EMAIL TO [ESG@cdh.sbcounty.gov](mailto:ESG@cdh.sbcounty.gov)

For assistance or information regarding the completion of this proposal please email: shanikqua.freeman@cdh.sbcounty.gov or call (909) 387-4327.

## 2020-21 ESG-CV1 ERAP PROGRAM GRANT APPLICATION

### Application Checklist

Community-based organizations are required to include one copy of the items listed below. The following information is required before any contract can be executed or reimbursement processed:

- Summary of agency's current year General Operating Budget
- List of Agency's Board of Directors, including names and addresses
- Proof of existing non-profit/tax-exempt status (Letters from the Federal Internal Revenue Service and State Franchise Tax Board)
- Current certificate of insurance and amounts covered
- Organizational Chart
- Minutes of last Board meeting

If your application is funded you will be required to provide a copy of your Organization's:

- Articles of Incorporation
- Corporate Bylaws
- Corporate Resolution
- most recent audit
- W-9, if applicable



EXHIBIT B- INSURANCE INVENTORY

**WORKERS' COMPENSATION/EMPLOYER'S LIABILITY INSURANCE**

Name of Program: \_\_\_\_\_

Effective Dates \_\_\_\_\_

Employer's Liability Limit \$ \_\_\_\_\_ Certificate of Insurance Attached:  Yes  No: On File w/CDH

**COMPREHENSIVE AND GENERAL AUTOMOBILE LIABILITY INSURANCE**

Name of CONTRACTOR(S) General Insurance Company \_\_\_\_\_

Limits of Liability \_\_\_\_\_ Effective Dates \_\_\_\_\_

Per Occurrence \$ \_\_\_\_\_ Additional Insured Endorsement Attached:  Yes  No: On File w/CDH

Name of CONTRACTOR(S) Automobile Liability Insurance Company \_\_\_\_\_

Limits of Liability \_\_\_\_\_

Per Person \$ \_\_\_\_\_ Per Accident \$ \_\_\_\_\_ Damage Liability \$ \_\_\_\_\_ Combined Single Limit

**ERRORS AND OMISSIONS LIABILITY INSURANCE**

Name of CONTRACTOR(S) Insurance Company \_\_\_\_\_

Limits of Liability \_\_\_\_\_ Effective Dates \_\_\_\_\_

Per Occurrence \$ \_\_\_\_\_ Additional Insured Endorsement Attached:  Yes  No: On File w/CDH

Annual Aggregate \$ \_\_\_\_\_ Certificate of Insurance Attached:  Yes  No: On File w/CDH

**PROFESSIONAL LIABILITY INSURANCE**

Name of CONTRACTOR(S) Insurance Company \_\_\_\_\_

Limits of Liability \_\_\_\_\_ Effective Dates \_\_\_\_\_

Per Occurrence \$ \_\_\_\_\_ Additional Insured Endorsement Attached:  Yes  No: On File w/CDH

Annual Aggregate \$ \_\_\_\_\_ Certificate of Insurance Attached:  Yes  No: On File w/CDH

**2020-21 ESG-CV1 ERAP PROGRAM GRANT APPLICATION**

<b>EXHIBIT C– PROJECT/PROGRAM PROPOSAL SCORING CRITERIA</b>	<b>Maximum Points</b>
<b>A. Project Need</b>	<b>25</b>
1. Target Population – Does the applicant describe how the proposed activity meets a high need in the community? Is data provided and used to explain the need for the activity? Are the needs of the population or subpopulation described including how they are accessed and how the challenges and barriers will be overcome? Is the applicant targeting any subpopulations? If so, is the subpopulation targeting consistent with Core Practices?	15
2. Geographic Area – Does the applicant clearly describe the location it will serve? Will the project provide services to the eligible non-entitlement area? Does the applicant describe outreach and access activities?	10
<b>B. Project Description</b>	<b>20</b>
1. Project Goals/Objectives/Activities – Does the applicant provide a complete description of the program? Does the applicant clearly define which eligible activities it will engage and how those activities will be carried out? Does the applicant have a clearly defined budget at the activity level?	10
2. Does applicant’s description clearly reflect an understanding of the program requirements, the needs of the population, and how to deliver services, effectively?	5
2. Does the project benefit persons experiencing homelessness or at risk of homelessness? Does the applicant clearly define performance goals? Are the goals measurable and achievable?	5
<b>C. Experience, Management and Staffing</b>	<b>35</b>
1. Agency/Program Experience – Does the applicant describe in detail the agency/program experience in developing, implementing and evaluating the proposed project or comparable project? Does the applicant provide methods and performance outcomes of participants for programs it currently administers?	10
2. Government Contracts – Does the applicant have any experience with government contracts for similar projects? Have there been any corrective actions and were they resolved? If none, does the applicant have other contracts for similar projects?	5
3. Does applicant have experience managing state and/or federal grants? Is the applicant a current or former County of San Bernardino provider? If so, were there or are there known performance challenges (i.e. adhering to regulations, meeting performance measures, expending funding, etc.)?	5
3. Collaboration- Is the applicant an active participant in the CoC? Does the applicant currently use CES to provide services?	5
4. Organizational/Staffing Chart – Did the applicant include an organizational/staffing chart? Does the chart illustrate organizational management, authority, and responsibility? Does the chart identify program staff (including title and FTE) and demonstrate operational capacity, the lines of accountability and reporting responsibility for the proposed project?	5
5. Position Descriptions – Does the applicant provide position descriptions for the proposed staffing of the project? Do the position descriptions reflect the proposed project? Does the applicant provide a résumé for the Executive Director/Chief Executive Officer and key staff? Does the résumés demonstrate capacity/experience to support the project?	5
<b>D. Fiscal Capacity-</b> Selected CONTRACTOR(S) must have the ability to “carry” reimbursement for a minimum of sixty (60) days.	<b>20</b>
1. Does the application possess fiscal capacity such as cashflow and liquidity to provide services on a reimbursement basis? Does the applicant manage other sources of funding and demonstrate an ability leverage resources to increase service delivery?	10
2. Audited Financials – Does the applicant provide last two (2) fiscal years’ Audited Financial Statements of the entire organization with the applicable notes, Independent Auditor’s Report on Compliance and Internal Control over Financial Reporting based on an Audit of the Financial Statements in Accordance with Government Accounting Standards and Independent Auditor’s Statement of Findings and Questioned costs?	5
3. ESG Cost Allocation Plan – Does the applicant provide a detailed cost allocation plan that clearly demonstrates how direct and indirect costs are shared between the project and other agency projects? Is it consistent with 2 CFR 200?	5
<b>E. Special Considerations – 1 Bonus Point Each</b>	<b>4</b>
<ul style="list-style-type: none"> <li>• Does applicant have current or recent experience as a County of San Bernardino and/or CoC homeless service provider?</li> <li>• Does Applicant have a pre-existing homelessness programs providing same or similar services?</li> <li>• Does Applicant have demonstrated experience providing services using state and/or federal funding?</li> <li>• Is Applicant able to provide services Countywide within all Districts?</li> </ul>	4
<b>F. Total Possible with Bonus Points</b>	<b>104</b>

**EXHIBIT- D**

**SERVICE AREAS BY DISTRICT**

**COMMUNITIES SERVED BY THE SAN BERNARDINO COUNTY BOARD OF SUPERVISORS**

Effective October 27, 2011

**FIRST DISTRICT**

Adelanto, Amboy, Apple Valley, Argus, Bagdad, Baker, Baldy Mesa, Big River, Cadiz, Calico, Cima, Daggett, Deer Lodge Park, Earp, Edwards A.F.B., El Mirage, Essex, Fenner, Fort Irwin, Goffs, Havasu Lake, Helendale, Hesperia, Hinkley, Homer, Ivanpah, Kelso, Kramer, Lenwood, Ludlow, Milligan, Mt. Pass, Needles, Newberry Springs, Nipton, Oak Hills, Oro Grande, Parker Dam, Phelan, Pinon Hills, Randsburg, Red Mountain, Rice, Saltus, Searchlight Junction, Silver Lakes, Spring Valley Lake, Summit Valley, Trona, Victorville, Vidal, West Cajon Valley, Wheaton Springs, Wrightwood, Yermo

**SECOND DISTRICT**

Alta Loma, Arrowbear, Blue Jay, Cedar Glen, Cedarpines Park, Crestline, Devore, Etiwanda, Fredalba, Fontana\*, Green Valley Lake, Lake Arrowhead, Lytle Creek, Mt. Baldy, Rancho Cucamonga, Rimforest, Running Springs, San Antonio Heights, Silverwood, Skyforest, Twin Peaks, Upland\*, Valley of Enchantment

**THIRD DISTRICT**

Angeles Oaks, Baldwin Lake, Barstow, Barton Flats, Big Bear City, Big Bear Lake, Boulder Bay, Bryn Mawr, Colton\*, Crafton, East Highland, Erwin Lake, Fawnskin, Flamingo Heights, Forest Falls, Grand Terrace, Highland, Johnson Valley, Joshua Tree, Landers, Loma Linda, Lucerne Valley, Mentone, Moonridge, Morongo Valley, Mountain Home Village, Oak Glen, Patton, Pioneer Town, Reche Canyon, Redlands, San Bernardino\*, Seven Oaks, Sugarloaf, Twentynine Palms, Wonder Valley, Yucaipa, Yucca Valley

**FOURTH DISTRICT**

Chino, Chino Hills, Montclair, Ontario, Upland\*

**FIFTH DISTRICT**

Bloomington, Colton\*, Fontana\*, Glen Helen, Muscoy, Rialto, San Bernardino\*, San Bernardino International Airport

See district map for boundaries\* Incorporated Cities

**EXHIBIT E – DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
HOMELESS DEFINITIONS**

<b>CRITERIA FOR DEFINING HOMELESS</b>	<b>Category 1</b>	Literally Homeless	<p>(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> <li>(i) Has a primary nighttime residence that is a public or private place not meant for human habitation;</li> <li>(ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); <u>or</u></li> <li>(iii) Is exiting an institution where (s)he has resided for 90 days or less <u>and</u> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution</li> </ul>
	<b>Category 2</b>	Imminent Risk of Homelessness	<p>(2) Individual or family who will imminently lose their primary nighttime residence, provided that:</p> <ul style="list-style-type: none"> <li>(i) Residence will be lost within 14 days of the date of application for homeless assistance;</li> <li>(ii) No subsequent residence has been identified; <u>and</u></li> <li>(iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing</li> </ul>
	<b>Category 3</b>	Homeless under other Federal statutes	<p>(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:</p> <ul style="list-style-type: none"> <li>(i) Are defined as homeless under the other listed federal statutes;</li> <li>(ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;</li> <li>(iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; <u>and</u></li> <li>(iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers</li> </ul>
	<b>Category 4</b>	Fleeing/ Attempting to Flee DV	<p>(4) Any individual or family who:</p> <ul style="list-style-type: none"> <li>(i) Is fleeing, or is attempting to flee, domestic violence;</li> <li>(ii) Has no other residence; <u>and</u></li> <li>(iii) Lacks the resources or support networks to obtain other permanent housing</li> </ul>

**EXHIBIT A – DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
RECORDKEEPING AND DOCUMENTATION REQUIREMENTS**

<b>RECORDKEEPING REQUIREMENTS</b>	<b>Category 1</b>	Literally Homeless	<ul style="list-style-type: none"> <li>• Written observation by the outreach worker; <u>or</u></li> <li>• Written referral by another housing or service provider; <u>or</u></li> <li>• Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter;</li>   <li>• For individuals exiting an institution—one of the forms of evidence above <u>and</u>:             <ul style="list-style-type: none"> <li>○ discharge paperwork <u>or</u> written/oral referral, <u>or</u></li> <li>○ written record of intake worker’s due diligence to obtain above evidence and certification by individual that they exited institution</li> </ul> </li> </ul>
	<b>Category 2</b>	Imminent Risk of Homelessness	<ul style="list-style-type: none"> <li>• A court order resulting from an eviction action notifying the individual or family that they must leave; <u>or</u></li> <li>• For individual and families leaving a hotel or motel—evidence that they lack the financial resources to stay; <u>or</u></li> <li>• A documented and verified oral statement; <u>and</u></li>   <li>• Certification that no subsequent residence has been identified; <u>and</u></li> <li>• Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing</li> </ul>
	<b>Category 3</b>	Homeless under other Federal statutes	<ul style="list-style-type: none"> <li>• Certification by the nonprofit or state or local government that the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; <u>and</u></li> <li>• Certification of no PH in last 60 days; <u>and</u></li> <li>• Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved two or more times in the past 60 days; <u>and</u></li> <li>• Documentation of special needs <u>or</u> 2 or more barriers</li> </ul>
	<b>Category 4</b>	Fleeing/ Attempting to Flee DV	<ul style="list-style-type: none"> <li>• <i>For victim service providers:</i> <ul style="list-style-type: none"> <li>○ An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker.</li> </ul> </li> <li>• <i>For non-victim service providers:</i> <ul style="list-style-type: none"> <li>○ Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; <u>and</u></li> <li>○ Certification by the individual or head of household that no subsequent residence has been identified; <u>and</u></li> <li>○ Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.</li> </ul> </li> </ul>

**EXHIBIT A – DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
AT-RISK OF HOMELESSNESS DEFINITION**

<b>CRITERIA FOR DEFINING AT-RISK OF HOMELESSNESS</b>	<b>Category 1</b>	Individuals and Families	<p>An individual or family who:</p> <ul style="list-style-type: none"> <li>(i) Has an annual income below <b>30% (annual ESG) or 50% (ESG-CV)</b> of median family income for the area; <u>AND</u></li> <li>(ii) Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the “homeless” definition; <u>AND</u></li> <li>(iii) Meets one of the following conditions: <ul style="list-style-type: none"> <li>(A) Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; <u>OR</u></li> <li>(B) Is living in the home of another because of economic hardship; <u>OR</u></li> <li>(C) Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; <u>OR</u></li> <li>(D) Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; <u>OR</u></li> <li>(E) Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; <u>OR</u></li> <li>(F) Is exiting a publicly funded institution or system of care; <u>OR</u></li> <li>(G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient’s approved Con Plan</li> </ul> </li> </ul>
	<b>Category 2</b>	Unaccompanied Children and Youth	A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute
	<b>Category 3</b>	Families with Children and Youth	An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.