# FY 2024 – 2025 HOUSING SOLUTIONS FUND APPLICATION

The Housing Solutions Fund is established by the San Gabriel Valley Council of Governments (SGVCOG) to provide service providers and cities with an additional resource to support clients experiencing homelessness or at-risk of homelessness, in addition to those resources available through the broader homelessness system in Los Angeles County. These funds are specifically for direct costs associated with housing, rehousing, or stabilizing clients, not to fund staffing costs for case management, problem solving, and housing navigation to support clients. The program is focused on providing additional financial resources to agencies that have the existing capacity and expertise to ensure that funds are used in the most efficient and effective way to support clients. The Housing Solutions Fund should not supplant any existing resources that service providers or cities can access.

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| **Agency Name:** | |
| **Contact Name/Title/Email/Phone for Applicant:** | |
| **Secondary Contact Name/Title/Email/Phone for Applicant:** | |

**1. Applicant Type:**
Public Agency ☐ or Non-Profit ☐

**2. For Non-Profit Applicants:**
EIN Number:_____

**3. Does your agency have experience working with the Coordinated Entry System (CES) and/or partnering with the CES network (e.g. SPA CES leads, service providers, system funders, and other County partners) to connect people experiencing homelessness to housing and supportive services within the County?** Yes ☐ or No ☐

**4. For Public Agency/Non-Profit:**
Does your agency have access to the Homeless Management Information System (HMIS)?
Yes ☐ or No ☐

By submitting this application, I verify that _____ [CITY/AGENCY] meets the following minimum qualifications:
- Has at least <u>2 years</u> of experience providing homeless and/or housing assistance services in Los Angeles County[1];
- Is in good standing in the State of California;
- Has at least 1 trained staff designated to administer the program for the duration of the grant;
- Has suitable accounting, financial, and administrative systems for documenting grants and contracts, including a system of internal controls;

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[1] If an agency does not have at least 2 years of experience, the key staff person must have at least 2 years of experience.

- Has adequate financial resources to perform the contract;
- Meets the minimum insurance requirements;
- Has system of collecting and managing client data in a way that meets all client privacy and security requirements;

**<u>Experience/Background</u>**

| 5. **Please provide a brief background of your agency and its experience providing homeless and/or housing assistance services in Los Angeles County.** *(NOTE: Applicants must have at least 2 years of experience to be eligible for this funding. If the agency doesn't have at least 2 years of experience, the person responsible for managing the program must have at least 2 years of experience)* |
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| 6. **Please describe the agency's accounting, financial, and administrative systems and system of internal controls for documenting grants and contracts. Please include an overview of how the agency's system is equipped to manage flexible funds (e.g. maintain receipts, invoices, cashiers checks, etc.), including flexible funds received from different sources. Please specify any software or other programs utilized by your agency.** |
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| 7. **How does your agency maintain client information in a way that protects client data? Please indicate any software or other programs used.** |
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| 8. Please provide a brief background of your agency's experience administering flexible funds, including the source of those funds. If your agency currently has access to flexible funds from other sources, please indicate your agency's process for 1) determining which funding to use and 2) the controls in place to ensure that invoices/receipts are only submitted to 1 funding agency for reimbursement. |
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| 9. Does your agency have any funding agreements or contracts with any of the following agencies? If so, please indicate the type of program service they support. | |
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| ☐ Los Angeles Homeless Services Authority (LAHSA) | |
| ☐ County of Los Angeles Homeless Initiative | |
| ☐ County of Los Angeles Department of Mental Health (DMH) | |
| ☐ County of Los Angeles Department of Public Health (DPH) | |
| ☐ County of Los Angeles Department of Health Services (DHS) | |
| ☐ County of Los Angeles Department of Public Social Services (DPSS) | |
| ☐ County of Los Angeles WDACS | |
| ☐ City - if so, please list: | |

| 10. For cities, is your city allocating any funds to homeless services? If so, which funding sources and for what type of resources? | |
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| ☐ PLHA | |
| ☐ CoC | |
| ☐ CDBG | |
| ☐ HOME | |
| ☐ General Fund | |
| ☐ ARP | |
| ☐ HOME-ARP (e.g. ESG) | |
| ☐ Other (please specify) | |

**11. FOR CITIES ONLY: Describe current and future efforts to directly connect individuals and families who are either at-risk of, or experiencing homelessness, to permanent housing exits such as through the implementation of your own local housing projects, voucher programs, landlord partnerships, or construction of affordable housing.**



**12. FOR CITIES ONLY: As part of an ongoing effort to provide permanent housing linkages to persons experiencing homelessness, is the city interested in opting into the Tier 2 requirement? Describe how opting into Tier 2 will assist with meeting the city's goals of implementing permanent housing linkages.** (*Tier 2 Requirement: Cities that identify permanent housing options for up to 10% of the City's Point-in-Time Count, or 10 individuals, whichever is greater, will be eligible for more Housing Solutions Funds.*)



## Project Administration

As a recipient of Housing Solutions Funds, each agency must have trained, experienced staff members and a designated process by which the program is implemented. Trained staff members must have experience overseeing projects involving housing, rehousing, and stabilizing clients who are experiencing or at-risk of homelessness, conducting case management, implementing problem-solving interventions and managing flexible funds. These staff are responsible for

overseeing the implementation process that can 1) intake and assess clients; 2) conduct case management; 3) request client funds from the SGVCOG; 4) disburse funds; and 5) submit invoices and reports.

13. **Please identify and list which staff members will be assigned to oversee the Housing Solutions Fund as the Project Administrator or as a Designated Implementer(s). Please include their information below by indicating their title and what their experience is with overseeing and managing flexible funds for persons experiencing homelessness (PEH)? Please include any relevant accreditations/certifications/trainings/etc. to this project.**

For the purposes of this application, please use the following definitions of staff roles:

- **Project Administrator**: Responsible for program oversight and ensuring that funds are expended consistently with the funding guidelines, as well as completing and submitting monthly invoices and quarterly reports to the SGVCOG for review and approval.
- **Designated Implementer**: Provide some level of case management for each client, which includes conducting client intakes and assessments, establishing interventions and working on housing plans for longer-term stability with clients, and ensuring clients are accessing mainstream services and basic needs. Responsible for recommending program fund disbursement, and submitting requests for funding approval.

The same person can be responsible for both project roles. There can be multiple designated implementers. **These individuals will be approved for their designated roles for the duration of the project. Should these individuals change or additional individuals be added, they must be approved by the SGVCOG.**

| Name | Title | Project Role | Brief Background/ Experience |
|---|---|---|---|
|  |  | Administrator |  |
|  |  | Implementer |  |
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14. **If staff has not been trained on problem-solving or case management, how will your agency support staff training and opportunities to ensure project compliance and utilize the correct criteria to determine funding decisions?**

   **Please note there are LAHSA Problem-Solving trainings for both HMIS and non-HMIS users/Key Partners. Applicants can apply for the training here.**

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| 15. Since funding is limited and the allocation of funding must be approved by the SGVCOG, it is imperative that the Project Administrator and Designated Implementer only utilize the required amount of assistance that will provide a feasible outcome for clients and their housing. What is staff's experience evaluating client needs on a case-by-case basis and this information - including communicating expectations - with those clients? |
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| 16. Please outline the process by which the program will be implemented at each step of the process. | |
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| **Intake and Assessment of Clients:** (Including who will manage the intake of clients; how/where the intake of clients will be undertaken; how clients will be evaluated for funding needs; how program information will be communicated with clients) | |
| **Case Management:** (Including who will complete case management; where it will be completed; how program information will be communicated with clients) | |
| **Request Client Funds:** (Including how the assessment of client funds will be made; how it will be determined whether these or other funds are used; who will make that assessment; how that information will be communicated with clients; how data will be tracked) | |

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| **Disburse Funds:** (Including how funds will be disbursed; who will disburse funds; how payments will be approved; the turnaround time for payment disbursement) | |
| **Submit Invoices & Reports:** (Including who will submit invoices & reports; how data will be compiled and reported to the SGVCOG) | |

**Equity**

| **17. Please describe what steps you will take to ensure racial, economic, and gender equity are prioritized to advance equitable access to flexible funds for populations overrepresented among the general homeless population, specifically persons of color experiencing homelessness.** |
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**Verification**

_____ [CITY/NAME OF AGENCY] verifies that each person assigned to administer and implement the Housing Solutions Fund acknowledges the requirements of the program and will follow and comply with the guidelines in order to obtain program funds to support PEH or individuals at risk-of homelessness.

SIGNATURE _____ DATE _____
NAME _____