

Housing for a Healthy California 2020 Notice of Funding Availability Workshop

Introduction to the HHC Program and NOFA Article I – National Housing Trust Fund

HHC Website: HHC Webpage

E-mail us at: HHCNOFA@hcd.ca.gov">HHCNOFA@hcd.ca.gov

HHC Application Support: AppSupport@hcd.ca.gov

Department of Housing and Community Development
Division of Financial Assistance
NOFA Awards Unit





Agenda and Housing Keeping

- House Keeping
- Presentation
 - ✓ Article I NOFA
 - ✓ Guideline Overview
 - ✓ Article I Application Overview
 - ✓ Questions & Answers





HHC NOFA Program Team

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Contact the Program Team at: HHCNOFA@hcd.ca.gov





HHC Overview

- Rural Area Set Aside 20 percent
- Target population
- Stacking Unit-Based Subsidies
- SSP (Supportive Services Plan)
- PIT (Point in Time Count)
- COSR (Capitalized Operating Subsidy)
- Streamlined application forms
- HHC Program Support: <u>HHCNOFA@hcd.ca.gov</u>
- HHC Application Support: <u>AppSupport@hcd.ca.gov</u>





Target Population

Means a person who is Experiencing homelessness, or chronic homelessness, and a High-cost health user upon initial eligibility, is a Medi-Cal beneficiary, or is eligible for Medi-Cal, is eligible to receive services under a program providing services promoting housing stability, and is likely to improve their health conditions with Supportive housing.





HHC NOFA Funding and Timeline Overview

Allocation	Funding Available	Funding Source
Article I	\$43.5 Million	Federal

HHC Milestones	Critical Due dates	
NOFA Released	February 28, 2020	
Application Due Date	June 25, 2020	
Award Announcements	October 2020	





Stacking Unit-Based Subsidies

- Stacking of multiple Department development funding sources on an HHC assisted unit is not allowed.
- Refer to the HHC Guidelines, Section 102 (k) for Department programs affected by the stacking restriction.
- Exception is a previously Department-assisted unit eligible for funding assistance from other Department programs upon syndication, or 14 years from the Placed-in-Service date.





HHC NOFA Resources and References

The Article I NOFA should be read in conjunction with the following regulations and statutes, which establish state and federal requirements:

- Assembly Bill 74, (Chapter 777, Statutes of 2017)
- Housing for a Healthy California Program GuidelinesTitle 24 Code of Federal Regulations Part 93
- Title 2 Code of Federal Regulations, Part 200
- Title 25 California Code of Regulations, Section 8300
- 2019 HUD Annual Action Plan





Program Requirements Eligible Uses

Eligible Uses as defined in HHC NOFA includes:

- Loans for acquisition and/or new construction.
- Grants for project-based operating assistance in the form of a Capitalized Operating Subsidy Reserve (COSR).
- Rehabilitation is **not** an eligible activity under this NOFA.





Program Requirements Income, Rent Limits and Occupancy

- Household income is determined according to 24 CFR 93.151.
- At the time of move-in household income shall not exceed:
 - ✓ Extremely Low Income (ELI) limits, or
 - ✓ Limit at or below the poverty line (whichever is greater).
- Recipient is responsible to maintain documentation of tenantincome eligibility.
- Link to Income, Rent and Per-Unit Subsidy Limits:

https://www.hcd.ca.gov/grants-funding/income-limits/state-and-federal-income-limits.shtml



Monitoring Fees

The Department charges an annual monitoring fee, as follows:

Number of Units	2020	
12 or fewer	\$5,792	
13 to 60	\$11,584	
More than 60	\$17,372	

- The fee shall increase by 3% per year to cover the cost of inflation unless otherwise determined by the Department.
- Rate that will be effective based on the time of initial occupancy.
- Lump sum payment made from development funds is not allowed for projects.
- Reference 24 CFR section 93.204(b)(1), and section 104 of the HHC Guidelines.



Reporting Requirements

- Recipient must collect and report data to the Department at annual and midyear intervals.
- Other reporting requirements also include:
 - ✓ Recipient(s) must file regular monthly project status reports and an annual performance report.
 - ✓ Recipients that are local government must comply with Single Audit Reporting requirements
 - ✓ Reference Health & Safety Code, Section 53593



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Federal Program Overlays

- Activities funded with HHC funds are required to comply with 24 CFR Part 93.350 & 93.301 Compliance with these requirements include, but are not limited to:
 - ✓ NHTF Environmental provisions,
 - ✓ Relocation,
 - ✓ Article XXXIV
 - ✓ Fair Housing Amendments Act,
 - ✓ Section 504 of the Rehabilitation Act, the Americans with Disabilities Act and, Section 3 (employment of low-income persons),
 - ✓ Violence Against Women Act
 - ✓ Single Audit report 2 CFR Part 200.512.
- Failure to comply with federal overlays could result in significant project cost increases, and rejection of the HHC application.





Federal Program Overlays Environmental Provisions

- HTF Environmental Provisions
- Property Standards at 24 CFR § 93.301(f)(1) and (2)
- No Choice Limiting Action
- HUD Notice, CPD-16-14

https://www.hudexchange.info/programs/environment

al-review/htf/





Federal Program Overlays Environmental Provisions

Determining the level of Environmental Review:

When a project is only using HTF funds.	 No Level of Review (CEST/EA) No Public Comment No Request for Release of Funds and Certification No Authority to Use Grant Funds
When there is other HUD funding involved.	 When combining HTF with these funding sources a Part 50 or Part 58 environmental review must be done. The review must meet the HTF Environmental Provisions.
When a project has acquisition only using HTF funds or combining HTF with other HUD funds.	 HTF environment provisions must be documented. Combining HTF with other HUD funds, the property cannot be acquired until after the environmental review is completed by HUD or the RE (Responsible Entity).





HTF Environmental Provisions

Submit your HTF Environmental Provisions documentation in a separate three-ring binder with table of contents and tabs separating sections:

- HTF Environmental Provisions Checklist and supporting documentation.
- Phase I and Phase II Environmental Site Assessment (if required by Phase I).
- Authority to Use Grant Funds for other HUD funding sources.





Federal Program Overlays Relocation

- Relocation cost must be paid if individuals or businesses will be temporarily or permanently displaced.
- This requirement applies to all rental projects involving any relocation activities.
- Relocation plan conforming with the provisions of 24 CFR 93.352 & NHTF regulations 24 CFR 93.201(f).





State Program Overlays Article XXXIV

- Applicants must submit documentation that shows the project is in compliance with or exempt from Article XXXIV.
- If a project is subject to Article XXXIV, the application must include an allocation letter from the locality.
- If a project is statutorily exempt from Article XXXIV, the application must include an Article XXXIV opinion letter from the applicant's counsel.



State Program Overlays Prevailing Wage

- Program funds awarded may be subject to state prevailing wage law as determined by the Department of Industrial Relations (DIR).
- Contact DIR or a prevailing wage consultant if you need advice.
- The DIR website can be found at:

https://www.dir.ca.gov/oprl/DPreWageDetermination.htm



Eligibility & Scoring

Eligibility Threshold:

- ✓ Minimum Requirements found in HHC Guidelines, Section 102.
- ✓ Application Process found in HHC Guidelines, Section 110.

Application Scoring:

✓ Selection Criteria found in HHC Guidelines, Section 111.

HHC guidelines specify:

- ✓ Documents required by application deadline for eligibility and scoring.
- ✓ Conditions that must be met prior to Standard Agreement and Loan Closing.





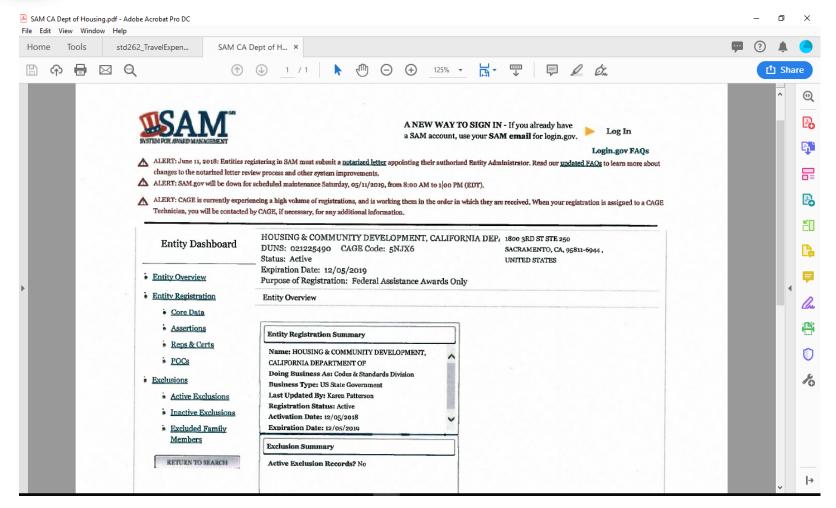
How Eligibility is Determined

- Applicant must be eligible at the time of application:
 - ✓ In good standing per the HHC Guidelines, Section 101 Definitions, 102 Minimum Requirements, and 24 CFR 93.2.
 - ✓ Must not be federally debarred or suspended.
 - ✓ In good standing with HCD and have no prior loan default.
 - ✓ Authorizing resolution from Applicant's governing board.





How Eligibility is Determined (SAM)





How Eligibility Is Determined

Required by Application Deadline:

- ✓ Site Control pursuant to 25 CCR, Section 8303 (Universal Multifamily Regulations).
- ✓ Supportive Service Plan in accordance with HHC Guideline, Section 112.
- ✓ Lead Service Provider or County memorandum of understanding or commitment letter in accordance HHC Guideline, Section 102(n)(2).

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How Eligibility is Determined

Required by Application Deadline:

- ✓ Property Management Plan in accordance with HHC Guideline, Section 102(n)(5).
- ✓ A complete HHC Universal Application and HHC Supplemental Application, including all required documentation and certifications.

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Scoring Categories

Scoring Category	Maximum Applicable Points
Development Team Experience	35
Supportive Housing	25
Supportive Services Plan	25
Utilization of Funds to Offset Requests	10
Leverage of Rent/Operating Subsidies	15
Readiness to Proceed	30
Confirmation of Local Need	5
Location Efficiency and Access to Destinations	5
TOTAL APPLICABLE POINTS	150

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Development Team Experience (35 points max):

- 1) Developer Experience (10 points max)
- Applicant Ownership and Operations Experience (5 points max)
- 3) Property Manager Experience (5 points max)
- 4) Lead Service Provider Experience (15 points max)
- 5) Experience of a partner agency (2 points)
- Documented success in meeting or exceeding specified outcome measures for housing stability (2 points)

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Developer Experience (10 points max):

- a. Points scored based on the number of affordable rental housing developments completed by the project developer over the past five years.
- b. Two points will be awarded for each rental housing project that was completed on time and within budget (up to a maximum 10 points).

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<u>Applicant Ownership and Operations Experience (5 points max)</u>

- a. Points scored based on the experience of the Applicant in owning or operating supportive and/or affordable rental housing developments.
- b. Experience includes the experience of its affiliated entities or principals (including management-level staff), but not the experience of board members.
- c. One-half point will be awarded for each affordable housing project, and one point will be awarded for each Supportive housing project, up to a maximum of five points.

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Property Manager Experience (5 points max)

- a. Points based on the number of affordable and Supportive housing developments managed by the designated property management agent at the time of application.
- b. Points will be awarded for Supportive housing developments that have been in operation for at least two years with units restricted to people experiencing homelessness.





Lead Service Provider Experience (15 points max)

- a. Points will be awarded for experience in the last five years providing case management and tenancy support to people experiencing homelessness, and for demonstrated expertise working with the Target Population.
- Experience must be documented through contracts for services in housing projects with at least ten units subject to agreements with public agencies restricting rent.

or

Occupancy to Homeless persons or households, or in publicly funded tenant-based housing assistance programs serving at least ten members of the Target Population.





Lead Service Provider Experience (Continued)

Points will be awarded for the following:

- 1. Years of experience in permanent Supportive housing (3 points max).
- 2. Number of projects or contracts in permanent Supportive housing (3 points max).
- 3. Years of experience serving the Target Population (3 points max).





Lead Service Provider Experience (continued)

- 4. Experience providing case management, where members of the Target Population were at least 20 percent of the Lead Service Provider's clients.
- 5. Experience of a partner agency.

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Lead Service Provider Experience (continued)

 Documented success in meeting or exceeding outcome measures for housing stability under a government contract.





Supportive Services Plan (25 points max)

Applicants <u>must</u> achieve a minimum of 10 points to receive an award. Applicants <u>must</u> submit a SSP with the application.

Applications will be scored based on the following:

- ✓ Quality and Quantity of Services (7 points). The accessibility of services (2 points).
- ✓ Adherence to Section 113, Housing First principles (2 points).
- ✓ The degree to which the physical building space supports social interaction (2 points).

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Supportive Services Plan (Continued)

- ✓ The levels of linkages with local systems for ending homelessness and communitybased health care resources (5 points).
- ✓ Resident Involvement (3 points).
- ✓ The adequacy of the services budget and the reliability over time of services funding (5 points).

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Readiness to Proceed (30 points max)

- ✓ Applicants must achieve a minimum of 15 points to receive an award.
- ✓ Supportive Services must be fully implemented and available for use by tenants at time of occupancy. To receive points, supporting documentation must be submitted at time of application.
- ✓ Any application demonstrating that a particular category is not applicable to project readiness for the subject project shall be awarded points in that category.



Readiness to Proceed (30 points max)

Applications will be scored based on the following:

- 1. Obtained enforceable commitments for all construction financing (5 points).
- 2. HTF Environmental Provisions (5 points).
- 3. Obtained all necessary and discretionary public land use approvals (5 points).





Readiness to Proceed (Continued)

- 4. Applicant has fee title ownership **or**Applicant has working drawings at least 50% complete (5 points).
- 5. Obtained local design review approval (5 points).
- Obtained commitments for all deferred-payment financing, grants and subsidies, in accordance with TCAC requirements (5 points).



Additional Selection Criteria

Supportive Housing based on the percentage of Total Projects Units that are Assisted Units (25 points max)

Utilization of Funds to Offset Requests projects utilizing 9% competitive low-income housing tax credits, 0.375 points awarded for each full 5 percentage point increment above 50%. (10 points max)

Leverage of Rental or Operating Subsidies based on percentage of assisted units a project has already committed to housing choice vouchers or already have assisted units restricted to rents not exceeding 30% of household income. (15 points max)

Confirmation of Local Need demonstrated by having more than 400 individuals that are Homeless in the Applicants geographic jurisdiction using the latest Point-in-Time count. (5 points max)

Location Efficiency and Access to Destinations applicants must provide a maps demonstrating proximity from transportation services and location of existing and operational services. (5 points max)



Minimum Score Requirements and Tiebreaker

 The following application criteria must achieve the following minimum scores:

Development Team Experience	18 points				
Supportive Services Plan	10 points				
Readiness to Proceed	15 points				

 The following tiebreakers are used to determine which project is selected for funding:

Readiness to Proceed
Supportive Services Plan





Program Requirements Bases of Appeals

- Applicants may appeal after receiving written notification from the Department.
- Applicants may appeal if their Application has been determined to be incomplete, ineligible, fail minimum requirements or have a reduction to the initial point score.
- Applicant cannot appeal a decision of the Department related to another Applicant's application.





Appeals Process and Deadlines

- Submit a detailed written appeal which states all relevant facts, arguments, and evidence upon which the appeal is based.
- Once the written appeal is submitted to the Department, no further information or materials will be accepted or considered.
- Appeals must be received by the Department no later than (5) five business days from the date of the Department's minimum requirements review or initial score letters representing the Department's decision made in response to the application.
- Appeals are to be submitted in writing to the Department at <u>HHCNOFA@hcd.ca.gov</u> or through a carrier service during the Departments normal business hours (9:00 am -5:00 pm). Time stamp verification is required.





Appeals Decision

- Department's intent to render its decision in writing within fifteen (15) business days of receipt of the Applicant's written appeal.
- All decisions are final.



Steps to Standard Agreement

- 1. Rank all scored applications.
- Project Feasibility and Project Report Development.
- Project is presented to HCD Internal Loan Committee.
- 4. HCD ILC approves/denies projects.
- 5. Applicants receive award notification.
- 6. Applicant receive Standard Agreement.





Standard Agreement

- The Department intends to send award letters to successful applicants by October 2020. Standard agreements will be developed & mailed within approximately 90 days after award letter.
- Awardees will enter into a Standard Agreement (SA) with the Department.
- Standard Agreement contains all the relevant state and federal requirements, as well as specific information about the award and the work to be performed.





Standard Agreement (continued)

 HHC projects must meet a February 1, 2021 project commitment deadline and a February 1, 2024 permanent loan closing.

 There will be no exceptions and failure to meet these deadlines will be considered a material breach of the Standard Agreement.





Submitting Your Application

- Submit a complete original application, and electronic copies on CD or flash drive with all applicable information.
- Electronic files must not be protected.
- Applications must be on the Department's forms and cannot be altered or modified by the Applicant.
- Excel forms must be in Excel format, not a PDF document.





Application Deadline

- Applications must be received by the Department no later than 5:00 p.m. on June 25, 2020.
- Applications that do not meet the filing deadline requirements will not be eligible for funding.





Submitting Your Application

 The Department will only accept applications through a postal carrier service such as U.S. Postal Service, UPS, Fed Ex, or other carrier services that provide date stamp verification confirming delivery to the Department's office.

HOUSING FOR A HEALTHY CALIFORNIA PROGRAM

Department of Housing and Community Development Division of Financial Assistance, NOFA Section 2020 West El Camino Avenue, Suite 100 Sacramento, CA 95833



Application Forms

- Projects will be funded on a competitive basis.
- The following applications and supporting documentation are required to be submitted for Article I projects:
 - ✓ Universal Rental Project Application Form
 - ✓ HHC Program Supplement Application Form
 - ✓ Application Checklist
- HHC program materials are available at http://www.hcd.ca.gov/grants-funding/active-funding/hhc.shtml.



The Universal and Supplement Application Overview

Binder Organization

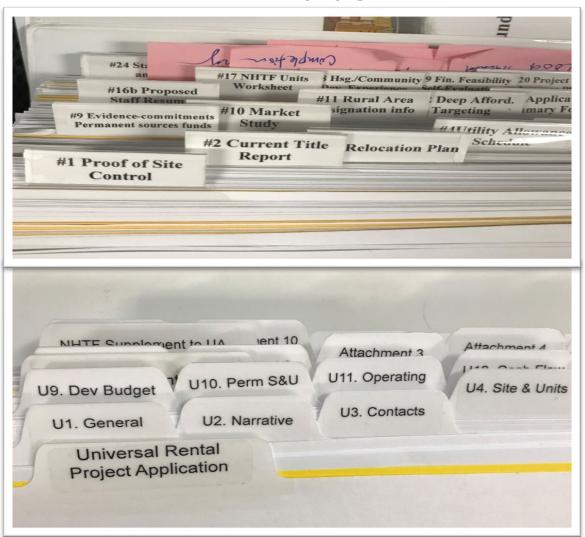
- 1. Use a large 3-Ring Binder.
- 2. Tabs are needed to separate all sections and attachments.
- 3. Look to the Applicant Checklist in each application on how to label tabs.







Examples of Preferred Binder Tabs







Article I Tab Checklist

			Section A - Universal Application
7	Tab#		File Name
	A1	General	
	ΑŽ	Narrative	

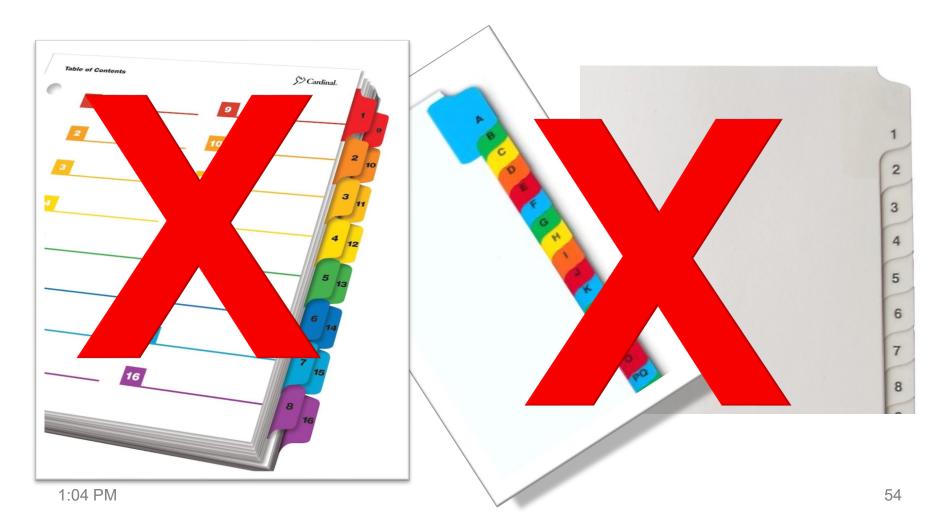
				Supplemental Applicant Section
				Section B - Applicant
	Tab#	File Name		File Description
	B1 Applican	t Worksheet		
V	B2	App1 Cert & Legal Disclosure	Ple	ase see 'Certifications & Legal Status' Worksheet.
	B 3	App1 Reso	Ref	erence HHC webpage for Resolution Document.
	В4	App1 Org∪oc1, App1 OrgDoc2, etc.	Ref	erence Applicant Org Docs worksheet.





Example of Unacceptable Tabs

No Alpha or Numeric tab dividers





Article I Universal Application Instructions

- HHC has a new streamlined application, Excel based.
- Both a Universal and Supplemental application are required for Article I.
- When open please Enable Content or Editing if this yellow banner appears. This is needed to ensure the macros built into the application function properly.
- Start your review from Left to Right.
- Complete each tab in order.



Article I Universal Application Instructions



STATE OF CALIFORNIA
UNIVERSAL APPLICATION FOR THE
DEVELOPMENT OF AFFORDABLE RENTAL HOUSING



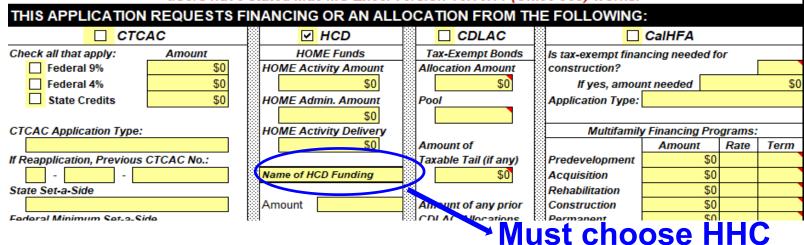


GEN	IFRAI	INFOR	RMATION
GEIV	LNAL		NIVIA I I ON

Date of this Application or Update:

UA Version 3/4/20

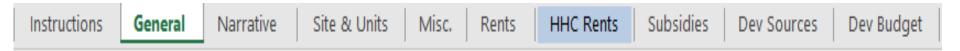
Getting Started: When you open this file, you may see a yellow banner at the top with a button that says "Enable Content" or "Enable Editing". It is essential that you click this box so that the macros are enabled. Enabling macros is necessary for full workbook functionality. Macros may not work with Apple Mac Microsoft Excel, but users have stated Mac MS Excel version 16.16.11 (Office 365) works.





Article I Universal Application Instructions

 When the HHC funding source is selected the below 18 tabs should appear.



Perm S&U TBL and High Cost Test Dev Fee 2019 Reserves Operating Cash Flow HHC COSR Calculation Application Support





Article I Universal Application Instructions (Continued) Operating Tab

	TOTAL OPERATING EXF	ES	\$0	\$0	Comments
	FUNDED RESERVES: 7200		Residential	Commercial	
7210	Required Replacement Reserve Deposits		\$0	\$0	
7220	Other Reserves: (specify)		\$0	\$0	
7230	Other Reserves: (specify)		\$0	\$0	
7240	Other Reserves: (specify)		\$0	\$0	
	TOTAL RESERV	VES	\$0	\$0	
	GROUND LEASE		Residential	Commercial	
	Ground Lease		\$0	\$0	
	TOTAL GROUND LEA	ASE	\$0	\$0	
	NET OPERATING INCO	ME	\$ 0	\$0	
	FINANCIAL EXPENSES: 6800				Comments
6820	1st Mortgage Debt Service		\$0	\$0	
6830	2nd Mortgage Debt Service		\$0	\$0	
6840	3rd Mortgage Debt Service		\$0	\$0	
6890	Miscellaneous Financial Expenses: (specify)		\$0	\$0	
6890	Miscellaneous Financial Expenses: (specify)		\$0	\$0	
6890	Miscellaneous Financial Expenses: (specify)		\$0	\$0	
6890	Miscellaneous Financial Expenses: (specify)		\$0	\$0	
6800T	TOTAL FINANCIAL EXPENS	SES	\$0	\$0	
6890 6890 6890	Miscellaneous Financial Expenses: (specify) Miscellaneous Financial Expenses: (specify) Miscellaneous Financial Expenses: (specify)	SES	\$0 \$0 \$0	\$0 \$0 \$0	





Article I Universal Application Instructions (Continued) Dev Budget and Dev Sources Tabs

RESERVES _					+
Operating Reserve	\$0				
Replacement Reserve	\$0				
Transition Reserve	\$0				
Rent Reserve	\$0				
HHC Cap.Op. Subsidy Reserve (COSR)	\$0				
Other: (specify)	\$0				
Other: (Specify)	\$0				
Total Reserve Costs	\$0	\$0	\$0		

	Permanent Sources of Funds												
Committed?	Source Name	Lien	Amount	Int	Interest Rate		Repaymen	Repayment Terms		Required Commercial	Tax Exemp		
committed.	(In Hen priority order)	No.		Rate	Туре	Period (yrs.)	Туре	Due in (yrs)	Residential Debt Service	Debt Service	Amount		
	HCD HHC COSR												
	HCD HHC Loan												



Article I Supplemental Application Instructions

- Unique color-coded system.
- Each color denotes a different function.

"Yellow" cells are for applicant input.

"Orange" cells are for required attachments

"Blue" cells keep track of your Self Score in each section and overall total

"Red" cells are ment to indicate a failed requirement or minimum points

"White" cells are pre-filled figures from other tabs in the UA or supplimental app



Article I Supplemental Application Instructions

 When the HHC supplemental application is opened these 11 tabs should appear.

CoverPage

Instructions

Application Checklist

B - Applicant

C - Minimum Requirements

D - Local & Env Verification

E - Loan Amount & Unit Mix

F - Selection Criteria

G - Supportive Services Plan

H - Certification

Application Support

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Article I Supplemental Application Checklist

		Section A - Universal Application	
Tab#		File Name	Attached?
A1	General		Yes
A2	Narrative		Yes
A3	Site & Units	ncludes U	Yes
A4	Misc.		Yes
A 5	Rents		Yes
A6	HHC Rents		Yes
A7	Subsidies		Yes
A8	Dev Sources		Yes
A9	Dev Budget		Yes
A10	Perm S&U		Yes
A11	Dev Fee	Turns Red when	Yes
A12	Operating		Yes
A13	Cash Flow	NO selected	Yes
A14	HHC COSR Calculation		Yes
	•	Supplemental Applicant Section	
		Section B - Applicant	
Tab#	File Name	File Description	Attached?
31 Applicar	nt Worksheet		es es
B2	App1 Cert & Legal Disclosure	Please see 'Certifications & Legal Status' Worksheet.	'es
B3	App1 Reso	Reference HHC webpage for Resolution Document.	'es
B4	App1 OrgDoc1, App1 OrgDoc2, etc.	Reference Applicant Org Docs worksheet.	'es
B5	App1 OrgChart	Must depict the Organizational Structure of the entities in relation to the applicant.	es
B6	App1 Signature Block	Signature Block - upload in Microsoft Word Document.	No
B7	App1 Payee Data or TIN	Reference Payee Data Record STD-204 & Taxpayer Identification Number Documents on the HHC webpage	No
B8	App2 Cert & Legal Disclosure	Reference 'Certifications & Legal Status' Worksheet.	





Supplemental Application Applicant Contact Tab

				Applicant Co	nta	ct Worksheet						Rec	. 314120
						Project							
Project Name	e:												
Project Addre	ess:												
Project City:			County:	Alameda	Zip:		CoC:	Oakland/	Alameda Cou	inty CoC	CoC	:#: C	:A-502
Will this be a	Will this be a TCAC hybrid Project?												
Is Project in a	a Rural	Area as defined by H&S Cod	e §50199	.21. Applicants mu	ıst us	e the TCAC Metho	d for dete	rmining rural s	tatus. Refere	nce doci	ument on th	e MHP	
webpage and	l includ	le documentation of rural statu	IS.										
If Project is in	a Rura	al Area, which methodology is	being us	ed to demonstrate	that t	the project area is r	rural?						
File Name:	B2	Rural Status		AC Method for deter							ched and or		
Projects mus	st meet	t ALL of the following minimu	m require	ements. Answers	ргоу	ided to the questic	ons belov	v are subject t	o verification	by HCD.	HCD may r	equest	other
information a	is nece	essary to evaluate the Applica	ation. All	references to Guid	leline	es and Sections '§	' within th	his Application	, refer to the	HHC Pro	ogram Guide	elines l	ocated
on the HHC w	ebpag/	e unless otherwise noted.											
					Ap	plicant(s)							
	Elligbl	le Applicants are an owner or	develop	er that meets the	Reci	pient definition in (Code of F	ederal Regulat	tions (CFR) Ti	tle 24 §9	3.2, §102(a	1).	
Applicant #1			Entity Na										
Eligible Applic	cant Tyr	pe:							Organiza	tion Type:			
Address						City			State		Zip		
Auth Rep Nar	ne			Title			E	mail			Phone		
Contact Name			Title			- I	Email			PI	hone		
Address						City			State		Zip		
File Name:	B3	App1 Cert & Legal	Reference	ce 'Certifications &	Lega	al Status' Workshee	et.				hed and or	USB?	
File Name:	B4	App1 Reso	Reference	ce HHC webpage f	or Re	esolution Documer	nt.			Atı	and or	USB?	
File Name:	B5	App1 OrgDoc1, App1 OrgDoc2, etc.	Reference	ce Applicant Org D	ocs и	vorksheet.					Fit V	aded?	
File Name:	B6	App1 OrgChart	Must dep	oict the Organizatio	nal S	Structure of the enti	ties in rel	ation to the app	olicant.		Files L	aded?	
File Name:	B7	App1 Signature Block	Signatur	e Block - upload in	Micr	rosoft Word Docum	ent.				File Uplo	aded?	No
File Name:	B8	App1 Payee Data or TIN	Reference	ce Payee Data Rec	ord (STD-204 & Taxpay	er Identifi	cation Numbe	r	Atta	ched and or	11000	
rile Name.	Бо	App I Payee Data of Tile	Docume	ents on the HHC we	bpag	ge.				Alla	ulled alld of	OSB!	
Applicant #2			Entity Na	ame:									





Supplemental Application Minimum Requirements

	Minim	ım Red	quirements	;					Rev	. 3/4/20
		Eligible /	Applicant §1	02(a)						
(1) A	Are you an owner or developer that meets the Recipient definition in	Code of	Federal Regul	ations (C	FR) Title	e 24 §93.2?				
(2) A	Are any members of the development team currently federally deba	rred or su	uspended?							
	F	inancial	Feasibility §	102(b)						
Does	es Project meet and/or commit to meeting the requirements of §105	and §10	6 and demons	rate Fisc	al Integr	rity §101(m)?				
		Expe	rience §102(c)						
Ехр	perience Documentation: Experience must be documented through	gh contra	cts with public	agencies	s, housin	g owners, or foundation	ns for services	s provid	ed to a	t least
ten h	households at any one time in either housing projects subject to ag	reements	with public ag	encies re	estricting	rent and occupancy or	through tena	nt-base	d hous	sing
assis	sistance programs. If the LSP is not part of the ownership entity, the	Applicant	must have a	vritten ag	greemen	t with the LSP to impler	ment the Supp	ortive S	Service	s plan
and:	submit this agreement along with the application for funding. Only	the LSP n	nay enter into v	vritten ag	greemen	ts for services under th	e provisions o	of the Si	upporti	ve
	rvices plan. All service providers must have a written agreement wit									
Colle	llectively, among the members of the Project Team, all the following	minimun	n experience re	quireme	nts mus	t be met:				
1. Ap	Applicant: List at least two permanent Supportive Housing or afforda	able renta	I housing proje	cts that /	Applican	t has developed, owned	l or operated i	n the la	st five	years.
	Project Name and Address			# of	I		Experience			leted,
				units	Afford	able Rental Housing	Туре	Owne	or O	perated
1										
2										
3										
File	e Name: C2 Applicant Exp. 1, 2, 3, Reference Experience	e Docum	entation requir	ements.	•		Attached and	on US	3?	
2. TI	The Lead Service Provider (LSP), which may be the county, or	a qualifi	ed contracted	agency	: List ex	perience totaling three of	r more years		Total	
	ving persons who qualify as members of the Target Population and lude scattered site housing.	includes	comprehensiv	e case m	nanagen	nent in Supportive hous	ng, and can	Y	ears:	0.0
					Did this	experience serve th	e Target	4-6	4 - 6	
	Project Name and Address or Description of other	Experier	ce		Populați	ion in Sunnortive Hou	ising and	# of	# 01	months
← 1	CoverPage Instructions Application Checklist B - A	pplicant	C - Minimun	Require	ments	D - Local & Env Verifica	ition E - L	oan Am	ount &	Unit Mix





Supplemental Application Selection Criteria

		Application Select	tion Criteria §111 (150	Points Max)			Rev. 3/4/20				
		. принашен сенее			st meet all minim	ium score requirem	ents) 0.0				
		Development Team Experience, §	111(a) 35 Points Max - <i>mus</i>	t score a minimu	ım of 18 points		0.0				
deve App	eloper over the pas licant should addre	ce §111(a)(1) - Applications will be scored be at five years, including supportive housing Po ass whether these projects were completed to be Entity Qualifying for Experience:	rojects completed in the last thr	ee years serving	persons similar to	the Target Population	n. 0				
		ject Name and Address	Housing Type	Served persons similar to Target Pop.	Completed tim within budg		ed Points				
1							0				
2							0				
3							0				
4							0				
5							0				
ex	If applicable, splain delays and cost overruns										
	Name: F2	Dev Exp 1, 2, 3, etc Notice of Comple				Attached and on	JSB?				
		and Operations Experience §111(a)(2) - or dable rental housing developments 5 point		naster lease or sin	nılar arrangement)	owning or operating	0.0				
Ent		e Entity Qualifying for Experience:									
	Pro	ject Name and Address	Housing Type	Age	ency Restricting	Occupancy	Points				
1							0.0				
2											
3							0.0				





Supplemental Application Local & Environmental Verification

4	A B C D E F G H I J K L M N O P	Q R S T	UVW	X Y	Z AA AB	AC AD AE A	F AG AH AI	AJ AK AL	
	Local Jurisdiction and Environ	mental Verifi	cation of	rojec	t Readine	SS		Rev. 2/25/20	
Π	To the Applicant: Complete the Applicant and project information section						•	•	
		ministration of the items listed. This form may be submitted to more than one agency or o							
	PA Responsible Entity. If the NEPA Responsible Entity is not a local government (e.g. State of CA., USDA RD,. If an item is not required or is in the								
1	process, include the reason why in box provided. NHTF Environment	etal Provision 2	4 CFR 93.301((f)(1) an	d (2)				
}	Project Applicant:								
ļ	Applicant Address:								
į	Applicant City:								
;	Project Name:								
,	Project Address/site:								
}	Project City:								
,	Project County:								
0	Assessor parcel #s:								
	To the local jurisdiction or NEPA Responsible Entity: The applicant	above has subm	itted the Housi	ing for a	Healthy Califo	rnia Program (HC) application	to the CA	
	pt. of Housing and Community Development (Department) requesting funding for the project named above. Projects submitted for pro								
1	competitive rating process. Project readiness is a component of that pro	ocess. Verificatio	n of items liste	ed below	will be used i	n evalua HH	C applications.		
				ID Ed			Ct-t		
2		HUD Funding Source Status							
3	Is there other HUD funding in the Project besides HTF? If yes, select nan	ne of the al HUD							
	funding sources and the commitment status of the source.								
4									
5									
				Envi	ronmental	Final date of P	ublic	wad Data	
6				Cleara	ance Status	Comment Pe	riod Appro	oved Date	
			NHTF						
		E	vironmotal						
	CoverPage Instructions Application Checklist B - App	olicant C - Mir	nimum Requirem	nents	D - Local & E	ny Verification	E - Loan Amou	ınt & Unit Mix	





Supplemental Application Loan Amount & Unit Mix

						HHC Loan	Amount 8	& Unit Mix	K				Rev. 3/4/20
Гах	Credits	Applied	For?	1.1	HHC Cap	oital Loan Am	ount Reques	ted		l	OSR) - from	perating Subsidy UA, 'HHC COSR rksheet (cell C8)	
Stacking Unit-Based Subsidies 102(k)(1) - HCD does not allow stacking of multiple HCD development funding sources on an HHC Assisted Unit (using multiple HCD unding sources on a single HHC Assisted unit). Projects may have funding from other HCD programs, including programs designed to fund infrastructure such as Infill infrastructure Grants (IIG) and Affordable Housing Sustainable Communities (AHSC), provided that the funding assistance is to support non-HHC Assisted units. DO NOT NCLUDE HHC ASSISTED UNITS AND UNITS WITH OTHER HCD FUNDING ON THE SAME LINE.													
				Maximum Hi	HC Loan	Amount Char	t - click here f	or 2019 HHC	loan limits - (beginning on	page 31 <u>)</u>		
	Α	В	С	D	E	F	G	Н	ı	J	K	L	M
						0.0%	100.0%	100.0%					
						0.0%	100.0% HHC Assisted	100.0%					
	# of Units	# of Bedrms	Restricted % of Area Median Income (AMI)	Are these Supportive Housing units?	Mngr Units	Chronically Homeless	Homeless and a high- cost health user	Total HHC Assisted Units	Eligble Per Unit Loan Limit	3. Capital Loan Amount Limit	Total Restricted Units	Total Unrestricted Units	Other HC Funding o
	10	1	30%			· ·	10	10	\$191,179	\$1,911,790	10	0	
	10	2	30%	1			10	10	\$191,179	\$1,911,790	10	0	
				-				0	\$0 \$0	\$0 \$0		0	
,				-				0	\$0	\$0		0	
				+				0	\$0	\$0		0	
								0	\$0	\$0		0	
								0	\$0	\$0		0	
								0	\$0	\$0		0	
•								0	\$0	\$ 0	<u> </u>	0	
								0	\$0	\$ 0		0	
								0	\$0	\$ 0		0	
					I			0	\$0	\$0		0	





Supplemental Application Supportive Services Plan

	Yes No No Yes Yes Yes Yes Yes Yes Yes						
Supportive Services §112(c) Using evidence-based models, the following Supportive Services shall be made available to HHC tenants based on tenant need. Except as noted below, the following required shall be provided onsite or offsite at another location easily accessible to tenants, with the majority of case management services offered on-site: (1) Assistance accessing and linking tenants to Medi-Cal enrollment and enrollment in other benefits the tenant may be eligible for; (2) Case management; (3) Peer support activities; (4) Support in linking to behavioral health care, such as assessment, crisis counseling, individual and group therapy, and peer support groups; (5) Support in linking to primary care services, including access to routine and preventive health and dental care, medication management, and wellness services; (6) Benefits counseling and advocacy, including assistance in accessing Supplementary Security Income/State Supplemental Payment; (7) Basic housing retention skills (such as unit maintenance and upkeep, cooking, laundry, working with a landlord, getting along with neighbors, and money management); and	Yes No No Yes Yes Yes Yes						
Using evidence-based models, the following Supportive Services shall be made available to HHC tenants based on tenant need. Except as noted below, the following required shall be provided onsite or offsite at another location easily accessible to tenants, with the majority of case management services offered on-site: (1) Assistance accessing and linking tenants to Medi-Cal enrollment and enrollment in other benefits the tenant may be eligible for; (2) Case management; (3) Peer support activities; (4) Support in linking to behavioral health care, such as assessment, crisis counseling, individual and group therapy, and peer support groups; (5) Support in linking to primary care services, including access to routine and preventive health and dental care, medication management, and wellness services; (6) Benefits counseling and advocacy, including assistance in accessing Supplementary Security Income/State Supplemental Payment; (7) Basic housing retention skills (such as unit maintenance and upkeep, cooking, laundry, working with a landlord, getting along with neighbors, and money management); and	Yes No No Yes Yes Yes						
shall be provided onsite or offsite at another location easily accessible to tenants, with the majority of case management services offered on-site: (1) Assistance accessing and linking tenants to Medi-Cal enrollment and enrollment in other benefits the tenant may be eligible for; (2) Case management; (3) Peer support activities; (4) Support in linking to behavioral health care, such as assessment, crisis counseling, individual and group therapy, and peer support groups; (5) Support in linking to primary care services, including access to routine and preventive health and dental care, medication management, and wellness services; (6) Benefits counseling and advocacy, including assistance in accessing Supplementary Security Income/State Supplemental Payment; (7) Basic housing retention skills (such as unit maintenance and upkeep, cooking, laundry, working with a landlord, getting along with neighbors, and money management); and	Yes No No Yes Yes Yes						
(1) Assistance accessing and linking tenants to Medi-Cal enrollment and enrollment in other benefits the tenant may be eligible for; (2) Case management; (3) Peer support activities; (4) Support in linking to behavioral health care, such as assessment, crisis counseling, individual and group therapy, and peer support groups; (5) Support in linking to primary care services, including access to routine and preventive health and dental care, medication management, and wellness services; (6) Benefits counseling and advocacy, including assistance in accessing Supplementary Security Income/State Supplemental Payment; (7) Basic housing retention skills (such as unit maintenance and upkeep, cooking, laundry, working with a landlord, getting along with neighbors, and money management); and	No No Yes Yes						
(2) Case management; (3) Peer support activities; (4) Support in linking to behavioral health care, such as assessment, crisis counseling, individual and group therapy, and peer support groups; (5) Support in linking to primary care services, including access to routine and preventive health and dental care, medication management, and wellness services; (6) Benefits counseling and advocacy, including assistance in accessing Supplementary Security Income/State Supplemental Payment; (7) Basic housing retention skills (such as unit maintenance and upkeep, cooking, laundry, working with a landlord, getting along with neighbors, and money management); and	No No Yes Yes						
(3) Peer support activities; (4) Support in linking to behavioral health care, such as assessment, crisis counseling, individual and group therapy, and peer support groups; (5) Support in linking to primary care services, including access to routine and preventive health and dental care, medication management, and wellness services; (6) Benefits counseling and advocacy, including assistance in accessing Supplementary Security Income/State Supplemental Payment; (7) Basic housing retention skills (such as unit maintenance and upkeep, cooking, laundry, working with a landlord, getting along with neighbors, and money management); and	No Yes Yes Yes						
(4) Support in linking to behavioral health care, such as assessment, crisis counseling, individual and group therapy, and peer support groups; (5) Support in linking to primary care services, including access to routine and preventive health and dental care, medication management, and wellness services; (6) Benefits counseling and advocacy, including assistance in accessing Supplementary Security Income/State Supplemental Payment; (7) Basic housing retention skills (such as unit maintenance and upkeep, cooking, laundry, working with a landlord, getting along with neighbors, and money management); and	Yes Yes Yes						
(5) Support in linking to primary care services, including access to routine and preventive health and dental care, medication management, and wellness services; (6) Benefits counseling and advocacy, including assistance in accessing Supplementary Security Income/State Supplemental Payment; (7) Basic housing retention skills (such as unit maintenance and upkeep, cooking, laundry, working with a landlord, getting along with neighbors, and money management); and	Yes Yes						
(6) Benefits counseling and advocacy, including assistance in accessing Supplementary Security Income/State Supplemental Payment; (7) Basic housing retention skills (such as unit maintenance and upkeep, cooking, laundry, working with a landlord, getting along with neighbors, and money management); and	Yes						
(7) Basic housing retention skills (such as unit maintenance and upkeep, cooking, laundry, working with a landlord, getting along with neighbors, and money management); and							
	Yes						
(8) Services for persons with co-occurring mental and physical disabilities or co-occurring mental and substance use disorders not listed above							
(b) between the persons with co-occurring mental and physical abunities of co-occurring mental and substance as a disorders not listed above.	No						
The following Supportive Services are not required to be made available but are encouraged to be part of a project's Supportive Services plan.							
(1) Recreational and social activities;							
(2) Educational services, including assessment, GED, school enrollment, assistance accessing higher education benefits and grants, and assistance in obtaining reasonable accommodations in the education process;	Yes						
(3) Employment services, such as supported employment, job readiness, job skills training, job placement, and retention services, or programs promoting volunteer opportunition for those unable to work; and	Yes						
(4) Obtaining access to other needed services, such as civil legal services, or access to food and clothing.	Yes						
File Name: G2 Supportive Services Plan Provide a copy of the Project's proposed Supportive Services Plan meeting the requirements of §112(c). Attached and on US	3? Yes						
Provider-to-Client Staff Ratio §110(a)(11)							
List all staff positions that will good services to the tenants of the HHC assisted units. Include Sponsor or LSP staff positions, and any staff positions of partnering organization have committed time to the color of the position of the position staff. For each position, list the position title, minimum requirements, the full-time equivalent (FTE), the under which the position serves in the position of the position of the position (on-site or off-site). Do not include staff which serve non-HHC assisted units. If a staff position serves both tenand non-HHC assisted units, include only that portion (i.e., % FTE) of the staff position dedicated to HHC assisted units. Attach a copy of each positions duty statement. Note: All staff positions listed here must be reflected in the Estimated Itemized Budget §112(d)(6). Be sure to indicate which staff position will be responsible for HMIS data entropy of on-site Resident Services Coordination is included as part of the project's operating budget and the position will serve supportive housing units, that position must be included to the position will serve supportive housing units, that position must be included to the position will serve supportive housing units.	organization ants in HH						





Supplemental Application Supportive Services Plan (Continued)

	Title Minimum requirements Total FTE: 3.0 Employing Organization									
List min. required staff preparation (education & Indicate FTE staff positions for SH or TH units (half-time is 0.5 FTE) List min. required staff preparation (education & Indicate FTE staff positions for SH or TH units (half-time is 0.5 FTE) Select "On-Site" or "Site"									or "Off	
Case Manager 1 Lead Service Provider On-Site										
	Peer Suppor	t				1	Sponso	or	Off-Site	
HM	IIS Administ	rator				1			On-Site	
Staffing Ratio - Must maintain at least a 1:20 provider-to-client staff Ratio.										
1. Indicate the overall services staffing level for your project by completing the calculation below.										
		vices staining	icversor your p	roject by completing the calculation below.						
		isted units.	icverior your p	roject by completing the calculation below.					15	5
a. Tota	al HHC ass	isted units.		nart for the HHC assisted units.					15 3.0	
a. Tota b. Tota	al HHC ass al FTE Ser	isted units. vice Staff from	the Staffing Ch							10
a. Tota b. Tota	al HHC ass al FTE Sen nber of Hi	isted units. vice Staff from	the Staffing Ch	nart for the HHC assisted units.	ımes, and staff	duty statement	is.	Attache	3.0 0.2	10
a. Tota b. Tota c. Nur File Name:	al HHC ass al FTE Sen nber of Hi G3	isted units. vice Staff from HC assisted S SP Org Chart	the Staffing Ch H units Per F t-Resumes	nart for the HHC assisted units. TE Staff Person (b÷a)					3.0 0.2 od and on USB?	10 1 0
a. Tota b. Tota c. Nur File Name:	al HHC ass al FTE Sen nber of Hi G3	isted units. vice Staff from HC assisted S SP Org Chart	the Staffing Ch H units Per F t-Resumes	nart for the HHC assisted units. TE Staff Person (b÷a) Attach provider organization chart, staff resu	erves as a guide	e to ensure all t			3.0 0.2 od and on USB?	10 10
a. Tota b. Tota c. Nur File Name: All projects m	al HHC ass al FTE Sen mber of HI G3 ust include	isted units. vice Staff from IC assisted S SP Org Chart an SSP meeti	the Staffing Ch H units Per F t-Resumes ing §112. Be as	nart for the HHC assisted units. TE Staff Person (b÷a) Attach provider organization chart, staff results specific as possible. The checklist below see	erves as a guide ative §112(d)(1	e to ensure all t	he components of th	ne SSP are con	3.0 0.2 od and on USB?	10 1 0
a. Tota b. Tota c. Nur File Name: All projects m	al HHC ass al FTE Sen mber of HI G3 ust include ailed narrat	isted units. vice Staff from HC assisted S SP Org Charl an SSP meeti	the Staffing Ch H units Per F t-Resumes ing §112. Be as	nart for the HHC assisted units. TE Staff Person (b÷a) Attach provider organization chart, staff results specific as possible. The checklist below season arranget Population Narra	erves as a guide ative §112(d)(1 al sub-populatio	e to ensure all t) n target or occi	he components of th	ne SSP are con	3.0 0.2 od and on USB?	10 1 0
a. Tota b. Tota c. Nur File Name: All projects m Provide a deta targeting mus	al HHC ass al FTE Sen mber of Hi G3 ust include ailed narrat t be approv	isted units. vice Staff from HC assisted S SP Org Chart an SSP meeti	the Staffing Ch H units Per F t-Resumes ing §112. Be as	nart for the HHC assisted units. TE Staff Person (b÷a) Attach provider organization chart, staff results as specific as possible. The checklist below set Target Population Narra to be served, and identification of any additionation loan closing and must be consistent with	erves as a guide ative §112(d)(1 al sub-populatio	e to ensure all t) n target or occi	he components of th	ne SSP are con	3.0 0.2 d and on USB?	10 1 0





A Final Reminder

HHC Program Website	http://www.hcd.ca.gov/grants- funding/active-funding
E-mail address for technical assistance and FAQs	HHCNOFA@hcd.ca.gov
HHC Application Support	AppSupport@hcd.ca.gov
Sign-up for the HCD Mail List	listserv

Application deadline is 5:00 p.m. on June 25, 2020