

# **No Place Like Home (NPLH)**

## **2019 NOTICE OF FUNDING AVAILABILITY**

### **Competitive Allocation Supplemental Project Application**



**State of California  
Governor Gavin Newsom**

**Alexis Podesta, Secretary  
Business, Consumer Services and Housing Agency**

**Doug McCauley, Acting Director  
Department of Housing and Community Development**

**2020 West El Camino Avenue, Suite 500  
Sacramento, CA 95833  
Phone: (916) 263-2771  
Email: [NPLH@hcd.ca.gov](mailto:NPLH@hcd.ca.gov)**

Website: <http://www.hcd.ca.gov/grants-funding/active-funding/nplh.shtml>

**September 2019**

## Instructions

Rev. 9/25/19

**When opening this file, a yellow banner at the top may appear with a button that says "Enable Editing". It is essential that you click this box so that the macros are enabled. Enabling macros is necessary for full worksheet functionality. Macros do not work with Microsoft's Excel version for Apple Mac.**

The Department will only accept applications through a postal carrier service such as U.S. Postal Service, UPS, FedEx or other carrier services that provide date stamp verification confirming delivery to The Department's office. A complete original application and an electronic copy on a USB flash drive with all applicable information must be received by The Department via postal carrier no later than 5:00 p.m. on:

**Wednesday, January 8, 2020**

Applications must be on the Department's forms and cannot be altered or modified by the Applicant. Excel forms must be in Excel format and unprotected, not a .pdf document. For application errors please fill out the Application Support worksheet and email the entire workbook to AppSupport@hcd.ca.gov.

**General Instructions** Additional instructions and guidance are given throughout the Supplemental Application in red text and in cell comments.

**Guideline references are made with "\$" and the corresponding guideline section number.**

Yellow cells are for Applicant input. Failure to provide the required attachments and documentation may disqualify your application from consideration or may negatively impact your point score.

Required attachments (if applicable) are indicated in orange cells throughout the Supplemental Application. Failure to provide the required attachments and documentation may disqualify your application from consideration or may negatively impact your point score. Electronically attached files must use the naming convention in the Supplemental Application. For Example: "App1 Payee Data" for Applicant1 Payee Data Record/STD. 204.

Self-score points awarded are indicated in blue cells in the 'Selection Criteria' worksheet. These are automated calculations based on the inputs provided by the Applicant.

Red shaded cells indicate the Applicant has failed to meet a requirement of the program.

### **Universal Application (UA) Instructions**

**Applicants must complete the following worksheets in the UA.**

Narrative

Site & Units

Misc.

Rents

NPLH Rents

Subsidies

Dev Sources

Dev Budget

Perm S&U

TBL and High Cost Test

Dev Fee 2019

Dev Fee 2017 UMR

Supportive Services Cost

Reserves

Operating

Cash Flow

NPLH COSR Calculation

### **Supplemental Application Instructions**

**Applicants must complete the following worksheets in the Supplemental Application.**

Project Threshold Req

Local & Env Verification

Supportive Services Plan

SS Verification (only if the County is NOT the Lead Service Provider)

Loan Amount & Unit Mix

Scoring

Certification & Legal

**Disclosure of Application (California Public Records Act Statutes of 1968 Chapter 1473):** Information provided in the application will become a public record available for review by the public, pursuant to the California Public Records Act Statutes of 1968 Chapter 1473. As such, any materials provided will be disclosable to any person making a request under this Act. The Department cautions Applicants to use discretion in providing information not specifically requested, including but not limited to, bank accounts, personal phone numbers and home addresses. By providing this information to the Department, the Applicant is waiving any claim of confidentiality and consents to the disclosure of submitted material upon request.

**NPLH Project Threshold Requirements**

Rev. 9/25/19

Project Name: Hollister Lofts		County Population: <input type="checkbox"/> Less than 200,000 <b>(MUST CHECK ONE)</b> <input checked="" type="checkbox"/> Greater or equal to 200,000	
Project Address: 4670 Hollister Ave		County: Santa Barbara	Zip: 93110
Project City: Goleta	Assessor Parcel Numbers (APNs): 061-040-030	Parcel Number 2	Parcel Number 3
Parcel Number 4		Parcel Number 5	Parcel Number 6
Parcel Number 7		Parcel Number 7	
Will this be a TCAC hybrid Project?			
<p><b>Projects must meet ALL of the following minimum requirements for loans underwritten by the Department using funds from the Competitive Allocation. Answers provided to the questions below are subject to verification by the Department. The Department may request other information as necessary to evaluate the Application.</b></p>			
<b>Uses and Terms §200</b>			
(a) Applicant acknowledges NPLH funds shall be used to finance capital costs of Assisted Units in Rental Housing Developments, including but not limited to, costs associated with the acquisition, design, construction, rehabilitation, or preservation of Assisted Units consistent with the eligible costs set forth under 25 CCR §7304(b) except that NPLH funds cannot be used to capitalize reserves other than as set forth in subsection (b).			Yes
(b) Applicant acknowledges NPLH funds may be used to fund a COSR for Assisted Units pursuant to the requirements of §209. For loans underwritten by the Department, NPLH funds may also be used to fund a COSR required under 25 CCR §8308.			Yes
(d) Applicant acknowledges that the total amount of Program funds awarded shall not exceed the eligible costs associated with Assisted Units. In determining these costs, the cost allocation rules in 25 CCR §7304(c) shall apply, but the term "Restricted Units" in such section shall be deemed to refer to "Assisted Units."			Yes
(e) Applicant acknowledges that the stacking of multiple the Department Development Funding Sources on an NPLH Assisted Unit is not allowed except as provided in §202(e).			Yes
<b>Eligible Applicant §202(a)</b>			
Applicant is a single County acting as the Development Sponsor?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Applicant is a County applying jointly with another County?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, is there a commitment from both Counties to collaborate on services <b>and</b> an expectation for NPLH tenants from each county to reside in the Project?			
File Name:	Joint County Commitment	Documentation of commitment both Counties to collaborate on services and an expectation for NPLH tenants	Attached and on USB?
Applicant is applying jointly with another entity as the Development Sponsor?			<input type="checkbox"/> Yes <input type="checkbox"/> No
County Applicant: Santa Barbara County			
Legal name of Applicant as stated on resolution: Department of Behavioral Wellness			
Address   315 Camino del Remedio, Bldg 3		City   Santa Barbara	State   CA
Zip   93110		Auth Rep Name   Alice Gleghorn	Title   Director of Behavioral Welln
Auth Rep Email   agleghorn@co.santa-barbara.ca.us		Phone   805-681-5220	
Contact Name   Natalia Rossi		Title   Program Coordinator	Email   nrossi@co.santa-barbara.ca.us
Phone   805-681-5366		Address   315 Camino del Remedio, Bldg 3	
City   Santa Barbara		State   CA	Zip   93110
File Name:	App Cert & Legal Disclosure	Reference Certification & Legal worksheet	Attached and on USB?
File Name:	App Comp Resolution	Reference NPLH webpage for Competitive Resolution document	Attached and on USB? Yes
File Name:	App Noncomp Reso	NPLH Noncompetitive Resolution (if applicable)	Attached and on USB? Yes
File Name:	App Noncomp Allocation	Applicant Noncompetitive Allocation (if applicable)	Attached and on USB? Yes
File Name:	App Signature Block	Signature Block - upload in Microsoft Word document	Attached and on USB? Yes
File Name:	App TIN	Reference Taxpayer Identification Number (TIN) documents on the NPLH webpage	Attached and on USB? Yes
Development Sponsor:		Department of Behavioral Wellness	Sponsor Type   Local Public Entity
Organization Type   Nonprofit		Address   815 W Ocean Ave	
City   Santa Barbara		State   CA	Zip   93110
Auth Rep Name   Robert P. Havlicek Jr.	Title   CEO	Auth Rep Email   bobhavlicek@hasbarco.org	Phone   805-736-3423
Contact Name   John Polanskey	Title   Director of Housing Development	Email   johnpolanskey@hasbarco.org	Phone   805-736-3423
Address   815 W Ocean Ave		City   Santa Barbara	State   CA
Zip   93110		File Name: Dev. Sponsor Cert & Legal Disclosure	
Reference Certification & Legal worksheet		Attached and on USB? Yes	
WOWS	Dev. Sponsor Comp Resolution	Reference NPLH webpage for Competitive Resolution document	Attached and on USB? Yes
File Name:	Dev. Sponsor Noncomp Reso	Development Sponsor NPLH Noncompetitive Resolution (if applicable)	Attached and on USB? Yes
File Name:	Dev. Sponsor OrgDoc1, OrgDoc2, etc...	Reference Sponsor Org Docs worksheet	Attached and on USB? Yes
File Name:	Dev. Sponsor OrgChart	Joint Applicant Development Sponsor Entity/Organization Chart	Attached and on USB? Yes
File Name:	Dev. Sponsor Signature Block	Signature Block - upload in Microsoft Word document	Attached and on USB? Yes
File Name:	Dev. Sponsor Payee Data or TIN	Reference Payee Data Record (STD-204) or Taxpayer Identification Number (TIN) documents on the NPLH webpage	Attached and on USB? Yes
<b>Owner/Borrower Entity</b>			
Legal Name   Limited Partnership (to be formed)		Sponsor Type   Limited Partnership	Organization Type   Nonprofit
Address   815 W Ocean Ave		City   Goleta	State   CA
Zip   93110		Auth Rep Name   Robert P. Havlicek Jr.	Title   CEO
Auth Rep Email   bobhavlicek@hasbarco.org		Phone   805-736-3423	
Contact Name   John Polanskey		Title   Director of Housing Development	Email   johnpolanskey@hasbarco.org
Phone   805-736-3423		Address   815 W Ocean Ave	
City   Lompoc		State   CA	Zip   93436
File Name:	Ownr/Bwr Cert & Legal Disclosure	Reference Certification & Legal worksheet	Attached and on USB? Yes
File Name:	Ownr/Bwr Comp Resolution	Reference NPLH webpage for Competitive Resolution document	Attached and on USB? Yes
File Name:	Ownr/Bwr OrgDoc1, OrgDoc2, etc...	Reference Sponsor Org Docs worksheet	Attached and on USB? Yes
File Name:	Ownr/Bwr OrgChart	Owner Entity/Organization Chart	Attached and on USB? Yes
File Name:	Ownr/Bwr Signature Block	Signature Block - upload in Microsoft Word document	Attached and on USB? Yes
File Name:	Ownr/Bwr Payee Data or TIN	Reference Payee Data Record (STD-204) or Taxpayer Identification Number (TIN) documents on the NPLH webpage	Attached and on USB? Yes
<b>Managing General Partner</b>			
Legal Name   Surf Development Company		Sponsor Type   Corporation	Organization Type
Address   815 W Ocean Ave		City	State   CA
Zip   93110		Auth Rep Name   Robert P. Havlicek Jr.	Title   CEO
Auth Rep Email   bobhavlicek@hasbarco.org		Phone   805-736-3423	

**NPLH Project Threshold Requirements**

Rev. 9/25/19

Contact Name	John Polanskey	Title	Director of Housing Development	Email	johnpolanskey@hasbarco.org	Phone	805-736-3423	
Address	815 W Ocean Ave			City		State	CA	
Zip	93436							
File Name:	MGP Cert & Legal Disclosure	Reference Certification & Legal worksheet				Attached and on USB?		
File Name:	MGP Comp Resolution	Reference NPLH webpage for Competitive Resolution document				Attached and on USB?		
File Name:	MGP OrgDoc1, OrgDoc2, etc...	Reference Sponsor Org Docs worksheet				Attached and on USB?		
File Name:	MGP OrgChart	MGP Entity/Organization Chart				Attached and on USB?		
File Name:	MGP Signature Block	Signature Block - upload in Microsoft Word document.				Attached and on USB?		
File Name:	MGP Payee Data or TIN	Reference Payee Data Record (STD-204) or Taxpayer Identification Number (TIN) documents on the NPLH webpage				Attached and on USB?		

<b>Administrative General Partner</b>								
Legal Name	Housing Authority of the County of Santa Barbara			Sponsor Type	Local Public Entity	Organization Type	Public Entity	
Address	815 W Ocean Ave			City	Lompoc	State	CA	
Zip	93426							
Auth Rep Name	John Polanskey	Title	Director of Development	Auth Rep Email	johnpolanskey@hasbarco.org	Phone	805-736-3423	
Contact Name	Darcy Brady	Title	Project Coordinator	Email	darcybrady@hasbarco.org	Phone	805-736-3423	
Address	815 W Ocean Ave			City	Lompoc	State	CA	
Zip	93436							
File Name:	AGP Cert & Legal Disclosure	Reference Certification & Legal worksheet				Attached and on USB?		
File Name:	AGP Comp Resolution	Reference NPLH webpage for Competitive Resolution document				Attached and on USB?		
File Name:	AGP OrgDoc1, OrgDoc2, etc...	Reference Sponsor Org Docs worksheet				Attached and on USB?		
File Name:	AGP OrgChart	Sponsor Organization Chart				Attached and on USB?		
File Name:	AGP Signature Block	Signature Block - upload in Microsoft Word document				Attached and on USB?		
File Name:	AGP Payee Data or TIN	Reference Payee Data Record (STD-204) or Taxpayer Identification Number (TIN) documents on the NPLH webpage				Attached and on USB?		

**Project Contacts**

<b>Property Management Company (must be entity qualifying for experience below)</b>							
Legal Name	Housing Authority of the County of Santa Barbara			Contact Name	Robert P. Havlicek Jr.	Contact Email	bobhavlicek@hasbarco.org
Phone	805-736-3423	Address	815 W Ocean Ave.	City	Lompoc	State	CA
Zip	93426						
<b>Lead (primary) Service Provider (must be entity qualifying for experience below)</b>							
Legal Name	Santa Barbara County Department of Behavioral Wellness			Contact Name	Natalia Rossi	Contact Email	nrossi@co.santa-barbara.ca.us
Phone	805-681-5220	Address	315 Camino del Remeido	City	Santa Barbara	State	CA
Zip	93110						
<b>Financial Consultant</b>							
Legal Name	Horizon Development Consulting			Contact Name	Keith Stanley	Contact Email	keith.stanly@horizondev.com
Phone		Address		City		State	
Zip							
<b>Borrower Legal Counsel</b>							
Legal Name	Carle, Mackie, Power & Ross			Contact Name	Bill Carle	Contact Email	bcarle@cmprlaw.com
Phone	707-526-4200	Address	100 B Street, Suite 400	City	Santa Rosa	State	CA
Zip	95401						
<b>General Contractor</b>							
Legal Name	TBD			Contact Name		Contact Email	
Phone		Address		City		State	
Zip							
<b>Architect</b>							
Legal Name	RRM Design Group			Contact Name	Detlev Pikert	Contact Email	dhpikert@rmdesign.com
Phone	805-963-8283	Address	10 East Figueroa St.	City	Santa Barbara	State	CA
Zip	93101						
<b>Development Funding Source</b>							
Legal Name	TBD - Perm Loan			Contact Name		Contact Email	
Phone		Address		City		State	
Zip							
<b>Development Funding Source</b>							
Legal Name	Housing Authority of the County of Santa Barbara (HEAP)			Contact Name	Robert P. Havlicek Jr.	Contact Email	bobhavlicek@hasbarco.org
Phone		Address		City		State	
Zip							
<b>Development Funding Source</b>							
Legal Name	CREA (Tax Credits)			Contact Name	Richard Shea	Contact Email	rshea@creallc.com
Phone	858-386-5199	Address	12396 World Trade Drive, Suite 218	City	San Diego	State	CA
Zip	92128						
<b>Development Funding Source</b>							
Legal Name	Surf Development Company (Deferred Developer Fee)			Contact Name	Robert P. Havlicek Jr.	Contact Email	bobhavlicek@hasbarco.org
Phone	805-736-3423	Address	815 W Ocean Ave.	City	Lompoc	State	CA
Zip	93426						
<b>Development Funding Source</b>							
Legal Name				Contact Name		Contact Email	
Phone		Address		City		State	
Zip							
<b>Rent/Operating Subsidy Source</b>							
Legal Name	Housing Authority of the County of Santa Barbara			Contact Name	John Polanskey	Contact Email	johnpolanskey@hasbarco.org
Phone	805-736-3423	Address	815 W Ocean Ave.	City	Lompoc	State	CA
Zip	93426						
<b>Rent/Operating Subsidy Source</b>							
Legal Name				Contact Name		Contact Email	
Phone		Address		City		State	
Zip							

**Eligible Use of Funds §202(b)**

Does the Application request funds for the eligible costs set forth in §200 as listed on the UA Project Development Budget?	Yes
Does Project have a minimum of 5 units and serve persons qualifying as members of the Target Population?	Yes
Does Project involve new construction and demolition of existing residential structures?	No
If yes, does the number of bedrooms in the new Project at least equal the number of bedrooms in the demolished structures? (see UA 'Sites & Units' worksheet)	
Is Applicant requesting exceptions to the one-to-one replacement requirement in accordance with §202? If yes, please explain why:	No

NPLH Project Threshold Requirements

Rev. 9/25/19

Experience §202(c)

Experience §202(c) - Collectively, among the members of the Project team consisting of the Applicant County, any other Development Sponsor, the Lead Service Provider, if not the County, and the property manager, all of the following minimum experience requirements must be met. For applications in Counties with a population of less than 200,000, the minimum experience requirements of the Project team may be satisfied by the requirements in §202(c)(1), or collectively the Project team must meet all the requirements §202(c)(2)(A): (MUST click on the applicable County Population box in cells AE2-4 for the applicable questions to appear).

1A. Applicant or Development Sponsor: List development, ownership, or operation of Permanent Supportive Housing experience or at least two affordable rental housing Projects in the last 10 years, with at least one of those Projects containing at least one Unit housing a tenant who qualifies as a member of the Target Population.

Project Name	Type of Project	Target Population Served §101	Date Developed, Owned, Operated
Depot Street	Permanent Supportive Housing	Chronically Homeless	1/1/19
Rancho Hermosa	Permanent Supportive Housing	Chronically Homeless	1/1/12
Garden Street Apartments	Permanent Supportive Housing	Chronically Homeless	1/1/12

1B. Lead Service Provider, (which may be the County): List experience totaling three or more years serving persons who qualify as members of the Target Population. If this experience is not within PSH, must include experience helping persons address barriers to housing stability or providing other services related to housing retention.

Project Name or Experience Description	Type of Experience	Target Population Served §101	# of months serving	Total Years
Depot Street	Permanent Supportive Housing	Chronically Homeless	12.00	15.00
Rancho Hermosa	Permanent Supportive Housing	Chronically Homeless	84.00	
Garden Street Apartments	Permanent Supportive Housing	Chronically Homeless	84.00	

If claiming experience other than PSH, provide a detailed description of the type of experience and how it relates to the Project.

1C. Property Manager: List experience totaling three or more years serving persons who qualify as members of the Target Population.

Project Name	Type of Experience	Target Population Served §101	# of months serving	Total
Pescadero Lofts	Permanent Supportive Housing	Homeless	84.00	21.00
Rancho Hermosa	Permanent Supportive Housing	Chronically Homeless	84.00	
Garden Street Apartments	Permanent Supportive Housing	Chronically Homeless	84.00	

Site Control §202(d), UMR §8303

Does Development Sponsor have site control? If yes, enter form of site control and most recent execution date. Describe site control special circumstances at bottom of worksheet. §202(d)(2) At the time of application, site control documented shall be for a time period no shorter than through the anticipated date of the award of NPLH funds by the Department, as set forth in the most current NPLH NOFA under which the Project is applying for funds.

Yes

Address	Form of Site Control	Current Owner	Execution Date	Expiration Date	Number of Units	Number of NPLH Units	APN
4670 Hollister Ave., Goleta, CA 93110	Enforceable Option to Lease or Purchase	County of Santa Barbara	11/5/2019	11/5/2022			061-040-030
							Parcel Number 2
							Parcel Number 3
							Parcel Number 4
							Parcel Number 5
							Parcel Number 6

NPLH Project Threshold Requirements

Rev. 9/25/19

Parcel Number 7

Provide details below for unusual site control special circumstances:

File Name:	Site Control	Provide documentation of the form of site control selected above meeting UMR §8303	Attached and on USB?	Yes
File Name:	Preliminary Title Report	Provide a current preliminary report	Attached and on USB?	Yes

Integration §202(e)

(1) Will the NPLH units be integrated with other units in the Project and not separated onto separate floors or areas of the building?	Yes
(2) If Project has greater than 20 units, are the NPLH units as a % of the total units less than or equal to 49%? (see 'Loan Amount and Unit Mix' worksheet)	Yes
(3) For a hybrid Project, the total number of Units may be allocated disproportionately to the 4% component of a hybrid transaction if all the following conditions are met: A. The hybrid transaction is a single building transaction and all of the NPLH Units will be located within the same physical structure; B. For Projects of greater than 20 Units, the total number of NPLH Units within the building containing both elements of the hybrid tax credit transaction are equal to or less than 49% of the total units within this building, and C. The Applicant can demonstrate to the reasonable satisfaction of the Department that the NPLH Units will be reasonably distributed throughout the building to facilitate compliance with the other requirements of §202(e).	
(4) Applicant certifies that they will facilitate or provide regular community building activities and architectural design features that promote tenant interaction, as feasible, depending on the scope of the construction or rehabilitation activity. For example, community space within the Project, wide hallways, etc.	Yes
(5) The service plan and property management plan submitted with the application document policies that promote participation by tenants in community activities, and impose no restrictions on guests that are not otherwise required by other project funding sources, or that would not be common in other unsubsidized rental housing in the community.	Yes

Please provide a brief narrative on how the project will be integrated:

The committed NPLH units are "floating" rather than fixed units to ensure that they will be fully integrated with the non-NPLH units. Interaction among all residents will be encouraged through a variety of support services and other activities that will be help in the community center. These include financial literacy, healthy cooking, potluck dinners, as well as other various life-skill activities. These activities will be available to all residents at no charge, but not required as a condition of tenancy. Members of the faith community and other community-based organizations will also provide activities that will encourage resident participation with the community at large.

Amenities §202(f)

Is the Project site(s) reasonably accessible to public transportation, shopping, medical services, recreation, schools, and employment in relation to the needs of the Project's tenants and what is typically available in that County?	Yes			
File Name:	Amenities Map	If yes, provide a radius map with the above amenities identified by markers	Attached and on USB?	

Article XXXIV §202(g)

Does Article XXXIV legal opinion submitted to the Department demonstrate that the Applicant has considered both the legal requirements of Article XXXIV and the relevant facts of the project? Any conclusion that the project is exempt from Article XXXIV must be supported by specific facts and a specific legal theory for exemption that itself is supported by the Constitution, statute, and/or case law. Documentation provided shall be subject to Department review and approval.	Yes			
File Name:	Article XXXIV Legal Opinion	If the Application includes an Article XXXIV Legal Opinion, provide a copy of Legal Opinion	Attached and on USB?	Yes
File Name:	Article XXXIV Authority	If the locality has sufficient Article XXXIV authority, provide documentation as set forth in the NOFA	Attached and on USB?	

Department Application Requirements and Forms §202(h)

<b>Applicant acknowledges that Applications shall be on forms made available by the Department. In addition, applications must contain all of the following:</b>				
§202(h)(1) A resolution from the County Board of Supervisors to make available to the Project's NPLH tenants, for a minimum of 20 years, mental health supportive services and to coordinate the provision or referral to other services as outlined in the County's supportive services plan for the Project, including but not limited to, substance use services. The County's obligations pursuant to this requirement shall begin when a Project receives its certificate of occupancy, or other evidence of Project completion for Projects already occupied. This resolution shall also contain other commitments related to the County's obligations as Applicant for the Project funds. <b>NOTE: This language is already included in the NPLH Resolution template on the NPLH webpage.</b>				Yes
§202(h)(2) If applicable, a resolution from the governing body of the Development Sponsor related to its obligations as co-Applicant for the Project funds.				Yes
§202(h)(3) An initial plan for providing supportive services based on the anticipated needs of the Target Population proposed to be served by the Project. The Supportive Services Plan must meet the requirements outlined in §203. <b>The NPLH Supportive Services Plan is now a worksheet within the Supplemental Application. Complete the Supportive Services Plan worksheet. No separate Supportive Services Plan should be submitted.</b>				Yes
§202(h)(4) A property management plan that: A. Utilizes a low-barrier tenant selection process that prioritizes those with the highest needs for available housing; B. Implements Housing First practices, consistent with the core components set forth in Welfare and Institutions Code Section 8255(b); and C. Implements policies and practices to prevent evictions and to facilitate the implementation of reasonable accommodation policies.				
File Name:	Property Management Plan	Provide a copy of Project's proposed Property Management Plan meeting requirements of §202(h)(4)	Attached and on USB?	
§202(h)(5) If not already submitted by the County, the County's plan to combat homelessness that meets the requirements of §201(c).				Yes
§202(h)(5) Was County's Plan to Combat Homelessness previously submitted meeting the requirements of §201(c)?		Yes	If yes, date submitted:	4/15/2019
File Name:	Homeless Plan	If not previously submitted, provide a copy of the County's Plan to Combat Homelessness §201(c)	Attached and on USB?	
§202(h)(6) Applicant must submit items (A)-(F) below in order to determine Project feasibility and compliance with Program requirements.				
File Name:	Market Study	§202(h)(6)(A) For Projects with Units that will not be assisted by NPLH, a market study prepared in accordance with TCAC requirements which demonstrates a market for the non-Assisted Units, information on the anticipated need for the Assisted Units, and how referrals will be made in compliance with the requirements of §206 and §211	Attached and on USB?	Yes
§202(h)(6)(B) For Projects where 100% of the Units will be NPLH Assisted Units, information on the anticipated need for the Assisted Units, and how referrals will be made in compliance with the requirements of §206 and §211.				
N/A				
File Name:	Appraisal Report	Appraisals are required for all projects which include a land cost or value in their development budget. Appraisals shall be prepared in accordance with TCAC requirements as specified in §202(h)(6)(C).	Attached and on USB?	Yes
File Name:	Preliminary title report	§202(h)(6)(D) Preliminary title report dated within 30 days of NPLH Application due date	Attached and on USB?	Yes

**NPLH Project Threshold Requirements**

Rev. 9/25/19

<b>File Name:</b>	<b>Phase I/II reports</b>	<b>§202(h)(6)(E)</b> For new construction projects, a Phase I Environmental Site Assessment prepared for the property prepared in accordance with ASTM E1527-13 within 12 months of the NPLH Application due date. A Phase II environmental report is required if recommended by the Phase I	Attached and on USB?	Yes
<b>File Name:</b>	<b>Lead-based paint, mold, asbestos reports</b>	<b>§202(h)(6)(F)</b> For rehabilitation projects, lead-based paint, mold and asbestos reports	Attached and on USB?	
<b>Financial Feasibility §202(i)</b>				
Does Project commit to complying with the §206 Occupancy and Income requirements?	Yes	Does Project comply with the §207 Rent Limits and Transition Reserves requirements? (UA 'Rents' and 'Dev Budget' worksheets)		Yes
<b>Environmental Conditions §202(j)</b>				
Is the Project free from severe adverse environmental conditions that are economically infeasible to remove and cannot be mitigated?				
None, there are no known environmental conditions that would be economically infeasible to mitigate				

**NPLH Project Threshold Requirements**

Rev. 9/25/19

**Relocation §202(k)**

Will tenant relocation occur as a result of this Project? If development will result in displacement of tenant, the Development Sponsor shall be solely responsible for providing the assistance and benefits set forth in §202(k) and other applicable local, state and federal law. All relocation docs are subject to the Department review and approval.

No

(3) If the Applicant determines that relocation requirements are not applicable to the Project, the application must explain and document why relocation does not apply. This will be a newly constructed development on vacant land which does not require relocation

**File Name:** No Relocation Provide narrative explanation and identify documents supporting no relocation required Attached and on USB?

**State and Local Requirements §202(l)**

Is the Project on a permanent foundation? Yes Will the project meet all applicable State and local requirements, including but not limited to, minimum square footage requirements, and requirements for maintaining the property in a safe and sanitary condition? Yes

**Scattered Site Housing §202(m)**

Is the Project a scattered site housing project? No

If yes, will it meet the §202(m) requirements including but not limited to all Project sites having a single owner and property manager, and no more than one lender with required payments senior to the Department's loan? N/A

**Supportive Services §203(c)**

(a) Applicant acknowledges each NPLH application selected for funding must include a Project-specific supportive services plan developed by the County in partnership with the Project Sponsor, supportive service providers, and the property manager. Yes

(b) Applicant acknowledges that the property management staff and service providers must make participation in supportive services by NPLH tenants voluntary. Access to or continued occupancy in housing cannot be conditioned on participation in services or on sobriety. The supportive services plan must describe the services to be made available to NPLH tenants in a manner that is voluntary, flexible and individualized, so NPLH tenants may continue to engage with supportive services providers, even as the intensity of services needed may change. Adaptability in the level of services should support tenant engagement and housing retention. Yes

(c) Applicant acknowledges that the supportive services in §203(c) shall be made available to NPLH tenants based on tenant need. Available mental health services shall be provided directly by the County or through a subcontracted lead service provider. The County or the County's lead service provider for the Project shall coordinate the provision of or referral to services needed by individual tenants, including but not limited to substance use treatment services, for a minimum of 20 years. Except as otherwise noted, the required services can be provided onsite at the Project or offsite at another location easily accessible to tenants. Complete the Supportive Services Plan tab found within this NPLH Supplemental Application. No separate Supportive Services Plan is required to be attached. Yes

(d) Applicant acknowledges that the supportive services in §203(d) are not required to be made available, but are encouraged to be part of a County's supportive services plan. These services may be provided directly by the County or a County-contracted service provider, or the County may coordinate the provision of or referral to these services as needed by individual tenants. Yes

(e) Applicant acknowledges that the additional information in §203(e) shall be provided in the supportive services plan. Yes

(f) Applicant acknowledges that copies of draft written agreements or memoranda of understanding (MOUs) must be provided which identify the roles and responsibilities of the County, the project owner, other service providers, and the property manager. Specific organizations do not need to be identified unless those organizations are used to satisfy the experience requirements required to submit an application under Sections 202, 301 or 401. The draft written agreements or MOUs must be materially consistent with the information set forth in the supportive services plan. Yes

(g) Applicant acknowledges that the Department may request that any necessary updates to the supportive services plan or related documents, including fully executed written agreements between the County, service providers, the Project owner, and the property manager, be provided prior to the beginning of the initial rent-up period or prior to permanent loan closing. Yes

(h) Applicant acknowledges Projects funded under Article II of these Guidelines, changes in which entity is the lead service provider may be permitted after application submittal with prior approval from the Department, as long as all Program requirements of the lead service provider continue to be satisfied, and as long as the change in lead service provider would not result in a lower application score for Projects scored under the rating factors in §205(e) and §205(f). Yes

**File Name:** MOU Memoranda of Understanding which identify the roles and responsibilities of the County, the project owner, other service providers, and the property manager Attached and on USB?

**COSR Eligibility §209(d)**

In order to be eligible to receive a COSR, the Applicant must first demonstrate, and the Department must verify prior to issuing an award letter for the Project that, in lieu of relying in whole or in part on COSR assistance for Assisted Units, the Applicant or its development partners have provided documentation as required in either subsection (1) or (2) below.  
 (1) A. Identified all possible federal, state, and local sources of rental assistance and other operating assistance to support the Assisted Units; and B. Submitted applications or other written requests to the appropriate entity to secure Project-based rental or other operating assistance to support the Assisted Units; OR  
 (2) A. Identified all possible federal, state, and local sources of rental assistance and other operating assistance to support the Assisted Units; and B. Can provide other evidence from the appropriate entities that rental assistance and other operating assistance is not available to support the Assisted Units.

Discuss efforts undertaken to meet the requirements of §209(d).

We are electing not to use the COSR

**File Name:** COSR Eligibility Provide evidence from local housing authority or other entities addressing §209(d) Attach and on USB?

**Tenant Selection §211**

Applicant acknowledges that tenants shall be selected through use of a CES or other similar system for those At-Risk of Chronic Homelessness in accordance with the provisions of 25 CCR Section 8305 and in compliance with Housing First requirements consistent with the core components set forth in Welfare and Institutions Code Division 8 Chapter 6.5 Section 8255 subsection (b), and basic tenant protections established under federal, state, and local law. Tenant eligibility criteria must be satisfied prior to being referred to an NPLH Project. All referral protocol for NPLH units must be developed in collaboration with the local Continuum of Care and implemented consistent with Program requirements. Yes



**NPLH Project Threshold Requirements**

Rev. 9/25/19

**State Prevailing Wage Requirements**

Applicant certifies the Project will comply with State Prevailing Wage Law, as set forth in Labor Code Section 1720 et seq., which requires the payment of prevailing wages unless the project meets one of the exceptions of Labor Code 1720(c) as determined by the Applicant on a case-by-case basis.	Yes
--	-----

Applicant certifies that the Project falls within an exception to Labor Code Section 1720(c) et seq; therefore State Prevailing Wage does not apply.	Yes
--	-----

Provide description of how Project falls within an exception to Labor Code Section 1720(c):

This project will not be utilizing 9% tax credits and is exempt

**Explanations**

Provide details below for all "No" answers that are shaded red above (if more space is needed attach separate sheet):

The site has been vacant, we have no record of there ever being a structure on the site location.

**Local Jurisdiction and NEPA Responsible Entity Verification**

Rev. 9/25/19

**Applicant:** Submit this form to the agency or department of local government responsible for administration of the items listed. This form may be submitted to more than one agency or department if necessary. If the NEPA Responsible Entity is not a local government (e.g. State of Calif. HOME Program, USDA RD), also submit a copy of this form to the appropriate NEPA Responsible Entity. If an item is not required, indicate the reason in the box below.

<b>Project Applicant:</b>	Department of Behavioral Wellness
<b>Applicant Address:</b>	315 Camino del Remedio, Bldg 3
<b>Applicant City:</b>	Santa Barbara
<b>Project Name:</b>	Hollister Lofts
<b>Project Address/site:</b>	4670 Hollister Ave
<b>Project City:</b>	Goleta
<b>Project County:</b>	Santa Barbara
<b>Assessor Parcel Numbers (APNs):</b>	061-040-030, Parcel Number 2, Parcel Number 3, Parcel Number 5, Parcel Number 6, Parcel Number 7

**Local jurisdiction or NEPA Responsible Entity:** The Applicant named above has submitted an application to the State Dept. of Housing and Community Development (the Department) requesting funding for the project named above, under the No Place Like Home (NPLH) program. Projects submitted for program funding are subject to a competitive rating process. Project readiness is a component of that process. Verification of items listed below will be used in evaluating NPLH applications.

	Not Required for this Project	Final date of Public Comment Period	Approved Date
All Environmental Clearances (CEQA and NEPA) necessary to begin construction are either final approved or unnecessary:	CEQA	X	
	NEPA		TBD

Specify in the box below, items not required and explain why (include documentation, if applicable):

AB 2162 [SEC.2 65583.a.4.B: (B) The permit processing, development, and management standards applied under this paragraph shall not be deemed to be discretionary acts within the meaning of the California Environmental Quality Act (Division 13 (commencing with Section 21000) of the Public Resources Code).

	Not Required for this Project	Verified as Complete and date completed
All necessary land use approvals or entitlements necessary prior to issuance of a building permit, including any required discretionary approvals, such as site plan or design review.		TBD

Specify in the box below, items not required and explain why (include documentation, if applicable):

TBD

Project Applicant has submitted a complete application to the relevant local authorities for land use approval under a nondiscretionary local approval process, where the application has been neither approved or disapproved. A nondiscretionary local approval process is one that includes little or no subjective judgement by the public official and is limited to ensuring that the proposed development meets a set of objective zoning, design review and/or subdivision standards in effect at the time the application is submitted to the local government. A "nondiscretionary local approval process" includes Streamlined Ministerial Approval Processing under to Chapter 366, Statutes of 2017 (SB 35), By-Right Processing for Permanent Supportive Housing under Chapter 753, Statutes of 2018 (AB 2162), housing element law (Government Code Section 65583.2(i)), or other local process that meets the definition of non-discretionary approval process.	Yes
---	-----

**Projects located within the boundaries of an incorporated city, the city shall make the necessary determinations, and for Projects located in the unincorporated areas of a county, the county shall make the necessary determinations. The appropriate entity shall sign below.**

**Dated:** \_\_\_\_\_

**Statement completed by (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Agency or Department Name:** \_\_\_\_\_

**Agency or Department Address:** \_\_\_\_\_

**Agency or Department Phone:** \_\_\_\_\_

**Supportive Services Plan (SSP) §203**

Rev. 9/25/19

Instructions: All Projects that include Supportive Housing units must complete a Supportive Services Plan for the NPLH units. The checklist below shall serve as a guide to ensure that the Supportive Services Plan is complete.

<b>Part I.</b>	<b>Tenant Selection Narrative</b>
Yes	Section 1: Tenant Selection Criteria
<b>Part II.</b>	<b>Lead Service Provider (LSP) Detail</b>
Yes	Section 1: Lead Service Provider (LSP)
Yes	Section 2: Best Practices in Service Delivery
<b>Part III.</b>	<b>Supportive Services Detail</b>
Yes	Section 1: Supportive Services Chart
Yes	Section 2: Supportive Services Coordination
Yes	Section 3: Verification from Appropriate Public or Non-Profit Funding Agency
<b>Part IV.</b>	<b>Tenant Safety and Engagement</b>
Yes	Section 1: Tenant Engagement
Yes	Section 2: Safety and Security
<b>Part V.</b>	<b>Staffing</b>
Yes	Section 1: Staffing Chart
Yes	Section 2: Staffing Ratios
<b>Part VI.</b>	<b>Supportive Services Budget</b>
Yes	Section 1: Supportive Services Budget Table & Cost Per Unit Table
Yes	Section 2: Budget Narrative and Funding Commitments
Yes	Section 3: Service Funding History Table
<b>Part VII.</b>	<b>Collaboration and Reporting</b>
Yes	Section 1: Collaboration
Yes	Section 2: Reporting Requirements Certification

**Part I. Tenant Selection Narrative**

This section asks for a detailed description of the tenant selection process. Using the titled sections below, the narrative should be as specific as possible, delineating the roles of property management and the Lead Service Provider and how these functions will be coordinated. Your description should clearly and conclusively document processes to ensure NPLH tenant households occupy NPLH Assisted Units following tenant selection and Housing First Practices.

**Section 1: Tenant Selection Criteria**

**1. Target Tenant Population and Eligibility Criteria**

a. Do you use Housing First Practices? Yes

b. Describe the criteria that will be used to ensure that tenants are eligible to occupy the NPLH Assisted Units.

The developer will receive and screen referrals of County NPLH tenants using our CES only. Reasonable selection criteria, as referred to in 25 CCR Section 8305 (a) (1) shall include priority status under our local CES which was developed pursuant to 24 CFR578.7 (a)(8). Developer will accept tenants regardless of sobriety, participation in services or treatment, history of incarceration, credit, or history of eviction in accordance with practices permitted pursuant to Welfare and Institutions Code Section 8255.

c. Description of the Target Population to be served, and identification of any additional subpopulation target or occupancy preference for the NPLH Project that the Applicant wishes to undertake beyond what is permitted under the Target Population requirements. **NOTE: Any additional subpopulation targeting or occupying preference for an NPLH Project must be approved by the Department prior to construction loan closing and must be consistent with federal and state fair housing requirements.**

The Target population to be served are homeless individuals. There are no additional subpopulation targets or occupying preferences.

d. If not stated in question (b) in this section, describe the criteria relating to the applicant's income eligibility, and eligibility as a member of the Target Population as defined under Section 101 of the NPLH Guidelines.

Total household income at the time of move-in will not exceed the 30 percent AMI limits published by the Department. Income determination shall be made in accordance with the requirements in 25 CCR Sections 6914 and 6916. Tenants are considered eligible if they are considered homeless, chronically homeless, or at-risk of homelessness in accordance with procedures established through our Coordinated Entry System.

e. Describe any additional eligibility criteria other than those indicated above, i.e., information needed to determine if Applicant can comply with lease terms. **NOTE: Selection criteria designed to assess anything other than the ability to comply with lease terms generally run afoul of fair housing laws designed to protect equal access to housing for people with disabilities. See [Between the Lines, A Question and Answer Guide on Legal Issues in Supportive Housing Chapter 4.](#)**

No additional eligibility criteria.

f. Identify all disclosures that will be provided to applicants/tenants. Example: Megan's Law disclosures.

1. Common Utilities. The landlord must notify the tenant if gas or electric service that is provided through the tenant's meter serves an area outside the tenants units.
2. Any health hazards
3. The name of the manager, agent for service of process, place of rent payment, and form of rent payment.
4. If someone has died within the unit in the last three years.
5. Megan's Law.

g. Describe how the local Coordinated Entry System (CES) is selecting tenants? If the local Coordinated Entry System is not yet operational, describe the plan to use it for tenant selection when it is established. Including the name and contact information for the system.

The Coordinated Entry System is selecting tenants using criteria including, but not limited to, duration or chronicity of homelessness, vulnerability to early mortality, or high utilization of crisis services. The CES is selecting tenants who are persons meeting all eligibility requirements from the Coordinated Entry List using the same prioritization scheme as adopted by the CoC in the CES policies and procedures. As an individual or family is documented as eligible for PSH priority group 1,2,or 3 they would be placed on the Project waitlist and still remain on the CES list until an actual housing opportunity is provided.

**2. Marketing/Outreach**

a. Will Applicant commit to use a Coordinated Entry System (CES) to fill all of the NPLH Assisted Units based on use of a standardized assessment tool which prioritizes those with the highest need for Permanent Supportive Housing and the most barriers to housing retention? (provide description of system below).  
 Our Coordinated Entry System uses a vulnerability assessment tool (VISPDAT) that prioritizes people based on the number of disabling conditions and length of time homeless. Individuals and families are prioritized for housing according to the Santa Maria/Santa Barbara County Continuum of Care's CoC and ESG written standards, which prioritize those with the most urgent and severe needs, as defined in 25 CCR section 8409. The VISPDAT score determines whether the person will be prioritized for permanent supportive housing, but not which Permanent Supportive Housing priority group. Priority groups 1,2 and 3 are all document ready for housing.

b. If a separate alternate system must be used to refer persons At-Risk of Chronic Homelessness, a minimum of 40 percent of the NPLH Assisted Units must be reserved for persons who qualify as Chronically Homeless and a maximum of 30 percent of the NPLH Assisted Units may be reserved for persons who are At-Risk of Chronic Homelessness. All referrals must be based on a prioritization of those with the highest need for Permanent Supportive Housing, and the most barriers to housing retention (provide description of system below).  
 We are not using separate alternate system.

**3. Housing First Characteristics**

a. Please confirm compliance by checking all of the characteristics that apply to the NPLH units in the Project:

Tenants have a lease and all the rights and responsibilities of tenancy, as outlined in California's Civil, Health and Safety, and Government codes	Yes
Tenant has his/her own room or apt. and is individually responsible for selecting a roommate in any shared tenancy	Yes
Tenant may stay as long as he/she pays his or her share of rent and complies with the terms of his/her lease	Yes
Unit is subject to applicable state and federal landlord tenant laws	Yes
Participation in services or program compliance is not a condition of permanent housing tenancy	Yes
Tenant screening and selection practices that promote accepting applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services	Yes
Applicants are not rejected on the basis of poor credit or financial history, poor or lack of rental history, criminal convictions unrelated to tenancy, or behaviors that indicate a lack of "housing readiness"	Yes
Supportive services that emphasize engagement and problem solving over therapeutic goals and service plans that are highly tenant-driven without predetermined goals?	Yes
The use of alcohol or drugs in and of itself, without other lease violations, is not a reason for eviction?	Yes
In communities with coordinated assessment and entry systems, incentives for funding promote tenant selection plans for supportive housing that prioritize eligible tenants based on criteria other than "first-come-first-serve," including, but not limited to, the duration or chronicity of homelessness, vulnerability to early mortality, or high utilization of crisis services. Prioritization may include triage tools, developed through local data, to identify high-cost, high-need homeless residents	Yes
Case managers and service coordinators who are trained in and actively employ evidence-based practices for client engagement, including, but not limited to, motivational interviewing and client-centered counseling	Yes
Services are informed by a harm-reduction philosophy that recognizes drug and alcohol use and addiction as a part of tenants' lives, where tenants are engaged in nonjudgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices, as well as connected to evidence-based treatment if the tenant so chooses	Yes
The project and specific apartment may include special physical features that accommodate disabilities, reduce harm, and promote health and community and independence among tenants	Yes

**Part II. Lead Service Provider (LSP) Detail**

**Section 1: LSP**

The County or other LSP is the entity that has overall responsibility for the provision of supportive services & implementation of the Supportive Services Plan. The County or other LSP provides comprehensive case management services (individualized services planning & the provision of connections to mental health, substance use, employment, health, housing retention) and may also coordinate with other agencies that do so.

1. County/LSP Name: **The County of Santa Barbara Department of Behavioral Wellness**

Relationship to Applicant: **Owner/Operator**

How long has the County/LSP been providing services to homeless: \_\_\_\_\_ Years \_\_\_\_\_ Months

How many Projects have the Applicant and LSP completed together? (Provide list of completed Projects when submitting)

2. List any additional agencies that will be providing comprehensive case management services to residents. Describe population(s) they will serve and how their services will be coordinated by the LSP.

Agency Name	Populations the Agency will serve	How Services will be Coordinated

**Section 2: Service Delivery**

1. Fully describe in the yellow cells below for each question how the best practices may be utilized in the service delivery model. Include a description of policies and periodic training plans. For the clinical interventions in this section, include a description of how the intervention is used and describe training. **NOTE: Do not include definitions of these practices.**

Benefits counseling and advocacy, including assistance in accessing SSI/SSP, enrolling in Medi-Cal, outreach, access, and recovery: Staff trained prior to lease up?

Yes. Staff are trained in SOAR, which directly trains staff to engage with homeless populations using trauma-informed practices to aid homeless populations in accessing benefits as part of their recovery model. Our clinicians and caseworkers that work with homeless populations all complete a 20 hour online training in SOAR, offered through SAMHSA. It is our policy that all staff that directly engage with homeless populations complete this training within the first six months of employment.

Critical Time Intervention: Staff trained prior to lease up?

Yes. This training is provided to our staff and is a mandated training for our Homeless Outreach staff. This intervention is used with our homeless population to help them connect to long-term support from community resources. Our Homeless Outreach staff maintains continuity of care during the first nine months of client's transition while simultaneously passing the responsibility onto community supports such as Peers, Resource Learning Centers and other community-based organizations.

Trauma-Informed Care: Staff trained prior to lease up?

**Supportive Services Plan (SSP) §203**

Rev. 9/25/19

Yes. A lot. We offer a yearly basic, Foundations of Trauma-Informed Care and then offer three elective courses on Trauma-Informed Care, including a course on Trauma and Homelessness. Other courses offered are: Trauma and Substance Abuse, and the Neurobiology of Trauma. All our trauma-informed trainings are offered live, and are six hour trainings. All staff who work with Homeless are required to attend all these trainings just listed within two years of employment, and at least one Trauma Informed Care training per year of employment. Trauma Informed Care is an intervention used with all our consumers. This intervention is used by engaging with clients by first addressing their need for physical, psychological and emotional safety.

Motivational Interviewing: Staff trained prior to lease up?

Yes. We offer Motivational Interviewing at least twice yearly, and this training is mandatory for all clinical staff within their first year of employment. Motivational Interviewing is offered as a live, five hour training. Motivational Interviewing is a technique used by all our clinical staff to engage with clients. This intervention is used by our clinical staff in the following ways: when engaging with clients, staff must resist telling clients what to do; seek to understand their motivations, listen with empathy and seek to empower them to set achievable goals and overcome barriers. Motivational Interviewing Techniques are always a work in progress, and staff continue to take trainings in this technique throughout their practice.

Voluntary Moving-on strategies: Staff trained prior to lease up?

Our staff will be trained prior to lease up on Voluntary Moving On Strategies. Staff will enable stable tenants of permanent supportive housing who no longer need on-site services to move to private apartments with rental support, with the goal of backfilling vacated supportive housing units with our targeted tenancy. This intervention will be used by our onsite case worker to help tenants who no longer need supportive housing to find housing that is still economically feasible for them.

Safety and security of staff and residents: Staff trained prior to lease up?

Yes. Our Homeless Outreach team is trained in Mental Health first Aid training, and this training is offered annually. Mental Health First Aid covers how to keep tenants and staff safe and secure. This intervention will be used by all our onsite staff to keep our staff and tenants safe and secure.

Peer Support (include length of time Peer Support program used, if applicable): Staff trained prior to lease up?

Our Department has had a Peer Support Program for over fifteen years. Our Peer Support staff all take a Peer Support Basics Training, and WRAP training, or similar trainings, on leading Peer Support Groups. We have Peer Support staff that will lead Peer Groups at the housing site, and offer additional Peer Support Groups at our nearby clinic. There are also Substance Use Peer Support Groups offered nearby, and our onsite staff will be able to provide coordination of registration and transportation to mental health or substance use peer support groups. This intervention will be used to support tenants with their Recovery Model.

Case conferencing: Staff trained prior to lease up?

Our community based organization that works with our Homeless Outreach team facilitates a training on CES case conferencing when onboarding new staff. Our Homeless Outreach team collaboratively developed a case conferencing tool/worksheet with our local organizations serving homeless populations, and this tool/worksheet is located on our website under the "resources for providers" page. This is a tool we use, not really an intervention, but all our Homeless Outreach staff are trained in case conferencing.

Communicating the Applicant's and LSP's program philosophy, values, and principles: Staff trained prior to lease up?

Our philosophy, value, principles and our department's Mission Statement are all conveyed on our Behavioral Wellness Code of Conduct training. This training is required annually of all our staff, and the staff of all organizations that we contract with. Our department has specific guidelines regarding how we interact with each other, and the public that we serve, and this is outlined on the two hour training.

Rent by residents during periods of hospitalization: Staff trained prior to lease up?

Yes. Staff are trained to adhere to the Development Sponsor's Tenancy Policy. Tenants cannot be evicted without just cause, short periods of hospitalization are not considered just cause. Staff are trained to try and their clients with payment of rent if clients are hospitalized but alert, and if tenant's are incapacitated, staff alert the housing manager of the situation.

Resident Privacy and Confidentiality: Staff trained prior to lease up?

Our entire Homeless Outreach team is required to take annual trainings in Code of Conduct and HIPAA Privacy and Security. These trainings are required annually of all our staff. These HIPAA trainings cover confidentiality and privacy of personal medical information. Our Code of Conduct training covers privacy and confidentiality for all scenarios involving our staff, including resident privacy and confidentiality. This isn't an intervention, but staff receive at least two hours training annually on HIPAA privacy and Security and confidentiality of all clients/tenants.

How the supportive services staff and property management staff will work together to prevent evictions, to adopt and ensure compliance with harm reduction principles, and to facilitate the implementation of reasonable accommodation policies from rent-up to ongoing operations of the Project: Staff trained prior to lease up?

Our entire Homeless Outreach team is trained in Housing First Principles. They have participated in two live trainings in the last year, and we offer an additional training online that covers the basics of Housing First. Our staff understands that Housing First is one of the facets of Harm Reduction Principles. Housing First principles are integrated in all our interactions with Homeless Populations, we are committed to housing everyone with the recognition that housing is a human right.

General service provider and property manager communication protocols: Staff trained prior to lease up?

Both our staff and the staff of our general service provider receive training in Housing First Principles prior to lease up. Working from the shared goals of reducing harm and understanding that we house residents regardless of sobriety, credit history, or history of incarceration, our staff and the project managers meet weekly to discuss tenant success. These communication protocols ensure that staff and property manager have the shared goal of keeping all tenants in housing.

Making Applicants aware of the reasonable accommodations procedure: Staff trained prior to lease up?

All staff will be trained in the Reasonable Accommodations procedures prior to lease up and will make applicants aware that they are entitled to reasonable accommodations for their disability that will enable them to live in housing.

Receiving and resolving tenant grievances: Staff trained prior to lease up?

All staff will be trained in receiving and resolving tenant grievances prior to lease up, including the process for resolving tenant grievances. All tenant grievances will be resolved through an informal review process by the tenant grievance committee. All tenants with grievances will be provided an opportunity to present written grievances and the committee will then determine solutions.

Appropriate responses to tenant crisis: Staff trained prior to lease up?

Staff are trained in both Housing First and Mental Health First Aid principals, which then dictate their responses to tenant crises. Mental Health First Aid principals will be used in any intervention with tenants in crisis.

Retention of tenants regardless of use of substances: Staff trained prior to lease up?

Staff are trained in Harm Reduction principals, one of which is Housing First. Staff understand that we house tenants regardless of use of substances, and that under Harm Reduction, that we first do no harm, and our staff will not engage in any harm reduction strategies with tenants unless they are voluntary. Our staff will use harm reduction principles as a intervention strategy when working to retain tenants in housing.

Cultural and linguistical competency for persons of different races, ethnicities, sexual orientations, gender identities, and gender expressions: Staff trained prior to lease up?

Our Staff are required to take 2 hours of Cultural Competency annually. We offer live training for staff on engagin with LatinX communitites, Sexual Orientation and Gender Identity, Implicit Bias, and Interpreter Trainings annually. We are continually striving to offer our staff relevant training in cultural humility and update our training selections frequently. Training staff to have cultural humility is not an intervention, it is a continual journey to try to have staff interact with all geders, races, ethnicities, gender expression and sexual orientations in a manner that is always culturally sensitive. We will endeavor to have our staff always engage in ways that are culturally sensitive.

Part III. Supportive Services Detail

Section 1: Supportive Services Chart

Required Services: List and describe all services under Section 203(c) of the NPLH Guidelines required to be offered to tenants of the NPLH Assisted Units. The chart must include each of the services listed. Attach the agreement for each of the services listed.

Resident Service	Service Description	Service Provider(s)	Relationship to Applicant	Agreement	Off-site Service Location
List each service separately	Describe service, including the frequency and degree to which services are provided.	Provider's Name	Applicant, separate division of Applicant's organization, or a Project Partner	If service will be provided by a non-Applicant entity, indicate type of agreement under which service will be provided.	If service is on-site, leave blank. Enter distance, in miles, to off-site service and list resident commuting options. Reasonable access is access that does not require walking more that one-half mile.
Case management with individual service plans	Individuals will have annual service plans developed, which will include an assessment of impairments and treatment targeted at promoting recovery.	Behavioral Wellness	Applicant		On-Site
Peer support activities	Peer Support Groups are offered at recovery learning centers in Santa Maria, in addition, there are peer support professionals that operate as case managers in the employ of Behavioral Wellness and community-based providers.	Behavioral Wellness	Applicant		On-Site and access within 4 miles on designate bus routes
Mental health care	Therapeutic services will be offered by the County of Santa Barbara and will include access to psychiatric care assessments and therapy.	Behavioral Wellness	Applicant		On-Site and access within 4 miles on designate bus routes
Substance use services	Substance use care is part of the behavioral wellness continuum and would include individual and opportunities for group treatment.	Behavioral Wellness	Applicant		On-Site and access within 4 miles on designate bus routes
Support in Linking to Physical Health Care	Care coordination activities include linkage and referral to the public Health Department or community based providers and will be incorporated into the plan of care to the extent possible including after care plans.	Behavioral Wellness	Applicant		On-Site and access within 4 miles on designate bus routes
Benefits counseling and advocacy	Benefits counseling will be arranged by care coordinators and will be completed by Behavioral Wellness's partner agency, County of Santa Barbara Social Services.	Behavioral Wellness	Applicant		On-Site and access within 4 miles on designate bus routes

**Supportive Services Plan (SSP) §203**

Rev. 9/25/19

Basic housing retention skills	Care coordination will include rehabilitative services to address basic housing retention skills and will extend to assistance and advocacy from available funding streams to off-set housing costs and support for individuals interacting with landlords and rental agencies.	Behavioral Wellness	Applicant		On-Site and access within 4 miles on designate bus routes
--------------------------------	---	---------------------	-----------	--	---

**Encouraged Services: List and describe all services under Section 203(d) of the NPLH Guidelines encouraged to be offered to tenants of the NPLH Assisted Units. If multiple services will be provided in the service categories provided below, attach any additional description. Empty spaces are available at the bottom of the table for the applicant to describe services not listed.**

Resident Service	Service Description	Service Provider(s)	Relationship to Applicant	Agreement	Off-site Service Location
List each service separately	Describe service, including the frequency and degree to which services are provided.	Provider's Name	Applicant, separate division of Applicant's organization, or a Project Partner	If service will be provided by a non-Applicant entity, indicate type of agreement under which service will be provided.	If service is on-site, leave blank. Enter distance, in miles, to off-site service and list resident commuting options. Reasonable access is access that does not require walking more that one-half mile.
Services for persons with co-occurring mental and physical disabilities or co-occurring mental and substance use disorders not listed in the above table	Care coordination to access services to assist with referrals to target agencies specializing in the care and rehabilitation for those with physical disabilities. Groups will be held on-site to support individuals in recovery from substance use disorders.	Behavioral Wellness	Applicant		On-Site and access within 4 miles on designate bus routes
Recreational and social activities	Recovery learning centers in the Santa Maria area provide opportunities for socialization, greater community connection and skill building toward utilizing resources including those for recreation.	Behavioral Wellness	Applicant		On-Site and access within 4 miles on designate bus routes
Educational services	Care coordination and care planning will include opportunities to explore local educational resources.	Behavioral Wellness	Applicant		On-Site and access within 4 miles on designate bus routes
Employment services	The Department of Behavioral Wellness collaborates with the Department of Rehabilitation for Santa Barbara County for employment and counseling services. Referrals to this program will be developed and included in care plan.	Behavioral Wellness	Applicant		On-Site and access within 4 miles on designate bus routes
Obtaining access to other needed services					

<b>File Name:</b>	LSP Agreement	Lead Service Provider Contract, Agreement, or Letter of Intent	Hard Copy and on USB?	Yes
-------------------	---------------	--	-----------------------	-----

**Section 2: Supportive Services Coordination**

1. Describe the accessibility of community services to which you propose linkages, whether they are on-site or in close proximity to the Project, including the hours they are available, and the frequency, travel time and cost to the tenant for transportation required to access the services to include both public transportation and private transportation services (e.g. van owned by the provider). Additionally, describe how the supportive services will be provided in a manner that is culturally and linguistically competent for persons of different races, ethnicities, sexual orientations, gender identities, and gender expressions. This includes explaining how services will be provided to NPLH tenants who do not speak English, or have other communication barriers, including sensory disabilities, and how communication among the services providers, the property manager and these tenants will be facilitated. Additionally, describe how services will accommodate trauma-based, barriers to services. Provide documentation, in the form of Memorandum of Understanding, Memorandum of Agreement, letters of support or contracts demonstrating who will be responsible for ensuring access to services and how accessibility will be accomplished if not already included in agreement provided for service provision.

Please see attachment B

2. Describe which community/county/state funded programs will be utilized to meet the needs of the residents, particularly if those residents are dependents of tenants. Medi-Cal providers include services for early intervention which are culturally competent, age appropriate and co-occurring capable. Behavioral Wellness care providers as needed based on the care plan will collaborate with providers of care in the schools including physical health providers and child welfare services.

3. Is the Applicant currently working with the with the CoC in the area?  
If No, please explain:

**Section 3: Verification from Appropriate Public or Non-profit Funding Agency**

All applications where the County is not the LSP shall include a verification from an appropriate funding entity (either public or non-profit) knowledgeable about the supportive service needs of the Target Population, indicating that the proposed services are appropriate to meet the needs of the Target Population. The verification shall endorse the primary service provider as a known provider of support services to the Target Population. The Development Sponsor and/or Service Provider are not eligible to provide the Funding Agency Verification.

Please use the attached Supportive Service Verification form from the appropriate public or non-profit agency. Please submit one verification if serving different subpopulations of NPLH tenants who qualify as Chronically Homeless, Homeless, or At-Risk of Chronic Homelessness. If appropriate, a single funder may provide a verification for multiple populations (i.e. a County Department of Health Services could provide a verification for a Project serving individuals who are Chronically Homeless, Homeless, or At-Risk of Chronic Homelessness). Please be sure to indicate on the verification form the subpopulations to which each verification applies.

**Part IV. Tenant Safety And Engagement**

**Section 1: Tenant Engagement**

Applicant should describe strategies to engage residents in services, services planning/operations, and in building community and facility operations. **NOTE: The tenant engagement plan is distinct from the marketing and outreach efforts for attracting applicants to the Project.**

1. Will the services engagement outreach strategy include:

Outreach to applicants and residents?	Yes	Door-knocking?	Yes	Leafletting?	No
Assessment prior to leasing?	Yes	Peer contacts?	Yes	Outreach to organizations that work directly with target population?	Yes

Other strategies? Please describe:

The Behavioral Wellness team offers collaboration and, as needed, contact with landlords and property management staff.

2. Describe the strategies to engage residents in social interaction, building operations, and community involvement within the Project.

Staff will use motivational strategies, trauma-informed strategies, and WRAP Peer-led strategies to engage residents in social interaction, building operations and community involvement. Tenants will be given the opportunity to participate in tenant-led committee on resolving tenant grievances and maintaining the development's community spaces and planning community events.

3. Describe the strategies to engage residents in planning and delivery of resident's services.

Additionally, the Peer-Led support groups are vital in supporting tenants in planning, adapting, and then communicating to their recovery team what services the tenant needs and the manner in which they should be delivered. The development of tenants' WRAP plan will help them plan and deliver their services, as part of their Recovery Model. Tenants will have the opportunity to serve on the Tenant-Led committees.

4. Describe how the physical building space supports social interaction and the provision of services.

The fourteen one-story buildings are clustered around a central courtyard that includes the community room, laundry room, and trash enclosures. On-site services will be centered in the community room. The centralized location of tenant-use facilities supports tenant interaction and an awareness of services. Tenants will be exposed to supportive services that are available while going about their every day activities. Additionally, the low buildings and centralized location of community space means that everyone is aware of the community space, no matter where their living space is located.

5. If planning on conducting tenant satisfaction surveys, describe types of questions asked, how they are reviewed, outcomes measured, and how often survey will be conducted.

Our staff is working with Development Sponsor to formulate a tenant satisfaction survey, all questions will ONLY regard satisfaction with the housing development, we will not ask any questions about supportive services on this survey. The survey will be put in each tenant's mailbox, and surveys can be left anonymously in the manager's post box. Surveys will be reviewed jointly by Be Well staff and housing staff, and the outcome measured are still to be determined, but will have to do with housing satisfaction only. To ask questions about supportive services on such survey would be a HIPAA violation.

6. Describe the strategies to engage residents in services, services planning/operations, and in building community and facility operations.

Staff will use Motivational Interviewing, Harm Reduction and Trauma-Informed strategies to try and engage tenants in services, while continually reminding everyone that services are available but VOLUNTARY. Tenants will also have the opportunity to serve on the Tenant-led Housing Development Committee, which will review tenant grievances, plan tenant events, and participate and critique facility operations.

**Section 2: Safety and Security**

1. Summarize the written policies and procedures on privacy and confidentiality of residents.

Anything regarding a tenant's mental or physical health is protected under HIPAA privacy laws. All our staff are required to complete two hours of HIPAA training prior to commencing work, and are required to take an hour of training on privacy and security annually thereafter. The Development Sponsor will train our staff in their written policy on privacy and confidentiality of residents prior to lease up. This policy explains tenant's privacy rights and ensures that client information can only be released with a properly executed release form, and that private information may only be released by authorization of the Executive Director and written consent of the affected party or pursuant to a court subpoena. Any information regarding a person's disability is marked "confidential" and may only be released as needed when considering how to accommodate a person's disability. Staff will not

2. Summarize the written policies and procedures on sign in/out procedures, fire/safety drills, and posted local contacts in case of emergency.

All local contacts in case of emergency are listed in the community and laundry rooms. There are no sign in/out policies. The developer is considering how best to implement fire/safety drills.



**Supportive Services Plan (SSP) §203**

Rev. 9/25/19

3. Describe the building design safety features for ensuring resident and staff safety (include lighting, entrance/exits, locked doors, common area locations).

Common Areas: The community room, laundry room (both key fob accessible) and trash enclosures are located in a central location and are near ADA accessible parking for automobiles and vans. Entrances/Exits: Vehicular entrance/exit is located on Hollister Ave, a public street, and meets all standards of the City of Goleta. Pedestrian entrances/exits are on Hollister Ave. and provide ADA accessible path of travel from Hollister Ave. to all units as well as common areas features on an ADA accessible path of travel which are lighted. Lighting: Parking areas are lighted according to the standard of the Illuminating Engineering Society (IES). All pedestrian walkways are lighted by low level lighting maintaining safety levels but avoiding light pollution to residential neighbors. Door Locks: All units will have locked entry doors. There are no shared living components such as kitchens or baths. All

4. Summarize the written policies and procedures on ensuring staff safety.

There is a Loss Prevention Coordinator who reviews current safety practices, trains all staff in safety matters. On-Site supervisor will maintain a safe environment on site, and maintaining CRP certification. All staff are trained annually in illness and injury prevention. Development Sponsor will attempt to limit property damage and accidents on site through frequent building and facility inspections, and to mitigate hazardous conditions. The Supervisor will properly report any accident or injury. Supervisors are thoroughly trained on investigating and reporting any property damage or public accidents. Any staff found to be in violation of either written safety policy or common sense safety procedures will receive a safety violation warning notice.

5. Summarize the written policies for addressing violations of resident/staff safety by residents or staff.

Under Fair Housing Laws, "Discrimination, Harassment or Intimidation" include abusive, foul, or threatening language or behavior directed at a tenant, staff person or guest because of their protected class. Protected classes include a person's race, color, religion, national origin, sex (gender), disability, familial status, age, ancestry, gender identity, marital status, sexual orientation, medical condition, arbitrary characteristics or source of income. It is the Development Sponsor's Policy that the intimidation or harassment of a tenant, staff person, or guest because they are a member of a protected class will not be tolerated and could be ground for termination of tenancy. Tenants who experience or witness such conduct are strongly encouraged to report it to the area Housing Manager by written declaration. If unable to prepare a written declaration the tenant should contact the Housing Manager to

6. The service plan and property management plan submitted with the application must impose no restrictions on guests that are not otherwise required by other project funding sources or would not be common in other unsubsidized rental housing in the community. Describe the guest/visitor policy for residents.

According to the guest policy of our Development Sponsor, a guest is a person temporarily staying in the unit with the consent of a family member of the household who has expressed or implied authority to so consent. A guest can only remain in a unit no longer than 30 consecutive days. Children who are subject to a joint custody arrangement or for whom a family has visitation privileges, that are not included as a family member because they live outside of the assisted home for more than 50 percent of the time, are not subject to the time limits of guests. An exception to this policy may be granted for valid reasons, for example care of a relative recovering from medical procedures expected to last more than 40 days.

7. Summarize the written policies for coordination with property management for resolution of tenant issues and implementation of policies and practices to prevent evictions and to facilitate the implementation of reasonable accommodation policies.

Regarding resolution of tenant issues and possible eviction, the Development Sponsor's first step, if the tenant is being served by Behavioral Wellness, prior to moving through the evictions process the property manager will contact Behavioral Wellness to intercede and help prevent eviction. The Development Sponsor's policy for terminating a family's assistance (i.e. eviction) only after an informal hearing. The Development Sponsor is not permitted to terminate a family's assistance until the time allowed for the family to request an informal hearing has lapsed, and any requested hearing has been completed. Tenants may only have assistance terminated for: refusing to enter into a Development Sponsor approved contract or lease, tenant terminating housing assistance payments, the tenant has been absent from the assisted unit for longer than the maximum period permitted under

8. Summarize the written policies for coordination with property management for integration of the Target Population with the general public.

While we have no specific written policy, our property managers interact with community-based organizations that provide support services and activities for the benefit of our residents. When appropriate, members of the community are invited to participate. Our property managers and resident service staff also coordinate dinners and other dinners sponsored by the faith community and other community-based organizations that enhance the lives of our residents and provide on-site activities to interact with neighbors.

**Part V. Staffing**

**Section 1: Staffing Chart**

List all staff positions that will provide services to the tenants of the NPLH Assisted Units. Include County, other LSP, or Development Sponsor staff positions, and any staff positions of partnering organizations who have committed time to the Project. Include the services coordination staff. For each position, list the position title, minimum requirements, the full-time equivalent (FTE), the organization under which the position resides, and the location (on-site or off-site). Do not include staff which serve non-NPLH Units. If a staff position serves both tenants in NPLH and non-NPLH units, include only that portion (i.e., % FTE) of the staff position dedicated to NPLH Assisted Units. Attach a copy of each position's duty statement, if these documents are available.

**NOTE: All staff positions listed here must be reflected in the Supportive Services Budget Table. Be sure to indicate which staff position will be responsible for Homeless Management Information System data entry. If the cost of supportive service position is included as part of the Project's operating budget and the position will serve NPLH units, that position must be included in this chart.**

Title	Minimum requirements	Total FTE:	0	Employing Organization	Location
List each staff position	List min. required staff preparation include (education & experience) <b>NOTE: Doesn't take place of the job description or duty statement.</b>	Indicate FTE staff positions for NPLH units (half-time is 0.5 FTE)		This could be the County, another LSP, Sponsor or a Project Partner	Select "On-Site" or "Off-Site"
Case Manager	Possession of a bachelor's degree in psychology, sociology, social work, or other behavioral science related to the mental health field; or completion of 30 semester units or 45 quarter units that include at least 15 semester units or 22 quarter units in psychology, sociology, social work, or other behavioral science related to the mental health field and two years of experience performing duties equivalent to Behavioral Wellness Recovery Assistant with the County of Santa Barbara	3 FTE		Lead Service Provider	On-Site

**File Name:** Duty Stmt1, Duty Stmt2, Duty Stmt3, Duty Stmt4 | Staff Duty Statements (all providers, if available) | Hard Copy and on USB?

**Section 2: Staffing Ratios**

1. Indicate the overall services staffing level for the Project by completing the calculation below.

a. Total NPLH Assisted Units	16
b. Total FTE Service Staff from the Staffing Chart for the NPLH Assisted Units	
c. Number of NPLH units per FTE Staff Person (a÷b)	0

**Supportive Services Plan (SSP) §203**

Rev. 9/25/19

2. Complete case manager staffing ratio chart. Include all case mgmt. staff in staffing & budget forms, requires FTE case mgr. to resident ratios be appropriate to specific NPLH populations, as determined by the County or other LSP.

<b>Population Type</b>	<b>Chronic Homeless</b>	<b>Homeless</b>	<b>At-Risk of Chronic Homeless</b>
<b>Case Mgr. Ratio</b>	3	5	3

**Part VI. Supportive Services Budget**

**Section 1: Supportive Services Budget Table.**

**NOTE: If the cost of supportive services is included as part of the Project's Operating Budget (as documented in the UA) and the funds will serve NPLH units, this position/expense item and the dollars associated with it (or that portion connected to the NPLH units) must be included in this Supportive Services Budget Table.**

Income Source/Program Name	Amount	Type	Status	% of Total Budget
Mental Health Services Act/ Santa Maria Outpatient Clinic	\$122,802.00	In-kind	Committed	100.00%
			Committed	0.00%
				0.00%
				0.00%
<b>Total Revenue:</b>	<b>\$122,802.00</b>			<b>100.00%</b>

Expense Item	Amount	Type	Status	% of Total	
<b>Staff Salaries: List by title of position. (This list must match the Staffing Chart above.)</b>					
<i>Behavioral Wellness Case Manager</i>	FTE 3	\$122,802.00	In-kind	Committed	100.00%
<i>Behavioral Wellness Peer Support Recovery Assistant</i>	FTE				0.00%
<i>Staff Position</i>	FTE				0.00%
<i>Staff Position</i>	FTE				0.00%
<i>Fringe Benefits</i>					0.00%
<b>Total Staff Expenses</b>		<b>\$122,802.00</b>			<b>100.00%</b>
<i>Tenant Transportation</i>					0.00%
<i>Equipment</i>					0.00%
<i>Supplies</i>					0.00%
<i>Travel</i>					0.00%
<i>Office Rent/Occupancy Costs (don't include rent/leasing costs for SH units)</i>					0.00%
<i>Training</i>					0.00%
<i>Consultants: List by Function</i>					0.00%
<i>Subcontractors/Partners (list by Entity &amp; Service Type)</i>					0.00%
<i>Other Expenses (type in expense description)</i>					0.00%
<i>Other Expenses (type in expense description)</i>					0.00%
<i>Other Expenses (type in expense description)</i>					0.00%
<b>Total Expenses</b>		<b>\$122,802.00</b>			<b>100.00%</b>

**Supportive Services Cost Per Unit:** Permanent supportive housing best practice suggests a range between \$5,000 - \$10,000 annually in services per household, depending upon the intensity of the needs of the target population. Complete the following calculation about supportive services cost per unit for the Project. If the supportive services cost per unit, as calculated below, differ from industry practice, provide a narrative explanation. The Project must meet/address the industry standard.

**Supportive Services Expense Per Unit Calculation Table**

a. Total NPLH Assisted Units	16
b. Total Supportive Services Expenses	65000
c. Total Supportive Services Expenses per Unit: (b ÷ a)	4062.5

**Section 2: Budget Narrative and Funding Commitments**

1. Describe how budgeted amounts are adequate to provide services described in Supportive Services Plan and in Services Staffing Table:

1:16 case load has been determined by the department to provide adequate support to facilitate the Housing First Model and assist with housing retention for those that were recently homeless.

2. Document committed funds with letter from committing agency that includes the items below. Documented services/funding must appear in Supportive Services Budget Table.

a) Project name; b) Description of services to be funded or provided; c) Dollar value of funds or in-kind services. If cash is provided, state funding source; d) Funding term or service provision; e) A description and history of agency/organization providing funding or services.

<b>File Name:</b>	SS Fund Ltr1, SS Fund Ltr2, SS Fund Ltr3, etc...	Attach letter(s). Include: Project name; description of services; dollar value of funds or in-kind services; if cash is provided, state funding source; funding term; description & history of agency/org. providing funding or services.	Attached and on USB?	Yes
-------------------	--	---	----------------------	-----

3. For funding that is not yet committed, specifically describe the experience filling major services funding gaps in similar housing.

N/A

4. Describe in specific terms the plan to fill any service gaps that occur during Project life due to expiration of grants, partner withdrawals, cancellation of a commitment or any other reason. Describe experience filling service gaps caused by loss of major funding sources.

Our specific plan is to use MHSA funds to provide services, if MHSA funds expire, then we will apply for other state funding. It is highly unlikely that MHSA funds will dry up, we are certainly used to MHSA funds having lower availability than expected. We are planning to apply for HEAP, HHAP, and other state funding sources to augment our supportive services budget. In the past, we used HMIOT funding to provide supportive services. Also, with a previous project, we partnered with local charities and non-profits to provide services when needed.

**Section 3: Service Funding History Table:** The purpose of this section is to document the funding history of the LSP. The LSP shall document a history of securing supportive service funding sufficient for the Department to make a determination that the provider will be able to access funds from the programs that fund the services identified in the Supportive Services Chart. List only funding obtained in the last five years. Complete the table containing the information required below:

<b>Funding History for: (LSP)</b>	The County of Santa Barbara Department of Behavioral Wellness
-----------------------------------	---

**Supportive Services Plan (SSP) §203**

Rev. 9/25/19

Source of Funds/Funding Program	Purpose of Award (Use of Funds)	Amount	Award Date & Funding Term	Population(s) Served
MHSA	To provide housing and services to MHSA	#####	8.28.2018 initial	MHSA served populations
MHSA	To provide housing and services to MHSA	#####	10.08.2013	MHSA served populations

**Part VII. Collaboration and Reporting**

**Section 1: Collaboration**

Industry practice indicates that services are often best delivered by entities with specialized expertise. Consequently, effective projects are based on collaboration among organizations with different types of service expertise, or by specialized divisions within an organization. Counties should document collaboration between two or more service providers. Applications will be deemed to meet the collaboration criteria if the application documents a commitment from a service organization other than the Applicants or affiliates of the Applicants to provide a portion of the services to project residents. Cooperation among specialized intra-organizational service programs, groups, or departments may also qualify as collaboration.

Based on the contracts attached between the Applicant and non-affiliated service providers, explain the collaboration between the Applicant and the service providers. Include a short narrative describing the collaborative relationship with the outside service provider or an intra-organizational service program, group, or department that is listed in the Supportive Service Chart. Describe the specific services with which the collaborative entity will be involved.

Collaborative entities include other Santa Barbara County departments with whom ongoing relationships exist, if services are found to be needed outside this continuum new agreements will be created both temporary and ongoing needs

**Section 2: Reporting Requirements Certification**

Applicant certifies that not later than 90 days after the end of each Project's fiscal year, the Applicant shall submit an independent audit for the Project prepared by a certified public accountant and in accordance with the requirements noted in the Project's regulatory agreement and the Department's current audit requirements, which are posted to the Department's website and which may be amended from time to time. §214(c) On an annual basis, the County shall submit the data listed in §214(e) for each of its NPLH Assisted Units. The County shall work with each Project's property manager and Lead Service Provider to gather the data. The data may be, but is not required to be, gathered from the local Homeless Management Information System (HMIS). §214(d) The data shall be submitted in electronic format on a form provided by the Department. The County, the property manager and the Lead Service Provider shall work together to resolve any data quality concerns to the best of their ability prior to submission of the data to the Department.

Yes

<b>Dated:</b>	11.20.2019
<b>Statement Completed by (please print):</b>	Natalia Rossi
<b>Signature:</b>	
<b>Title:</b>	Program Coordinator
<b>Agency or Department:</b>	Department of Behavioral Wellness
<b>Agency or Department Address:</b>	315 San Antonio Rd, BLDG 3, Santa Barbara, CA 93110
<b>Agency or Department Phone:</b>	805-884-1600

**Supportive Services Verification**

Rev. 9/25/19

If the County is not the Lead Service Provider, the County needs to complete the Project Applicant, Lead Service Provider, Project Name and contact information, Target Population, and name of Verifying Funding Agency information sections below. Then submit this form along with a copy of the Supportive Housing Project Plan contained in the application to the appropriate funding agency (public or nonprofit) knowledgeable about the supportive services needs of the targeted population(s). For example, for a Project serving chronically mentally ill people, the funding entity could be the County Department of Mental Health.

Submission of this form shall constitute certification by the Applicant that a true copy of the Supportive Housing Project Plan submitted in the application has been submitted to the funding agency named below. The form may be submitted to more than one agency or department if necessary.

<b>Project Applicant:</b>	Department of Behavioral Wellness
<b>Lead Service Provider:</b>	Santa Barbara County Department of Behavioral Wellness
<b>Project Name:</b>	Hollister Lofts
<b>Project Address/Site:</b>	4670 Hollister Ave
<b>Project City:</b>	Goleta
<b>Project County:</b>	Santa Barbara
<b>Name of Verifying Funding Agency:</b>	TBD
<b>Target Population(s):</b>	Chronically Homeless

Public or non-profit funding agency: The project Applicant named above is submitting an application to the State Department of Housing and Community Development (the Department) requesting funding for the project named above under the No Place Like Home (NPLH) program. The application for NPLH funding is subject to the Department's determination that the project qualifies as a Supportive Housing Project. The findings of your agency will be considered in arriving at this determination. Review the attached copy of the Supportive Housing Project Plan, note your findings in the chart below, and complete the signature block below the chart. Attach comments for any "No" and as otherwise necessary.

We, as signed below, have reviewed the Supportive Housing Project Plan submitted for the project named above.	Yes
The services proposed in the Supportive Housing Project Plan are appropriate to meet the needs of the Target Population(s) named above.	Yes
The project Lead Service Provider is a known provider of support services to the Target Population(s) listed above.	Yes

<b>Dated:</b>	
<b>Statement Completed by (please print):</b>	Alice Gleghorn
<b>Signature:</b>	
<b>Title:</b>	Department Director
<b>Agency or Department Name:</b>	
<b>Agency or Department Address:</b>	
<b>Agency or Department Phone:</b>	

**Lead Service Provider's Past Experience with Evidence Based Practices**

Rev. 9/25/19

<b>Provide a description of the Lead Service Provider's past experience with Evidence Based Practices below.</b>	
<b>Project Applicant:</b>	Department of Behavioral Wellness
<b>Lead Service Provider:</b>	Santa Barbara County Department of Behavioral Wellness
<b>Project Name:</b>	Hollister Lofts
<b>Project Address/Site:</b>	4670 Hollister Ave
<b>Project City:</b>	Goleta
<b>Project County:</b>	Santa Barbara
Does LSP have experience with critical time intervention or assertive community treatment model?	Yes
If Yes, describe LSP's experience:	
Does LSP have experience with cognitive behavioral therapy?	Yes
If Yes, describe LSP's experience:	
Does LSP have experience with trauma-informed care?	Yes
If Yes, describe LSP's experience:	
Does LSP have experience with motivational interviewing and other tools to encourage engagement in services?	Yes
If Yes, describe LSP's experience:	
Does LSP have experience with other practices recognized as evidence-based by SAMHSA, DHCS, HUD, or other federal or state public agency?	Yes
If Yes, describe LSP's experience:	

**Maximum NPLH Loan Amount and Unit Mix**

Rev. 9/25/19

<b>Project Tax Credits Applied For?</b> <b>(Must make selection)</b>	4%	<b>A. Loan Amount Requested for NPLH Competitive NOFA</b>	\$4,822,998	<b>B. COSR (from UA, 'NPLH COSR Calculation worksheet)</b>	\$0
---	----	---	-------------	--	-----

Maximum NPLH Capital Loan Amount Chart - click here for 2019 NPLH loan limits - (beginning on page 106)

A	B Efficiency Units			E 1 Bedroom Units			H 2 Bedroom Units			K 3 Bedroom Units			N 4+ Bedroom Units		
	AMI Level	Non 9% PU loan limit amount	# of NPLH assisted units	Non 9% PU loan limit amount	# of NPLH assisted units	Total Allowed (E x F)	Non 9% PU loan limit amount	# of NPLH assisted units	Total Allowed (H x I)	Non 9% PU loan limit amount	# of NPLH assisted units	Total Allowed (K x L)	Non 9% PU loan limit amount	# of NPLH assisted units	Total Allowed (N x O)
30%	\$258,547		\$0	\$264,453		\$0	\$282,315		\$0	\$299,025		\$0	\$313,285		\$0
25%	\$272,376		\$0	\$279,434		\$0	\$300,177		\$0	\$319,623		\$0	\$336,333		\$0
20%	\$286,349		\$0	\$294,271		\$0	\$318,039		\$0	\$340,366		\$0	\$359,381		\$0
15%	\$300,321	14	\$4,204,496	\$309,252	2	\$618,504	\$335,901		\$0	\$360,965		\$0	\$382,428		\$0
Efficiency	14		\$4,204,496	1 Bdrm	2	\$618,504	2 Bdrm	0	\$0	3 Bdrm	0	\$0	4+ Bdrm	0	\$0

Santa Barbara

**C. Shared Cost Calculation §200(d)**

1. Total residential development cost (from the UA - Dev Budget worksheet, cell C115)	\$14,868,744
2a. Gross square footage of <b>NPLH Assisted</b> Units (refer to the UA - Site & Unit worksheet rows 41 - 52)	5,702
2b. Gross square footage of <b>manager</b> Units (refer to the UA - Site & Unit worksheet rows 41 - 52)	810
2c. Gross square footage of <b>Non-NPLH Assisted</b> Units (refer to the UA - Site & Unit worksheet rows 41 - 52)	6,755
2d. Total residential gross square feet (C2a + C2b + C2c)	13,267
2e. Residential gross square feet without managers units (C2a + C2c)	12,457
3. Assisted proration % of costs based on square feet (C2a / C2e)	45.77%
<b>NPLH Assisted Units share of costs (C1 x C3)*</b>	
	\$6,805,939

**NPLH Maximum Loan Amount**

D. Maximum capital loan §200(l)(5)(A) or (B) & (7) (from chart above)	\$4,823,000
E. Maximum capital loan amount per NOFA - \$20,000,000 less COSR (from B above)	\$20,000,000
F. Maximum capital loan per Shared Cost Calculation (from C* above)	\$6,805,939
G. Maximum capital loan amount (lesser of D, E or F above)	\$4,823,000
H. Maximum <b>Competitive</b> capital loan amount (G minus K)	\$4,823,000
I. Competitive loan amount requested by Applicant (from A above)	\$4,822,998
J. <b>Competitive</b> capital loan amount (lesser of H and I)	\$4,822,998
K. <b>Noncompetitive</b> capital loan amount requested for this project (see cell comments)	
L. Capital Operating Subsidy Reserve - COSR (from B above)	\$0
M. <b>Max Loan Amount = Noncompetitive + Competitive Capital Loan + COSR (J + K + L)</b>	\$4,822,998

**Unit Mix**

Assisted Unit §101(e) - "Assisted Unit" or "NPLH Assisted Unit" means a residential housing Unit that is subject to the Rent, occupancy and other restrictions specified in these Guidelines as a result of the financial assistance provided under the Program. §200(e) Use of multiple Department Funding Sources on the same Assisted Units (subsidy stacking) is prohibited except as provided under 200 (e) (2) In addition to the exceptions to the stacking rule provided in 200 (e) (2), the stacking of Department capital with other Department assistance specifically designated for capitalized operating reserves or rental assistance is also permitted.

A	B	C	D	E				I	J	K	L	M	N
				0.0%	100.0%	0.0%	100.0%						
Number of Units	Number of Bedrms	Restricted % of Area Median Income	Manager Units	NPLH Assisted Units				Number of NPLH Units with Operating Subsidy	Number of NPLH Units with Rental Subsidy	Number of Other Department Assisted Units	Other Department Rental Housing Capital Sources listed in §200(e)(1)	Total Restricted Units	Total Unrestricted Units
				Homeless	Chronically Homeless (CH)	At-Risk of CH	Total NPLH Assisted Units						
14	0	15% AMI			14		14	14				14	0
2	1	15% AMI			2		2	2				2	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						0
16			0	0	16	0	16	16	0	0		16	0

File Name:	Utility Allowance	Documentation from the local housing authority substantiating the amount of the Utility Allowance used	Attached and on USB?	N/A
------------	-------------------	--	----------------------	-----

**Scoring §205**

Rev. 9/25/19

(200 Points Max - points in blue shaded cells) **Total Self-score** 172.22

**Percentage of Total Project Units Restricted to the Target Population §205(a) - 65 Points Max**

**(1) Percentage of Projects Units that are Assisted Units - 30 points max**

Total Number of Units	16	Total Number of Assisted Units	16	Percentage of Project Units that are Assisted Units	100.0%	30
-----------------------	----	--------------------------------	----	---	--------	----

**(2) Projects will receive 35 points if the Applicant commits to do either of the following for the term of the Department's loan. If applicable, select either A or B.**

A. Commit to use a Coordinated Entry System (CES) to fill all of the NPLH Assisted Units based on use of a standardized assessment tool which prioritizes those with the highest need for Permanent Supportive Housing and the most barriers to housing retention (provide description of system below). **35**

If applicable, provide description of system.

The Coordinated Entry System is selecting tenants using criteria including, but not limited to, duration or chronically homelessness, vulnerability to early mortality, or high utilization of crisis services. The CES is selecting tenants who are persons meeting all eligibility requirements from the Coordinated Entry List using the same prioritization scheme as adopted by the CoC in the CES policies and procedures.

<b>File Name:</b>	<b>Entry System</b>	Documentation and narrative of Coordinated Entry System or alternate system	Attached and on USB?	Yes
-------------------	---------------------	---	----------------------	-----

**Total Points - (65 points max)** 65.00

**Leverage of Development Funding §205(b) - 20 Points Max**

Applications will be scored based on the ratio of permanent development funding attributable to NPLH Assisted Units from sources other than the Competitive Allocation to the requested capital portion of the Program amount provided under the Competitive Allocation, not including any capitalized operating reserves. To be counted, all sources of leverage must have an Enforceable Funding Commitment, except as otherwise provided in 205 (b). In addition, deferred developer fee and funds deposited in a reserve to defray scheduled operating deficits will not be counted in this computation. Land donations will be counted, where the value is established by a current appraisal. Contingencies in commitment documents based upon the receipt of tax-exempt bonds or low-income housing tax credits will not disqualify a source from being counted as an Enforceable Funding Commitment.

<b>1. Total residential development cost (Loan Amount &amp; Unit Mix worksheet, cell AJ14)</b>	\$14,868,744		
<b>2. Less: Deferred Developer Fee (UA Dev Fee worksheet)</b>	\$1,265,003		
<b>3. Less: Land Donations where value is not established by current appraisal (UA Dev Sources worksheet)</b>	\$3,700,000	<i>&lt;= Must attach land appraisal if including a land donation as part of leverage calculation</i>	
<b>4. Less: financing not committed (UA Dev Sources - Permanent Sources of Funds)</b>	\$0		
<b>5. Eligible residential development costs (1 minus 2 minus 3 minus 4)</b>	\$9,903,741		
<b>6. Percentage of Total Development Cost attributed to NPLH-Assisted Units (Loan Amount &amp; Unit Mix worksheet, cell T20)</b>	45.77%		
<b>7. Funding Attributable to NPLH Assisted Units (5 times 6)</b>	\$4,533,285		
<b>8. Less: NPLH maximum Competitive Allocation capital loan amount (Loan Amount &amp; Unit Mix worksheet, cell AJ28)</b>	\$4,822,998		
<b>9. Other Development Funds (All other funds except NPLH Competitive Allocation funds) attributable to NPLH Assisted Units (7 minus 8)</b>	-\$289,713	-6.01%	<i>&lt;= Other development funds as a % of NPLH Competitive Allocation capital funds (9 divided by 7)</i>
<b>Is this Project applying for or receiving 9% Tax Credits? (Loan Amount &amp; Unit Mix worksheet, cell I2)</b>	No		

<b>File Name:</b>	<b>Appraisal</b>	Attach current appraisal if including a land donation as part of leverage calculation	Attached and on USB?	
-------------------	------------------	---	----------------------	--

For Projects not utilizing 9% competitive low-income housing tax credits, approximately 0.13 points will be awarded for each percentage point of leveraged funds. For example, an Application proposing other development funds equal to 100% of the NPLH capital portion of the loan will receive 13 points, and an Application where other funds equal 150% of the NPLH capital portion of the loan will receive 20 points. **Total Points - (20 points max)** -1

**Leverage of Rental or Operating Subsidies §205(c) - 35 Points Max**

Applications will be scored based on the percentage of NPLH Assisted Units that have Enforceable Funding Commitments for operating assistance, or for Project-based or Sponsor-based rental subsidies with commitment terms substantially similar in terms to project-based housing choice vouchers, **1.75 points will be awarded for each five-percentage increment of committed assistance up to a maximum of 35 points.** The assistance must meet the requirements of an Enforceable Funding Commitment, and it must be allocated to the Project or to an affiliated rental-assistance sponsor, or the Department must approve other evidence that the assistance will reliably be available. Contingencies in commitment documents based upon the receipt of tax-exempt bonds or low-income housing tax credits will not disqualify a source from being counted as an Enforceable Funding Commitment.

							A
							Total Number of NPLH Assisted Units (Loan Amount & Unit Mix worksheet)
							16
B	C	D	E	F	G	H	
Operating assistance, Project-based rental subsidy, Sponsor-based rental subsidy Source	Number of Subsidized NPLH Assisted Units	AMI Level of Units	% Of Total (C divided by A)	Scoring Increment Factor	Increment s	Points 1.75 x G	
Operating assistance	14	15% AMI	100%	5%	20	35.00	
Operating assistance	2	15% AMI					

Number of Rental or Operating Subsidy Sources		1	Totals		16		
File Name:	Subsidy (followed by source name)	Commitment Letter or other documentation that the leverage source will be readily available			Attached and on USB?		
<b>Total Points - (35 points max)</b>							<b>35.00</b>
<b>Readiness to Proceed §205(d) - 50 Points Max</b>							
Points will be awarded as shown below for each of the following circumstances. Attach documentation demonstrating that a particular category is not applicable to project readiness for the subject project to receive points in that category.							
<b>Point Category</b>							<b>Points</b>
(1)	5 points for 9% tax credit Projects and 4% tax credit Projects that will be part of an application to TCAC seeking hybrid tiebreaker incentives; 10 Points for other Projects - Obtaining Enforceable Funding Commitments for all needed construction financing, not including tax-exempt bonds, 4 percent low-income housing tax credits, and deferred developer fee. A. The assistance will be deemed committed if it has been awarded to the Project or if the Department approves other evidence that the assistance will be reliably available. Contingencies in commitment documents based upon the receipt of tax-exempt bonds or low-income housing tax credits will not disqualify a source from being counted as committed. B. To receive credit for funds from other Department programs, these funds must be awarded prior to finalizing the preliminary point scoring of the NPLH application.						10
(2)	5 points for 9% tax credit Projects and 4% tax credit Projects that will be part of an application to TCAC seeking hybrid tiebreaker incentives; 15 Points for other Projects - Obtaining Enforceable Funding Commitments for all deferred-payment permanent financing, grants, and subsidies, not including deferred developer fee, tax-exempt bonds, and 4 percent low-income housing tax credits, in accordance with TCAC requirements and with the same exceptions as allowed by TCAC. A. The assistance will be deemed committed if it has been awarded to the Project or if the Department approves other evidence that the assistance will be reliably available. Contingencies in commitment documents based upon the receipt of tax-exempt bonds or low low-income housing tax credits will not disqualify a source from being counted as committed. B. To receive credit for deferred payment financing, grant funds, or subsidies from other Department programs, these funds must be awarded prior to finalizing the preliminary point scoring of the NPLH application.						15
(3)	10 points - Completion of all necessary environmental clearances, (California Environmental Quality Act and National Environmental Policy Act). Must be submitted with Application.						10
(4)(a)	15 points - Obtaining all necessary land use approvals or entitlements necessary prior to issuance of a building permit, including any required discretionary approvals, such as site plan review or design review.						15
(4)(b)	10 points - Submission of a complete application to the relevant local authorities for land use approval under a nondiscretionary local approval process, where the application has been neither approved or disapproved.						10
(4)(c)	To receive points under subdivisions (a) or (b) above, for Projects located within the boundaries of an incorporated city, the city shall make the necessary determinations, and for Projects located in the unincorporated areas of a County, the County shall make the necessary determinations.						
File Name:	Const EFC #1, #2, etc	Commitment letter or other evidence documenting construction financing commitments			Attached and on USB?		Yes
File Name:	Perm EFC #1, #2, etc	Commitment letter or other evidence documenting deferred-payment permanent financing commitments			Attached and on USB?		Yes
File Name:	Local Approvals, CEQA, and NEPA	Local Approvals, CEQA, and NEPA, as evidenced by the completed and signed Local Jurisdiction and NEPA Responsible Entity Verification worksheet			Attached and on USB?		Yes
File Name:	NEPA Authority to Use Grant Funds (if applicable)	NEPA Authority to Use Grant Funds issued by the Responsible Entity if the project is proposing use of federal funds			Attached and on USB?		Yes
<b>Total Points (50 points max)</b>							<b>50</b>
<b>Extent of On-Site and Off-Site Supportive Services §205(e) - 20 Points Max</b>							
Points will be awarded in each of the following categories as indicated below based on information provided in the Supportive Services Plan submitted with the Application							
(1) Case management services provided on-site - 5 points. Will case management services be provided on-site? (Case manager does not need to have offices located on-site, as long as they provide on-site visits)							0
(2) Implementing evidence-based practices to engage and assist tenants in addressing behaviors that could lead to eviction or to assist in accessing other housing - 1 point per practice - 5 points max						Practicice Categories	9
Critical time intervention	Will be implemented	Motivational interviewing	Will be implemented	Enter other practices implemented*	Will be implemented		
Cognitive behavioral therapy	Will be implemented	Voluntary "moving-on" strategies	Will be implemented	Enter other practices implemented*	Will be implemented		
Trauma-informed care	Will be implemented	Assertive community treatment	Will be implemented	Enter other practices implemented*	Will be implemented		
*Other practices must be recognized as a promising or innovative strategy by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), the California Department of Health Care Services (DHCS), HUD, or other federal or State public agency.							
(3) Projects offering Supportive Services - 2 points for each category of services offered as listed in §203(d) - 8 points max						Categories	3
§203(d)(1) Services for persons with co-occurring mental and physical disabilities or co-occurring mental and substance use disorders not listed above		Will be offered	§203(d)(2) Recreational and social activities			Will be offered	
§203(d)(3) Educational services, including assessment, GED, school enrollment, assistance accessing higher education benefits and grants, and assistance in obtaining reasonable accommodations in the education process		N/A	§203(d)(4) Employment services, such as supported employment, job readiness, job skills training, job placement, and retention services, or programs promoting volunteer opportunities for those unable to work			Will be offered	
§203(d)(5) Obtaining access to other needed services, such as civil legal services, or access to food and clothing							
(4) Resident involvement - 2 points max							2
Project will implement resident involvement practices, such as strategies to engage tenants in community building and services planning and operations, and tenant satisfaction surveys to inform and improve services provision, building operations, and property management (If yes, provide details below)							Yes
<b>Total Points (20 points max)</b>							<b>13</b>



**Past History of Evidence Based Practices §205(f) - 10 Points Max**

Up to **10 points** will be awarded to Projects where the Lead Service Provider, which may be the County behavioral health department or its equivalent County department, or another entity that has contracted with the County to be the Lead Service Provider, can document past experience with implementing evidence-based best practices that have led to a reduction in the number of Chronically Homeless or At-Risk of Chronic Homelessness individuals within the Target Population. Similar experience with evidence-based practices for other special needs populations can also be included if this experience can be shown to be relevant to serving the Target Population. Examples of evidence-based practices include the items below. To receive points under this rating factor, all such experience provided must be verified in the manner set forth in the application. (*Complete LSP Exp. with EBP worksheet*).

<b>Number of Past Practices</b>	5	10

(1) Critical time intervention or assertive community treatment model	Yes		(2) Cognitive behavioral therapy	Yes		(3) Trauma-informed care	Yes
(4) Motivational interviewing	Yes		(5) Enter Other practices*	Yes			

**Certification & Legal Status**

Rev. 9/25/19

**Legal Disclosure**

For purposes of the following questions, and with the exceptions noted below, the term "Applicant" shall include the Applicant and joint Applicant, and any subsidiary of the Applicant or joint Applicant if the subsidiary is involved in (for example, as a guarantor) or will be benefited by the application or the project.

In addition to each of these entities themselves, the term "Applicant" shall also include the direct and indirect holders of more than ten percent (10%) of the ownership interests in the entity, as well as the officers, directors, principals and senior executives of the entity if the entity is a corporation, the general and limited partners of the entity if the entity is a partnership, and the members or managers of the entity if the entity is a limited liability company. For projects using tax-exempt bonds, it shall also include the individual who will be executing the bond purchase agreement.

The following questions must be responded to for each entity and person qualifying as an "Applicant," or "joint Applicant" as defined above.

**Explain all positive responses on a separate sheet and include with this questionnaire in the application.**

**Exceptions:**

Public entity Applicants without an ownership interest in the proposed project, including but not limited to cities, counties, and joint powers authorities with 100 or more members, are not required to respond to this questionnaire.

Members of the boards of directors of non-profit corporations, including officers of the boards, are also not required to respond. However, Chief Executive Officers (Executive Directors, Chief Executive Officers, Presidents or their equivalent) must respond, as must Chief Financial Officers (Treasurers, Chief Financial Officers, or their equivalent).

**Civil Matters**

1. Has the Applicant filed a bankruptcy or receivership case or had a bankruptcy or receivership action commenced against it, defaulted on a loan or been foreclosed against in past ten years?	No
2. Is the Applicant currently a party to, or been notified that it may become a party to, any civil litigation that may materially and adversely affect (a) the financial condition of the Applicant's business, or (b) the project that is the subject of the application?	No
3. Have there been any administrative or civil settlements, decisions, or judgments against the Applicant within the past ten years that materially and adversely affected (a) the financial condition of the Applicant's business, or (b) the project that is the subject of the application?	No
4. Is the Applicant currently subject to, or been notified that it may become subject to, any civil or administrative proceeding, examination, or investigation by a local, state or federal licensing or accreditation agency, a local, state or federal taxing authority, or a local, state or federal regulatory or enforcement agency?	No
5. In the past ten years, has the Applicant been subject to any civil or administrative proceeding, examination, or investigation by a local, state or federal licensing or accreditation agency, a local, state or federal taxing authority, or a local, state or federal regulatory or enforcement agency that resulted in a settlement, decision, or judgment?	No

**Criminal Matters**

6. Is the Applicant currently a party to, or the subject of, or been notified that it may become a party to or the subject of, any criminal litigation, proceeding, charge, complaint, examination or investigation, of any kind, involving, or that could result in, felony charges against the Applicant?	No
7. Is the Applicant currently a party to, or the subject of, or been notified that it may become a party to or the subject of, any criminal litigation, proceeding, charge, complaint, examination or investigation, of any kind, involving, or that could result in, misdemeanor charges against the Applicant for matters relating to the conduct of the Applicant's business?	No
8. Is the Applicant currently a party to, or the subject of, or been notified that it may become a party to or the subject of, any criminal litigation, proceeding, charge, complaint, examination or investigation, of any kind, involving, or that could result in, criminal charges (whether felony or misdemeanor) against the Applicant for any financial or fraud related crime?	No
9. Is the Applicant currently a party to, or the subject of, or been notified that it may become a party to or the subject of, any criminal litigation, proceeding, charge, complaint, examination or investigation, of any kind, that could materially affect the financial condition of the Applicant's business?	No
10. Within the past ten years, has the Applicant been convicted of any felony?	No
11. Within the past ten years, has the Applicant been convicted of any misdemeanor related to the conduct of the Applicant's business?	No
12. Within the past ten years, has the Applicant been convicted of any misdemeanor for any financial or fraud related crime?	No

**Provide details below for all "Yes" answers that are shaded red above:**

**Certification**

**On behalf of the entity identified in the signature block below, I certify that:**

- The information, statements and attachments included in this application are, to the best of my knowledge and belief, true and correct.
- I possess the legal authority to submit this application on behalf of the entity identified in the signature block.
- The following is a complete disclosure of all identities of interest - of all persons or entities, including affiliates, that will provide goods or services to the Project either (a) in one or more capacity or (b) that qualify as a "Related Party" to any person or entity that will provide goods or services to the project. "Related Party" is defined in Section 10302 of the California Code of Regulations (CTCAC Regulations).

4. As of the date of application, the Project, or the real property on which the Project is proposed (Property) is not part to or the subject of any claim or action at the State or Federal appellate level.

5. I have disclosed and described below any claim or action undertaken which affects or potentially affects the feasibility of the Project. In addition, I acknowledge that all information in this application and attachments is public, and may be disclosed by the State.

Robert P. Havlicek Jr.	CEO	(see attached)	11.18.19
Printed Name	Title of Signatory	Signature	Date

Entity Name: Surf Development Company	Phone Number: 805-736-3423
Entity Address: 815 West Ocean Avenue	City: Lompoc State: CA Zip: 93436

**Organizational Documents**

The following is intended as a brief summary of legal documents commonly required to verify the legal authority of the private entity or entities applying to the Department for an award of funds. The following does not apply to public applicants. Additionally, the documents required to apply for funds are legally distinct from those required to enter into a contract for award. The lists below only address documentation necessary for the application phase of the award process. If your application is successful, then additional corporate formation and authorization documentation will be required.

**The Sponsor shall submit an organizational chart depicting the entity structure control of the Project**

**Corporations**

Articles of Incorporation (Corp. Code §154, 200 and 202) as certified by the CA Secretary of State  
 Bylaws and any amendments thereto (Corp. Code §207(b), 211 and 212)  
 Certificate of Amendment of Articles of Incorporation (Corp. Code §900-910 (general stock), §5810-5820 (public benefit and religious corporations), §7810-7820 (mutual benefit corporations), or §12500-12510 (general cooperative corporations)) as applicable  
 Restated Articles of Incorporation (Corp. Code §901, 906, 910 (general stock), §5811, 5815, 5819 (public benefit and religious corporations), §7811, 7815 and 7819 (mutual benefit corporations) and §12501, 12506 and 12510 (general cooperative corporations)) as applicable  
 Statement of Information (CA Secretary of State form SI-100 or SI-200)  
 Shareholder Agreements (Corp. Code §186) if applicable  
 Certificate of Good Standing certified by Secretary of State

**Limited Liability Company**

Articles of Organization (CA Secretary of State form LLC-1)  
 Certificate of Amendment (CA Secretary of State form LLC-2) if applicable  
 Restated Articles of Organization (CA Secretary of State form LLC-10) if applicable  
 Certificate of Correction (CA Secretary of State form LLC-11) if applicable  
 Statement of Information (CA Secretary of State form LLC-12 or LLC-12NC)  
 Operating Agreement (Corp. Code §17707.02(s) and 17701.10)  
 Certificate of Good Standing certified by Secretary of State

**Limited Partnership**

Although potentially eligible to apply as the Sponsor, limited partnerships very rarely qualify to be a Sponsor because they lack sufficient historical development experience. Instead, limited partnerships that are Sponsor-controlled-subsidiaries may be named as the actual borrower in the NPLH loan documents if the UMR "Sponsor" subsidiary control requirements are met. The following documents are necessary to establish whether the UMR subsidiary control requirements are met.

Certificate of Limited Partnership (CA Secretary of State form LP-1)  
 Amendment to Certificate of Limited Partnership (CA Secretary of State form LP-2) if applicable.  
 Certificate of Correction (CA Secretary of State form LP-2) if applicable.  
 Limited Partnership Agreement (CA Corp. Code §15901.02(x) and 15901.10)  
 Certificate of Good Standing certified by Secretary of State.

**Checklist**

Rev. 9/25/19

The Checklist below is intended to be used after the Applicant completes the NPLH Supplemental Application. If a header indicates that an area is "Not Applicable", Applicant does not need to provide the requested documents.

**Packaging instructions for the NPLH application submission:**

(1) Use 3-ring binder/binders appropriate to the size/thickness of the Universal Application and the Supplemental Application when submitting the application package to the Department.

(2) Use labeled tabs to separate each section and individual documents, according to the Application Checklist below.

(3) Use the tab file name descriptions and file structure below for the binder tab numbers, electronic folder and file name.

Binder Tab #	Initial Threshold Requirement	Electronic File Name	Document Description	Included?
1		Checklist	Attachment Checklist	
2	X	Universal Application	Completed Universal Application	
3	X	Supplemental Application	Completed Supplemental Application	
<b>County Applicant Organizational Documents - Department of Behavioral Wellness</b>				
4	X	App Cert & Legal Disclosure	Reference Certification & Legal worksheet	
5	X	App Resolution	Reference NPLH webpage for Competitive Resolution document	
6	X	App Noncomp Reso	NPLH Noncompetitive Resolution (if applicable)	
7	X	App Noncomp Allocation	Applicant Noncompetitive Allocation (if applicable)	
8	X	App Signature Block	Signature Block - upload in Microsoft Word document	
9	X	App TIN	Reference Taxpayer Identification Number (TIN) documents on the NPLH webpage	
<b>County Applicant 2 Organizational Documents - NOT APPLICABLE</b>				
10	X	App2 Cert & Legal Disclosure	Reference Certification & Legal worksheet	
11	X	App2 Comp Resolution	Reference NPLH webpage for Competitive Resolution document	
12	X	App2 Noncomp Reso	NPLH Noncompetitive Resolution (if applicable)	
13	X	App2 Noncomp Allocation	Applicant Noncompetitive Allocation (if applicable)	
14	X	App2 Signature Block	Signature Block - upload in Microsoft Word document	
15	X	App2 TIN	Reference Payee Data Record (STD-204) or Taxpayer Identification Number (TIN) documents on the NPLH webpage	
16	X	Joint County Commitment	Documentation of commitment both Counties to collaborate on services and an expectation for NPLH tenants (if applicable)	
<b>Development Sponsor Organizational Documents - Department of Behavioral Wellness</b>				
17	X	Dev. Sponsor Cert & Legal Disclosure	Reference Certification & Legal worksheet	
18	X	Dev. Sponsor Comp Resolution	Reference NPLH webpage for Competitive Resolution document	
19	X	Dev. Sponsor Noncomp Reso	Development Sponsor NPLH Noncompetitive Resolution (if applicable)	
20	X	Dev. Sponsor OrgDoc1, OrgDoc2, etc...	Reference Sponsor Org Docs worksheet	
21	X	Dev. Sponsor OrgChart	Joint Applicant Development Sponsor Entity/Organization Chart	
22	X	Dev. Sponsor Signature Block	Signature Block - upload in Microsoft Word document	
23	X	Dev. Sponsor Payee Data or TIN	Reference Payee Data Record (STD-204) or Taxpayer Identification Number (TIN) documents on the NPLH webpage	
<b>Owner/Borrower Entity - Limited Partnership (to be formed)</b>				
24		Owrr/Bwr Cert & Legal Disclosure	Reference Certification & Legal worksheet	
25		Owrr/Bwr Comp Resolution	Reference NPLH webpage for Competitive Resolution document	
26		Owrr/Bwr OrgDoc1, OrgDoc2, etc...	Reference Sponsor Org Docs worksheet	
27		Owrr/Bwr OrgChart	Owner Entity/Organization Chart	
28		Owrr/Bwr Signature Block	Signature Block - upload in Microsoft Word document	
29		Owrr/Bwr Payee Data or TIN	Reference Payee Data Record (STD-204) or Taxpayer Identification Number (TIN) documents on the NPLH webpage	
<b>Managing General Partner - Surf Development Company</b>				
30		MGP Cert & Legal Disclosure	Reference Certification & Legal worksheet	
31		MGP Comp Resolution	Reference NPLH webpage for Competitive Resolution document	
32		MGP OrgDoc1, OrgDoc2, etc...	Reference Sponsor Org Docs worksheet	
33		MGP OrgChart	MGP Entity/Organization Chart	
34		MGP Signature Block	Signature Block - upload in Microsoft Word document	
35		MGP Payee Data or TIN	Reference Payee Data Record (STD-204) or Taxpayer Identification Number (TIN) documents on the NPLH webpage	
<b>Administrative General Partner #1 - Housing Authority of the County of Santa Barbara</b>				
36		AGP1 Cert & Legal Disclosure	Reference Certification & Legal worksheet	
37		AGP1 Comp Resolution	Reference NPLH webpage for Competitive Resolution document	
38		AGP1 OrgDoc1, OrgDoc2, etc...	Reference Sponsor Org Docs worksheet	
39		AGP1 OrgChart	Sponsor Organization Chart	
40		AGP1 Signature Block	Signature Block - upload in Microsoft Word document	
41		AGP1 Payee Data or TIN	Reference Payee Data Record (STD-204) or Taxpayer Identification Number (TIN) documents on the NPLH webpage	
<b>Site Control</b>				
42	X	Site Control	Provide documentation of site control meeting UMR §8303	
43	X	Preliminary Title Report	Provide a current preliminary report	
<b>Amenities</b>				
44	X	Amenities Map	If applicable, provide a radius map with the amenities identified by markers	
<b>Article XXXIV</b>				
45	X	Article XXXIV Legal Opinion	If the Application includes an Article XXXIV legal opinion, provide a copy of legal opinion	
46	X	Article XXXIV Authority	If the locality has sufficient Article XXXIV authority, provide documentation as set forth in the NOFA	
<b>the Department Application Requirements</b>				
47	X	Property Management Plan	Provide a copy of Project's proposed Property Management Plan meeting requirements of §202(h)(4)	
48	X	Homeless Plan	If not previously submitted, provide a copy of the County's Plan to Combat Homelessness §201(c)	

49	X	Market Study	§202(h)(6)(A) For Projects with Units that will not be assisted by NPLH, provide a market study prepared in accordance with current TCAC Market Study Guidelines which demonstrates a market for the non-Assisted Units, information on the anticipated need for the Assisted Units, and how referrals will be made in compliance with the requirements of §206 and §211	
50	X	Appraisal Report	Appraisals are required for all projects which include a land cost or value in their development budget. Appraisals shall be prepared in accordance with TCAC requirements as specified in §202(h)(6)(C)	
51	X	Phase I/II	§202(h)(6)(E) For new construction projects, a Phase I Environmental Site Assessment prepared for the property prepared in accordance with ASTM E1527-13 within 12 months of the NPLH Application due date. A Phase II environmental report is required if recommended by the Phase I	
52	X	Lead-based paint, mold, asbestos reports	§202(h)(6)(F) For rehabilitation projects, lead-based paint, mold and asbestos reports	
<b>Relocation</b>				
53	X	Relocation Plan	Provide narrative explanation and identify documents supporting no relocation required	
<b>Supportive Services</b>				
54		MOU	Memoranda of Understanding which identify the roles and responsibilities of the County, the project owner, other service providers, and the property manager	
55		LSP Agreement	Lead Service Provider Contract, Agreement or Letter of Intent (non-Applicant provider)	
56		Duty Stmt1, Duty Stmt2, Duty Stmt3, Duty Stmt4	Staff Duty Statements (all providers, if available)	
57		SS Fund Ltr1, SS Fund Ltr2, SS Fund Ltr3, etc...	Attach letter(s) including: Project name; description of services; dollar value of funds or in-kind services; if cash is provided, state funding source; funding term; description & history of agency/org. providing funding or services	
<b>COSR Eligibility</b>				
58		COSR Eligibility	Provide evidence from local housing authority or other entities addressing §209(d)	
<b>UTILITY ALLOWANCE</b>				
59		Utility Allowance	Documentation from the local housing authority substantiating the amount of the Utility Allowance used	
<b>SCORING</b>				
<b>Percentage of Projects Units that are Assisted Units</b>				
60		Entry System	Documentation and narrative of Coordinated Entry System or alternate system	
<b>Leverage of Rental or Operating Subsidies</b>				
61		Subsidy (followed by source name)	Commitment Letter or other documentation that the leverage source will be readily available	
<b>Readiness to Proceed</b>				
62		Const EFC #1, #2, etc	Commitment letter or other evidence documenting construction financing commitments	
63		Perm EFC #1, #2, etc	Commitment letter or other evidence documenting deferred-payment permanent financing commitments	
64		Local Approvals, CEQA, and NEPA	Local Approvals, CEQA, and NEPA, as evidenced by the completed and signed Local Jurisdiction and NEPA Responsible Entity Verification worksheet	
65		NEPA Authority to Use Grant Funds (if applicable)	NEPA Authority to Use Grant Funds issued by the Responsible Entity if the project is proposing use of federal funds	

