

1A. Application Type

Instructions:

1. Type of Submission: This field is populated and cannot be changed.
2. Type of Application: This field is populated with the type of project application opened and cannot be changed.
3. Date Received: No action needed. This field is populated with the date on which the application is submitted. The date populated cannot be edited.
4. Applicant Identifier: Leave this field blank.
- 5a. Federal Entity Identifier: Leave this field blank.
- 5b. Federal Award Identifier: (required) This field will be blank for all renewals applications. The correct expiring grant number must be entered and exactly match the grant number entered on the HUD-approved Grant Inventory Worksheet. The number may have either 15 or 11 digits and begins with the initials of your state or territory. Here are three examples of what your grant number might look like: NY0999B2T001104, MS0999C1T001003, CA01C900151.
6. Date Received by State: Leave this field blank.
7. State Application Identifier: Leave this field blank.

Additional Resources:

Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>

1. Type of Submission:

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 01/16/2013

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: CA0596B9D031104

6. Date Received by State:

7. State Application Identifier:

1B. Legal Applicant

Instructions:

8. Applicant: The following fields are populated from the Applicant Profile and must reflect the information from the applicant organization that can legally request homeless assistance funding from HUD.

a. Legal Name: This field is populated from the Applicant Profile. It is important that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained online at - <http://esnaps.hudhre.info>

b. Employer/Taxpayer Number (EIN/TIN): This field is populated from the Applicant Profile.

c. Organizational DUNS: This field is populated from the Applicant Profile. The number will include 9 digits. If the legal applicant organization is not in the US or is not legally organized, enter 444444444. Information on obtaining a DUNS number may be obtained online at - <http://www.dnb.com>

d. Address: This field is populated from the Applicant Profile.

e. Organizational Unit: If applicable, this field is populated from the Applicant Profile.

f. Name and contact information of person to be contacted on matters involving this applicant: This field is populated from the Applicant Profile and from the alternate point of contact for the applicant organization information. This person may or may not be the authorized representative.

Additional Resources:
Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>

8. Applicant

a. Legal Name: County of Santa Barbara

b. Employer/Taxpayer Identification Number 95-6002833
(EIN/TIN):

	c. Organizational DUNS:	131851003	PL US 4	
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d. Address

Street 1: 105 E. Anapamu St., Suite 105

Street 2:

City: Santa Barbara

County: Santa Barbara

State: California
Country: United States
Zip / Postal Code: 93101

e. Organizational Unit (optional)

Department Name: Community Services
Division Name:

**f. Name and contact information of person to
be
contacted on matters involving this
application**

Prefix: Mr.
First Name: Anacleto
Middle Name: Joseph
Last Name: Quinoveva
Suffix:
Title: Housing Program Specialist II
Organizational Affiliation: County of Santa Barbara
Telephone Number: (805) 560-1090
Extension:
Fax Number: (805) 560-1091
Email: aquinoveva@co.santa-barbara.ca.us

1C. Application Details

Instructions:

9. Type of Applicant: (required) This field is populated from the Applicant Profile. Applicants cannot modify the populated data on this form. However, applicants may modify the Applicant Profile to correct any errors identified.

10. Name Of Federal Agency: This field is populated with the Department of Housing and Urban Development. The field cannot be edited.

11. Catalog Of Federal Domestic Assistance (CFDA) Title/Number: This field is populated with the CFDA title and number.

12. Funding Opportunity Number/Title: This field is populated with the funding opportunity number and title of the opportunity under which assistance is requested, as found in this year's Federal Register announcement.

13. Competition Identification Number/Title: Leave this field blank.

Additional Resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

9. Type of Applicant: B. County Government

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance CoC Program
Title:

CFDA Number: 14.267

12. Funding Opportunity Number: FR-5600-N-41

Title: Continuum of Care Homeless Assistance
Competition

13. Competition Identification Number:

Title:

1D. Congressional District(s)

Instructions:

14. Areas Affected By Project: (required) Select the State(s) in which the proposed project will operate and serve homeless persons. The state(s) selected will determine the list of geographic areas and congressional districts displayed elsewhere in this application.

15. Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project form when the project application was initiated. Return to the Project form to make changes to the name.

16. Congressional District(s):

a. Applicant: This field is populated from the Applicant Profile. Applicants cannot modify the populated data on this form. However, applicants may modify the Applicant Profile to correct any errors identified.

b. Project: (required) Select the congressional district(s) in which the project operates. For new projects, select the district(s) in which the project is expected to operate.

17. Proposed Project Start and End Dates: (required) Indicate the operating start and end date for the project. For new project applications, indicate the estimated operating start and end date of the project.

18. Estimated Funding: Leave these fields blank.

Additional Resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

14. Area(s) affected by the project (State(s) only): California
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Casa Esperanza Day Center

16. Congressional District(s):

a. Applicant: CA-023, CA-024

b. Project: CA-023

(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 02/01/2013

b. End Date: 01/31/2014

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. Compliance

Instructions:

19. Is Application Subject to Review By State Executive Order 12372 Process?: (required) Select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those states that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If "YES" is selected enter the date this application was made available to the State for review.

20. Is the Applicant Delinquent on any Federal Debt?: (required) Select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "YES" is selected include an explanation in the space provided on this screen.

Additional Resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. Declaration

Instructions:

I Agree: (required) Select the checkbox next to 'I Agree' to (1) certify to the statements contained in the list of certifications**, (2) certify that the statements herein are true, complete, and accurate to the best of my knowledge, (3) certify that the required assurances** are provided, and (4) agree to comply with any resulting terms if I accept an award. Any false, fictitious, or fraudulent statements or claims may subject the authorized representative and the applicant organization to criminal, civil, or administrative penalties .(U.S. Code, Title 218, Section 1001)

**The list of certifications and assurances are contained in the CoC NOFA and in the e-snaps Applicant Profile.

21. Authorized Representative: The authorized representative's information is populated on this form from the Applicant Profile. A copy of the governing body's authorization for this person to sign this application as the official representative must be on file in the applicant's office.

Additional Resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: ☒

21. Authorized Representative

Prefix: Mr.

First Name: Herman

Middle Name:

Last Name: Parker

Suffix:

Title: Director, Community Services Department

Telephone Number: (805) 568-2467
(Format: 123-456-7890)



Fax Number: (805) 560-1091
(Format: 123-456-7890)

Email: hparker@co.santa-barbara.ca.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 01/16/2013

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$158,292

Organization	Type	Sub-Award Amount
Casa Esperanza Homeless Center	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	\$158,292

2A. Project Subrecipients

Instructions:

Enter the contact information for a person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

a. Organization Name: (required) Enter the legal name of the organization that will serve as the subrecipient.

b. Organization Type: (required) Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see NOFA for conditions); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

c. Tax ID or EIN: (required) Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.

d. DUNS Number: (required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at <http://www.dnb.com>.

e. Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). Enter the mailing address if different from the address entered.

f. Congressional District(s): (required) Select the congressional district(s) in which the subrecipient is located.

g. Faith Based Organization: (required) - Select Yes or No if the subrecipient is a faith based organization.

h. Prior Federal Grant Recipient: (required) Select Yes or No to indicate if the subrecipient has ever received a federal grant.

i. Expected Sub-Award Amount: (required) Enter the total amount of funds that the applicant expects to award to this subrecipient. The amount must be in whole dollars (i.e. no decimals – only dollars, and not cents). This sum will be added to the total expected sub-award amount from all subrecipients automatically calculated on the parent form.

j. Contact Person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

<http://www.hudhre.info/coc/>

a. Organization Name Casa Esperanza Homeless Center

b. Organization Type M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:

c. Employer or Tax Identification Number: 77-0502754

	* d. Organizational DUNS:	182084462	PL US 4	
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e. Physical Address

Street 1 816 Cacique St.

Street 2

City Santa Barbara

State California

Zip Code 93103

f. Congressional District(s): CA-023
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$158,292

j. Contact Person

Prefix Mr.

First Name Michael

Middle Name

Last Name Foley

Suffix

Title Executive Director

E-mail Address mikefoley@casa-esperanza.org

Confirm E-mail Address mikefoley@casa-esperanza.org

Phone Number 805-884-0171

Extension

Fax Number

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

Instructions:

Complete all fields on this form, as appropriate. Please ensure that the information provided is both accurate and complete in light of the implementation of the HEARTH Act and the interim CoC program regulations, effective August 30, 2012. The selections made on this form will determine the remaining forms that must be completed with this application.

1. Expiring Grant Number: This field is populated with the expiring grant number entered as the "Federal Award Identifier" on form 1A. Application Type of this application.

2a. CoC Number and Name: Select the appropriate Continuum of Care (CoC) number and name. The CoC Name is defined by geography and is independent of the legal name of the authorized CoC lead agency.

2b. CoC Applicant Name: (required) Select the appropriate authorized CoC collaborative applicant. The CoC applicant name corresponds with the CoC collaborative applicant with which the project applicant is choosing to submit their application. This collaborative applicant will receive the application and determine whether to include it with the CoC application submission to HUD. In the extremely rare instance that two different CoC collaborative applicants are applying under the same CoC number, the project applicant must select the appropriate CoC collaborative applicant name from the available options. It is incumbent upon the project applicant to correctly identify the appropriate CoC collaborative applicant name. Project applicants who are unsure of which CoC collaborative applicant name to select should contact their preferred CoC collaborative applicant.

3. Project Name: This field is populated with the FY2012 project name from the Project form used to create the project in e-snaps. Return to the Project form to make changes to the name.

4. Project Status: This field is populated with the option "Standard" and should only be changed to "Appeal" for projects that are appealing a CoC's decision to reject the application. All other projects should leave the field with the option "Standard." If "Appeal" is selected, an additional Appeal form will become visible toward the end of the application and additional attachments will be required on the attachments form.

5. Component Type: Select the component that appropriately identifies the project. The component type selected here must match the component type listed in the HUD-approved FY2012 GIW.

6. Energy star: (required) Select Yes or No to indicate whether or not energy star is being (or will be) used at one or more of the properties that will receive assistance using the requested funds.

7. Title V: (required) Select Yes or No to indicate whether or not one or more of the project properties has been conveyed under Title V.

Additional Resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

<http://www.hudhre.info/coc/>

1. Expiring Grant Number: CA0596B9D031104

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-603 - Santa Maria/Santa Barbara County CoC

2b. CoC Applicant Name: County of Santa Barbara

3. Project Name Casa Esperanza Day Center

4. Project Status Standard

5. Component Type: SSO

6. Is Energy Star used at one or more of the proposed properties? Yes

7. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

Instructions:

Complete all fields on this form, as appropriate.

ALL PROJECTS

1. Provide a description that addresses the entire scope of the proposed project: (required) A project description should be complete and concise. It must address the entire scope of the project, including a clear picture of the community/target population(s) to be served, the plan for addressing the identified needs/issues of the CoC community/target population(s), projected outcome(s), and any coordination with other source(s)/partner(s). In cases where the proposed project is expanding an existing facility or non-HMIS service, document, when applicable, how the requested funds will supplement existing services and resources or increase participants served. The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application. Applicants are encouraged to review the detailed instructions available on the left menu, as well as applicable program regulations and desk guides available online at <http://esnaps.hudhre.info>.

PH, TH, AND SSO PROJECTS ONLY

2. Do you plan on serving youth under category 3 of the homeless definition, "unaccompanied youth and families with children who are defined as homeless under other federal statutes and who do not otherwise qualify as homeless under this definition"? (required) To become eligible for serving youth under category 3, CoCs must first request and receive HUD approval. The CoC must then list the projects that will serve this population on the CoC applicant. The selection to this question must match the CoC application. Please confirm with your CoC before selecting "Yes."

TH PROJECTS ONLY

3. Maximum number of months participants are allowed to be housed at the project sites(s): (required) Use the text box provided to enter any number of months less than or equal to 24. Only numbers will be accepted.

PH PROJECTS ONLY

3. Will the project provide RRH? (required) The CoC program regulations describe two eligible types of PH, RRH and PSH. Select Yes if you plan on providing RRH, and NO if you plan on providing PSH. Applicants that select Yes will only be able to select short-term/medium-term rental assistance as a housing option. Applicants that select No will only be able to select long-term rental assistance, leased units, or leased structures as a housing option.

PH AND TH PROJECTS ONLY

4a. If applicable, indicate the type of rental assistance: (required) If applying for rental assistance, select either PRA, for project based, SRA, for sponsor based, or TRA, for tenant based. This field will populate the rental assistance budget forms. Applicants not applying for rental assistance should select N/A.

4b. Indicate the maximum length of rental assistance: (for rental assistance projects only) If applying for rental assistance, select either Up to 3 months; Up to 12 months; Up to 18 months; Up to 24 months; or, Unlimited assistance.

4c. Describe the method for determining the type, amount, and duration of rental assistance that participants can receive: (for rental assistance projects only) Provide a narrative description of the method used to determine the assistance described in 6a and 6b.

4d. Was the project originally awarded with a leased units budget line item that is now being converted to rental assistance? (required) Select No from the dropdown if the project was originally awarded under the S+C Program. Select Yes from the dropdown if the project was originally awarded under the SHP Program. A change from leasing to rental assistance must be reflected in the HUD-approved FY2012 GIW.

Additional resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

<http://www.hudhre.info/coc/>

1. Provide a description that addresses the entire scope of the proposed project.

Casa Esperanza Day Center is the primary day center for the homeless in Santa Barbara. Community agencies provide on-site case management, assistance in securing housing, mental health counseling and referrals, employment training and referral, recovery groups, literacy classes, drug and alcohol counseling, and referral and assistance with legal problems that caused homelessness. Lunch is provided daily through the on-site Community Kitchen. The goal of the program is to help the homeless find housing and employment.

2. Do you plan on serving youth under category 3 of the HUD homeless definition, "unaccompanied youth and families with children who are defined as homeless under other federal statutes and who do not otherwise qualify as homeless under this definition"? (Your CoC must request and receive HUD approval before project applicants can serve youth under category 3) No

4A. Supportive Services for Participants

Instructions:

The information entered into the form fields below should record the capacity of the project to efficiently provide supportive services to program participants. Please ensure that the information provided is both accurate and complete in light of the implementation of the HEARTH Act and the new Continuum of Care Regulations.

1. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families: (required) Select Yes, No, or N/A to indicate whether the project policies provide for educational and related services to individuals and families experiencing homelessness, and if the policies are consistent with local and federal educational laws, including the McKinney-Vento Act. Only projects that do not serve families or unaccompanied youth should select N/A.
2. Does the proposed project have a designated staff person to ensure that children are enrolled in school and receive educational services, as appropriate: (required) Select Yes, No, or N/A to indicate whether the project has a designated staff person responsible for ensuring that children are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services. Only projects that do not serve families or unaccompanied youth should select N/A.
3. Describe the reason(s) for non-compliance with educational laws, and the corrective action to be taken prior to grant agreement execution: Answer with a text response if 'No' has been selected for either question 1 or 2.
4. Specify the frequency of supportive services to be provided to project participants: (required) - select the frequency (daily, weekly, bi-weekly, monthly, bi-monthly, quarterly, does not apply) of each basic supportive service provided to participants. Basic supportive services include: assistance with moving costs, case management, child care, education services, employment assistance and job training, food, housing search and counseling services legal services, life skills training, mental health services, outpatient health services, outreach services, substance abuse treatment services, transportation, and utility deposit.
5. How accessible are basic community amenities (e.g., medical facilities, grocery store, recreation facilities, schools, etc.) to the project? (required) Select the level of accessibility of basic community amenities for project participants. Basic community amenities should be within reach of participants via walking, public transportation, driving, or transportation provided by the project. Select "Yes, very accessible" if there are no transportation barriers and amenities are easily within reach of all participants, "Somewhat accessible," if there are minor transportation barriers and "within reach" requires effort for participants, and select "Not accessible" if significant barriers prevent reasonable access to community amenities.

Additional resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

<http://www.hudhre.info/coc/>

1. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Not Applicable

2. Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? Not Applicable

4B. Supportive Services Only

Instructions:

1. Is this project a street outreach project: (required) Select Yes to identify as a street outreach project. Select No for all other types of projects.

2. Are the project activities, including case management, related to a Housing Goal? (required if No to question 1) Select Yes to identify as a project with a housing goal. Select No for all projects that are not street outreach and that do not have a housing goal.

By answering these two questions and saving the form, unique performance measurement charts will be available in Section 6 designed specifically for the type of supportive services only project identified.

1. Is this project a street outreach project? No
Click 'Save' to specify performance measures.

2. Are the project activities, including case management, related to a Housing Goal? Yes

4C. HMIS Participation

Instructions:

1. Does this project provide client level data to the HMIS at least annually? (required) Select Yes or No from the drop down menu.

2a. Indicate the reason for non-participation in the HMIS: (required if No to 1) If No selected for question 1, select one or more of the following reasons for not participating in the CoC's HMIS: Federal law prohibits, State law prohibits, New project not yet operating, and other.

2b: For Federal/State prohibition, cite the applicable law. For "Other" provide explanation: Use the text box provided to detail

2a. Indicate the number of clients served from 1/1/2011 – 12/31/2011, indicate the number reported in the HMIS: This question will only be visible if Yes selected for question 1. Only positive integers will be accepted. This is a cumulative yearly count of clients served.

2b. Of the clients served from 1/1/2011 – 12/31/2011, indicate the number reported in the HMIS: Indicate a number that is smaller than or equal to the answer in 2a. Only positive integers will be accepted.

3. Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values': This question will only be visible if Yes selected for question 1. At least one value must be entered into the grid. Indicate in the applicable fields what percentage of each data element are null or missing values, and what percentage of each data element were reported as 'Don't' know or refused'.

Additional resources:
Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>
<http://www.hudhre.info/coc/>

1. Does this project provide client level data to HMIS at least annually? No
Click on the "Save" button below to enter additional information.

2a. Indicate the reason for non-participation in the HMIS. Other
Click on the "Save" button below to enter additional information.

2b. For Federal/State prohibition, cite applicable law. For "Other", provide explanation.

The project sponsor maintains its own database and will work with Santa Barbara County Housing and Community Development (HCD) to import data into HMIS. HCD contracted with Bowman Systems for ServicePoint and is in the process of training all end users and migrating existing data from MetSYS, the software formerly used.

5A. Project Participants - Households

Instructions:

In each white field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: This column is automatically populated with Total Number of Households. Please note that these categories have changed as of the implementation of HEARTH and the new CoC regulations. This is the first time total households have been subdivided into the following columns.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: This column is automatically populated with standard reporting categories determined by HUD. Please note that these categories have changed as of the implementation of HEARTH and the new CoC regulations. Most significantly, a new age range of 18 to 24 has been included to capture the expanded HUD definition of Youth as persons under the age of 25.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All total field will calculate automatically when at least one household field and one persons field is entered and saved.

Additional resources:
Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>
<http://www.hudhre.info/coc/>

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households		225		225

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Disabled Adults over age 24		105		105
Non-disabled Adults over age 24		104		104
Disabled Adults ages 18-24		5		5
Non-disabled Adults ages 18-24		11		11
Accompanied Disabled Children under age 18				0
Accompanied Non-disabled Children under age 18				0
Unaccompanied Disabled Children under age 18				0
Unaccompanied Non-disabled Children under age 18				0
Total Number of Adults over age 24	0	209		209
Total Number of Adults ages 18-24	0	16		16
Total Number of Children under age 18	0		0	0
Total Persons	0	225	0	225

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Instructions:

In each white field list the number of persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the following three charts according to their respective household types. For each household type included on the previous form, 5A, applicants must fill in at least one cell on the corresponding chart on form 5B.

The first chart should include only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

The second chart should include only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

The third chart should include only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Characteristics: This column is automatically populated with standard reporting categories determined by HUD. Please note that these categories have changed as of the implementation of HEARTH and the new CoC regulations. Most significantly, a new age range of 18 to 24 has been included to capture the expanded HUD definition of Youth as persons under the age of 25.

Chronically Homeless Non-Veterans: Enter the total number of persons who meet the HUD definition of chronically homeless but who are not veterans.

Chronically Homeless Veterans: Enter the total number of persons who meet the HUD definition of chronically homeless and who are veterans

Non-Chronically Homeless Veterans: Enter the total number of persons who are veterans but who do not meet the HUD definition of chronically homeless.

Chronic Substance Abuse: Enter the total number of persons who meet the definition for chronic substance abuse.

Persons with HIV/AIDS: Enter the total number of persons with HIV/AIDS

Severally Mentally Ill: Enter the total number of persons who meet the definition of severely mentally ill.

Victims of Domestic Violence: Enter the total number of persons who are victims of domestic violence.

Total Persons: Total fields will calculate automatically when the form is saved.

Additional resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

<http://www.hudhre.info/coc/>

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence
Disabled Adults over age 24							
Non-disabled Adults over age 24							
Disabled Adults ages 18-24							
Non-disabled Adults ages 18-24							
Disabled Children under age 18							
Non-disabled Children under age 18							
Total Persons	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence
Disabled Adults over age 24	42	3	7	40		63	5
Non-disabled Adults over age 24	44	6	9	37		61	3
Disabled Adults ages 18-24	1			2		3	
Non-disabled Adults ages 18-24	1			7		8	
Total Persons	88	9	16	86	0	135	8

Click Save to automatically calculate totals**Persons in Households with Only Children**

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence
Accompanied Disabled Children under age 18							
Accompanied Non-disabled Children under age 18							
Unaccompanied Disabled Children under age 18							
Unaccompanied Non-disabled Children under age 18							
Total Persons	0			0	0	0	0

5C. Outreach for Participants

Instructions:

Complete all fields on this form, as appropriate. Please ensure that the information provided is both accurate and complete in light of the implementation of the HEARTH Act and the new Continuum of Care Regulations.

1. Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations: (required) Enter a percentage (between 0% and 100%) in each field corresponding to the following places that your clients will be coming from:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens
- Persons at imminent risk of losing their night time residence
- Homeless persons as defined under other federal statutes
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and saved. A warning message will appear if the total is greater than 100%.

2. If the total is less than 100% identify the other location(s) and how the persons meet HUD's definition of homeless: (required only if total less than 100%) Indicate all other places from which homeless persons enter the project in the text box provided.

Additional resources:
Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>
<http://www.hudhre.info/coc/>

1. Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations.

49%	Directly from the street or other locations not meant for human habitation.
22%	Directly from emergency shelters.
21%	Directly from safe havens.
4%	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.
4%	Persons at imminent risk of losing their night time residence.
	Homeless persons as defined under other federal statutes.
	Persons fleeing domestic violence.
100%	Total of above percentages

2. If the total is less than 100 percent, identify the other location(s) and how the persons meet HUD's definition of homeless and/or homeless under other federal statutes.

6A. Standard Performance Measures

Instructions:

For each applicable question on this form, the Applicant must establish performance measurement goals for this project. Applicants are required to set at least one housing stability and one income-related performance measure on which the recipient will report performance in the Annual Performance Report (APR).

1. Housing Measures: (required for PH component types)

Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year: Count every participant who is still living in your units supported by your facility, or clients who have exited your units and moved into another permanent housing situation

1. Housing Measures: (required for TH component types)

Persons exiting to permanent housing (subsidized or unsubsidized) during the operating year: Count every participant who has exited your units and moved into another permanent housing situation

1. Housing Measures: (required for SSO component types)

(If Street Outreach)

a. Persons placed into housing (ES, TH, SH, or PH) as a result of the street outreach program during the operating year: Count every participant who has moved into any shelter or housing situation.

(If non-Street Outreach but with a housing related goal)

a. Persons exiting to permanent housing (subsidized or unsubsidized) during the operating year: Count every participant who has moved into another permanent housing situation.

2. Income Measure: (required to choose one for PH component types)

a. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Total income can include all sources, public and private.

b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Earned income should only include income from wages and private investments, and not public benefits.

2. Income Measure: (required to choose one for TH component types)

a. Persons age 18 and older who increased their total income (from all sources) as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Total income can include all sources, public and private.

b. Persons age 18 through 61 who increased their earned income as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Earned income should only include income from wages and private investments, and not public benefits.

2. Income Measure: (required to choose one for SSO component types)

(If non-Street Outreach but with a housing related goal only)

a. Persons age 18 and older who increased their total income (from all sources) as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Total income can include all sources, public and private.

OR

b. Persons age 18 through 61 who increased their earned income as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Earned income should only include income from wages and private investments, and not public benefits.

3. Among persons who entered with an unmet need associated with a condition listed below, indicate how many received the services for that condition by the time they exited? (required for SSO component types if Street Outreach)

Consider all participants that your project might serve over the next 12 months. Fill out each row as each condition is applicable for the project's population. Leave fields blank in rows for conditions that are not applicable to the population being served.

For each measure, fill in the blank cells according to the following instructions:

Universe (#): Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.

Target (#): Enter the number of applicable clients from the universe who are expected to achieve the measure within the operating year. The Target is the total number of persons from the pool that are affected.

Target (%): This field will be calculated automatically when all required fields are entered and saved. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be "80%."

Additional Resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

<http://www.hudhre.info/coc/>

1. Specify the universe and target for the housing measure.

Housing Measure	Target (#)	Universe (#)	Target (%)
a. Persons exiting to permanent housing (subsidized or unsubsidized) during the operating year.	20	20	100%

2. Choose one income-related performance measure from below, and specify the universe and target numbers for the goal.

Click 'Save' to calculate the target %

Income Measure	Target (#)	Universe (#)	Target (%)
a. Persons age 18 and older who increased their total income (from all sources) as of the end of the operating year or program exit.	50	50	100%
OR			
b. Persons age 18 through 61 who increased their earned income as of the end of the operating year or program exit.			0%

6B. Additional Performance Measures

Specify up to three additional measures on which the project will report performance in the Annual Performance Report (APR).

Proposed Measure
This list contains no items

7A. Funding Request

Instructions:

The fields that must be completed on this form will vary based on the project type and component type.

1. Is there an active restrictive covenant on one or more of the project properties? (required) Select Yes or No to indicate whether or not one or more of the project properties are subject to an active restrictive covenant.

2. Was the original project awarded funding (in part or whole) under a special housing initiative? (required) Indicate whether or not the project previously received funds under one of the following housing initiatives: Samaritan Housing, Chronic Homeless, Permanent Housing Bonus, or Rapid Rehousing Demonstration. If yes, then the project must continue to meet the requirements of the initiative for the life of the project in order to continue to receive renewal funding under the CoC competition.

3. Has this project been reduced through the reallocation process? (required) Select Yes or No to indicate whether the renewal project is reduced through the reallocation process.

4. Select a grant term: (required) This field will be populated with a one year grant term.

5. Select the costs for which funding is being requested: (required) All projects must identify the eligible activities for which funding is being requested. Depending on the project type, the following eligible costs may be listed: leased units, leased structures, short-term/medium-term rental assistance, long-term rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the HUD-approved FY2012 GIW.

Additional resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

<http://www.hudhre.info/coc/>

1. Is there an active restrictive covenant on one or more of the project properties? Yes

2. Was the original project awarded funding (in part or whole) under a special housing initiative? No

3. Are the requested renewal funds reduced from the previous award using reallocation? No

4. Select a grant term: 1 Year

5. Select the costs for which funding is being requested:

Leased Structures	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

7F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service. Please ensure that the information provided is both accurate and complete in light of the implementation of the HEARTH Act and the interim CoC program regulations, effective August 30, 2012.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under the CoC Program regulations. Refer to the CoC Program rule for details on eligible supportive services costs.

Quantity Detail: (required) Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested.

Annual Assistance Requested: (required) For each grant year, enter the amount (\$) requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants. The request should match the budget amounts identified on the HUD-approved FY2012 GIW.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on the "Funding Request" screen and will be read only on the 'Funding Request' form.

Total Request for Grant Term: This field is automatically calculated based on the per month rent entered in the first field, multiplied by 12 months, multiplied by the grant term.

All automatic fields will be calculated once the required field has been completed and saved.

Additional resources:
Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>
<http://www.hudhre.info/coc/>

A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.

Eligible Costs	Quantity Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	2.0 FTE Case Manager and Program Manager salary and benefits	\$79,234
4. Child Care		
5. Education Services		
6. Employment Assistance	0.5 FTE Job Development Resource Coach salary and benefits	\$20,000
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		

11. Mental Health Services		
12. Outpatient Health Services	0.25 FTE Contracted Physician	\$20,718
13. Outreach Services		
14. Substance Abuse Treatment Services	0.385 FTE Resource/Recovery Coach salary and benefits	\$14,295
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$134,247
Grant Term		1 Year
Total Request for Grant Term		\$134,247

Click the 'Save' button to automatically calculate totals.

7I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to the Total Requested for Grant Term for Admin, Cash Match, and In-Kind Match.

Admin (Up to 10%): Enter the amount (\$) of requested administration funds. The request should match the amount identified on the HUD-approved FY2012 GIW. The grant will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." If an ineligible amount is entered, the system will report an error and prevent application submission when the form is saved.

Cash Match: (required) Enter the total amount of funds (\$) that the applicant will use for the project provided by sources other than the CoC program grant.

In-Kind Match: (required) Enter the total dollar value of non-cash resources that the applicant will use for the project provided by sources other than the CoC program grant.

Total Match: This field will automatically calculate the total combined value (\$) of the Cash and In-Kind Match. The total match must equal a minimum of 25% of the request listed in the field "Total Eligible Costs Requested" minus the amount requested for Leased Units and Structures. There is no upper limit for Match. If an amount less than 25% is entered, the system will report an error and prevent application submission when the form is saved.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The total values are automatically calculated by the system when you click the "Save" button.

Additional Resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

<http://www.hudhre.info/coc/>

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Leased Units	\$0	1 Year	\$0
1b. Leased Structures	\$0	1 Year	\$0
2. Housing Relocation and Stabilization	\$0	1 Year	\$0
3. Short-term/Medium-term Assistance	\$0	1 Year	\$0
4. Long-term Rental Assistance	\$0	1 Year	\$0
5. Supportive Services	\$134,247	1 Year	\$134,247

6. Operating	\$0	1 Year	\$0
7. HMIS	\$0	1 Year	\$0
8. Sub-total Costs Requested			\$134,247
9. Admin (Up to 10%)			\$9,397
10. Total Assistance plus Admin Requested			\$143,644
11. Cash Match			\$40,911
12. In-Kind Match			\$0
13. Total Match			\$40,911
14. Total Budget			\$184,555

7J. Sources of Leverage

The following list summarizes the funds that will be used as leverage for the project. To add a leveraging source to the list, select the  icon. To view or update a leveraging source already listed, select the  icon.

Total Value of Cash Commitments:

Total Value of In-Kind Commitments:

Total Value of All Commitments:

Type	Contributor	Source	Date of Commitment	Value of Commitments
This list contains no items				

8A. Attachment(s)

Instructions:

1. Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

2. CoC Reject Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

3. Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

4. Commitment Letter: This option will appear only for former SHP projects that are converting from Leasing to Rental Assistance. Affected project applicants should attach a commitment letter from the state or local government, or PHA that will administer the rental assistance. Please see the NOFA and CoC Program rule for more information.

5. Con Plan Cert: Projects that select "No CoC" on form 3A must submit a consolidated plan certification for the community that they represent in order to be considered for funding.

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Casa Esperanza Ho...	12/07/2012
2) Other Attachment	No		
3) Other Attachment	No		

Attachment Details

Document Description: Casa Esperanza Homeless Center 501(c)3

Attachment Details

Document Description:

Attachment Details

Document Description:

8B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.**20-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. For Rental Assistance Only.**Supportive Services.**

It will make available supportive services appropriate to the needs of the population served and equal in value to the aggregate amount of rental assistance funded by HUD for the full term of the rental assistance.

D. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Herman Parker

Date: 01/16/2013

Title: Director, Community Services Department

Applicant Organization: County of Santa Barbara

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

X

9B. Submission Summary

Page	Last Updated
1A. Application Type	12/03/2012
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	12/03/2012
1E. Compliance	12/04/2012
1F. Declaration	12/04/2012
2A. Subrecipients	12/04/2012
3A. Project Detail	12/04/2012
3B. Description	12/09/2012
4A. Services	12/10/2012
4B. SSO	12/04/2012
4C. HMIS Participation	12/04/2012
5A. Households	12/10/2012
5B. Subpopulations	No Input Required
5C. Outreach	12/09/2012
6A. Standard	12/10/2012
6B. Additional Performance Measures	No Input Required
7A. Funding Request	12/09/2012
7F. Supp. Svcs. Budget	01/16/2013
7I. Summary Budget	No Input Required
7J. Sources of Leverage	No Input Required
8A. Attachment(s)	12/07/2012
8B. Certification	12/10/2012

PRICE, POSTEL & PARMA LLP

COUNSELLORS AT LAW

200 EAST CARRILLO STREET, SUITE 400
SANTA BARBARA, CALIFORNIA

93101-2190

MAILING ADDRESS P.O. BOX 99

SANTA BARBARA, CA 93102-0099

TELEPHONE (805) 962-0011
FACSIMILE (805) 965-3978

Writer's Direct Dial
(805) 882-9850

March 18, 2004

Peri & Alvarado, CPA's
Attn: Aurora Santillan
360 South Hope Avenue
Santa Barbara, CA 93105

Re: Casa Esperanza Homeless Center

Dear Aurora:

Enclosed is an original copy of the Secretary of State's certification of the amendment to Casa Esperanza's Articles of Incorporation.

Very truly yours,



Mark S. Manion

for PRICE, POSTEL & PARMA LLP

ARTHUR R. GAUDI
JAMES H. HURLEY, JR.
J. TERRY SCHWARTZ
DAVID W. VAN HORNE
PETER D. SLAUGHTER
DOUGLAS D. ROSSI
ERIC P. HYDEBOLL
DAVID K. HUGHES
ROBERT S. PATTERSON
CRAIG A. PARTON
CLYDE E. WULBRANDT
KENNETH J. PONTIFFEX
CHRISTOPHER E. HASKELL
TIMOTHY E. METZINGER
TODD A. AMSPOKER
PENNY CLEMONS
MARK S. MANION
JENNIFER GILLON DUFFY
IAN M. FISHER
KIMBERLY M. SHLENS
ANTHONY W. BAGNETTE
SUSAN M. BASHAM
SHEREEF MOHAMMAM

OF COUNSEL
GERALD S. THEDE
DANIEL C. DAVID
MELISSA J. FASSETT
RETIREE PARTNERS
JOHN KERR WILSON
TERRY JOHN CONNERY
OUR FILE NUMBER



Secretary of State

Kevin Shelley

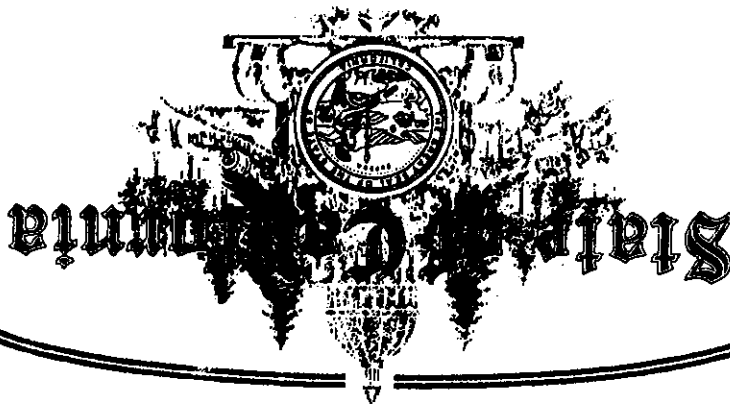
MAR 12 2004

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

That the attached transcript of 7 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.

I, *Kevin Shelley*, Secretary of State of the State of California, hereby certify:

SECRETARY OF STATE



A0608787



Mark S. Manion, Secretary

Robert G. Pearson, President

Each of the undersigned declares under penalty of perjury under the laws of the State of California that the statements in the foregoing certificate are true and correct of our own knowledge, and that this declaration was executed on January 7, 2004, at Santa Barbara, California.

1. We are the President and Secretary of The Coalition to Provide Shelter and Support to Santa Barbara Homeless, a California Nonprofit Public Benefit Corporation.
2. Section 1 of the Articles of Incorporation of this corporation is amended to read as follows:
"The name of the corporation is CASA ESPERANZA HOMELESS CENTER."
3. The corporation has no members.
4. This amendment to the articles of incorporation was approved by a majority of the Board of Directors of the corporation on December 3, 2003, at a duly noticed meeting with a quorum present and acting throughout.

Robert G. Pearson and Mark S. Manion hereby certify that:

CERTIFICATE OF AMENDMENT
OF
ARTICLES OF INCORPORATION

KEVIN SHELLEY
Secretary of State

JAN 15 2004

ENDORSED - FILED
In the office of the Secretary of State
of the State of California

00608787

Date: JAN 15 2004

Employer Identification Number:

77-0502754

DIN:

17053284716073

Contact Person:

THOMAS C KOESTER

ID# 31116

Contact Telephone Number:

(877) 829-5500

Public Charity Status:

170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated MAY 13, 1999, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity during an advance ruling period.

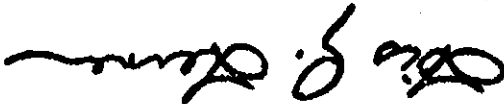
Based on our records and on the information you submitted, we are pleased to confirm that you are exempt under section 501(c)(3) of the Code, and you are classified as a public charity under the Code section listed in the heading of this letter.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8:00 a.m. - 6:30 p.m. Eastern time.

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

DEPARTMENT OF THE TREASURY

INTERNAL REVENUE SERVICE

DISTRICT DIRECTOR
P. O. BOX 2508
CINCINNATI, OH 45201

Date: MAY 14 1999

Employer Identification Number:

77-0502754

DLM:

17053035047049

Contact Person:

PATRICE WHANG

Contact Telephone Number:

(877) 829-5500

THE COALITION TO PROVIDE SHELTER
AND SUPPORT TO SANTA BARBARA
HOMELESS
C/O HATCH AND PARENT ATTN D L MARTIN
PO BOX 720 21 E CARRILLO ST
SANTA BARBARA, CA 93102-0720

Accounting Period Ending:

June 30

Foundation Status Classification:

170(b)(1)(A)(vi)

Advance Ruling Period Begins:

February 4, 1999

Advance Ruling Period Ends:

June 30, 2003

Addendum Applies:

No

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grants and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grants and contributors may continue to rely on the advance determination until we make a final determination of your foundation status.

If we publish a notice in the Internal Revenue Bulletin stating that we will no longer treat you as a publicly supported organization, grantors and contributors may not rely on this determination after the date we publish the notice. In addition, if you lose your status as a publicly supported organization, and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that we had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date he or she acquired such knowledge.

If you change your sources of support, your purposes, character, or method of operation, please let us know so we can consider the effect of the change on your exempt status and foundation status. If you amend your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, let us know all changes in your name or address.

As of January 1, 1984, you are liable for social security taxes under the Federal Insurance Contributions Act on amounts of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the private foundation excise taxes under Chapter 42 of the Internal Revenue Code. However, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Internal Revenue Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Donors may deduct contributions to you only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, gives guidelines regarding when taxpayers may deduct payments for admission to, or other participation in, fundraising activities for charity.

Contributions to you are deductible by donors beginning February 4, 1999.

You are not required to file Form 990, Return of Organization Exempt from Income Tax, if your gross receipts each year are normally \$25,000 or less. If you receive a Form 990 package in the mail, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return. Because you will be treated as

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a public charity for return filing purposes during your entire advance ruling period, you should file Form 990 for each year in your advance ruling period that you exceed the \$25,000 filing threshold even if your sources of support do not satisfy the public support test specified in the heading of this letter.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete. So, please be sure your return is complete before you file it.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You are required to make your annual return available for public inspection for three years after the return is due. You are also required to make available a copy of your exemption application, any supporting documents, and this exemption letter. Failure to make these documents available for public inspection may subject you to a penalty of \$20 per day for each day there is a failure to comply (up to a maximum of \$10,000 in the case of an annual return).

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, we will assign a number to you and advise you of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

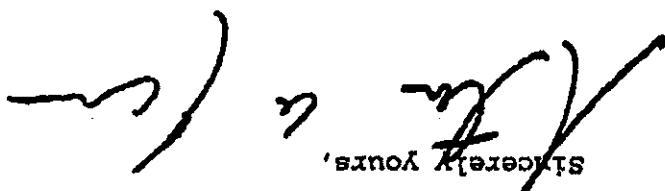
In accordance with section 508(a) of the Code, the effective date of this determination letter is February 4, 1999.

If we said in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help us resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

Enclosure(s) :
Form 872-C

District Director

Sincerely yours,


If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

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