

**Attachment I**  
**NPLH Non-Competitive Application**

# No Place Like Home (NPLH)

## 2019 NOTICE OF FUNDING AVAILABILITY

### Noncompetitive 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. 10/21/19

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;

Rolling Deadline until February 15, 2021

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.

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
- NPIH Rents
- Subsidies
- Dev Sources
- Dev 8Udfill
- Perm S&U
- FBI and High Cost Test
- Dev Fee 2019
- Dev Fee 2017 UMR
- Supportive Services Cost
- Reserves
- Operating
- Cash Flow
- NPIH 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
- 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. 10/2/19

Project Name:	West Cox Cottages			County:	San Diego	Population:	Less than 200,000
Project Address:	1141 West Cox Lane			County:	San Diego	Population:	Greater or equal to 200,000
Project City:	Santa Maria	County:	Santa Barbara	Zip:	93458	File:	1 MY P- Greater or equal to 200,000
Assessor Parcel Numbers (APNs):	117-451-015	Parcel Number 21	Parcel Number 3	Parcel Number 41	Parcel Number 51	Parcel Number 6	Parcel Num

Will this be a TCAC hybrid Project?

Projects must meet ALL of the following minimum requirements for loans underwritten by the Department using funds from the Noncompetitive 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.

Uses and Terms §200	
(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

Eligible Applicant §202(a)		
Applicant is a single County acting as the Development Sponsor?	Yes P-No	
Applicant is a County applying jointly with another County?	Yes P- No	
If yes, is there a commitment from both Counties to collaborate on services and an expectation for NPLH tenants from each county to reside in the Project?	NIA	
File Name: Joint County Commitment	Documentation of commitment both Counties to collaborate on services and an expectation for NPLH tenants	Attached and on USB? NIA
Applicant is applying jointly with another entity as the Development Sponsor?	P-Yes	No

County Applicant:	Santa Barbara County		
Legal name of Applicant as stated on resolution:	Department of Behavioral Wellness		
Address	315 Camino de Remedio, Bldg 3	City	Santa Barbara
		State	CA
		Zip	93110
Auth Rep Name	Alice Gleghorn	ITIUe	Director of Behavioral Welln
		Auth Rep Email	Jagleghom@co.santa-barbara.ca.us
		IPhone	805-681-5220
Contact Name	Natalia Rossi	ITIUe	Program Coordinator
		Email	Jnrossi@co.santa-barbara.ca.us
		IPhone	805-681-5366
Address	1315 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 Noncomp Resolution	Reference NPLH webpage for Noncompetitive Resolution document	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:	Surf Development Company	JSponsorType	Corporation
		Organization Type	Nonprofit
Address	1815 West Ocean Avenue	City	Lompoc
		State	CA
		Zip	93436
Auth Rep Name	Robert P. Havlicek Jr.	TIUe	CEO
		Auth Rep Email	bobhavlicek@hasbarco.org
		IPhone	805-736-3423
Contact Name	John Polansky	TIUe	Director of Housing Development
		Email	johnpolanskey@hasbarco.org
		IPhone	805-736-3423
Address	1815 West Ocean Avenue	City	Lompoc
		State	CA
		Zip	93436
File Name:	Dev. Sponsor Cert & Legal Disclosure	Reference Certification & legal worksheet	Attached and on USB? Yes
File Name:	Dev. Sponsor Noncomp Resolution	Reference NPLH webpage for Noncompetitive Resolution document	Attached and on USB? Yes
File Name:	Dev. Sponsor OrgDoc1, OrgDoc2, etc**	Reference Sponsor Org Docs worksheet	Attached and on USB?
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

Owner/Borrower Entity					
Legal Name	West Cox Cottages, LP.	Sponsor Type	Limited Partnership	Organization Type	Nonprofit
Address	1815 West Ocean Avenue	City	Lompoc	State	CA
		Zip	93436		
Auth Rep Name	Robert P. Havlicek Jr.	TIUe	CEO	Auth Rep Email	bobhavlicek@hasbarco.org
				IPhone	805-736-3423
Contact Name	John Polansky	TIUe	Director of Housing Development	Email	johnpolanskey@hasbarco.org
				IPhone	805-736-3423
Address	1815 West Ocean Avenue	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 Noncomp Resolution	Reference NPLH webpage for Noncompetitive Resolution document	Attached and on USB?	Yes	
File Name:	Ownr/Bwr OrgDoc1, OrgDoc2, etc**	Reference Sponsor Org Docs worksheet	Attached and on USB?		
File Name:	Ownr/Bwr OrgChart	Owner Entity/Organization Chart	Attached and on USB?		
File Name:	Ownr/Bwr Signature Block	Signature Block - upload in Microsoft Word document	Attached and on USB?		
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	

Managing General Partner					
Legal Name	Surf Development Company	Sponsor Type	Corporation	Organization Type	Nonprofit
Address	1815 West Ocean Avenue	City	Lompoc	State	CA
				Zip	93436

**NPLH Project Threshold Requirements**

Rev. 10/21/19

Auth Rep Name	!Robert P. Havlicek Jr.	ITiUelCEO	IAuth Rep Email	!bobhavlicek@hasbarco.org	IPhone	805-736-3423	
Contact Name	JJohn Polanskey	JTiUelDirector of Housing Development	!Email	jjohnpolanskey@hasbarco.org	IPhone	805-736-3423	
Address	1815 West Ocean Avenue	!City	Lompoc	!State	CA	!Zip	93436
File Name:	MGP Cert & Legal Disclosure	Reference Certification & Legal worksheet			Attached and on USS?	Yes	
File Name:	MGP Noncomp Resolution	Reference NPLH webpage for Noncompetitive Resolution document			Attached and on USS?	Yes	
File Name:	MGP OrgDoc1, OrgDoc2, etc...	Reference Sponsor Org Docs worksheet			Attached and on USS?		
File Name:	MGP OrgChart	MGP Entity/Organization Chart			Attached and on USS?	Yes	
File Name:	MGP Signature Block	Signature Block - upload in Microsoft Word document			Attached and on USS?	Yes	
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 USS?		
<b>Administrative General Partner</b>							
Legal Name		ISponsor Type		Organization Type			
Address		JCityJ		!State		!Zip	
Auth Rep Name		ITiUel	jAuth Rep Email		JPhone		
Contact Name		jTiUel	!Email		IPhone		
Address		!City		!State		!Zip	
File Name:	AGP Cert & Legal Disclosure	Reference Certification & Legal worksheet			Attached and on USS?		
File Name:	AGP Noncomp Resolution	Reference NPLH webpage for Noncompetitive Resolution document			Attached and on USS?		
File Name:	AGP OrgDoc1, OrgDoc2, etc..	Reference Sponsor Org Docs worksheet			Attached and on USS?		
File Name:	AGP OrgChart	Sponsor Organization Chart			Attached and on USS?		
File Name:	AGP Signature Block	Signature Block - upload in Microsoft Word document			Attached and on USS?		
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 USS?		
<b>Project Contacts</b>							
<b>Property Management Noncompany (must be entity qualifying for experience below)</b>							
Legal Name	Housing Authority of the County of Santa Barbara	!Contact Name	!Robert P. Havlicek Jr.	jContact Email	bobhavlicek@hasbarco.org		
Phone	1805-736-3423	!Address	1815 West Ocean Avenue	!City	Lompoc	!State	CA
!Zip	93436						
<b>Lead (primary) Service Provider (must be entity qualifying for experience below)</b>							
Legal Name	Santa Barbara County department of Behavioral Wellness	Contact Name	!Laura Zeitz	!Contact Email	lazeitz@co.santa-barbara.ca.us		
Phone	f805-681-5220	!Address	f315 Camino del Remedio Bldg 3	!City	Santa Barbara	!State	fCA
!Zip	93110						
<b>Financial Consultant</b>							
Legal Name	Horizon Development Consulting	!Contact Name	!Keith Stanley	jContact Email	keith.stanly@horizondev.com		
Phone	!818-330-3314	!Address	!26565 West Agoura Road, Suite 200	!City	Calabasas	!State	ICA
!Zip	91302						
<b>Borrower Legal Counsel</b>							
Legal Name	!Price, Postel, Parma, LLP	!Contact Name	(Mark Manion	!Contact Email	msm@ppplaw.com		
Phone	f805-962-0011	fAddress	f1200 East Carrillo Street, Suite 400	fCity	Santa Barbara	!State	ICA
!Zip	93101						
<b>General Contractor</b>							
Legal Name	!Halsell Builders	!Contact Name	{Joe Halsell	!Contact Email	fjoehalsell@halsellbuilders.com		
Phone	1805-472-4099	!Address	13130 Skyway Drive, Suite 601	!City	Santa Maria	!State	ICA
!Zip	93455						
<b>Architect</b>							
Legal Name	{CSA Architects	!Contact Name	fNatalie Cope Phillips	jContact Email	incope.phillips@csa-arch.com		
Phone	1805-962-4575	!Address	1330 East Canon Perdido, Suite A	!City	Santa Barbara	!State	ICA
!Zip	93101						
<b>Development Funding Source</b>							
Legal Name	jCCRC (Perm Loan)	!Contact Name	jMark Rasmussen	!Contact Email	Mark.Rasmussen@e-ccrc.org		
Phone	f1818-550-9807	!Address	f100 West Broadway, Suite 1000	!City	Glendale	!State	fCA
!Zip	193210						
<b>Development Funding Source</b>							
Legal Name	fHousing Authority of the County of Santa Barbara (HEAP)	!Contact Name	!Robert P. Havlicek Jr.	fContact Email	jbobhavlicek@hasbarco.org		
Phone	1805-736-3423	!Address	f815 West Ocean Avenue	!City	Lompoc	!State	ICA
!Zip	193436						
<b>Development Funding Source</b>							
Legal Name	fCREA (Tax Credits)	!Contact Name	!Richard Shea	!Contact Email	fjrsha@creallc.com		
Phone	1858-386-5199	!Address	112396 World Trade Drive, Suite 218	!City	{San Diego	!State	ICA
!Zip	192128						
<b>Development Funding Source</b>							
Legal Name	jSurf Development Company (Deferred Developer Fee)	!Contact Name	!Robert P. Havlicek Jr.	!Contact Email	bobhavlicek@hasbarco.org		
Phone	1805-736-3423	!Address	1815 West Ocean Avenue	!City	Lompoc	jState	ICA
!Zip	j93436						
<b>Development Funding Source</b>							
Legal Name		!Contact Name		!Contact Email			
Phone		fAddress		!State		!Zip	
!City							
<b>Rent/Operating Subsidy Source</b>							
Legal Name	fHousing Authority of the County of Santa Barbara	!Contact Name	!Robert P. Havlicek Jr.	!Contact Email	fbobhavlicek@hasbarco.org		
Phone	1805-736-3423	!Address	1815 West Ocean Avenue	!City	Lompoc	!State	ICA
!Zip	193436						
<b>Rent/Operating Subsidy Source</b>							
Legal Name		!Contact Name		!Contact Email			
Phone		!Address		!State		!Zip	
!City							
<b>Eligible Use of Funds §202(b)</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:							

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, 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 AE:2-4 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
Pescadero Lofts, Isla Vista, CA	Permanent Supportive Housing	Homeless	11/18/14
Rancho Hermosa, Santa Maria, CA	Permanent Supportive Housing	Homeless	10/19/11
Creekside Village, Los Alamos, CA	Permanent Supportive Housing	Homeless	5/31/12

1 B. 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

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
Pescadero Lofts, Isla Vista, CA	Permanent Supportive Housing	Homeless	59.00
Rancho Hermosa, Santa Maria, CA	Permanent Supportive Housing	Homeless	96.00
Homebase on G, Lompoc, CA	Permanent Supportive Housing	Homeless	118.00

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 a1mlication, site control documented shall be for a time ueriod no shorter than through the anticiuated date of the award of NPLH funds bl: the Deuartment, as set forth in the most current NPLH NOFA under which the Project is a1111ll:ing for funds.

Address	Form of Site Control	Current Owner	Execution Date	Expiration Date	Number of Units	Number of NPLH Units	APN
1141 West cox Lane	Sales Contract	Authority of the County of Santa	6/11/2019	3/23/2020	30	13	117-451-015
							Parcel Number 2
							Parcel Number 3
							Parcel Number 4



NPLH Project Threshold Requirements

Rev. 10/2/19

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?	
File Name:	Preliminary title report	§202(h)(6)(O) Preliminary title report dated within 30 days of NPLH Application due date	Attached and on USB?	Yes
File Name:	Phase 1/11 reports	§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	Attached and on USB?	Yes
File Name:	Lead-based paint, mold, asbestos reports	§202(h)(6)(F) For rehabilitation projects, lead-based paint, mold and asbestos reports	Attached and on USB?	
Financial Feasibility §202(i)				
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? (JA 'Rents' and 'Dev Budget' worksheets)		Yes
Environmental Conditions §202(j)				
Is the Project free from severe adverse environmental conditions that are economically infeasible to remove and cannot be mitigated?				Yes
Describe any known environmental condition:				
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. The project site is undeveloped so there is no one to relocate.				
File Name:	INo Relocation	IProvide narrative explanation and identify documents supporting no relocation required	Attached and on USB?	
State and Local Requirements §202(1)				
Is the Project on a permanent foundation?		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?				r,...
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?				
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. Noncomplete 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:	IMOU	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?	y,--
COSR Eligibility §209(d)				



NPLH Project Threshold Requirements

Rev. 10/21/19

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).

File Name: ICOSR Eligibility (Provide evidence from local housing authority or other entities addressing §209(d) | Attach and on USB? N/A

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

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

Explanations

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

**Local Jurisdiction and NEPA Responsible Entity Verification**

I Rev. 10/12/19

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.

Project Applicant:	Department of Behavioral Wellness
Applicant Address:	315 Camino del Remedio, Bldg 3
Applicant City:	Santa Barbara
Project Name:	West Cox Cottages
Project Address/site:	1141 West Cox Lane
Project City:	Santa Maria
Project County:	Santa Barbara
Assessor Parcel Numbers (APNs):	117-451-015, 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	9/30/18	10/17/18
	NEPA	6/12/19	7/14/19

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

	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.		10/17/18

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

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.	Ne
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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.10/2J19

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.

Part I.	Tenant Selection Narrative
Yes	Section 1: Tenant Selection Criteria
Part If.	Lead Service Provider (LSP) Detail
Yes	Section 1: Lead Service Provider (LSP)
Yes	Section 2: Best Practices in Service Delivery
Part 111.	Supportive Services Detail
Yes	Section 1: Supportive Services Chart
Yes	Section 2: Supportive Services Coordination
Yes	Section 3: Verification from Appropriate Public or Non-Profit Funding Agency
Part IV.	Tenant Safety and Engagement
Yes	Section 1: Tenant Engagement
Yes	Section 2: Safety and Security
PartV.	Staffing
Yes	Section 1: Staffing Chart
Yes	Section 2: Staffing Ratios
Part VI.	Supportive Services Budget
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
Part VII.	Collaboration and Reporting
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?

I 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 CFR 578.7 (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 Transition Age Youth, Adults, and Older Adults who are homeless, chronically homeless, or at-risk of homelessness and have a serious mental disorder or Seriously Emotionally Disturbed Children or Adolescents. 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 Local 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 County 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: 15 Years 6 Months

How many Projects have the Applicant and LSP completed together? (Provide list of completed Projects when submitting) 3

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

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

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.

Supportive Services Plan (SSP) §203

Rev. 10/2/19

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

Supportive Services Plan (SSP) §203

Rev. 10/2/19

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 or grievances and the committee will then determine solutions.

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

Yes

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

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

Yes

Staff are trained in Harm Reduction principles, one of which is Housing First. Staff understand that we house tenants regardless of use of substances, and that under Harm Reduction Principles, we work with tenants to incorporate any positive changes for their safety and health. Our staff is also aware of the first tenant of 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 an intervention strategy when working to retain tenants in housing.

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

Yes

Our staff are required to take 2 hours of Cultural Competency annually. We offer live training for staff on engaging with LatinX communities, 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 genders, races, ethnicities, gender expressions 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 community options. Reason access is not required does not require walking more than 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 designated 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 designated 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 designated bus routes.

Supportive Services Plan (SSP) §203

Rev. 10/2/19

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 designated 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 designated bus routes.
Basic housing retention skills	Care coordination will include rehabilitative services to address basic housing retention skills and will extend to assistance and advocacy for available funding streams to offset housing costs and support for individuals interacting with landlords and rental agencies.	Behavioral Wellness	Applicant		On-site and access within 4 miles on designated 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 than 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 designated 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 designated 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 designated 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 designated bus routes.
Obtaining access to other needed services					

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File Name: LSP Agreement | Lead Service Provider Contract, Agreement, or Letter of Intent | Hard Copy and on USB? | h

**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 8

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? | Yes  
 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	Leafleting?	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 committees 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 a 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. Tenant's 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

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 posted in the community and laundry rooms. There are no sign in/out policies. The developer is considering how best to implement fire/safety drills.

3. Describe the building accessibility for 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 West Cox Lane, a public street, and meets all standards of the City of Santa Maria. Pedestrian entrances/exits are on West Cox Lane and DeJoy Street and provide an ADA accessible path of travel from both public streets to all units as well as common area features including a community room, laundry room, trash.

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 maintain CPR 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 and procedures on ensuring resident and staff safety by residents or staff.

Under Fair Housing laws, "Discrimination Harassment or Intimidation" includes 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 grounds 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

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 express or implied authority to do so. 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 the eviction. The Development Sponsor's policy for terminate 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 be 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

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 our neighbors.

Part V. Staffing

Attachment 11: 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 of the position (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:	Employing Organization	Location
2019 NPLH Competitive				

Supportive Services Plan (SSP) §203				Rev. 10/2/19		
List each staff position	List min. required staff preparation include (education & experience) NOTE: Doesn't take place of the job description or duty statement	Indicate FTE staff positions for NPLH units (half-time is 0.5 FTE)	This could be the County, another LSP, Sponsor or Project Partner	Site "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	1	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?	Yes		
<b>Section 2: Staffing Ratios</b>						
1. Indicate the overall services staffing level for the Project by completing the calculation below.						
a.	Total NPLH Assisted Units			13		
b.	Total FTE Service Staff from the Staffing Chart for the NPLH Assisted Units			1		
c.	Number of NPLH units per FTE Staff Person (a+b)			13		
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.						
Population Type	Chronic Homeless	Homeless	At-Risk of Chronic Homeless			
Case Mgr. Ratio	5	5	3			
Part VI. Supportive Services Budget						
<b>Section 1: Supportive Services Budget Table.</b>						
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 Budge	
Mental Health Services Act/ Santa Maria Outpatient Clinic		\$122,802.00	In-kind	Committed	100.00%	
					0.00%	
					0.00%	
					0.00%	
Total Revenue:		\$122,802.00			100.00%	
Expense Item		Amount	Type	Status	% of Total	
Staff Salaries: List by title of position. (This list must match the Staffing Chart above.)						
<i>Behavioral Wellness Case Manager</i>		FTE 1	\$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%
<i>Total Staff Expenses</i>			\$122,802.00			100.00%
<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 ren/1/easing 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; SeNice 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%
<i>Total Expenses</i>			\$122,802.00			100.00%
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.					hold, ct If the Industry	
<b>Supportive Services Expense Per Unit Calculation Table</b>						
a.	Total NPLH Assisted Units				13	
b.	Total Supportive Services Expenses				\$65,000	
c.	Total Supportive Services Expenses per Unit: (b+ a)				5000	
<b>Section 2: Budget Narrative and Funding Commitments</b>						
1. Describe how budgeted amounts are adequate to provide services described in Supportive Services Plan and in Services Staffing Table:						



**Supportive Services Verification**

Rev. 1012119

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.

Project Applicant:	Department of Behavioral Wellness
Lead Service Provider:	Santa Barbara County department of Behavioral Wellness
Project Name:	West Cox Cottages
Project Address/Site:	1141 West Cox Lane
Project City:	Santa Maria
Project County:	Santa Barbara
Name of Verifying Funding Agency:	
Target Population(s):	

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.

The services proposed in the Supportive Housing Project Plan are appropriate to meet the needs of the Target Population(s) named above.

The project Lead Service Provider is a known provider of support services to the Target Population(s) listed above.

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

Statement Completed by (please print):	
Signature:	
Title:	
Agency or Department Name:	
Agency or Department Address:	
Agency or Department Phone:	



**Certification & Legal Status**

Rev. 10/2/19

**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 is 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, <i>any</i> 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 <i>any</i> 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 <i>may</i> 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 <i>may</i> 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 <i>may</i> 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).

No Identities of Interest

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
<small>Printed Name</small>	<small>Title of Signatory</small>	<small>Signature</small>	<small>Date</small>

Entity Name: ISurf Development Company	Phone Number: (805-736-3423)
Entity Address: 1815 West Ocean Avenue	City: Lompoc State: ICA 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-1J)  
 Certificate of Amendment (CA Secretary of State form LLC-2) if applicable  
 Restated Articles of Organization (CA Secretary of State form LLC-1OJ 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-subidiaries 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 15901.10J)  
 Certificate of Good Standing certified by Secretary of State.

**Checklist**

Rev. 10/2/19

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	Universal Application	
3	X	Supplemental Application	Noncompetitive 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 Noncompetitive Resolution document	
6	X	App Signature Block	Signature Block • upload in Microsoft Word document	
7	X	App TIN	Reference Taxpayer Identification Number (TIN) documents on the NPLH webpage	
<b>County Applicant 2 Organizational Documents • NOT APPLICABLE</b>				
8	X	App2 Cert & Legal Disclosure	Reference Certification & Legal worksheet	
9	X	App2 Noncomp Resolution	Reference NPLH webpage for Noncompetitive Resolution document	
10	X	App2 Signature Block	Signature Block • upload in Microsoft Word document	
11	X	App2TIN	Reference Payee Data Record (STD-204) or Taxpayer Identification Number (TIN) documents on the NPLH webpage	
12	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 - NOT APPLICABLE</b>				
13	X	Dev. Sponsor Cert & Legal Disclosure	Reference Certification & Legal worksheet	
14	X	Dev. Sponsor Noncomp	Reference NPLH webpage for Noncompetitive Resolution document	
15	X	Dev. Sponsor OrgDoc1, OrgDoc2, etc••	Reference Sponsor Org Docs worksheet	
16	X	Dev. Sponsor OrgChart	Joint Applicant Development Sponsor Entity/Organization Chart	
17	X	Dev. Sponsor Signature Block	Signature Block - upload in Microsoft Word document	
18	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 • West Cox Cottages, L.P.</b>				
19		Ownr/Bwr Cert & Legal Disclosure	Reference Certification & Legal worksheet	
20		Ownr/Bwr Noncomp Resolution	Reference NPLH webpage for Noncompetitive Resolution document	
21		Ownr/Bwr OrgDoc1, OrgDoc2, etc••	Reference Sponsor Org Docs worksheet	
22		Ownr/Bwr OrgChart	Owner Entity/Organization Chart	
23		Ownr/Bwr Signature Block	Signature Block - upload in Microsoft Word document	
24		Ownr/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>				
25		MGP Cert & Legal Disclosure	Reference Certification & Legal worksheet	
26		MGP Noncomp Resolution	Reference NPLH webpage for Noncompetitive Resolution document	
27		MGP OrgDoc1, OrgDoc2, etc••	Reference Sponsor Org Docs worksheet	
28		MGP OrgChart	MGP Entity/Organization Chart	
29		MGP Signature Block	Signature Block • upload in Microsoft Word document	
30		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 • NOT APPLICABLE</b>				
31		AGP1 Cert & Legal Disclosure	Reference Certification & Legal worksheet	
32		AGP1 Noncomp Resolution	Reference NPLH webpage for Noncompetitive Resolution document	
33		AGP1 OrgDoc1, OrgDoc2, etc••	Reference Sponsor Org Docs worksheet	
34		AGP1 OrgChart	Sponsor Organization Chart	
35		AGP1 Signature Block	Signature Block • upload in Microsoft Word document	
36		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>				
37	X	Site Control	Provide documentation of site control meeting UMR §8303	
38	X	Preliminary Title Report	Provide a current preliminary report	
<b>Amenities</b>				
39	X	Amenities Map	If applicable, provide a radius map with the amenities identified by markers	
<b>Article XXXIV</b>				
40	X	Article XXXIV Legal Opinion	If the Application includes an Article XXXIV legal opinion, provide a copy of legal opinion	
41	X	Article XXXIV Authority	If the locality has sufficient Article XXXIV authority, provide documentation as set forth in the NOFA	
<b>Department Application Requirements</b>				
42	X	Property Management Plan	Provide a copy of Project's proposed Property Management Plan meeting requirements of §202(h)(4)	
43	X	Homeless Plan	If not previously submitted, provide a copy of the County's Plan to Combat Homelessness §201(c)	



44	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
45	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)
46	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
47	X	Lead-based paint, mold, asbestos reports	§202(h)(6)(F) For rehabilitation projects, lead-based paint, mold and asbestos reports
Relocation			
48	X	Relocation Plan	Provide narrative explanation and identify documents supporting no relocation required
Supportive Services			
49		MOU	Memoranda of Understanding which identify the roles and responsibilities of the County, the project owner, other service providers, and the property manager
50		LSP Agreement	Lead Service Provider Contract, Agreement or Letter of Intent (non-Applicant provider)
51		Duty Stmt1, Duty Stmt2, Duty Stmt3, Duty Stmt4	Staff Duty Statements (all providers, if available)
52		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/erg. providing funding or services
COSR Eligibility			
53		COSR Eligibility	Provide evidence from local housing authority or other entities addressing §209(d)
Unit Mix			
54		Utility Allowance	Documentation from the local housing authority substantiating the amount of the Utility Allowance used

