



COUNTY OF SANTA BARBARA
HOUSING AND COMMUNITY DEVELOPMENT

EMERGENCY SOLUTIONS GRANT PROGRAM

Project Proposal for Program Year 2012-2013

FOR OFFICIAL USE ONLY

Rec'd _____

Initials _____

Logged

Scanned

Kristine
[Signature]

Section A – General Project Information Summary

1. Project Title: Homeless Outreach and RV Safe Parking Program
2. Brief Summary of the Project: Request for renewal of New Beginnings' essential and successful Homeless Outreach and RV Safe Parking Program in order to connect the homeless to needed services.
3. Service Area of Proposed Project (i.e., specific city, countywide, etc.): Santa Barbara County
4. Total Requested Project Funding: \$ 20,000

Section B – General Applicant Information

1. Legal Name of Applicant Organization: Carrillo Counseling Services Inc.
2. Are you a 501(c)? (Agencies must complete a Board of Directors Affidavit on page 13) yes no
3. Address of Organization:
 - a. Street: 324 E Carrillo Street, Suite C Apt. # _____
 - b. City: Santa Barbara State: CA Zip: 93101
4. Mailing Address (if different from above):
 - a. Street: _____ Apt. # _____
 - b. City: _____ State: _____ Zip: _____
5. Person to Contact Regarding this Application:
 - a. Name: Kristine J. Schwarz, MFT
 - b. Relationship to Agency: Executive Director
 - c. Street: 324 E Carrillo Street, Suite C Apt. # _____
 - d. City: Santa Barbara State: CA Zip: 93101
 - e. Work Phone: (805) 963 7777 Ext. 144
 - f. Fax: (805) 963 8135
 - g. E-mail: kristine@newbeginningscounselingcenter.org

6. Name and contact information of Fiscal Agent:

- a. Name: Kristine J. Schwarz, MFT
- b. Agency / Organization: dba New Beginnings Counseling Center
- c. Street: 324 E. Carrillo Street, Suite C Apt. #
- d. City: Santa Barbara State: CA Zip: 93101
- e. Work Phone: (805) 963 - 7777 Ext. 144
- f. Fax: (805) 963 - 8135
- g. E-mail: kristine@newbeginningscounselingcenter.org

7. Organization's Federal Identification Number (Tax ID #) 77-0556795

8. Agency Organizational DUNS number: 071310010
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register.)

9. Are you registered with the California Attorney General Registry of Charitable Trusts? yes no

10. If yes to question 10, please provide your Registry of Charitable Trusts Registration Number: # 115844

11. Is the applicant organization or any parties associated with the applicant or proposed project debarred from entering into federal, state or local contracts? yes no
If yes, explain under separate cover. Please note, this will be verified pursuant to federal program requirements, and applications containing false information will be deemed ineligible for funding.

Section C – Program Description Narratives

Which activity best describes your project proposal?

Street Outreach

Essential services

Emergency Shelter

- Essential services
- Renovation
- Shelter operations
- Assistance required under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA)

Homelessness Prevention (HP)

- Rental assistance
- Housing relocation and stabilization services

Rapid Re-housing (RRH)

- Rental assistance
- Housing relocation and stabilization services

1. Please describe the target population you intend to serve with your program. *Please note the eligible program participants for each component as specified in the Emergency Solutions Grant (ESG) Program Interim Regulations and defined in the Homeless Emergency Assistance and Transition to Housing Act of 2009 (HEARTH Act) "Homeless" Definition Final Rule.* (150 words or less)

Homeless population/people who live in vehicles or are without housing in south Santa Barbara County. Target population includes adults, seniors, families and children.

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need. (200 words or less)

Due to the alarming increase in vehicle dwellers in south Santa Barbara County, and the restrictions on overnight parking in the city of Santa Barbara, New Beginnings Counseling Center (NBCC) currently operates a program to provide safe overnight parking for individuals and families who are living in their vehicles. With the further depressed economy, we continue to see more and more homeless individuals on the streets. Many are not aware of the social services and case management available to them in our community, and as a result, they don't receive services until reaching a crisis point. Consequently, there is increased expense to the entity providing the crisis service, e.g., police, fire, paramedics and hospitals, and ultimately, the taxpayer.

New Beginnings' staff, volunteers, and two street outreach personnel continue to work closely with the Salvation Army, the Rescue Mission, the Housing Authority, Willbridge, Transition House, Casa Esperanza, Hotel de Rivera, CalWorks, the Veteran's Administration, Hospice, the EDD, Santa Barbara County and City, area churches, and many others in assessing and meeting the needs of homeless people in our community. Given our active street outreach, long-standing presence in the community, and the trustworthiness and reliability of the staff, a large number of walk-in clients now also frequent the office we have at the Salvation Army Hospitality House on Chapala Street. As a result of these efforts, our staff are in a unique position to make contact with homeless individuals and assess their current needs.

3. Describe the proposed project. How will your agency use these grant funds to address the unmet community needs described above? Please be sure to include for what the requested grant funds will be specifically used. (250 words or less)

The New Beginnings Counseling Center Homeless Outreach and Safe Parking Program provides a variety of services to the homeless in our community, including parking placement in 23 lots throughout the greater Santa Barbara area, case management, counseling services, housing assistance, resume preparation, job coaching and development, life skills training, and outside agency referrals.

Two full-time outreach personnel provide the above services to people living on the streets, staying in local shelters or SRO housing such as Casa Esperanza, the Faulding Hotel, the Hotel de Rivera, Willbridge, and the Salvation Army. In addition, two case workers provide programming to the residents at Willbridge offering case management and supervision to its peer outreach program where housed homeless individuals encourage their peers to consider housing, and consultation to other community providers as needed. More than 800 unduplicated individuals were served by the Homeless Outreach and Safe Parking Program in Santa Barbara County in this previous fiscal year.

The requested grant funds will be used for program personnel, outreach, and expenses.

4. Personnel/Staff Capacity: Briefly describe the agency's existing staff positions and qualifications, including whether staff is full-time, part-time, volunteer, etc.; its capacity to carry out proposed activities; and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (200 words or less)

New Beginnings is facing a serious economic challenge. While the demand for all of our services has grown greatly in the past few years, our funding, as with all non-profits, has decreased since foundations and donors have reduced their support in this economic climate. New Beginnings is committed to continuing to offer its services and relies heavily on both its paid staff and volunteers to carry out this vital work.

The Center has developed a strong board, administrative staff, clinical training and supervision, and volunteer configuration (19 full and part time employees and more than 30 volunteers) to ensure its success in the years to come. Many of the center's staff and volunteers have been with the Center for multiple years, ensuring clinical and programmatic consistency. In addition, the Homeless Outreach and Safe Parking Program employs two full-time outreach workers and a part-time parking lot monitor. The Center has a policies and procedures manual that includes a section about affirmative action and the Center's well-defined grievance procedures.

5. Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure? yes no

6. Describe the unit of service, other than persons, to be provided by the proposed program (e.g., meals served, shelter bed nights, rental assistance, utility payment, etc.). (150 words or less)

The Center's unit of service is measured as the number of unduplicated clients served each year, as well as the number of staff hours available for services to the homeless. This past year had a very high number of people in need of our services. We had 687 individuals pass through our RV Safe Parking program, with another 125 receiving ongoing social services through our case workers. We also had another 331 individuals that received counseling through our clinic.

The Center does not charge its homeless clients for any outreach services. When individuals in this program come to the Center's clinic, it charges as low as \$2 per session, based on a sliding-scale fee structure. No individual is turned away for an inability to pay for services. More than 95% of our clients are extremely low income, the other 4%+ are moderately low income.

7. What **outcome measures** will your agency utilize during the one-year grant period to determine how well the program proposed in this application is serving the community? Please provide at least three specific measures. *Please note that if awarded funds, agency will be required to report on outcome measures quarterly.* (250 words or less)

The program has traditionally used basic measures such as the number of people served, the number housed, and the number who are helped to find jobs, as our outcome measures. We also track the number of people who were referred to various agencies and the number of potentially dangerous situations that were avoided.

NBCC case workers help the homeless with such basic needs as getting groceries, meals, gas cards, small repairs for vehicles, and dental/medical attention, while utilizing our many connections with partner agencies when possible to do so. As the purpose of this program is to provide a level of stability needed for this population to effectively make positive changes in their lives, an increased ability to meet such basic needs is an important qualitative measure of the program's success.

ONE TIME OR ON GOING

TRANSIENT
INABILING INDIVIDUAL TO STAY

8. Describe your agency's experience implementing the proposed activity/activities. If applying for HP or RRH activities, please describe your agency's involvement with the County, City of Santa Maria, and/or City of Santa Barbara's Homelessness Prevention and Rapid Re-housing Program (HPRP). Explain how your agency's experience administering HPRP will affect HP or RRH program implementation. (300 words or less)

The mission of New Beginnings Counseling Center is to help create healthy communities. It seeks to achieve this purpose by offering quality, affordable psychosocial services, educating the public on important mental health issues, and developing innovative outreach programs for the underserved and most vulnerable among us. For many years it has been recognized as a true safety net organization in our community.

The Homeless Outreach and Safe Parking Program is an integral part of the community services that the Center offers. NBCC has worked directly with city, county and local non-profit agencies for more than seven years to establish this program as knowledgeable and committed to assisting those in great need and to help individuals and families find safe environments as quickly as possible. All clinical and outreach staff and volunteers involved with the program receive training, supervision and support with regard to working with the homeless population, and our personnel includes staff with direct personal experience living as a homeless individual.

As of February 1, 2012 NBCC welcomed a new Executive Director, Kristine Schwarz. Ms. Schwarz is a licensed Marriage and Family Therapist with extensive non-profit administrative experience including program assessment and evaluation and training for the health and human services field, fundraising, grant management, crisis intervention, and building strategic community partnerships; and clinical experience including working with domestic violence, addiction, dual diagnosis, community-based trauma, and the recovery model. She is eager to work with the program's funders and collaborators to increase our collective understanding of the needs of the homeless population and the Santa Barbara community, and to meet those needs through our continued joint outreach efforts.

9. Recipients of ESG funds must participate in the countywide Homeless Management Information System (HMIS) or a comparable database. Describe your agency's capacity to participate in HMIS or a comparable database. Include any experience, if applicable, and foreseeable challenges. (150 words or less)

Our Homeless Outreach and Safe Parking Program collects data on all of the Homeless Outreach and Safe Parking Program recipients. Creating a useful tracking system is of course a formidable and challenging task. Issues of confidentiality, expense, participation and usage are just some of the concerns that must be addressed in ascertaining the Center's capacity to participate effectively in HMIS or a comparable database.

The hardware, software, transmission, training and staff costs associated with implementing HMIS can be costly. While we are uncertain whether our current method of data collection is comparable with the HMIS, we will work to develop the internal resources and skills necessary to do so, and/or to partner with entities that do.

Section D – Beneficiary Information

Verification of Eligibility: Please identify how your program documents homelessness or at-risk of homelessness status:

- 1. **Self Certification.** Clients “self-certify” eligibility on an intake form, or similar document. yes no
If you use this method, please attach blank intake form.
- 2. **Client Document Review.** Clients provide tax documents, pay stubs, etc., to verify income. yes no
If you use this method, please attach blank worksheet.
- 3. **Other Methodology:** yes no

If yes, please explain: _____

Ethnicity and Race:

- 1. Does your organization request information on whether your clients are of Hispanic ethnicity? yes no
- 2. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races? yes no
 - White
 - Black or African American
 - American Indian or Alaska Native
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - American Indian or Alaska Native and White
 - Asian and White
 - Black or African American and White
 - American Indian or Alaska Native and Black or African American
 - Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

3. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement: _____

Additional Beneficiary Information

- 1. Number of persons able to access a **new** essential service program that did not previously exist and will be available if this application is funded: 50+

2. Number of persons with access to an **improved or expanded** essential service program if this application is funded: 50+
 3. Number of **new** bed nights during the grant year to be funded in an overnight shelter or other emergency housing facility if this application is funded: 20
 4. Number of **increased** bed nights during the grant year in overnight shelter or other emergency housing to be funded if this application is funded: 50+
 5. If you are applying for Homelessness Prevention or Rapid Re-housing activities, please state the number of persons able to be served by the specific ESG funds requested in this application: 812
 6. **Total persons benefiting from this program:** 812
-

Section E – Program and Agency Financial Information

Capacity, Financial Forecast and Federal Grant Experience:

1. **Financial Capacity:** Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

The Center's current operating budget includes revenue from the clinic's session fees, private donations, board donations, foundation grants, service contracts, and government funding. Expenses include program, clinic, and administrative payroll and benefits, training, rent, utilities, communication, insurance, maintenance, fundraising activities, accounting, legal, and office supply expenses. We anticipate the renewal of many, if not all, of our current contracts and grants in the coming fiscal year, and with an engaged board and new Executive Director, we are currently exploring new and alternative mission-consistent sources of revenue.

Accounting records are maintained on a current basis and balanced monthly. Actual expenditures are compared with budgeted amounts. All records are supported by source documentation. Personnel activity reports are maintained for all compensated time. Safeguards are in place that assure that all grants and donations are used solely for directed purposes. Effective techniques for providing internal control and sound accounting structures are in place that provide accurate and complete financial information. A meeting is scheduled this month with administration, the board, and an accounting firm to discuss an audit.

2. Describe your agency's short to mid-term financial forecast: What factors are causing your agency's budget to increase, decrease, or remain level in the next three years? (150 words or less)

New Beginnings Counseling Center relies on every dollar received. While the demand for our services and programs continues to increase, our funding has decreased since foundations and private donors have reduced their support. Last year, NBCC dipped into its reserves to make up for the shortfall. Faced with ongoing budget challenges due to the stagnant economy, the administration and board continually review the Center's revenues and expenses and make adjustments to our administrative structure and delivery system in order to maintain a balanced budget. With secured contracts and grants, funding for the Homeless Outreach and Safe Parking Program has remained consistent and the Center is committed to continuing the services it currently offers. However, agency priorities may need to change in order to ensure the stability of the organization.

The Center has developed a strong Board of Directors and committed staff. The administration and board are working together to develop strategic goals that will improve the Center's capacity for long-term financial growth, resource expansion, sustainability, and overall ability to achieve its mission.

3. Federal Grant Experience within past 5 years (County & City CDBG/ESG grants are examples of Federal Grants):

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
County CDBG	Homeless Outreach	Services - homeless in SB	2011	\$18,000
Safe Parking	RV Safe Parking	City Safe Parking Contract	2011	\$43,263
City CDBG	Homeless Outreach	Services - homeless in SB	2011	\$14,750
Goleta CDBG	Homeless Outreach	Services - homeless in SB	2011	\$2,000
CDBG	Homeless Outreach	Services - homeless in SB	10/95-Present	\$8,000 - \$15,000
CDBG	Homeless Outreach	Services - homeless in SB	10/95-6/09	\$2,000 - \$5,000

Fiscal Year and Audit Reports:

1. What is your agency's fiscal year? July 1st to June 30th
2. Date of your organization's most recently completed financial audit: 10/24/11 (Compilation) (Month/Year)
Please include a copy of the most recent financial audit with your completed application—See Required Attachments.

What fiscal year did this most recent audit include? 7/1/2009-6/30/11 (Month/Year - Month/Year)

3. Are there any outstanding financial audit findings which remain unresolved? yes no
If yes, please explain. NOTE Attached is an Independent Accountant's Compilation Report, not an audit.

4. Has your agency expended more than \$500,000 in federal funds in its last operating year? yes no
This includes federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.

If you answered "yes" to question 4, please answer questions 5 and 6 below. If you answered "no" to question 4, please proceed to question 7.

5. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)? yes no
6. Are there any outstanding single audit findings which remain unresolved? yes no
If yes, please explain: _____

7. If your organization is a non-profit organization, does your organization comply with the following:
- a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Non-Profit Organizations" yes no
 - b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations" yes no
 - c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations" yes no
 - d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments" yes no
 - e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month? yes no
 - f) Does your organization have any outstanding litigation or other legal issues? yes no
If yes, please attach written explanation as a separate sheet.

8. How many members serve on your Board of Directors? 7

9. How often does your Board of Directors meet? once monthly
10. Does your Board of Directors have an audit committee? forming
11. Describe the financial expertise currently serving on your Board of Directors. Three board members have an advanced degree, credential, and/or hold a current position in finance.
12. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.
Diane Pannkuk, our newly elected Board President, and Donna Ibarra our Vice President, have financial expertise and serve in an advisory capacity, as does Steve Daniels, our outgoing Board President. Their contact information can be found on the attached list of Board of Directors.
13. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

Section F – Program and Agency Revenue and Expense Information

1. Funds Requested for Proposed Program by Component

<i>Component</i>	<i>Amount</i>
Street Outreach:	\$10,000
Emergency Shelter:	
Homelessness Prevention:	\$10,000
Rapid Re-housing:	
Total Request:	\$20,000

2. Funding Sources for Proposed Program Only

<i>Sources of revenue to be utilized for this ESG program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County ESG funds:			\$20,000
County CDBG funds requested for this program:	\$10,415	\$18,000	
Other local cities' funds, including CDBG:	43,700	\$43,700	\$43,700
County Human Services Program funds:			
Other Federal funds:	15,000	\$17,000	\$5,000
State funds:			
Private trusts and foundation funds:	5,000	5,000	10,000
Donations:	10,000	10,000	10,000
Special fundraising events:	5,000	5,000	10,000
Client fees:	500	500	500
Other funds: CONTRACTS- CITY Housing Authority, Rivera/Faulding, Willbridge, IV Youth, etc.	75,500	72,000	72,000
Total Project Budget:	\$142,400	\$172,000	\$175,000

3. Funding Uses for Proposed Program Only

<i>Uses of revenue to be utilized for this ESG program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Client Services and Direct Assistance:	132,400	135,900	135,000
Consultants and Contracts:			
Equipment Rental/Maintenance:			
Facility, Utilities, Maintenance:	23,500	20,000	24,000
Insurance:	2,800	3,000	3,000
Salaries, Benefit, Payroll Taxes:			5,000
Supplies:	2,500	2,500	2,500
Telephone, Fax:	4,200	3,000	4,400
Other uses: marketing/printing/advertising travel.mileage/training	2500	1000	2200
Total Project Budget:	171,500	173,595	176,100

4. Funding Sources for Applicant's Entire Agency

<i>Sources of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County ESG funds:	-		-
County CDBG funds requested for this program:	15,000	27,000	20,000
Other local cities' funds, including CDBG:	98,500	102,000	110,000
County Human Services Program funds:	10,700	15,700	20,700
Other Federal funds:	10,415	18,000	20,000
State funds:			
Private trusts and foundation funds:	82,000	85,000	100,000
Donations:	102,000	107,000	110,000
Special fundraising events:	65,000	70,000	75,000
Client fees:	72,800	73,000	75,000
Other funds (explain): <u>Private contracts with the City Housing Authority and other non- profit agencies/program services</u>	95,030	105,000	110,000
Total Agency Budget:	\$551,445	606,700	\$641,400

5. Funding Uses of Applicant's Entire Agency

<i>Uses of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Client Services and Direct Assistance:			
Consultants and Contracts:			
Equipment Rental/Maintenance:			
Facility, Utilities, Maintenance:	58,800	63,000	66,000
Insurance:	41,000	44,000	45,000
Salaries, Benefit, Payroll Taxes:	378,545	414,000	437,000
Supplies:	12,500	14,200	15,900
Telephone, Fax:	5,600	6,500	7,500
Other uses: <u>Accounting, legal, fundraising and reserve</u>	55,000	65,000	70,000
Total Agency Budget:	\$551,445	\$606,700	\$641,400

Section G – Certifications (All certifications must be executed in BLUE INK)

Agency Certification

The undersigned agency hereby certifies that:

- a. The information contained herein and all attachments is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the ESG program as appropriate for the funding if received;
- c. The federal assistance made available through the ESG program funding is not being utilized to substantially reduce the prior levels of local financial support for emergency shelter or homelessness prevention activities; and,
- d. If ESG funds are approved for the major conversion or rehabilitation of a facility into an emergency shelter, the agency shall maintain and operate the facility for its approved use for a period of not less than either 10 years, unless given specific approval from HUD to do otherwise; and
- e. If ESG funds are approved for the minor conversion or rehabilitation of a facility into an emergency shelter, the agency shall maintain and operate the facility for its approved use for a period of not less than three years, unless give specific approval from HUD to do otherwise; and
- f. If ESG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

New Beginnings Counseling Center

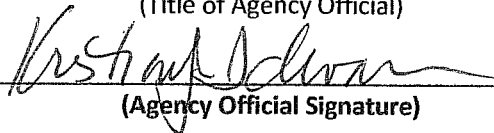
(Name of Agency)

Kristine J. Schwarz, MFT

(Typed Name of Agency Official)

Executive Director

(Title of Agency Official)



(Agency Official Signature)

February 3, 2012

(Date of Signature)

805-963-7777 X144

(Telephone Number of Agency Official)

kristine@newbeginningscounselingcenter.org

(Email address of Agency Official)

BOARD OF DIRECTORS AFFIDAVIT

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Bruce W. McRoy, JD
depose and say that I am the Treasurer
[insert title, President, Vice President, etc.] of New Beginnings Counseling Center
Board of Directors.

_____ [insert name and address of Agency].

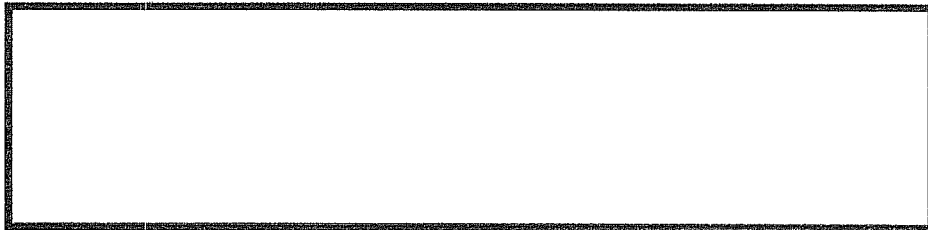
The other members and officers of the Board of Directors of this Agency are:
(Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. <u>Diane Pannkuk</u>	<u>President</u>	<u>2014</u>
2. <u>Steve Daniels</u>	<u>Past President</u>	<u>-</u>
3. <u>Bruce W. McRoy JD</u>	<u>Treasurer</u>	<u>2013</u>
4. <u>Donna Ibarra</u>	<u>Vice President</u>	<u>2013</u>
5. <u>Kathy LePage MA</u>	<u>Secretary</u>	<u>2013</u>
6. <u>Gail Rappaport JD</u>	<u>member</u>	<u>-</u>

DATE: February 3, 2012

AT: Santa Barbara, CA (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.

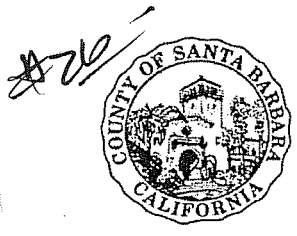
Bruce McRoy
Signature

Bruce McRoy
Print Name and Title

CHECKLIST OF REQUIRED DOCUMENTS

Note: This completed checklist must be turned in with application. The documents listed below are required of Agencies applying for Emergency Shelter Grant funds:

- Organization Chart**
- Non-Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
 - Form 501(c)
- Evidence of Insurance**
 - Copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.)
 - Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured"
- Most recent financial audit**
- Program fee schedule, if applicable**
- Explanation of outstanding legal/ litigation issues, if applicable**
- Blank client intake form, with self-certification of eligibility status, if applicable**



COUNTY OF SANTA BARBARA
HOUSING AND COMMUNITY DEVELOPMENT
EMERGENCY SOLUTIONS GRANT PROGRAM
Project Proposal for Program Year 2012-2013

FOR OFFICIAL USE ONLY	
Rec'd _____	
Initials _____	
<input type="checkbox"/> Logged	
<input type="checkbox"/> Scanned	

Section A – General Project Information Summary

1. Project Title: Santa Barbara Emergency Shelter
2. Brief Summary of the Project: Provides SB women and children fleeing domestic abuse with safe shelter, and assistance in developing resources for future safety and independence.
3. Service Area of Proposed Project (i.e., specific city, countywide, etc.): Santa Barbara County
4. Total Requested Project Funding: \$ 30,000

Section B – General Applicant Information

1. Legal Name of Applicant Organization: Domestic Violence Solutions for Santa Barbara County
2. Are you a 501(c)? (Agencies must complete a Board of Directors Affidavit on page 13) yes no
3. Address of Organization:
 - a. Street: PO Box 1536 Apt. # _____
 - b. City: Santa Barbara State: CA Zip: 93102
4. Mailing Address (if different from above):
 - a. Street: _____ Apt. # _____
 - b. City: _____ State: _____ Zip: _____
5. Person to Contact Regarding this Application:
 - a. Name: Nicollette Daniel
 - b. Relationship to Agency: Grants Coordinator
 - c. Street: PO Box 1536 Apt. # _____
 - d. City: Santa Barbara State: CA Zip: 93102
 - e. Work Phone: (805) 963-4458 Ext. 12
 - f. Fax: (805) 963-1169
 - g. E-mail: nicd@dvsolutions.org

6. Name and contact information of Fiscal Agent:

- a. Name: Roberta Weighill
- b. Agency / Organization: Domestic Violence Solutions for Santa Barbara County
- c. Street: PO Box 1536 Apt. #
- d. City: Santa Barbara State: CA Zip: 93102
- e. Work Phone: (805) 963-4458 Ext. 14
- f. Fax: (805) 963-1169
- g. E-mail: robertaw@dvsolutions.org

7. Organization's Federal Identification Number (Tax ID #) 95-3495141

8. Agency Organizational DUNS number: 131252488
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register.)

9. Are you registered with the California Attorney General Registry of Charitable Trusts? yes no

10. If yes to question 10, please provide your Registry of Charitable Trusts Registration Number: #

11. Is the applicant organization or any parties associated with the applicant or proposed project debarred from entering into federal, state or local contracts? yes no

If yes, explain under separate cover. Please note, this will be verified pursuant to federal program requirements, and applications containing false information will be deemed ineligible for funding.

Section C – Program Description Narratives

Which activity best describes your project proposal?

Street Outreach

Essential services

Emergency Shelter

- Essential services
- Renovation
- Shelter operations
- Assistance required under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA)

Homelessness Prevention (HP)

- Rental assistance
- Housing relocation and stabilization services

Rapid Re-housing (RRH)

- Rental assistance
- Housing relocation and stabilization services

1. Please describe the target population you intend to serve with your program. *Please note the eligible program participants for each component as specified in the Emergency Solutions Grant (ESG) Program Interim Regulations and defined in the Homeless Emergency Assistance and Transition to Housing Act of 2009 (HEARTH Act) "Homeless" Definition Final Rule. (150 words or less)*

DVS' primary population is women and children who have experienced domestic abuse. They are typically low-income women with no other safe place to turn. All are homeless at the point where they reach our doors, and most have exhausted all personal connections and options for safety. The majority of DVS' emergency shelter clients are referred by law enforcement and local community service agencies. DVS serves all victims of domestic violence without regard to income status; however, we are aware that 96% of our clients in 2010-11 were Extremely Low Income (10-30% MPI), and 2% were Low Income (31-50% MPI), for a total of 98% of our client base. Last year, DVS' emergency shelters served 294 women and children, Program residents were 70% Latino, 21% Caucasian, 8% African-American, and 1% unknown or mixed race. 45% of our clients were adult women; 55% were children, most under the age of five.

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need. (200 words or less)

In 2009, Santa Barbara law enforcement responded to over 1,400 domestic violence calls, an 18% increase over the prior year (Criminal Justice Profiles, California Dept. of Justice). DVS shelter staff accompanied them on approximately a third of these calls. 34% of the incidents involved weapons. Without the provision of immediate emergency shelter support, battered women would be forced to stay in the abusive relationship and continue to face an escalating risk of death, or join the ranks of the homeless. Homeless women and children are particularly susceptible to crime victimization, substance abuse and catastrophic health outcomes, costing significant resources in police, emergency response and indigent health care expenses.

Although shelters for men and homeless persons in general exist within the County, no other agencies address the specific needs of women and children who have been victimized by family violence. Services targeted to this population are critical, as their emotional and practical needs differ from that of the standard homeless population.

When DVS was originally founded in 1977, the need for domestic violence services in the region was determined as part of the CETA-funded "Violence in the Family" project. Over the last 34 years, the methodology for determining expanded need has been surveys, anecdotal feedback, requests from law enforcement and community leaders, and needs expressed by clients, as well as agency recognition of capacity and local demographic changes.

3. Describe the proposed project. How will your agency use these grant funds to address the unmet community needs described above? Please be sure to include for what the requested grant funds will be specifically used. (250 words or less)

DVS requests \$30,000, which represents the full salary and benefits of one Shelter Advocate at our Santa Barbara Emergency Shelter. The Shelter operates 24 hours per day, 365 days per year, supervised by the Shelter Coordinator for Santa Barbara and staffed by 3 Shelter Advocates.

The Shelter Advocate is critical to all aspects of DVS' service provision, as they support our women residents in developing a structured program of goal-setting, including access to support groups, individual counseling, and advocacy for financial, legal, housing, medical and childcare assistance. The shelter advocate provides ongoing case management and advocacy to help each client achieve her specific goals, along with skill development sessions on topics such as safety planning, substance abuse, parenting, stress management, and household budgeting.

4. Personnel/Staff Capacity: Briefly describe the agency's existing staff positions and qualifications, including whether staff is full-time, part-time, volunteer, etc.; its capacity to carry out proposed activities; and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (200 words or less)

DVS employs 17 full time and 20 part time paid staff.

Administrative/Finance staff: Executive Director; Associate Executive Director/Director of Development; Development Associate; Administrative Assistant/Office Manager; Controller; Staff Accountant; Accounting Clerk; Development Assistant.

Shelter staff: Residential Services Director; 2 Shelter Coordinators; Volunteer Coordinator; 8 full-time and 3 part time Client Advocate/Case Managers; 2 Maintenance/Facilities staff.

Counseling staff: Clinical Director; Clinical Supervisor; 9 paid part time MFT Interns and Trainees.

Prevention Staff: Teen Services Coordinator.

DVS has a staff Policy and Procedures Manual, which includes both an Equal Opportunity Employment policy and a Grievance Procedure.

5. Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure? yes no

6. Describe the unit of service, other than persons, to be provided by the proposed program (e.g., meals served, shelter bed nights, rental assistance, utility payment, etc.). (150 words or less)

DVS utilizes shelter bed nights as our primary unit of service. Through our Santa Barbara Emergency Shelter, we expect to provide 4,200 bed nights to approximately 125 women and children in 2011-12.

7. What **outcome measures** will your agency utilize during the one-year grant period to determine how well the program proposed in this application is serving the community? Please provide at least three specific measures. *Please note that if awarded funds, agency will be required to report on outcome measures quarterly.* (250 words or less)

DVS measures the effectiveness of our Emergency Shelter program through the use of performance targets that measure client achievement during weekly case management sessions. DVS uses the Goal Attainment Scale (GAS), exit interviews, client satisfaction surveys, and case management notes to chart clients' progress toward their goals.

Program goals are as follows:

- To provide 125 women and children with 4,200 bed nights of safe emergency shelter;
- To assist at least 85% of women who complete the shelter program (30+ days) in achieving all of their priority goals (securing income, taking legal action for safety, accessing assistance programs, budgeting locating safe housing, etc.)
- To assist at least 90% of women who complete the shelter program in achieving a majority of their secondary goals (child care, counseling, relocation, medical care, education, parenting skills, transportation, etc.).

8. Describe your agency's experience implementing the proposed activity/activities. If applying for HP or RRH activities, please describe your agency's involvement with the County, City of Santa Maria, and/or City of Santa Barbara's Homelessness Prevention and Rapid Re-housing Program (HPRP). Explain how your agency's experience administering HPRP will affect HP or RRH program implementation. (300 words or less)

Domestic Violence Solutions for Santa Barbara County (DVS) has provided shelter and a full range of critical support services to homeless victims of domestic violence and their children since it became part of the CETA-funded "Violence in the Family" project in 1977. DVS is the only organization providing these services in Santa Barbara County. DVS has a 35-year history of strong programmatic management and growth, fiscal responsibility, good development capacity, and housing and counseling programs that truly make a difference in the lives of women and children affected by family violence.

During this time, we have worked closely with multiple grant funding agencies – both public and private – in managing grant funding for emergency shelter, transitional housing, teen prevention strategies, clinical counseling and more. These funders include the City of Santa Barbara, City of Lompoc, City of Santa Maria, Santa Barbara County, U.S. Department of Housing and Urban Development, the Federal Emergency Management Agency and Cal-EMA. Most recently, we were awarded FESG funding through the state Housing & Community Development Department.

DVS is governed by a 18-member Board of Directors consisting of local community leaders, financial and investment professionals, business executives, educators and law enforcement personnel. The organization is led by Executive Director, Richard Kravetz, a Licensed Marriage and Family Therapist with a Master's Degree in Clinical Psychology, as well as a Juris Doctor Degree and more than twenty-five years of experience as an attorney. The organization employs 17 full-time and 20 part-time staff.

9. Recipients of ESG funds must participate in the countywide Homeless Management Information System (HMIS) or a comparable database. Describe your agency's capacity to participate in HMIS or a comparable database. Include any experience, if applicable, and foreseeable challenges. (150 words or less)

Due to the confidentiality and safety concerns connected to domestic violence, DVS does not participate in HMIS. Instead, we have been working for the past several years to implement the ALICE database, a client tracking system specific to the needs of domestic violence agencies. We experienced delays in implementation due to the inadequacy of our outdated technology hardware and operating platforms to support the software. This problem was solved last year through capacity enhancement funding from Blue Shield Against Violence, and new computer systems have now been purchased and installed at all sites. The ALICE system has been up and running at our 3 shelters, 2 transitional sites and clinical counseling center for the past 90 days. All staff utilizing the software have received professional training from the software developer and are online with database input on a daily basis. In prior years, DVS maintained statistical data for billing and reporting to its multiple government and private funding sources through internally developed Excel spreadsheets. ALICE will take DVS to the next level in ensuring the quality and accuracy of our programmatic data.

Section D – Beneficiary Information

Verification of Eligibility: Please identify how your program documents homelessness or at-risk of homelessness status:

1. **Self Certification.** Clients "self-certify" eligibility on an intake form, or similar document. yes no
If you use this method, please attach blank intake form.

2. **Client Document Review.** Clients provide tax documents, pay stubs, etc., to verify income. yes no
If you use this method, please attach blank worksheet.

3. **Other Methodology:** yes no

If yes, please explain: As domestic violence survivors, shelter residents are "presumed beneficiaries" and no rent is charged for shelter. Our Transitional Housing program charges rent per HUD guidelines, utilizing tax documents and pay stubs with HUD calculation worksheet (attached).

Ethnicity and Race:

1. Does your organization request information on whether your clients are of Hispanic ethnicity? yes no

2. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races? yes no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

3. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement: _____

Additional Beneficiary Information

1. Number of persons able to access a new essential service program that did not previously exist and will be available if this application is funded: 0

2. Number of persons with access to an **improved or expanded** essential service program if this application is funded: 125
 3. Number of **new** bed nights during the grant year to be funded in an overnight shelter or other emergency housing facility if this application is funded: 0
 4. Number of **increased** bed nights during the grant year in overnight shelter or other emergency housing to be funded if this application is funded: 0
 5. If you are applying for Homelessness Prevention or Rapid Re-housing activities, please state the number of persons able to be served by the specific ESG funds requested in this application: N/A
 6. **Total persons benefiting from this program:** 125
-

Section E – Program and Agency Financial Information

Capacity, Financial Forecast and Federal Grant Experience:

1. **Financial Capacity:** Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

DVS supports its \$2 million budget through government funding at the federal, state, county and city level; grants from 25+ foundations and corporations; individual donations; events and direct mail. The budget includes \$1.5 million in salaries and benefits for 55 staff; \$140,000 for utilities, rent and maintenance on 5 shelter sites, 1 administrative office and 1 counseling center; and other expenses as itemized in Section F. DVS Finance staff performs accrual accounting utilizing Quickbooks Premier Nonprofit Edition, Microsoft Office Excel and DonorPerfect. Financial Statements are produced by the Controller, reviewed by the Board Treasurer and Executive Director, then presented to the Finance Committee monthly and the Board bimonthly. Payroll, payroll tax returns and tax deposits are processed by a professional payroll firm.

2. Describe your agency's short to mid-term financial forecast: What factors are causing your agency's budget to increase, decrease, or remain level in the next three years? (150 words or less)

Over the past two years, DVS administration and board have worked diligently with outside consultants to do scenario planning in light of potential catastrophic funding losses. We have expanded our fundraising efforts, hiring additional staff, increasing marketing, expanding our Board of Directors and implementing new initiatives. These measures have begun to have an impact, and are offsetting losses we have received this year in decreased funding amounts from many foundation and government sources. We also must prepare for the possibility that California's continuing budget crisis may result in a very significant loss of domestic violence funding in the fall of 2012 (approximately \$200,000 of our funding is at risk, comprising more than 10% of our annual operating budget). We anticipate that our outreach and fundraising capacities will expand over time, as we generate the income to support the augmentation of our efforts. However, DVS projects that the time frame necessary to achieve a fully sustainable operating surplus could be as much as 3-6 years.

3. Federal Grant Experience within past 5 years (County & City CDBG/ESG grants are examples of Federal Grants):

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
HUD	Transitional Housing	Second Stage	5+ years	\$76,220
FEMA	Phase 29	Emergency Shelters	5+ years	\$15,000
City CDBG's	SB, SM & Lompoc	Emerg Shelters/Transitional Hsg	5+ years	\$67,330
FESG	Transitional Housing	Mariposa House/Second Stage	January 2012	\$132,389

Fiscal Year and Audit Reports:

1. What is your agency's fiscal year? July 1 - June 30
2. Date of your organization's most recently completed financial audit: 7/09 - 6/10 (Month/Year)
Please include a copy of the most recent financial audit with your completed application—See Required Attachments.
- What fiscal year did this most recent audit include? 2009-10 (Month/Year - Month/Year)

3. Are there any outstanding financial audit findings which remain unresolved? yes no
- If yes, please explain. _____
- _____

4. Has your agency expended more than \$500,000 in federal funds in its last operating year? yes no
This includes federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.

If you answered "yes" to question 4, please answer questions 5 and 6 below. If you answered "no" to question 4, please proceed to question 7.

5. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)? yes no
6. Are there any outstanding single audit findings which remain unresolved? yes no
- If yes, please explain: _____
- _____

7. If your organization is a non-profit organization, does your organization comply with the following:
- a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Non-Profit Organizations" yes no
 - b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations" yes no
 - c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations" yes no
 - d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments" yes no
 - e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month? yes no
 - f) Does your organization have any outstanding litigation or other legal issues? yes no
If yes, please attach written explanation as a separate sheet.

8. How many members serve on your Board of Directors? 18

9. How often does your Board of Directors meet? bi-monthly
10. Does your Board of Directors have an audit committee? Finance Cm
11. Describe the financial expertise currently serving on your Board of Directors. DVS' Board includes an active CPA, a retired CPA, two bankers, an Accounting Specialist and two business owners
12. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.
In the past year, DVS Board and Administration received two funded consultations with the Non-Profit Finance Fund, a consulting firm with offices across the country (www.nonprofitfinancefund.org). Our annual Audit is conducted by Stoltey and Associates in Santa Maria (805-925-6363). DVS also has a professional Controller, Roberta Weighill, on staff; she reports to the Finance Committee of the Board.
13. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

Section F – Program and Agency Revenue and Expense Information

1. Funds Requested for Proposed Program by Component

<i>Component</i>	<i>Amount</i>
Street Outreach:	
Emergency Shelter:	\$30,000
Homelessness Prevention:	
Rapid Re-housing:	
Total Request:	\$30,000

2. Funding Sources for Proposed Program Only

<i>Sources of revenue to be utilized for this ESG program</i>	2010-11 (previous FY)	2011-12 (current FY)	2012-13 (proposed FY)
County ESG funds:	0	0	30,000
County CDBG funds requested <u>for this program</u> :	50,000	50,000	50,000
Other local cities' funds, including CDBG:	0	0	0
County Human Services Program funds:	36,000	34,000	30,000
Other Federal funds:	5,000	3,700	3,000
State funds:	98,000	103,300	102,000
Private trusts and foundation funds:	75,455	75,000	80,000
Donations:	1,000	1,000	1,000
Special fundraising events:	0	0	0
Client fees:	951	6,500	7,500
Other funds: _____ _____	0	0	0
Total Project Budget:	285,794	273,500	288,500

3. Funding Uses for Proposed Program Only

<i>Uses of revenue to be utilized for this ESG program</i>	2010-11 (previous FY)	2011-12 (current FY)	2012-13 (proposed FY)
Client Services and Direct Assistance:	2,982	3,000	3,000
Consultants and Contracts:	1,457	2,000	1,500
Equipment Rental/Maintenance:	6,769	4,700	9,403
Facility, Utilities, Maintenance:	8,233	9,100	9,100
Insurance:	6,393	6,500	6,500
Salaries, Benefit, Payroll Taxes:	253,745	261,000	268,000
Supplies:	2,465	1,400	1,400
Telephone, Fax:	10,279	10,500	10,700
Other uses: <u>Marketing, Postage, Mileage/Travel, Tax,</u> <u>Dues, Licenses, Staff Dev</u> _____ _____	11,787	12,365	10,875
Total Project Budget:	304,110	310,565	320,478

4. Funding Sources for Applicant's Entire Agency

<i>Sources of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County ESG funds:	0	0	30,000
County CDBG funds requested for this program:	51,500	50,000	50,000
Other local cities' funds, including CDBG:	27,000	31,475	30,000
County Human Services Program funds:	190,084	204,907	200,000
Other Federal funds:	91,220	179,609	150,000
State funds:	371,309	375,424	375,000
Private trusts and foundation funds:	452,450	475,000	495,000
Donations:	395,706	460,000	500,000
Special fundraising events:	69,389	40,000	60,000
Client fees:	145,553	125,000	130,000
Other funds (explain): sales, royalties, rental, trainings, bequests	259,480	45,000	60,000
Total Agency Budget:	2,053,780	1,986,415	2,080,000

5. Funding Uses of Applicant's Entire Agency

<i>Uses of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Client Services and Direct Assistance:	12,313	16,000	16,000
Consultants and Contracts:	88,540	82,000	85,000
Equipment Rental/Maintenance:	46,954	32,400	40,000
Facility, Utilities, Maintenance:	172,749	139,500	150,000
Insurance:	44,900	48,000	50,000
Salaries, Benefit, Payroll Taxes:	1,631,463	1,480,000	1,500,000
Supplies:	24,718	23,900	25,000
Telephone, Fax:	53,812	52,700	50,000
Other uses: Marketing, Postage, Mileage/Travel, Tax, Dues, Licenses, Staff Dev	149,344	166,600	129,000
Total Agency Budget:	2,224,793	2,041,100	2,045,000

Section G – Certifications *(All certifications must be executed in BLUE INK)*

Agency Certification

The undersigned agency hereby certifies that:

- a. The information contained herein and all attachments is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the ESG program as appropriate for the funding if received;
- c. The federal assistance made available through the ESG program funding is not being utilized to substantially reduce the prior levels of local financial support for emergency shelter or homelessness prevention activities; and,
- d. If ESG funds are approved for the major conversion or rehabilitation of a facility into an emergency shelter, the agency shall maintain and operate the facility for its approved use for a period of not less than either 10 years, unless given specific approval from HUD to do otherwise; and
- e. If ESG funds are approved for the minor conversion or rehabilitation of a facility into an emergency shelter, the agency shall maintain and operate the facility for its approved use for a period of not less than three years, unless give specific approval from HUD to do otherwise; and
- f. If ESG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

Domestic Violence Solutions for SB County

(Name of Agency)

Richard Kravetz

(Typed Name of Agency Official)

Executive Director

(Title of Agency Official)

(Agency Official Signature)

2/03/12

(Date of Signature)

805-963-4458 x19

(Telephone Number of Agency Official)

richardk@dvsolutions.org

(Email address of Agency Official)

BOARD OF DIRECTORS AFFIDAVIT

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Claudette Roehrig
 depose and say that I am Co-President

[insert title, President, Vice President, etc.] of Board of Directors, Domestic
 Violence Solutions, PO Box 1536, Santa Barbara, CA 93102

_____ [insert name and address of Agency].

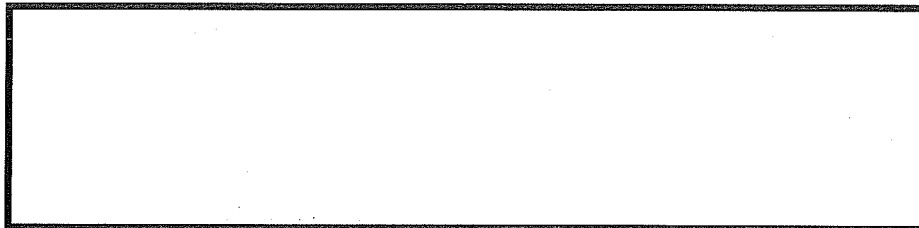
The other members and officers of the Board of Directors of this Agency are:
 (Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. <u>Aaron Steed</u>	<u>Co-President</u>	<u>6/30/12</u>
2. <u>Cozetta Blow</u>	<u>Vice President</u>	<u>6/30/12</u>
3. <u>Linda Viles</u>	<u>Treasurer</u>	<u>6/30/12</u>
4. <u>Vicki Johnson</u>	<u>Secretary</u>	<u>6/30/12</u>
5. <u>Peter Bezek</u>	<u>Member</u>	<u>6/30/12</u>
6. <u>Judy Egenoff</u>	<u>Member</u>	<u>6/30/12</u>

DATE: 01/26/12

AT: Santa Barbara, CA (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.

 Signature

Claudette Roehrig, Co-President
 Print Name and Title

Section G – Certifications (All certifications must be executed in BLUE INK)

Agency Certification

The undersigned agency hereby certifies that:

- a. The information contained herein and all attachments is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the ESG program as appropriate for the funding if received;
- c. The federal assistance made available through the ESG program funding is not being utilized to substantially reduce the prior levels of local financial support for emergency shelter or homelessness prevention activities; and,
- d. If ESG funds are approved for the major conversion or rehabilitation of a facility into an emergency shelter, the agency shall maintain and operate the facility for its approved use for a period of not less than either 10 years, unless given specific approval from HUD to do otherwise; and
- e. If ESG funds are approved for the minor conversion or rehabilitation of a facility into an emergency shelter, the agency shall maintain and operate the facility for its approved use for a period of not less than three years, unless give specific approval from HUD to do otherwise; and
- f. If ESG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

Domestic Violence Solutions for SB County

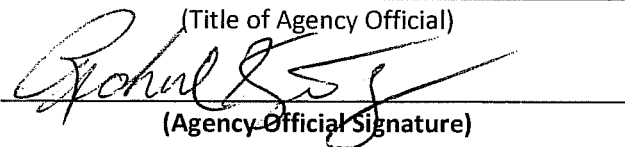
(Name of Agency)

Richard Kravetz

(Typed Name of Agency Official)

Executive Director

(Title of Agency Official)



(Agency Official Signature)

2/03/12

(Date of Signature)

805-963-4458 x19

(Telephone Number of Agency Official)

richardk@dvsolutions.org

(Email address of Agency Official)

BOARD OF DIRECTORS AFFIDAVIT

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Claudette Roehrig
depose and say that I am Co-President
[insert title, President, Vice President, etc.] of Board of Directors, Domestic
Violence Solutions, PO Box 1536, Santa Barbara, CA 93102

_____ [insert name and address of Agency].

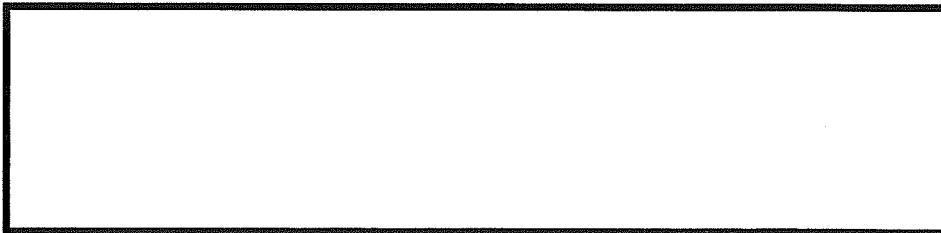
The other members and officers of the Board of Directors of this Agency are:
(Please list names of current Board Members and attach an additional sheet if necessary):

	<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1.	<u>Aaron Steed</u>	<u>Co-President</u>	<u>6/30/12</u>
2.	<u>Cozetta Blow</u>	<u>Vice President</u>	<u>6/30/12</u>
3.	<u>Linda Viles</u>	<u>Treasurer</u>	<u>6/30/12</u>
4.	<u>Vicki Johnson</u>	<u>Secretary</u>	<u>6/30/12</u>
5.	<u>Peter Bezek</u>	<u>Member</u>	<u>6/30/12</u>
6.	<u>Judy Egenoff</u>	<u>Member</u>	<u>6/30/12</u>

DATE: 01/26/12

AT: Santa Barbara, CA (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.

Claudette Roehrig
Signature

Claudette Roehrig, Co-President
Print Name and Title

**Domestic Violence Solutions
Board of Directors
Page Two**

Name	Title	Term End
Karyn Fish	Member	6/30/12
Beatriz Flores	Member	6/30/12
Helen Free	Member	6/30/12
Sofie Langhorne	Member	6/30/12
Lupe Luna-Martinez	Member	6/30/12
James Madison	Member	6/30/12z
Joel Ohlgren	Member	6/30/12
Tracy Sanginiti	Member	6/30/12
Liz Seitz	Member	6/30/12
Pam Vander Heide	Member	6/30/12
Beth Weinberg	Member	6/30/12



COUNTY OF SANTA BARBARA
HOUSING AND COMMUNITY DEVELOPMENT
EMERGENCY SOLUTIONS GRANT PROGRAM

Project Proposal for Program Year 2012-2013

FOR OFFICIAL USE ONLY

Rec'd _____

Initials _____

Logged

Scanned

Section A – General Project Information Summary

1. Project Title: Emergency Shelter Services
2. Brief Summary of the Project: This proposal brings together Santa Barbara County's two largest homeless shelter programs in a collaborative effort to serve the homeless countywide.
3. Service Area of Proposed Project (i.e., specific city, countywide, etc.): Countywide (SB, SM, & Lompoc)
4. Total Requested Project Funding: \$ 94,583

Section B – General Applicant Information

1. Legal Name of Applicant Organization: Good Samaritan Shelter
2. Are you a 501(c)? (Agencies must complete a Board of Directors Affidavit on page 13) yes no
3. Address of Organization:
 - a. Street: 245 E. Inger Drive, Suite 103B Apt. # _____
 - b. City: Santa Maria State: CA Zip: 93458
4. Mailing Address (if different from above):
 - a. Street: _____ Apt. # _____
 - b. City: _____ State: _____ Zip: _____
5. Person to Contact Regarding this Application:
 - a. Name: Sylvia Barnard
 - b. Relationship to Agency: Executive Director
 - c. Street: 245 E. Inger Drive, Suite #103B Apt. # _____
 - d. City: Santa Maria State: CA Zip: 93458
 - e. Work Phone: (805) 331 - 0877 Ext. _____
 - f. Fax: (805) 346 - 8656
 - g. E-mail: goodsamshelter@gmail.com

6. Name and contact information of Fiscal Agent:

- a. Name: Jack Boysen, Chief Financial Officer
- b. Agency / Organization: Good Samaritan Shelter
- c. Street: 245 E. Inger Drive, Suite 103B Apt. # _____
- d. City: Santa Maria State: CA Zip: 93458
- e. Work Phone: (805) 680-7495 Ext. _____
- f. Fax: (805) 346-8656
- g. E-mail: goodsamaritanshelter@gmail.com

7. Organization's Federal Identification Number (Tax ID #) 77-0133375

8. Agency Organizational DUNS number: 023282457
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register.)

9. Are you registered with the California Attorney General Registry of Charitable Trusts? yes no

10. If yes to question 9, please provide your Registry of Charitable Trusts Registration Number: # 066259

11. Is the applicant organization or any parties associated with the applicant or proposed project debarred from entering into federal, state or local contracts? yes no

If yes, explain under separate cover. Please note, this will be verified pursuant to federal program requirements, and applications containing false information will be deemed ineligible for funding.

Section C – Program Description Narratives

Which activity best describes your project proposal?

Street Outreach

Essential services

Emergency Shelter

Essential services

Renovation

Shelter operations

Assistance required under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA)

Homelessness Prevention (HP)

Rental assistance

Housing relocation and stabilization services

Rapid Re-housing (RRH)

Rental assistance

Housing relocation and stabilization services

1. Please describe the target population you intend to serve with your program. *Please note the eligible program participants for each component as specified in the Emergency Solutions Grant (ESG) Program Interim Regulations and defined in the Homeless Emergency Assistance and Transition to Housing Act of 2009 (HEARTH Act) "Homeless" Definition Final Rule.* (150 words or less)

The target population that the Good Samaritan Emergency Shelter serves is homeless individuals and families that are in need of shelter and food and do not have the financial resources available to consider other housing options. The Emergency Shelter benefits low-income individuals and/or families by providing food and shelter while simultaneously offering appropriate support services that will lead to self-sufficiency. The income guidelines and requirements used to qualify participants include an income assessment and family size. 100% of participants are at-risk by the definition of being homeless upon intake into the program at both Good Samaritan and Casa Esperanza.

Casa Esperanza is the shelter of last resort on the South Coast of Santa Barbara. Any person who experiences homelessness is eligible for initial entry on the Casa Esperanza Day Center and Shelter program. Both Good Samaritan and Casa Esperanza target the chronically homeless population. In Northern Santa Barbara County the majority of the chronically homeless are families, and the majority on the South Coast are individual adults. However, both chronically homeless individuals and families are served at both Good Samaritan and Casa Esperanza.

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need. (200 words or less)

The established need for the Emergency Shelter in Santa Maria is that GSS is the only homeless shelter provider in the Santa Maria Valley that provides emergency services on a walk-in basis.

On the South Coast of Santa Barbara, Casa Esperanza remains the only Shelter that is open 24 hours a day, 365 days a year. Casa Esperanza is unique in that all homeless members (clients) and potential members may receive initial services regardless of their presenting circumstances – such as current substance addiction and untreated mental illness. Other South Coast agencies maintain sobriety requirements, enrollment in job-training or mandated participating in religious services. And while this type of service is not necessary in Santa Maria, hundreds of chronically homeless individuals have achieved recovery as a result of Casa Esperanza's access procedures.

In January 2012, Lompoc's Bridgehouse Emergency Shelter was shut down unexpectedly which has left a large unmet need in that community. Good Samaritan Shelter is working with Santa Barbara County to reopen the facility, and this proposal anticipates the operations of that 56-bed shelter in addition to the emergency shelter programs in Santa Maria and Santa Barbara.

The problems that will be solved as a result of these regional program approaches are the same: The prevention or mitigation of illegal camping throughout the area, reduction of serious illness and fatalities among homeless persons, provision of necessary mental health care for homeless with mental health problems, provision of substance abuse treatment for those in need, prevention and reduction of hunger amongst the homeless, and keeping families together and safe during crisis.

3. Describe the proposed project. How will your agency use these grant funds to address the unmet community needs described above? **Please be sure to include for what the requested grant funds will be specifically used.** (250 words or less)

This joint proposal brings together Santa Barbara County's three largest homeless shelter programs in an effort not only to help the homeless emerge from the streets and into supportive housing models – Good Samaritan in the North County and Casa Esperanza in the South County – but to maximize efficiency. Good Samaritan Shelter will use these grant funds to address the needs of the chronically homeless from a countywide approach. \$25,000 will be allocated to Casa Esperanza for shelter operations, \$25,000 will be allocated to Good Samaritan Shelter's Emergency Shelter in Santa Maria and \$44,583 will be allocated to the Lompoc Bridgehouse Shelter operations should Good Samaritan Shelter become the interim shelter provider. Operations include utility bills, maintenance & repair, food supplies, and direct service staffing. Keeping the emergency shelters open for the chronically homeless on a countywide basis is vital at this point. The emergency shelters in Santa Maria and Santa Barbara have both been full with waiting lists consistently for more than two years and Good Samaritan anticipates that Bridgehouse will also reach full capacity within 12 months.

4. Personnel/Staff Capacity: Briefly describe the agency's existing staff positions and qualifications, including whether staff is full-time, part-time, volunteer, etc.; its capacity to carry out proposed activities; and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (200 words or less)

The plan for shelter operations at Bridgehouse includes providing a staffing level that is adequate for a 56-bed shelter. The staffing matrix includes a Shelter Manager, Case Manager, Assistant Manager and 2.5 FTE Shelter Workers. Basic shelter staffing that is necessary are shelter workers and a Shelter Manager to ensure that the shelter operates with the safety of all clients in mind, but case management resources are vital to move homeless individuals and families out of homelessness and into self-sufficiency. GSS currently has 38 full-time employees and 15 part-time employees within the entire agency. In addition, GSS has approximately 500+ volunteers that provide more than 10,000 volunteer hours per year throughout the entire agency. GSS has worked hard to build our administrative capacity so that we can ensure to sustain programs and meet the administrative requirements of many of our funders. Good Samaritan Shelter does have a personnel policy manual that includes an affirmative action plan and grievance policy.

5. Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure? yes no

6. Describe the unit of service, other than persons, to be provided by the proposed program (e.g., meals served, shelter bed nights, rental assistance, utility payment, etc.). (150 words or less)

The unit of service to be provided by the proposed activity is one shelter bed-night. This usually includes a hot meal for dinner, breakfast and a brown bag lunch. Hot lunch services are available to the homeless at Casa Esperanza's Day Center.

The total number of units of service to be provided by the proposed activity is 53,290 shelter bed-nights (146 beds per night/ 365 nights per year) will be provided at Good Samaritan. 48,500 bed nights will be provided at Casa Esperanza.

7. What **outcome measures** will your agency utilize during the one-year grant period to determine how well the program proposed in this application is serving the community? Please provide at least three specific measures. *Please note that if awarded funds, agency will be required to report on outcome measures quarterly.* (250 words or less)

GSS's performance targets for the shelter programs are as follows:

- 1) 100% of school-age children residing within GSSI's shelter programs will be enrolled in school
- 2) 75% of adults residing within GSSI's shelter programs will participate in the savings program
- 3) 50% of residents in GSSI's shelter programs will move into transitional or permanent housing

Casa Esperanza Shelter and Day Center Goals are as follows:

- 1) To serve 1,220 unduplicated members (clients) each year with 72,000 duplicated lifeline
- 2) To facilitate 20,000 sessions between members (clients) and social service providers.
- 3) To have 240 members receive staff assisted placement in permanent transitional housing over twelve months. At least 60 placements will be derived from initial contact with the Street Outreach program staff.

8. Describe your agency's experience implementing the proposed activity/activities. If applying for HP or RRH activities, please describe your agency's involvement with the County, City of Santa Maria, and/or City of Santa Barbara's Homelessness Prevention and Rapid Re-housing Program (HPRP). Explain how your agency's experience administering HPRP will affect HP or RRH program implementation. (300 words or less)

Good Samaritan Shelter (GSS) has been providing emergency shelter services since January 1988. Currently, GSS has up to 300 people under roof on any one night in Northern Santa Barbara County (not including Casa Esperanza's bed counts or Bridgehouse). GSS has worked hard to develop a comprehensive Continuum of Care within the agency, as far as housing is concerned, and have developed strong collaborative partnerships to ensure that the individuals and families within GSS programs also receive supportive services that will transition them from homelessness to homes. Casa Esperanza is an example of a strong partnership in the delivery of services. Mike Foley, Casa Esperanza Executive Director, and Sylvia Barnard, Good Samaritan Shelter Executive Director, both serve as the Co-Executive Directors of the 10 Year Plan to End Chronic Homelessness. Often times, the two executives will strategize services for homeless individuals and/ or families by assessing their individual needs and perhaps transferring clients from one program to another. An example of this is when Bridgehouse announced that they were shutting their doors on January 17, 2012. Mike and Sylvia organized a group of community leaders and homeless service providers to strategize an immediate solution for the shelter and then were able to go down to Bridgehouse on the night of January 16th to assess homeless clients and make referrals. Out of those assessments, two individuals were able to get into Casa Esperanza and save their 45 minute daily commute to & from Lompoc (they were working in Santa Barbara and living at Bridgehouse) and GSS was able to get one homeless female into residential detox within 24 hours and made about a dozen referrals to the Lompoc Warming Shelter. It is the strong partnership between Good Samaritan Shelter and Casa Esperanza which confirms that a countywide approach to addressing the needs of the homeless is much stronger than an individual approach.

9. Recipients of ESG funds must participate in the countywide Homeless Management Information System (HMIS) or a comparable database. Describe your agency's capacity to participate in HMIS or a comparable database. Include any experience, if applicable, and foreseeable challenges. (150 words or less)

Good Samaritan Shelter already utilizes the HMIS system, as does Casa Esperanza. GSS also currently utilizes a database program called Social Solutions (ETO) within our organization that allows us to track clients as they segway through the Good Samaritan Shelter Continuum of Care. ETO allows us to track all clients within our system, including those that are receiving services in Lompoc. ETO is a web-based database system where GSS staffing can access the database at any location, as long as they have wifi and/ or internet access.

Section D – Beneficiary Information

Verification of Eligibility: Please identify how your program documents homelessness or at-risk of homelessness status:

- 1. **Self Certification.** Clients “self-certify” eligibility on an intake form, or similar document. yes no
If you use this method, please attach blank intake form.
- 2. **Client Document Review.** Clients provide tax documents, pay stubs, etc., to verify income. yes no
If you use this method, please attach blank worksheet.
- 3. **Other Methodology:** yes no

If yes, please explain: _____

Ethnicity and Race:

- 1. Does your organization request information on whether your clients are of Hispanic ethnicity? yes no
- 2. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races? yes no
 - White
 - Black or African American
 - American Indian or Alaska Native
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - American Indian or Alaska Native and White
 - Asian and White
 - Black or African American and White
 - American Indian or Alaska Native and Black or African American
 - Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

3. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement: _____

Additional Beneficiary Information

- 1. Number of persons able to access a **new** essential service program that did not previously exist and will be available if this application is funded: _____

2. Number of persons with access to an **improved or expanded** essential service program if this application is funded: 300
3. Number of **new** bed nights during the grant year to be funded in an overnight shelter or other emergency housing facility if this application is funded: _____
4. Number of **increased** bed nights during the grant year in overnight shelter or other emergency housing to be funded if this application is funded: 20,440 *BRIDGEHOUSE MARK'S HOUSE*
5. If you are applying for Homelessness Prevention or Rapid Re-housing activities, please state the number of persons able to be served by the specific ESG funds requested in this application: _____
6. Total persons benefiting from this program: 1,200

Section E – Program and Agency Financial Information

Capacity, Financial Forecast and Federal Grant Experience:

1. **Financial Capacity:** Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

GSS operates on a total annual budget of \$2.7 million. Approximately 2/3 of funding is received from the County of Santa Barbara. Federal funding and private contributions from individuals and foundations round out the remaining 1/3. Of the annual budget, shelter operations account for half of all expenditures with drug and alcohol treatment services responsible for the remainder. 2/3 of GSS expenses are salary and benefits. GSS fiscal management is lead by Jack Boysen, CFO and Christine Smith, Controller. An accounting staff of 5 provides day to day record keeping via a computerized accounting system and database system. These systems also provide the basis for GSS' annual cost reporting requirements.

SAME QUESTION AS BEFORE

2. Describe your agency's short to mid-term financial forecast: What factors are causing your agency's budget to increase, decrease, or remain level in the next three years? (150 words or less)

The factors that are causing our agency's budget to increase in the next three years is the impact that the economy has had on our shelter system. The recession has significantly impacted homelessness, and we are seeing more homeless now than ever before. Our numbers of clients served have been steadily increasing in both North and South Santa Barbara County. With budget cuts on the horizon as the State of California and local government struggle through the economy, our budgets are impacted as the need for services continues to increase.

3. Federal Grant Experience within past 5 years (*County & City CDBG/ESG grants are examples of Federal Grants*):

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
FESG	Transitional Center	Transitional Housing	11/1/2010	\$100,000/ yr x 2
ESG	Emergency Shelter	Emergency Shelter	7/1/2011	\$50,000/ yr
VA	Emergency Shelter	Emergency Shelter	11/1/2010	\$100,000/ yr
HUD	Clean & Sober Living	Permanent Housing	7/1/2011	\$17,450/ yr
CDBG	Emergency Shelter	Emergency Shelter	7/1/2011	\$15,000/ yr
CDBG	Recovery Way Home	Childcare for D&A Treatment	7/1/2011	\$4,500/ yr

Fiscal Year and Audit Reports:

1. What is your agency's fiscal year? July 1 through June 30

2. Date of your organization's most recently completed financial audit: 6/10 (Month/Year)
Please include a copy of the most recent financial audit with your completed application—See Required Attachments.

What fiscal year did this most recent audit include? 7/09 -6/10 (Month/Year - Month/Year)

3. Are there any outstanding financial audit findings which remain unresolved? yes no

If yes, please explain. _____

4. Has your agency expended more than \$500,000 in federal funds in its last operating year? yes no
This includes federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.

If you answered "yes" to question 4, please answer questions 5 and 6 below. If you answered "no" to question 4, please proceed to question 7.

5. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)? yes no

6. Are there any outstanding single audit findings which remain unresolved? yes no

If yes, please explain: _____

7. If your organization is a non-profit organization, does your organization comply with the following:

a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Non-Profit Organizations" yes no

b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations" yes no

c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations" yes no

d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments" yes no

e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month? yes no

f) Does your organization have any outstanding litigation or other legal issues? yes no
If yes, please attach written explanation as a separate sheet.

8. How many members serve on your Board of Directors? 11

9. How often does your Board of Directors meet? monthly
10. Does your Board of Directors have an audit committee? yes
11. Describe the financial expertise currently serving on your Board of Directors. Several Board members are local business leaders with significant financial experience
12. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.
Carrie Troup, CPA -auditor-carrie@troupcpa.com
Clarence Cabrerros-Senior Vice President-Heritage Oaks Bank-ccabrerros@heritageoaksbank.com
13. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

Section F – Program and Agency Revenue and Expense Information

1. Funds Requested for Proposed Program by Component

<i>Component</i>	<i>Amount</i>
Street Outreach:	
Emergency Shelter:	94,583
Homelessness Prevention:	
Rapid Re-housing:	
Total Request:	94,583

2. Funding Sources for Proposed Program Only

<i>Sources of revenue to be utilized for this ESG program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County ESG funds:	52,500	50,000	94,583
County CDBG funds requested for this program:			50,000
Other local cities' funds, including CDBG:	14,500	20,000	30,000
County Human Services Program funds:	43,287	43,287	43,287
Other Federal funds:	30,000	30,000	85,416
State funds:			
Private trusts and foundation funds:	67,000	67,000	115,000
Donations:	30,000	30,000	30,000
Special fundraising events:	6,354	7,000	20,000
Client fees:			
Other funds: United Way &HCD/SB County General Fund for Shelter-COSB ADMHS	161,540	161,540	182,490
Total Project Budget:	405,181	408,827	650,776

3. Funding Uses for Proposed Program Only

<i>Uses of revenue to be utilized for this ESG program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Client Services and Direct Assistance:			
Consultants and Contracts:	26,250	25,000	25,000
Equipment Rental/Maintenance:			
Facility, Utilities, Maintenance:	50,000	50,000	81,000
Insurance:	10,000	10,000	13,000
Salaries, Benefit, Payroll Taxes:	205,352	205,352	341,592
Supplies:	50,000	50,000	75,000
Telephone, Fax:	18,000	18,000	25,000
Other uses: postage, shipping, printing, travel and Administration	35,648	50,475	90,184
Total Project Budget:	395,250	408,827	650,776

4. Funding Sources for Applicant's Entire Agency

<i>Sources of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County ESG funds:	52,500	50,000	145,815
County CDBG funds requested for this program:			50,000
Other local cities' funds, including CDBG:	14,500	20,000	70,000
County Human Services Program funds:	43,287	213,361	213,361
Other Federal funds:	1,496,501	1,204,330	1,174,403
State funds:	399,274	399,274	399,274
Private trusts and foundation funds:	95,000	125,000	173,000
Donations:	130,633	145,000	145,000
Special fundraising events:	6,354	7,000	20,000
Client fees:	233,157	225,000	225,000
Other funds (explain): _____ other county funds _____	926,715	930,985	996,518
Total Agency Budget:	3,397,921	3,331,950	3,612,371

5. Funding Uses of Applicant's Entire Agency

<i>Uses of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Client Services and Direct Assistance:	296,010	97,701	31,764
Consultants and Contracts:	75,432	75,000	75,000
Equipment Rental/Maintenance:			
Facility, Utilities, Maintenance:	274,108	325,000	356,000
Insurance:	95,441	80,000	83,000
Salaries, Benefit, Payroll Taxes:	1,749,562	1,791,564	1,997,891
Supplies:	532,856	606,340	631,340
Telephone, Fax:	38,244	40,000	47,000
Other uses: postage, shipping, printing, travel and Administration _____	304,345	304,345	390,376
Total Agency Budget:	3,365,998	3,319,950	3,612,371

Section G – Certifications (All certifications must be executed in BLUE INK)

Agency Certification

The undersigned agency hereby certifies that:

- a. The information contained herein and all attachments is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the ESG program as appropriate for the funding if received;
- c. The federal assistance made available through the ESG program funding is not being utilized to substantially reduce the prior levels of local financial support for emergency shelter or homelessness prevention activities; and,
- d. If ESG funds are approved for the major conversion or rehabilitation of a facility into an emergency shelter, the agency shall maintain and operate the facility for its approved use for a period of not less than either 10 years, unless given specific approval from HUD to do otherwise; and
- e. If ESG funds are approved for the minor conversion or rehabilitation of a facility into an emergency shelter, the agency shall maintain and operate the facility for its approved use for a period of not less than three years, unless give specific approval from HUD to do otherwise; and
- f. If ESG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

Good Samaritan Shelter

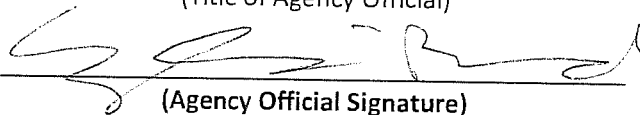
(Name of Agency)

Sylvia Barnard

(Typed Name of Agency Official)

Executive Director

(Title of Agency Official)


(Agency Official Signature)

2/2/2012

(Date of Signature)

(805)331-0877

(Telephone Number of Agency Official)

goodsamshelter@gmail.com

(Email address of Agency Official)

BOARD OF DIRECTORS AFFIDAVIT

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Tom Jenkins

depose and say that I am Board President

[insert title, President, Vice President, etc.] of Good Samaritan Shelter

245 E. Inger Drive, Suite 103B, Santa Maria, CA 93458

_____ [insert name and address of Agency].

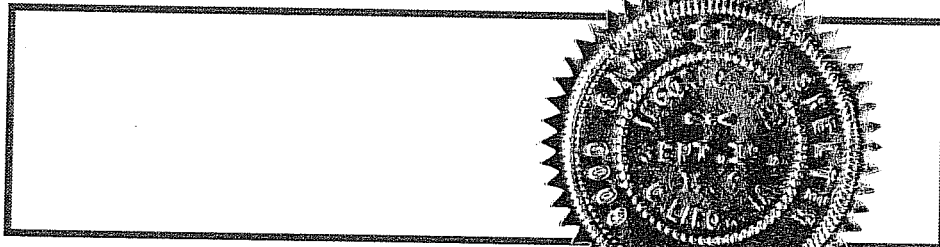
The other members and officers of the Board of Directors of this Agency are:
(Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. See Attached Sheet		
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

DATE: 1/31/2012

AT: Santa Maria, CA (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.

[Handwritten Signature]

Signature

Tom Jenkins, Board President

Print Name and Title

CHECKLIST OF REQUIRED DOCUMENTS

Note: This completed checklist must be turned in with application. The documents listed below are required of Agencies applying for Emergency Shelter Grant funds:

- Organization Chart**

- Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
 - o Form 501(c)

- Evidence of Insurance**
 - o Copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.)
 - o Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured"

- Most recent financial audit**

- Program fee schedule, if applicable**

- Explanation of outstanding legal/litigation issues, if applicable**

- Blank client intake form, with self-certification of eligibility status, if applicable**



COUNTY OF SANTA BARBARA
HOUSING AND COMMUNITY DEVELOPMENT
EMERGENCY SOLUTIONS GRANT PROGRAM

Project Proposal for Program Year 2012-2013

FOR OFFICIAL USE ONLY

Rec'd _____

Initials _____

Logged

Scanned

Section A – General Project Information Summary

1. Project Title: Countywide Rapid Re-housing for the Homeless
2. Brief Summary of the Project: To provide rapid re-housing for the homeless throughout Santa Barbara County, including Santa Barbara & Santa Maria & Lompoc
3. Service Area of Proposed Project (i.e., specific city, countywide, etc.): Countywide (SM, SB, & Lompoc)
4. Total Requested Project Funding: \$ 51,232

Section B – General Applicant Information

1. Legal Name of Applicant Organization: Good Samaritan Shelter
2. Are you a 501(c)? (Agencies must complete a Board of Directors Affidavit on page 13) yes no
3. Address of Organization:
 - a. Street: 245 E. Inger Drive, Suite #103B Apt. # _____
 - b. City: Santa Maria State: CA Zip: 93458
4. Mailing Address (if different from above):
 - a. Street: _____ Apt. # _____
 - b. City: _____ State: _____ Zip: _____
5. Person to Contact Regarding this Application:
 - a. Name: Sylvia Barnard
 - b. Relationship to Agency: Executive Director
 - c. Street: 245 E. Inger Drive, Suite# 103B Apt. # _____
 - d. City: Santa Maria State: CA Zip: 93458
 - e. Work Phone: (805) 331 - 0877 Ext. _____
 - f. Fax: (805) 346 - 8656
 - g. E-mail: goodsamshelter@gmail.com

6. Name and contact information of Fiscal Agent:
- a. Name: Jack Boysen, Chief Financial Officer
 - b. Agency / Organization: Good Samaritan Shelter
 - c. Street: 245 E. Inger Drive, Suite 103B Apt. # _____
 - d. City: Santa Maria State: CA Zip: 93458
 - e. Work Phone: (805) 680-7495 Ext. _____
 - f. Fax: (805) 346-8656
 - g. E-mail: goodsamaritanshelter@gmail.com
7. Organization's Federal Identification Number (Tax ID #) 77-0133375
8. Agency Organizational DUNS number: 023282457
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register.)
9. Are you registered with the California Attorney General Registry of Charitable Trusts? yes no
10. If yes to question 10, please provide your Registry of Charitable Trusts Registration Number: # 066259
11. Is the applicant organization or any parties associated with the applicant or proposed project debarred from entering into federal, state or local contracts? yes no
If yes, explain under separate cover. Please note, this will be verified pursuant to federal program requirements, and applications containing false information will be deemed ineligible for funding.
-

Section C – Program Description Narratives

Which activity best describes your project proposal?

Street Outreach

Essential services

Emergency Shelter

- Essential services
- Renovation
- Shelter operations
- Assistance required under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA)

Homelessness Prevention (HP)

- Rental assistance
- Housing relocation and stabilization services

Rapid Re-housing (RRH)

- Rental assistance
- Housing relocation and stabilization services

1. Please describe the target population you intend to serve with your program. *Please note the eligible program participants for each component as specified in the Emergency Solutions Grant (ESG) Program Interim Regulations and defined in the Homeless Emergency Assistance and Transition to Housing Act of 2009 (HEARTH Act) "Homeless" Definition Final Rule.* (150 words or less)

The target population that the Good Samaritan's Rapid Re-Housing Program proposes to serve is homeless individuals and families that are in need of direct assistance to transition from homelessness into permanent housing. The Rapid Re-Housing Program benefits low-income individuals and/or families by providing direct rental (initial deposit) & rental assistance while simultaneously offering appropriate support services that will lead to self-sufficiency. The income guidelines and requirements used to qualify participants include an income assessment and family size. 100% of participants are at-risk by the definition of being homeless upon intake into the program at both Good Samaritan and Casa Esperanza.

Casa Esperanza is the shelter of last resort on the South Coast of Santa Barbara. Any person who experiences homelessness is eligible for initial entry on the Casa Esperanza Day Center and Shelter program. Both Good Samaritan and Casa Esperanza target the chronically homeless population. In Northern Santa Barbara County the majority of the chronically homeless are families, and the majority on the South Coast are individual adults. However, both chronically homeless individuals and families are served at both Good Samaritan and Casa Esperanza.

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need. (200 words or less)

The Homeless Prevention & Rapid Re-Housing Program that was previously funded by the County of Santa Barbara and the City of Santa Maria will no longer have funds available after this fiscal year. GSS was operating the HPRP for both Santa Maria & Lompoc and Casa Esperanza was involved in the HPRP collaborative in Southern Santa Barbara County. GSS understands that Transition House has received state funding for Homeless Prevention in Santa Barbara, as has Domestic Violence Solutions in Santa Maria. Catholic Charities also has funding for homeless prevention through a utility assistance program that they have been implementing for several years now across the county, including the Lompoc area. Being that Homeless Prevention funds have been secured for the County of Santa Barbara by these nonprofit entities, it leaves the large unmet community need for Rapid Re-Housing. The methodology for identifying this unmet need includes the State of California website www.hcd.ca.gov and notification from the government entities of the HPRP reduction in funding. In working in partnership with Casa Esperanza, GSS is confident that we will be able to meet the needs for rapid re-housing amongst the homeless throughout the entire county (by serving up to 40 homeless individuals/ households per year). If the need is greater than the funding allows for, GSS & Casa Esperanza will continue to work with housing partners to secure alternative funding. Both the City of Santa Maria and the City of Santa Barbara have Tenant Based Rental Assistance (TBRA) funds that will also assist homeless clients with a one-time repayable loan for an initial deposit. GSS and Casa Esperanza will also leverage those funds to support placing homeless individuals into permanent housing, but the rapid re-housing program is vital in that this population cannot always repay a loan.

3. Describe the proposed project. How will your agency use these grant funds to address the unmet community needs described above? **Please be sure to include for what the requested grant funds will be specifically used.** (250 words or less)

GSS proposes to work in partnership with Casa Esperanza to continue the Rapid Re-Housing component of the current HPRP that is being implemented countywide. The requested funds of \$51,232 will allow GSS and Casa Esperanza to provide approximately 40 homeless individuals/households with direct assistance and to also provide funding for case management services and data entry (as required by HUD). GSS and Casa Esperanza have agreed to approach the rapid re-housing program by putting a \$1,000 cap per each homeless individual or household served as to be able to maximize resources while simultaneously stabilizing housing for this at-risk population. GSS is proposing that \$31,764 be used for direct assistance, \$14,345 for case management and \$5,123 for administration. Both Casa Esperanza & GSS will incorporate the Rapid Re-housing Program into their shelter operations as they case manage homeless individuals and families and assist them as they transition out of homelessness.

31,764 - Direct Assist.
14,345 - Case mgmt.
5,123 - Overhead -

1. Personnel/Staff Capacity: Briefly describe the agency's existing staff positions and qualifications, including whether staff is full-time, part-time, volunteer, etc.; its capacity to carry out proposed activities; and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (200 words or less)

GSS currently has 38 full-time employees and 15 part-time employees within the entire agency. In addition, GSS has approximately 500+ volunteers that provide more than 10,000 volunteer hours per year throughout the entire agency. GSS has been operating the HPRP for the last 3 years in Northern Santa Barbara County and just recently transferred the HPRP Case Manager into the Emergency Shelter as the Case Manager there, so he already has the experience needed to incorporate the Rapid Re-Housing Program into his position. Marc Durham, HPRP Case Manager, is bilingual (spanish-speaking) and has a BA degree. GSS also has hired the former City of Santa Maria HPRP Coordinator, Christie Alarcon, as the Director of Operations and she has a MA degree and many years of grant management experience and is very experienced in HPRP in particular. GSS has worked hard to build our administrative capacity so that we can ensure to sustain programs and meet the administrative requirements of many of our funders. Good Samaritan Shelter does have a personnel policy manual that includes an affirmative action plan and grievance policy.

5. Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure?

yes no

6. Describe the unit of service, other than persons, to be provided by the proposed program (e.g., meals served, shelter bed nights, rental assistance, utility payment, etc.). (150 words or less)

GSS proposes to provide 40 unduplicated homeless individuals and/ or households with direct rental assistance under the Rapid Re-Housing Program during the next fiscal year, throughout the entire Santa Barbara County.

7. What **outcome measures** will your agency utilize during the one-year grant period to determine how well the program proposed in this application is serving the community? Please provide at least three specific measures. *Please note that if awarded funds, agency will be required to report on outcome measures quarterly.* (250 words or less)

The outcome measures that Good Samaritan Shelter will be utilizing during the one-year grant period to determine how the proposed program is serving homeless individuals & families in Santa Barbara County includes the following:

75% of Rapid Re-Housing clients will remain in permanent housing after six months.

100% of Rapid Re-Housing clients will receive case management & budgeting skills prior to receiving rapid re-housing assistance.

75% of Rapid Re-Housing clients will return for a case management session within 3 months.

8. Describe your agency's experience implementing the proposed activity/activities. If applying for HP or RRH activities, please describe your agency's involvement with the County, City of Santa Maria, and/or City of Santa Barbara's Homelessness Prevention and Rapid Re-housing Program (HPRP). Explain how your agency's experience administering HPRP will affect HP or RRH program implementation. (300 words or less)

Good Samaritan Shelter has been implementing the HPRP in partnership with the City of Santa Maria and the County of Santa Barbara for the last three years. GSS has been responsible for the intakes, case management, budget assessments, income verification, landlord confirmation, data entry and approval for individuals & families receiving HPRP assistance in Northern Santa Barbara County. GSS was actually the largest single non-profit organization that administered HPRP funds for the last three years in Santa Barbara County, and even worked with the City of Santa Maria to provide additional direct assistance to those in need through rollover funds from other agencies that were not able to administer their HPRP allocations. Because GSS is familiar with the documentation requirements and the approval process for HPRP, transitioning into providing Rapid Re-Housing assistance only will be easy for the organization. GSS staffing that implemented the HPRP assistance remain with the agency, resulting in the confirmation of the agency's capacity to implement the Rapid Re-Housing Program.

Casa Esperanza also has three years of experience in implementing the HPRP assistance and will be able to utilize that knowledge base to incorporate rapid re-housing into their shelter programming. Good Samaritan Shelter is confident that we have the capacity to implement this program, in partnership with Casa Esperanza, based on experience with the HPRP Program.

9. Recipients of ESG funds must participate in the countywide Homeless Management Information System (HMIS) or a comparable database. Describe your agency's capacity to participate in HMIS or a comparable database. Include any experience, if applicable, and foreseeable challenges. (150 words or less)

Good Samaritan Shelter already utilizes the HMIS system, as does Casa Esperanza. GSS also currently utilizes a database program called Social Solutions (ETO) within our organization that allows us to track clients as they segway through the Good Samaritan Shelter Continuum of Care. ETO allows us to track all clients within our system, including those that are receiving services in Lompoc. ETO is a web-based database system where GSS staffing can access the database at any location, as long as they have wifi and/ or internet access.

Section D – Beneficiary Information

Verification of Eligibility: Please identify how your program documents homelessness or at-risk of homelessness status:

1. **Self Certification.** Clients “self-certify” eligibility on an intake form, or similar document. yes no
If you use this method, please attach blank intake form.

2. **Client Document Review.** Clients provide tax documents, pay stubs, etc., to verify income. yes no
If you use this method, please attach blank worksheet.

3. **Other Methodology:** yes no

If yes, please explain: _____

Ethnicity and Race:

1. Does your organization request information on whether your clients are of Hispanic ethnicity? yes no

2. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races? yes no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

3. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement: _____

Additional Beneficiary Information

1. Number of persons able to access a **new** essential service program that did not previously exist and will be available if this application is funded: _____

2. Number of persons with access to an **improved or expanded** essential service program if this application is funded: _____
3. Number of **new** bed nights during the grant year to be funded in an overnight shelter or other emergency housing facility if this application is funded: _____
4. Number of **increased** bed nights during the grant year in overnight shelter or other emergency housing to be funded if this application is funded: _____
5. If you are applying for Homelessness Prevention or Rapid Re-housing activities, please state the number of persons able to be served by the specific ESG funds requested in this application: 40
6. **Total persons benefiting from this program:** 40

Section E – Program and Agency Financial Information

Capacity, Financial Forecast and Federal Grant Experience:

1. Financial Capacity: Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

GSS operates on a total annual budget of \$2.7 million. Approximately 2/3 of funding is received from the County of Santa Barbara. Federal funding and private contributions from individuals and foundations round out the remaining 1/3. Of the annual budget, shelter operations account for half of all expenditures with drug and alcohol treatment services responsible for the remainder. 2/3 of GSS expenses are salary and benefits. GSS fiscal management is lead by Jack Boysen, CFO and Christine Smith, Controller. An accounting staff of 5 provides day to day record keeping via a computerized accounting system and database system. These systems also provide the basis for GSS' annual cost reporting requirements.

50% SHELTER OPS.
DRUG AND ALCOHOL REMAINDER.
2/3 OF GSS ARE SALARY
AND BENEFITS

2. Describe your agency's short to mid-term financial forecast: What factors are causing your agency's budget to increase, decrease, or remain level in the next three years? (150 words or less)

The factors that are causing our agency's budget to increase in the next three years is the impact that the economy has had on our shelter system. The recession has significantly impacted homelessness, and we are seeing more homeless now than ever before. Our numbers of clients served have been steadily increasing in both North and South Santa Barbara County. With budget cuts on the horizon as the State of California and local government struggle through the economy, our budgets are impacted as the need for services continues to increase.

3. Federal Grant Experience within past 5 years (County & City CDBG/ESG grants are examples of Federal Grants):

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
FESG	Transitional Center	Transitional Housing	11/1/2010	\$100,000/ yr x 2
ESG	Emergency Shelter	Emergency Shelter	7/1/2011	\$50,000/ yr
VA	Emergency Shelter	Emergency Shelter	11/1/2010	\$100,000/ yr
HUD	Clean & Sober Living	Clean & Sober Living	7/1/2011	\$17,450/ yr
CDBG	Emergency Shelter	Emergency Shelter	7/1/2011	\$15,000/ yr
CDBG	Recovery Way Home	Childcare for D&A Treatment	7/1/2011	\$4,500/ yr

Fiscal Year and Audit Reports:

1. What is your agency's fiscal year? July 1 through June 30
2. Date of your organization's most recently completed financial audit: 6/10 (Month/Year)
Please include a copy of the most recent financial audit with your completed application—See Required Attachments.
- What fiscal year did this most recent audit include? 7/09 - 6/10 (Month/Year - Month/Year)

3. Are there any outstanding financial audit findings which remain unresolved? yes no
- If yes, please explain. _____
- _____

4. Has your agency expended more than \$500,000 in federal funds in its last operating year? yes no
This includes federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.

If you answered "yes" to question 4, please answer questions 5 and 6 below. If you answered "no" to question 4, please proceed to question 7.

5. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)? yes no
6. Are there any outstanding single audit findings which remain unresolved? yes no
- If yes, please explain: _____
- _____

7. If your organization is a non-profit organization, does your organization comply with the following:
- a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Non-Profit Organizations" yes no
 - b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations" yes no
 - c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations" yes no
 - d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments" yes no
 - e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month? yes no
 - f) Does your organization have any outstanding litigation or other legal issues? yes no
If yes, please attach written explanation as a separate sheet.

8. How many members serve on your Board of Directors? 11

9. How often does your Board of Directors meet? monthly
10. Does your Board of Directors have an audit committee? yes
11. Describe the financial expertise currently serving on your Board of Directors. Several Board member are local business leaders with significant financial experience
12. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.
Carrie Troup, CPA -auditor-carrie@troupcpa.com
Clarence Cabreros-Senior Vice President-Heritage Oaks Bank-ccabreros@heritageoaksbank.com
13. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

Section F – Program and Agency Revenue and Expense Information

1. Funds Requested for Proposed Program by Component

<i>Component</i>	<i>Amount</i>
Street Outreach:	
Emergency Shelter:	
Homelessness Prevention:	
Rapid Re-housing:	51,232
Total Request:	51,232

2. Funding Sources for Proposed Program Only

<i>Sources of revenue to be utilized for this ESG program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County ESG funds:			51,232
County CDBG funds requested <u>for this program</u> :			
Other local cities' funds, including CDBG:			
County Human Services Program funds:			
Other Federal funds:	410,055	135,343	
State funds:			
Private trusts and foundation funds:			
Donations:			
Special fundraising events:			
Client fees:			
Other funds:			

Total Project Budget:	410,055	135,343	51,232

3. Funding Uses for Proposed Program Only

<i>Uses of revenue to be utilized for this ESG program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Client Services and Direct Assistance:	296,010	97,701	31,764
Consultants and Contracts:			
Equipment Rental/Maintenance:			
Facility, Utilities, Maintenance:			
Insurance:			
Salaries, Benefit, Payroll Taxes:	103,795	34,258	14,345
Supplies:			
Telephone, Fax:			
Other uses:	10,250	3,384	5,123

ADMIN			

Total Project Budget:	410,055	135,343	51,232

4. Funding Sources for Applicant's Entire Agency

<i>Sources of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County ESG funds:	52,500	50,000	145,815
County CDBG funds requested <u>for this program</u> :			50,000
Other local cities' funds, including CDBG:	14,500	20,000	70,000
County Human Services Program funds:	43,287	213,361	213,361
Other Federal funds:	1,496,501	1,204,330	1,174,403
State funds:	399,274	399,274	399,274
Private trusts and foundation funds:	95,000	125,000	173,000
Donations:	130,633	145,000	145,000
Special fundraising events:	6,354	7,000	20,000
Client fees:	233,157	225,000	225,000
Other funds (explain): United Way &HCD/SB County General Fund for Shelter-COSB ADMHS	926,715	930,985	996,518
Total Agency Budget:	3,397,921	3,331,950	3,612,371

5. Funding Uses of Applicant's Entire Agency

<i>Uses of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Client Services and Direct Assistance:	296,010	97,701	31,764
Consultants and Contracts:	75,432	75,000	75,000
Equipment Rental/Maintenance:			
Facility, Utilities, Maintenance:	274,108	325,000	356,000
Insurance:	95,441	80,000	83,000
Salaries, Benefit, Payroll Taxes:	1,749,562	1,791,564	1,997,891
Supplies:	532,856	606,340	631,340
Telephone, Fax:	38,244	40,000	47,000
Other uses: postage, shipping, printing, travel and Administration	304,345	304,345	390,376
Total Agency Budget:	3,365,998	3,319,950	3,612,371

Section G – Certifications (All certifications must be executed in BLUE INK)

Agency Certification

The undersigned agency hereby certifies that:

- a. The information contained herein and all attachments is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the ESG program as appropriate for the funding if received;
- c. The federal assistance made available through the ESG program funding is not being utilized to substantially reduce the prior levels of local financial support for emergency shelter or homelessness prevention activities; and,
- d. If ESG funds are approved for the major conversion or rehabilitation of a facility into an emergency shelter, the agency shall maintain and operate the facility for its approved use for a period of not less than either 10 years, unless given specific approval from HUD to do otherwise; and
- e. If ESG funds are approved for the minor conversion or rehabilitation of a facility into an emergency shelter, the agency shall maintain and operate the facility for its approved use for a period of not less than three years, unless give specific approval from HUD to do otherwise; and
- f. If ESG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

Good Samaritan Shelter

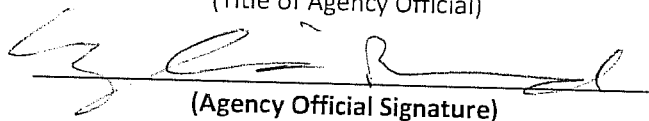
(Name of Agency)

Sylvia Barnard

(Typed Name of Agency Official)

Executive Director

(Title of Agency Official)



(Agency Official Signature)

2/2/2012

(Date of Signature)

(805)331-0877

(Telephone Number of Agency Official)

goodsamshelter@gmail.com

(Email address of Agency Official)

BOARD OF DIRECTORS AFFIDAVIT

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Tom Jenkins
depose and say that I am Board President
[insert title, President, Vice President, etc.] of Good Samaritan Shelter
245 E. Inger Drive, Suite 103B, Santa Maria, CA 93458

_____ [insert name and address of Agency].

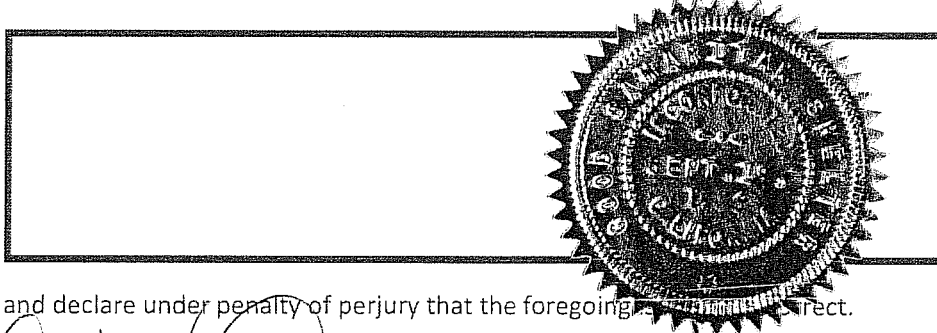
The other members and officers of the Board of Directors of this Agency are:
(Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. <u>See Attached Sheet</u>	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

DATE: 1/31/2012

AT: Santa Maria, CA (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.

[Handwritten Signature]
Signature

Tom Jenkins, Board President
Print Name and Title

CHECKLIST OF REQUIRED DOCUMENTS

Note: This completed checklist must be turned in with application. The documents listed below are required of Agencies applying for Emergency Shelter Grant funds:

- Organization Chart**
- Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
 - Form 501(c)
- Evidence of Insurance**
 - Copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.)
 - Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured"
- Most recent financial audit**
- Program fee schedule, if applicable**
- Explanation of outstanding legal/litigation issues, if applicable**
- Blank client intake form, with self-certification of eligibility status, if applicable**

A 29



COUNTY OF SANTA BARBARA
HOUSING AND COMMUNITY DEVELOPMENT
EMERGENCY SOLUTIONS GRANT PROGRAM

Project Proposal for Program Year 2012-2013

FOR OFFICIAL USE ONLY	
Rec'd	_____
Initials	_____
<input type="checkbox"/> Logged	
<input type="checkbox"/> Scanned	

Section A – General Project Information Summary

1. Project Title: Homeless Prevention and Rapid Rehousing
2. Brief Summary of the Project: Providing high quality free civil legal services to prevent individuals and families from becoming homeless through negotiation, mediation and defense of eviction litigation.
3. Service Area of Proposed Project (i.e., specific city, countywide, etc.): Countywide
4. Total Requested Project Funding: \$ \$24,000

Section B – General Applicant Information

1. Legal Name of Applicant Organization: Legal Aid Foundation of Santa Barbara County
2. Are you a 501(c)? (Agencies must complete a Board of Directors Affidavit on page 13) yes no
3. Address of Organization:
 - a. Street: 301 E. Canon Perdido Street Apt. # _____
 - b. City: Santa Barbara State: CA Zip: 93101
4. Mailing Address (if different from above):
 - a. Street: _____ Apt. # _____
 - b. City: _____ State: _____ Zip: _____
5. Person to Contact Regarding this Application:
 - a. Name: Ellen M. Goodstein
 - b. Relationship to Agency: Executive Director
 - c. Street: 301 E. Canon Perdido Street Apt. # _____
 - d. City: Santa Barbara State: CA Zip: 93101
 - e. Work Phone: (805) 963 - 6754 Ext. 103
 - f. Fax: (805) 963 - 6756
 - g. E-mail: egoodstein@lafsb.org

6. Name and contact information of Fiscal Agent:

- a. Name: Jennifer Loren
- b. Agency / Organization: Legal Aid Foundation of Santa Barbara County
- c. Street: 301 East Canon Perdido Street Apt. #
- d. City: Santa Barbara State: CA Zip: 93101
- e. Work Phone: (805) 963 - 6754 Ext.
- f. Fax: (805) 963 - 6756
- g. E-mail: finance@lafsb.org

7. Organization's Federal Identification Number (Tax ID #) 95-2112634

8. Agency Organizational DUNS number: 116503483
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register.)

9. Are you registered with the California Attorney General Registry of Charitable Trusts? yes no

10. If yes to question 9, please provide your Registry of Charitable Trusts Registration Number: # 007118

11. Is the applicant organization or any parties associated with the applicant or proposed project debarred from entering into federal, state or local contracts? yes no
If yes, explain under separate cover. Please note, this will be verified pursuant to federal program requirements, and applications containing false information will be deemed ineligible for funding.

Section C – Program Description Narratives

Which activity best describes your project proposal?

Street Outreach

Essential services

Emergency Shelter

- Essential services
- Renovation
- Shelter operations
- Assistance required under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA)

Homelessness Prevention (HP)

- Rental assistance
- Housing relocation and stabilization services

Rapid Re-housing (RRH)

- Rental assistance
- Housing relocation and stabilization services

1. Please describe the target population you intend to serve with your program. *Please note the eligible program participants for each component as specified in the Emergency Solutions Grant (ESG) Program Interim Regulations and defined in the Homeless Emergency Assistance and Transition to Housing Act of 2009 (HEARTH Act) "Homeless" Definition Final Rule.* (150 words or less)

Those families and individuals in danger of becoming homeless, those facing housing discrimination or habitability disputes that could lead to homeless.

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need. (200 words or less)

This project will address a need in Santa Barbara County to provide advice, counsel and representation on tenant's rights to those in danger of eviction, of becoming homeless, and those facing housing discrimination or habitability disputes that could lead to homelessness.

Over the past five years, the need for housing related services has increased. In the current economic climate, we have encountered an increase in demand for advice, counsel and representation in housing related cases. With the dramatic surge in the number of housing foreclosures, more and more tenants in homes subject to foreclosure proceedings are needing legal assistance.

Each day Legal Aid receives calls and assists both individuals and families in danger of becoming homeless seeking help in fighting evictions or with other housing related problems. Housing problems are generally solved through advice and counsel, negotiation or mediation. Litigation is a last resort. We are committed to helping more of those in need and impacting this critical area of social service.

3. Describe the proposed project. How will your agency use these grant funds to address the unmet community needs described above? **Please be sure to include for what the requested grant funds will be specifically used.** (250 words or less)

The proposed program focuses on homeless prevention through the provision of legal services, including but not to, advice, counsel, negotiation, mediation, representation, case management and credit counseling and repair to individuals and families who meet the eligibility requirements of the Homeless Prevention and Rapid Re-Housing Program i.e. are at 30% of the Area Median Income and are in imminent danger of eviction without subsequent housing options and/or their household lacks the financial resources and support networks needed to obtain immediate housing or remain in its existing housing. They are individuals or families who would become homeless but for the assistance.

4. Personnel/Staff Capacity: Briefly describe the agency's existing staff positions and qualifications, including whether staff is full-time, part-time, volunteer, etc.; its capacity to carry out proposed activities; and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (200 words or less)

Legal Aid (LAFSBC) staff for this project includes Alexander Lambrous, Director of Litigation, Santa Barbara office, (F/T); Tanya Villegas, Staff Attorney, Santa Maria office, (F/T), and Brandi Redman, senior staff attorney, Santa Barbara office (F/T). Each is an experienced attorney with 15, 2 and 5 years housing experience, respectively, serving the low income. Jennifer Loren, is our bookkeeper, (P/T), and has been with LAFSBC for 2 years but has previous non-profit experience. Our staff is well qualified to carry out the activities of this grant request. LAFSBC has a Personnel Policy, an affirmative action plan, and grievance policy, all available upon request.

5. Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure? yes no

6. Describe the unit of service, other than persons, to be provided by the proposed program (e.g., meals served, shelter bed nights, rental assistance, utility payment, etc.). (150 words or less)

Our usual unit of service is one client. As persons are excluded, the unit of service will be one hour of legal services. The number of units per person is a function of the nature of the work required to prevent the individual or family from becoming homeless or to provide a seamless transition to new housing. Some clients will require more units of legal services depending upon the complexity of the case, the legal issues involved, then willingness of the landlord to negotiate a settlement and other similar factors.

7. What **outcome measures** will your agency utilize during the one-year grant period to determine how well the program proposed in this application is serving the community? Please provide at least three specific measures. *Please note that if awarded funds, agency will be required to report on outcome measures quarterly.* (250 words or less)

1. The number of individuals and/or families we prevent from becoming homeless
2. The satisfaction rate of the clients served as seen through Satisfaction surveys that are mailed to each client at the conclusion of our services.
3. The number of clients who feel empowered to better handle housing issues on their own because they have been educated on their legal rights as tenants.

8. Describe your agency's experience implementing the proposed activity/activities. If applying for HP or RRH activities, please describe your agency's involvement with the County, City of Santa Maria, and/or City of Santa Barbara's Homelessness Prevention and Rapid Re-housing Program (HPRP). Explain how your agency's experience administering HPRP will affect HP or RRH program implementation. (300 words or less)

The Legal Aid Foundation has been provided Homeless Prevention and Rapid Re-housing services to the City of Santa Barbara, the City of Santa Maria, the County of Santa Barbara through its South Coast grant as well as through its grant for North County. Our legal services under the ARRA funding have been ongoing since the inception of the HPRP program. However, the funding under these programs has been or will be soon at an end/used up. With the demand still high and the source of funding about to run out, we would like to continue to serve this underserved population. The need for homeless prevention services is still in high demand throughout the county as more persons and families feel the pinch of the economic downturn, high unemployment and other factors that affect their ability to maintain their housing. Legal Aid has been providing homeless prevention services in Santa Barbara County through various funding sources for over 50 years. Helping people with housing legal problems represents 40% of all requests for services at our agency.

9. Recipients of ESG funds must participate in the countywide Homeless Management Information System (HMIS) or a comparable database. Describe your agency's capacity to participate in HMIS or a comparable database. Include any experience, if applicable, and foreseeable challenges. (150 words or less)

Legal Aid does not have HMIS capability. However, all data has been consistently entered into the HMIS system through community collaborative partners. Currently, Bringing Our Community Home, the County and the Good Samaritan Shelter program have been entering all HMIS for this project. Our own database, Clients 2000 is capable of capturing client data but without more information about what is entered into HMIS, we cannot say whether all information required under HMIS can be gathered and loaded into Kemp's Clients 2000.

Section D – Beneficiary Information

Verification of Eligibility: Please identify how your program documents homelessness or at-risk of homelessness status:

1. **Self Certification.** Clients “self-certify” eligibility on an intake form, or similar document. yes no
If you use this method, please attach blank intake form.

2. **Client Document Review.** Clients provide tax documents, pay stubs, etc., to verify income. yes no
If you use this method, please attach blank worksheet.

3. **Other Methodology:** yes no

If yes, please explain: _____

Ethnicity and Race:

1. Does your organization request information on whether your clients are of Hispanic ethnicity? yes no

2. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races? yes no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

3. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement: _____

Additional Beneficiary Information

1. Number of persons able to access a **new** essential service program that did not previously exist and will be available if this application is funded: n/a

2. Number of persons with access to an **improved or expanded** essential service program if this application is funded: n/a
 3. Number of **new** bed nights during the grant year to be funded in an overnight shelter or other emergency housing facility if this application is funded: n/a
 4. Number of **increased** bed nights during the grant year in overnight shelter or other emergency housing to be funded if this application is funded: n/a
 5. If you are applying for Homelessness Prevention or Rapid Re-housing activities, please state the number of persons able to be served by the specific ESG funds requested in this application: n/a
 6. **Total persons benefiting from this program:** 55 +
-

Section E – Program and Agency Financial Information

Capacity, Financial Forecast and Federal Grant Experience:

1. **Financial Capacity:** Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

Private funding and State bar funding has dramatically been reduced. We have received over 40% reduction in grant awards from two of our biggest funders. In recognition of our reliance on foundation grants we are taking measures to implement programs that in the future will diversity our income stream. To this end we worked with a consultant during the last quarter of last year to implement a major gifts program. We hosted a very successful fundraiser which far exceeded our expectations and brought in unrestricted dollars in the form of cash and multi-year pledges, putting us on the path to long term cash flow stability. Our fiscal management is handled through Quickbooks; our finances are reviewed monthly by the Board of Directors finance committee and the full Board of Directors. We are audited annually by a forensic accountant and also some of our funders, e.g. the Area Agency on Aging.

2. Describe your agency's short to mid-term financial forecast: What factors are causing your agency's budget to increase, decrease, or remain level in the next three years? (150 words or less)

The re-allocation of County Human Services funding for 2011-2014 has caused a 43% decrease in County funding for each of the next 3 years. State Bar funding due to the decrease in interest rates as a result of the economic downturn has resulted in a 50% cut. Foundation donations are also down due to the economy. Due to these factors we are seeking other creative ways to increase revenue to the organization through a major gifts campaign.

3. Federal Grant Experience within past 5 years (*County & City CDBG/ESG grants are examples of Federal Grants*):

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
See attached				

Fiscal Year and Audit Reports:

1. What is your agency's fiscal year? July 1-June 30
2. Date of your organization's most recently completed financial audit: 6/30/2010 (Month/Year)
Please include a copy of the most recent financial audit with your completed application—See Required Attachments.
- What fiscal year did this most recent audit include? 2010-11 close to completion (Month/Year - Month/Year)

3. Are there any outstanding financial audit findings which remain unresolved? yes no
If yes, please explain. _____

4. Has your agency expended more than \$500,000 in federal funds in its last operating year? yes no
This includes federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.

If you answered "yes" to question 4, please answer questions 5 and 6 below. If you answered "no" to question 4, please proceed to question 7.

5. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)? yes no
6. Are there any outstanding single audit findings which remain unresolved? yes no
If yes, please explain: _____

7. If your organization is a non-profit organization, does your organization comply with the following:
- a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Non-Profit Organizations" yes no
 - b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations" yes no
 - c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations" yes no
 - d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments" yes no
 - e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month? yes no
 - f) Does your organization have any outstanding litigation or other legal issues? yes no
If yes, please attach written explanation as a separate sheet.
8. How many members serve on your Board of Directors? 15

9. How often does your Board of Directors meet? monthly
10. Does your Board of Directors have an audit committee? yes
11. Describe the financial expertise currently serving on your Board of Directors. Treasurer is a CPA and another Board member is Vice president at Wells Fargo Bank
12. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.
- _____
- _____
- _____
- _____
13. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

Section F – Program and Agency Revenue and Expense Information

1. Funds Requested for Proposed Program by Component

<i>Component</i>	<i>Amount</i>
Street Outreach:	
Emergency Shelter:	
Homelessness Prevention:	24,000
Rapid Re-housing:	
Total Request:	\$24,000

2. Funding Sources for Proposed Program Only

<i>Sources of revenue to be utilized for this ESG program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County ESG funds:			24,000
County CDBG funds requested for this program:			
Other local cities' funds, including CDBG:			
County Human Services Program funds:			
Other Federal funds:			
State funds:			
Private trusts and foundation funds:			
Donations:			
Special fundraising events:			
Client fees:			
Other funds: Bar Grant _____			
Total Project Budget:			24,000

3. Funding Uses for Proposed Program Only

<i>Uses of revenue to be utilized for this ESG program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Client Services and Direct Assistance:			
Consultants and Contracts:			500
Equipment Rental/Maintenance:			
Facility, Utilities, Maintenance:			
Insurance:			
Salaries, Benefit, Payroll Taxes:		22,500	
Supplies:			
Telephone, Fax:			
Other uses: Database Comparability with HMIS through new software _____		1,000	
Total Project Budget:			24,000

2. Funding Sources for Proposed Program Only

<i>Sources of revenue to be utilized for this ESG program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County ESG funds:			24,000
County CDBG funds requested for this program:			
Other local cities' funds, including CDBG:			
County Human Services Program funds:			
Other Federal funds:			
State funds:			
Private trusts and foundation funds:			
Donations:			
Special fundraising events:			
Client fees:			
Other funds: Bar Grant			
Total Project Budget:			24,000

3. Funding Uses for Proposed Program Only

<i>Uses of revenue to be utilized for this ESG program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Client Services and Direct Assistance:			
Consultants and Contracts:			500
Equipment Rental/Maintenance:			
Facility, Utilities, Maintenance:			
Insurance:			
Salaries, Benefit, Payroll Taxes:		22,500	
Supplies:			
Telephone, Fax:			
Other uses: Database Comparability with HMIS through new software		1,000	
Total Project Budget:			24,000

NEW

4. Funding Sources for Applicant's Entire Agency

<i>Sources of revenue to be utilized for Applicant Agency</i>	2010-11 (previous FY)	2011-12 (current FY)	2012-13 (proposed FY)
County ESG funds:	15,991	4,566	21,500
County CDBG funds requested for this program:			
Other local cities' funds, including CDBG:	148,270	168,270	15,000
County Human Services Program funds:	108,400	61,813	61,813
Other Federal funds:	266,362	669,944	669,944
State funds:	205,169	210,910	215,000
Private trusts and foundation funds:	169,000	168,500	169,000
Donations:	91,400	70,000	75,000
Special fundraising events:	70,800	72,000	75,000
Client fees:	7,500	7,500	5,000
Other funds (explain): <u>United Way</u>	500	500	500
Total Agency Budget:	1,083,392	1,433,906	1,433,906

5. Funding Uses of Applicant's Entire Agency

<i>Uses of revenue to be utilized for Applicant Agency</i>	2010-11 (previous FY)	2011-12 (current FY)	2012-13 (proposed FY)
Client Services and Direct Assistance:	1,085	11,050	11,050
Consultants and Contracts:	65,300	95,225	95,225
Equipment Rental/Maintenance:	14,500	18,200	18,200
Facility, Utilities, Maintenance:	49,760	63,324	63,324
Insurance:	10,419	12,632	12,632
Salaries, Benefit, Payroll Taxes:	877,893	1,063,525	1,063,525
Supplies:	11,800	19,702	19,702
Telephone, Fax:	9,230	12,673	12,673
Other uses: <u>All Other</u>	56,899	105,162	105,162
Total Agency Budget:	1,113,917	1,401,493	1,401,493

4. Funding Sources for Applicant's Entire Agency

<i>Sources of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County ESG funds:	15,991	4,566	21,500
County CDBG funds requested <u>for this program</u> :			
Other local cities' funds, including CDBG:	148,270	168,270	15,000
County Human Services Program funds:	108,400	61,813	61,813
Other Federal funds:	266,362	669,944	669,944
State funds:	205,169	210,910	215,000
Private trusts and foundation funds:	169,000	168,500	169,000
Donations:	91,400	70,000	75,000
Special fundraising events:	70,800	72,000	75,000
Client fees:	7,500	7,500	5,000
Other funds (explain): <u>United Way</u>	500	500	500

Total Agency Budget:	1,083,392	1,433,906	1,433,906

5. Funding Uses of Applicant's Entire Agency

<i>Uses of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Client Services and Direct Assistance:	877,893	1,063,525	1,063,525
Consultants and Contracts:	65,300	95,225	95,225
Equipment Rental/Maintenance:	14,500	18,200	18,200
Facility, Utilities, Maintenance:	49,760	63,324	63,324
Insurance:	10,419	12,632	12,632
Salaries, Benefit, Payroll Taxes:	877,893	1,063,525	1,063,525
Supplies:	11,800	19,702	19,702
Telephone, Fax:	9,230	12,673	12,673
Other uses: <u>All Other</u>	56,899	90,497	90,497

Total Agency Budget:	1,113,917	1,401,493	1,401,493

Section G – Certifications (All certifications must be executed in BLUE INK)

Agency Certification

The undersigned agency hereby certifies that:

- a. The information contained herein and all attachments is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the ESG program as appropriate for the funding if received;
- c. The federal assistance made available through the ESG program funding is not being utilized to substantially reduce the prior levels of local financial support for emergency shelter or homelessness prevention activities; and,
- d. If ESG funds are approved for the major conversion or rehabilitation of a facility into an emergency shelter, the agency shall maintain and operate the facility for its approved use for a period of not less than either 10 years, unless given specific approval from HUD to do otherwise; and
- e. If ESG funds are approved for the minor conversion or rehabilitation of a facility into an emergency shelter, the agency shall maintain and operate the facility for its approved use for a period of not less than three years, unless give specific approval from HUD to do otherwise; and
- f. If ESG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

Legal Aid Foundation of Santa Barbara County

(Name of Agency)

Ellen M. Goodstein

(Typed Name of Agency Official)

Executive Director

(Title of Agency Official)

Ellen M. Goodstein

(Agency Official Signature)

2/3/2012

(Date of Signature)

805 963 6754

(Telephone Number of Agency Official)

301 E. Canon Perdido Street, Santa Barbara

(Email address of Agency Official)

BOARD OF DIRECTORS AFFIDAVIT

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Garry M. Tetelman
depose and say that I am President

[insert title, President, Vice President, etc.] of the Board of Directors of the Legal Aid Foundation of Santa Barbara County

_____ [insert name and address of Agency].

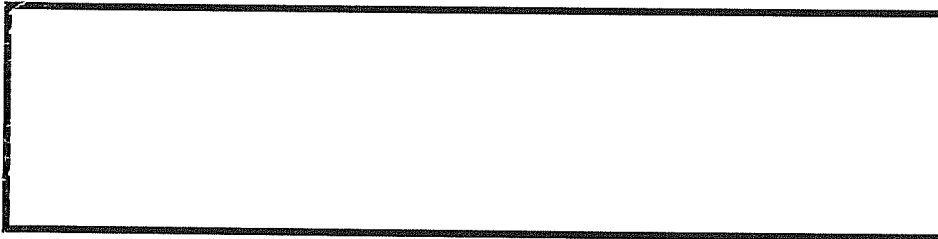
The other members and officers of the Board of Directors of this Agency are:
(Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. <u>James Shipley</u>	<u>Vice president</u>	<u>6/30/12</u>
2. <u>Amy Steinfeld</u>	<u>Secretary</u>	<u>6/30/12</u>
3. <u>Gordon Roberts</u>	<u>Treasurer</u>	<u>6/30/12</u>
4. <u>Barbara Tzur</u>	<u>Past president</u>	<u>6/30/12</u>
5. <u>Saji Gunawardane</u>	<u>Director</u>	<u>6/30/12</u>
6. <u>Lynn Goebel</u>	<u>Director</u>	<u>6/30/12</u>

DATE: 2/3/2012

AT: Santa Barbara, California (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.

Garry M. Tetelman
Signature

Garry Tetelman, President
Print Name and Title

CHECKLIST OF REQUIRED DOCUMENTS

Note: This completed checklist must be turned in with application. The documents listed below are required of Agencies applying for Emergency Shelter Grant funds:

- Organization Chart**

- Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
 - Form 501(c)

- Evidence of Insurance**
 - Copy of current insurance coverage (General Liability, Automobile, Worker’s Compensation, etc.)
 - Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as “additionally insured”

- Most recent financial audit**

- Program fee schedule, if applicable**

- Explanation of outstanding legal/litigation issues, if applicable**

- Blank client intake form, with self-certification of eligibility status, if applicable**



COUNTY OF SANTA BARBARA
HOUSING AND COMMUNITY DEVELOPMENT
EMERGENCY SOLUTIONS GRANT PROGRAM

Project Proposal for Program Year 2012-2013

FOR OFFICIAL USE ONLY

Rec'd _____

Initials _____

Logged

Scanned

Section A – General Project Information Summary

1. Project Title: Rental Housing Mediation Task Force
2. Brief Summary of the Project: Resolves tenant/landlord disputes out of court through the provision of mediation and staff consultation; assists in the prevention of homelessness and maintains housing.
3. Service Area of Proposed Project (i.e., specific city, countywide, etc.): Countywide; not cities of SM or Lompoc
4. Total Requested Project Funding: \$ 15,000

Section B – General Applicant Information

1. Legal Name of Applicant Organization: 2nd Story Associates
2. Are you a 501(c)? (Agencies must complete a Board of Directors Affidavit on page 13) yes no
3. Address of Organization:
 - a. Street: 808 Laguna Street Apt. # _____
 - b. City: Santa Barbara State: CA Zip: 93101
4. Mailing Address (if different from above):
 - a. Street: N/A Apt. # _____
 - b. City: N/A State: _____ Zip: _____
5. Person to Contact Regarding this Application:
 - a. Name: Andrea Bifano
 - b. Relationship to Agency: Senior Rental Housing Mediation Specialist
 - c. Street: 630 Garden Street Apt. # _____
 - d. City: Santa Barbara State: CA Zip: 93101
 - e. Work Phone: (805) 564 5420 Ext. _____
 - f. Fax: (805) 564 5477
 - g. E-mail: abifano@santabarbaraca.gov

6. Name and contact information of Fiscal Agent:

- a. Name: Skip Szymanski
- b. Agency / Organization: 2nd Story Associates
- c. Street: 808 Laguna Street Apt. # _____
- d. City: Santa Barbara State: CA Zip: 93101
- e. Work Phone: (805) 965-1071 Ext. _____
- f. Fax: (805) 564-7041
- g. E-mail: sszymanski@hacsb.org

7. Organization's Federal Identification Number (Tax ID #) 26-0417729

8. Agency Organizational DUNS number: 017836207
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register.)

9. Are you registered with the California Attorney General Registry of Charitable Trusts? yes no

10. If yes to question 9, please provide your Registry of Charitable Trusts Registration Number: # CT0176031

11. Is the applicant organization or any parties associated with the applicant or proposed project debarred from entering into federal, state or local contracts? yes no
If yes, explain under separate cover. Please note, this will be verified pursuant to federal program requirements, and applications containing false information will be deemed ineligible for funding.

Section C – Program Description Narratives

Which activity best describes your project proposal?

Street Outreach

Essential services

Emergency Shelter

- Essential services
- Renovation
- Shelter operations
- Assistance required under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA)

Homelessness Prevention (HP)

- Rental assistance
- Housing relocation and stabilization services

Rapid Re-housing (RRH)

- Rental assistance
- Housing relocation and stabilization services

1. Please describe the target population you intend to serve with your program. *Please note the eligible program participants for each component as specified in the Emergency Solutions Grant (ESG) Program Interim Regulations and defined in the Homeless Emergency Assistance and Transition to Housing Act of 2009 (HEARTH Act) "Homeless" Definition Final Rule.* (150 words or less)

The targeted population that the program intends to serve are clients that meet the eligible criteria set forth in the HEARTH ACT. For the past 3 years the RHMTF has been part of the City of Santa Barbara Homeless Prevention and Rapid Re-housing Collaboration as well as the South Santa Barbara County HPRP. The program has established that the clientele served meets the requirements necessary for homeless prevention assistance. Most clients are on SSI or SSDI. The client's need for service will be based upon an eviction, including a Notice of Order to Vacate or similar notice issued by the Building Inspectors office. The process of determining if a client meets the criteria begins with an initial consultation. The first step requires income eligibility/proof of income. The client must be at or below 50% of the Area Median Income. The second step is to determine if the household is at or imminent risk of losing its housing and meets the "but for" the assistance the client would become homeless, and meets both of the following circumstances: a. no appropriate subsequent housing options have been identified; AND b. the household lacks the financial resources and support networks needed to obtain immediate housing or remain in its existing housing.

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need. (200 words or less)

The unmet community need this project proposes to meet is the provision of client intake/administration and mediations services pertaining to tenant/landlord evictions and mass evictions, including evictions related to relocation of residents per the Santa Barbara County Municipal Code Ordinance 4722. Regarding Notice of Orders to Vacate and similar notices issued by the County Building Inspector's Office, through mediation services the program will be able to help obtain relocation money from landlords to ensure that tenants do not become displaced and homeless. Mediation services will therefore save the parties the time and cost of litigation and ensure that the tenant will have the necessary money to move into another rental housing situation. By helping the parties craft creative solutions that are realistic and benefit all disputants, it will keep people off the street and address societal issues before they become societal problems. One methodology used to identify the community need is obtained by reviewing past statistical reports for mediation services provided to Santa Barbara County by the RHMTF mediation services as well as the review of both the City of Santa Barbara and Southern Santa Barbara County HUD HPRP Quarterly Performance Reports [QPR].

3. Describe the proposed project. How will your agency use these grant funds to address the unmet community needs described above? **Please be sure to include for what the requested grant funds will be specifically used.** (250 words or less)

80% of the RHMTF clients are tenants. The proposed project will meet the unmet community needs through the provision of mediation services to tenants in rental housing situations who are at imminent risk of homelessness. The requested \$15,000 will be used specifically to supplement staff's salary to assist with mediation services. Mediations are conducted over the telephone by staff or in the office with the assistance of two of the 15 appointed mediators. Office hours are Monday-Thursday and alternating Fridays from 8:30 am to 4:30 p.m. Mediations are usually conducted during working hours, however, evening mediations can be scheduled when needed to accommodate the parties to the mediation. The prevention of homelessness and the equal treatment of all persons are key social issues that our community needs to address. That being said, the local economy continues to struggle and there is no greater impact than to those who already live precariously on the edge of homelessness. The RHMTF is well recognized in the community and networks with a great many social services agencies, non-profits, housing representatives, government agencies, and enforcement offices and in an effort to resolve tenant/landlord disputes and prevent homelessness. The program has received two Congressional Awards from Lois Caps, Member of Congress, an award from the United States Department of Housing and Urban Development for preventing discrimination and recently a State award from Assemblyman Das Williams for outstanding service to the community.

4. Personnel/Staff Capacity: Briefly describe the agency's existing staff positions and qualifications, including whether staff is full-time, part-time, volunteer, etc.; its capacity to carry out proposed activities; and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (200 words or less)

Currently, the program is staffed by one full-time Senior Rental Housing Mediation Specialist and three part-time employees, along with a 15 member volunteer Task Force appointed by the Santa Barbara City Council. The mediators are trained in accordance with the State's training guidelines for neutrals per the Dispute Resolution Program's Act Guidelines. The Senior Rental Housing Mediation Specialist has been working in her position for the past 25 years and has much expertise in mediating tenant/landlord disputes, including mass evictions. Further, she has been working with clients through the HPRP City and South County Collaborations for the past 3 years. One of the three hourly staff has been mediating for over 20 years and conducts mediation training in both the private and public sector and has been working as a paid RHMTF staff for the past two years and previously volunteered as an appointed mediator for eight years. The remaining two hourly employees are bilingual and bi-culture and perform client interviews in Spanish, assist in translations in mediations, and outreach to the community. One has worked in the office for 4 years and the other for the past four months.

5. Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure? yes no

6. Describe the unit of service, other than persons, to be provided by the proposed program (e.g., meals served, shelter bed nights, rental assistance, utility payment, etc.). (150 words or less)

Description of units of service: 1. Telephone mediations conducted by staff; 2. Face-to-face mediation facilitated by two of the programs 15 mediators and staff; 3. Binding Settlement Agreements; and 4. Verbal Agreements.

7. What **outcome measures** will your agency utilize during the one-year grant period to determine how well the program proposed in this application is serving the community? Please provide at least three specific measures. *Please note that if awarded funds, agency will be required to report on outcome measures quarterly.* (250 words or less)

The first outcome measure will be the number of clients provided information and staff consultation to assist them in the prevention of homelessness. The second outcome measure will be the number of clients provided mediations. The third outcome measure will be the number of successful mediations. The goal for the RHMTF is to resolve tenant and landlord disputes through Information/staff consultations and mediation services. The number of disputes resolved through the provision of staff consultation/information on rights and responsibilities is projected to be 70%. This outcome will be determined by a survey. The Projected Success Rate of Mediations will be 80%. The mediation outcome data will be inputted into the computer following the mediation. The custom designed software program will generate reports which reflect the total number of mediations and their outcomes. A successful mediation will be one in which the parties come to a resolution and/or understanding of their dispute out of court which will be memorialized in the form a binding settlement agreement. A definition of success for the Program will be measured by the Program's Performance Objectives. The RHMTF has consistently met its goals and performance objectives.

8. Describe your agency's experience implementing the proposed activity/activities. If applying for HP or RRH activities, please describe your agency's involvement with the County, City of Santa Maria, and/or City of Santa Barbara's Homelessness Prevention and Rapid Re-housing Program (HPRP). Explain how your agency's experience administering HPRP will affect HP or RRH program implementation. (300 words or less)

The RHMTF has implemented homeless prevention assistance to persons of imminent risk of homelessness for the past three years as partners of the City of Santa Barbara and Santa Barbara Southern County HPRP Collaboration. The program staff has also attended monthly scheduled meetings in which clarification of rules and regulations were discussed as well as case discussion with contracted non-profit representatives. Further, during this period of time, program staff have filled out and complied with HUD's regulations regarding the required HPRP forms for service and have successfully passed the HUD's review of case content files. The program's experience with regard to understanding HUD's rules and regulations, in addition to working with other non-profits who also were contracted for services, has been both educational and informative. Surely, the described experience would assist with properly implementing the County's ESG mediation services.

9. Recipients of ESG funds must participate in the countywide Homeless Management Information System (HMIS) or a comparable database. Describe your agency's capacity to participate in HMIS or a comparable database. Include any experience, if applicable, and foreseeable challenges. (150 words or less)

Over the past three years the RHMTF has participated in the Countywide Homeless Management Information System (HMIS) as part of both the City of Santa Barbara's HPRP Collaboration and the Southern County HPRP Collaboration. Darleen Murray, of Bringing Our Community Home, was contracted for Marketing and Outreach as well as HMIS data entry. Ms. Murray's role has been to update required HUD forms and to enter Intake and Exit forms into the Countywide HMIS. She has also performed outreach for the City of Santa Barbara HPRP Collaboration advertising the programs and services, including the RHMTF. During the past three years, RHMTF staff have been completing the necessary forms: Initial Eligibility Screening, Intake Form, Income Eligibility, including Calculation Worksheet with Documentation of Income, Staff Certification of Eligibility For HPRP Assistance Form, and Signed Authorizations For Release of Confidential Information to be entered into the HMIS.

Section D – Beneficiary Information

Verification of Eligibility: Please identify how your program documents homelessness or at-risk of homelessness status:

1. **Self Certification.** Clients “self-certify” eligibility on an intake form, or similar document. yes no
If you use this method, please attach blank intake form.

2. **Client Document Review.** Clients provide tax documents, pay stubs, etc., to verify income. yes no
If you use this method, please attach blank worksheet.

3. **Other Methodology:** yes no

If yes, please explain: The RHMTF's verification of client income has been Self Certification, and/or Client Document review, including obtaining Social Security and Social Security Disability Income letters.

Ethnicity and Race:

1. Does your organization request information on whether your clients are of Hispanic ethnicity? yes no

2. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races? yes no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

3. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement: N/A

Additional Beneficiary Information

1. Number of persons able to access a new essential service program that did not previously exist and will be available if this application is funded: 70

2. Number of persons with access to an **improved or expanded** essential service program if this application is funded: 70
 3. Number of **new** bed nights during the grant year to be funded in an overnight shelter or other emergency housing facility if this application is funded: N/A
 4. Number of **increased** bed nights during the grant year in overnight shelter or other emergency housing to be funded if this application is funded: N/A
 5. If you are applying for Homelessness Prevention or Rapid Re-housing activities, please state the number of persons able to be served by the specific ESG funds requested in this application: 70
 6. **Total persons benefiting from this program:** 70
-

Section E – Program and Agency Financial Information

Capacity, Financial Forecast and Federal Grant Experience:

1. **Financial Capacity:** Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

The operating budget for FY 2012-2013 is \$182,000.

Program Revenues: proposing \$60,000 from City of Santa Barbara Human Services, \$45,000 from City of Santa Barbara General Funds, \$15,000 from the County's ESG Grant, \$5,000 confirmed from the Fund for Santa Barbara, \$2,000 estimated from the completion of HPRP both City and South County (July 1, 2012 through August 31, 2012), and \$50,000 in contracted services with three municipalities (\$8,000 City of Carpinteria through their General Funds, \$17,000 City of Goleta through their General Funds, and \$25,000 with the County of Santa Barbara through their General Funds) and \$5,500 estimated in donations.

Program Expenses: \$171,000 for 1 Permanent and 3 Part-time Hourly Assistants, \$4,668 for Consultants and Contracts, \$1,091 for Internet, Telephone and Fax, \$1,600 for Supplies, \$100 for Postage & Shipping, \$1,300 for Marketing, \$700 for Travel, Mileage & Training and \$1,240 for Equipment Rental/Maintenance.

2. Describe your agency's short to mid-term financial forecast: What factors are causing your agency's budget to increase, decrease, or remain level in the next three years? (150 words or less)

The project has incurred a huge budget cut over the past three years. Historically the RHMTF was funded by Community Development Block Grant Administrative funds. Unfortunately, there has been a steady decline of CDBG entitlement funds since 1996, as well as a decline in CDBG program income, which has resulted in less CDBG funding available. Currently, the funding of the administration of the CDBG program is at a level in which there no longer are any remaining funds for RHMTF program for FY 2012-2013. The impact as been devastating on the RHMTF program. The CDBG administrative cap monies the program received in FY 2010-2011 was \$93,161. For FY 2011-2012 it was reduced to \$39,179 and for FY 2012-2013 it has been reduced to 0. Also over the past three years the RHMTF has received funding from both the City of Santa Barbara and Southern County of Santa Barbara HPRP collaborations. The HPRP funding is scheduled to end August 31, 2012. The RHMTF has been working very hard to pursue funding for the program. The budget forecast for fiscal year 2012-2013 has pending requests for the following: \$60,000 in City of Santa Barbara Human Service Funds, and \$45,000 in City of Santa Barbara General Funds and \$15,000 with this grant application. The RHMTF has consistently received a total of \$50,000 from contracted municipalities (City of Goleta, City of Carpinteria and County of Santa Barbara) and anticipates the continued contracts of these municipalities.

3. Federal Grant Experience within past 5 years (County & City CDBG/ESG grants are examples of Federal Grants):

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
CDBG	RHMTF	Program Funding	FY 2007- 2008	138,229
CDBG	RHMTF	Program Funding	FY 2008- 2009	92,070
CDBG	RHMTF	Program Funding	FY 2009-2010	79,272
CDBG	RHMTF	Program Funding	FY 2010-2011	93,161
CDBG	RHMTF	Program Funding	FY 2011-2012	39,179

Fiscal Year and Audit Reports:

1. What is your agency's fiscal year? 1/1/11 - 12/31/11
2. Date of your organization's most recently completed financial audit: None to date (Month/Year)
Please include a copy of the most recent financial audit with your completed application—See Required Attachments.

What fiscal year did this most recent audit include? N/A (Month/Year - Month/Year)

3. Are there any outstanding financial audit findings which remain unresolved? yes no
 If yes, please explain. _____

4. Has your agency expended more than \$500,000 in federal funds in its last operating year? yes no
This includes federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.

If you answered "yes" to question 4, please answer questions 5 and 6 below. If you answered "no" to question 4, please proceed to question 7.

5. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)? yes no
6. Are there any outstanding single audit findings which remain unresolved? yes no

If yes, please explain: _____

7. If your organization is a non-profit organization, does your organization comply with the following:
- a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Non-Profit Organizations" yes no
 - b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations" yes no
 - c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations" yes no
 - d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments" yes no
 - e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month? yes no
 - f) Does your organization have any outstanding litigation or other legal issues?
If yes, please attach written explanation as a separate sheet. yes no

8. How many members serve on your Board of Directors? 7

9. How often does your Board of Directors meet? Quarterly
10. Does your Board of Directors have an audit committee? no
11. Describe the financial expertise currently serving on your Board of Directors. Banker and Chief Financial Officer
12. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.
Housing Authority Staff support through finance department.
13. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

Section F – Program and Agency Revenue and Expense Information

1. Funds Requested for Proposed Program by Component

<i>Component</i>	<i>Amount</i>
Street Outreach:	
Emergency Shelter:	
Homelessness Prevention:	\$15,000
Rapid Re-housing:	
Total Request:	

2. Funding Sources for Proposed Program Only

<i>Sources of revenue to be utilized for this ESG program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County ESG funds:	0	0	15,000
County CDBG funds requested <u>for this program</u> :	0	0	0
Other local cities' funds, including CDBG:	155,384	159,758	155,000
County Human Services Program funds:	0	0	0
Other Federal funds:	20,473	15,200	2,000.00
State funds:	0	0	0
Private trusts and foundation funds:	0	0	5,000.00
Donations:	0	5,455.00	5,500.00
Special fundraising events:	0	0	0
Client fees:	0	0	0
Other funds: _____ _____			
Total Project Budget:	175,384	179,758	182,500

3. Funding Uses for Proposed Program Only

<i>Uses of revenue to be utilized for this ESG program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Client Services and Direct Assistance:			
Consultants and Contracts:	4,723	4,500	4,668
Equipment Rental/Maintenance:	1,306	1,500	1,240
Facility, Utilities, Maintenance:			
Insurance:			
Salaries, Benefit, Payroll Taxes:	156,429	169,699	171,801
Supplies:	231	\$1,500	\$1,600
Telephone, Fax:	1,047	1,100	1,091
Other uses: Postage & Shipping, Marketing Revenue (carry over) _____	97 11,551	1,459	2,100
Total Project Budget:	175,384	179,758	182,500

4. Funding Sources for Applicant's Entire Agency

<i>Sources of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County ESG funds:	n/a	n/a	n/a
County CDBG funds requested for this program:	n/a	n/a	n/a
Other local cities' funds, including CDBG:	n/a	n/a	n/a
County Human Services Program funds:	n/a	n/a	n/a
Other Federal funds:	n/a	n/a	n/a
State funds:	n/a	n/a	n/a
Private trusts and foundation funds:	21,058	15,303	20,000
Donations:	12,227	56,863	30,000
Special fundraising events:	n/a	n/a	n/a
Client fees:	n/a	n/a	n/a
Other funds (explain): _____ _____ _____			
Total Agency Budget:	32,285	74,557	50,000

5. Funding Uses of Applicant's Entire Agency

<i>Uses of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Client Services and Direct Assistance:	28,322	42,377	40,000
Consultants and Contracts:	0	1,855	1,500
Equipment Rental/Maintenance:	0	0	0
Facility, Utilities, Maintenance:	0	0	0
Insurance:	1,250	1,607	1,686
Salaries, Benefit, Payroll Taxes:	0	0	0
Supplies:	0	0	0
Telephone, Fax:	45	350	50
Other uses: _____ _____ _____			
Total Agency Budget:	29,617	46,189	43,236

Section G – Certifications (All certifications must be executed in BLUE INK)

Agency Certification

The undersigned agency hereby certifies that:

- a. The information contained herein and all attachments is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the ESG program as appropriate for the funding if received;
- c. The federal assistance made available through the ESG program funding is not being utilized to substantially reduce the prior levels of local financial support for emergency shelter or homelessness prevention activities; and,
- d. If ESG funds are approved for the major conversion or rehabilitation of a facility into an emergency shelter, the agency shall maintain and operate the facility for its approved use for a period of not less than either 10 years, unless given specific approval from HUD to do otherwise; and
- e. If ESG funds are approved for the minor conversion or rehabilitation of a facility into an emergency shelter, the agency shall maintain and operate the facility for its approved use for a period of not less than three years, unless give specific approval from HUD to do otherwise; and
- f. If ESG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

2nd Story Associates

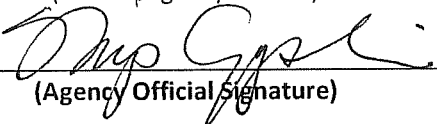
(Name of Agency)

Chief Financial Officer

(Typed Name of Agency Official)

2nd Story Associates

(Title of Agency Official)



(Agency Official Signature)

February 2, 2012

(Date of Signature)

(805) 965-1071

(Telephone Number of Agency Official)

sszymanski@hacsb.org

(Email address of Agency Official)

BOARD OF DIRECTORS AFFIDAVIT

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Skip Szymanski
depose and say that I am Chief Financial Officer
[insert title, President, Vice President, etc.] of 2nd Story Associates

_____ [insert name and address of Agency].

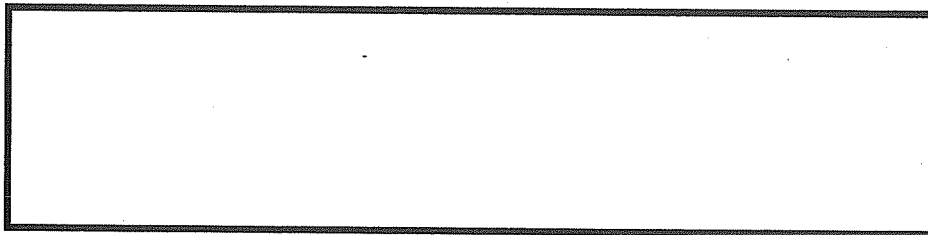
The other members and officers of the Board of Directors of this Agency are:
(Please list names of current Board Members and attach an additional sheet if necessary):

	<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1.	<u>Rob Fredericks</u>	<u>CEO</u>	<u>n/a</u>
2.	<u>Skip Szymanski</u>	<u>CFO</u>	<u>n/a</u>
3.	<u>Margie Trejo</u>	<u>Secretary</u>	<u>n/a</u>
4.	<u>Silvia Balfour Richie</u>		<u>n/a</u>
5.	<u>Gary Linker</u>		<u>n/a</u>
6.	<u>Kathleen Baushke</u>		<u>n/a</u>

DATE: February 3, 2012

AT: City of Santa Barbara (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.

Skip Szymanski
Signature

Skip Szymanski, Chief Financial Officer
Print Name and Title

CHECKLIST OF REQUIRED DOCUMENTS

Note: This completed checklist must be turned in with application. The documents listed below are required of Agencies applying for Emergency Shelter Grant funds:

- Organization Chart**

- Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
 - Form 501(c)

- Evidence of Insurance**
 - Copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.)
 - Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured"

- Most recent financial audit**

- Program fee schedule, if applicable**

- Explanation of outstanding legal/litigation issues, if applicable**

- Blank client intake form, with self-certification of eligibility status, if applicable**



#31
ESG

COUNTY OF SANTA BARBARA
HOUSING AND COMMUNITY DEVELOPMENT
EMERGENCY SOLUTIONS GRANT PROGRAM

Project Proposal for Program Year 2012-2013

FOR OFFICIAL USE ONLY

Rec'd _____

Initials _____

Logged

Scanned

Section A – General Project Information Summary

1. Project Title: Emergency Assistance Program (EAP)
2. Brief Summary of the Project: The EAP furnishes services and direct assistance to prevent homelessness and to permit individuals and families to obtain safe and secure housing.
3. Service Area of Proposed Project (i.e., specific city, countywide, etc.): Buellton, Solvang, S.Y.V. & Los Alamos
4. Total Requested Project Funding: \$ 31,720

Section B – General Applicant Information

1. Legal Name of Applicant Organization: Santa Ynez Valley People Helping People, Inc.
2. Are you a 501(c)? (Agencies must complete a Board of Directors Affidavit on page 13) yes no
3. Address of Organization:
 - a. Street: 545 N. Alisal Rd. Apt. # _____
 - b. City: Solvang State: CA Zip: 93463
4. Mailing Address (if different from above):
 - a. Street: P.O. Box 1478 Apt. # _____
 - b. City: Solvang State: CA Zip: 93464
5. Person to Contact Regarding this Application:
 - a. Name: Dean A. Palius
 - b. Relationship to Agency: C.E.O.
 - c. Street: 545 N. Alisal Rd. Apt. # _____
 - d. City: Solvang State: CA Zip: 93463
 - e. Work Phone: (805) 686-0295 Ext. 108
 - f. Fax: (805) 686-2856
 - g. E-mail: dean@syvphp.org

6. Name and contact information of Fiscal Agent:

- a. Name: Dean A. Palius
- b. Agency / Organization: Santa Ynez Valley People Helping People
- c. Street: 545 N. Alisal Rd. Apt. # _____
- d. City: Solvang State: CA Zip: 93463
- e. Work Phone: (805) 686 - 0295 Ext. 108
- f. Fax: (805) 686 - 2856
- g. E-mail: dean@syvphp.org

7. Organization's Federal Identification Number (Tax ID #) 77-0338060

8. Agency Organizational DUNS number: 941864472
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register.)

9. Are you registered with the California Attorney General Registry of Charitable Trusts? yes no

10. If yes to question 9, please provide your Registry of Charitable Trusts Registration Number: # 88543

11. Is the applicant organization or any parties associated with the applicant or proposed project debarred from entering into federal, state or local contracts? yes no
If yes, explain under separate cover. Please note, this will be verified pursuant to federal program requirements, and applications containing false information will be deemed ineligible for funding.

Section C – Program Description Narratives

Which activity best describes your project proposal?

Street Outreach

Essential services

Emergency Shelter

- Essential services
- Renovation
- Shelter operations
- Assistance required under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA)

Homelessness Prevention (HP)

- Rental assistance
- Housing relocation and stabilization services

Rapid Re-housing (RRH)

- Rental assistance
- Housing relocation and stabilization services

1. Please describe the target population you intend to serve with your program. *Please note the eligible program participants for each component as specified in the Emergency Solutions Grant (ESG) Program Interim Regulations and defined in the Homeless Emergency Assistance and Transition to Housing Act of 2009 (HEARTH Act) "Homeless" Definition Final Rule.* (150 words or less)

The target population are those individuals and families with incomes at or below 30% AMI, currently at \$17,567 (.30 x \$58,555 according to 2009 published census data) who are at risk of becoming homeless or are individuals and families that are currently homeless in the cities of Buellton and Solvang or in the S.B. County areas of the Santa Ynez Valley and Los Alamos and their immediate environs.

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need. (200 words or less)

PHP is the only non-profit "safety net" service provider in its corporate service area. PHP has operated an emergency assistance (rent, utilities, and short-term immediate shelter) program for the past twenty years. In the past three years, PHP has experienced unprecedented increases (+60%) in service requests to prevent homelessness and house the homeless. General economic indicators and specific requests for assistance, especially for PHP's basic needs food program, indicate that this situation is unlikely to end soon. Last year, PHP, even with extraordinary financial help from the faith based community, was unable to meet demand for assistance past the third quarter of the fiscal year. In addition, due to lack of resources, PHP has been unable to help some at risk and homeless clients requiring higher levels of assistance and has had to refer these individuals to out of area shelters. PHP staff continues to work with a client-base employed in the hospitality and tourism sector where many individuals have reported a reduction in hours and/or closure of businesses and a large number of those working in the agriculture industry where wages fail to keep up with inflation and are the lowest paid industry sector in the County. Add to this mix others living on a financial razor's edge including seniors living on \$14,000 or less per month and the increased number of foreclosures even on long time owners and the increased demand emergency assistance services is easily explained.

3. Describe the proposed project. How will your agency use these grant funds to address the unmet community needs described above? **Please be sure to include for what the requested grant funds will be specifically used.** (250 words or less)

Re-house those already homeless, prevent homelessness for those at risk and eligible at 30% AMI, and help both groups regain housing stability by furnishing short and medium term rental assistance, housing relocation, and stabilization services including financial assistance in the form of moving costs, security deposit, last month's rent, utility deposit and payments; housing search and placement services including needs and barriers assessments, developing search plan, assistance with applications, assistance with obtaining utilities, and moving assistance; and case management services including use of assessment system, counseling, coordination of services, monitoring progress, service info. and referrals, and developing a housing and service plan. ESG Funds will be used to underwrite personnel expenses of Family Service Coordinators and direct supervision (\$4,640) to enroll, refer, furnish direct assistance, and case manage clients. Direct assistance for rent, utilities, moving and other allowed expenses are \$24,000 and attendant operating expense is \$3,080.

4. Personnel/Staff Capacity: Briefly describe the agency's existing staff positions and qualifications, including whether staff is full-time, part-time, volunteer, etc.; its capacity to carry out proposed activities; and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (200 words or less)

Dean Palius, Executive Director, has led PHP for seventeen years. Palius was President of Alternative Management Services (17 years) a consulting firm specializing in human resources management, productivity improvement, and cost accounting. Palius has additional extensive non-profit management experience serving as an officer and board member with service clubs and other charitable organizations. Arcelia Sencion, Director of Health Care & Social Services, manages the Family Resource Centers. As PHP's case management supervisor, Sención brings to PHP in excess of 10 years of experience in social service case management in a non-profit environment. Family Service Coordinators (FSC's) furnish direct services at PHP neighborhood family Resource centers and all are Certified Applicant (MediCal-Healthy Fams.) Assistants. They have a combined experience of 25 years working with low-income families. All FSC's are bilingual Spanish/English and bicultural and have specialized skills with targeted communities including homeless, domestic violence, migrant, and special needs. PHP's has successfully managed numerous federal state, county and local government contracts. PHP's Employee Manual clearly details EEO, grievance, and harassment procedures.

5. Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure? yes no

6. Describe the unit of service, other than persons, to be provided by the proposed program (e.g., meals served, shelter bed nights, rental assistance, utility payment, etc.). (150 words or less)

Units of Service to be Measured:

Security deposits
Rental months paid
Utility months
Utility deposits paid
Moves completed
Last month's rent paid
Families/individuals cases managed
Rental apps completed
Housing Action Plans completed
Info and referral links made

7. What **outcome measures** will your agency utilize during the one-year grant period to determine how well the program proposed in this application is serving the community? Please provide at least three specific measures. *Please note that if awarded funds, agency will be required to report on outcome measures quarterly.* (250 words or less)

1. 90% of the individual and families assisted through Homeless Prevention will be able to maintain housing for more than three months.
2. 80% of the individual and families assisted through Homeless Prevention will be able to maintain housing for one year.
3. 75% of all clients served through Homeless Prevention or Rehousing Services will be linked to at least one other resource that will benefit client.
4. 75% of households who receive re-housing services will not become homeless again for 3 months
5. 50% of households who receive re-housing services will not become homeless again for one year.
6. 75% of households who receive re-housing services will be out of shelter within 30 days.

8. Describe your agency's experience implementing the proposed activity/activities. If applying for HP or RRH activities, please describe your agency's involvement with the County, City of Santa Maria, and/or City of Santa Barbara's Homelessness Prevention and Rapid Re-housing Program (HPRP). Explain how your agency's experience administering HPRP will affect HP or RRH program implementation. (300 words or less)

The services proposed herein are not new to PHP. PHP is celebrating its 20th anniversary of successfully furnishing services to very low and low income populations in its corporate service area. Many of these individuals served are in financial crisis are at risk of homelessness or are homeless, and require many services including rent and utility assistance which PHP has also provided for twenty years as part of its core basic needs programs. In addition, PHP may provide other services from its repertoire of 18 programs including basic needs food, children's early mental health counseling, health and dental care, and others. PHP also links and refers individuals and families to the services of other agencies including WIC, MediCal, Victim Witness, CHDP, and other County and non-profit Social Services. Those accessing multiple services are subject to PHP's case management program. The goal is improved family function and family stability as measured by The Family Development Matrix (FDM). In terms of homeless prevention PHP has a track record exceeding 95% of preventing homelessness over 12 months.

The agency has not been invited to participate in the County's HPRP and has funded its services for the past twenty years with grants from foundations, churches, Cities of Solvang and Buellton, and SBC Human Services Fund.

9. Recipients of ESG funds must participate in the countywide Homeless Management Information System (HMIS) or a comparable database. Describe your agency's capacity to participate in HMIS or a comparable database. Include any experience, if applicable, and foreseeable challenges. (150 words or less)

PHP has extensive experience both developing and implementing its own client and services data base and participating in those of other agencies. PHP is completing an overhaul and implementation of its own system to collect client and performance data on its 18 programs and 30 plus services from multiple locations. For more than 10 years, PHP has uploaded data to the 1st 5 GEMS system and participated in that funder's evaluations. In addition, PHP uploads data to the State's Cal Safe and CalOHMS systems and the County's Clinicians Gateway and ShareCare systems. Last PHP provides data to the Federal COMET system. The challenge with HMIS as with other external systems is duplication of data collection with PHP's system and staff time commitment. However, we obviously recognize that funding is tied to the data collection and evaluation and we are prepared to take appropriate steps, as we have demonstrated previously systems, to conform to required processes.

Section D – Beneficiary Information

Verification of Eligibility: Please identify how your program documents homelessness or at-risk of homelessness status:

1. **Self Certification.** Clients “self-certify” eligibility on an intake form, or similar document. yes no
If you use this method, please attach blank intake form.

2. **Client Document Review.** Clients provide tax documents, pay stubs, etc., to verify income. yes no
If you use this method, please attach blank worksheet.

3. **Other Methodology:** yes no

If yes, please explain: _____

Ethnicity and Race:

1. Does your organization request information on whether your clients are of Hispanic ethnicity? yes no

2. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races? yes no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

3. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement: N/A

Additional Beneficiary Information

1. Number of persons able to access a **new** essential service program that did not previously exist and will be available if this application is funded: 0

2. Number of persons with access to an **improved or expanded** essential service program if this application is funded: 48
 3. Number of **new** bed nights during the grant year to be funded in an overnight shelter or other emergency housing facility if this application is funded: 0
 4. Number of **increased** bed nights during the grant year in overnight shelter or other emergency housing to be funded if this application is funded: 0
 5. If you are applying for Homelessness Prevention or Rapid Re-housing activities, please state the number of persons able to be served by the specific ESG funds requested in this application: 48
 6. **Total persons benefiting from this program:** 48
-

Section E – Program and Agency Financial Information

Capacity, Financial Forecast and Federal Grant Experience:

1. **Financial Capacity:** Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

Budget : \$1,595,285 revenue; \$1,570,150 expense with no multi-year funding commitments. PHP has closed the past three fiscal years with net revenue over expenses. ESG funds will be established as a program in the G.L. system. PHP follows GAAP principles. PHP Financial Statements are independently audited annually. Staff is experienced with program and cost accounting. PHP has received an unqualified audit for the past seven years. PHP utilizes the Quick Books Premier Non-Profit Edition 2008 fund accounting system including general ledger, A/P, and A/R. PHP produces quarterly fund/program Balance Sheets and Income Statements for review by the Board Finance Committee. Disbursements come from the A/P system on preprinted multi-part checks, pre-approved by other department managers. Checks are signed by a separate executive. Payroll is processed by ADP from time cards supported by detailed program time sheets and expense reimbursements are separately submitted and approved by department managers. PHP's detailed financial policies and procedures have been previously reviewed for compliance and accepted by the federal SAMSHA Division of Grants Management and PHP has implemented a \$100,000 grant for the past four+ years.

2. Describe your agency's short to mid-term financial forecast: What factors are causing your agency's budget to increase, decrease, or remain level in the next three years? (150 words or less)

PHP has completed its last three fiscal years with net revenue over expenses even excluding restricted funds. That is, annual operating income has slightly exceeded annually operating expenses. In addition, PHP has been fiscally prudent and paid down its short-term debt, substantially reducing its line of credit balance from \$300,000 to under \$60,000. In sum, PHP is on solid financial footing. That said, revenues have been flat with PHP incurring reductions from schools. Further reductions are not anticipated considering the current small percentage of revenues. PHP has maintained funding for its core basic needs programs and Family Resource Center network and is projected to continue along this path. This has been accomplished by relying more on local fund raising including event income which has increased substantially. In addition PHP has controlled expenses especially salaries.

3. Federal Grant Experience within past 5 years (County & City CDBG/ESG grants are examples of Federal Grants):

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
Workforce Inv	YouthDown2Business	Low-inc. Youth Workforce Prep.	7/2007	175k-4 yrs
Drug Free	Coalition to Promote..	AOD Prevention	9/2007	100k-5 yrs
County CDBG	Fam. Support	Basic Needs Serv. & Delivery Sys.	7/2011	Approx 28k-2 yrs
Buellton CDBG	Fam. Support	Basic Needs Serv. & Delivery Sys.	7/2009 & 11	2.7k/3.5k
Solvang CDBG	Fam. Support	Basic Needs Serv. & Delivery Sys.	7/2009 & 11	9.5k/8.9k
Buellton CDBG	Buell. Youth Program	After School Serv. for 7th-8th gr	7/2011	5.3k

Fiscal Year and Audit Reports:

1. What is your agency's fiscal year? July 1-June 30

2. Date of your organization's most recently completed financial audit: October 28, 2011 (Month/Year)
Please include a copy of the most recent financial audit with your completed application—See Required Attachments.

What fiscal year did this most recent audit include? Yr End June 30, 2011 (Month/Year - Month/Year)

3. Are there any outstanding financial audit findings which remain unresolved? yes no
If yes, please explain. _____

4. Has your agency expended more than \$500,000 in federal funds in its last operating year? yes no
This includes federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.

If you answered "yes" to question 4, please answer questions 5 and 6 below. If you answered "no" to question 4, please proceed to question 7.

5. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)? yes no

6. Are there any outstanding single audit findings which remain unresolved? yes no
If yes, please explain: _____

7. If your organization is a non-profit organization, does your organization comply with the following:

a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Non-Profit Organizations" yes no

b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations" yes no

c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations" yes no

d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments" yes no

e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month? yes no

f) Does your organization have any outstanding litigation or other legal issues? yes no
If yes, please attach written explanation as a separate sheet.

8. How many members serve on your Board of Directors? 17

9. How often does your Board of Directors meet? Monthly
10. Does your Board of Directors have an audit committee? Yes
11. Describe the financial expertise currently serving on your Board of Directors. The Board includes a skilled CPA who has been Treasurer for past 3 years & Board Finance Comm. including add'l. Finance experts.
12. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.
Marc Owens, External Accountant: marc@syvtax.com
Harold Williams, External Member Finance Committee: HWilliams@getty.edu
13. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

Section F – Program and Agency Revenue and Expense Information

1. Funds Requested for Proposed Program by Component

<i>Component</i>	<i>Amount</i>
Street Outreach:	
Emergency Shelter:	
Homelessness Prevention:	\$11,895
Rapid Re-housing:	\$19,825
Total Request:	\$31,720

2. Funding Sources for Proposed Program Only

<i>Sources of revenue to be utilized for this ESG program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County ESG funds:	0	0	31,720
County CDBG funds requested <u>for this program</u> :	0	0	0
Other local cities' funds, including CDBG:	8,076	11,000	11,000
County Human Services Program funds:	14,000	12,000	12,000
Other Federal funds:			
State funds:			
Private trusts and foundation funds:	44,653	34,750	34,000
Donations:		2,800	3,000
Special fundraising events:			
Client fees:			
Other funds: _____ _____			
Total Project Budget:	54,353	60,550	91,720

3. Funding Uses for Proposed Program Only

<i>Uses of revenue to be utilized for this ESG program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Client Services and Direct Assistance:	15,436	18,500	42,500
Consultants and Contracts:	625	670	850
Equipment Rental/Maintenance:	348	435	450
Facility, Utilities, Maintenance:	550	750	750
Insurance:	331	410	600
Salaries, Benefit, Payroll Taxes:	34,722	36,120	42,750
Supplies:	678	840	1,840
Telephone, Fax:	434	540	750
Other uses:			
Mileage	162	420	800
Copies, Printing, & Promo	201	200	300
Bank, payroll, Retirement Admin	308	385	400
Total Project Budget:	\$53,795	\$59,720	91,490

4. Funding Sources for Applicant's Entire Agency

<i>Sources of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County ESG funds:	0	0	31,720
County CDBG funds requested for this program:	0	0	0
Other local cities' funds, including CDBG:	60,398	74,413	73,000
County Human Services Program funds:	33,363	29,140	30,000
Other Federal funds:	265,000	126,000	125,000
State funds:	24,800	21,000	18,000
Private trusts and foundation funds:	271,500	343,500	300,000
Donations:	217,970	109,100	110,000
Special fundraising events:	234,112	124,040	175,000
Client fees:	0	0	0
Other funds (explain): <u>In-Kind Donations</u>	342,942	272,000	272,000
<u>Other Gov't /Schools</u>	258,634	197,692	200,000
<u>Thrift Store/Rents</u>	290,575	298,400	300,000
Total Agency Budget:	1,999,294	1,595,285	1,634,720

5. Funding Uses of Applicant's Entire Agency

<i>Uses of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Client Services and Direct Assistance:	580,000	308,000	332,000
Consultants and Contracts:	60,626	45,700	47,000
Equipment Rental/Maintenance:	4,300	14,000	14,000
Facility, Utilities, Maintenance:	69,497	92,500	93,000
Insurance:	15,017	15,000	15,000
Salaries, Benefit, Payroll Taxes:	1,102,951	1,009,600	1,030,000
Supplies:	28,416	27,750	28,000
Telephone, Fax:	17,078	14,000	14,000
Other uses:			
<u>Marketing</u>	10,498	4,500	4,500
<u>Travel</u>	16,205	19,000	19,000
<u>Loan Principal/Int/Bad Debt/Depr/Misc</u>	21,000	20,000	20,000
Total Agency Budget:	1,925,588	1,570,050	1,616,500

Section G – Certifications (All certifications must be executed in BLUE INK)

Agency Certification

The undersigned agency hereby certifies that:

- a. The information contained herein and all attachments is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the ESG program as appropriate for the funding if received;
- c. The federal assistance made available through the ESG program funding is not being utilized to substantially reduce the prior levels of local financial support for emergency shelter or homelessness prevention activities; and,
- d. If ESG funds are approved for the major conversion or rehabilitation of a facility into an emergency shelter, the agency shall maintain and operate the facility for its approved use for a period of not less than either 10 years, unless given specific approval from HUD to do otherwise; and
- e. If ESG funds are approved for the minor conversion or rehabilitation of a facility into an emergency shelter, the agency shall maintain and operate the facility for its approved use for a period of not less than three years, unless give specific approval from HUD to do otherwise; and
- f. If ESG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

Santa Ynez Valley People Helping People

(Name of Agency)

Dean A. Palius

(Typed Name of Agency Official)

Chief Executive Officer

(Title of Agency Official)



(Agency Official Signature)

January 31, 2012

(Date of Signature)

805-686-0295

(Telephone Number of Agency Official)

dean@syvphp.org

(Email address of Agency Official)

BOARD OF DIRECTORS AFFIDAVIT

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Pam Pilcher

depose and say that I am President

[insert title, President, Vice President, etc.] of _____

Santa Ynez Valley People Helping People

545 North Alisal Road, Solvang, CA 93463

_____ [insert name and address of Agency].

The other members and officers of the Board of Directors of this Agency are:

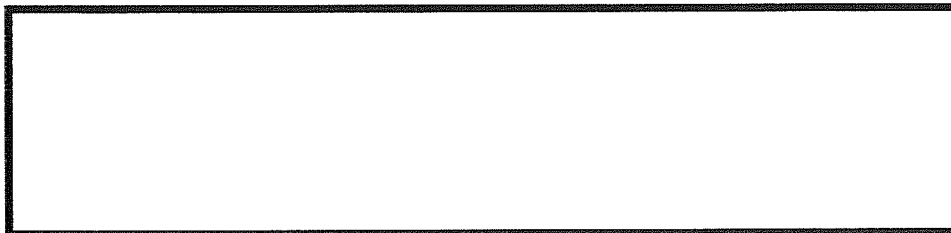
(Please list names of current Board Members and attach an additional sheet if necessary):

	<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1.	<u>Kros Andrade</u>	<u>Member</u>	<u>6/2012</u>
2.	<u>Becky Barieau</u>	<u>Treasurer</u>	<u>6/2012</u>
3.	<u>Mike Balaban</u>	<u>Member</u>	<u>6/2012</u>
4.	<u>Jeannie Bradley</u>	<u>Member</u>	<u>6/2013</u>
5.	<u>Phyllis Hennigan</u>	<u>Member</u>	<u>6/2012</u>
6.	<u>John Martino</u>	<u>Member</u>	<u>6/2013</u>

DATE: January 31, 2012

AT: Solvang, CA (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.

Pam Pilcher
Signature

Pam Pilcher , President
Print Name and Title

CHECKLIST OF REQUIRED DOCUMENTS

Note: This completed checklist must be turned in with application. The documents listed below are required of Agencies applying for Emergency Shelter Grant funds:

- Organization Chart**
- Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
 - Form 501(c)
- Evidence of Insurance**
 - Copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.)
 - Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured"
- Most recent financial audit**
- Program fee schedule, if applicable**
- Explanation of outstanding legal/litigation issues, if applicable**
- Blank client intake form, with self-certification of eligibility status, if applicable**



COUNTY OF SANTA BARBARA
HOUSING AND COMMUNITY DEVELOPMENT
EMERGENCY SOLUTIONS GRANT PROGRAM

Project Proposal for Program Year 2012-2013

FOR OFFICIAL USE ONLY

Rec'd _____

Initials _____

Logged

Scanned

Section A – General Project Information Summary

1. Project Title: Transition House Homelessness Prevention Program
2. Brief Summary of the Project: HPP provides emergency rental assistance with mandatory case management to families facing immediate eviction that have no other resources.
3. Service Area of Proposed Project (i.e., specific city, countywide, etc.): South Santa Barbara County
4. Total Requested Project Funding: \$ 51,232

Section B – General Applicant Information

1. Legal Name of Applicant Organization: Transition House
2. Are you a 501(c)? (Agencies must complete a Board of Directors Affidavit on page 13) yes no
3. Address of Organization:
 - a. Street: 425 E. Cota Street Apt. # _____
 - b. City: Santa Barbara State: CA Zip: 93101
4. Mailing Address (if different from above):
 - a. Street: same Apt. # _____
 - b. City: _____ State: _____ Zip: _____
5. Person to Contact Regarding this Application:
 - a. Name: Kathleen Baushke
 - b. Relationship to Agency: Executive Director
 - c. Street: 425 E. Cota Street Apt. # _____
 - d. City: Santa Barbara State: CA Zip: 93101
 - e. Work Phone: (805) 966 - 9668 Ext. 118
 - f. Fax: (805) 966 - 6331
 - g. E-mail: kbaushke@transitionhouse.com

6. Name and contact information of Fiscal Agent:

- a. Name: Natalie Owens
- b. Agency / Organization: Transition House
- c. Street: 425 E. Cota Street Apt. #
- d. City: Santa Barbara State: CA Zip: 93101
- e. Work Phone: (805) 966-9668 Ext. 121
- f. Fax: (805) 966-6331
- g. E-mail: natalieg@transitionhouse.com

7. Organization's Federal Identification Number (Tax ID #) 77-0099755

8. Agency Organizational DUNS number: 930390448
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register.)

9. Are you registered with the California Attorney General Registry of Charitable Trusts? yes no

10. If yes to question 9, please provide your Registry of Charitable Trusts Registration Number: # C1287470

11. Is the applicant organization or any parties associated with the applicant or proposed project debarred from entering into federal, state or local contracts? yes no

If yes, explain under separate cover. Please note, this will be verified pursuant to federal program requirements, and applications containing false information will be deemed ineligible for funding.

Section C – Program Description Narratives

Which activity best describes your project proposal?

Street Outreach

Essential services

Emergency Shelter

- Essential services
- Renovation
- Shelter operations
- Assistance required under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA)

Homelessness Prevention (HP)

- Rental assistance
- Housing relocation and stabilization services

Rapid Re-housing (RRH)

- Rental assistance
- Housing relocation and stabilization services

1. Please describe the target population you intend to serve with your program. *Please note the eligible program participants for each component as specified in the Emergency Solutions Grant (ESG) Program Interim Regulations and defined in the Homeless Emergency Assistance and Transition to Housing Act of 2009 (HEARTH Act) "Homeless" Definition Final Rule.* (150 words or less)

Transition House's Homelessness Prevention Program (HPP) provides emergency rental assistance to families that make 30% or less of area median income (AMI), have an eviction notice due to an inability to pay rent, and have no other resources for paying their rent. These households would, if not for this assistance, become homeless.

The HPP also offers free, on-site anti-poverty classes in the evenings, free or subsidized infant day care to qualified families, and free medical care for women on-site biweekly. All of these services are marketed to low income members of the community.

Each year, Transition House serves about 400 people in its HPP programs. Roughly 67% are Latino.

In 2011, Transition House provided emergency rental assistance and case management to 240 people representing 98 households.

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need. (200 words or less)

In 2009, for the first time in its operating history, the need for Transition House's shelter services began to seriously surpass the facility's available bed space, and the agency established a wait list. In 2011, 250 families joined the wait list, but only 103 were able to enter the shelter.

Eighteen percent of the general population and 21.8 percent of children in Santa Barbara County live in poverty (2010 American Community Survey, United States Census). For a family of four, this equals \$1920.83/month (2012 Federal Poverty Guidelines). However, the average monthly rent for a two bedroom apartment in Santa Barbara is \$2,130 (University of California, Santa Barbara).

The principal causes of family homelessness in the Santa Barbara area are poverty and a lack of affordable housing, factors currently exacerbated by a dismal job market for our families: Santa Barbara County's current unemployment rate is 8.7 percent (December 2011).

Years ago, Transition House realized the value, both economically and psychologically, of preventing homelessness for high risk households, and developed the HPP program. The program has been refined over the years and has grown to include emergency rental assistance as a powerful tool. By receiving rental assistance with effective case management, high risk families in the HPP program can get assistance finding work, learn how to budget their income, and work on savings goals in an attempt to create lasting economic stability and maintain their housing, instead of losing everything.

3. Describe the proposed project. How will your agency use these grant funds to address the unmet community needs described above? **Please be sure to include for what the requested grant funds will be specifically used.** (250 words or less)

HPP is an integral part of Transition House's mission to halt the cycle of family homelessness. Transition House has developed a unique understanding of the convergence of events that can lead a family to homelessness. These causal events can rob even a hardworking family of its housing, and include such things as a single missed paycheck, a rent increase, an unexpected medical expense, a change in marital status, a lack of adequate planning, or the absence of the life-skills necessary to manage a stable household. The objective of HPP is to prevent homelessness in high risk, low-income households by halting the downward spiral into economic crisis. HPP tackles the causative issues of homelessness through anti-poverty services that allow households to maintain their economic independence. Comprehensive case management including job search assistance, and classes in ESL, computer training, career development, and parenting, are provided. Services also include free infant care, and referrals to other social services. One-time cash grants to cover rent are available to eligible households facing immediate eviction that have absolutely no other resources.

This application requests funds to cover the salary of the case manager (through whom services are accessed), and additional staff costs in HPP administration.

4. Personnel/Staff Capacity: Briefly describe the agency's existing staff positions and qualifications, including whether staff is full-time, part-time, volunteer, etc.; its capacity to carry out proposed activities; and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (200 words or less)

Amelia Botello is the full time Program/Case Manager for HPP. She has expertise in providing supportive services, counseling, financial management, and advocacy for low-income persons. She is bilingual and bicultural, and has received training in techniques such as motivational interviewing, crisis intervention and mediation. She has also studied ethics in language translation. Amelia began working for Transition House as an AmeriCorpsVISTA volunteer in the late 1990s and was hired on staff as a case manager in 2001.

Debbie Michael, M.A., full time Program Director, has been on staff at Transition House since 1999. She is responsible for overseeing all aspects of case management delivery to Transition House clients, as well as developing and maintaining relationships with partnering agencies. She oversees the HPP staff team, which also include two part time monitors in the evening education program.

5. Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure? yes no

6. Describe the unit of service, other than persons, to be provided by the proposed program (e.g., meals served, shelter bed nights, rental assistance, utility payment, etc.). (150 words or less)

HPP primary units of service include:

Emergency rental assistance coupled with six months of ongoing case management. 48 households will receive rent or security deposit payments. 576 case management sessions will be conducted.

Free or subsidized licensed infant day care for low income families that are either employed or seeking employment, and are involved in a program such as HPP, or CalWorks, with the goal of improving the household's economic stability. Transition House will open its expanded day care center this year. We will serve 75 families per year, providing 5,200 days of infant care.

Free classes will be offered in the evenings, including an open access computer lab with mini-seminars in the Microsoft Office suite of programs; career development, parenting, and ESL which runs during corresponding Santa Barbara City College semester terms. 304 total class sessions will be offered.

7. What **outcome measures** will your agency utilize during the one-year grant period to determine how well the program proposed in this application is serving the community? Please provide at least three specific measures. *Please note that if awarded funds, agency will be required to report on outcome measures quarterly.* (250 words or less)

90% of 48 households that receive rental assistance will retain their housing for at least one year.

75% of the 240 adults who attend classes will successfully complete their coursework as verified by attendance logs.

50% of computer lab drop-ins will enroll and complete seminars in Microsoft Office applications.

90% of the 48 households receiving rental assistance will learn household financial management techniques including drafting monthly budgets and reducing expenses by accessing community social services. Success will be demonstrated by the monthly expenses plans they submit to their case manager, and by ongoing monitoring of household finances by the case manager.

8. Describe your agency's experience implementing the proposed activity/activities. If applying for HP or RRH activities, please describe your agency's involvement with the County, City of Santa Maria, and/or City of Santa Barbara's Homelessness Prevention and Rapid Re-housing Program (HPRP). Explain how your agency's experience administering HPRP will affect HP or RRH program implementation. (300 words or less)

Transition House began offering homelessness prevention classes in 2001 in response to community requests for services from those at risk of losing their housing. Based on statistical data collected from our shelter population, we knew that barriers to housing stability included lack of education in basic technology, language skills, and job preparation. In addition, unhealthy family dynamics, often centered around parenting, contributed to instability. TH constructed a program of classes in the evenings when working folks could easily attend, with free childcare provided, as a means to begin to address these issues in high-risk households.

The issue of homelessness prevention gained national attention during the last decade and we researched programs nationally (Strategies for Preventing Homelessness, Martha Burt, US Dept. of Housing and Urban Development, 2005). The concept of providing rental assistance as a means to halt the downward spiral into homelessness was gaining ground during this time. We began offering rental assistance funded by ESG coupled with case management in 2008. A year later, the concept was fully embraced by HUD and through the American Reinvestment and Recovery Act (ARRA), \$1.5 billion was allocated towards Homelessness Prevention and Rapid Rehousing (HPRP) nationally.

Transition House received HPRP funds through a County of Santa Barbara collaborative (we are the collaborative's lead agency in the south County), and through a City of Santa Barbara collaborative.

Transition House was instrumental in interpreting HPRP regulations and crafting plan elements for the collaboratives. Our agency wrote the program narrative, and marketing and outreach plans that were included in the City's HPRP grant application. We also designed eligibility screening forms, and client applications in both English and Spanish that are now being utilized throughout the County. Transition House has the highest level of expertise in both HPRP program administration and case management technique locally.

9. Recipients of ESG funds must participate in the countywide Homeless Management Information System (HMIS) or a comparable database. Describe your agency's capacity to participate in HMIS or a comparable database. Include any experience, if applicable, and foreseeable challenges. (150 words or less)

Transition House has been participating in the countywide HMIS system since it began being utilized by Continuum of Care recipients. We were the first MetSys beta site in the County. We are fully willing and able to continue using HMIS.

Section D – Beneficiary Information

Verification of Eligibility: Please identify how your program documents homelessness or at-risk of homelessness status:

1. **Self Certification.** Clients “self-certify” eligibility on an intake form, or similar document. yes no
If you use this method, please attach blank intake form.

2. **Client Document Review.** Clients provide tax documents, pay stubs, etc., to verify income. yes no
If you use this method, please attach blank worksheet.

3. **Other Methodology:** yes no

If yes, please explain: Transition House uses eligibility criteria established through HUD's American Reinvestment and Recovery Act (ARRA) Homelessness Prevention and Rapid Rehousing Program (HPRP). Documentation of housing status, pending eviction, income, bills, debts, etc. is required.

Ethnicity and Race:

1. Does your organization request information on whether your clients are of Hispanic ethnicity? yes no

2. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races? yes no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

3. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement: N/A

Additional Beneficiary Information

1. Number of persons able to access a **new** essential service program that did not previously exist and will be available if this application is funded: N/A

2. Number of persons with access to an **improved or expanded** essential service program if this application is funded: 150
 3. Number of **new** bed nights during the grant year to be funded in an overnight shelter or other emergency housing facility if this application is funded: N/A
 4. Number of **increased** bed nights during the grant year in overnight shelter or other emergency housing to be funded if this application is funded: N/A
 5. If you are applying for Homelessness Prevention or Rapid Re-housing activities, please state the number of persons able to be served by the specific ESG funds requested in this application: 150
 6. **Total persons benefiting from this program:** 150
-

Section E – Program and Agency Financial Information

Capacity, Financial Forecast and Federal Grant Experience:

1. **Financial Capacity:** Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

Transition House's current operating budget is attached. Homelessness Prevention services have been offered by the agency since 2001.

While the agency has no ongoing funding commitments beyond grant terms, we have benefited by annual grant renewals from HUD and FEMA for over 10 years, and have had continued success in annual grant applications to the City and County HS for many years. We have a similar track record with several local foundations, including Crawford Idema, which just awarded Transition House a 2 year, \$20,000 a year grant for HPP.

Transition House has written accounting procedures. Fund accounting methods are utilized for program budgeting and reporting. Quarterly and year-end financial reports are reviewed by the agency's board of directors. Bookkeeping is handled internally by our finance director. Cash reconciliations are reviewed by our board treasurer who is also a CPA. The agency is audited on an annual basis, most recently by Brad Stoltey, CPA. For 2010, the agency underwent a single audit.

2. Describe your agency's short to mid-term financial forecast: What factors are causing your agency's budget to increase, decrease, or remain level in the next three years? (150 words or less)

Transition House was fortunate to end our 2011 fiscal year with a small surplus. This was due to an unexpected bequest. The competition for social services funding continues to be fierce. The need for services is high. We expect the next few years to be extremely challenging for our agency financially.

Furthermore, Transition House experienced unexpected loses of funding from foundational and governmental sources. The loss of these funding streams was due to either a reduction in available funds, or a redirection in funding initiatives. Transition House is responding to these losses by outsourcing some case management duties to volunteers, even though this lessens our control over our program offerings. We have broadened our fundraising efforts by adding an additional appeal in 2011, and have sought support (still pending) from foundations outside of the Santa Barbara area, (we already seek and rely upon the support of Santa Barbara area foundations--to our knowledge, there are currently no additional local foundations giving to social services that we have not already contacted).

Our board has created a fund development subcommittee that is working on increasing individual donor support.

3. Federal Grant Experience within past 5 years (*County & City CDBG/ESG grants are examples of Federal Grants*):

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
FESG	Transition House	Emergency Shelter/Operations	1/5/2012	\$100,000
HUD CoC	Firehouse/HOMES	Supportive Services/Leasing	5/5/2011	\$117,555
ARRA-HUD	HPRP City & County	HP-TH Only, Case Mgmt/Rent \$	9/22/09	\$576,451
FEMA	TH Emerg. Shelter	Food/Basic Shelter Serv.	8/8/2011	\$22,212
HUD CoC	Firehouse/HOMES	Supportive Services/Leasing	6/10/2010	\$117,555
FEMA	TH Emerg. Shelter	Food/Basic Shelter Serv.	3/24/2010	\$30,000

Fiscal Year and Audit Reports:

1. What is your agency's fiscal year? January 1-December 31
2. Date of your organization's most recently completed financial audit: 2010 (Month/Year)
Please include a copy of the most recent financial audit with your completed application—See Required Attachments.
- What fiscal year did this most recent audit include? 1/2010-12/2010 (Month/Year - Month/Year)

3. Are there any outstanding financial audit findings which remain unresolved? yes no
- If yes, please explain. _____

4. Has your agency expended more than \$500,000 in federal funds in its last operating year? yes no
This includes federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.

If you answered "yes" to question 4, please answer questions 5 and 6 below. If you answered "no" to question 4, please proceed to question 7.

5. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)? yes no
6. Are there any outstanding single audit findings which remain unresolved? yes no
- If yes, please explain: _____

7. If your organization is a non-profit organization, does your organization comply with the following:
- a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Non-Profit Organizations" yes no
 - b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations" yes no
 - c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations" yes no
 - d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments" yes no
 - e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month? yes no
 - f) Does your organization have any outstanding litigation or other legal issues? yes no
If yes, please attach written explanation as a separate sheet.

8. How many members serve on your Board of Directors? 14

9. How often does your Board of Directors meet? monthly
10. Does your Board of Directors have an audit committee? yes
11. Describe the financial expertise currently serving on your Board of Directors. an asset manager, an investment advisor, an accountant, and several retired business professionals.
12. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.
Brad Stoltey, CPA, (Brad performs Transition House's annual audits); 1933 Cliff Drive #26, Santa Barbara CA 93109-1554; 963-0571
13. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

Section F – Program and Agency Revenue and Expense Information

1. Funds Requested for Proposed Program by Component

<i>Component</i>	<i>Amount</i>
Street Outreach:	
Emergency Shelter:	
Homelessness Prevention:	51,232
Rapid Re-housing:	
Total Request:	51,232

2. Funding Sources for Proposed Program Only

<i>Sources of revenue to be utilized for this ESG program</i>	2010-11 (previous FY)	2011-12 (current FY)	2012-13 (proposed FY)
County ESG funds:	0	4,618	51,232
County CDBG funds requested <u>for this program</u> :	0	0	0
Other local cities' funds, including CDBG:	7,750	7,500	12,000
County Human Services Program funds:	9,296	9,276	9,276
Other Federal funds:	96,775	90,604	15,460
State funds:	0	0	0
Private trusts and foundation funds:	67,500	68,000	70,080
Donations:	27,500	37,729	38,818
Special fundraising events:	24,022	21,600	21,500
Client fees:			
Other funds:			
HPRP Cash Assistance County/City	106,868	98,269	0
HOME TBRA County/City	0	0	90,000
Total Project Budget:	339,711	337,596	308,366

3. Funding Uses for Proposed Program Only

<i>Uses of revenue to be utilized for this ESG program</i>	2010-11 (previous FY)	2011-12 (current FY)	2012-13 (proposed FY)
Client Services and Direct Assistance:	106,868	98,269	90,000
Consultants and Contracts:	4,351	4,075	4,530
Equipment Rental/Maintenance:	541	601	600
Facility, Utilities, Maintenance:	5,617	4,373	5,515
Insurance:	5,681	3,456	4,380
Salaries, Benefit, Payroll Taxes:	172,873	173,020	146,785
Supplies:	2,052	3,020	3,245
Telephone, Fax:	1,679	1,290	1,660
Other uses:			
Rent/Mortgage/Depr	24,500	23,694	24,651
Events/Travel/Training	3,296	3,500	3,900
Program Supplies	26,858	22,298	23,200
Total Project Budget:	354,316	337,596	308,366

4. Funding Sources for Applicant's Entire Agency

<i>Sources of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County ESG funds:	0	4,618	51,232
County CDBG funds requested for this program:	0	0	0
Other local cities' funds, including CDBG:	57,768	46,500	46,500
County Human Services Program funds:	60,807	40,620	40,000
Other Federal funds:	260,943	213,700	244,120 ✓
State funds:	103,760	113,000	200,215 ✓
Private trusts and foundation funds:	370,400	425,000	416,169
Donations:	447,851	450,164	456,000
Special fundraising events:	167,342	135,000	140,000
Client fees:	18,846	24,000	26,552
Other funds (explain): <u>Rent/Interest</u>	306,225	283,031	289,000
<u>HPRP Sal & Admin and</u>	203,643	188,873	105,460
<u>HPRP Cash assistance/HOME TBRA in 2012</u>			
Total Agency Budget:	1,997,585	1,924,506	1,999,788

5. Funding Uses of Applicant's Entire Agency

<i>Uses of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Client Services and Direct Assistance:	106,868	98,269	90,000
Consultants and Contracts:	33,720	28,500	30,000
Equipment Rental/Maintenance:	18,339	19,000	20,000
Facility, Utilities, Maintenance:	144,078	135,400	129,975
Insurance:	39,664	32,000	43,800
Salaries, Benefit, Payroll Taxes:	1,279,598	1,240,743	1,313,353
Supplies:	14,139	15,000	15,750
Telephone, Fax:	12,201	13,100	13,520
Other uses:			
<u>Rent/Mortgage/Depreciation</u>	155,180	188,000	188,800
<u>Events/Marketing/Travel/Training</u>	67,460	67,000	57,000
<u>Program Supplies</u>	107,681	87,494	97,590
Total Agency Budget:	1,978,928	1,924,506	1,999,788

Section G – Certifications (All certifications must be executed in BLUE INK)

Agency Certification

The undersigned agency hereby certifies that:

- a. The information contained herein and all attachments is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the ESG program as appropriate for the funding if received;
- c. The federal assistance made available through the ESG program funding is not being utilized to substantially reduce the prior levels of local financial support for emergency shelter or homelessness prevention activities; and,
- d. If ESG funds are approved for the major conversion or rehabilitation of a facility into an emergency shelter, the agency shall maintain and operate the facility for its approved use for a period of not less than either 10 years, unless given specific approval from HUD to do otherwise; and
- e. If ESG funds are approved for the minor conversion or rehabilitation of a facility into an emergency shelter, the agency shall maintain and operate the facility for its approved use for a period of not less than three years, unless give specific approval from HUD to do otherwise; and
- f. If ESG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

Transition House

(Name of Agency)

Kathleen Baushke

(Typed Name of Agency Official)

Executive Director

(Title of Agency Official)



(Agency Official Signature)

1/31/2012

(Date of Signature)

805 966-9668, ext. 118

(Telephone Number of Agency Official)

kbaushke@transitionhouse.com

(Email address of Agency Official)

BOARD OF DIRECTORS AFFIDAVIT

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Kathleen Baushke

depose and say that I am Executive Director

[insert title, President, Vice President, etc.] of Transition House

425 E. Cota Street

Santa Barbara, CA 93101

_____ [insert name and address of Agency].

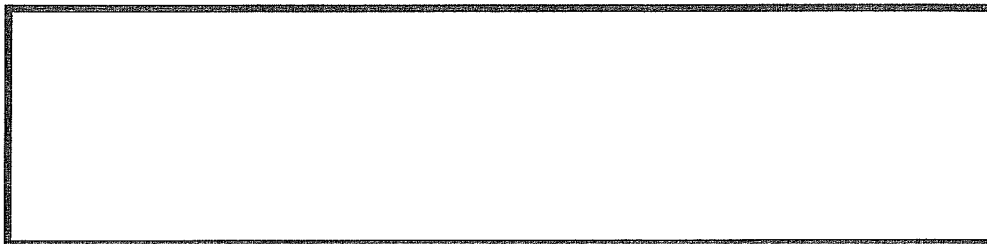
The other members and officers of the Board of Directors of this Agency are:
(Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. <u>see attached</u>	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

DATE: 1/31/2012

AT: Santa Barbara, CA (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.

Kathleen Baushke
Signature

Kathleen Baushke, Executive Director
Print Name and Title

CHECKLIST OF REQUIRED DOCUMENTS

Note: This completed checklist must be turned in with application. The documents listed below are required of Agencies applying for Emergency Shelter Grant funds:

- Organization Chart**

- Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
 - Form 501(c)

- Evidence of Insurance**
 - Copy of current insurance coverage (General Liability, Automobile, Worker’s Compensation, etc.)
 - Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as “additionally insured”

- Most recent financial audit**

- Program fee schedule, if applicable**

- Explanation of outstanding legal/litigation issues, if applicable**

- Blank client intake form, with self-certification of eligibility status, if applicable**



33
ES9

COUNTY OF SANTA BARBARA
HOUSING AND COMMUNITY DEVELOPMENT

EMERGENCY SOLUTIONS GRANT PROGRAM

Project Proposal for Program Year 2012-2013

FOR OFFICIAL USE ONLY	
Rec'd	_____
Initials	_____
<input type="checkbox"/> Logged	
<input type="checkbox"/> Scanned	

see p 8-9

Section A – General Project Information Summary

1. Project Title: Freedom Warming Center Street Outreach Team
2. Brief Summary of the Project: We are requesting funds to support 2 outreach workers to create a street outreach team to enhance out mission to reduce suffering and save lives of the unsheltered homeless.
3. Service Area of Proposed Project (i.e., specific city, countywide, etc.): Santa Barbara and Isla Vista
4. Total Requested Project Funding: \$ 15,000

Section B – General Applicant Information

1. Legal Name of Applicant Organization: Unitarian Society of Santa Barbara, Fiscal Agent
- Are you a 501(c)? (Agencies must complete a Board of Directors Affidavit on page 13) yes no
3. Address of Organization:
 - a. Street: 1535 Santa Barbara St. Apt. # _____
 - b. City: Santa Barbara State: CA Zip: 93101
4. Mailing Address (if different from above):
 - a. Street: _____ Apt. # _____
 - b. City: _____ State: _____ Zip: _____
5. Person to Contact Regarding this Application:
 - a. Name: Maria Long
 - b. Relationship to Agency: Freedom Warming Center Coordinator
 - c. Street: 1535 Santa Barbara St. Apt. # _____
 - d. City: Santa Barbara State: CA Zip: 93101
 - e. Work Phone: (805) 965 - 4583 Ext. _____
 - f. Fax: (805) 965 - 6273
 - g. E-mail: mariawlong@cox.net

6. Name and contact information of Fiscal Agent:

- a. Name: Nancy Edmundson
- b. Agency / Organization: Unitarian Society of Santa Barbara
- c. Street: 1535 Santa Barbara St. Apt. # _____
- d. City: Santa Barbara State: CA Zip: 93101
- e. Work Phone: (805) 965-4583 Ext. 225
- f. Fax: (805) 965-6273
- g. E-mail: director@ussb.org

7. Organization's Federal Identification Number (Tax ID #) 95-18990767

8. Agency Organizational DUNS number: 170942965
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register.)

9. Are you registered with the California Attorney General Registry of Charitable Trusts? yes no

10. If yes to question 10, please provide your Registry of Charitable Trusts Registration Number: # _____

11. Is the applicant organization or any parties associated with the applicant or proposed project debarred from entering into federal, state or local contracts? yes no

If yes, explain under separate cover. Please note, this will be verified pursuant to federal program requirements, and applications containing false information will be deemed ineligible for funding.

Section C – Program Description Narratives

Which activity best describes your project proposal?

Street Outreach

Essential services

Emergency Shelter

Essential services

Renovation

Shelter operations

Assistance required under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA)

Homelessness Prevention (HP)

Rental assistance

Housing relocation and stabilization services

Rapid Re-housing (RRH)

Rental assistance

Housing relocation and stabilization services

1. Please describe the target population you intend to serve with your program. *Please note the eligible program participants for each component as specified in the Emergency Solutions Grant (ESG) Program Interim Regulations and defined in the Homeless Emergency Assistance and Transition to Housing Act of 2009 (HEARTH Act) "Homeless" Definition Final Rule.* (150 words or less)

The Freedom Warming Centers program provides emergency safety, warmth and shelter for eligible program participants who are the chronically unsheltered homeless, at-risk homeless individuals, and families who suffer from insufficient warmth in severe weather conditions. The program provides safety and dignity for those who have no safe place to sleep, and are often incapable of functioning in a regular homeless shelter environment. Providing warmth and safe place to sleep, on nights with dangerous weather conditions saves lives and relieves suffering for our neighbors without homes.

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need. (200 words or less)

Many homeless individuals cannot live within the regular shelter system due to shelters' maximized capacity, severe mental illness and/or chronic substance abuse. Their only alternative is to live on the streets thus exposing them to extreme weather conditions.

A recent measurement by Santa Barbara County Mental Health and the May 2011 Common Ground show that there are approximately 1536 homeless residing in SB County. Of the total homeless, 932 are vulnerable with a high mortality risk, 270 live on the streets and 291 utilize shelter services.

Freedom Warming Centers are the only program in the City of Santa Barbara that solely focuses on providing emergency accommodations and safety to chronically homeless individuals, without expectations of reform or rehabilitation.

Methodology & Resources: Outreach needs to be enhanced to eligible participants due to the elimination of the CASA Esperanza Street Outreach Team and the County Alcohol and Drug Mental outreach teams last winter season. They provided a significant resource to getting the word out to participants and into the Warming Centers. Other outreach is done via the 211 system, extensive county wide e-mail notification list to mental health service providers, public agencies and existing shelters.

3. Describe the proposed project. How will your agency use these grant funds to address the unmet community needs described above? Please be sure to include for what the requested grant funds will be specifically used. (250 words or less)

We are requesting funds for 2 outreach workers to create a street outreach team.

Getting the word out to the unsheltered homeless that the Warming Centers are activated can be challenging since no permanent place of residence exists and participants are nomadic. Creating a street outreach team would be an invaluable service to this vulnerable population.

Working in teams, for safety reasons, outreach workers would utilize the Common Ground Survey map and Doctor Without Walls as to where the unsheltered homeless congregate. Westmont Students and other communities who provide a weekly food service are ideal places for Warming Center outreach teams to make direct contact with participants. Additionally, outreach workers will also canvas neighborhoods, parks, doorways, libraries, parking structures and other secluded locations.

Our participants or guests are an excellent source of referral, often bringing friends with them to the Centers and encouraging others on the street to utilize the service.

4. Personnel/Staff Capacity: Briefly describe the agency's existing staff positions and qualifications, including whether staff is full-time, part-time, volunteer, etc.; its capacity to carry out proposed activities; and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (200 words or less)

Contracted staff positions include a part-time Project Director and part-time Program Director. Project Director Maria W. Long, M.A. has worked in nonprofit upper management level positions for the past 13 years for the Council on Alcoholism & Drug Abuse and, most recently, as Executive Director for Court Appointed Special Advocates. Program Director; Ed Wesson has worked with the homeless for almost 10 years in the capacity of outreach, advocacy, and case management.

The ten person on-call staff that work the centers have all worked within the shelter system and 80% have experienced homelessness themselves.

The Unitarian Society of Santa Barbara, Fiscal Agent has personnel policy manual with an affirmative action plan and grievance procedure.

5. Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure? yes no

6. Describe the unit of service, other than persons, to be provided by the proposed program (e.g., meals served, shelter bed nights, rental assistance, utility payment, etc.). (150 words or less)

Services includes 105 beds for 55 nights of shelter, insurance, staffing for two persons to provide outreach to both Santa Barbara & Isla Vista unsheltered homeless, supplies, transportation costs of outreach workers or participants, phones, an administrative fee to USSB, and Coordinator costs.

Once a center is activated, the outreach staff will begin canvassing neighborhoods. Overnight staff, whom may double as outreach workers, can complete an informal check in process with each guest. Guests are asked to volunteer their name, date of birth, and how they heard about the center. Examples would be: Direct contact with Warming Center Outreach Teams, County Agencies or other shelter services.

7. What *outcome measures* will your agency utilize during the one-year grant period to determine how well the program proposed in this application is serving the community? Please provide at least three specific measures. *Please note that if awarded funds, agency will be required to report on outcome measures quarterly.* (250 words or less)

1. Nightly, the total number of guests who utilized a bed throughout the cities of Santa Barbara and Isla Vista.
2. Weekly, how many people are sheltered via the additional outreach efforts through self reports.

Final measurements:

1. The number of participants/guests by center at the end of the winter season.
2. The likely reduction of mortality rates during the winter season.

8. Describe your agency's experience implementing the proposed activity/activities. If applying for HP or RRH activities, please describe your agency's involvement with the County, City of Santa Maria, and/or City of Santa Barbara's Homelessness Prevention and Rapid Re-housing Program (HPRP). Explain how your agency's experience administering HPRP will affect HP or RRH program implementation. (300 words or less)

Nearly all staff members of the Freedom Warming Centers staff have done outreach for existing agencies such as Willbridge and formerly with the outreach team at CASA Esperanza. Our staff is on a first name basis with many of our guests. Our Center's exist without expectation of reform therefore the Warming Centers provide a welcoming environment with a different atmosphere compared to traditional shelter services.

Our current on-call staff naturally do some outreach as they run into our guests on the streets, thus checking on their welfare and alerting them to Center openings, and or encouraging them to come inside for relief from the elements.

This would be a natural and critical enhancement of our already existing services, and would provide better serve the most vulnerable.

9. Recipients of ESG funds must participate in the countywide Homeless Management Information System (HMIS) or a comparable database. Describe your agency's capacity to participate in HMIS or a comparable database. Include any experience, if applicable, and foreseeable challenges. (150 words or less)

If granted the funds, a designated Warming Center staff would be trained to work with the County to become proficient in the HMIS system. The Warming Center currently does not have any experience with this system but we are willing to devote staff time and resources to be able to participate.

Section D – Beneficiary Information

Verification of Eligibility: Please identify how your program documents homelessness or at-risk of homelessness status:

1. **Self Certification.** Clients “self-certify” eligibility on an intake form, or similar document. yes no
If you use this method, please attach blank intake form.

2. **Client Document Review.** Clients provide tax documents, pay stubs, etc., to verify income. yes no
If you use this method, please attach blank worksheet.

3. **Other Methodology:** yes no

If yes, please explain: _____

Ethnicity and Race:

1. Does your organization request information on whether your clients are of Hispanic ethnicity? yes no

2. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races? yes no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

3. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement: _____

Additional Beneficiary Information

1. Number of persons able to access a new essential service program that did not previously exist and will be available if this application is funded: 320

2. Number of persons with access to an **improved or expanded** essential service program if this application is funded: 320
 3. Number of **new** bed nights during the grant year to be funded in an overnight shelter or other emergency housing facility if this application is funded: 0
 4. Number of **increased** bed nights during the grant year in overnight shelter or other emergency housing to be funded if this application is funded: 0
 5. If you are applying for Homelessness Prevention or Rapid Re-housing activities, please state the number of persons able to be served by the specific ESG funds requested in this application: n/a
 6. **Total persons benefiting from this program:** 320
-

Section E – Program and Agency Financial Information

Capacity, Financial Forecast and Federal Grant Experience:

1. **Financial Capacity:** Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

USSB budget is zero based annually. Revenue is generated by member pledges, donations, endowment distribution and rental income. Expenses are for staff, facilities, programs and debt repayment. The fiscal management is overseen by the Director of Administration, supported by an independent bookkeeper and Board appointed finance committee. Monthly financial reports are reviewed by the Finance Committee and Board of Trustees. Audit Committee oversees an internal audit each year, and an external audit of USSB and USSB Endowment are conducted every third year. The Audit Committee reviews procedures annually, all are based on GAAP. The USSB Endowment fund is overseen by a separate Endowment Board of 4 Directors, appointed by the USSB Board of Trustees.

2. Describe your agency's short to mid-term financial forecast: What factors are causing your agency's budget to increase, decrease, or remain level in the next three years? (150 words or less)

The Unitarian Society of Santa Barbara is on solid financial ground, with no debt on its properties, and a growing membership with a stable and expanding donor base and endowment fund. The agency expense budget in 2011-2012 expanded to provide for an additional minister position and increased hours to music staff, and interest payments on a bank loan (unsecured by property) related to purchase of an additional property. The expense budget also expands to accomodate the development of the Warming Center program. The additional revenue to meet the increase in expenses is generated from growing membership, additional fund raising, and draw on funds accrued in prior years for these purposes. Future year budgets are projected to increase due to growing membership, donor base and programs.

3. Federal Grant Experience within past 5 years (County & City CDBG/ESG grants are examples of Federal Grants):

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
City SB CDBG	Warming Centers	Staff Cost for Operation	July 1, 2011	6,000
County SB HS	Warming Centers	Staff Cost for Operation	July 1, 2011	8,350

Fiscal Year and Audit Reports:

1. What is your agency's fiscal year? July 1 to June 30
2. Date of your organization's most recently completed financial audit: June 30, 2010 (Month/Year)
Please include a copy of the most recent financial audit with your completed application—See Required Attachments.
- What fiscal year did this most recent audit include? July 1, 2009- June 30, 2010 (Month/Year - Month/Year)

3. Are there any outstanding financial audit findings which remain unresolved? yes no
- If yes, please explain. _____

4. Has your agency expended more than \$500,000 in federal funds in its last operating year? yes no
This includes federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.

If you answered "yes" to question 4, please answer questions 5 and 6 below. If you answered "no" to question 4, please proceed to question 7.

5. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)? yes no
6. Are there any outstanding single audit findings which remain unresolved? yes no
- If yes, please explain: _____

7. If your organization is a non-profit organization, does your organization comply with the following:
- a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Non-Profit Organizations" yes no
 - b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations" yes no
 - c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations" yes no
 - d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments" yes no
 - e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month? yes no
 - f) Does your organization have any outstanding litigation or other legal issues? yes no
If yes, please attach written explanation as a separate sheet.

8. How many members serve on your Board of Directors? 9

9. How often does your Board of Directors meet? monthly
10. Does your Board of Directors have an audit committee? yes
11. Describe the financial expertise currently serving on your Board of Directors. Investment Executive Assistant, small business owners, attorney (2), Cottage Hospital V-P; Board members receive annual training
12. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.
Thomas Ridge, CPA 638 Lindero Canyon #391 Oak Park, CA 91377
Ken Saxon 270 Santa Rosa Lane, SB CA 93108 kensaxon@silcom.com
Dick Jensen 1505 La Coronilla Dr., SB CA djensen@silcom.com
Cindy Young, Accountability Plus 805 895-4110 cayoung@mail.com
13. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

Section F – Program and Agency Revenue and Expense Information

1. Funds Requested for Proposed Program by Component

<i>Component</i>	<i>Amount</i>
Street Outreach:	15,000
Emergency Shelter:	n/a
Homelessness Prevention:	n/a
Rapid Re-housing:	n/a
Total Request:	15,000

ATTACHMENT 4

Board of Directors Roster

Agency Name: **Unitarian Society of Santa Barbara**

Name	City	Zip	Gender	Race/ Ethnicity	Years On Board	Occupation/ Other Affiliations	Compensated Service Provided	Annual Compensation
Melinda Staveley	Santa Barbara	93110	F	Caucasian	1	Hospital Administration	N/A	
Geoff Conner Newlan	Santa Barbara	93101	M	Caucasian	1	Attorney	N/A	
Bart Millar	Santa Barbara	93105	M	Caucasian	4	Building Contractor	N/A	
Bart Woolery	Santa Barbara	93101	M	Caucasian	4	Information Technology	N/A	
Mary Ellen Hoffman	Santa Barbara	93105	F	Caucasian	4	Retired Attorney	N/A	
Susan Neufeldt	Santa Barbara	93109	F	Caucasian	6	Retired Psychologist	N/A	
Bob Fulmer	Santa Barbara	93103	M	Caucasian	1	Retired College Profess	N/A	
Gun Dukes	Santa Barbara	93105	F	Caucasian	6	Executive Asst	N/A	
Sue Carmody	Santa Barbara	93108	F	Caucasian	2	Teacher	N/A	
Roger Horton	Santa Barbara	93103	M	Caucasian	2	Retired Admin	N/A	

Term of Office - 3 years

(2 term max)

Term of Office 6 How many Board Members are authorized by your Agency's By-Laws? 9

How often does the Agency's Board of Directors review, analyze and approve detailed financial statements? Monthly

Regular Meeting Date 3rd Tuesday of every month

Dates of Three (3) Most Recent Meetings Held: 1) 9/20/2011 2) 10/18/2011 3) 11/15/2011

2. Funding Sources for Proposed Program Only

<i>Sources of revenue to be utilized for this ESG program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County ESG funds:	0	0	15,000
County CDBG funds requested <u>for this program</u> :	0	0	0
Other local cities' funds, including CDBG:	0	0	0
County Human Services Program funds:	0	0	0
Other Federal funds:	0	0	0
State funds:	0	0	0
Private trusts and foundation funds:	0	0	1530
Donations:	0	0	1530
Special fundraising events:	0	0	1530
Client fees:	0	0	0
Other funds: _____ _____			
Total Project Budget:	0	0	19590

3. Funding Uses for Proposed Program Only

<i>Uses of revenue to be utilized for this ESG program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Client Services and Direct Assistance:	0	0	7844
Consultants and Contracts:	0	0	7440
Equipment Rental/Maintenance:	0	0	0
Facility, Utilities, Maintenance:	0	0	0
Insurance:	0	0	2223
Salaries, Benefit, Payroll Taxes:	0	0	933
Supplies:	0	0	750
Telephone, Fax:	0	0	400
Other uses: _____ _____	0	0	
Total Project Budget:	0	0	19590

4. Funding Sources for Applicant's Entire Agency

<i>Sources of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County ESG funds:	0	0	15000
County CDBG funds requested for this program:	0	0	0
Other local cities' funds, including CDBG:	4500	19500	42000
County Human Services Program funds:	0	8350	8350
Other Federal funds:	0	0	0
State funds:	0	0	0
Private trusts and foundation funds:	84792	126327	151530
Donations:	478396	555729	581530
Special fundraising events:	43078	38000	43530
Client fees:	110931	117604	130000
Other funds (explain): Warming Center Program Donations	54543	28851	39973
Total Agency Budget:	776240	894361	1,011,913

5. Funding Uses of Applicant's Entire Agency

<i>Uses of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Client Services and Direct Assistance:	0	0	7844
Consultants and Contracts:	17945	28800	27440
Equipment Rental/Maintenance:			
Facility, Utilities, Maintenance:	131542	92597	102000
Insurance:	12013	12800	16223
Salaries, Benefit, Payroll Taxes:	479443	590121	647133
Supplies:	32342	33892	37750
Telephone, Fax:	4780	3600	4400
Other uses: Warming Center Program Unitarian Society Program Supplement	98175	132751	169123
Total Agency Budget:	776240	894561	1,011,913

Section G – Certifications (All certifications must be executed in BLUE INK)

Agency Certification

The undersigned agency hereby certifies that:

- a. The information contained herein and all attachments is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the ESG program as appropriate for the funding if received;
- c. The federal assistance made available through the ESG program funding is not being utilized to substantially reduce the prior levels of local financial support for emergency shelter or homelessness prevention activities; and,
- d. If ESG funds are approved for the major conversion or rehabilitation of a facility into an emergency shelter, the agency shall maintain and operate the facility for its approved use for a period of not less than either 10 years, unless given specific approval from HUD to do otherwise; and
- e. If ESG funds are approved for the minor conversion or rehabilitation of a facility into an emergency shelter, the agency shall maintain and operate the facility for its approved use for a period of not less than three years, unless give specific approval from HUD to do otherwise; and
- f. If ESG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

Unitarian Society of Santa Barbara; Fiscal Agent

(Name of Agency)

Nancy Edmundson

(Typed Name of Agency Official)

Director of Administration

(Title of Agency Official)

Nancy Edmundson

(Agency Official Signature)

2-01-2012

(Date of Signature)

805 965 4583 x225

(Telephone Number of Agency Official)

director@ussb.org

(Email address of Agency Official)

BOARD OF DIRECTORS AFFIDAVIT

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Susan Neufeldt
depose and say that I am President
[insert title, President, Vice President, etc.] of _____
Unitarian Society of Santa Barbara
1535 Santa Barbara St.
Santa Barbara ,CA 93101 [insert name and address of Agency].

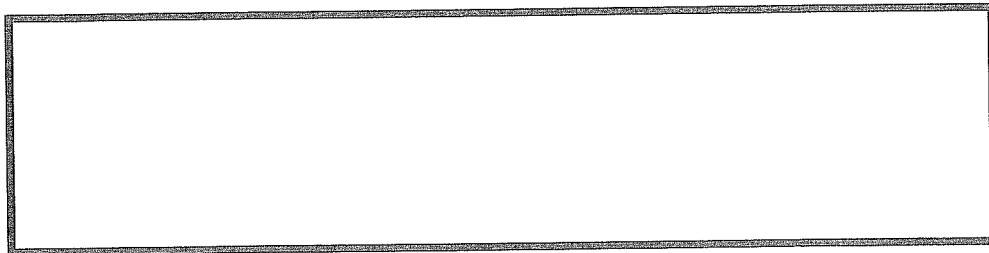
The other members and officers of the Board of Directors of this Agency are:
(Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. <u>see attached</u>	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

DATE: February 1, 2012

AT: Santa Barbara, CA (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.

Susan A. Neufeldt
Signature

Susan Neufeldt, President
Print Name and Title



COUNTY OF SANTA BARBARA
HOUSING AND COMMUNITY DEVELOPMENT
EMERGENCY SOLUTIONS GRANT PROGRAM

Project Proposal for Program Year 2012-2013

FOR OFFICIAL USE ONLY

Rec'd _____

Initials _____

Logged

Scanned

Section A – General Project Information Summary

1. Project Title: WillBridge of Santa Barbara, Inc.
2. Brief Summary of the Project: WillBridge offers transitional housing for chronically homeless mentally ill adults. It is the first stage of getting off the streets and includes being housed and receiving services.
3. Service Area of Proposed Project (i.e., specific city, countywide, etc.): Carp/Summerland/Mont/Goleta/SB
4. Total Requested Project Funding: \$ 15,000

Section B – General Applicant Information

1. Legal Name of Applicant Organization: WillBridge of Santa Barbara, Inc.
2. Are you a 501(c)? (Agencies must complete a Board of Directors Affidavit on page 13) yes no
3. Address of Organization:
 - a. Street: 2904 State Street Apt. # A
 - b. City: Santa Barbara State: CA Zip: 93105
4. Mailing Address (if different from above):
 - a. Street: _____ Apt. # _____
 - b. City: _____ State: _____ Zip: _____
5. Person to Contact Regarding this Application:
 - a. Name: Lynnelle Williams
 - b. Relationship to Agency: Executive Director
 - c. Street: 2904 State Street Apt. # A
 - d. City: Santa Barbara State: CA Zip: 93105
 - e. Work Phone: (805) 564 - 1911 Ext. _____
 - f. Fax: (805) 564 - 1933
 - g. E-mail: lynnelle@willbridge.sbcoxmail.com

6. Name and contact information of Fiscal Agent:

- a. Name: Colette Covington
- b. Agency / Organization: WillBridge of Santa Barbara, Inc.
- c. Street: 2904 State Street Apt. # A
- d. City: Santa Barbara State: CA Zip: 93105
- e. Work Phone: (805) 564-1911 Ext. _____
- f. Fax: (805) 564-1933
- g. E-mail: colette@willbridge.sbcoxmail.com

7. Organization's Federal Identification Number (Tax ID #) 57-1194195

8. Agency Organizational DUNS number: 14-691-9712
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register.)

9. Are you registered with the California Attorney General Registry of Charitable Trusts? yes no

10. If yes to question 10, please provide your Registry of Charitable Trusts Registration Number: # _____

11. Is the applicant organization or any parties associated with the applicant or proposed project debarred from entering into federal, state or local contracts? yes no

If yes, explain under separate cover. Please note, this will be verified pursuant to federal program requirements, and applications containing false information will be deemed ineligible for funding.

Section C – Program Description Narratives

Which activity best describes your project proposal?

Street Outreach

Essential services

Emergency Shelter

Essential services

Renovation

Shelter operations

Assistance required under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA)

Homelessness Prevention (HP)

Rental assistance

Housing relocation and stabilization services

Rapid Re-housing (RRH)

Rental assistance

Housing relocation and stabilization services

1. Please describe the target population you intend to serve with your program. *Please note the eligible program participants for each component as specified in the Emergency Solutions Grant (ESG) Program Interim Regulations and defined in the Homeless Emergency Assistance and Transition to Housing Act of 2009 (HEARTH Act) "Homeless" Definition Final Rule. (150 words or less)*

The target audience is chronically homeless, mentally ill men and women at risk of violent crimes who are resistant or do not seek services through the larger shelters in our community due to circumstances caused by their mental illness, including anxiety, fear and distrust.

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need. (200 words or less)

According to Santa Barbara County's "Ten Year Plan to End Homelessness", an estimated, 6,900 individuals experience homelessness each year in Santa Barbara County. About 945 (13%-15%) are chronically homeless with mental health disorders. These individuals consume between 50 and 65% of all resources directed at aiding homeless people which equates to approximately \$18 million annually as reported by "Bringing Santa Barbara County Home". Furthermore, "Common Ground Santa Barbara" completed a survey during the week of February 27 through March 4, 2011 with results indicating that 932 individuals were identified as chronically homeless with high-mortality risk and the most vulnerable of the homeless population. These individuals routinely do not access shelter services and instead, live in neighborhoods, alleys, parks, and beaches on the south coast. These are the individuals WillBridge embraces.

WillBridge of Santa Barbara is the only organization of its kind that specifically targets homeless, mentally ill adults. WillBridge serves as an alternative to incarceration and helps clients reach stability in a nurturing environment; assists law enforcement and emergency personnel by decreasing time and effort spent with this population; and saves thousands of dollars in jail and hospital expenses.

3. Describe the proposed project. How will your agency use these grant funds to address the unmet community needs described above? **Please be sure to include for what the requested grant funds will be specifically used.** (250 words or less)

Programs revolve around a continuum of care: Peer Street Outreach—connecting with extremely difficult to reach individuals that are not already accessing services and often resist help; Transitional Supportive Housing—serving individuals who are retaught how to live indoors for eventual acceptance in a residential program, an independent living situation, or relocation to another community. Shared accommodations are given to 5 men and 5 women. Three transitional recuperative beds are also offered for those recently discharged from the hospital (69 assisted) ; and Permanent Supportive Housing—offering stable clients, a more independent housing situation for 14 residents in single-room occupancy. Daytime support staff and case management is provided as clients maintain their living space and a program fee. All programs assist in the community’s homeless quandary and cost a fraction of jail, emergency room, or law enforcement time. As of December 31, 2011, WillBridge provided 7 years of direct client services to 217 residents who were considered “hard to reach” with severe mental illness. Of these individuals, 138 had successful outcomes of moving on to permanent housing; board and care facilities; residential programs; or family situations in other states. Outreach teams made over 1,250 contacts (368 unduplicated) with hard-to-reach homeless individuals. Respectfully, WillBridge is requesting \$15,000 to assist with the basic operating expenses of staff salaries and client assistance (prescription medication, clothing, hygiene supplies, bus passes, therapeutic recreation, etc.).

4. Personnel/Staff Capacity: Briefly describe the agency’s existing staff positions and qualifications, including whether staff is full-time, part-time, volunteer, etc.; its capacity to carry out proposed activities; and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (200 words or less)

WillBridge employs one full-time staff of: Executive Director (who holds a masters degree in Public Administration and has over 25 years of experience working with the homeless); Administrative Assistant (PT); Director of Operations (PT); CPA (PT); Program Coordinator (PT) - (Drug & Alcohol Counseling Certificate); Two Case Managers (PT); Three Resident Managers; one Peer Street Outreach Worker.

In addition, WillBridge has over 30 active volunteers.

WillBridge has a personnel manual with an affirmative action plan and grievance procedure.

5. Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure? yes no

6. Describe the unit of service, other than persons, to be provided by the proposed program (e.g., meals served, shelter bed nights, rental assistance, utility payment, etc.). (150 words or less)

For the Peer Street Outreach program, the unit of service is acceptance of lunch, personal items (such as clothing, backpacks, sneakers, etc.), and/or housing/shelter opportunities. Repeated face-to-face connections from the staff in the Peer Street Outreach program are critical for chronically homeless individuals to accept a unit of service. The Transitional Supportive Housing program units of service include shelter bed nights, disability application assistance and transfers to stable housing accommodations. The Permanent Supportive Housing program units of service include employment help, school application assistance, and apartment rental assistance.

7. What **outcome measures** will your agency utilize during the one-year grant period to determine how well the program proposed in this application is serving the community? Please provide at least three specific measures. *Please note that if awarded funds, agency will be required to report on outcome measures quarterly.* (250 words or less)

Each small step taken by a chronically homeless individual can be the beginning of their end of homelessness. In other words, a simple act, such as accepting a pair of warm socks or sharing a meal at a table, may raise the level of self-awareness needed to acquire a new perspective on life. Positive choices often follow with individuals finally accepting a life indoors. Thus, WillBridge gauges success through seemingly minor individual personal improvements (such as developing daily routines of personal hygiene; lengthening the time between relapses; attending City College or Adult Education Classes; and becoming employed) and successful transitions out of the program. In addition, the following objectives will be used as outcome measures in serving the community:

1. Provide medical respite beds for 10 homeless clients per year discharged from Cottage Hospital. Includes securing identification documents, reconnecting to services, and assisting with applying for financial benefits (SSI/SSDI/GR/VA/etc.) as needed.
2. Provide emergency placement for 15 female residents per year.
3. Enroll an average of 15 residents per year in long-term residential programs, Permanent Supportive Housing, or independent living

8. Describe your agency's experience implementing the proposed activity/activities. If applying for HP or RRH activities, please describe your agency's involvement with the County, City of Santa Maria, and/or City of Santa Barbara's Homelessness Prevention and Rapid Re-housing Program (HPRP). Explain how your agency's experience administering HPRP will affect HP or RRH program implementation. (300 words or less)

The Executive Director and founder of WillBridge has over 25 years of experience working with the homeless, mentally ill population. As of December 31, 2011, WillBridge provided 7 years of direct client services to 217 residents who were considered "hard to reach" with severe mental illness. Of these individuals, 138 had successful outcomes of moving on to permanent housing; board and care facilities; residential programs; or family situations in other states. Outreach teams made over 1,250 contacts (368 unduplicated) with hard-to-reach homeless individuals.

On July 1, 2011, WillBridge opened a new permanent supportive housing facility. During the initial application process, residents were referred to Casa Esperanza to apply for Rapid Re-Housing funds. Those referred were successful in acquiring funding to assist them with their first months program fee.

9. Recipients of ESG funds must participate in the countywide Homeless Management Information System (HMIS) or a comparable database. Describe your agency's capacity to participate in HMIS or a comparable database. Include any experience, if applicable, and foreseeable challenges. (150 words or less)

WillBridge is prepared to participate in the Homeless Management Information System (HMIS). To date, WillBridge has not entered data in the HMIS system, however, as a HUD recipient we are required to routinely submit agency data and will do so. Specific staff will be trained in how to enter the data in the HMIS system.

HUD GRANT:
WHEN WILL
YOU ENTER
NECESSARY INFO
ON HMIS?

Section D – Beneficiary Information

Verification of Eligibility: Please identify how your program documents homelessness or at-risk of homelessness status:

- 1. **Self Certification.** Clients "self-certify" eligibility on an intake form, or similar document. yes no
If you use this method, please attach blank intake form.
- 2. **Client Document Review.** Clients provide tax documents, pay stubs, etc., to verify income. yes no
If you use this method, please attach blank worksheet.
- 3. **Other Methodology:** yes no
If yes, please explain: As all of our clients are chronically homeless, they do not possess tax documents, pay stubs, etc.

Ethnicity and Race:

- 1. Does your organization request information on whether your clients are of Hispanic ethnicity? yes no
- 2. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races? yes no
 - White
 - Black or African American
 - American Indian or Alaska Native
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - American Indian or Alaska Native and White
 - Asian and White
 - Black or African American and White
 - American Indian or Alaska Native and Black or African American
 - Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)
- 3. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement: _____

Additional Beneficiary Information

- 1. Number of persons able to access a **new** essential service program that did not previously exist and will be available if this application is funded: 40

2. Number of persons with access to an **improved or expanded** essential service program if this application is funded: 40
 3. Number of **new** bed nights during the grant year to be funded in an overnight shelter or other emergency housing facility if this application is funded: 5
 4. Number of **increased** bed nights during the grant year in overnight shelter or other emergency housing to be funded if this application is funded: 800
 5. If you are applying for Homelessness Prevention or Rapid Re-housing activities, please state the number of persons able to be served by the specific ESG funds requested in this application: 5
 6. **Total persons benefiting from this program:** 40
-

Section E – Program and Agency Financial Information

Capacity, Financial Forecast and Federal Grant Experience:

1. **Financial Capacity:** Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

Our current budget reflects an increase of eight clients in WillBridge's housing capacity as a result of a HUD grant in the amount of \$123,519 to be received over a two-year period. In addition, a two-year \$65,000 grant from the Women's Fund is restricted for capacity building & the opening of our State Street permanent supportive housing facility. WillBridge financial records are kept on Quickbooks & maintained by a staff CPA. Checks are prepared by the CPA & signed by the ED in conformance with board. Monthly financial reports are submitted to the board showing results of operation comparisons to prior year & variances in the budget. Bank statements are reconciled by the board chair and WillBridge CPA monthly. Payroll taxes are paid by ADP and the 990 is prepared by accounting firm Peri & Alvarez.

2. Describe your agency's short to mid-term financial forecast: What factors are causing your agency's budget to increase, decrease, or remain level in the next three years? (150 words or less)

We expect our budget to remain level or slightly increase in the next three years. WillBridge is fortunate to be a recipient of a HUD grant that was used to open a new permanent supportive housing facility. This is a two-year grant that is also renewable every two years. WillBridge continues to renew exiting grants and contracts with a considerable success rate and continues to identify and submit grants to new foundations. Consistency with the existing funding will guarantee ongoing current programs and new funding will allow for the expansion of exiting programs or the implementation of new programs.

3. Federal Grant Experience within past 5 years (*County & City CDBG/ESG grants are examples of Federal Grants*):

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
ESG	WillBridge	Operating Expenses	2008-2009	\$21,543
ESG	WillBridge	Operating Expenses	2009-2010	\$7,500
ESG	WillBridge	Operating Expenses	2010-2011	\$6,327
ESG	WillBirdge	Operating Expenses	2011-2012	\$7,000

Fiscal Year and Audit Reports:

1. What is your agency's fiscal year? 1/1/2012 - 12/31/2012

2. Date of your organization's most recently completed financial audit: No recent audit (Month/Year)
Please include a copy of the most recent financial audit with your completed application—See Required Attachments.

What fiscal year did this most recent audit include? N/A (Month/Year - Month/Year)

3. Are there any outstanding financial audit findings which remain unresolved? yes no

If yes, please explain. _____

4. Has your agency expended more than \$500,000 in federal funds in its last operating year? yes no
This includes federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.

If you answered "yes" to question 4, please answer questions 5 and 6 below. If you answered "no" to question 4, please proceed to question 7.

5. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)? yes no

6. Are there any outstanding single audit findings which remain unresolved? yes no

If yes, please explain: _____

7. If your organization is a non-profit organization, does your organization comply with the following:

a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Non-Profit Organizations" yes no

b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations" yes no

c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations" yes no

d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments" yes no

e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month? yes no

f) Does your organization have any outstanding litigation or other legal issues? yes no
If yes, please attach written explanation as a separate sheet.

8. How many members serve on your Board of Directors? 10

9. How often does your Board of Directors meet? Once per month
10. Does your Board of Directors have an audit committee? No
11. Describe the financial expertise currently serving on your Board of Directors. Board Treasurer is a Financial Advisor
12. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.
- _____
- _____
- _____
- _____
13. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.
- _____

Section F – Program and Agency Revenue and Expense Information

1. Funds Requested for Proposed Program by Component

<i>Component</i>	<i>Amount</i>
Street Outreach:	
Emergency Shelter:	\$15,000
Homelessness Prevention:	
Rapid Re-housing:	
Total Request:	\$15,000

2. Funding Sources for Proposed Program Only

<i>Sources of revenue to be utilized for this ESG program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County ESG funds:	\$6,327	\$7,000	\$15,000
County CDBG funds requested <u>for this program</u> :	0	0	0
Other local cities' funds, including CDBG:	\$22,000	\$21,750	\$25,000
County Human Services Program funds:	0	0	0
Other Federal funds:	0	0	0
State funds:	0	0	0
Private trusts and foundation funds:	24,000	23,000	35,000
Donations:	\$15,768	\$12,650	\$15,670
Special fundraising events:	\$12,776	\$9,934	\$14,500
Client fees:	\$62,445	\$47,172	\$81,840
Other funds: <u>Alcohol Drug & Mental Health Services</u> <u>Cottage Hospital; SB Probation Dept.</u>	\$89,220	\$77,471	\$73,522
Total Project Budget:	\$232,536	\$198,977	\$260,532

3. Funding Uses for Proposed Program Only

<i>Uses of revenue to be utilized for this ESG program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Client Services and Direct Assistance:	\$5,564	\$5,025	\$5,500
Consultants and Contracts:	\$13,000	\$8,900	\$10,000
Equipment Rental/Maintenance:			
Facility, Utilities, Maintenance:	\$71,998	\$59,097	\$75,000
Insurance:	\$7,495	\$6,000	\$5,400
Salaries, Benefit, Payroll Taxes:	\$72,800	\$102,943	\$124,521
Supplies:	\$7,958	\$6,350	10,000
Telephone, Fax:	\$3,600	\$1,200	\$2,000
Other uses: <u>Transportation; food; field trips; etc.</u> <u>_____</u> <u>_____</u>	\$25,516	\$9,462	\$30,000
Total Project Budget:	\$207,931	\$198,977	\$262,421

4. Funding Sources for Applicant's Entire Agency

<i>Sources of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County ESG funds:	\$22,000	\$26,827	\$13,250
County CDBG funds requested for this program:	\$16,682	\$16,375	\$21,750
Other local cities' funds, including CDBG:			
County Human Services Program funds:			
Other Federal funds:	\$23,300	\$40,600	\$61,759
State funds:			
Private trusts and foundation funds:	\$74,532	\$70,871	\$72,000
Donations:	\$15,768	\$12,650	\$15,670
Special fundraising events:	\$12,776	\$9,933	\$14,500
Client fees:	\$123,928	\$116,510	\$147,071
Other funds (explain): <u>Contracts</u> <u>ADMHS; Cottage Hospital; SB Probation</u> <u>Department - Misc. income</u>	\$89,220	\$77,484	\$88,500
Total Agency Budget:	\$378,206	\$371,250	\$434,500

5. Funding Uses of Applicant's Entire Agency

<i>Uses of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Client Services and Direct Assistance:	\$5,564	\$5,025	\$10,500
Consultants and Contracts:	\$35,556	\$29,648	\$27,640
Equipment Rental/Maintenance:			
Facility, Utilities, Maintenance:	\$137,448	128,404	\$130,154
Insurance:	\$7,495	\$17,955	\$16,237
Salaries, Benefit, Payroll Taxes:	\$121,334	\$171,572	\$207,535
Supplies:	\$9,388	\$13,293	\$15,000
Telephone, Fax:	\$5,649	\$3,138	\$4,634
Other uses: <u>Postage/shipping; Mileage; staff training;</u> <u>fundraising; due/fees; Misc.</u>	\$27,225	\$12,940	\$22,800
Total Agency Budget:	\$349,659	\$381,975	\$434,500

Section G – Certifications (All certifications must be executed in BLUE INK)

Agency Certification

The undersigned agency hereby certifies that:

- a. The information contained herein and all attachments is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the ESG program as appropriate for the funding if received;
- c. The federal assistance made available through the ESG program funding is not being utilized to substantially reduce the prior levels of local financial support for emergency shelter or homelessness prevention activities; and,
- d. If ESG funds are approved for the major conversion or rehabilitation of a facility into an emergency shelter, the agency shall maintain and operate the facility for its approved use for a period of not less than either 10 years, unless given specific approval from HUD to do otherwise; and
- e. If ESG funds are approved for the minor conversion or rehabilitation of a facility into an emergency shelter, the agency shall maintain and operate the facility for its approved use for a period of not less than three years, unless give specific approval from HUD to do otherwise; and
- f. If ESG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

WillBridge of Santa Barbara, Inc.

(Name of Agency)

Lynnelle Williams, MPA

(Typed Name of Agency Official)

Executive Director

(Title of Agency Official)


(Agency Official Signature)

2-3-2012

(Date of Signature)

(805) 564-1911

(Telephone Number of Agency Official)

lynnelle@willbridge.sbcoxmail.com

(Email address of Agency Official)

BOARD OF DIRECTORS AFFIDAVIT

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Elizabeth Snyder, MHA
 depose and say that I am Board Chair
 [insert title, President, Vice President, etc.] of _____
WillBridge of Santa Barbara, Inc.
2904 State Street, Suite A, Santa Barbara, CA 93105
 _____ [insert name and address of Agency].

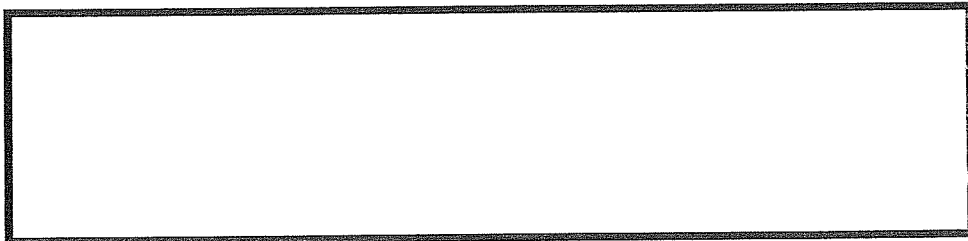
The other members and officers of the Board of Directors of this Agency are:
 (Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. <u>Elizabeth Snyder</u>	<u>Chair</u>	<u>2012</u>
2. <u>Bernelle Williams</u>	<u>Co-Chair</u>	<u>2012</u>
3. <u>Julie Woodward</u>	<u>Secretary</u>	<u>2012</u>
4. <u>Timothy Morton-Smith</u>	<u>Treasurer</u>	<u>2013</u>
5. <u>Bob Casey</u>	<u>Member</u>	<u>2012</u>
6. <u>Kathleen Baushke</u>	<u>Member</u>	<u>2012</u>

DATE: _____

AT: 2904 State Street, Suite A, Santa Barbara, CA (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.

Elizabeth Snyder
 Signature

Elizabeth Snyder, MHA, Board Chair
 Print Name and Title

Additional WillBridge Board of Directors

Name	Title	Term Expires
Owen Scott	Member	2013
Dana Gamble	Member	2012
Joseph Crabtree	Member	2012