

**Notice of Funding Availability**

**COVID-19 Emergency Response Fund**

**Authorized by Senate Bill 89**

**Applications must be submitted by e-mail *only* no later than**

**12p on Friday, April 10, 2020**

**INTRODUCTION**

The California Department of Business, Consumer Services and Housing (BCSH) has made available $100 million statewide in funding to assist local communities in addressing the impacts of the COVID-19 crisis on the State’s homeless. San Joaquin County, as the Administrative Entity for the San Joaquin Continuum of Care (CoC), is making these emergency funds available through a local NOFA process to support operations and reduce density to address the impacts of the COVID-19 crisis for homeless service providers operating in San Joaquin County.

**Local NOFA Funding Priorities**

**A total of $410,187.42** is available for organizations in San Joaquin County that provide emergency shelter, emergency food, outreach to encampments, sanitation and supplies to the homeless, and health care to the homeless critical to containing the local spread of COVID-19 and providing resources for the most vulnerable members of our community. Examples of eligible uses of funds include support to maintain sanitary conditions, provide essential services such as shelter and food, implement best practices regarding sanitation and social distancing, maintain staff levels needed for adequate service delivery, and perform triage and referral for individuals who present with possible symptoms of COVID-19.

Additionally, the CoC allocated $102,546.76 for reducing the density of emergency homeless shelters to slow the spread and reduce the impact of COVID-19 among individuals without permanent housing. **These funds are not available at this time,** but may be made available to the public at a later date.

No funds will be made available for grant administration.

Priority will be given to requests that propose to use funds outside of the City of Stockton and/or which propose uses of funds which are not at the time of award known to be otherwise funded by another source.

**Application Submission**

Signed applications with all required attachments must be submitted on or before the deadline by email only. Applications will not be accepted by mail or in person. Applicants are encouraged to submit applications as soon as possible.

PLEASE NOTE: A separate and complete application must be submitted for each individual project proposed.

Awards will be made at the discretion of the San Joaquin Continuum of Care Board of Directors based on consensus of highest and best use according to the requests for funds received. All award decisions are final. Once funding decisions have been made, applicants will be contacted to inform them of those decisions.

Accepting an award of this funding commits the sub-recipient to adhering to the data and financial tracking and reporting requirements required by the State of California and the San Joaquin Continuum of Care as stated in the SB 89 award letter to the San Joaquin Continuum of Care and the SB 89 Allocation Policy adopted by the San Joaquin Continuum of Care Board of Directors.

Technical assistance and other questions may be directed to Adam Cheshire, Program Administrator for Homeless Initiatives at (209) 468-3399 or [acheshire@sjgov.org](mailto:acheshire@sjgov.org).

**Submit signed electronic copies of application to the following email address:**

[acheshire@sjgov.org](mailto:acheshire@sjgov.org)

**Applications will be accepted electronically ONLY. Applications will not be accepted in person or via mail.**

**DEADLINE: Local applications must be received by**

**Friday, April 10, 2020 at 12p**

**NO LATE OR INCOMPLETE APPLICATIONS WILL BE CONSIDERED**

**CONTACT INFORMATION**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Organization Name: |  | | | | | | | | | | |
| Mailing Address: |  | | | | | |  | | | |  |
| Street | | | | | | City | | | | Zip |
| Project/Program Location: |  | | | | | |  | | | | |
| Street | | | | | | City | | | | Zip |
| Executive Director: |  | | | |  | | | |  | | |
| Name | | | | Email | | | | Phone | | |
| Contact Person: |  | | | |  | | | |  | | |
| Name | | | | Email | | | | Phone | | |
| Website: |  | | | | | | | | | | |
| DUNS# | | EIN# | | | | | Business License# | | | | |
| Type of Agency: | 🞎 501(c)(3) | | 🞎 Gov’t/Public | | | 🞎 Faith-Based | | | | 🞎 Other | |
| Number of  paid staff: |  | | | Number of volunteers: | | | |  | | | |

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| --- | --- | --- | --- |
| Funding requested: |  | Funds already secured: |  |

**REQUIRED ATTACHMENTS**

Agencies that are sub-recipients of one or more of the following – *ESG, CDBG, HOME, CoC, EFSP, CESH, HEAP* – and are able to provide proof of the relevant sub-recipient agreement are only required to submit attachments 1 – 5 below. All other applicants must submit attachments 1 – 10:

1. A copy of your organization’s non-discrimination policy as approved and adopted by the Board of Directors or other governing body certifying that the organization does not and shall not deny benefits or employment to any individual in compliance with the relevant provisions of the [California Fair Employment and Housing Act](https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std017A.pdf).
2. A copy of your organization’s conflict of interest policy as approved and adopted by the Board of Directors or other governing body certifying that no board member, officer, employee or any other individual associated with the organization will personally or professionally benefit from funds provided through this grant.
3. A copy of your organization’s determination letter from the IRS confirming 501(c)(3).
4. Documentation of the organization’s participation or commitment to participate in the local HMIS.
5. A project budget showing all sources and uses
6. The organization’s operational budget for the current fiscal year.
7. A copy of the organization’s most recent balance sheet and income and expenditure statement.
8. The most recent audited compilation report performed by a Certified Public Accountant.
9. A current roster of the organization’s officers and members of its Board of Directors, which includes their name, position held, and current employer(s).
10. A copy of the organization’s mission statement as approved by the Board of Directors.

**PROJECT INFORMATION**

1. Describe in detail how funds will be spent.
2. Describe how the projected or actual costs of operation, materials, and staff are costs directly attributable to the COVID-19 outbreak.
3. Describe the project’s anticipated impact in terms of unduplicated clients.
4. Describe your organization's experience and history implementing ESG, CDBG, HOME, CoC, EFSP, CESH, and/or HEAP funds.
5. Explain how your organization participates and contributes to the CoC.
6. List the amounts and sources of any other funding that has been allocated to your organization, or that is currently being sought by your organization to respond to the COVID-19 public health emergency.

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| --- | --- | --- | --- | --- | --- |
| **Authorized Signature of Applicant**: To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the proposal is awarded funding. By signing below, I hereby certify that the Agency will comply with all provisions of the COVID-19 Emergency Response Fund, as well as all applicable Federal, State and Local Statutes and Ordinances. | | | | | |
| Signature of Authorized Representative: | | |  | | |
| Typed Name: | |  | | Date Signed: |  |
| Title: |  | | | | |