EMERGENCY SOLUTIONS GRANT – CORONAVIRUS APPLICATION FORM

1.	Applicant Name (Organization):
2.	Project Name:
3.	Amount Requested:
4.	Please select the Project Type that applies to this project:
	Emergency Shelter
	Rapid Rehousing
	Street Outreach
	Homelessness Prevention
	Temporary Emergency Shelter
5.	Will this project serve a specific subpopulation of individuals and families experiencing homelessness?
	No, this project will serve the general population of persons experiencing homelessness.
	Van (Diana dansila taunt submanulation)
	Yes. (Please describe target subpopulation):
HIS1 6.	FORY AND EXPERIENCE: Provide an overview of your organization below, including a brief history, it's mission and purpose, and current activities (1500 character limit):

well as any ad (4000 character	ys in which these s dditional Eligible r limit)		

8.	. How many years of experience does your organization providing services specifically to the target population?
	Less than one year One to five years Five to ten years More than ten years
9.	. Describe any similar populations (such as a specific subpopulation of persons experiencing homelessness, or families with very low incomes) that your organization serves, including the length of experience and types of services provided. (1000 character limit)
10	0. How many years of experience does your organization providing services in Tehama County?
	Less than one year One to five years Five to ten years More than ten years
SER	RVICE PROVISION APPROACH:
1	1. Describe your organization's experience with and commitment to providing services using a Low Barrier approach. (1000 character limit)

12. Describe your organization's experience with and commitment to providing services using a Housing First approach. (1000 character limit)
13. Describe the project's strategies for ensuring that staff has the requisite attitudes, knowledge and skills to deliver culturally competent services . Include specific examples of policies, staff training, challenges encountered, and how they were resolved. (1000 character limit)
14. Describe the project's strategies for ensuring that members of historically underserved or marginalized communities have equitable access to the services to be provided, are served in a manner that recognizes and addresses culturally-specific factors, and how the project monitors and assesses the effectiveness of these strategies.

MEASURABLE GOALS AND OBJECTIVES:

A **GOAL** is a broad statement of what you wish to accomplish.

Example: Decrease homelessness in Tehama County.

OBJECTIVES represent toward accomplishing a goal. Objectives are concrete and measurable and should relate directly to a proposed activity.

Example: Provide financial assistance with rental deposits for at least 40 households

15. Describe 3 goals that your organization hopes to accomplish through the proposed activities and 2-3 specific, measureable objectives by which progress towards each goal can be measured.

SOAL 1:	
Objectives:	
SOAL 2:	
Objectives:	
	_
GOAL 3:	
Dbjectives:	
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16. COORDINATED ENTRY SYSEM (CES) PARTICIPATION

Select the response(s) that describe your organization's current CES participation: (check all that apply)

We refer individuals and families into the Tehama CES
We fill openings in one or more of our housing programs from the
Tehama CES Housing Needs List
We refer individuals and families into the another community's CES
We fill openings in one or more of our housing programs from the
Housing Needs List in another community's CES
We do not currently participate in any CES

17. HOMELESS MANAGEMENT INFORMATION SYSTEMS (HMIS) PARTICIPATION

Select the response(s) that describe your organization's current HMIS participation: (check all that apply)

We collect all HMIS Data Elements and enter into the Tehama HMIS We collect all HMIS Data Elements and enter into another community's HMIS We collect all HMIS Data Elements, but maintain the data in a non-HMIS database We do not collect HMIS Data Elements

18. COORDINATED COMMUNITY RESPONSE

Describe your history and experience in building and maintaining effective working relationships with community partners to ensure that participants in your services can be connected quickly and successfully to appropriate services provided by community partners. (1000 character limit)

FINANCIAL CAPABILITIES:

19. Fund Accounting: All funds awarded under this program must be maintained and accounted for separately and distinctly from other sources of funding. Describe your organization's policies and procedures that ensure funds are tracked appropriately. (1000 character limit)
20. Internal Controls: The Facility Operator must have internal controls in place to ensure that all funds are used solely for authorized purposes and to prevent misuse of funds through clear separations of fiscal duties. Does your organization currently have such internal controls in place?
Yes. We have internal controls in place that fully address both areas. Not sure. We have internal controls in place that address these areas, but they may need to be reviewed and improved. No. We have no such internal control policies in place, but are willing to develop such policies if TCCoC can provide technical assistance. No. We have no such internal contol policies in place and do not plan to instate such policies in the future.
21. How frequenly does your organization undergo an external fiscal audit?
Annually Every two years Every three to five years Another schedule: Never
22. In what year was your most recent external fiscal audit?

23. Please select the option that best describes your organization's annual operating budget:

Less than \$200,000 Between \$200,000 and \$499,999 Between \$500,000 and \$999,999 Between \$1,000,000 and \$1,999,999 Between \$2,000,000 and \$3,999,999 Over \$4,000,000

Please save and upload your completed Proposal Form, Project Budget and Budget Narrative at:

http://www.tehamacoc.org/esg-cv-submission-page