

AVECTOR COMMUNITY GROUP, INC.

MAILING ADDRESS: P.O. BOX 2515 * RANCHO CUCAMONGA, CA 91729

CORPORATE ADDRESS: 465 N. CENTRAL AVE. * UPLAND, CA 91786

PHONE: (951) 203-1659 * FAX: (909) 920-0555

EMAIL: avectorbus@aol.com

To Whom This May Concern:

9/30/2021

SUBJECT: LETTER OF INTRODUCTION FOR AVECTOR COMMUNITY GROUP-BARSTOW TRANSITIONAL PRRH PROJECT

Avector Community Group, Inc. is pleased to submit its response to the Request for Applications for the aforementioned project. We submit our application to provide 52 beds of transitional housing, rapid rehousing and supportive services to mentally ill/homeless individuals in the Barstow area of the Inland Empire.

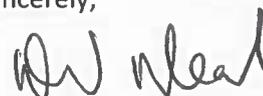
Avector Community Group, Inc. is an experienced and established housing and supportive services provider working in conjunction with the commitment of MEDEX, a healthcare provider. We have proven experience in working with mentally ill and homeless individuals and are willing and able to fill the gap of services in the Barstow area. We have strong fiscal accountability as our management team have a background in business management, accounting and systems.

We have provided housing services for 25 years in the Inland Empire area. Our Transitional homes serve residents from Barstow to Rancho Cucamonga. Our licensed board and care homes provide quality care to residents in both Adelanto and the Colton area which has given us specialized experience in working with severely mentally ill individuals. We have current contracts to provide emergency housing through the Department of Behavioral Health Shelter Services contract and we also provide housing to probationers through a contract with the San Bernardino County Probation Department. We were awarded a \$500,000 grant to provide housing and support services through the Bureau of State Community Corrections (BSCC). Our programs utilize the "Housing First" model and we have been successful in providing joint transitional housing, rapid rehousing and supportive services. Our current organizational capacity is 166 beds, including the current proposed project and we are expanding.

We have a proven track record of providing quality accommodations and services, have skilled experienced staff, knowledge of the industry and outstanding facilities to provide housing and support to consumers within the target group. We have ongoing training for staff to keep them abreast of key topics. Our key staff retain Facility Administrator's Certificates from the State of California as a commitment to the quality management of our facilities for the mentally ill. Our staff include individuals with lived experience as well as those with college level Master's degrees giving our organization a higher level of expertise in dealing with the mentally ill and homeless sub populations.

Our cost effectiveness is competitive at \$15,622 per participant. We look forward to answering your questions and to meeting your needs.

Sincerely,



David Neal, President

Website: www.Avectorgroup.org

**Continuum of Care (CoC) 2021- Domestic Violence (DV) Bonus and CoC Bonus
Application - REVISED**

I. Applicant

Before Starting the Project Application

Applicants may only apply for one component type per application. Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the System for Award Management (SAM).

To ensure that applications are considered for funding, applicants should read all sections of the HUD FY 2021 CoC Program Notice of Funding Opportunity (NOFO) https://www.hud.gov/sites/dfiles/SPM/documents/FY21_Continuum_of_Care_Competition.pdf and the local Continuum of Care 2021 –DV Bonus and CoC Bonus Projects Request for Applications.

Applicant Avector Community Group Inc

Proposed Project Barstow Transitional & RRH

Legal Name Avector Community Group Inc.

Employer/Taxpayer Identification Number (EIN/TIN) 842156643

Organizational DUNS 043098838

Street 465 N. Central Ave

City Upland, CA. 91786

County San Bernardino County

Name and contact information of person to be contacted on matters involving this Application:

First Name David

Last Name Neal

Title President

Organizational Affiliation President

Telephone Number 951 203 1659

Email: avectorbus@aol.com

***PLEASE NOTE – On September 16, 2021, at the San Bernardino County Grant Review Committee (GRC) meeting, GRC committee members voted to forgo the reallocation of funds for FY 2021 CoC Competition Renewal projects. Therefore, there are not reallocation funds available for projects in this RFA.**

**Continuum of Care (CoC) 2021- Domestic Violence (DV) Bonus and CoC Bonus
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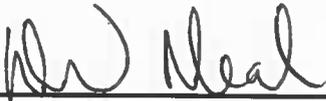
II. Applicant Authorization

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application.

Authorized Representative: Enter the authorized representative's information. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

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



Signature of Authorized Representative

Authorized Representative

First Name David

Last Name Neal

Title President

Organizational Affiliation Officer

Telephone Number 951-203-1659

Email: avectorbus@aol.com

Continuum of Care (CoC) 2021- Domestic Violence (DV) Bonus and CoC Bonus Application - REVISED

In the FY 2021 CoC Program Competition, CoCs may receive up to 10 bonus points on the CoC Application if the CoC Priority Listing includes new project applications through the CoC Bonus that utilizes housing vouchers and healthcare provided through an array of healthcare service providers. See Section VII.B.6 of the 2021 NOFO. CoC's will receive full points by demonstrating that they have applied for at least one permanent supportive housing or rapid re-housing project that utilizes housing subsidies or subsidized housing units not funded through the CoC or ESG programs.

The CoC strongly encourages agencies to submit applications that demonstrate a partnership between housing, health care, and supportive services providers to expand housing options, such as permanent supportive housing, housing subsidies, and rapid re-housing. **PLEASE NOTE – A written commitment from a healthcare organization with the value of the commitment and the date(s) healthcare resources must be included with the application.**

In the table below please select the CoC funding type (CoC Bonus or DV Bonus) and program component (PH-PSH, Joint TH&RRH, PH-RRH, or SSO-CES) the agency is applying for in the FY 2021 CoC Competition. **NOTE:** Applicants may only select one funding type and program component per application:

	PH-PSH Project	Joint TH&RRH Project	PH-RRH Project	SSO-CES
CoC Bonus		CHECK		
DV Bonus				

III. Applicant Experience:

Continuum of Care (CoC) 2021- Domestic Violence (DV) Bonus and CoC Bonus Application - REVISED

1. Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

Avector Community Group Inc is a well established housing and supportive services provider. Through its principals have over 25 years of experience providing services for the mentally ill and homeless population and has used federal funds effectively in its current and past projects. Avector is currently contracted with the San Bernardino County Department of Behavioral Health to provide emergency shelter services to homeless/mentally ill individuals where we serve TAY, Adult, Forensic (STAR and CHOICE) and "290" Sex Offender populations. We operate 12 homeless shelters in the cities of Barstow (24 beds), Adelanto (8 beds), Victorville (28 beds), Rialto (18 beds), Colton (8 beds), San Bernardino (8 beds), Rancho Cucamonga (8 beds). For the past 25 years, we have provided licensed board and care services for the severely mentally ill in Colton (4 beds) and Adelanto (10 beds). Additionally, we have a contract with the San Bernardino County Probation Department to provide shelter and case management to homeless probationers. We house approximately 12-15 probationers monthly at our sites and provide the services of case management, transportation, employment assistance/referrals, and food service. We also have a contract with the Bureau of State and Community Corrections where we have implemented the Community Re-Entry Services (CRS) Program to provide service to 120 parolees. By completing Avector Community Group CRS programs, parolees, many with dual diagnosed mental illnesses and co-occurring disorders will have a greater chance at succeeding as they reintegrate back into society. Parolees will be encouraged and will be provided the resources to go back to school, obtain job training, maintain a job, provide for themselves and their families, develop life skills, locate and obtain stable housing.

In addition, Avector maintains relationships with multiple healthcare providers including San Bernardino Community Hospital, Arrowhead Regional Medical Center, and Medex Health Network. Avector continues to assist the San Bernardino Community Hospital and Arrowhead Regional Medical Center, in the provision of transitional housing for discharged homeless and mentally ill residents.

Current activities provided by the proposer include the provision of homeless prevention services, emergency shelter, rapid rehousing, case management, life skills training, food service, medication management with healthcare interface, administrative activities.

Key personnel possess Administrator's Licenses granted by State of California Dept. of Social Services Community Care Licensing Division. David Neal holds an MBA and a M.S. in Accounting. Vicki Estelle holds a M.S. in Communications.

Avector Community Group, Inc. is a member of National Association of the Mentally Ill (NAMI), San Bernardino County Room and Board Coalition and the Sober Living Network.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

Public Sector Funds

Avector Community Group Inc is currently leveraging funds from the following public sector groups:

State Department of Correction Bureau of State Community Corrections: \$500,000 grant

San Bernardino County Dept of Behavioral Health: \$ 1 million dollar plus contract

San Bernardino County Probation Dept : \$350,000 plus contract

Private Sector Funds

Avector has leveraged funds from the following private sector group in order to provide additional capital to remodel or construct transitional and permanent supportive housing and facilities for the mentally ill homeless population. This leveraging of funds is done in conjunction with funding from public sectors agencies.

Sunset Capital : leverage for the purchase of new housing and remodeling of existing facilities

Huang Investment Association: leverage for the purchase of hard assets

BMI Construction: leverage for the construction of new facilities

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3. Describe your organization's (and subrecipient(s) if applicable) financial management structure.

The financial management structure consists of the financial units or sectors below reporting to the Chief Financial Officer :

- 1) Cost Control
- 2) Tax Control
- 3) Internal Audit
- 4) Budgeting

On a practical level, financial management is assisted by a book-keeper who enters numbers into the general ledger accounts. With respect to cost control , accounting software is used to track grant Revenue and Expenses associated with the Project. With respect to budgeting, budget variance reports highlight the differences between budgeted amounts vs actual grant income and spending. Expenses are coded to the grant to ensure that they are allocated correctly.

Bank statements are reconciled in a timely manner and reviewed by someone not authorized to sign checks but is familiar with the financial activities. Disbursements are pre-approved for both large and small dollar purchases with documentation maintained to support purchases. Match and cost-sharing contributions (including cash and third party in-kind) are verifiable from the recipient's records. Indirect costs rates is not used in this project but would typically reflect the content of pooled expenses and the type of allocation base used. Credit cards use is controlled and expenditures are required to be pre-approved with receipts submitted for review. Travel other than local mileage is pre-approved and timesheets are certified by employee or supervisor.

4. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization YES NO

If yes, please describe the unresolved monitoring or audit findings.

NOT APPLICABLE

**Continuum of Care (CoC) 2021- Domestic Violence (DV) Bonus and CoC Bonus
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IV. Project Detail:

1. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?
Yes No

2. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?
Yes No

3. Will this project include replacement reserves in the Operating budget?
Yes No

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V. Project Description

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

This Transitional & Rapid Rehousing project will be geared toward a sub-population of mentally disabled and typically homeless individuals. Supportive Services will include the following: assessment of service needs, case management, foodservice, housing search/counseling services, life skills training, mental health services, outpatient health services, outreach services, referrals to community services (mental health, WIC, Agewise, CalFresh, Social Security, etc.), & healthcare coordination with Medex Health Network.

A "Resource Center/Office Administration Center" will be provided for clients at 304 East Main St. Unit C Barstow, CA which will serve the Virginia Way and Sage Motel clients. The Resource Centers will be the site for classes, free computer usage, computer training, community referrals, counseling, housing navigation and general administration.

Following the "Housing First Model," services will be optional and clients will be able to receive housing regardless of service participation status. The Housing First approach views housing as the foundation for life improvement and enables access to permanent housing without prerequisites or conditions beyond those of a typical renter. Supportive services will be offered to support people with housing stability and individual well-being, but participation will not be required as services have been found to be more effective when a person chooses to engage.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award

Project Milestones	Days from Execution of Grant Agreement			
	A	B	C	D
Begin hiring staff or expending funds	30 days	30		
Begin program participant enrollment	60 day	90 days		
Participants begin to occupy leased units or structure(s), and supportive services begin	120 days	120 days		
Leased or rental assistance units or structure, and supportive services near 100% capacity	180 days	180 days		
Closing on purchase of land, structure(s), or execution of structure lease	currently under site control	currently under site control		
Start rehabilitation	15 days	15 days		
Complete rehabilitation	90 days	90 days		
Start new construction	N/A existing apt 4-plex	N/A existing Motel		
Complete new construction	708 E. Virginia Way Barstow, CA	220 W. Main St. Barstow		

You must enter a value greater than zero for at least one project milestone.

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3. Check the appropriate box(s) if this project will have a specific subpopulation focus.
(Check ALL that apply)

N/A-Project Serves All Subpopulations		Domestic Violence	
Veterans		Substance Abuse	
Youth (under 25)	YES	Mental Illness	YES
Families		HIV/AIDS	
Chronic Homeless	YES	Other	

4. **PH-RRH, PH-PSH, and Joint TH&RRH Projects ONLY** - Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? YES NO

5. **PH-RRH, PH-PSH, and Joint TH&RRH Projects ONLY** - Housing First

- a. Will the project quickly move participants into permanent housing? YES NO
 b. Will the project enroll program participants who have the following barriers? Select all that apply.

Having too little or little income	
Active or history of substance abuse	
Having a criminal record with exceptions for state-mandated restrictions	YES
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	YES
None of the above	

- c. **PH-RRH, PH-PSH, and Joint TH&RRH Projects ONLY** - Will the project prevent program participant termination for the following reasons? Check all that apply.

Failure to participate in supportive services	CHECK
Failure to make progress on a service plan	CHECK
Loss of income or failure to improve income	CHECK
Being a victim of domestic violence	CHECK
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area.	
None of the above	

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6. **PH-RRH, PH-PSH, and Joint TH&RRH, ONLY** - Will the project follow a "Housing First" approach?

Yes

No

7. **PH-RRH, PH-PSH, and Joint TH&RRH Projects ONLY** - Will participants be required to live in a particular structure, unit, or locality, at any time during the period of participation? YES NO

If your response is 'Yes' please explain how and why the project will implement this requirement.

Participants will be required to live in housing provided by Avector Community Group, Inc. Housing will be provided as funded through this project. Residences have been identified and are located in Barstow, CA 92311-708 East Virginia Way Units A-D and 220 W. Main St. Both properties have been fully remodeled and modernized. The "Sage Motel" has a security gate, 24-hour security and food service. Both sites have live-in, fingerprint cleared house managers and are located near shopping, the bus line, county services, and parks. Sites will also be equipped with indoor/outdoor security cameras which can be monitored by facility staff and administration to ensure security, free wi-fi and land line telephone.

- a. Will more than 16 persons live in one structure? YES NO

If your response is 'Yes' please explain the local market conditions, that necessitate a project of this size and describe how the project will be integrated into the neighborhood.

The market conditions suggest that we are in a housing crisis. Housing prices and rents this past July 2021 have increased more than 20% compared to last year. This project at 220 W Main St Barstow, has 40 residents, and is well integrated into the neighborhood because it is a 20 unit plus motel that is zoned for commercial and residential multi-family living. The units have the appearance of residential ranch style living. Half of the units have kitchens intended for long stay residential living that is consistent with its current use and zoning regimen. It was designed considering its well-purposed layout for the purpose of housing multiple individuals. It is close to both multi-family homes, single family homes, and the commercial district making it a prime location for the residents to flourish and be geographically close to everything.

A project this size invites a synergy in terms of the application of supportive services cost and operates on economies of scale to provide a LOWER cost of OPERATIONS which benefits both the grant organizer and the Applicant.

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8. **PH-PSH ONLY** - A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families.

A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to the 2021 NOFO Section III.B.2. g.:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement and met the definition of chronic homeless as defined by 24 CFR 578.3 prior to entering the project;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions and the individual or head of household meet the definition of 'homeless individual with a disability; or
- (6) receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

Is this project 100% Dedicated or DedicatedPLUS?

100% Dedicated Not Applicable or DedicatedPLUS Not Applicable

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VI. SSO-CE Projects- Agencies applying for SSO-CE must complete the section below:

The following questions must be answered for “Coordinated Entry” projects. See the Coordinated Entry Notice for additional information. (Notice CPD-17-01: Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System) Notice CPD-17-01 may be accessed at the following link; <https://www.hud.gov/sites/documents/17-01CPDN.PDF>

- a. Will the coordinated entry process cover the CoC’s entire geographic area? See Section II.B.1 of the Coordinated Entry Notice for additional information.

- Yes, funds requested from this project will be used to meet this requirement.
 No, funds requested from this project will not meet this requirement.

- b. Will the coordinated entry process be affirmatively marketed and easily accessible by individuals and families seeking assistance? Required for coordinated entry project applications. The CoC’s coordinated entry must be affirmatively marketed and easily accessible by individuals and families seeking housing and services. Select:

- Yes, the CoC’s coordinated entry is affirmatively marketed to those least likely to apply for housing and services in the absence of special outreach.
 No, the coordinated entry does not meet the criteria.

- c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. Required for coordinated entry project applications. Use the textbox provided to describe the advertisement strategy that will ensure coordinated entry will be accessible to individuals and families with the highest barriers to accessing assistance including persons with disabilities, and persons with limited English proficiency (see 24 CFR 578.93(c)). Using bullets instead of full paragraphs is appropriate.

NOT APPLICABLE

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- d. Does the coordinated entry process use a comprehensive, standardized assessment process? Select:
- Yes, the standardized assessment process meets the criteria.
 - No, the standardized assessment does not meet the criteria.
- e. Describe the referral process and how the coordinated entry process ensures program participants are directed to appropriate housing and services. See Section II.B.3 of the Coordinated Entry Notice for additional information. Describe how the referral process for homelessness resources is coordinated with CoC and ESG providers according to the CoC's written Coordinated Entry process. Using bullets instead of full paragraphs is appropriate.

NOT APPLICABLE

- f. If the coordinated entry process includes differences in access, entry, assessment, or referral for certain subpopulations, are those differences limited only to the following five groups: (1) adults without children; (2) adults accompanied by children; (3) unaccompanied youth; (4) households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and (5) persons at risk of homelessness? Select:
- Yes, the CoC only limits differences identified to the five groups permitted in Section II.B.2 of the of the Coordinated Entry Notice.
 - No, the coordinate entry process does not meet this criteria and limits differences in access, entry, assessment, or referral for more than the five groups permitted.
- g. This coordinated entry project will refer persons experiencing homelessness to projects that specifically coordinates and integrates mainstream health, social services, and employment programs to program participants for which they may be eligible Select:
- Yes, this SSO-CE project will refer program participants to projects that coordinate and integrate referrals to mainstream health, social services, and employment programs.
 - No, this SSO-CE does not meet the criteria and this SSO-CE project will not refer program participants to projects that coordinate and integrate referrals to mainstream health, social services, and employment

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VII. DV Bonus -Agencies applying for DV Bonus Funds must complete the section below:

1. Providing Housing to DV Survivor--Project Applicant Experience. NOFO Section II.B.11.e.
 - a) Describe in the field below how the project applicant:
 1. Ensures DV survivors experiencing homelessness are assisted to quickly move into safe affordable housing;
 2. Prioritizes survivors--you must address the process the project applicant uses, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;
 3. Connects survivors to supportive services; and
 4. Moves clients from assisted housing to housing they can sustain--address housing stability after the housing subsidy ends.
Limit 2,000 Characters

NOT APPLICABLE

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2. Ensuring DV Survivor Safety-Project Applicant Experience, NOFO Section II.B.11.e.
- a) Describe in the field below examples of how the project applicant ensures the safety of DV survivors experiencing homelessness by:
1. Training staff on safety planning;
 2. Adjusting intake space to better ensure a private conversation;
 3. Conducting separate interviews/intake with each member of a couple;
 4. Working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
 5. Maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and
 6. Keeping the location confidential for dedicated units and/or congregate living spaces set aside solely for use by survivors.
- Limit 2,000 Characters

NOT APPLICABLE

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3. Evaluating Ability to Ensure DV Survivor Safety—Project Applicant Experience. NOFO Section II.B.11.e.
 - a) Describe in the field below how the project applicant evaluates its ability to ensure the safety of DV survivors the project serves.
Limit 2,000 Characters

NOT APPLICABLE

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4. Trauma-Informed, Victim-Centered Approaches—Project Applicant Experience. NOFO Section II.B.11.e Guidance—Though you can provide examples of experience not listed, you must address elements 1 through 7.
- a) Describe in the field below examples of the project applicant’s experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following:
1. Prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
 2. Establishing and maintaining an agency environment of mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
 3. Providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
 4. Emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
 5. Centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
 6. Providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
 7. Offering support for parenting, e.g., parenting classes, childcare.
- Limit 5,000 Characters

NOT APPLICABLE

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5. a) Describe in the field below:
1. Supportive services the project applicant provides to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and
 2. Provide examples of how the project applicant provides the supportive services to domestic violence survivors.
- Limit 5,000 Characters

NOT APPLICABLE

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6. Trauma-Informed, Victim-Centered Approaches–New Project Implementation. NOFO Section II.B.11.e
Guidance– This question requires you to provide examples of how the applicant will implement the new project, not the applicant’s experience operating an existing project. Though you can provide other examples of how you will implement the new project, you must address elements 1 through 7.
- a) Describe in the field below examples of how the new project will:
1. Prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
 2. Establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
 3. Provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
 4. Place emphasis on program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
 5. Center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
 6. Provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
 7. Offer support for parenting, e.g., parenting classes, childcare.
- Limit 5,000 Characters

NOT APPLICABLE

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VIII. New Expansion Projects-Agencies applying for a New Expansion Project must complete the section below:

1. Is this New project application requesting a "New Project Expansion" of an eligible renewal project of the same component type? YES NO

Enter the PIN number (first 6 numbers of the grant number) and Project Name for the renewal project application applying for renewal in this year's CoC Program Competition.

1a. Eligible Renewal Grant PIN Number: _____

1b. Eligible Renewal Grant Project Name: _____

2. Will this new expansion project Increase the number of program participants?

2a. Currently Approved Renewal Numbers

Number of persons	Number of units	Number of beds

2b. New effort: New Requested Numbers to Add. Enter the proposed point-in-time numbers that will be added to the renewal project.

Number of additional persons	Number of additional units	Number of additional beds

3. Will this New Expansion Project provide additional supportive services to program participants?

Yes No

3a. Indicate how the project will provide additional supportive services to program participants. Check all that apply.

3a. Increase number of or expand supportive services provided

3b. Increase frequency or intensity of supportive services

3c. Currently Approved Renewal Numbers

Number of persons _____

Number of units _____

Number of beds _____

3d. New Requested Numbers to Add

Number of additional persons _____

Number of additional units _____

Number of additional beds _____

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4. Will this new expansion project bring existing facilities up to government health and safety standards?

4a. Yes - No -

If yes, describe how the project is proposing to "bring existing facility(s) up to state or local government health or safety standards."

NOT APPLICABLE

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IX. Supportive Services for Participants – Agencies applying for PH-RRH, PH-PSH, and Joint TH&RRH must complete the section below:

1. Describe how participants will be assisted to obtain and remain in permanent housing.

The Applicant is best suited to assist the participants because it has a retired real estate broker on staff, has database access to the multiple listing service (MLS) which advertises leased properties, maintains working relationships with property management companies that lease properties, and has membership in a local County Apartment Owner's Association through its own ownership of properties either organizationally or through its principals. Applicant also controls permanent housing of its own and understands the needs of landlords during this housing crisis. Participants will be assisted by the Applicant with the proper preparation and presentation of housing applications, credit reports as required, consumer statements if needed, and with reviewing income qualifications with the participant to appropriately target the housing search and reduce time to rehousing. Applicant will provide the necessary counseling to Participants to encourage their success and will support the participant after housing is obtained.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

Avector Community Group Inc is a well established housing and supportive services provider. We will integrate the other organizational elements as follows:

Integration with Mainstream Health

Avector Community Group Inc has an existing relationship with medical provider Medex Health Network, under the direction of Dr. Jun Chiong, MD. and will use this organization to provide general medical, laboratory, psychiatric, medical/psychiatric case management and medical specialties to our program participants. This mainstream health organization currently serves 14 clients at our Adelanto & Colton facilities. They have agreed to expand their services to us to include 54 clients under our proposed CoC Bonus program that provides 27 units and beds at 2 scattered locations in Barstow, CA.

Integration with Social Services

Medex Health Network provides a medical/psychiatric case manager (LCSW) who visits with each of their patients once monthly. Avector Community Group, Inc. will utilize the services of a 2 full time case managers and a part-time healthcare coordinator who will provide referrals to local social services and assistance with scheduling appointments, transportation/vouchers. On-site Health/Resource fairs will be held periodically.

Integration with Employment Programs

Avector Community Group, Inc. will provide on-site Life Skills Training where computer, resume writing, Dress For Success, and interview skills will be taught. Staff will assist with employment applications and scheduling interviews. Referrals will be made to EDD, library literacy programs, GED centers, local community colleges and trade schools, and employers.

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3. For all supportive services available to program participants, indicate who will provide them and how often they will be provided

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	at intake and monthly for revisions
Assistance with Moving Costs		
Case Management	Applicant	daily
Child Care		
Education Services		
Employment Assistance and Job	Applicant	weekly
Food	Applicant	daily
Housing Search and Counseling	Applicant	daily
Legal Services	Applicant	weekly
Life Skills Training	Applicant	weekly
Mental Health Services	Applicant with HC provider	as needed
Outpatient Health Services	Applicant with HC provider	as needed
Outreach Services		
Substance Abuse Treatment Services	Referral	Referral
Transportation		
Utility Deposits	Applicant	as needed

Please enter all values for at least one-line item and leave no incomplete line items.

4. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes No

5b. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? Yes No

5. Will project participants have access to SSI/SSDI technical assistance provided by this project applicant, a subrecipient, or partner agency? Yes No

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? Yes No

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X. Housing Type and Location

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where most beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

PH-PSH - The following list summarizes each housing site in the project. For **Housing Type** enter if the housing will be scattered-site apartments, shared housing, single family homes/townhomes or other. **Units**-Please enter the number of units the project will provide. **Beds**-The number of beds associated with project. **Dedicated Chronically Homeless (CH) beds**.

Site Location	Housing Type	Units	Beds	Dedicated CH Beds
N/A				

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PH-RRH Only – The following list summarizes each housing site in the project. **Units**-Please enter the number of units the project will provide. **Beds**-The number of beds associated with project. **Housing Type**- Report the type of housing structures where program participants are housed.

Choose from the following housing types: Shared housing, Single Room Occupancy, Clustered apartments, Scattered-site apartments (including efficiencies) or Single-family homes/townhouses/duplexes.

Site Location	Total Units	Total Beds	Housing Type
N/A			

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Joint TH & PH RRH Only - The following list summarizes each Transitional and Rapid Re-Housing site in the project.
Units-Please enter the number of units the project will provide. **Beds**-The number of beds associated with project.
***HousingType**- Report the type of housing structures where program participants are housed.

Choose from the following housing types: Barracks, Dormitory, Shared housing, Sigle Room Occupancy, Clustered apartments, Scattered-site apartments (including efficiencies) or Single-family homes/townhouses/duplexes.

Site Location		Transitional Housing	Rapid Re-Housing	Total
708 E Virginia Way, Units A-D Barstow, CA. 92311 Apt Fourplex: under site control	Total Units	3 Br	4 Br	7 Br
	Total Beds	6 beds	8 beds	14 beds
	Housing Type	Shared housing	Shared Housing	

Site Location		Transitional Housing	Rapid Re-Housing	Total
Sage Motel: 220 W. Main St Barstow, CA. 92311 Extended Stay Motel: under site control	Total Units	10 units	10 units	20 units
	Total Beds	20 beds	20 beds	40 beds
	Housing Type	shared housing SRO	shared housing-SRO	

Site Location		Transitional Housing	Rapid Re-Housing	Total
	Total Units			
	Total Beds			
	Housing Type			

Site Location		Transitional Housing	Rapid Re-Housing	Total
	Total Units			
	Total Beds			
	Housing Type			

*Barracks and Dormitory can be used for the TH units and beds of a joint project, **but they are not appropriate for PH-RRH units and beds.**

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1. Does the TH portion of the project have private rooms per household? YES NO

2. What is the funding source for these units and beds? Be sure to include all funding sources used for this project, not just CoC Program funds.

The funding source for the 54 unit and 108 beds is as follows:

CoC Program Funds : will fund 75% of the cost of the program units

'Units Leased' component of the Coc Program funds will cover the PH Rapid Rehousing Component costs for the single room occupancies provided.

Program Income : Clients with a source of income such as Social Security may pay a portion of their income for rents and additional amounts depending on whether food is provided or not.

The Transitional Housing component is funded by the Operating Costs provided under the CoC grant.

Applicant Provided Funding Source : In-kind matching of donated or volunteer services by the Applicant, donated fair market rental value and also donated office equipment and materials.

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XI. Project Participants - Households

Instructions:

Agencies applying for PH-PSH, PH-RRH, and Joint TH & PH-RRH are required to complete the section below. In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

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

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

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

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

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

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

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

Totals: Enter the "Total Number..." and "Total Persons".

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a. Project Participant Household Table

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households		54	0	54

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24		42	0	42
Persons ages 18-24		12	0	12
Accompanied Children under age 18		0	0	0
Unaccompanied Children under age 18		0	0	0
Total Persons		54	0	54

At least one person in the Households Grid must be served.

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XII. Project Participants - Subpopulations

Instructions:

Agencies applying for PH-PSH, PH-RRH, and Joint TH & PH-RRH are required to complete the section below. Enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term.

Complete each of the three charts on the following pages according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

a. Persons in Households with at Least One Adult and One Child

In the space below, describe the unlisted subpopulations referred to above, if applicable. Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non- Chronically Homeless Veterans	Chronic Substance Abusers	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons										

Describe the unlisted subpopulations referred to above, if applicable. Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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b. Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non- Chronically Homeless Veterans	Chronic Substance Abusers	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Develop mental Disability	Persons not represented by listed subpopulations
Adults over age 24							42			
Adults ages 18-24							12			
Total Persons							54			

In the space below, describe the unlisted subpopulations referred to above, if applicable. Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

c. Persons in Households with only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non- Chronically Homeless Veterans	Chronic Substance Abusers	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Develop mental Disability	Persons not represented by listed subpopulations
Children under age 18										
Total Persons										

In the space below, describe the unlisted subpopulations referred to above, if applicable. Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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XIII. Funding Request:

1. Will it be feasible for the project to be under grant agreement by September 15, 2023? Yes No

1a. **DV Bonus Only:** Can this project realistically be under grant agreement by September 15, 2022? YES

2. Does this project propose to allocate funds according to an indirect cost rate?

Yes No

2a. If yes, complete the indirect cost rate table below:

Agency	Indirect Cost Rate	Direct Cost Base	Date approved or enter "NA" if using 10% de minimis rate

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

Costs	PH-PSH	PH-RRH	Joint TH&RRH	SSO-CES
Leased Units			CHECKED	
Leased Structures			CHECKED	
Rental Assistance				
Supportive Services			CHECKED	
Operating			CHECKED	
HMIS			CHECKED	

At least one box must be checked.

4. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months)

Yes No

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XIV. Leased Units Budget – Only complete if requesting funds for Leased Units

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2021 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2021_code/2021summary.odn

Size of Units: Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2021 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12. Applicant must enter annual rent request in the Total Request column.

Total Request: Enter the total calculated amount from each row.

Total Units and Annual Assistance Requested: Enter the total number of units and the sum of the total requests per unit size per year.

Grant Term: The Grant Term is 1 year.

Total Request for Grant Term: This field should be calculated based on the total annual assistance requested multiplied by the grant term.

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In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Size of Units	# of Units	*FMR	HUD Paid Rent	12 Months	Total Request
0 Bedroom	28 Bed RRH UNITS	\$955	\$ 26740	12	\$320,880
1 Bedroom		\$1,106		12	
2 Bedroom		\$1,390		12	
3 Bedroom		\$1,917		12	
4 Bedroom		\$2,369		12	
5 Bedroom		\$2,724		12	
6 Bedroom					
7 Bedroom					
8 Bedroom					
9 Bedroom					
Total Units and Annual Assistance Requested	28 bed RRH units				\$320,880
Grant Term	1.5 yr				1
Total Request for Grant Term	28 bed RRH units				\$320,880

* Final FY 2021 Fair Market Rent by Unit Bedrooms-San Bernardino County-

https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2021_code/2021summary.odn

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XV. Leased Structures Budget – Only complete if requesting funds for Leased Structures

Instructions:

The leased structures budget detail requires a structure name and address and the monthly HUD paid rent (Actuals). This rent must be manually multiplied by 12 months and then by the grant term. Enter the Total Request for Grant Term.

Leased Structures Budget Detail

Structure Name: Resource Centers/ Supportive Services Offices

Street Address 1: 304 E Main St Unit C

Street Address 2: _____

City: Barstow

State: CA

Zip Code: 92311

HUD Paid Rent (per month)	\$1,000
12 months	12
Total Annual Assistance Requested	\$12,000
Grant Term	1 Year
Total Request for Grant Term	\$12,000

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XVI. Rental Assistance Budget – Only complete if requesting funds for Rental Assistance

Instructions:

Type of Rental Assistance: Enter the applicable type of rental assistance. Options include tenant-based assistance (TRA), sponsor-based assistance (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection. Please note – RRH projects Rental Assistance: Rental assistance is limited to TRA for RRH projects.

Metropolitan or non-metropolitan fair market rent area: Prepopulated.

Size of Units: These options are prepopulated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2021 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at:

https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2021_code/2021summary.odn

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column must be populated with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row must be calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: The Grant Term is 1 year.

Total Request for Grant Term: This field must be calculated based on the total annual assistance requested multiplied by the grant term

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1. Type of Rental Assistance SRA
2. Metropolitan or non-metropolitan fair market rent area: Riverside-San Bernardino-Ontario, CA

Rental Assistance Budget Table

Size of Units	# of Units	*FMR Area	12 Months	Total Request
0 Bedroom	0	\$955	X 12	0
1 Bedroom		\$1,106	X 12	
2 Bedroom		\$1,390	X 12	
3 Bedroom		\$1,917	X 12	
4 Bedroom		\$2,369	X 12	
5 Bedroom		\$2,724	X 12	
6 Bedroom			X 12	
7 Bedroom			X 12	
8 Bedroom			X 12	
9 Bedroom			X 12	
Total and Annual Assistance Requested				
Grant Term	3 year			3 year
Total Request for Grant Term				0

* Final FY 2021 Fair Market Rent by Unit Bedrooms-San Bernardino County-
https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2021_code/2021summary.odn

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XVII. Supportive Services Budget - Only complete if requesting funds for Supportive Services

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive services.

Eligible Costs: A list of eligible supportive services for which funds can be requested is displayed. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail".

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

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

Grant Term: The Grant Term is 1 year.

Total Request for Grant Term: Calculate this field based on the total amount requested for each eligible cost multiplied by the grant term.

Eligible Costs	Quantity and Description	Annual Assistance Requested	Total Annual Assistance Requested
Assessment of Service Needs	covered by case managers		
Assistance with Moving Costs			
Case Management	1 FTE Case Mgr Salary+Benefits for 26 participants	\$40,000	\$ 40,000
Child Care			
Education Services	.5 FTE Case Mgr Salary+Benefits for 26 participants	20,000	\$20,000
Employment Assistance	.5 FTE Case Mgr Salary+Benefits for 26 participants	20,000	\$20,000
Food	2 meal per day person for 26 participants + 1 FTE Cook	\$100,000	100,000
Housing Search/Counseling Services	covered by case managers		
Legal Services			
Life Skills Training	5 FTE Trainers X \$36,000 EA plus supplies for 26 participants	\$ 20,000	\$ 20,000
Mental Health Services	.5 FTE Healthcare Coordinator for 26 participants	16,000	\$16,000
Outpatient Health Services	covered by Healthcare Coordinator		
Outreach Services	covered by Case Managers		
Substance Abuse Treatment			
Transportation			
Utility Deposits			
Operating Costs	3 FTE Residential Mgs +Supplies for 26 participants	60,000	60,000
Total Annual Assistance Requested			\$258,000
Grant Term		1 Year	1.5 Years
Total Request for Grant Term			\$ 258,000

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XVIII. Operating Budget Leased - Only complete if requesting funds for Operating Costs

Instructions:

Eligible Costs: Below is a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

Total Annual Assistance Requested: Enter the amount based on the sum of the annual assistance requests entered for each activity.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	\$400/month labor + materialsX3 propX12	covered as in-kind
2. Property Taxes and Insurance	3 properties taxed + Gen Liability +W/C	covered as in-kind
3. Replacement Reserve	Total Value @4% annual replacement	covered as in-kind
4. Building Security	6 ext lighting + 3 sec system w/ cameras	covered as in-kind
5. Electricity, Gas, and Water	30 SRO units *200/unit*12 months	36,000
6. Furniture	30 units bedroom furniture beds + nighstand+	\$30,000
7. Equipment (lease, buy)	Kitchen+ laundry + Misc equipment + utensils	14,200
Total Annual Assistance Requested		80,200
Grant Term		1 Year

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XIX. HMIS Budget- Only complete if requesting funds for HMIS

Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. Below is a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

Quantity Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount funds requested for each activity.

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

Grant Term: The Grant Term is 1 year.

Total Request for Grant Term: Calculate this field based on the total amount requested for each eligible cost multiplied by the grant term.

* A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment	3 computers, plus printer & scanner	\$6,000
2. Software	1 EA Software + Excel +Word	in-kind
3. Services	1 EA Internet + phone/data/voice service	\$3,500
4. Personnel	1 FTE Data Collection/Entry Personnel + Reviewer	in-kind
5. Space & Operations	4 Desks, 4 Chairs, Misc. Furniture	\$2,500
Total Annual Assistance Requested:		\$0 \$12,000
Grant Term:		1 Year
Total Request for Grant Term:		\$0 \$12,000

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XX. Match

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs.

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project?

1a. Briefly describe the source of the program income:

(limit 1000 characters)

This project will generate program income to use as Match for this project. The program income will come from residents who have some form of verifiable income established through the intake assessment. These residents either in the beginning or at some point later should be able to financially contribute to rent and food services.. It is expected that some residents will not have verifiable income or any income in the beginning. Income levels may be determined through linkages with the Social Security Office or employment opportunities in the community. Therefore, it is anticipated that some match will be in-kind from the applicant and primarily met by eligible cost items such as volunteer time and work to support the project.

- 1b. Estimate the amount of program income that will be used as Match for this project:

Program Income Estimated to be used as a Match

Total # of Adult Residents = 108 mentally disabled residents, potentially qualified for Social Security

Assume 10% of incoming residents have already established Social Security or verifiable income at intake based on historical data.

Then estimated # of residents with actual & verifiable income = 10 Residents

Annual Program Income Estimated = $10 * \$750 / \text{month} * 12 \text{ months} = \$90,000$

Estimated Program Income for Match = \$80,000

Total Match = (Total Grant - Lease Costs) = $(746,435 - 320,880 - 12,000) * 0.25 = \$103,389$

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2. In the table below:

- 2a. Enter Type of Commitment: Enter Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.
- 2b. Type of Source: Enter Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.
- 2c. Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of Written Commitment: Enter the date of the written contribution.

Value of Written Commitment: Enter the total dollar value of the contribution.

Type of Commitment	Type of Source	Name the Source of the Commitment	Date of Written Commitment	Value of Written Commitment
IN-KIND	PRIVATE:	Applicant: VOLUNTEER Time & Service	09/27/2021	\$10,000
IN-KIND	PRIVATE:	Applicant: DONATIONS	09/27/2021	\$15,000
IN-KIND	PRIVATE	Applicant: PROGRAM INCOME	09/27.2021	\$80,000
			TOTAL	\$105,000

**Continuum of Care (CoC) 2021- Domestic Violence (DV) Bonus and CoC Bonus
Application - REVISED**

XXI. Summary Budget

Instructions:

The appropriate amount of eligible costs, cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs	Total Assistance Requested for 1-year Grant Term
Leased Units	\$320,880
Leased Structures	\$12000 covered as in-kind contribution
Rental Assistance	0
Supportive Services	\$258,000
Operating	\$ 80,200 portions covered as in-kind contribution
HMIS	12000 portions covered as in-kind contribution
Sub-total Costs Requested	\$683,080
Admin. (up to 10%)	83355
Total Assistance plus Admin Requested	\$746,435
Cash Match	
In-Kind Match	\$103,389
Total Match	\$103,389
Total Budget	\$ 849,824

Please provide reasonable cost to the community for the number of households served and the type of housing and services being provided.

Cost Efficiency Table

A.	In the column to the right, please enter the Projected Number of Units	27 units, 54 participants
B.	In the column to the right, please enter the Annual Project Cost (All HUD and Cash Match)	\$849,824
C. TH & P RRH with Supportive Services	In the column to the right, please enter the Annual Cost per Unit (divide B by A)	\$31,364/unit \$ 15,682 / participant

Continuum of Care (CoC) 2021- Domestic Violence (DV) Bonus and CoC Bonus Application - REVISED

Appendix I

A. Definitions

1. *Centralized or coordinated assessment system* means a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.
2. *Chronically homeless.* **(1)** An individual who: **(i)** Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and **(ii)** Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and **(iii)** Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability; **(2)** An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or **(3)** A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.
3. *CoC Bonus Project.* Collaborative Applicants may include new project applications of up to 5 percent of its CoC Final Pro Rata Need (FPRN). New projects created through the CoC Bonus must meet the project eligibility and project quality threshold requirements established by HUD in Sections V.C.3.b and c of the NOFO. To be eligible to receive a CoC Bonus project, a Collaborative Applicant must demonstrate its CoC ranks projects based on how they improve system performance as outlined in Section VII.B.2.b of the NOFO.

Continuum of Care (CoC) 2021- Domestic Violence (DV) Bonus and CoC Bonus Application - REVISED

4. *Continuum of Care and Continuum* means the group organized to carry out the responsibilities required under this part and that is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate.

5. *DedicatedPLUS Project.* A permanent supportive housing project where 100 percent of the beds are dedicated to serve individuals, households with children, and unaccompanied youth (including pregnant and parenting youth) that at intake meet one of the following categories: (1) experiencing chronic homelessness as defined in 24 CFR 578.3; (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project; (3) residing in a place not meant for human habitation, emergency shelter, or Safe Haven and had been admitted and enrolled in a permanent housing project within the last year but were unable to maintain a housing placement and met the definition of chronic homeless as defined by 24 CFR 578.3 prior to entering the project; (4) residing in transitional housing funded by a Joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3; (5) residing and has resided in a place not meant for human habitation, Safe Haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions and the individual or head of household meet the definition of 'homeless individual with a disability; or (6) receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds were dedicated to chronically homeless individuals and families, as described in Section III.B.2.b, under the grant that is being renewed may either become a DedicatedPLUS project or may continue to dedicate 100 percent of its beds to chronically homeless individuals and families. If a renewal project that has 100 percent of its beds dedicated to chronically homeless individuals and families elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Projects that were awarded as DedicatedPLUS in a previous CoC Program Competition are required to include households with children to qualify as a DedicatedPLUS project in the FY 2021 CoC Program Competition.

Continuum of Care (CoC) 2021- Domestic Violence (DV) Bonus and CoC Bonus Application - REVISED

6. *Developmental disability* means, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002):
- (1) A severe, chronic disability of an individual that—
 - (i) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - (ii) Is manifested before the individual attains age 22;
 - (iii) Is likely to continue indefinitely;
 - (iv) Results in substantial functional limitations in three or more of the following areas of major life activity:
 - (A) Self-care;
 - (B) Receptive and expressive language;
 - (C) Learning;
 - (D) Mobility;
 - (E) Self-direction;
 - (F) Capacity for independent living;
 - (G) Economic self-sufficiency.
 - (v) Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.
 - (2) An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria described in paragraphs (1)(i) through (v) of the definition of “developmental disability” in this section if the individual, without services and supports, has a high probability of meeting these criteria later in life.
7. *Domestic Violence (DV) Bonus*. DV Bonus. A new project that is dedicated to survivors of domestic violence, dating violence, sexual assault, or stalking who qualify under paragraph (4) of the definition of homeless at 24 CFR 578.3. New DV Bonus projects are subject to the limitation on new projects in Section II.B.1.a of the NOFO, and a CoC may apply for up to 15 percent of its Preliminary Pro Rata Need (PPRN) to create a new DV Bonus project(s); however, this amount is limited to a: (1) a minimum of \$50,000 if 15 percent of the CoC's PPRN is less than \$50,000; or (2) maximum of \$5 million if 15 percent of the CoC's PPRN is more than \$5 million. See Sections II.B.5 and II.B.11.e of the NOFO for project application requirements and how DV Bonus projects will be reviewed and selected.
8. *New Project Expansion*. The process by which a renewal project applicant submits a new project application to expand its current operations by adding units, beds, persons served, services provided to existing program participants, or in the case of HMIS, increase the current HMIS activities within the CoC's geographic area. For the new

Continuum of Care (CoC) 2021- Domestic Violence (DV) Bonus and CoC Bonus Application - REVISED

expansion project to be selected for conditional award the renewal project application must also be selected for conditional award. DV Bonus funds can only be used to expand an existing renewal project if the expansion project is dedicated to survivors of domestic violence, dating violence, or stalking who qualify under paragraph (4) of the definition of homeless at 24 CFR 578.3.; however, as explained in Section II.B.11.e, only the new project application for the expansion will be considered for DV Bonus funds. For projects that are expanding their current CoC Program-funded project, project applicants will be required to submit: (1) the renewal project application that will be expanded; and (2) a new project application with the expansion information.

9. *Homeless Management Information System (HMIS)* is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Each Continuum of Care is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.
10. *Joint TH and PH-RRH component project* combines two existing program components—transitional housing and permanent housing-rapid rehousing—in a single project to serve individuals and families experiencing homelessness. HUD will require the recipient to adopt a Housing First approach (see Sections II.A.2 and III.B.2.o of the NOFO) across the entire project and program participants may only receive up to 24-months of total assistance. For more information about Joint TH and PH-RRH component projects, see Section V.C.3.c of the NOFO. If funded, HUD will limit eligible costs as follows, in addition to other limitations found in the Rule: (1) leasing of a structure or units, and operating costs to provide transitional housing; (2) short- or medium-term tenant-based rental assistance on behalf of program participants to pay for the rapid rehousing portion of the project; (3) supportive services; (4) HMIS; and (5) project administrative costs. When a program participant is enrolled in a Joint TH and PH-RRH component project, the recipient or subrecipient must be able to provide both components, including the units supported by the transitional housing component and the tenant-based rental assistance and services provided through the PH-RRH component, to all participants. A program participant may choose to receive only the TH unit or the assistance provided through the PH-RRH component, but the recipient or subrecipient must make both types of assistance available. Additionally, if CoC Program funds are not being requested for both TH and PH-RRH units, the project application must describe and include the number of TH and PH-RRH units that will be utilized by the project from another funding source, if selected for conditional award, and provide details in the project description of how TH and PH-RRH assistance will be provided.

Continuum of Care (CoC) 2021- Domestic Violence (DV) Bonus and CoC Bonus Application - REVISED

11. *Permanent Supportive Housing.* Permanent supportive housing means permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.
12. *Physical Disability.* A physical disability means a physical impairment which is (a) expected to be of long, continued and indefinite duration, (b) substantially impedes an individual's ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions.
13. *Rapid Re-Housing.* Rapid Re-Housing places a priority on moving a family or individual experiencing homelessness into permanent housing as quickly as possible, ideally within 30 days of a client becoming homeless and entering a program.
14. *Reallocation.* Reallocation is a process used by CoCs to shift funds in whole or part from existing eligible renewal projects to create one or more new projects without decreasing the CoC's ARD. New projects created through reallocation must meet the requirements set forth in Section II.B.1 of the NOFO and the project eligibility and project quality thresholds established by HUD in Sections V.C.3.b and c of the NOFO. CoCs may only reallocate eligible renewal projects that have previously been renewed under the CoC Program. To create a Transition Grant (see Section III.B.2.z of the NOFO), the CoC must wholly eliminate one or more projects and use those funds to create the single, new transition grant. YHDP projects cannot be reallocated. To receive funding for a new project, the Collaborative Applicant must demonstrate all project applications are evaluated and ranked based on the degree to which they improve the CoC's system performance.

***PLEASE NOTE – On September 16, 2021, at the San Bernardino County Grant Review Committee (GRC) meeting, GRC committee members voted to forgo the reallocation of funds for FY 2021 CoC Competition Renewal projects. Therefore, there are not reallocation funds available for projects in this RFA.**

ATTACHMENTS

DOCUMENT	PAGE
Facility Administrator Certificate-David Neal	A
Facility Administrator Certificate-Vicki Estelle	B
Medical Provider Letter of Commitment	C
Cash Match/In-Kind Commitment Letter	D
Photo- Site #1: 708 E. Virginia Way Units A-D	E
Approval Letter Site #1 -City of Barstow	F
Photo-Site #2 Extended Stay Sage Motel	G-K
Drawings for Site #2 Sage Motel	L-Q
Site #2 Permit to Operate/Business License	R



STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION



DAVID F NEAL

Completed the Adult Residential Facility Administrator Certification Program

Standard Certificate 6018816735

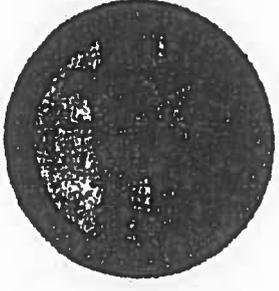
Effective Date: 10/5/2020 Expiration Date: 10/4/2022

TECHNICAL ASSISTANCE BUREAU, CHIEF

This certificate is issued in accordance with all applicable laws and regulations. Certificate holders are required to maintain compliance at all times. Certification alone does not qualify the person to be employed; other qualifying requirements must be met and documented.



STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION



Vicki D Estelle

completed the Adult Residential Facility Administrator Certification Program

Standard Certificate 6003393735

Effective Date: 9/5/2020

Expiration Date: 9/4/2022

Brenda Bauer

TECHNICAL ASSISTANCE BUREAU, CHIEF

This certificate is issued in accordance with all applicable laws and regulations.
Certificate holders are required to maintain compliance at all times.



September 29, 2021

Avector Community Group, Inc.
P.O. Box 2515
Rancho Cucamonga, CA 91729

SUBJECT: MEDICAL PROVIDER LETTER OF COMMITMENT TO AVECTOR COMMUNITY GROUP

Good day,

I am writing this letter to introduce our medical practice, and to show our commitment to working with Avector Community Group, Inc. We are the medical group currently providing primary care medical services, psychiatry and behavioral care case management to residents at Avector's adult residential facilities for the mentally ill located in the high desert.

We are ready and able to provide medical/psychiatric services for the next 5 years beginning November 1, 2021 to an additional 54 clients through the CoC Transitional Housing Program for the Mentally ill. The approximate financial value of our service commitment, subject to actual use, is estimated to be \$12 million dollars annually over this time period.

Very truly yours,

Jun R. Chiong, MD, MPH, FACC, FCCP
Internal Medicine - Cardiology
Medical Director
Jun R. Chiong, MD, MPH, Inc.
MedEx Health Network, Inc.
Phone: 909 475-7371
Fax: 855 233 7921
jchiong@medexhealthnetwork.com

Redlands, CA

OFFICE (909) 475-7371

C

AVECTOR COMMUNITY GROUP, INC.

MAILING ADDRESS: P.O. BOX 2515 * RANCHO CUCAMONGA, CA 91729

PHYSICAL ADDRESS: 465 N. CENTRAL AVE. * UPLAND, CA 91786

PHONE: (951) 203-1659 * FAX: (909) 920-0555

EMAIL: avectorbus@aol.com

TO WHOM THIS MAY CONCERN

9-30-21

**SUBJECT: LETTER OF MATCH COMMITMENT CoC 2021-
BARSTOW TRANSITIONAL AND P RRH PROJECT**

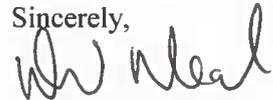
This letter provides documentation that Avector Community Group, Inc. is the applicant for the Continuum of Care (CoC) 2021 grant through HUD. In-kind funding is provided in the amount of \$105,000.00 as follows:

Commitment	Type of Source	Name of Source	Date of Written Commitment	Value of Commitment
In-Kind	Private	Applicant Volunteer Time & Service	9/27/2021	\$10,000
In-Kind	Private	Applicant: Donations	9/27/2021	\$15,000
In-Kind	Private	Applicant: Program Income	9/27/2021	\$80,000
			TOTAL	\$105,000

We understand that the funding provided to this project will be utilized to support HUD (Match or leverage) requirements specifically for this project.

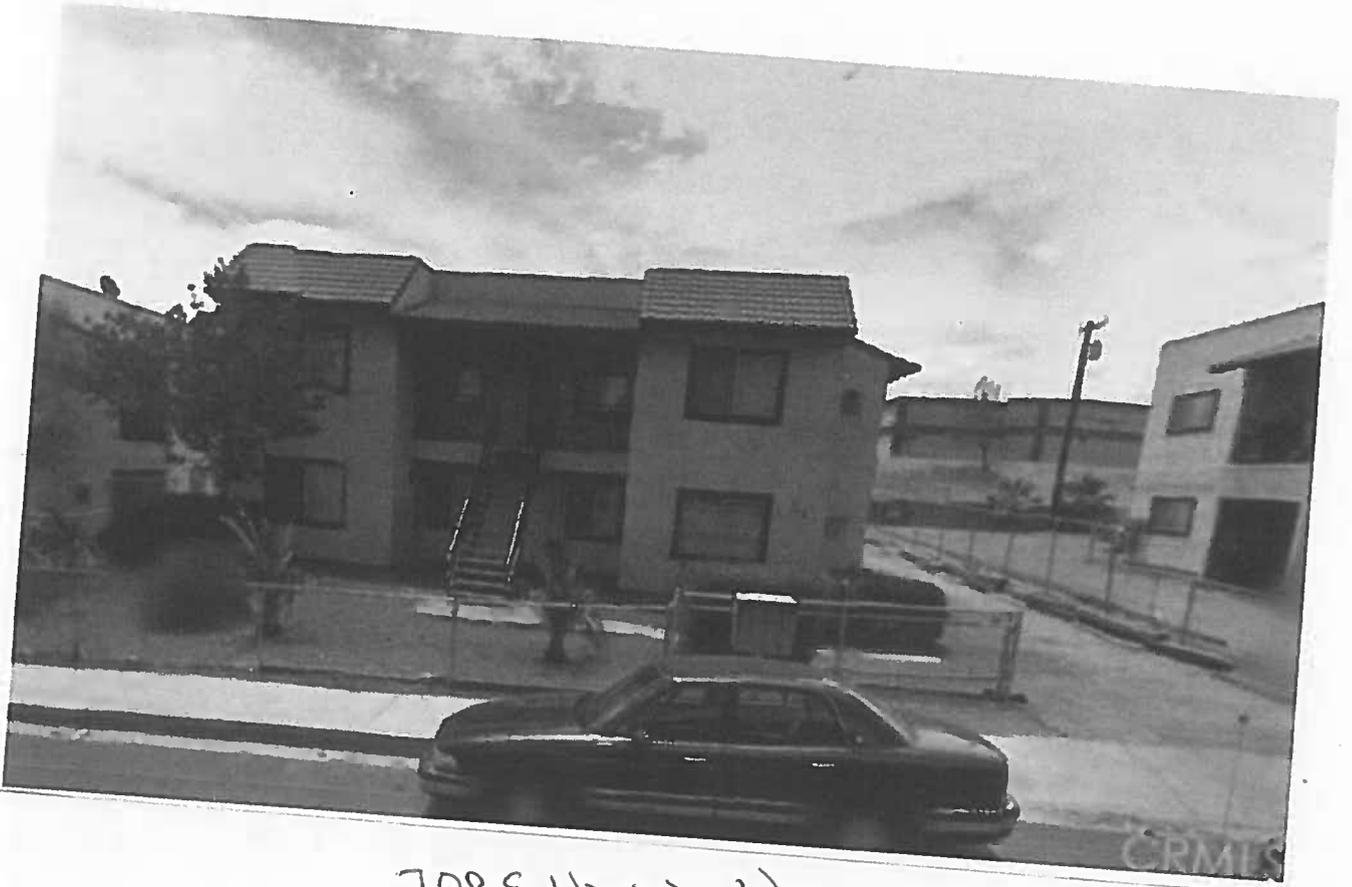
Please contact me should you have any questions.

Sincerely,



David Neal, President

D



708 E. Virginia Way
Units A-D
Barstow, CA 92311

PHOTO: PROJECT SITE #1

E



November 7, 2017

Avector Community Inc.
Attn.: David Neal, President
PO Box 2513
Rancho Cucamonga, CA 91729

RE: Transitional Housing

Dear Mr. Neal:

Thank you for stopping by yesterday to discuss the concerns regarding transitional housing approvals at the local level. As you are aware, pursuant to Government Code Section 65583(a)(5), transitional and supportive housing shall be considered as a residential use of the property, subject only to restrictions that apply to other residential dwellings of the same type in the same zone. Therefore, if it is a single-family residence, said transitional or supportive housing must be occupied in the same fashion. Likewise, an apartment complex could also be used as a multi-family transitional and/or supportive housing. This is stated in Section 19.10.100 (Transitional and supportive housing) of the Barstow Municipal Code. This does not exempt review by fire or building departments for any health/safety issues, but once again, it would be looked at the same as residential uses. I hope this suites the needs of your requirements.

If you have any questions, you may reach me via email at mmussimini@barstowca.org, by telephone at (760) 255-5152, or by stopping by my office.

Sincerely,


Michael Massimini
City Planner

220 East Mountain View Street, Suite A, Barstow, California 92311-2839
Ph: 760-256-3531 Fax: 760-256-1750 www.barstowca.org

APPROVAL LETTER: PROJECT SITE #1

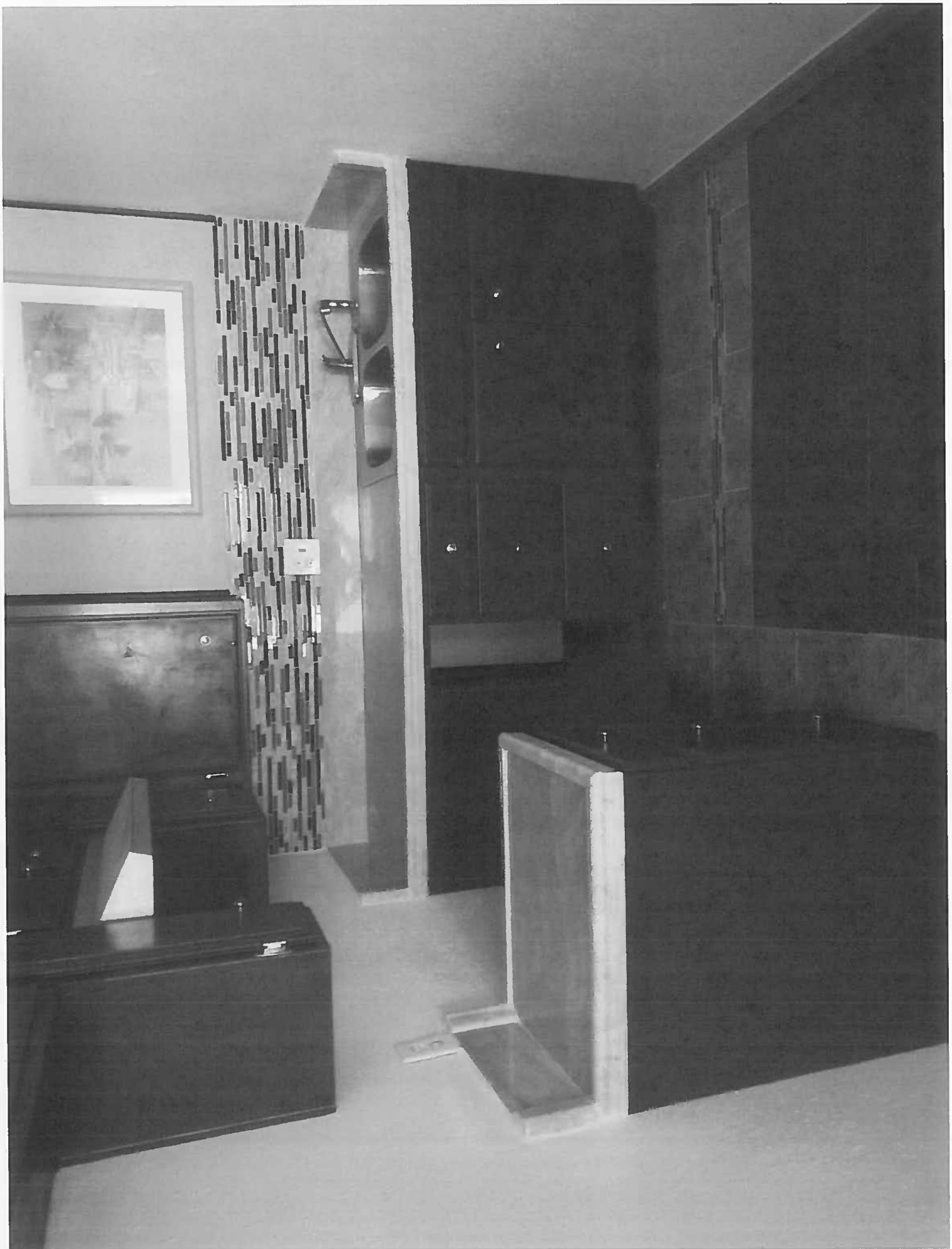
10
F





#

S







DRAWINGS FOR PROJECT SUITE #2: EXTENDED STAY MOTEL
SAGE MOTEL

PERMANENT SUPPORTIVE TRANSITIONAL AND REHABILITATIONAL HOUSING

SAGE MOTEL ROUTE 66
220 MAIN ST.
BARSTOW, CA 92311
TEL: (951) 203-1659

SEA DRAFTING AND ARCHITECTURE
17001 ELWOOD RD.
DOWNEY, CA 90241
TEL: (951) 203-1659
www.seadrafting.com

REVISIONS BY

DATE: 10/28/19
SCALE: AS NOTED
SHEET #: A-1
OF SHEETS: 7

VICINITY MAP

PROJECT INFORMATION

PROJECT ADDRESS: 220 MAIN ST. BARSTOW, CA 92311

OWNER / ADDRESS: SAGE MOTEL, 220 MAIN ST., BARSTOW, CA 92311

PROJECT DESCRIPTION: REMODEL AND REHABILITATION FOR PERMANENT SUPPORTIVE TRANSITIONAL AND REHABILITATIONAL HOUSING

LEGAL DESCRIPTION: APN: 011-01-44-0000, STATE MORT. ADD. TO BARSTOW LOTS 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000

MODEL UNITS

SHEET INDEX

SHEET	MODEL UNITS / PROJECT INFORMATION / NOTES
A-1	SITE PLAN / MODEL UNITS / PROJECT INFORMATION / NOTES
A-2	BUILDING #1 FLOOR PLAN & ELEVATIONS
A-3	BUILDING #2 FLOOR PLAN & ELEVATIONS
A-4	BUILDING #3 FLOOR PLAN & ELEVATIONS
A-5	BUILDING #4 FLOOR PLAN & ELEVATIONS

220 MAIN ST.

SITE PLAN

SCALE: 1/8" = 1'-0"

REVISIONS	BY

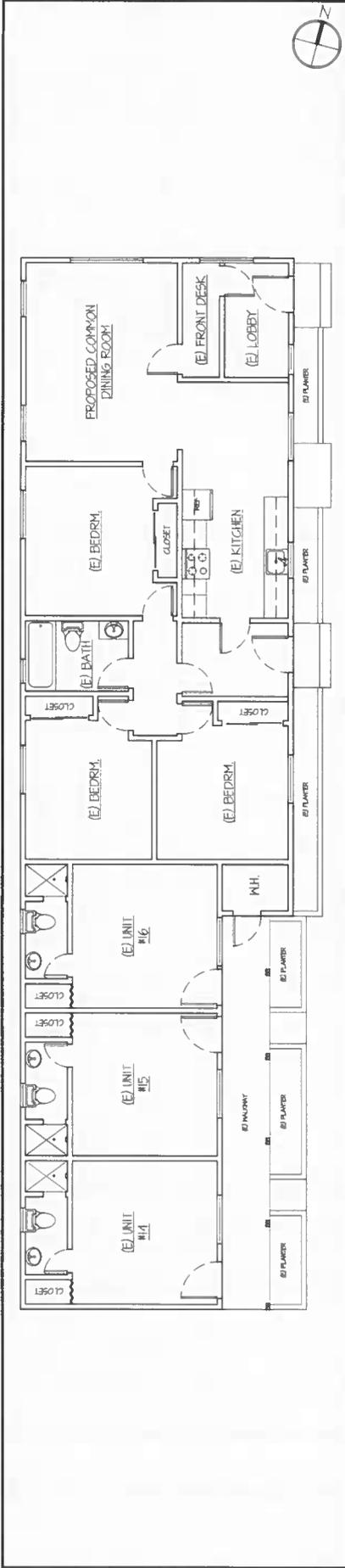
SEA DRAFTING AND
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1000 W. BROADWAY
SANTA ANA, CA 92704
TEL: (949) 440-8844
www.seadrafting.com

SAGE MOTEL ROUTE 66
220 MAIN ST.
BARSTOW, CA 92311
TEL: (951) 203-1659

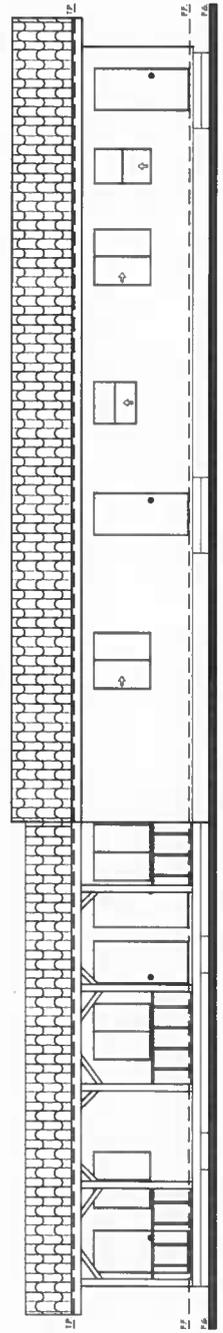
**PERMANENT SUPPORTIVE
TRANSITIONAL AND
REHABILITATIONAL HOUSING**

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DATE: 10/28/19
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SHEET #:

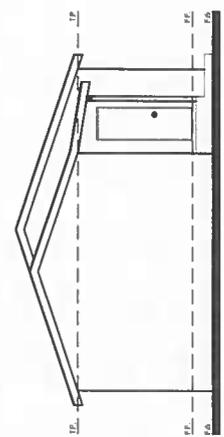
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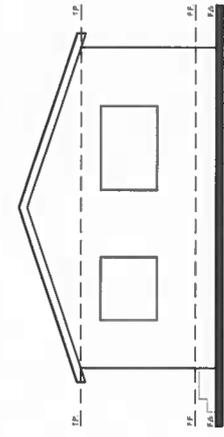
BUILDING #1 FLOOR PLAN



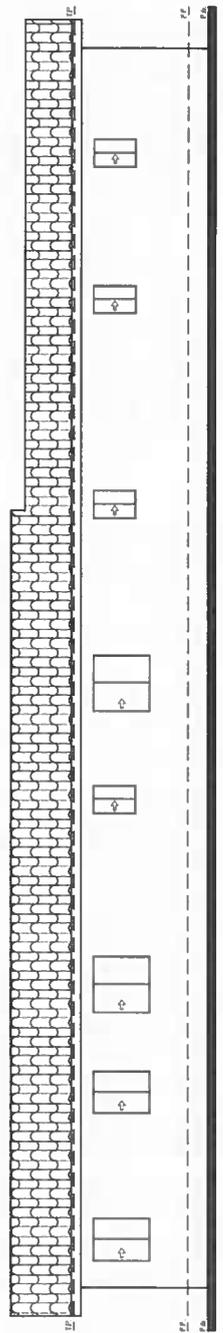
EAST ELEVATION



SOUTH ELEVATION



NORTH ELEVATION



WEST ELEVATION



BUILDING #1 ELEVATIONS

M

2

A-3

OF SHEETS

SHEET #

SCALE: AS NOTED

DATE: 10/28/19

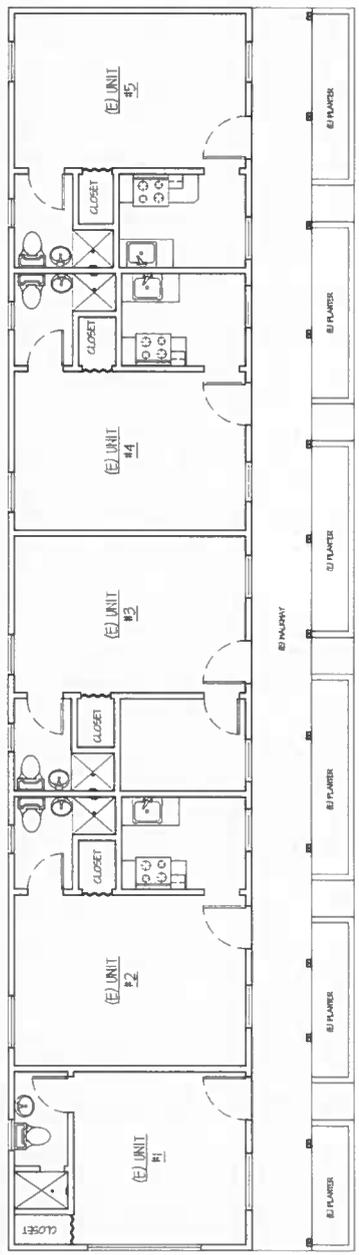
DRAWN BY: S.L.

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REHABILITATIONAL HOUSING

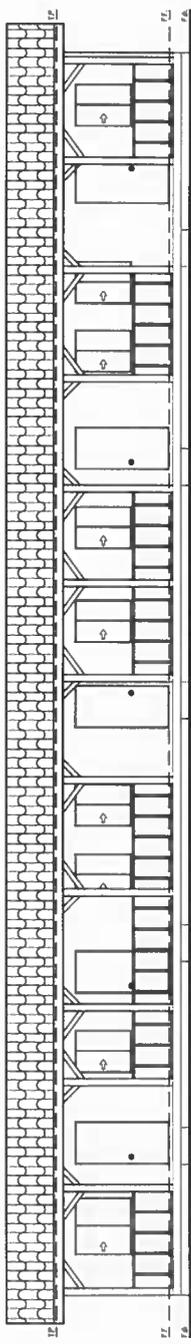
SAGE MOTEL ROUTE 66
220 MAIN ST.
BARSTOW, CA 92311
TEL: (951) 203-1659

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92311-7179
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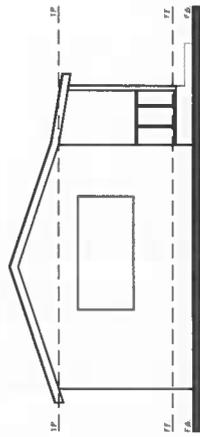
REVISIONS BY



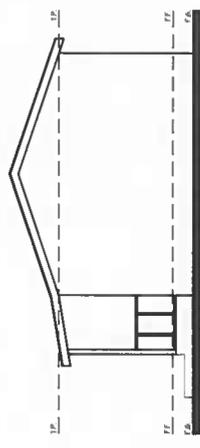
BUILDING #2 FLOOR PLAN



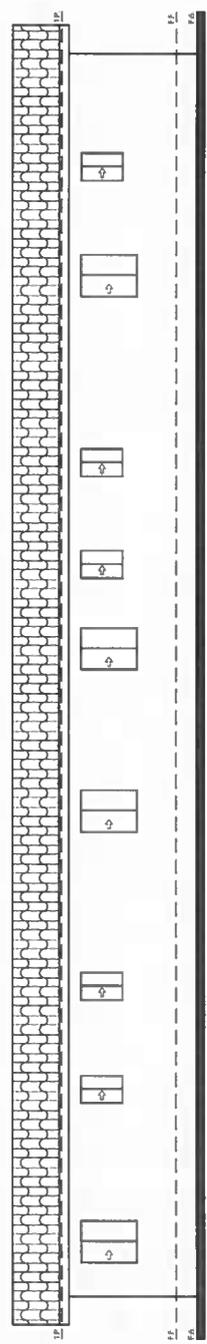
WEST ELEVATION



NORTH ELEVATION



SOUTH ELEVATION



EAST ELEVATION

BUILDING #2 ELEVATIONS

NO.	REVISIONS	BY

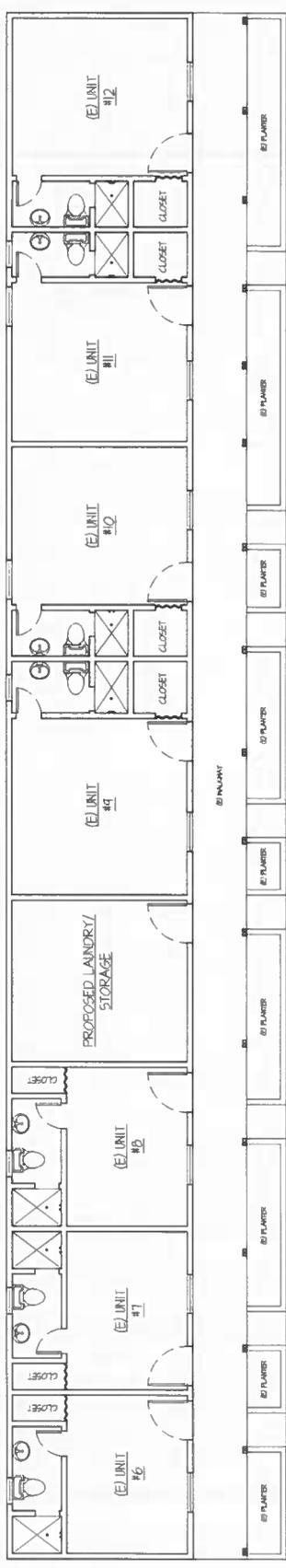
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SANTA ANA, CA 92705
TEL: (949) 440-8888
www.seadrafting.com
seadrafting@gmail.com

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BARSTOW, CA 92311
TEL: (951) 203-1659

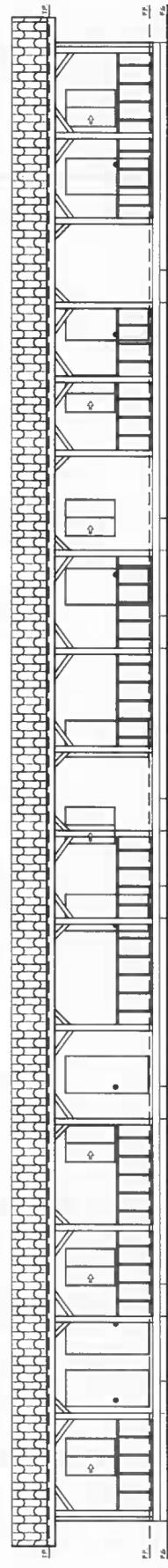
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REHABILITATIONAL HOUSING
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BARSTOW, CA 92311
TEL: (951) 203-1659

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DATE: 10/28/19
SCALE: AS NOTED
SHEET #:

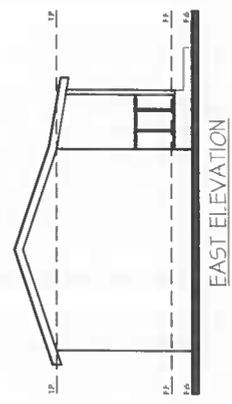
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OF SHEETS



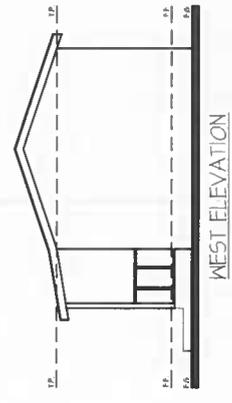
BUILDING #3 FLOOR PLAN



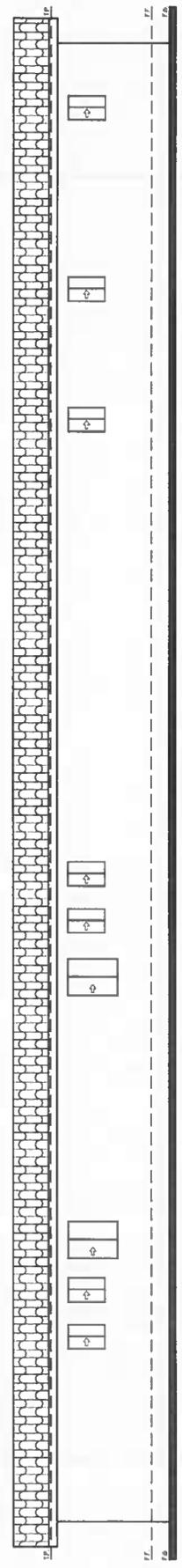
NORTH ELEVATION



EAST ELEVATION



WEST ELEVATION



SOUTH ELEVATION

BUILDING #3 ELEVATIONS

SCALE: 1/4" = 1'-0"

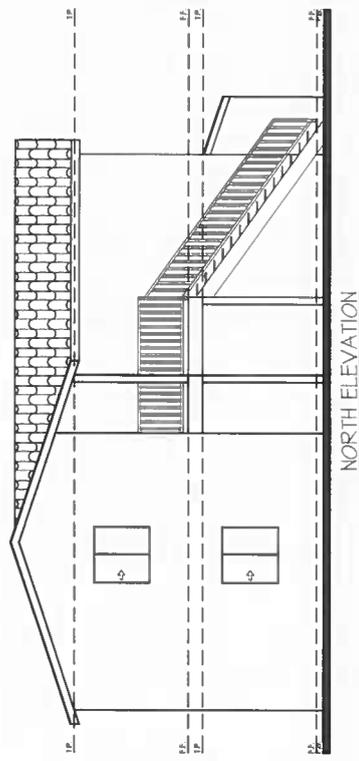
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REVISIONS	BY

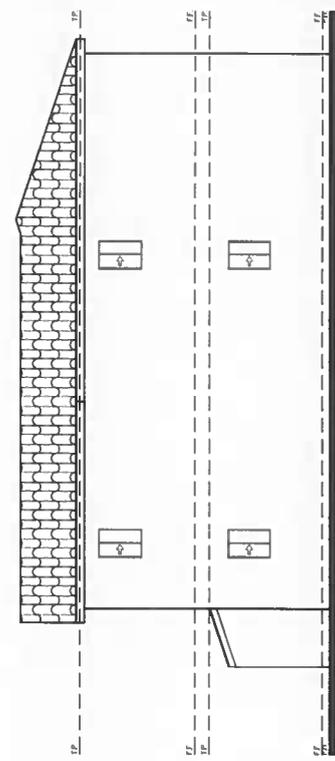
SEA DRAFTING AND DESIGN SERVICES
 10000 WILSON AVENUE
 SUITE 100
 BARSTOW, CA 92311
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 BARSTOW, CA 92311
 TEL: (951) 203-1659

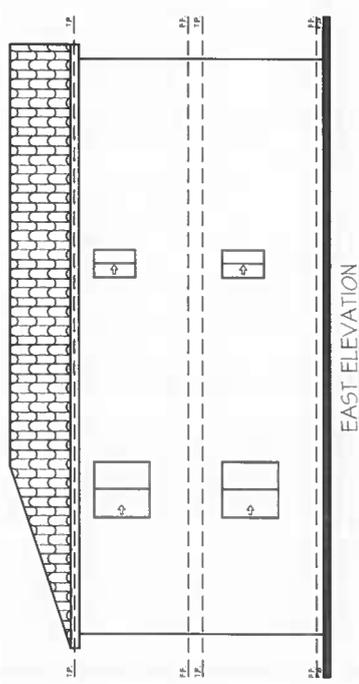
DRAWN BY: S.E.
 DATE: 10/28/19
 SCALE: AS NOTED
 SHEET #:
A-6
 OF SHEETS



NORTH ELEVATION



SOUTH ELEVATION



EAST ELEVATION



WEST ELEVATION

BUILDING #3 ELEVATIONS



2

PERMIT TO OPERATE



Owner: SAGE MOTEL
Location: 220 W MAIN ST
BARSTOW, CA 92311-2750

Expiration Date:
10/31/2021

Issued Date:
11/1/2020

LICENSE # :
FD-019006

DBA: SAGE MOTEL
Mailing: PO BOX 2515
RANCHO CUCAMONGA, CA 91729

PERMIT TYPE: Place of Assembly cfc 105.6.34
FEES PAID: 105659 Hotel/Motel (>May 2019) \$ 290.00

The Barstow Fire Protection District, a subsidiary of City of Barstow has issued this permit as prescribed by the Fire Code or District Ordinance. The business imprinted on this permit is entitled to conduct business in the Fire District in conformity with the rules and regulations of the District.

POST IN A CONSPICUOUS PLACE

BUSINESS LICENSE



Owner: SAGE MOTEL
Location: 220 W MAIN ST
BARSTOW, CA 92311-2750

Expiration Date:
10/31/2021

Issued Date:
11/1/2020

LICENSE # :
BL-019007

DBA: SAGE MOTEL
Mailing: PO BOX 2515
RANCHO CUCAMONGA, CA 91729

The Business License Clerk of the City of Barstow has issued this license as prescribed by City Ordinance. The business imprinted on this license is entitled to conduct business in the City of Barstow in conformity with the rules and regulations of the city.

POST IN A CONSPICUOUS PLACE

SUP #2: PERMIT TO OPERATE/BUSINESS LICENSE R