

**FY 2019 San Bernardino County Continuum of Care-Letter of Intent to Renew
CoC Project**

Instructions: Please complete one letter for each renewal application.

Lead Agency Information

CCR #:

DUNS #: 158780445

Agency Name: Inland Valley Council of Churches, dba Inland Valley Hope Partners

Agency Address: 1753 North Park Avenue

City: Pomona

State: CA

Zip: 91768

Phone: 909-622-3806

Fax: 909-622-0484

email: info@inlandvalleyhopepartners.org

Grant/Application Contact Person:

Name: Kay Brand

Phone: 909-622-3806, x104

Email: kayb@inlandvalleyhopepartners.org

Agency Director:

Name: Kameron (Kami) Grosvenor

Phone: 909-622-3806, x101

Email: kamig@inlandvalleyhopepartners.org

Homeless Management Information System (HMIS) Contact Person:

Name: Karen Abram

Phone: 909-622-3806, x106

Email: karena@inlandvalleyhopepartners.org

Project Information:

Name of Project: Hope Partners' Family Stabilization Program

Project Address: 1753 N. Park Ave., Pomona, CA 91768

Grant amount: \$138,533

Grant Term: 12 months

Expiration Date: 06/30/2020

Program Type: TBRA with Supportive Services

Primary Population: Homeless Families with Minor Children

Annual Renewal Amount for project: \$138,533

Total Number of Units: 9

Previously approved budget amounts by activity:

Activity:	Budget Amount:
Leased Units	
Leased Structures	
Rental Assistance	\$101,736
Supportive Services	\$24,586
Operations	
HMIS	\$3,380
Administration	\$8,831
Total:	\$138,533

Name and Signature of Person who will complete the application:

Kay Brand 

Name and Signature of Person authorized to sign the HUD application:

Kameron Grosvenor 

I certify, on behalf of my agency that all information contained in this application is accurate and true, based on our current records for the project. I understand that falsifying information or failing to provide accurate information will have a negative impact on my overall review and may result in removal from the Continuum of Care Application to HUD. I also understand that agencies not submitting their Letter of Intent for their projects by the deadline may be reallocated.



Executive Director/CEO/President

07-18-2019

Date

Background Information:

The Continuum of Care (CoC) will consider the need to continue funding for projects expiring in 2020 as required by the U.S. Department of Housing and Urban Development (HUD). However, as noted by HUD, renewal projects must meet minimum project eligibility, capacity, timeliness, and performance standards identified in the NOFA or they will be rejected from consideration for funding.

While considering the need to continue funding for projects expiring in 2020, the CoC Interagency Counsel on Homelessness (ICH) will review the information that HUD noted in the 2019 HUD CoC Competition NOFA which is as follows:

1. When considering renewal projects for award, HUD will review financial information; Annual Performance Reports (APRs); and information provided from the local HUD CPD Field Office, including monitoring reports and audit reports as applicable, and performance standards on prior grants, and will assess projects using the following criteria on a pass/fail basis:
 - a. Whether the project applicant's performance met the plans and goals established in the initial application, as amended;
 - b. Whether the project applicant demonstrated all timeliness standards for grants being renewed, including those standards for the expenditure of grant funds that have been met;
 - c. The project applicant's performance in assisting program participants to achieve and maintain independent living and records of success, except HMIS-dedicated projects that are not required to meet this standard; and,
 - d. Whether there is evidence that a project applicant has been unwilling to accept technical assistance, has a history of inadequate financial accounting practices, has indications of project mismanagement, has a drastic reduction in the population served, has made program changes without prior HUD approval, or has lost a project site.
2. HUD reserves the right to reduce or reject a funding request from the project applicant for the following reasons:
 - a. Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon;
 - b. Audit/Monitoring finding(s) for which a response is overdue or unsatisfactory;
 - c. History of inadequate financial management accounting practices;
 - d. Evidence of untimely expenditures and unspent funds on prior award;
 - e. History of other major capacity issues that have significantly affected the operation of the project and its performance;
 - f. History of not reimbursing subrecipients for eligible costs in a timely manner, or at least quarterly; and

- g. History of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes.¹

Project Eligibility Threshold Requirements:

The San Bernardino County ICH and the Office of Homeless Services (OHS) will review all renewal projects to determine if they meet the following eligibility threshold requirements on a pass/fail standard. If the San Bernardino County ICH determines that the applicable standards are not met for a renewal project, the project will be rejected. Renewal project threshold requirements include; a) Participation in Coordinated Entry System; b) Practicing Housing First and Low Barriers; c) Hearth Act Compliance; and d) The extent to which the proposed project fills a gap in the community's CoC and addresses an eligible population.

I. Participation in Coordinated Entry System

CoC funded projects are **required** to participate in the local Coordinated Entry System: As defined by HUD:

“Coordinated entry is a key step in assessing the needs of homeless individuals and families and prioritizing them for assistance. In addition to engaging people who are seeking assistance, Coordinated Entry processes should be integrated with communities’ outreach work to ensure that people living in unsheltered locations are prioritized for help. Coordinated Entry should achieve several goals:

- make it easier for persons experiencing homelessness or a housing crisis to access the appropriate housing and service interventions;
- prioritize persons with the longest histories of homelessness and the most extensive needs;
- lower barriers to entering programs or receiving assistance; and,
- ensure that persons receive assistance and are housed as quickly as possible.

The definition of Centralized or Coordinated Assessment can be found at 24 CFR 578.3. Provisions at 24 CFR 578.7(a)(8) detail the responsibilities of the CoC with regard to establishing and operating such a system. In addition to the definition, HUD also posted on the HUD Exchange the Coordinated Entry Policy Brief in February 2015 that helps inform local efforts to further develop CoCs’ coordinated entry processes.

1. **How many households (a household can be a single individual or family) entered your program during the past 12 months? 21**
 - a. **How many of the households that you stated in the question above entered your project through the coordinated entry system? 21**

2. If any households entered your program during the past 12 months that were not referred through the coordinated entry system, please explain why in the box below (expand box as needed).

N/A

Note: this information will be verified through HMIS.

II. Housing First and Low Barriers Approach

Housing First is a model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions (such as sobriety or a minimum income threshold). It is an approach to: **1)** quickly and successfully connect individuals and families experiencing homelessness to permanent housing; **2)** without barriers to entry, such as sobriety, treatment or service participation requirements; or **3)** related preconditions that might lead to the program participant's termination from the project. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry; however, participation in supportive services is based on the needs and desires of program participants. For more information see the Housing First in PSH brief at: www.hudexchange.info/resource/3892/housing-first-in-permanent-supportive-housing-brief/

1. Does the project quickly move participants into permanent housing?

Yes

No

Select **"Yes"** to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing before moving to permanent housing). If you are a domestic violence (DV) program you should select **"Yes"** if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent situation and would move into PH once the dangerous situation has been addressed). Select **"No"** if the project does not work to move program participants quickly into permanent housing.

2. Has the project removed the following barriers to accessing housing and services?

Having too little or little income

Active or history of substance abuse

- Having a criminal record with exceptions for state-mandated restrictions
- Fleeing domestic violence (e.g., lack of a protective order, period of separation from abuser, or law enforcement involvement)
- None of the above

(Select ALL that apply): Check the box next to each item to confirm that your project has removed (or never had) barriers to program access related to each of the following: 1) Having too little or little income; 2) Active or history of substance abuse; 3) Having a criminal record with exceptions for state-mandated restrictions; and 4) Fleeing domestic violence (e.g., lack of a protective order, period of separation from abuser, or law enforcement involvement). If all of these barriers to access still exist, select “None of the above.”

3. Has the project removed the following as reasons for program termination?

- Failure to participate in supportive services
- Failure to make progress on a service plan
- Loss of income or failure to improve income
- Fleeing domestic violence
- Any other activity not covered in a lease agreement typically found in the project’s geographic area
- None of the above

Check the box next to each item to confirm that your project has removed (or never had) reasons for program participant termination related to each of the following: 1) Failure to participate in supportive services; 2) Failure to make progress on a service plan; 3) Loss of income or failure to improve income; 4) Fleeing domestic violence; and 5) Any other activity not covered in a lease agreement typically found in the project’s geographic area. If all of these reasons for program termination still exist, select “None of the above.”

Additional Required Attachments: *Please attach the following supporting documentation that shows that your agency provided staff training and policies and procedures so that staff fully understands how to implement the Housing First approach: a copy of the agency’s Policies and Procedures, staff training materials, and any forms or other related documents.*

Our agency only has two staff members who deal with Rapid Re-Housing clients. As such, we do not have formal training materials, policies or procedures. Both staff members have been versed in Housing First principles and practices including reviewing materials from HUD and other agencies to ensure our program meets those standards. We hope to develop these materials in the near future for any new staff members who may join our team. We have included some documentation we utilize for the program to demonstrate that it follows Housing First principles.

III. HEARTH Act Compliance

This section of the Letter of Intent (LOI) asks questions of all renewal projects to ensure compliance with the requirements of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH Act): Continuum of Care (CoC) Program Interim Rule. (Please note, this section does not encompass all changes under the HEARTH Act and it is recommended that all projects should review the Act in its entirety).

1. Participation of homeless individuals

The HEARTH Act CoC Program Interim Rule states that the recipient or subrecipient must document its compliance with the homeless participation requirements under § 578.75(g), which is as follows:

(g) Participation of homeless individuals.

(1) Each recipient and subrecipient must provide for the participation of not less than one homeless individual or formerly homeless individual on the board of directors or other equivalent policymaking entity of the recipient or subrecipient, to the extent that such entity considers and makes policies and decisions regarding any project, supportive services, or assistance provided under this part. This requirement is waived if a recipient or subrecipient is unable to meet such requirement and obtains HUD approval for a plan to otherwise consult with homeless or formerly homeless persons when considering and making policies and decisions.

(2) Each recipient and subrecipient of assistance under this part must, to the maximum extent practicable, involve homeless individuals and families through employment; volunteer services; or otherwise in constructing, rehabilitating, maintaining, and operating the project, and in providing supportive services for the project.

- a. **Does your agency provide for the participation of not less than one homeless individual or formerly homeless individual on the board of directors or other equivalent policymaking entity of the recipient or sub recipient, to the extent that such entity considers and makes policies and decisions regarding any project, supportive services, or assistance provided under this part. This requirement is waived if a recipient or sub recipient is unable to meet such requirement and obtains HUD approval for a plan to otherwise consult with homeless or formerly homeless persons when considering and making policies and decisions?**

Yes

No

If not, please provide an action plan/timeline on when your agency will be compliant with this requirement in the box below (expand box as needed).

b. Does your agency, to the maximum extent practicable, involve homeless individuals and families through employment; volunteer services; or otherwise in constructing, rehabilitating, maintaining, and operating the project, and in providing supportive services for the project?

- Yes
- No

If not, please provide an action plan/timeline as to when your agency will be compliant with this requirement in the box below (expand box as needed).

2. Faith-based activities

The HEARTH Act CoC Program Interim Rule states that the recipient or subrecipient must document its compliance with faith-based activities requirements under § 578.87(b), which is as follows:

(b) Faith-based activities.

(1) Equal treatment of program participants and program beneficiaries.

(i) Program participants. Organizations that are religious or faith-based are eligible, on the same basis as any other organization, to participate in the Continuum of Care program. Neither the Federal Government nor a State or local government receiving funds under the Continuum of Care program shall discriminate against an organization on the basis of the organization's religious character or affiliation. Recipients and subrecipients of program funds shall not, in providing program assistance, discriminate against a program participant or prospective program participant on the basis of religion or religious belief.

(ii) Beneficiaries. In providing services supported in whole or in part with federal financial assistance, and in their outreach activities related to such services, program participants shall not discriminate against current or prospective program beneficiaries on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice.

(2) Separation of explicitly religious activities. Recipients and subrecipients of Continuum of Care funds that engage in explicitly religious activities, including activities that involve overt religious content such as worship, religious instruction, or proselytization, must perform such activities and offer such services outside of programs that are supported with federal financial assistance separately, in time or location, from the programs or services funded under this part, and participation in any such explicitly religious activities must be voluntary for the program beneficiaries of the HUD-funded programs or services.

(3) Religious identity. A faith-based organization that is a recipient or subrecipient of Continuum of Care program funds is eligible to use such funds as provided under the regulations of this part without impairing its independence, autonomy, expression of religious beliefs, or religious character. Such organization will retain its independence from federal, State, and local government, and may continue to carry out its mission, including the definition, development, practice, and expression of its religious beliefs, provided that it does not use direct program funds to support or engage in any explicitly religious activities, including activities that involve overt religious content, such as worship, religious instruction, or proselytization, or any manner prohibited by law. Among other things, faith-based organizations may use space in their facilities to provide program-funded services, without removing or altering religious art, icons, scriptures, or other religious symbols. In addition, a Continuum of Care program-funded religious organization retains its authority over its internal governance, and it may retain religious terms in its organization's name, select its board members on a religious basis, and include religious references in its organization's mission statements and other governing documents.

- a. **Does your proposed renewal program use direct program funds to support or engage in any explicitly religious activities, including activities that involve overt religious content, such as worship, religious instruction, or proselytization, or any manner prohibited by law?**

Yes

No

3. Involuntary family separation

The HEARTH Act CoC Program Interim Rule states that the recipient or subrecipient must document its compliance with involuntary family separation requirements under § 578.93(e), which is as follows:

(e) Prohibition against involuntary family separation. The age and gender of a child under age 18 must not be used as a basis for denying any family's admission to a project that receives funds under this part.

- a. **Does the project accept all families with children under age 18 without regard to the age of any child? In general, under the HEARTH Act, any project sponsor receiving funds to provide emergency shelter, transitional housing, or permanent housing to families with children under age 18.**

Note there is an exception outlined in the Act: Project sponsors of transitional housing receiving funds may target transitional housing resources to families with children of a specific age only if the project sponsor: (1) operates a transitional housing program that has a primary purpose of implementing evidence based practice that requires that housing units be targeted to families with children in a specific age group; and (2) provides assurances, as the Secretary shall require, that an equivalent appropriate alternative living arrangement for the whole family or household unit has been secured.

Yes. Project certifies that it accepts all families with children under age 18 without regard to the age of any child.

No. Project does not comply with this requirement. A narrative is attached explaining how the project will comply with this HEARTH Act requirement.

No. Project does not comply with this requirement but qualifies for an exception because it is implementing an evidence based practice that requires housing units targeted to families with children in a specific age group. A narrative is attached explaining how the project will comply with the exception, including identification of the evidenced based practice being utilized.

N/A. Project does not serve families.

N/A. Project is new and has not started yet.

4. Discrimination Policy

Has your agency adopted a discrimination policy? Yes No

Federal and California State laws note that discrimination can be based on race, color, national origin or gender. Discrimination can also be based on age, religion, disability, familial status or sexual orientation.

Does your program deny services to potential recipients based on any of the following:

- Age Yes No
- Color Yes No

- Disability Yes No
- Familial Status Yes No
- Gender Yes No
- Marital Status Yes No
- National Origin Yes No
- Race Yes No
- Religion Yes No
- Sexual Orientation Yes No

If you answered “yes” to any of the above, please explain why in the box below (expand box as needed).

5. Active participation in local Continuum of Care meetings

HUD states that a successful CoC will have involvement from a variety of organizations representing the public and private sectors, as well as interested individuals within the CoC jurisdiction(s). These organizations should have an active role in the CoC.

- a. Describe what local Continuum of Care committees, subcommittees, and/or working groups that your agency participates in on a regular basis in the box below (expand box as needed). Please include the names and titles of those participating as well as their level of involvement/participation.

Yes, our staff attends COC meetings. Case Managers Karen Abram and Kevin Davison attend HPN meetings and applicable CES meetings focused on families. President/CEO Kami Grosvenor attends ICH meetings, either in person or remotely, and has attended several of the recent multi-jurisdictional planning meetings.

6. Housing Quality Standards (HQS)

The HEARTH Act CoC Program Interim Rule states that the recipient or subrecipient must document its compliance with housing quality standards requirements under § 578.75(b), which is as follows:

- (b) Housing quality standards. Housing leased with Continuum of Care program funds, or for which rental assistance payments are made with Continuum of Care program funds,

must meet the applicable housing quality standards (HQS) under 24 CFR 982.401 of this title, except that 24 CFR 982.401(j) applies only to housing occupied by program participants receiving tenant-based rental assistance. For housing rehabilitated with funds under this part, the lead-based paint requirements in 24 CFR part 35, subparts A, B, J, and R apply. For housing that receives project-based or sponsor-based rental assistance, 24 CFR part 35, subparts A, B, H, and R apply. For residential property for which funds under this part are used for acquisition, leasing, services, or operating costs, 24 CFR part 35, subparts A, B, K, and R apply.

(1) Before any assistance will be provided on behalf of a program participant, the recipient, or subrecipient, must physically inspect each unit to assure that the unit meets HQS. Assistance will not be provided for units that fail to meet HQS, unless the owner corrects any deficiencies within 30 days from the date of the initial inspection and the recipient or subrecipient verifies that all deficiencies have been corrected.

(2) Recipients or subrecipients must inspect all units at least annually during the grant period to ensure that the units continue to meet HQS.

a. Does your project meet applicable Housing Quality Standards?

- Yes
- No
- This is a new project and has not started yet

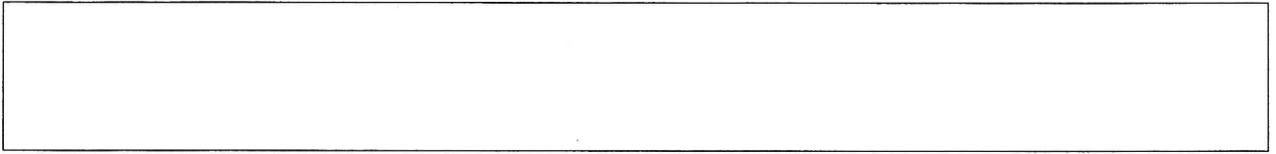
Please briefly explain your inspection process for HQS in the box below (expand box as needed).

The Housing Recruiter meets with the landlord to explain the program and reviews the housing at that time. Additionally, our partnership with another local non profit helps provide our clients with household goods and furniture. At the time of move-in, we are allowed to further inspect the unit and help families resolve any issues with the landlord.

b. Has your project received HQS corrective action plan in the last 2 years:

- Yes
- No
- This is a new project and has not started yet

If you selected Yes, explain the nature of the concerns/issues and how it was resolved in the box below (expand the box as needed).



Renewal Rating Factors:

If a renewal project passes the Project Eligibility Threshold as noted on pages 4 – 12 of this LOI, the project will be reviewed and scored by ICH and OHS based on the following rating factors.

I. System Performance Measures (50 points)

The intent of the System Performance Measures (Sys PM) reports are to encourage CoCs to regularly measure their progress in meeting the needs of people experiencing homelessness in their community and to report this progress to HUD. HUD uses system-level performance information as a competitive element in its annual CoC Program Competition and to gauge the state of the homeless response system nationally.

The San Bernardino County Interagency Council on Homelessness Grant Review Committee will use project-level Sys PM information as an element to determine the effectiveness of local projects within the San Bernardino County CoC. The OHS will collect the following project level Sys PM for each CoC funded agency directly from the Homeless Management Information System (HMIS). There is not any action required on the part of the renewing agencies to complete Section I. System Performance Measures:

- Persons Exit Homeless to Permanent Housing Destination and Return to Homelessness
- Employment and Income Growth for Homeless Persons
- Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

System Performance Measures		Submitted FY 2017	Submitted FY 2018	Difference
1.	The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness - This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.			
2.	Percentage of Income Growth for Homeless Persons			
3.	Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing			
	Change in SO exits to temporary destinations, some institutional destinations, and permanent housing destinations			
	Change in ES, SH, TH, and PH-RRH exits to permanent housing destinations			
	Change in PH exits to permanent housing destinations or retention of permanent housing			

II. Recipient Compliance with Grants and Financial Management (25 points)

Per 24 CFR part 578 and the FY 2019 CoC Program Competition NOFA requires that Project Applicants specifically identify four benchmarks for grants and financial management that communities must reach to meet this standard, which are

1. On-time APR submission to HUD;
2. Resolved HUD/Office of Homeless Services monitoring findings, or Office of Inspector General (OIG) Audits, if applicable;
3. Monthly submission of claims, quarterly drawdowns; and
4. The full expenditure of awarded funds.

1. **Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?**

APRs are due within 90 days after the grant term expires. Select “Yes” to indicate that an APR has been submitted for the grant term that has most recently expired (for some grants this will be the FY 2016 renewal, for others the FY 2017). Select “No” to indicate that an APR has not been submitted for the grant term that has most recently expired or if this is a first-time renewal for which the original grant term has not yet expired.

Yes

No

This is a first-time renewal for which the original grant term has not yet expired.

If you selected “No” above, provide a brief explanation for why the APR was not submitted on time in the box below (expand box as needed). For those first-time renewals for which the original grant term has not yet expired, please write, “First-time renewal and grant term has not yet expired” and provide the date by which the APR must be submitted.

2. **Does the recipient have any unresolved HUD or the Office of Homeless Services Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?**

Yes

No

Select **“Yes”** if there are any unresolved HUD Monitoring or OIG Audit findings, regardless of the funding year of the project for which they were originally identified. Select **“No”** if there are no unresolved HUD Monitoring or OIG Audit findings.

- a. **Date HUD or the Office of Homeless Services or OIG issued the oldest unresolved finding(s):**

If you selected **“Yes”** above, provide the date that the oldest unresolved finding was issued.

Date the oldest unresolved finding was issued: _____

- b. **Explain why the finding(s) remains unresolved:**

If you selected **“Yes”** above, provide a brief explanation in the box below (expand box as needed) for why the monitoring or audit finding remains unresolved and the steps that have been taken towards resolution (e.g., responded to the HUD letter, but no final determination received).

N/A

3. **Has the recipient maintained timely and consistent monthly submission of claims for the most recent grant terms related to this renewal project request?**

Yes

No

CoC Program recipients are required to submit claims on a monthly basis. Select **“Yes”** to indicate that you have maintained monthly submission of claims for the most recent relevant grant term. For some grants, the standard will be applied to the FY 2017 renewal, for others the FY 2016, and for some multi-year first-time renewals a grant awarded in an earlier fiscal year. Select **“No”** to indicate that the recipient has not maintained consistent monthly claim submission for the most recent relevant grant term, or if this is a first-time renewal for which less than one quarter has passed.

- a. **Explain why the recipient has not maintained timely and consistent monthly claim submission for the most recent grant terms related to this renewal project request.**

If you selected **“No”** above, provide a brief explanation in the box below (expand box as needed) for why monthly claim submissions have not been maintained. Delays in draws due to a late HUD funding announcement and receipt of renewal grant agreement may be included in such an explanation.

N/A

- 4. **Have any funds been recaptured by HUD for any of the three (3) most recently expired grant terms related to this renewal project request?**

- Yes
- No
- Project has not yet completed a grant term

Select **“Yes”** to indicate that funds have been recaptured, meaning that not all awarded funds were expended during the three previous completed grant terms. Select **“No”** to indicate that no funds were recaptured or if this is a first-time renewal for which the original grant term has not yet expired.

- a. **If you selected “Yes” above, explain the circumstances that led to HUD recapturing funds from any of the three (3) most recently expired grant term related to this renewal project request:**

Provide a brief explanation in the box below (expand box as needed) for why the total awarded funds were not expended and were recaptured. Include the amount returned for each year.

III. Participation in Homeless Management Information System (HMIS) (10 Points)

The Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care (CoC) Program interim rule places a high emphasis on having a functioning and comprehensive HMIS in the CoC jurisdiction as it is critical to gathering unduplicated, aggregated data on homelessness in the community for both the CoC and Emergency Solutions Grant (ESG) Programs.

- Does this project provide client level data to HMIS at least annually? Yes No

If the project is providing participant data in the HMIS – indicate the total number of participants served by the project, and the total number of clients reported in the HMIS.

Total number of participants served by the project: 66

Total number of clients reported in the HMIS: 66

If the project is not providing participant data in the HMIS – indicate one or more of the four (4) reason(s) for non-participation:

- Federal law prohibits (please cite specific law) State law prohibits (please cite specific law)
- New project not yet in operation Other (please specify prohibition)

Also, for those participant records that were reported in the HMIS, indicate the percentage of values that were missing (“Null or Missing Values”) and/or unknown (“Don’t Know or Refused”). If there were no unknown values, note a “0” value.

Data Collection Requirements

All CoC Program funded projects are required to collect all of the Universal Data Elements and a select number of Program-Specific Data Elements.

*** Indicate the percentage of unduplicated client records with null or missing values during the last 10 days of January 2019**

Universal Data Element (Use HMIS Data Quality Report)	Records with no values (%)	Records where value is refused or unknown (%)
3.1 Name	0	0
3.2 Social Security Number	0	14.7%
3.3 Date of Birth	0	0
3.4 Race	0	0
3.5 Ethnicity	0	0
3.6 Gender	0	0
3.7 Veteran Status	0	0
3.8 Disabling condition	0	0
3.917 Living Situation	0	0
3.10 Project entry date	0	0
3.11 Project exit date	0	0
3.12 Destination	0	0
3.15 Relationship to Head of Household	7.89% (error rate)	0
3.16 Client Location	0	0
Program Specific Data Element (From the most recent APR)	Records with no values (%)	Records where value is refused or unknown (%)
4.2 Income and Sources	0.03%	0
4.3 Non-Cash Benefits	0.09%	0
4.4 Health Insurance	1.06%	0
4.5 Physical Disability	0	0
4.6 Developmental Disability	0	0
4.7 Chronic Health Condition	0	0
4.8 HIV/AIDS	0	0
4.9 Mental Health Problem	0	0
4.10 Substance Abuse	0	0
4.11 Domestic Violence	0	0
4.17 Residential Move-In Date (RRH only)	0	0

IV. Supportive Services for Participants (5 points)

Please identify whether the project includes the following activities:

1. **Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?**

Yes

No

Select **“Yes”** if the project provides regular or as needed transportation assistance to mainstream and community resources, including appointments, employment training, educational programs, or jobs. Select **“No”** if transportation is not regularly provided or cannot be provided consistently as requested.

2. **At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?**

Yes

No

Select **“Yes”** if the project regularly follows-up with program participants at least annually to ensure that they have applied for, are receiving their mainstream benefits, and renew benefits when required. Select **“No”** if there is no or irregular follow-up concerning mainstream benefits.

3. **Do program participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?**

Yes

No

Select **“Yes”** if program participants have access to SSI/SSDI technical assistance. The assistance can be provided by the applicant, a subrecipient, or a partner agency—through a formal or informal relationship. Select **“No”** if there is no or significantly limited access to SSI/SSDI technical assistance

V. Bed Utilization (5 points)

1. Permanent Supportive Housing (PSH) Only

A bed utilization rate is equal to the total number of people served on any given day divided by the total number of beds available on that day. Bed utilization rates below 65 percent are usually attributed to the project not entering all their clients into the HMIS or the project was under-utilized. Bed utilization rates above 105 means the project did not capture exit dates for all their clients and/or the project offered overflow beds.

From your most recent APR, complete the table below on the point-in-time count of households served on the last Wednesdays in

	*Total # of Beds	Total # of Clients Served	Utilization Rate
January	22	38	173%
April	22	34	155%
July	22	53	241%
October	22	46	209%

*The total number of beds should equal the number of beds submitted in your application.

2. Rapid Rehousing (RRH) Only

Rapid Re-Housing (RRH) provides short or medium term tenant-based rental assistance in community-based housing paired with necessary supportive services for homeless individuals and families (with or without a disability). RRH assistance usually begins prior to the client entering housing. Project performance is measured when client moves into permanent housing. Using data from HMIS during the past 12 months, answer the questions below:

- Proposed number of households: 18
- Total number of households served: 21
- Total number of households moved into permanent housing: 17
- If the total number of households that move into permanent housing is lower than the proposed number of households, please explain why in the box below (expand box as needed).

Our original proposal allowed for one to six months of rental assistance, but HUD allowed us to extend our assistance to families for up to one year. However, our rental assistance budget has slightly decreased in recent years meaning that if enough families stay longer in the program, we end up helping slightly fewer households.

VI. Miscellaneous Information (5 points)

1. Match requirement

Match must equal 25 percent of the total grant request including Admin costs but excluding leasing costs (i.e., any funds identified for Leased Units and Leased Structures). Match must be met on an annual basis. HUD requires match letters to be submitted with the e-snaps application. Match contributions can be cash, in-kind, or a combination of the two; and, match must be used for an eligible cost as set forth in Subpart D of CoC Program interim rule. For an in-kind match, the recipient may use the value of property, equipment, goods, or services contributed to the project, provided that, if the recipient or sub recipient had to pay for such items with grant funds, the costs would have been eligible. If third party services are to be used as match, the third party service provider that will deliver the services must enter into a memorandum of understanding (MOU) before the grant is executed documenting that the third party will provide such services and value towards the project.

- Will your agency be able to provide the match requirement for your renewal project (including a commitment letter or MOU)?

Yes

No

2. Exit Surveys

HUD encourages client surveys particularly exit surveys.

- Does your renewal program conduct exit surveys or interviews with clients?

Yes

No

This is a new project and has not started yet

Not applicable to this project

If no, please explain why in the box below (expand box as needed).

SERVING
 Chino, Chino Hills,
 Claremont,
 Diamond Bar,
 La Verne, Montclair,
 Mt. Baldy, Pomona,
 Ontario,
 Rancho Cucamonga,
 San Dimas, Upland,
 and Walnut



Feeding the Hungry, Sheltering the Homeless since 1968

HUD

Re: Rapid ReHousing Project
 To Whom It May Concern:

We are pleased to present the following confirmation of **Matching** Cash and In-kind services to the Rapid Re-Housing project by Inland Valley Hope Partners.

Kameron Grosvenor

07/22/2019

Representative of Issuing Company

Date

Name of Organization Providing Goods or Services	Inland Valley Hope Partners
Matching Goods or Services	Cash payments to vendors, and in-kind services
Type of Goods or Services	Rental Assistance Case Management Staffing Counseling
Numbers of Individuals to be Served with the Goods or Services	One month rental assistance will be available for families served under the Rapid Rehousing program 9 families at one time will be case managed after they move into permanent housing for an expected total of 20 families during the program year.
Value of the Goods or Services per Individual	Average of \$1764.20 per family
Total Value of the Cash and In-Kind services	\$15,000 rental assistance \$19,634 case management/counseling
Name of Project	Rapid ReHousing Project
Name of Project Sponsor Agency	Inland Valley Council of Churches, dba Inland Valley Hope Partners
Date the Goods or Services will be available	July 1, 2020 through June 30, 2021
Name of Person Authorized to Commit This Goods or Services	Kameron Grosvenor
Title of Person Authorized to Commit This Goods or Services	President/CEO
Signature of Person Authorized to Commit This Goods or Services	
Date	07/22/2019

Administrative Office:
 1753 N. Park Avenue
 Pomona, CA 91768

Mailing Address:
 PO Box 2572
 Pomona, CA 91769

Phone: 909.622.3806

www.inlandvalleyhopepartners.org

RRH program

Client Documentation Verification List

- ❖ California identification

- ❖ Driver's license

- ❖ Social security cards for everyone

- ❖ Birth certificates or hospital papers for children

- ❖ Medical cards for everyone

- ❖ Application / Program Agreement application

- ❖ Consent Agreement Document

- ❖ Involuntary Family Separation Notice (San Bernardino (CoC))



Family Name: _____
Application Date: _____
Onsite Interview Date: _____
Eligible: _____
Move In Date: _____

ONSITE INTERVIEW CHECK LIST

- 1. Application Complete _____
- 2. Viewed Birth Certificates for all of the children _____
- 3. Viewed all member's social security cards _____
- 4. Copy of adult(s)' ID/Drivers License _____
- 5. Copy of all prescription medications _____
- 6. Review Application _____
- 7. Homeless Verification Letter & Statement _____
- 8. Program Agreement _____

Additional Items Needed For Bridge-Housing ONLY

- 9. Proof of Income _____
- 10. Drug Test _____

Verification of Homelessness

Rapid ReHousing Program clients can verify homelessness from various resources:

- Third Party Verification

Examples include:

- HMIS
 - School districts
 - Social worker (DCFS)
 - Welfare worker (DPSS)
 - Pastor or church
 - Homeless agency
 - Red Cross
 - Doctor
 - Hospital
 - Employer
- Self-Declaration Form

Case Management Schedule

Name: Jose/Melonie Cornejo
Schedule: Third Monday of every Month

Month	Date	Course	Confirmation
January	1/18/2016	Case Management	Confirmed
February	2/15/2016	Case Management	Confirmed
March	3/21/2016	Case Management	Confirmed
April	4/18/2016	Case Management	Confirmed
May	5/16/2016	Case Management	Confirmed
June	6/20/2016	Case Management	Confirmed

I hereby certify the above information to be true:

(Client Signature Adult 1) _____

Date: _____

(Client Signature Adult 2) _____

This certifies that I witnessed the client's signing of this document and that we are in agreement as to the validity of the information included here:

(Staff Signature) _____

Date: _____

Name :

<u>Income: Source</u>	<u>Date Rec'd</u>	<u>Gross Income</u>
Employment	Monthly	
Employment		
Employment		
Cal Fresh	Monthly	
Child Support		
Cal Works	Monthly	
SSI		
SSDI	Monthly	
Unemployment		
Veterans Benefits		
Self Employed		
	Total HH Income	

<u>Expenses:</u>	<u>Date Due</u>	<u>\$ Amount</u>
Rent	1st	
Utility - Gas		
Utility - Electric		
Utility - Water/trash/etc		
Phone		
Health Care Insurance		
Car Payment		
Car Insurance		
Transportation (public or fuel)		
Legal Expenses		
Child Support		
Credit Cards		
Food		
Children Items (i.e. formula, diapers)		
Other <u>storage</u>		
Other _____		
Other _____		
Other _____		

Total Monthly Expenses

I certify the information of this document to be true

_____ Date _____
client signature

RAPID REHOUSING REFERRAL FORM, HOPE PARTNERS 7/18/16

Date: _____ : Referring Person _____

Client Name: _____

Current Address _____

Current Phone # _____ **email** _____

Preferred locations to reside (Make 1st, 2nd, 3rd choice)

Upland: _____ Ontario: _____ Chino: _____ Rialto : _____ Fontana: _____ Colton _____

San Bernardino: _____ Highland: _____ Hesperia: _____ other: _____

Criminal History: Felony: _____ When: _____; Type of Felony:

Describe: _____

Misdemeanor: _____ When: _____ Type of Misdemeanor:

Describe: _____

Eviction: _____ When: _____ Amount owed \$ _____

Have you made payments: _____ How much paid \$ _____

Why evicted: _____

Credit History: Good 700 or above: _____ Marginal 500 or below: _____

Show Credit check in last 60 days: _____ What was found on your
Credit check? _____

Do you have a credit card: _____; Credit limit: \$ _____; Active? _____

Valid Drivers License _____ **Date of Expiration:** _____

Accommodations: 1 bedroom: _____ 2 bedroom: _____ 3 bdrm: _____

Number in Family: Adults (over 18yrs); _____; Children: B ___ G _____

Gross Income: Monthly Salary last 3 months:

Source # 1 _____ \$ _____; Source #2 _____

\$ _____; Source # 3 _____ \$: _____

Source # 4 _____ \$ _____

Do you have a Savings Account? _____; Amount \$ _____

I assure you that all the above information is true and correct. I will immediately advise you if any of the information changes.

Print name

Signature

Date



Family Name:	_____
Initial Meeting:	_____
Move In Date:	_____

HOUSING NAVIGATOR CHECK LIST

- 1. Initial Case Note _____
 - 2. Lease Agreement (copy) _____
 - 3. IVHP Rental Assistance Agreement (original) _____
 - 4. Check Request _____
 - 5. Housing Inventory Check List _____
 - 6. Utility Allowance _____
 - 7. Rent Reasonableness _____
 - 8. Miscellaneous Documents _____
-



Family Name: _____
Application Date: _____
Onsite Interview Date: _____
Drug Test Results: _____
Eligible: _____
Move In Date: _____

MOVE IN CHECK LIST

- 1. Collect Homeless Verification Letter & Statement _____
 - 2. Consent Forms _____
 - 3. General Information _____
 - 4. HMIS Forms _____
 - 5. Appointment Tracker _____
 - 6. Housing Inspection List _____
-

Notification of Rapid Re-Housing Program's Offered Workshops

I _____ have been made aware of the following workshops and resources that are available to me as a client in the Inland Valley Hope Partners' Rapid Re-Housing Program. I understand that due to the subject and content of the information and resources, my case manager strongly encourages me to participate. Current and previous clients in the program have found these resources to be extremely beneficial and the knowledge gained has contributed their success.

- Financial workshop (child care will be provided)
- Good Tenant workshop (child care will be provided)
- Case Management (monthly) to discuss workshops, changes in your case, optional counseling sessions, and as needed.

I testify this statement to be true

Print name _____

Signature _____

Date _____

Inland Valley Hope Partners

Workshop Survey

Client _____ Phone _____

Address _____ City/State/Zip _____

Workshop name _____ Date attended _____

Evaluation: In order to evaluate program workshops, Hope Partners would appreciate your feedback. Please rate the following questions (circle your response to each item): 1= very poor, 5= excellent.

General Impressions

Quality Rating

- | | | | | | |
|---|---|---|---|---|---|
| 1. The workshop was useful. | 1 | 2 | 3 | 4 | 5 |
| 2. My expectations were fulfilled. | 1 | 2 | 3 | 4 | 5 |
| 3. The workshop helped to stimulate my learning. | 1 | 2 | 3 | 4 | 5 |
| 4. I learned new content from this workshop. | 1 | 2 | 3 | 4 | 5 |
| 5. The difficulty level of this workshop was appropriate. | 1 | 2 | 3 | 4 | 5 |

Workshop instructor (FACILITATOR)

Quality Rating

- | | | | | | |
|--------------------------------------|---|---|---|---|---|
| 6. The instructor was well prepared. | 1 | 2 | 3 | 4 | 5 |
| 7. The instructor was helpful. | 1 | 2 | 3 | 4 | 5 |

Workshop Results

Quality Rating

- | | | | | | |
|---|---|---|---|---|---|
| 8. I will be able to use what I learned in this workshop. | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|

Self – Paced Delivery

Quality Rating

- | | | | | | |
|--|-----------|---|----------|---|---|
| 9. The workshop was a good way for me to learn this content. | 1 | 2 | 3 | 4 | 5 |
| 10. Would you recommend this workshop to an acquaintance? | YES _____ | | NO _____ | | |

How would you improve this workshop: _____

I hereby certify the above information to be true:

Print: _____ Signature: _____ Date: _____

**Inland Valley Hope Partners
Exit Report & Program Evaluation
Rapid Re-Housing**

Client _____ Contact Phone _____ Exit Date _____

Forwarding Address _____ City/State/Zip _____

Contact person or follow-up agency _____

I understand that it is my responsibility to complete a change of address with the Post Office, and that staff will return to sender all mail received after my departure from bridge housing. *Initials* _____

Residents are expected to remove all personal items immediately upon exit if Bridge Housing for the Rapid Re-housing. Otherwise they will be donated.

Evaluation: *In order to evaluate the program, Hope Partners would appreciate your feedback.*

How did the program help you and members of your family? _____

Please rate the following aspects of the program:

	Good	Fair	Poor	Comments
Case Management				
Counseling				
Workshops				
Other:				

What do you suggest could be done to improve the program for future clients? _____

I hereby certify the above information to be true:

Head of Household Signature

Date



Landlord/Tenant and Mobilehome Mediation

As neutral third parties, IFHMB's mediators facilitate negotiations between landlords and tenants when disputes arise. IFHMB also provides education on housing rights and responsibilities. Tenants, mobile-home residents, park managers, and landlords can call or visit IFHMB for:

- Information on California's Landlord/Tenant Handbook and Mobilehome Park Residency laws
 - Free mediation services for landlord and tenants in housing-related disputes
- IFHMB Mediators are **not** attorneys; the information provided is not legal advice.

Housing Counseling

As a HUD Approved Housing Counseling Agency, IFHMB's trained counselors provide confidential, one-on-one counseling and group workshops on the following topics:

- Default/Foreclosure Counseling
- Reverse Mortgage (HECM) Counseling
- Rental Counseling
- Displacement/Homeless Counseling
- Financial Literacy Education
- First-Time Homebuyer Education
- Unfair Lending Investigations

Mediación para Propietarios / Inquilinos y Residentes que viven en casas móviles

Como terceras partes neutrales los intermediarios de IFHMB facilitan las negociaciones entre propietarios e inquilinos cuando surgen disputas. IFHMB también ofrece educación sobre los derechos de vivienda y responsabilidades. Inquilinos, residentes de casas móviles, administradores de parques, y los propietarios pueden llamar o visitar a IFHMB para:

- Un manual con información sobre los derechos por media la ley de California para los arrendadores y arrendatarios y residentes de casas móviles
- Los servicios de mediación gratuitos para el arrendador y arrendatarios en disputas relacionadas con la vivienda
- Los intermediarios de IFHMB no son abogados, la información proporcionada no es un consejo legal.

Consejería de Vivienda

Como agencia aprobada por HUD para la Consejería de Vivienda, los asesores de IFHMB proporcionan información confidencial, cara-a-cara en el asesoramiento y talleres sobre estos temas.

- Consejería de ejecución hipotecaria
- Consejería para hipoteca inversa (HECM)
- Consejería para Alquiler
- Consejería para persona sin hogar
- Educación Financiera
- Consejería para Primeros Compradores de Viviendas
- Investigaciones de préstamos injustas



Rapid Re-Housing

Experienced Counselors to guide you



Re-housing Assistance
For families who are

Homeless

&

have exhausted
all other options



Education in:

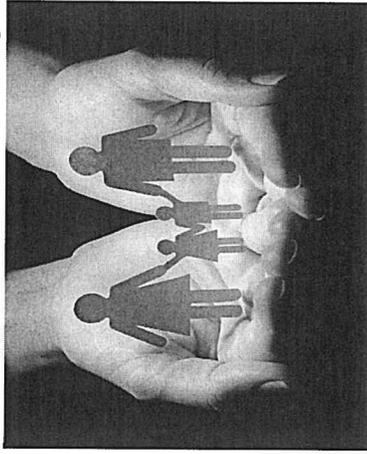
Landlord/Renter rights;
Financial Planning/Budgeting;
Good Neighbor practices to
help you keep your home

Temporary Financial
Assistance for

Families who are homeless



**Rapid Re-Housing
Program for
San Bernardino County**



We can help!



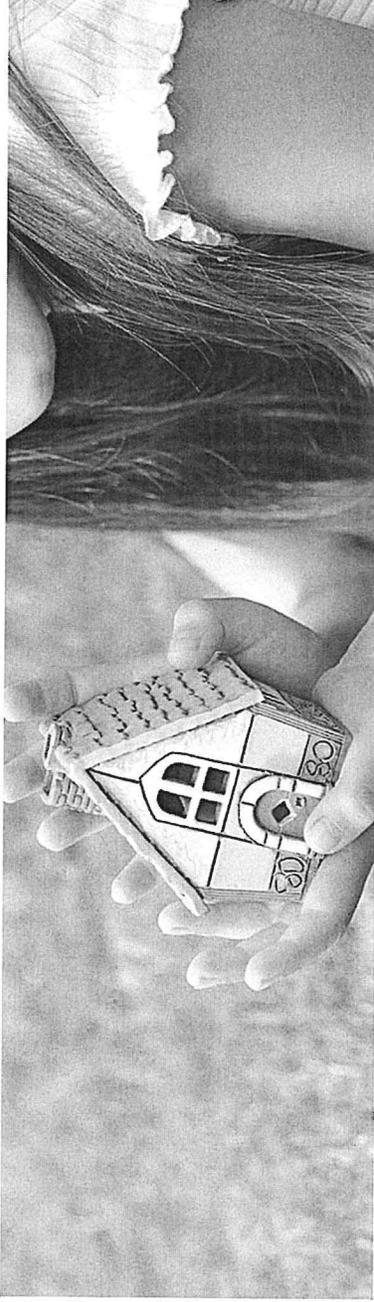
For help within
San Bernardino
County

Call
(909) 622-3806

Who can apply?

You **may be eligible** for this program if you meet the following conditions:

- ✓ Homeless (living in an emergency shelter, on the street, or other place not meant for human living)
- ✓ Have children under the age of 17
- ✓ Willing to stay in or move to San Bernardino County
- ✓ Don't have the money or support to get housing
- ✓ Willing to seek or keep a full-time job or mainstream benefits



Inland Valley Hope Partners May be able to help YOU!

- Our goal with you is secure employment and permanent housing
- Emergency shelter and food
- Guidance to services for support of the family
- Help with finding a home and moving in
- First and last months' rent deposits
- Short and medium term rental assistance
- Turn on utilities or security deposit
- Moving help (moving van)
- Individual counseling

