

ATTACHMENT A – COVER PAGE

Use this checklist to ensure that all items requested have been included.

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Applicant Name: Family Assistance Program

Address: 15075 7th Street, Victorville, CA, 92395-3810

Mailing Address (if different): (Same as above)

Telephone No.: 760-843-0701 FAX No.: 760-843-9551

Email Address: darryl@familyassist.org

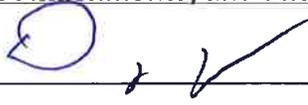
Federal Tax ID: 33-0107971

RFA Contact (Name/Title): Lindsey Berube, Grants Manager

Name of Authorized Representative: Darryl Evey

Title of Authorized Representative: Executive Director

By signing below, the individual acknowledges that he/she has the authority to bind the Applicant to the terms of the Application. The individual further acknowledges that he/she has read and understands the RFA, the contents of the Application and the Attachments, and attests to the accuracy of the information submitted therein.

Signature of Authorized Representative: 

Date: 5/16/23

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**ATTACHMENT B
STATEMENT OF CERTIFICATION**

The following statements are incorporated in our response to San Bernardino County.

	Statement	Agree (initial)	Disagree with qualification (initial and attach explanation)
1.	The offer made in the Application is firm and binding for nine (9) months from the Deadline for Applications.	DJE	
2.	All declarations in the Application and attachments are true and that this shall constitute a warranty, the falsity of which will entitle the County to pursue any remedy by law.	DJE	
3.	Applicant agrees that all aspects of the RFA and the Application submitted shall be binding if the Application is selected and a Contract awarded.	DJE	
4.	Applicant agrees to provide the County with any other information the County determines is necessary for an accurate determination of the Applicant's ability to perform the Services as proposed.	DJE	
5.	Applicant, if selected will comply with all applicable rules, laws and regulations.	DJE	
6.	The RFA has been reviewed in its entirety and Applicant has no exceptions to any requirements, terms, or conditions, except as noted in Attachment H.	DJE	

STATEMENT OF CERTIFICATION

- a. Family Assistance Program understands that the offer made in the Application is firm and binding for nine (9) months from the Deadline for Applications.
- b. Family Assistance Program affirms that all declarations in the Application and attachments are true and that this shall constitute a warranty, the falsity of which will entitle the County to pursue any remedy by law.
- c. Family Assistance Program agrees that all aspects of the RFA and the Application submitted shall be binding if the Application is selected and a Contract awarded.
- d. Family Assistance Program agrees to provide the SB CoC with any other information the SB CoC determines is necessary for an accurate determination of Family Assistance Program's ability to perform the Services Proposed.
- e. Family Assistance Program, if selected, will comply with all applicable rules, laws and regulations.
- f. The RFA has been reviewed in its entirety and Family Assistance Program has no exceptions to any requirements, terms, or conditions, except as noted in Attachment H.

STATEMENT OF EXPERIENCE QUALIFICATION

- a. Family Assistance Program is a 501c3 Non-profit Corporation. Family Assistance Program's California Secretary of State Registration Number is: 1278130.

- b. Family Assistance Program has been in business for 38 years.

- c. Family Assistance Program does not have any commitments or potential commitments that may impact Family Assistance Program's ability to perform the Contract, if awarded.



4/21/2023

BUSINESS LICENSE

2023

RETURN SERVICE REQUESTED
FAMILY ASSISTANCE PROGRAM
15075 SEVENTH ST
VICTORVILLE, CA 92395

No. BSL14-00102
Effective: 05/03/2023
Expires: 05/03/2024

DBA:
FAMILY ASSISTANCE PROGRAM

Ownership Type:
Business

Physical Location:
15075 SEVENTH ST
VICTORVILLE, CA 92395

Business Owner
FAMILY ASSISTANCE PROGRAM

Business Details

License Type: Commercial Business License
VMC: VMC 150 Exempt Business
Jurisdiction: City- General
Business Description:
GENERAL OFFICE USE - DOMESTIC VIOLENCE
SERVICES, FAMILY ASSISTANCE SERVICES, HOUSING

No other information available at this time.

This is not a bill. Please separate at perforation and post
bottom portion in a conspicuous place.

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE I THIS LICENSE IS NOT TRANSFERRABLE

4/21/2023

CITY OF VICTORVILLE BUSINESS LICENSE

2023

FAMILY ASSISTANCE PROGRAM

15075 SEVENTH ST
VICTORVILLE, CA 92395

Ownership Type
Business

No. BSL14-00102
Effective: 05/03/2023
Expires: 05/03/2024

Mailing Address
15075 SEVENTH ST
VICTORVILLE, CA 92395

Business Owner
FAMILY ASSISTANCE PROGRAM

VMC: VMC 150 Exempt
Business

The Business/Business Owner(s) named is hereby granted a **Business** License to conduct **business** in the City of Victorville, California, in the business described herein for the period indicated. Granting of the Business License shall not be construed as permission to conduct business in such manner as to create or maintain a nuisance, or at any place within the City where such business is prohibited by Title 16, any other ordinance, City or State Law.

A Business License is issued for the regulated and orderly use of land and to ensure compliance to the City of Victorville's Municipal Code. The issuance of a Business License shall not infer that the applicant has satisfied all other City, County, State, or Federal requirements. A Business License must be renewed annually prior to expiration date; otherwise, it is subject to penalty fees added monthly not to exceed 100% of the annual license fee.

CITY OF VICTORVILLE | 14343 CIVIC DRIVE | PO BOX 5001 | VICTORVILLE, CA 92393-5001



2/21/2023

BUSINESS LICENSE

2023

RETURN SERVICE REQUESTED
FAMILY ASSISTANCE PROGRAM
15075 SEVENTH ST
VICTORVILLE, CA 92395

No. BSLC-000276-2017
Effective: 02/22/2023
Expires: 02/22/2024

OBA:
FAMILY ASSISTANCE PROGRAM

Ownership Type
Business

Physical Location:
16857 CST
VICTORVILLE, CA 92395

Business Owner
FAMILY ASSISTANCE PROGRAM

Business Details
License Type: Commercial Business License
VMC: VMC 150 Exempt Business
Jurisdiction: City- General
Business Description:
SINGLE LEVEL COMMERCIAL BUILDING. WE WILL PROVIDE ANGER MANAGEMENT AND PARENTING

No other information available at this time.

This is not a bill. Please separate at perforation and post bottom portion in a conspicuous place.

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE | THIS LICENSE IS NOT TRANSFERRABLE

2/21/2023

**CITY OF VICTORVILLE
BUSINESS LICENSE**

2023

FAMILY ASSISTANCE PROGRAM



16857 CST
VICTORVILLE, CA 92395

Ownership Type
Business

Mailing Address
15075 SEVENTH ST
VICTORVILLE, CA 92395

Business Owner
FAMILY ASSISTANCE PROGRAM

No. BSLC-000276-2017
Effective: 02/22/2023
Expires: 02/22/2024

**VMC: VMC 150 Exempt
Business**

The Business/Business Owner(s) named is hereby granted a Business License to conduct business in the

of Victorville, California, in the business described hereon for the period indicated, Granting of the Business License shall be not construed as permission to conduct business in such manner as to create or maintain a nuisance, or at any place within the City where such business is prohibited by Title 16, any other ordinance,

City or State Law.

A Business License is issued for the regulated and orderly use of land and to ensure compliance to the City of Victorville's Municipal Code. The issuance of a Business License shall not infer that the applicant has met other City, County, State, or Federal requirements. A Business License must be renewed annually prior to expiration date; otherwise, it is subject to penalty fees added monthly not to exceed 100% of the annual business license fee.

CITY OF VICTORVILLE | 14343 CIVIC DRIVE | PO BOX 5001 | VICTORVILLE, CA 92393-5001

BUSINESS REGISTRATION CERTIFICATE

Town of Apple Valley

This certificate is evidence that the below named person, firm, corporation, or entity has applied and paid for their business license tax registration pursuant to the provisions of the Town of Apple Valley's Business Tax Ordinance and grants the holder of this certificate permission to engage, carry on, or conduct business within the Town of Apple Valley. Issuance of this certificate is not an endorsement, nor verification, of compliance with other ordinances, laws, or regulations, nor an assurance that the proposed license is in conformance with the city zoning and regulations. Failure to comply with the Town's Business License Regulations and/or all ordinances, laws and zoning regulations could result in immediate revocation, future revocation and/or additional fines, fees, or penalties.

Starting January 1, 2021, Assembly Bill 1607 requires the prevention of gender-based discrimination of business establishments. A full notice is available in English or other languages by going to: <https://www.dca.ca.gov/publications/>

Business Name: Family Assistance Program
Business Location: 15075 SEVENTH ST VICTORVILLE, CA 92395-3810
1st Owner Name: Darryl Evey
2nd Owner Name:

FAMILY ASSISTANCE PROGRAM
15075 SEVENTH ST
VICTORVILLE, CA 92395-3810

BUSINESS LICENSE #: 00010302

Description: Non-Profit

Effective Date: July 12, 2022

Expiration Date: August 31, 2023



Town of Apple Valley

TO BE POSTED IN A CONSPICUOUS PLACE

NOT TRANSFERABLE



State of California

Department of Social Services

Facility Number: 366428048

Effective Date: 02/12/2018

Total Capacity: 12

In accordance with applicable provisions of the Health and Safety Code of California, and its rules and regulations; the Department of Social Services hereby issues

this License to

FAMILY ASSISTANCE PROGRAM

to operate and maintain a

GROUP HOME

Name of Facility

OUR HOUSE

1387 JASPER AVENUE

MENTONE, CA 92359

This License is not transferable and is granted solely upon the following:

FACILITY IS LICENSED TO SERVE 12 AMBULATORY, MALE AND FEMALE CHILDREN. THIS PROGRAM PROVIDES SHORT TERM EMERGENCY SHELTER FOR RUNAWAY AND HOMELESS YOUTH, AGES 11-17 YEARS OF AGE. THE FACILITY ALSO PROVIDES SHORTTERM PLACEMENT FOR FOSTER CARE DEPENDENT CHILDREN.

Client Groups Served:

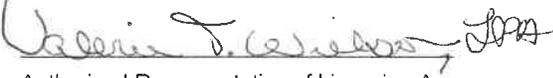
CHILDREN

Complaints regarding services provided in this facility should be directed to:

CCLD Regional Office

(951) 782-4207

Pamela Dickfoss
Deputy Director,
Community Care Licensing Division


Authorized Representative of Licensing Agency



State of California

Department of Social Services

Facility Number: 367900008

Effective Date: 08/27/2020

Total Capacity: 6

In accordance with applicable provisions of the Health and Safety Code of California, and its rules and regulations; the Department of Social Services hereby issues

this License to

FAMILY ASSISTANCE PROGRAM THE

to operate and maintain a

YOUTH HOMELESSNESS PREVENTION CENTER - GH

Name of Facility

MY PLACE
15618 CHOCTAW ST.
VICTORVILLE, CA 92395

This License is not transferable and is granted solely upon the following:

FACILITY TO OPERATE AS A RUNAWAY HOMELESS YOUTH SHELTER FOR CHILDREN AGES 11-17 YEARS OLD.

Client Groups Served:

CHILDREN

Complaints regarding services provided in this facility should be directed to:

CCLD Regional Office

(951) 782-4207

Kevin Gaines
Deputy Director,
Community Care Licensing Division

V wkn-1 LfJA

Authorized Representative of Licensing Agency

POST IN A PROMINENT PLACE

PROJECT DESCRIPTION

Synopsis

This project will help 24 youth transition from homelessness to independent and self-supporting members of the community. A total of 20 beds will be available to homeless youth. These 20 beds are a collaboration between multiple agencies which cover the entire County of San Bernardino, spanning over all 5 regions.

Services

This project will provide shared supportive housing that includes all expenses, at no cost to the youth. Youth will be invited to participate in weekly case management in the efforts to help them achieve the goals they set for themselves.

WORK PLAN AND SCHEDULE

Summary of Activities

Youth will enter supportive housing from homelessness. The youth will remain in the program for an average of 12-months. While in the transitional housing facilities, the youth are encouraged to participate in case management. Initially, an intake interview is guided by the case manager to gather information about the youth's history. The youth will proceed to meet for 1 hour every week with the case manager to discuss solutions to problems and develop SMART goals toward their future. After the youth exits the program into stable housing, the case manager will conduct follow-ups to assess outcomes and inquire if there are any other services the youth may need.

Project Schedule

The Transitional Housing for Homeless Youth project period will begin September 1st, 2023 and will conclude August 31st, 2024. Through the duration of this 12-month timeframe, all proposed services and activities will be implemented.

ATTACHMENT D

CERTIFICATION REGARDING DEBARMENT OR SUSPENSION; CALIFORNIA SECRETARY OF STATE BUSINESS ENTITY REGISTRATION

In compliance with contracts and grants Contracts applicable under the U.S. Federal Awards Program, the following certification is required by all Applicants submitting a response to this RFA:

1. The Applicant certifies, to the best of its knowledge and belief, that neither the Applicant nor its Principals are suspended, debarred, proposed for debarment, or declared ineligible for the award of contracts from the United States federal government procurement or non-procurement programs, or are individually or collectively listed as such in the United States General Services Administration's System for Award Management (SAM) website (www.sam.gov).
2. The Applicant certifies, to the best of its knowledge and belief, that neither any subcontractor listed in its Application, nor subcontractor's Principals are suspended, debarred, proposed for debarment, or declared ineligible for the award of contracts from the United States federal government procurement or non-procurement programs, or are individually or collectively listed as such in the United States General Services Administration's System for Award Management (SAM) website (www.sam.gov).
3. "Principals," for the purposes of this certification, means officers, directors, owners, partners, and persons having primary management or supervisory responsibilities within a business entity (e.g., general manager, plant manager, head of a subsidiary, division, or business segment, and similar positions).
4. The Applicant shall provide immediate written notice to the Purchasing Agent if, at any time prior to award, the Applicant learns that this certification was erroneous when submitted or has become erroneous by reason of changes in circumstances.
5. This certification is a material representation of fact upon which reliance will be placed when making the award. If it is later determined that the Applicant rendered an erroneous certification, in addition to other remedies available to the San Bernardino County government, the County may terminate the Contract resulting from this RFA for default.
6. Applicant affirms that neither it, nor any subcontractor listed in the Application, has any recent unsatisfactory performance with the County during the past twenty-four (24) months at a minimum.
7. Applicant also certifies that if it or any of the subcontractors listed in the Application are business entities that must be registered with the California Secretary of State, they are registered and in good standing with the Secretary of State.

CERTIFICATION REGARDING DEBARMENT OR SUSPENSION; CALIFORNIA SECRETARY OF STATE ENTITY REGISTRATION

1. Family Assistance Program certifies, to the best of its knowledge and belief, that neither the Family Assistance Program nor its Principles are suspended, debarred, proposed for debarment, or declared ineligible for the award of contracts from the United States federal government procurement or non-procurement programs, or are individually or collectively listed as such in the United States General Services Administration's System for Award Management.
2. Family Assistance Program certifies, do the best of its knowledge and belief, that neither any subcontractor listed in its Application, nor subcontractor's Principles are suspended, debarred, proposed for debarment, or declared ineligible for the award of contracts from the United States federal government procurement or non-procurement programs, or are individually or collectively listed as such in the United Sates General Services Administration's System for Award Management.
3. "Principles," for the purposes of this certification, means officers, directors, owners, partners, and persons having primary management or supervisory responsibilities within a business entity (e.g., general manager, plant manager, head of subsidiary, division, or business segment, and similar positions).
4. Family Assistance Program shall provide immediate written notice to the Purchasing Agent if, at any time prior to award, the Lead Applicant learns that this certification was erroneous when submitted or has become erroneous by reason of changes in circumstances.

5. This certification is a material representation of fact upon which reliance will be placed when making the award. If it is later determined that Family Assistance Program rendered an erroneous certification, in addition to other remedies available to the San Bernardino County government, the County may terminate the Contract resulting from this RFA for default.
6. Family Assistance Program affirms that neither it, nor any subcontractor listed in the Application, has any recent unsatisfactory performance with the County during the past twenty-four (24) months at a minimum.
7. Family Assistance Program also certifies that if it or any of the subcontractors listed in the Application are business entities that must be registered with the California Secretary of State, they are registered and in good standing with the Secretary of State.

ATTACHMENT E- BUDGET

Detailed HHAP-3 Budget

Transitional Housing for Homeless Youth Project:

\$312,149.98 Calculated at \$45 per person per night. This is the current rate funded by several funding sources. This HHAP-3 program will offer homeless youth in San Bernardino County, approximately 6,937 bed nights at \$45 per night x 1 year = \$312,149.98.

Description	Unit Measurement	Unit Cost	# of Units (approximately)	Total
Transitional Housing	Bed Night	\$45	6,937	\$312,149.98

6,937 bed nights / 365 days = 19 youths.

This program will have the capacity to house up to roughly 20 homeless youths at any given time during the 12-month project period: Sep 1st 2023 – Aug 31st 2024. Some youths will not require the full 365 bed nights, so is estimated that the project will serve 24 youths - at a minimum.

The fee of \$45 per bed night includes costs related to:

- Housing
- Utilities
- Supportive Services: case management, youth advocacy, employment assistance, transportation, and referrals for additional care.

ATTACHMENT F – RESERVED

Attachment not required.

ATTACHMENT H – EXCEPTIONS TO RFA

APPLICANT NAME Family Assistance Program

ADDRESS 15075 Seventh Street, Victorville, CA, 92395-3810

TELEPHONE # 760-843-0701

FAX # 760-843-9551

I have reviewed the RFA in its entirety and have the following exceptions: (Please identify and list your exceptions by indicating RFA, the Section or Paragraph number, and Page number, as applicable. Be specific about your objections to content, language, or omissions. Add as many pages as required.)

Family Assistance Program has no exceptions to the RFA.

ATTACHMENT I – PUBLIC RECORDS ACT EXEMPTIONS

APPLICANT NAME Family Assistance Program

ADDRESS 15075 Seventh Street, Victorville, CA, 92395-3810

TELEPHONE # 760-843-0701 FAX # 760-843-9551

Applicant requests that specific portions of the contents of this Application be held confidential and not subject to public disclosure pursuant to the Public Records Act. The specific portions are detailed below: (Please identify and list your exemptions by indicating the Section or Paragraph number, and Page number, of the Application where the content is contained.) **Each stated exemption must include a citation to supporting legal authority, including statutory authority or case law, to support exemption from the Public Records Act. Requested exemptions that does not meet the requirements of this section will not be considered.**

Family Assistance Program does not have any confidentiality exemptions to any content provided within the Application. All submitted content is subject to public disclosure.

ATTACHMENT J - INDEMNIFICATION AND INSURANCE REQUIREMENTS AFFIDAVIT

THE APPLICANT'S INSURANCE COMPANY(S) OR INSURANCE AGENT MUST COMPLETE THIS FORM
AND
THE APPLICANT MUST SUBMIT THIS COMPLETED AFFIDAVIT WITH THE APPLICATION.

I, the undersigned (Please check one box) underwriter agent/broker, certify that I and the Applicant listed below have jointly reviewed the "Insurance Requirements" in this Request for Application (RFA). If the County of San Bernardino ("County") awards the Applicant the Contract for this project, I will be able—within fourteen (14) calendar days after the Applicant is notified of the Contract's award—to furnish the County with all the required, insurance certificate(s) and endorsement(s) as specified in Section X, Paragraph B. Indemnification and Insurance Requirements.

Rancho Mesa Ins Services 4/26/2023
Insurance Broker / Agency Name Date
Megan Smidt [Signature]
Insurance Broker's / Agent's Name (Printed) Insurance Broker's / Agent's Name (signature)
2355 Northside Dr. Ste 200, San Diego, CA 92108
Address City State Zip Code
619 937 0164 m-smidt@rancho-mesa.com
Telephone Number FAX Number Email Address

Family Assistance Program
Applicant's Name County RFA Name and Number

Below State the Name of Insurance Company Providing Coverage:
DO NOT write "Will Provide," "To Be Determined," "When required," or similar phrases.

Non Profits Ins. Alliance of CA Non Profits Ins. Alliance of CA
Commercial General Liability Automobile Liability
Ace American Ins. Company Non Profits Ins Alliance of CA
Workers' Compensation Liability Professional Liability
Lloyd's of London
Cyber Liability Pollution Liability
Non Profits Ins. Alliance of CA
Sexual Abuse Liability

[NOTE TO APPLICANT: See Section X, Paragraph B. Indemnification and Insurance Requirements, for details on the basic requirements and types of insurance for this agreement.]

NOTE TO THE UNDERWRITER / AGENT-BROKER: If the Insurance forms that the Applicant submits to the County do not fully comply with the Insurance Requirements, and/or if the Applicant fails to submit the forms within the 14-day time limit, the County may: (1) declare the Applicant's Application non-responsive, and (2) award the Contract to the next highest ranked Applicant.
If you have any questions about the Insurance Requirements, please contact Mr. Rafael Viteri, County of San Bernardino - Risk Management Department, at (909) 386-8730 or via e-mail rviteri@rn.sbcounty.gov (Please provide name of RFA with your email question(s)).

and Prevention Program

A. Applicant Information	
1.	Name of Applicant: Family Assistance Program
2.	Applicant's Legal Name: Family Assistance Program
3.	Address: 15075 7 th Street City: Victorville State: CA Zip: 92395-3810
4.	Mailing Address (if different than above): City: (Same as above) State: Zip:
5.	Contact Person: Lindsey Berube
6.	Title: Grants Manager
7.	Contact Phone: 760-843-0701
8.	Contact Email: lindsey@familyassist.org

B. Applicant Statement of Experience and Qualifications	
1.	Business name of the Applicant and type of legal entity such as corporation, partnership, etc. If Applicant is a business entity that must be registered with the California Secretary of State, Applicant shall provide the County the entity number assigned to it by the Secretary of State Family Assistance Program is a 501c3 Non-profit Corporation. The agency's California Secretary of State Registration Number is: 1278130
2.	Number of years the Applicant has been in business under the present business name, as well as related prior business names. 38 Years.
3.	Do you have any commitments or potential commitments that may impact your ability to perform the Contract if awarded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain.

and Prevention Program

C. Regions/Strategies to Achieve Outcome Goals (must submit a separate Application for each region)	
1.	Regional or Countywide Youth Serving Project
	<p>Indicate the SBC CoC Region in which the proposed project service activities will be provided:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Central Valley Region <input type="checkbox"/> Desert Region <input type="checkbox"/> East Valley Region <input type="checkbox"/> Mountain Region <input type="checkbox"/> West Valley Region <input checked="" type="checkbox"/> Services specifically for Homeless Youth

2.	Strategies to Achieve Outcome Goals
	<p>Indicate which of the strategies to achieve outcome goals the proposed project service activities are designed to help meet (select as many as applicable for this project).</p> <p>Applicants for the Central Valley, Desert, East Valley, and West Valley Regions may select from the following strategies:</p> <ul style="list-style-type: none"> <input type="checkbox"/> At least 300 new units of permanent supportive and/or service-enriched housing will be occupied by! June 2024. <input checked="" type="checkbox"/> At least 300 additional households will exit homelessness and achieve permanent housing stability! through rapid rehousing activities <input checked="" type="checkbox"/> At least 200 additional shelter/interim housing beds will be occupied by January 2024. <input checked="" type="checkbox"/> At least 500 households living housing insecure and/or at-risk of homelessness will be prevented! from becoming homeless through systemwide diversion and prevention strategies. <input type="checkbox"/> At least 500 households at imminent risk of homelessness will be prevented from becoming! homeless through eviction prevention strategies. <input type="checkbox"/> At least 100 high utilizers of safety net services and experiencing chronic homelessness will achieve! permanent housing stability by January 2024. <p>Applicants for the Mountain Region may select from the following strategies:</p> <ul style="list-style-type: none"> <input type="checkbox"/> At least 300 additional households will exit homelessness and achieve permanent housing stability through rapid rehousing activities <input type="checkbox"/> At least 200 additional shelter/interim housing beds will be occupied by January 2024. <input type="checkbox"/> At least 500 households at imminent risk of homelessness will be prevented from becoming homeless through eviction prevention strategies. <p>Complete the "Project Description" section, explaining in detail how the services for the proposed project, including number of units, beds and/or households served, will contribute to achieving the strategic outcome goals selected.</p>

and Prevention Program

D. Project Description	
	Project Name: Transitional Housing Beds for Homeless Youths in San Bernardino County
	<p>In this section provide a concise description of the proposed project, its purpose, and its beneficiaries. Provide details for each category(ies) selected above. Consider items addressed under Section V. Scope of Work in your project description.</p> <p>This project will allow for Family Assistance Program to provide transitional housing services to homeless youth within the County of San Bernardino. The project will have the capacity to provide up to 20 beds to homeless youths at any given time. These 20 beds are a collaboration between multiple youth serving agencies which span the entire county, covering all 5 regions. This joint effort provides swift access to transitional housing services for all youth in the county. The transitional housing provides shared housing for homeless youth that includes all expenses, at no cost to the youth. The youth are encouraged to participate in weekly case management to help achieve the goals that they set for themselves.</p>
E. Work Plan and Schedule/Project Readiness	
	<p>Provide a summary of the work plan for this project and the project schedule.</p> <p>Each of the homeless youth's service plan is initiated with an intake and interview to obtain essential information which will assist the case manager in crafting a continuum of care responsive to each of the youth's individual needs. Generally, within 1 week from intake, the youth have settled in and begin to feel comfortable in discussing plans for their future. This process includes one-one engagements with the case manager to examine specific problems and personal barriers, discuss solutions, and creating SMART (Specific, Measurable, Achievable, Realistic, Time-based) goals.</p> <p>The homeless youth will continue to meet once per week for 1 hour with the case manager to discuss the progress of each of the goals they have set. This process has shown to be effective for providing the opportunity for each of the youth to explore additional services that the project offers to them; including resume building workshops, financial coaching, and job training programs.</p> <p>Once each youth has transitioned into permanent housing, the case manager will conduct 30, 60, and 90 day follow ups to examine project effectiveness. The case manager will also inquire about any additional services that may benefit the youth in progressing further in their lives.</p>
F. Long Term Results	
	<p>Specify the long-term results and how they will be produced through implementation of the project.</p> <p>This project will help at least 24 youth transition from homelessness to independent and self-supporting members of the community. The budget includes enough bed nights to provide approximately 20 youth with 365 days of supportive transitional housing. Not all youth will require the full 365 bed nights to reach goals such as employment, education, and permanent housing.</p> <p>Throughout the duration of the program, each youth will work closely with their assigned Case Manager to achieve their educational goals while seeking employment. Case managers will assist the youth with scheduling classes, arranging transportation to and from school, and setting aside study time. This will ensure that the youth have all of the necessary resources to focus on their educational future.</p> <p>Case managers will assist the youth in identifying potential employment, as well as, the application process; providing help in creating a resume, completing job applications, and preparing for interviews. In the event that the youth acquire employment, the case managers provide information and exercises on understanding how to be a good and efficient employee. This includes being punctual, calling in sick</p>

and Prevention Program

only when necessary, arriving clean and dressed appropriately, treating employers and coworkers with respect, and managing their money.

Since the youth will not earn enough money to live independently for the near future, they will learn specific skills on how to cohabitate with housemates. These skills include learning how to share a refrigerator and kitchen space, sharing a television and gaming consoles, and learning how to settle disputes without violence and supervision.

The youth will learn how to manage their money. Case managers will assist them in creating a budget that includes developing a savings account for unexpected expenses. The youth will be taught to understand the concept and importance of a savings account and will deposit money into their savings from each paycheck. Each youth will learn about credit scores and how to maintain them. This includes reviewing their credit report, dispute any errors that may occur, and regularly track their credit score.

The youth will remain in the program for an average of 12 months, following a planned exit to move into their own independent housing. Each youth will exit the program with a savings account and a budget, allowing them a head start to their future. The program will assist the youth in finding their new home while helping through the application process. The program will also help each youth move into their new housing and provide them with some of the essential items, such as furniture and utensils.

G. Project Sustainability

Explain how will the project be sustained after this one-time funding is exhausted. If project is not sustainable after these one-time funds are exhausted, explain how these one-time funds result in immediate homelessness resolution without the need for long-term funding.

Family Assistance Program receives over \$500,000.00 per year in funding through 3 contracts from the Administration for Children and Families through their Family and Youth Services Bureau. Two contracts support the agency's youth shelters named "Our House" and "My Place" through a Basic Center Program. The contract for My Place was renewed in 2022. Family Assistance Program will be renewing the contract for Our House this year in 2023. The third Family and Youth Services Bureau (FYSB) contract supports the street outreach team and the drop-in centers through the Street Outreach Program and was renewed in 2021. Federal funding is also available through FYSB's Transitional Living Program; however, this funding is only to support existing services. The agency will qualify to apply for this funding to maintain this expansion.

The agency has a state contract with the Office of Emergency Services as part of the Homeless Youth Emergency Services Program. This funding covers the street outreach team, case management, drop in centers, transitional housing, and job training programs. This contract was renewed in April of 2022 and will end in March of 2027.

and Prevention Program

H. Collaboration

Provide the names of the service providers and/or municipalities with which there will be collaboration. Include details of the collaboration efforts; such as, what role(s) does each partner have in implementing the proposed project?

This project is a collaboration between Family Assistance Program, Steps 4 Life, and Youth Hope Foundation. Each of these programs operate transitional housing programs in different areas in the county. This allows for funding to be spent where the greatest need is rather than an arbitrary distribution. Each collaborative partner will provide the same services in a trauma informed manner.

Family Assistance Program is the lead agency and will be responsible for all HHAP-3 reporting and accounting.

I. California's Housing First Policy

Check box to indicate the proposed project will conform with California's Housing First Policy.

J. Coordinated Entry System (CES)

HHAP-3 funded projects are to be integrated within the local CES. Describe the project's prioritization criteria.

Family Assistance Program has worked closely with the county and coordinated entry systems for the last 13 years to establish a responsive model of care for homeless youth. Case managers working on this project are trained to utilize the Service Prioritization Decision Assistance Tool (SPDAT) and the Vulnerability Index (VI-SPDAT). These evidence-based assessment tools are used to determine prioritization of housing as well as to identify other areas of need for the youth. The agency uses the TAY SPDAT to determine frequency of contracts with the case manager and develop the treatment plan to help the youth become successful independent adults.

K. Homeless Management Information System (HMIS)

All project participating with CES will need to apply to participate with the local HMIS.

Currently participate in HMIS? Agrees to participate in HMIS?

and Prevention Program

L. Measurable Outcomes

What will be the indicators that the proposed project is successful at resolving homelessness? How will these be measured? Please include the projected number of unduplicated homeless clients/persons to be served during the program administration. If you are proposing a housing related project, provide the projected retention rate.

The program will serve 24 unduplicated youths during the project's 12-month period. Case managers will capture all client and outcome data in weekly case notes and service tracking sheets. This information is later entered in the agency's online database system, Apricot. The Grant Manager assigned to HHAP-3 will manage the reports in Apricot and pull information specific to the HAPP-3 program. This will include information on the number of unduplicated clients served, services provided, and knowledge and behavioral outcomes. These measurable outcomes include:

- 24 youths will receive 40 hours of case management to create and reach their goals.
- 24 youths will demonstrate an increase in their communication skills.
- 22 youths will show an ability to use safe coping skills.
- 20 youths will demonstrate an ability to create a weekly budget.
- 16 youths will gain employment.
- 12 youths will enroll in continuing education.

System-wide outcomes:

- 15 additional youths will exit homelessness and achieve permanent housing stability through rapid rehousing activities
- 15 youths living housing insecure and/or at-risk of homelessness will be prevented from becoming homeless through systemwide diversion and prevention strategies.
- 10 additional shelter/interim housing beds will be occupied by January 2024.

M. Administrative Capacity

Describe your agency's/organization's administrative capacity that will allow effective implementation of the proposed project and capacity to submit timely documentation and reports.

Family Assistance Program has been serving the community since 1985. The agency currently operates 3 emergency shelters, 15 transitional housing units, 2 community centers, 2 youth drop-in centers and 2 street outreach teams. Family Assistance Program is the lead agency in 5 contracts that fund housing and supportive services to homeless youth, victims of domestic violence, and victims of human trafficking. The agency has a single audit performed by an outside auditing firm each year.

During the 2022-2023 fiscal year, Family Assistance Program received approximately \$11,526,260.00 in funding. Of this, 90% was from government contracts. The agency is audited by 3 county departments, 7 state programs and a federal agency each year. All of these audits review the accounting and programming services of the agency. No audits have had any findings or identified any weaknesses. The accounting departments follows GAAP, maintains separation of duties, and has an approved cash management plan.

Family Assistance Program has a strong data management program to track services. All staff members from each program input data in to this program. The data management specialist reviews the data each week and sends a report to the leadership team on a monthly basis. The monthly report compares cumulative data to projections and identifies any areas of concern. This allows the team leaders to review what has been done by their team and review the data for accuracy. Each subcontractor inputs their data into the program independently. This allows for all reporting requirements for agency run programs and subcontracted services to be tracked.