**

# HHAP Round 6 Regional Application Template

Purpose of this Template

The Department of Housing and Community Development (HCD) is providing this Homeless Housing, Assistance and Prevention Program (HHAP) Regional Application Template (template) as a tool to help HHAP Round 6 (HHAP 6) regional applicants prepare responses for subsequent submission through the official online application portal. The template closely mirrors the online application portal and is intended to support the development of the regional application for approval by HCD as required in AB 166 (Health & Safety Code § 50239 and 50242, et seq.).

The template will not be collected by HCD, nor will HCD review any template in lieu of an official regional application submission. Applicants are responsible for inputting the required information into the online [application](https://www.cognitoforms.com/CaliforniaInteragencyCouncilOnHomelessness/HHAPRound6Application) portal and submitting the official regional application in the portal no later than 5:00 p.m. on Friday, August 29, 2025.

The regional application consists of the following Sections:

* Section 1. Regional Identification and Contracting Information
* Section 2. Documentation and Certification of Stakeholder Engagement
* Section 3. Regionally Coordinated Homelessness Action Plan
  + 3.a. Regional Partners’ Roles and Responsibilities
  + 3.b. System Performance Measures Improvement Plan
* Section 4. HHAP 6 Funding Plan
  + 4.a. Proposed Funding Activities
  + 4.b. Sustainability of the Region’s Interim Housing Portfolio
  + 4.c. Sustainability of the Region’s Permanent Housing Portfolio (If applicable)
  + 4.d. Documentation of Youth Set Aside Requirement
* Section 5. Regional Memorandum of Understanding MOU and Application Certification

Green tables describe the steps required to complete each section and provide guidance on how to use the template and/or minimum requirements.

Blue tables capture the application data and mirror the data fields in the online application portal.

**HHAP 6 Regional Application Template**

## Section 1. Region Identification and Contracting Information

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| Steps to complete this section |
| 1. Select the Continuum of Care (CoC) Region. The definition of “Region” is the geographic area served by a county, including all cities and the CoC or CoCs within it (HSC 50230(v)). 2. Indicate which Eligible Applicants are applying together as a region for HHAP 6 (i.e., which Eligible Applicants will administer the Regionally Coordinated Homelessness Action Plan and be signatory to the Memorandum of Understanding). Eligible Applicants for HHAP 6 are all counties, all Continuums of Care, and Large Cities. 3. For each participating Eligible Applicant, indicate whether and how the Eligible Applicant intends to contract with HCD (i.e., indicate whether the Eligible Applicant will act as their own Administrative Entity, or designate one of the other regional partners to administer their allocation and act as the Administrative Entity on their behalf). |
| **Guidance for this section** |
| Regional Application Participation  **Continuums of Care (CoCs)**   * A CoC that serves a single county **must** apply as part of the regional application with the county and any overlapping Large Cities. In this case, the CoC should select: *“Is participating in this regional application as an Eligible Applicant.”* * A CoC that serves multiple counties **must either:** apply as part of a single regional application with multiple counties and any overlapping Large Cities **or** participate in the regional application of each overlapping county and the Large Cities therein. When the CoC is participating in multiple regional applications, the CoC should select: *“Is participating in this regional application as an Eligible Applicant”* for the regional application that will include the CoC’s HHAP 6 funding plan, and should select: “*Is participating in this regional application as a collaborator*” for all other regional applications they are participating in. This will help to ensure the CoC’s funding plan is only collected on a single regional application.   **Large Cities (“City” or “Cities”)**  Large Cities must apply as part of the regional application with the applicable county and CoC.  **Counties**   * In a CoC that serves a single County, the County **must** apply as part of a regional application with the CoC and any overlapping Large Cities. * In a multi-county CoC, counties are **strongly encouraged** to apply in collaboration with other counties that are served by the same CoC. **At a minimum**, each County must apply with the overlapping CoC.   **LA Region**  All CoCs within the County of Los Angeles shall be considered part of a single region, along with the County and Large Cities within the county and therefore **must** apply together. (HSC § 50230(v)(2).) |
| Contracting  Each Eligible Applicant has the discretion to administer their base allocation directly or may designate an Eligible Applicant in their region to serve as their Administrative Entity. The selections made in this section will indicate which Eligible Applicant will enter into contract with HCD to administer each Eligible Applicant’s HHAP 6 allocation. For reference, [HHAP 6 allocations](https://www.hcd.ca.gov/sites/default/files/docs/grants-and-funding/calich/hhap-6-allocations.pdf) are available on HCD’s HHAP website.  The Administrative Entity is responsible for meeting the terms and conditions of the contract, which include, but is not limited to, contracting (when necessary) with sub-recipients, and fulfilling all monthly, annual, final, and Homeless Management Information System (HMIS) reporting requirements.   * **If you plan to contract with HCD to receive and administer only your (individual) HHAP 6 allocation,** select: *“Will enter into contract with HCD to receive and administer their HHAP 6 allocation”* under the contracting selection. * **If you do not plan to contract with HCD and instead plan to identify another participating Eligible Applicant in the region to enter into contract with HCD to receive and administer your HHAP 6** **allocation**, select: *“Identify another participating Eligible Applicant in their region to enter into contract with HCD to receive and administer their HHAP 6 allocation”* under the contracting selection. Once selected, you will be prompted to designate the Administrative Entity from a list of other Eligible Applicants in the region. * **If you plan to contract with HCD to receive and administer multiple HHAP 6 allocations within your region**, select: *“Will enter into contract with HCD to receive and administer their HHAP 6 allocation and allocation(s) from other Eligible Applicants in the region”* under the contracting selection. |

**Please select the Continuum of Care Region**

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| Continuum of Care Region |
| Choose an item. |

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| Guidance |
| The table below is formatted as “repeating content”.  To add an Eligible Applicant, click anywhere in the table to reveal the content border, then click the (+) that appears on the right-hand margin of the border. This will not work if the template is open in a web browser; the template **must be** open in the Microsoft Word application. |

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| Eligible Applicant |
| Choose an item. |
| **Participation Status** |
| Choose an item. |
| **Contracting Status** |
| Choose an item. |
| **Designated Administrative Entity (if applicable)** |
| Choose an item. |
| **Contact Title** |
|  |
| **Contact Name** |
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| **Contact Email** |
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| **Contact Phone** |
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## Section 2. Documentation and Certification of Stakeholder Engagement

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| Steps to complete this section |
| 1. Provide the dates for which at least three public meetings were held to support the development of the Regionally Coordinated Homelessness Action Plan (Plan). 2. Describe how each stakeholder group from the list provided was invited and encouraged to engage in the Plan. 3. Describe the specific input from the public meetings that was incorporated into the Plan. 4. Certify that all participating Eligible Applicants met the process requirements for developing the Plan. |

**Meeting Dates**

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| Guidance |
| **No less than three (3) public meetings must be held for each Regionally Coordinated Homelessness Action Plan.** Applicants should retain documentation of the meetings in alignment with HCD's records retention requirement outlined in the [HHAP 6 NOFA](https://www.hcd.ca.gov/sites/default/files/docs/grants-and-funding/calich/hhap-6-nofa.pdf) and should upload relevant documentation to support certification of Section 2 of the regional application.  To add additional meetings, click into the last row of the table, then press “tab” on your keyboard. |

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| Meeting Dates |
| Click or tap to enter a date. |
| Click or tap to enter a date. |
| Click or tap to enter a date. |

**Stakeholder Engagement**

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| Guidance |
| **A description is required for each stakeholder group engaged in development of the Regionally Coordinated Homelessness Action Plan.** In addition to providing the information required below, applicants should retain documentation of the meetings in alignment with HCD's records retention requirement outlined in the [HHAP 6 NOFA](https://www.hcd.ca.gov/sites/default/files/docs/grants-and-funding/calich/hhap-6-nofa.pdf) and should upload relevant documentation to support certification of Section 2 of the regional application. Documentation of stakeholder engagement may include copies of meeting invites and invitee lists, drafts provided for feedback, etc. |

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| Stakeholders | Description of how stakeholders were invited and encouraged to engage in the public stakeholder process | Describe the specific input from stakeholders that was incorporated into the Plan |
| People with lived experience of homelessness, including but not limited to survivors of domestic violence |  |  |
| Youth with lived experience of homelessness |  |  |
| Local department leaders and staff from qualifying smaller jurisdictions, including child welfare, public welfare, health care, behavioral health, justice, and education system leaders |  |  |
| Homeless services and housing providers, including developers of permanent  affordable housing operating within the region. |  |  |
| Each Medi-Cal Managed Care Plan contracted with the State Department of Health Care Services in the region |  |  |
| Federally recognized tribal governments pursuant to Section 4103 of Title 25 of the United States Code that are within the region. |  |  |
| Street medicine providers, victim service providers, and other service providers directly assisting people experiencing homelessness or at risk of homelessness |  |  |

**Describe any other input from public meetings not captured above that was incorporated into the Plan.**

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**By checking this box, I certify that all participating Eligible Applicants met the public meeting process requirements in statute (HSC Section 50240(d) and (e)) and in the** [**HHAP 6 NOFA**](https://www.hcd.ca.gov/sites/default/files/docs/grants-and-funding/calich/hhap-6-nofa.pdf) **in developing the Regionally Coordinated Homelessness Action Plan, documented in Section 2 of this regional application.**

**I certify under penalty of perjury that all of the information in Section 2, above, is true and accurate to the best of my knowledge.**

**Optional Upload: Stakeholder Engagement**

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| Guidance |
| Upload supporting documentation to support the region’s certification of Section 2 of this regional application, which may include meeting invites and invitee list. |

## Section 3. Regionally Coordinated Homelessness Action Plan

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| Guidance |
| Applicants must submit a Regionally Coordinated Homelessness Action Plan (Plan) that fully complies with HSC section 50240(c). This Plan shall lay out a strategic approach to address homelessness within the region, emphasizing collaborative efforts among participating applicants.  In developing the HHAP 6 Regionally Coordinated Homelessness Action Plans, regions should build upon their approved HHAP 5 Regionally Coordinated Homelessness Action Plans. This means regions should leverage and update information from their approved HHAP 5 Regionally Coordinated Homelessness Action Plan in corresponding sections of the proposed HHAP 6 Regionally Coordinated Homelessness Action Plan. |

### 3.a. Regional Partners’ Roles and Responsibilities

#### 3.a.1. Outreach and Site Coordination

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| Guidance |
| **Each Eligible Applicant in the region** must describe how they currently, or will begin to, coordinate comprehensive outreach to individuals experiencing, and at risk of experiencing, homelessness in the region, and coordinate on siting of services, shelters, and interim and permanent housing in the region.  Eligible Applicants must be identified using the standard name as it appears in the dropdowns provided. |

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| Eligible Applicant | Describe roles and responsibilities in outreach to individuals experiencing, or at risk of experiencing, homelessness in the region, and in coordination on citing of services, shelters, and interim and permanent housing in the region |
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#### 3.a.2. Siting and Use of Available Land

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| Guidance |
| **Each Eligible Applicant in the region** must describe how they will coordinate efforts to identify **and** promote use of available land for the production of interim or permanent housing.  Eligible Applicants must be identified using the standard name as it appears in the dropdowns provided. |

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| Eligible Applicant | Describe how the Eligible Applicant will coordinate efforts to identify and promote use of available land for the production of interim or permanent housing in the region |
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#### 3.a.3. Development of Shelter, Interim and Permanent Housing Options

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| Guidance |
| **Each Eligible Applicant in the region** must describe how they are engaging housing developers working in the region, including developers of permanent supportive housing, to coordinate the financing of interim and permanent housing.  Eligible Applicants must be identified using the standard name as it appears in the dropdowns provided. |

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| Eligible Applicant | Describe your engagement with housing developers, including developers of permanent supportive housing, to coordinate the financing of interim and permanent housing |
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#### 3.a.4. Coordination of and Connection to Service Delivery

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| Guidance |
| **Each Eligible Applicant in the region must** describe how they are coordinating, connecting, and delivering services -including Mental Health Services Act or Behavioral Health Services Act within the region - to individuals experiencing homelessness, or at risk of experiencing homelessness.  Eligible Applicants must be identified using the standard name as it appears in the dropdowns provided. |

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| Eligible Applicant | Describe how the Eligible Applicant is coordinating, connecting, and delivering services - including Mental Health Services Act or Behavioral Health Services Act within the region - to individuals experiencing homelessness, or at risk of experiencing homelessness. |
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#### 3.a.5. Policies for Addressing Encampments

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| Guidance |
| **Each Eligible Applicant in the region must** identify all encampments within the region, with specific plans to address these encampments. If the scale of encampments in your region makes filling out the table provided difficult, Eligible Applicants may alternatively upload a map showing where encampments are concentrated, and report the information required for each encampment zone or if it is less burdensome, upload a spreadsheet containing the required information for each encampment zone.  For each encampment/encampment zone, the region is required provide:   1. An address or general location. 2. Estimated population 3. A specific plan to address the encampment/encampment zone (e.g., description of how many individuals are projected to be served by what type of housing solutions, how will regional partners collaborate). 4. Key milestone dates to carry out the described plans (e.g., goal date for outreach, goal date for all encampment residents to transition into housing solutions). 5. The encampment/encampment zone’s ERF grant status (active ERF project(s), applied for site(s), plans to apply for site(s)). 6. If applicable, the ERF contract number(s). 7. Lead entity for addressing the encampment/encampment zone.   Regions may also choose to upload one or more maps of encampments/encampment zones within the region.  To add additional encampments, click into the last row of the table, then press “tab” on your keyboard.  Each Eligible Applicant must also confirm whether they have a current and formal policy to address encampments that complies with the California Interagency Council on Homelessness (Cal ICH) Guidance on Addressing Encampments.   * If the policy **fully complies** with the Cal ICH Guidance on Addressing Encampments, the Eligible Applicant must link to or upload the policy. * If the policy **partially complies** with the Cal ICH Guidance on Addressing Encampments, the Eligible Applicant must describe what elements of the policy comply, and how. They also must link to or upload the policy. * If any Eligible Applicant **does not have** a current and formal policy to address encampments, they must describe their existing efforts to address encampments, actively commit to following the Cal ICH Guidance on Addressing Encampments and identify a specific timeline by which they will adopt such a policy.   Eligible Applicants must be identified using the standard name as it appears in the dropdowns provided. |

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| Encampment | Address or General Location | Estimated Population | What are the region’s specific plans to address this encampment? | What are the Key Milestone Dates to carry out the described plan? | ERF Status (site funded by ERF; Yes/No) | If Yes, ERF Contract # | If No, are there current plans to submit an ERF application to address this site? (Yes/No) | Lead Entity for addressing this encampment |
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**Optional: Encampments Excel**

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| Guidance |
| If it is too burdensome to provide the required information in the table, Eligible Applicants may upload a spreadsheet containing the required information for each encampment zone in the region.  For each encampment/encampment zone, the region is required provide:   1. An address or general location. 2. Estimated population 3. A specific plan to address the encampment/encampment zone (e.g., description of how many individuals are projected to be served by what type of housing solutions, how will regional partners collaborate). 4. Key milestone dates to carry out the described plans (e.g., goal date for outreach, goal date for all encampment residents to transition into housing solutions). 5. The encampment/encampment zone’s ERF grant status (active ERF project(s), applied for site(s), plans to apply for site(s)). 6. If applicable, the ERF contract number(s). 7. Lead entity for addressing the encampment/encampment zone. |

**Optional: Map of Encampments**

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| Guidance |
| Upload one or more maps of encampments/encampment zones within the region. |

**Eligible Applicants with a current and formal policy to address encampments that fully or partially complies with the Cal ICH Guidance on Addressing Encampments must complete the following:**

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| Eligible Applicant | Applicant confirms the plan complies with the Cal ICH Guidance on Addressing Encampments? | If you selected “Yes, in part,” describe what elements of the policy do comply with the Cal ICH Guidance on Addressing Encampments, and specifically how they comply. | Provide a link to the policy or upload a copy |
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| Choose an item. | Choose an item. |  |  |

**Eligible Applicants without a current and formal policy to address encampments that fully or partially complies with the Cal ICH Guidance on Addressing Encampments must complete the following:**

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| Eligible Applicant | Describe existing efforts to address encampments | Does the Eligible Applicant actively commit to adopting a policy that complies with the Cal ICH Guidance on Addressing Encampment? | Provide a specific timeline, including dates, for future adoption of formal policies that comply with the Cal ICH Guidance on Addressing Encampments. |
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#### 3.a.6. Housing Element Compliance

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| Guidance |
| **Each Large City and county Eligible Applicants in the region** must indicate they have an adopted housing element that HCD has found substantially compliant with Housing Element Law, or if not compliant, provide a timeline for relevant milestones to achieve compliance.  Milestones include but are not limited to the dates by which Eligible Applicants will: submit revised drafts that address all outstanding findings for HCD’s review, submit required rezones for HCD’s review, adopt the housing element, and anticipate final review and approval by HCD.  **Example timeline and milestones:**  8/15/2025: Jurisdiction provides revised draft addressing issues from last findings letter for HCD review and public posting.  10/15/2025: HCD completes review of draft and determines there are no remaining issues, and the draft will be compliant once rezones are adopted, and housing element is adopted.  12/15/2025: Jurisdiction adopts housing element and required rezones and submits documentation to HCD.  2/15/2026: HCD completes review of adopted element and rezones to confirm they meet what was proposed in draft.  If adopted element and rezones meet requirements, jurisdiction is found compliant.  Eligible Applicants within the region must have an adopted housing element that HCD has found substantially compliant to receive their remainder HHAP 6 disbursement.  Eligible Applicants must be identified using the standard name as it appears in the dropdowns provided. |

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| Large City or county Eligible Applicant | Is this Eligible Applicant's Housing Element Compliant? | If not compliant, provide a timeline for all relevant milestones to achieve compliance (refer to Guidance and Example timeline and milestones for required level of detail). |
| Choose an item. | Choose an item. |  |
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#### 3.a.7. Housing Element Implementation

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| Guidance |
| **Each Large City and county Eligible Applicants in the region** must indicate if they are up to date on housing element program commitments, or if not, they must provide a timeline and plan to implement past due programs.  Large City and county Eligible Applicants must be identified using the standard name as it appears in the dropdowns provided. |

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| Large City or county Eligible Applicant | Has this Eligible Applicant implemented all programs in their adopted Housing Element on the timelines identified therein? | If not, provide a specific timeline and plan with dates to implement the past due programs. |
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#### 3.a.8. Prohousing Designation

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| Guidance |
| **Each Large City and county Eligible Applicants in the region** must identify their Prohousing Designation status.  Eligible Applicants must be identified using the standard name as it appears in the dropdowns provided. |

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| Large City or county Eligible Applicant | Current Prohousing Designation Status | For Eligible Applicants that have not yet applied, list the Prohousing Policies (as described in the [Prohousing application](https://www.hcd.ca.gov/planning-and-community-development/prohousing-designation-program)) that they have adopted or plan to adopt in the future. |
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#### 3.a.9. Housing Law Violations

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| Guidance |
| **Each Large City and county Eligible Applicant in the region** must identify whether they have any potential or actual violations under investigation by HCD’s Housing Accountability Unit or the Attorney General’s Housing Justice Team. If any Eligible Applicant has a potential or actual violation under investigation, they must provide a timeline and plan to resolve the issue.  Eligible Applicants must be identified using the standard name as it appears in the dropdowns provided. |

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| Eligible Applicant | Does this Eligible Applicant have any potential or actual housing law violations with HCD’s  Housing Accountability Unit or the Attorney General’s Housing Justice Team? | If yes, provide a specific timeline and plan with dates to resolve the issue. |
| Choose an item. | Choose an item. |  |
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#### 3.a.10. Surplus Land

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| Guidance |
| **Each Large City and county Eligible Applicants in the region** must identify whether they have made a central inventory of all surplus land and all lands in excess of their foreseeable needs as required by Government Code section 54230.  Eligible Applicants must be identified using the standard name as it appears in the dropdowns provided. |

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| Eligible Applicant | Has this Eligible Applicant made a central inventory of all surplus land and all lands in excess of their foreseeable needs as required by Government Code section 54230? | If not, the Eligible Applicant must provide a specific timeline and plan with dates to create such an inventory. |
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#### 3.a.11. Annual Progress Report

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| Guidance |
| **Each Large City and county Eligible Applicants in the region** must indicate they have submitted a timely and complete annual progress report for, at a minimum, the previous two years. Eligible Applicants can check their annual progress report status here: [Annual Progress Reports - Data Dashboard and Downloads | California Department of Housing and Community Development](https://www.hcd.ca.gov/planning-and-community-development/housing-element-implementation-and-apr-dashboard)  Eligible Applicants must be identified using the standard name as it appears in the dropdowns provided. |

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| Eligible Applicant | Has this Eligible Applicant submitted a timely and complete annual progress report for at a minimum, the past two years? |
| Choose an item. | Choose an item. |
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| Choose an item. | Choose an item. |

### 3.b. System Performance Measures Improvement Plan

**Available Funding Sources in the Region**

**If applicable, list any funding sources mentioned in** [**Section IV.A.3.b.ii. of the HHAP 6 NOFA**](https://www.hcd.ca.gov/sites/default/files/docs/grants-and-funding/calich/hhap-6-nofa.pdf) **that are not available in the region within the grant term (FY24/25-FY28/29).**

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**Key Actions to Improve the Region's CA SPMs**

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| --- |
| Steps to complete this section |
| The System Performance Measures Improvement plan documents all the Key Actions the regional partners are taking to improve their homelessness CA System Performance Measures (SPMs) listed in [Section IV.A.3.b.i. of the HHAP 6 NOFA](https://www.hcd.ca.gov/sites/default/files/docs/grants-and-funding/calich/hhap-6-nofa.pdf). The plan may also include the Key Actions of small jurisdictions and/or tribal governments in the region that elect to engage and collaborate in the Regionally Coordinated Homelessness Action Plan.  **All items currently being funded through HHAP Rounds 1 through 5, as well as all activities proposed to be funded through HHAP 6, must be included as Key Actions in the System Performance Measures Improvement Plan.** Each regional partner must also include the Key Actions they are taking beyond HHAP 6 funding to address homelessness. These Key Actions must include how each regional partner is improving the region’s CA SPMs through use of local, state, and federal funds.  **The System Performance Measures Improvement Plan must include:**   * At least one Key Action related to reducing CA SPM: “The number of people experiencing unsheltered homelessness” * At least one Key Action related to increasing CA SPM “the number of people exiting homelessness into Permanent Housing,” and * At least one Key Action with a specific focus on reducing first time instances of homelessness for those exiting institutional settings, including, but not limited to jails, prisons, and hospitals.   **Each Key Action must be described in clear, specific terms and must do the following:**   1. Identify the CA SPM(s) that the Key Action will improve (you may choose more than one SPM). 2. Describe how the Key Action will improve the CA SPM(s). 3. Identify the lead entity and collaborating entities partnering to achieve the Key Action. Collaborating entity/ies may include a group, organization, or jurisdiction within your region working to address or improve the system performance measure. This can be another participating Eligible Applicant, a system partner, or any organization actively participating in the Key Action. 4. Provide the target date for milestones and completion of the Key Action. 5. Provide a clear metric for how success of the Key Action will be measured. 6. Identify the funding source(s) for the Key Action.   **a. Note: At a minimum, all funding sources listed in** [**Section IV.A.3.b.ii. of the HHAP 6 NOFA**](https://www.hcd.ca.gov/sites/default/files/docs/grants-and-funding/calich/hhap-6-nofa.pdf)**, excluding any that are unavailable to the region within the grant term (FY24/25-FY28/29), must be identified as funding sources for at least one Key Action within the System Performance Measures Improvement Plan.**   1. Describe how the funding source(s) will contribute to the achievement of the Key Action.   **b. Note: For HHAP 6-funded Key Actions, include the eligible use category or categories as applicable.**   1. Describe how the Key Action will address system performance disparities and ensure racial and gender equity in at least one of the following areas: Service Delivery, Housing Placements, Housing Retention, Changes to procurement, or other means of affirming racial and ethnic groups that are overrepresented among residents experiencing homelessness have equitable access to housing and services. |

**Key Actions**

|  |
| --- |
| Guidance |
| The tables below are formatted as “repeating content”. To add a Key Action, click anywhere in any table to reveal the content border, then click the (+) that appears on the right-hand margin of the border. This will not work if the template is open in a web browser; the template **must be** open in the Microsoft Word application. To ensure Key Actions may be easily referenced in later parts of the regional application template, applicants can refer to the # provided. E.g., Key Action **1**, Key Action **2**, etc.  To add additional rows to any given table, click into the last row of the table, then press “tab” on your keyboard. |

|  |
| --- |
| Key Action |
|  |

**Identify the CA SPM(s) that will be improved by this Key Action and how.**

|  |  |
| --- | --- |
| CA SPM | Specific description of how the Key Action will improve this CA SPM |
|  |  |

|  |
| --- |
| Lead entity for the Key Action |
| Choose an item. |
| Collaborating entity/ies |
|  |

|  |  |
| --- | --- |
| Milestones for the Key Action | Target dates for milestones |
|  |  |

|  |
| --- |
| Target date for completing the Key Action |
| Click or tap to enter a date. |
| Clear metric for how success of the Key Action will be measured |
|  |

**Funding Sources for Key Action**

|  |
| --- |
| Guidance |
| Applicants may identify other funding sources available within the region during the grant term (FY24/25- FY28/29) that support homelessness programming, housing, and system performance.  For all HHAP 6-funded Key Actions, you must include the eligible use category or categories as applicable. |

|  |  |  |
| --- | --- | --- |
| Funding source | Description of how the funding will contribute to the achievement of the Key Action | For HHAP 6-funded Key Actions only: Eligible use category to fund this Key Action. |
|  |  | Choose an item. |

**Identify which of the following equity improvement areas will be addressed by the Key Action.**

|  |
| --- |
| Guidance |
| At a minimum, each Key Action must address at least one equity improvement area. |

|  |  |
| --- | --- |
| Equity Area | Description of how the Key Action will address system performance disparities and ensure racial and gender equity in this area (choose one at a minimum, or more) |
| Service Delivery |  |
| Housing Placements |  |
| Housing Retention |  |
| Changes to procurement |  |
| Other means of affirming racial and ethnic groups that are overrepresented among residents experiencing homelessness have equitable access to housing and services. |  |

## Section 4. HHAP 6 Funding Plan

|  |
| --- |
| Steps to complete this section |
| **State Priorities for HHAP 6 Funding:** HHAP 6 is intended to reflect the state’s priorities to prevent and expeditiously reduce unsheltered homelessness through homelessness prevention activities and sustain existing Interim Housing Solutions, and Permanent Housing Solutions, including long-term sustainability of interim housing and permanent affordable housing.  To complete the HHAP 6 Funding Plan:   1. Identify the Administrative Entity submitting the budget.    * + Provide the Tax ID/TIN, primary contact for the contract, contact email, contact phone, and address for where the HHAP 6 check will be mailed.      + Provide the total dollar amount of the HHAP 6 allocation(s) being administered under the Funding Plan.        - **Reminder: This must account for 100 percent of the HHAP 6 Allocation(s) the Administrative Entity will be responsible for administering.** 2. Describe all activities proposed to be funded by HHAP 6 in clear, specific terms, and:    * + Identify the HHAP 6 eligible use category under which each proposed activity is budgeted. Activitiesmust be specific and may only be categorized under one eligible use category. Activities may not be categorized under multiple eligible use categories (including activities under the Youth Set Aside).      + Provide the total dollar amount of HHAP 6 funding proposed for the activity.        - **Reminder: Administrative costs may not exceed 7% of all monies received.**        - **Reminder: The Youth Set Aside (YSA) amounts, when combined, must total at least 10% of all monies received.**      + Identify which System Performance Measure Improvement Plan Key Action(s) the activity supports.      + **The total HHAP 6 funding proposed for the activity** should account for all dollars budgeted toward that activity. These amounts, when added, must account for 100 percent of the HHAP 6 Allocation(s) the Administrative Entity will be responsible for administering. 3. Indicate whether the budget proposes to support ANY:    * + New interim housing (aside from those designated in the Youth Set Aside) and/or      + non-housing solutions.   **Note: If the HHAP 6 budget proposes spending on New Interim Housing and/or Non-Housing Solutions, the region must document the sustainability of its permanent housing portfolio, as outlined in NOFA section IV.A.4.c, in the next section.**  The tables below are formatted as “repeating content”. To add an Administrative Entity and Funding Plan, click anywhere in any table to reveal the content border, then click the (+) that appears on the right-hand margin of the border. This will not work if the template is open in a web browser; the template **must be** open in the Microsoft Word application.  To add additional rowsto any given table, click into the last row in the table, then press “tab” on your keyboard. |

Administrative Entity

**Which Administrative Entity is submitting the below budget?**

|  |
| --- |
| Select Administrative Entity. |

**Tax ID**

|  |
| --- |
|  |

**TIN**

|  |
| --- |
| Guidance |
| Upload the Administrative Entity’s GovTIN form in the online application portal. |

**Primary contact for the contract**

**First Name**

|  |
| --- |
|  |

**Last Name**

|  |
| --- |
|  |

**Title**

|  |
| --- |
|  |

**Email**

|  |
| --- |
|  |

**Phone**

|  |
| --- |
|  |

**Address where HHAP 6 check will be mailed**

|  |
| --- |
| Guidance |
| This address **MUST** match the TIN and/or STD 204. |

|  |
| --- |
|  |

**City**

|  |
| --- |
|  |

**State**

|  |
| --- |
|  |

**Zip Code**

|  |
| --- |
|  |

**Funding Plan –** Select Administrative Entity.

**Total HHAP 6 Allocation(s) Administering**

|  |
| --- |
| **$** |

[*HHAP 6 Allocations*](https://www.hcd.ca.gov/sites/default/files/docs/grants-and-funding/calich/hhap-6-allocations.pdf)

### 4.a. Proposed Funding Activities

|  |
| --- |
| Guidance |
| The tables below are formatted as “repeating content”.  To add a funding activity, click into any of the tables to reveal the content border, then click the (+) that appears on the right-hand margin of the border. This will not work if the template is open in a web browser; the template **must be** open in the Microsoft Word application. |

**Describe the proposed funding activity in clear, specific terms.**

|  |
| --- |
|  |

**Identify the HHAP 6 eligible use under which the proposed funding activity is budgeted.**

|  |
| --- |
| Choose an item. |

**Identify the total HHAP 6 funding proposed for the activity.**

|  |
| --- |
| **$** |

**Identify which System Performance Measure Improvement Plan Key Action(s) the activity supports.**

|  |
| --- |
| Guidance |
| When identifying Key Actions here, refer to the applicable Key Action as "Key Action [#]". |

|  |
| --- |
| Key Action(s) (from the System Performance Measure Improvement Plan, Section 3.b. of the regional application) this funding activity will improve |
|  |

**Does this budget propose to fund any New Interim Housing Solutions, aside from those designated in the Youth Set Aside?**

|  |
| --- |
| Guidance |
| Proposing to use HHAP 6 to fund **New** Interim Housing (that is not designated for the Youth Set Aside), covered under HHAP 6 Statute Category #3 in Section III. of the [HHAP 6 NOFA](https://www.hcd.ca.gov/sites/default/files/docs/grants-and-funding/calich/hhap-6-nofa.pdf), requires documenting the Sustainability of the Region's Permanent Housing Portfolio. |

|  |
| --- |
| Choose an item. |

**Does this budget propose to fund any Non-housing Solutions?**

|  |
| --- |
| Guidance |
| Non-housing Solutions are listed in HHAP 6 Statute Category #4 in Section III. of the [HHAP 6 NOFA](https://www.hcd.ca.gov/sites/default/files/docs/grants-and-funding/calich/hhap-6-nofa.pdf)**.** Proposing to use HHAP 6 to fund Non-housing Solutions requires documenting the Sustainability of the Region's Permanent Housing Portfolio. |

|  |
| --- |
| Choose an item. |

**Funding Priority Considerations: Documenting Sustainability of the Region’s Interim and Permanent Housing Portfolios**

|  |
| --- |
| Steps to complete this section |
| To complete 4.b. Sustainability of the Region's Interim Housing Portfolio:   1. Identify the total existing Interim Housing shelters and beds (beds) in the region. 2. **If proposing to use HHAP 6 to fund New Interim Housing solutions, aside from those designated for the Youth Set Aside, Eligible Applicants must identify the total beds proposed to be added during the grant term (FY24/25-28/29) in the region and are required to complete 4c, the Sustainability of the Region’s Permanent Housing Portfolio.** 3. Identify the total estimated capital and operating costs for the beds (existing and, if applicable, proposed to be added) during the grant term. 4. Identify the funding sources (including amounts) that will realize and sustain the estimated capital and operating costs for the beds in the region for the grant term.   To complete 4.c. Sustainability of the Region's Permanent Housing Portfolio:  **Required if any regional partner is proposing to spend HHAP 6 funding on New Interim Housing solutions (aside from those designated for the Youth Set Aside) and/or Non-Housing Solutions.**  For the region's existing, at-risk, and proposed permanent affordable housing identify all the following:   1. The total (existing, at-risk, and proposed) permanent affordable housing developments and units (developments) in the region. Data for existing and at-risk developments can be provided by HCD upon request.   **Note: Developments proposed includes those currently seeking permanent housing funding or operations support in the region which still have a financing or supportive services and operations funding gap.**   1. The total estimated capital and operating costs for (existing, at-risk, and proposed) developments during the grant term. 2. The funding sources (including amounts) that will realize and sustain the estimated capital and operating costs for (existing, at-risk, and proposed) developments in the region for the grant term.   To complete 4.d. Documentation of Youth Set Aside Requirement:   1. Certify that the region has budgeted at least 10 percent of each HHAP 6 allocation to be spent on services for homeless youth (as defined in HSC 50216(l). |

### 4.b. Sustainability of the Region's Interim Housing Portfolio

|  |
| --- |
| Guidance |
| Pursuant to HSC Section 50243(c), **all applicants must demonstrate they have dedicated sufficient resources to sustain their region’s existing and proposed portfolio of interim housing within the grant term (FY24/25-FY28/29).**  The stakeholder engagement required in advance of regional application development should also be used to help inform the requirements related to documenting the Sustainability of the Region’s Interim Housing Portfolio. |

**Region's Interim Housing Portfolio**

**Number of Existing Interim Beds (beds) within the Region.**

|  |
| --- |
|  |

**(If Applicable) Number of Interim Beds Proposed to be added within the grant term (FY24/25-28/29).**

|  |
| --- |
|  |

**Total Estimated Capital and Operating Cost for the Existing and Proposed Beds during the grant term.**

|  |
| --- |
| **$** |

**Funding Sources Realizing and Sustaining the Estimated Capital and Operating Costs for Beds in the Region within the Grant Term (FY24/25-FY28/29).**

|  |
| --- |
| Guidance |
| **The funding amounts in this table, when added, must equal the estimated total capital and operating cost for the existing and proposed beds during the grant term.**  **If a gap remains, the region must identify other sources to address the gap**. This may include, but is not limited to, use of HHAP funding, local dedicated funding, Behavioral Health Services Act funds, long-term capitalized operating reserves, or any other local, state, or federal funding source from the list within the [Systems Performance Measures Improvement plan section (IV.A.3.b.ii.) of the HHAP 6 NOFA](https://www.hcd.ca.gov/sites/default/files/docs/grants-and-funding/calich/hhap-6-nofa.pdf). |

|  |  |
| --- | --- |
| Funding Source | Amount Dedicated |
|  |  |

### 4.c. Sustainability of the Region’s Permanent Housing Portfolio

|  |
| --- |
| Guidance |
| **Regions proposing to use HHAP 6 to fund New Interim Housing Solutions (aside from those designated for the Youth Set Aside) and/or Non-Housing Solutions must complete this section.**  If a region demonstrates it can sustain its existing and proposed interim and permanent housing portfolio, then it may be permitted to use HHAP 6 funds on New Interim Housing solutions (beyond New Interim Housing for youth populations) and/or Non-Housing Solutions; **however, applicants will still be required to budget and spend at least 50 percent of their HHAP 6 allocation on Housing Solutions, defined as HSC 50243(e)(1),(2),and (3)(A-I).** |

#### Region's Existing Permanent Affordable Housing Portfolio

**Total permanent affordable housing developments and units (developments) in the region.**

|  |
| --- |
|  |

**Total estimated capital and operating cost for existing developments.**

|  |
| --- |
| **$** |

**Funding Sources Realizing and Sustaining the Region's Existing Developments within the Grant Term (FY24/25-FY28/29).**

|  |
| --- |
| Guidance |
| **The funding amounts in this table, when added, should equal the estimated total capital and operating cost for existing developments in the region.**  **If a gap remains, the region must identify other sources to address the gap.** This may include, but is not limited to, use of HHAP funding, local dedicated funding, Behavioral Health Services Act funds, long- term capitalized operating reserves, or any other local, state, or federal funding source from the list within the [Systems Performance Measures Improvement plan section (IV.A.3.b.ii.)of the HHAP 6 NOFA](https://www.hcd.ca.gov/sites/default/files/docs/grants-and-funding/calich/hhap-6-nofa.pdf). |

|  |  |
| --- | --- |
| Funding Source | Amount Supporting |
|  |  |

#### At-Risk Permanent Affordable Housing within the Region

**Number of developments at risk of expiring affordability restrictions during the grant term (FY24/25-FY28/29).**

|  |
| --- |
|  |

**Total estimated capital and operating cost for at-risk developments.**

|  |
| --- |
| **$** |

**Funding Sources Realizing and Sustaining the Region's At-Risk Developments within the Grant Term (FY24/25-FY28/29)**

|  |
| --- |
| Guidance |
| **The funding amounts in this table, when added, should equal the estimated total capital and operating cost for the region's at-risk developments.**  **If a gap remains, the region must identify other sources to address the gap.** This may include, but is not limited to, use of HHAP funding, local dedicated funding, Behavioral Health Services Act funds, long- term capitalized operating reserves, or any other local, state, or federal funding source from the list within the [Systems Performance Measures Improvement plan section (IV.A.3.b.ii.) of the HHAP 6 NOFA](https://www.hcd.ca.gov/sites/default/files/docs/grants-and-funding/calich/hhap-6-nofa.pdf). |

|  |  |
| --- | --- |
| Funding source | Amount Supporting |
|  |  |

#### Proposed Permanent Affordable Housing within the Region

**Total number of developments proposed which still have a financing or supportive services and operations funding gap (proposed developments) during the grant term (FY24/25-FY28/29).**

|  |
| --- |
|  |

**Total Estimated Funding Gap (capital and operating costs) for the proposed developments during the grant term (FY24/25-FY28/29).**

|  |
| --- |
| **$** |

**Funding Sources Realizing and Sustaining the Region's Proposed Developments within the Grant Term (FY24/25- FY28/29)**

|  |
| --- |
| Guidance |
| **The funding amounts in this table, when added, should equal the estimated total capital and operating cost for the region's proposed developments.**  **If a gap remains, the applicant must identify other sources to address the gap.** This may include, but is not limited to, use of HHAP funding, local dedicated funding, Behavioral Health Services Act funds, long- term capitalized operating reserves, or any other local, state, or federal funding source from the list within the [Systems Performance Measures Improvement plan section (IV.A.3.b.ii.) of the HHAP 6 NOFA](https://www.hcd.ca.gov/sites/default/files/docs/grants-and-funding/calich/hhap-6-nofa.pdf). |

|  |  |
| --- | --- |
| Funding source | Amount Supporting |
|  |  |

### 4.d. Documentation of Youth Set Aside Requirement

|  |
| --- |
| Guidance |
| **At least 10 percent of each HHAP 6 allocation must be spent on services for homeless youth (HSC 50241(e)), and there are no prohibitions on spending a greater percentage on the Youth Set Aside.**  Documenting Sustainability of the Region’s Permanent Housing Portfolio is not required for New Interim Housing Solutions for homeless youth. |

**By checking the box below, I certify that at least 10 percent of each HHAP 6 allocation is set-aside for youth (defined in HSC 50216(l)), as required by HSC 50241(e).**

**I certify under penalty of perjury that all of the information in the above section is true and accurate to the best of my knowledge.**

## Section 5. MOU and Application Certification

|  |
| --- |
| Steps to complete this section |
| 1. **Upload** the Memorandum of Understanding (MOU) as specified below. 2. **Complete** the certification to indicate all information included in this regional application is true and accurate. |

### Memorandum of Understanding (MOU)

|  |
| --- |
| Guidance |
| The MOUis a required component of the regional application. The MOU **must**: reflect the Regionally Coordinated Homelessness Action Plan submitted under this regional application and commit each Eligible Applicant as a signatory to participate in, and to comply with, the Regionally Coordinated Homelessness Action Plan.  Optional: Smaller cities and tribal governments may choose to participate in, and be signatories to, the MOU. |

**Supporting Documentation (Optional)**

|  |
| --- |
| Guidance |
| Upload any additional supporting documentation the region would like to provide. |

**Certification**

|  |
| --- |
| Guidance |
| A representative from each participating Eligible Applicant must certify the regional application. |

Certifying the Regional Application for Submission

|  |
| --- |
| Guidance |
| The tables below are formatted as “repeating content”.  To add an Eligible Applicant, click anywhere in any table to reveal the content border, then click the (+) that appears on the right-hand margin of the border. |

**Eligible Applicant**

|  |
| --- |
| Choose an item. |

**On behalf of the above participating Eligible Applicant, I certify that all information included in this regional application is true and accurate to the best of my knowledge.**

**First Name**

|  |
| --- |
|  |

**Last Name**

|  |
| --- |
|  |

**Phone**

|  |
| --- |
|  |

**Email**

|  |
| --- |
|  |