

United Way of Greater Los Angeles
Emergency Food and Shelter Program
Los Angeles Local Board

Date: May 18, 2010
To: EHAP Funded Agencies and Other Interested Service Providers
From: Elizabeth Heger, Director
Los Angeles County Emergency Food & Shelter Program
Subject: Capital Development Priorities for L.A. County Applicants

Background

The Housing Bond Act of 2002 included \$195 million in Emergency Housing and Assistance Program (EHAP) Capital Development funds. Pursuant to the Notice of Funding Availability (NOFA) issued by the Department of Housing and Community Development (HCD) on May 13th, 2010, \$32,000,000 of these funds are available as forgivable deferred loans for capital development activities that include acquisition, construction, and rehabilitation, among other activities. Funding will be awarded to eligible local government and non-profit organizations that provide emergency shelter, transitional housing, and/or safe haven sites for homeless persons. For more details, please consult the NOFA available from HCD. The NOFA is available on their website located at <http://www.hcd.ca.gov/fa/ehap/ehap-capdev.html>.

With respect to EHAP Capital Development projects, Section 1.7 of the Bond Act contains language that requires the HCD to “...incorporate priorities established by the designated local boards and their input as to the relative merits of submitted applications from within the designated local board’s county in relation to those priorities.” Each DLB may use any criteria reasonably related to the emergency shelter and transitional housing needs of their respective county. The criteria must be applied to all eligible applications so as to produce a rank order for all applications, from one to the total number of eligible applications from the county. The DLBs must develop and document whatever system they deem appropriate to assure that no two projects are assigned the same rank.

Priority Form

Complete the Los Angeles Emergency Food & Shelter Program Local Board Priority Form attached herein and include it in your proposal as Section IV of the application package. Attach the required narratives for Priority Areas 3, 4, and 5. HCD will forward this section to the DLB for rating and ranking.

Rating and Ranking

Reading and scoring of the Los Angeles Emergency Food & Shelter Program Local Board Priority Forms will be conducted by a committee of the Local Board, comprised of Local Board members and other individuals who have been appointed by EFSP staff, none of whom have a conflict of interest, pursuant to Regulation Section 7953(f). Priority Forms will be scored according to the scoring criteria outlined below and arranged in descending score order. Tie scores will be broken by the roll of a dice, with the higher number receiving the higher rank.

Priority Area 1: Activity Type (20 possible points)

For projects with a combination of activities, the proposed activities will be weighted proportionally, according to the following formula: Divide each proposed activity by the sum of the total number of rated activities to arrive at a percentage. Next, apply the percentage to its respective activity point score.

1.
 - Construction of a new structure. 20 Points
 - Construction of an expansion to an existing structure.
 - Conversion (alteration of nonresidential space within an existing structure to create space for emergency shelter, transitional housing, and/or Safe Haven).
 - Purchase with or without rehabilitation of an existing structure (including related escrow, title, and other standard closing costs) that results in new beds.
 - Rehabilitation of an existing structure resulting in new beds.
2.
 - Purchase of land and improvements, including related escrow, title, and other closing costs. 10 Points
 - Purchase with or without rehabilitation of an existing structure (including related escrow, title, and other standard closing costs) that does not result in new beds.
3.
 - Repairs and/or improvements to meet the standards of the Americans with Disabilities Act. 5 Points
 - Rehabilitation of an existing structure that does not result in new beds.

Priority Area 2: Number of New Beds (25 Possible Points)

Number of beds to be added with the proposed project.

- | | | | | | |
|----|-----------------|-----------|----|---------------|-----------|
| 1. | 30 or more beds | 25 Points | 5. | 10 to 14 beds | 10 Points |
| 2. | 25 to 29 beds | 21 Points | 6. | 5 to 9 beds | 7 Points |
| 3. | 20 to 24 beds | 17 Points | 7. | 1 to 4 beds | 4 Points |
| 4. | 15 to 19 beds | 13 Points | 8. | 0 beds | 1 Point |

Priority Area 3: Type of Facility (25 possible points)

For projects with a combination of facility types, the proposed facilities will be weighted proportionally, according to the following formula: Divide the number of beds after completion of each proposed facility by the sum of the total number of beds after completion to arrive at a percentage. Next, apply the percentage to its respective facility type point score.

1. Safe Haven 25 points

Safe Haven is defined as supportive housing for seriously mentally ill homeless persons, many of whom have co-occurring substance abuse problems, that have been unable or unwilling to participate in high demand housing programs. The Designated Local Board (DLB), in avoiding conflict with the U.S. Department of Housing and Urban Development's definition of Safe Haven, will further define Safe Haven as supportive housing that allows 24-hour residence for an unspecified duration, limits overnight occupancy to no more than 25 persons, and is a low demand facility where participants have access to needed services, but are not required to utilize them.

2. Emergency Shelter (24-hour) 20 points

Emergency shelter is defined as housing with minimal supportive services for homeless persons that is limited to occupancy of six months or less by a homeless person and that is not withheld due to a client's inability to pay. A 24-hour Emergency Shelter does not require clients to leave the facility during specified hours.

3. Emergency Shelter (non-24 hour) **OR** Transitional Housing 15 points

Emergency shelter is defined as housing with minimal supportive services for homeless persons that is limited to occupancy of six months or less by a homeless person and that is not withheld due to a client's inability to pay. A non-24 hour Emergency shelter requires client's to leave the facility during specified hours.

Transitional housing is defined as housing with supportive services that is limited to occupancy of up to 24 months with at least three supportive services offered, exclusively designated and targeted for recently homeless persons. Transitional housing includes self-sufficiency development services, with the ultimate goal of moving recently homeless persons to permanent housing as quickly as possible, and limits rents and service fees to an ability-to-pay formula reasonably consistent with the U. S. Department of Housing and Urban Development's requirements for subsidized housing for low-income persons.

Priority Area 4: Target Population (18 possible points)

*Target Population is defined as the group of individuals who are in need of and expected to be benefited by the specific design of the proposed project, and who share similar demographics, clinical characteristics, or life history (e.g., women, youth, persons living with HIV/AIDS, mentally ill individuals). A project can serve more than one target population. However, the **primary target population** refers to the group that is the primary population served.*

1. Chronically homeless 18 points
Chronically homeless is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years.
2. Persons with disabilities 15 points
A person has a disability if she or he has at least one of the following: (1) has a physical or mental impairment that substantially limits a major life activity, (2) has a record of such an impairment, or (3) is regarded as having such an impairment.
3. Families 12 points
A family is defined as any of the following: minor parents with child(ren); one or more adults with legal custody of minor child(ren); a couple in which one person is pregnant; grandparents or others who are legal guardians with child(ren) present; multi-generational families with grandparents, parents (adult child) and minor child(ren). Programs proposing to serve families must have provisions for accommodating the child(ren) regardless of age or gender. Programs that serve women and/or women with children, but will not serve two parent families in virtue of one of the members being a male, are excluded from this definition and should identify “Other Populations” as the primary target population served.
4. Youth (age 14 – 24) 9 points
Programs serving unaccompanied persons, ages 14 to 24.
5. Other Populations 3 points

Priority Area 5: Program Type (12 possible points)

1. The program for which funding is being requested does not require sobriety as a condition of intake eligibility and does not require sobriety as a condition of stay. 12 points
2. The program for which funding is being requested does not require sobriety as a condition of intake eligibility. **OR** 7 points
3. The program for which funding is being requested does not require sobriety as a condition of stay.
3. None of the above apply to the program for which funding is being requested. 3 points

SECTION IV

LOS ANGELES COUNTY PRIORITY FORM

1a. Applicant Information

Organization Name: _____
Name as it appears on the Articles of Incorporation (NO ACRONYMS) (Government Offices, use the entire name)

Entity Type: _____
(i.e., County Entity, California non-profit public benefit corporation, Municipal Corporation, etc.)

Profit Status: Non-Profit Local Government Applications submitted this funding round:

Address: _____

Phone Number: _____ Fax Number: _____

Webpage Address: _____ Email Address: _____

Project City: _____

Project County: _____, which is: an Urban County a Non-urban County

1b. Authorized Representative Information

Mr. Mrs. Ms. Other: _____

First Name: _____ Last Name: _____

Job Title: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email address: _____

1c. Applicant Contact Information Check if the same as Authorized Representative Above and go to next page

Mr. Mrs. Ms. Other: _____

First Name: _____ Last Name: _____

Job Title: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email address: _____

2. Requested Funding by Activity and Other Funding Sources

Activity:	Amount
Acquisition	\$ _____
New Construction	\$ _____
Rehabilitation/Renovation/Conversion	\$ _____
Subtotal for Activities	\$ _____

Staff Administration
(5% of Total Loan Amount Requested and must match amount listed in Section C-Attachment 12: Sources and Uses and should not include consultant fees; Maximum Loan Amount \$1M per project site and Minimum \$20,001 per project site)

\$ _____

TOTAL EHAPCD LOAN AMOUNT REQUESTED \$ _____

+ All Other Funding necessary to complete project \$ _____

Total Project Cost \$ _____

3. Project Information

Site Name and Type of Shelter	Address City/Zip Code	Assessor's Parcel No.(s) /APN	Average No. of Persons Served Daily
<i>EXAMPLE: Angel's Den Emergency Shelter</i>	<i>12 Any Street (Confidential for DV shelters and others, but must list City and Zip Code) Sacramento, 95814</i>	<i>1234-56-01</i>	<i>250</i>

Through the EHAPCD loan term, title for the project site is or will be: Fee Simple Leasehold

4. Type of Assistance Requested

	Emergency Shelter	Transitional Housing	Safe Haven	Total
New Beds				
Preserved Beds				
Total Bed Count to Be Provided.				

5. Target Population (Check only *one* box showing the primary target population to be served by this project)

- | | | |
|--|---|---|
| a. <input type="checkbox"/> General Homeless | f. <input type="checkbox"/> Seniors | k. <input type="checkbox"/> Veterans |
| b. <input type="checkbox"/> Single Adults | g. <input type="checkbox"/> Mentally Ill | l. <input type="checkbox"/> Domestic Violence Victims |
| c. <input type="checkbox"/> Single Men | h. <input type="checkbox"/> Dually-Diagnosed | m. <input type="checkbox"/> Persons Living with HIV/AIDS |
| d. <input type="checkbox"/> Single Women | i. <input type="checkbox"/> Physically Disabled | n. <input type="checkbox"/> Homeless Youth (see Attachment H of the NOFA) |
| e. <input type="checkbox"/> Families | j. <input type="checkbox"/> Substance Abusers | o. <input type="checkbox"/> Other: _____ |

Priority Area 1

In the 'Dollar Amount' column, please indicate the sum of EHAP funds allocated towards the activity in the column to the left. If an activity is not listed, please attach a description of the activity proposed, including dollar amount.

	Activity	Dollar Amount
1.	New Construction - Construction of a new structure.	\$
2.	Construction (Expansion) - Construction of an expansion to an existing structure.	\$
3.	Conversion (alteration of nonresidential space within an existing structure to create space for emergency shelter, transitional housing, and/or Safe Havens).	\$
4.	Equipment - Purchase of equipment required in the provision of client housing.	\$
5.	Land and Improvements - Purchase of land and improvements, including related escrow, title, and other closing costs.	\$
6.	Purchase with or without rehabilitation of an existing structure (including related escrow, title, and other standard closing costs) that results in new beds.	
7.	Purchase with or without rehabilitation of an existing structure (including related escrow, title, and other standard closing costs) that does not result in new beds.	\$
8.	Rehabilitation of an existing structure resulting in new beds.	\$
9.	Rehabilitation of an existing structure resulting in no new beds.	\$
10.	ADA Rehabilitation - Repairs and/or improvements to meet the standards of the Americans with Disabilities Act.	\$
11.	Total amount requested (Total must match total dollar amount requested on page 1, line 3, minus admin funds):	\$

Priority Area 2

Please answer the next three questions in the space provided in the second column.

12.	What is the current number of beds for the program for which funding is being requested? (If this is a new program, then answer zero)	
13.	How many beds will be added with the proposed project?	
14.	What is the total number of beds? (Should be equal to #12 and 13 above.)	

In the case of the following three priority areas, please provide a narrative describing how the project meets the criteria selected. Label each narrative separately (Narrative A, Narrative B, and Narrative C). Be specific and include all necessary details to support selection made in its respective priority area. Unsupported selections will receive zero points.

Priority Area 3

***Narrative A.** Describe the program that you are applying for funding and describe how it meets the type of facility as defined by the DLB (See page 3). Do not exceed half of a page.*

What type of facility is the proposed project? Select all that apply and indicate the number of beds after completion of the proposed project.

- | | Number of Beds After Completion |
|--|---------------------------------|
| 15. <input type="checkbox"/> Emergency Shelter (24 hour) | _____ |
| 16. <input type="checkbox"/> Emergency Shelter (non-24 hour) | _____ |
| 17. <input type="checkbox"/> Safe Haven | _____ |
| 18. <input type="checkbox"/> Transitional Housing | _____ |

Priority Area 4

***Narrative B.** Describe how the project will serve the primary target population selected below, as defined by the DLB (see page 4). Do not exceed half of a page.*

- 19. Chronically Homeless
- 20. Persons with Disabilities
- 21. Families
- 22. Youth (ages 14-24)
- 23. Other populations

Priority Area 5

***Narrative C.** Describe how this project will incorporate the sobriety requirements selected below. Do not exceed half of a page.*

Please indicate below the requirements made by your program for client participation. Check all that apply.

- 24. Sobriety is not required as a condition of intake eligibility.
- 25. Sobriety is not required as a condition of stay.
- 26. None of the above apply for the program for which funding is sought.