

County:

A. APPLICANT INFORMATION

The Applicant is the County. Please enter the following required information.

Applicant (County) Name:	County of Monterey - Department of Health				
Mailing Address:	1270 Natividad Road				
City:	Salinas	State:	CA	Zip:	93906
County:	Monterey				
Website:	www.co.monterey.ca.us				
Authorized Representative Name:	Elsa Jimenez, MPH				
Authorized Representative Title:	Director of Health				
Phone:	831/755-4526	Fax:	831/755-4797		
Email:	jjimenezem@co.monterey.ca.us				
Contact Person Name:	Ezequiel Vega				
Contact Person Title:	Assistant Director of Health				
Phone:	831/755-4622	Fax:	831/755-4797		
Email:	vegae@co.monterey.ca.us				

B. CERTIFICATION

Please print, sign and submit the original application to the Department.

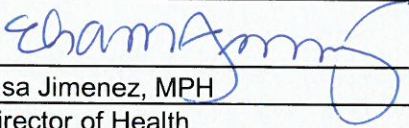
As the official designated by the Governing Body, I hereby certify that if approved by the Department for funding, I assume the responsibilities specified in the NPLH Program Technical Assistance Notice of Funding Availability and Technical Assistance Program Guidelines and that the information and attachments contained in this application are, to the best of my knowledge and belief, true and correct.

Signature:

Name:

Title:

Date:


Elsa Jimenez, MPH
Director of Health
07/21/2017

C. TECHNICAL ASSISTANCE FUNDS

Technical assistance funds are made available to each county based on population size. Please select the appropriate box.

HCD shall provide funds to a county as follows:

- \$150,000 to the County of Los Angeles and to large counties (population greater than 750,000)
- \$100,000 to medium counties (population between 200,000 to 750,000)
- \$75,000 to small counties (population less than 200,000)

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D. ELIGIBLE USE OF FUNDS

Select the proposed eligible use of funds below. Please select all that apply:

Eligible use of technical assistance funds includes, but is not limited to, funding activities to support assistance around the performance of the following activities:

- Applying for NPLH program funds
- Implementing NPLH activities
- Coordinating NPLH funded activities with local homelessness systems, including Coordinating Entry Systems
- Collecting NPLH data, sharing data amongst multiple systems, evaluating program activities, and meeting other NPLH program requirements related to these systems
- Implementing other capacity-building activities related to creating permanent supportive housing models suitable for the Target Population
- Delivering a range of supportive services to tenants
- Developing or updating a county homeless plan
- Other: (Please list -- see examples below)

E. OTHER ELIGIBLE USE OF FUNDS

Other eligible use of funds may include, but is not limited to, the following: ¹

- A. Hiring staff or consultants to assist with:
 1. identifying potential site for permanent supportive housing,
 2. developing a process to identify potential developers,
 3. monitoring activities of developers to ensure adherence with NPLH Program requirements,
 4. brokering relationships between the county and affordable housing developers and/or housing authorities, and
 5. identifying and applying for additional resources for capital, supportive services, and operating costs.
- B. Coordinating and partnering with other county and community providers (e.g. social services, healthcare, education, and homeless providers and law enforcement entities) to increase understanding of the intersections and overlapping needs of these sectors' shared homeless clientele
- C. Coordinating and communicating with HCD, Department Health Care Services, and other state agencies to support learning, identification of additional training and technical assistance needs and regional collaboration
- D. Developing a homeless plan

¹Additional information is available in the NPLH Program TA Grant Guidelines.

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F. APPLICATION REQUIREMENTS

All applicants must submit one complete and signed original hard copy of this application with a signed Resolution. Applications transmitted by facsimile will not be accepted. Applications will be accepted by the Department until 5:00 p.m. on September 30, 2017 as specified in the Notice of Funding Availability.

G. THRESHOLD REQUIREMENTS

All applications must meet the following threshold requirements:

- Completed and signed original application
- Resolution signed by the Governing Body authorizing Applicant to apply for and accept NPLH Program Technical Assistance Grant funds

H. LEGISLATIVE INFORMATION

Applicants must complete the following Legislative Information.

District Number	Assembly:	29
	Senate:	17
	Congress:	20

I. CHECKLIST

Applicants may utilize the following checklist to ensure that all requirements are met with the submission of the application.

- Completed and signed original application
- Applicant's Information
- Legislative Information
- Resolution signed by Governing Body