

**HOUSING AND DISABILITY ADVOCACY PROGRAM (HDAP)
CERTIFICATION, GOALS, AND CONFIRMATION OF MATCH: 2019-20**

This form must be completed by all applicants applying for HDAP funding for Fiscal Year (FY) 2019-20.

County Agency/Tribe Name: Monterey County Department of Social Services

I. HDAP CONTACTS

The person(s) listed below will be the primary point of contact for questions or follow up for both the proposal and program. The contact's information will also be available to the public and stakeholders for direct questions, as indicated below. Changes to the information indicated below should be sent to housing@dss.ca.gov.

Primary County/Tribe HDAP Contact

Contact Name and Title: Allison Yant, Program Manager

Address: 2620 First Avenue, Marina, CA 93933

Email Address: yanta@co.monterey.ca.us

Phone Number: 831-883-7511

Public Inquiry/Stakeholder Contact: ✓ Yes

No

Secondary County/Tribe HDAP Contact

Contact Name and Title: Travis Beye, Management Analyst

Email Address: beyet@co.monterey.ca.us

Phone Number: 831-883-7584

Public Inquiry/Stakeholder Contact: ✓ Yes

No

II. PROGRAM APPLICATION PACKAGE CHECKLIST

Complete program applications will include the following. Refer to Attachment One for detailed application packaging requirements.

- ☒ Certification, Funding Request, and Confirmation of Match (Attachment Two)
- ☒ Housing First Assessment (Attachment Three)
- ☒ Program Description (See Attachment One for more information)
- ☒ Program Budget (See Attachment One for more information)
- ☒ Letter(s) of Support (See Attachment One for more information)
- ☐ HMIS Waiver, if applicable (See Attachment One for more information)

III. PROGRAM FUNDING REQUEST

All applicants must complete sections a, b, c, and d below. Continuing HDAPs must also complete section e. Note: information below should match the detailed program budget.

- a. Amount of state HDAP funding the applicant is requesting in this application (i.e., total amount, without match, for FY 2019-20; do not include funds allocated in FY 2017): \$360,287
- b. Match amount the applicant is proposing: \$360,287

- c. Total amount of program funding the applicant is proposing (i.e., state funds request (a), plus match (b), for FY 2019-20): \$720,574
- d. Estimated number of individuals the HDAP will **newly** serve with all required program components, specific to this funding request: 40
- e. (Continuing HDAPs Only) Number of individuals the HDAP will **continue to support** in HDAP during FY 2019-20 and associated with this funding request (i.e., number of individuals served prior to FY 2019-20 who will continue to receive HDAP service components supported by this funding request): 25

IV. MATCH FUND DETAILS

List each source of match funding below including the type, amount, and any additional description necessary. (See Attachment Four for more information on allowable match sources.)

	Source (Name of Entity)	Type (cash, in-kind, etc.)	Description of match	Amount
1.	County	In-kind	County share of CSBG	\$110,287
2.	Contractor - State of CA	Cash	ESG, Emergency Food and Shelter,	\$250,000
3.				
4.				
5.				
6.				
Total Amount of Match				\$360,287
<i>Total amount should be consistent with match amounts completed on page 1.</i>				

V. COUNTY WELFARE DIRECTOR AND/OR TRIBAL AGENCY CERTIFICATION

I certify that the County Welfare Department or Tribe will administer the HDAP pursuant to the conditions set forth by the California Department of Social Services. I certify that the information completed above and attached is true and correct.

Print Name:

Signature:

Date: