


California Emergency Solutions and Housing (CESH) Program Annual Report				Rev. 6/24/20
Reporting Period:	Initial Fund Disb- 6/30/20	HCD Contract #:	19-CESH-12953	
Instructions				
A. This report is subject to the CESH program requirements of Health and Safety Code (HSC) Part 2 of Division 31 Chapter 2.8, commencing with §50490 and including §50490.1, 50490.2, 50490.3, 50490.4, and 50490.5, and the 2018 and 2019 CESH Notice of Funding Availability (NOFA).				
B. An Administrative Entity that receives funds pursuant to the 2018 or 2019 CESH NOFA must submit a completed annual report each year by July 31 for the term of the contract with HCD that reports all activities from the previous fiscal year (7/1-6/30). A current version of the CESH Annual Report can be found under Reporting Requirements at http://www.hcd.ca.gov/grants-funding/active-funding/cesh.shtml				
C. Annual Report Submittal must be in Excel format with all applicable attachments and emailed to CESH@hcd.ca.gov. Please tab through each worksheet and ensure all four worksheets are completed.				
Contact Information				
Administrative Entity				
Name:	Butte County			
Address:	P.O. Box 1649			
City:	Oroville	State:	CA	Zip: 95965
County:	Butte			
Authorized Representative (Per Board Resolution)				
Name:	Shelby Boston	Title:	Director	Email Address: sboston@buttecounty.net
Phone:	530-538-7891			
Address:	P.O. Box 1649	City:	Oroville	State: CA
Zip:	95965			
Contact Information (If different from Authorized Representative)				
Name:	Briana Harvey-Butterfield	Title:	Program Manager & Co	Email Address: bhbutterfield@buttecounty.net
Phone:	530-552-6202			
Address:	P.O. Box 1649	City:		State: CA
Zip:	95965			
Continuum of Care (CoC)				
CoC Service Area:	Chico/Paradise/Butte County CoC			
CoC Representative Name:	Briana Harvey-Butterfield	Title:	Program Manager & CoC Coordinator	
Address:	P.O. Box 1649	City:	Oroville	
State:	CA	Zip:	95965	
Email Address:	bhbutterfield@buttecounty.net			
Certification				
On behalf of the entity identified above, I certify that: The information, statements and attachments included in this report are, to the best of my knowledge and belief, true and correct and I possess the legal authority to submit this report on behalf of the entity identified in the signature block.				
Shelby Boston, Director				7/29/2020
Authorized Representative Printed Name and Title		Signature (electronic signature accepted)		Date

Reporting Requirements CESH NOFA Section II.F.	Documentation Attached? Yes, No or N/A	List supporting documentation and comments. If "No" or "N/A" is selected, please clarify.
<p>Provide the AE's program or project selection process performed to allocate available funds to subrecipients qualified to carry out the eligible activities. Standard Agreement: Exhibit D, Section 6, Part B(1)</p>	Yes	<p>ATTACHMENT 1: The Butte Countywide CoC (Butte CoC) released a combined local NOFA on June 17, 2019 which included \$226,060 CESH funds for Operating Support for Emergency Interventions. ATTACHMENT 2 - Addendum to NOFA issued July 2, 2019. The proposals were reviewed and scored by the Review Committee. Oral interviews with each applicant were conducted in an open forum. ATTACHMENT 3 - The Review Committee made its recommendation for funding to the Butte CoC voting membership on July 15, 2019. ATTACHMENT 3a: On August 19, 2019, the Butte CoC Council voted to award Butte County \$125,000 Rental Assistance, Housing Relocation and Stabilization to support housing placements, and \$185,851 Systems Support to fund a Housing Navigator to support HMIS and Coordinated Entry activities of the Butte CoC.</p>
<p>Provide amounts awarded to subrecipients, with the activity(ies) identified. Standard Agreement: Exhibit D, Section 6, Part B(2) AE must issue award letters to any subrecipients within 24 months of the date of an HCD award letter. If no subrecipient will be awarded, select "N/A." If subrecipient will be awarded, but has not been yet, select "No" and clarify. Supporting documentation may include award letters or subrecipient agreements that demonstrate proposed activities.</p>	Yes	<p>Amounts awarded to subrecipients are as follows: Activity #1 - Rental Assistance, Housing Relocation, and Stabilization Services: ATTACHMENT 3a - Butte County: \$125,000; Activity #4 - Operating Support for Emergency Housing Interventions: ATTACHMENT 3 - True North Housing Alliance, Inc.: \$226,060; Activity #5 - Systems Support: ATTACHMENT 3a - Butte County: \$185,851; Projected Administrative Costs \$28,257</p>
<p>Provide projected performance measures. Standard Agreement: Exhibit D, Section 6, Part B(3)</p>	Yes	<p>Projected performance measures for subrecipient are as follows (see highlighted sections of Attachments): ATTACHMENT 4 - True North Housing Alliance - Serve 488 individuals and 300 households over the term of the grant.</p>
<p>Provide contract expenditures. Standard Agreement: Exhibit D, Section 6, Part B(4) Supporting documentation may include invoices, general ledger, etc.</p>	N/A	<p>There have been no contract expenditures during the report period.</p>
<p>Provide a copy of expenditures and activities of any subrecipients. Standard Agreement: Exhibit D, Section 6, Part B(5) Provide each year of the term of the contract with HCD until all funds awarded to a subrecipient have been expended. Supporting documentation may include sub-accounting form, budget, expenditures form, etc.</p>	N/A	<p>There have been no expenditures of subrecipient from initial fund disbursement through 6/30/2020.</p>
<p>Provide a copy of any income the AE or subrecipient received from funded activities (program income) earned from the CESH FUND, such as interest earned? CESH NOFA: Section II, F(6) and expenditures consistent with the requirements of the CESH program for the eligible activities described in Section II.B. Supporting documentation may include bank statements, general ledger, etc.</p>	N/A	<p>There has been no interest earned on CESH funds (19-CESH-12953) awarded during the report period.</p>
<p>Have you performed an onsite monitoring visit of subrecipients and/or any other services providers? Standard Agreement: Exhibit D, Section 5, Part A One site visit is required at least once during the grant period. Submit proof of site visit and outcome of site visit.</p>	N/A	<p>No onsite monitoring visits were conducted by the Administrative Entity during the report period.</p>

Reporting Period: Initial Fund Disb- 6/30/20
 CoC Service Area Allocation Award: 565,168

HCD Contract Number: 19-CESH-12953
 Administrative Costs Awarded: 28,257

Expenditures and Activities			
Eligible Activities		Description of Activity	
Activity	Actual amount expended for eligible activity	Activity as a % of Allocation amount awarded	Describe how funds were used to carry out the selected Activity
Activity #1	\$0	22.1%	
Activity #4	\$0	40.0%	
Activity #5	\$0	32.9%	
Total:	\$0	95.0%	

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Instructions: Identify the project or system performance measures based on HMIS data from the CoC service area. Certify that each activity is administered consistent with Housing First as described in §II.G of the NOFA.

Performance Measures											Housing First
Activity	Number of homeless persons served	Number of unsheltered homeless persons served	Average length of time, in days, spent as homeless before entry into program or project	Number of homeless persons exiting the program or project into permanent housing	Number of persons that return to homelessness after exiting the program or project	Number of persons at risk of homelessness served	Other identified performance measure #1	Numerical outcome	Other identified performance measure #2	Numerical outcome	AE or subrecipient administered activity consistent with Housing First NOFA §II.G?
Activity #1											
Activity #4											
Activity #5											
Total	0	0	0	0	0	0		0		0	

Comments:
 Activities funded with 19-CESH-12953 funds have not commenced as of June 30, 2020, therefore performance measure data is not available.