



HHAP-4 Annual Report through September 30, 2023

Introduction and Contract Selection

This Homeless Housing, Assistance, and Prevention Program Round 4 (HHAP-4) Annual Report of data through **September 30, 2023** is **due on December 15, 2023**. This report is intended to align with previous Annual Reports where possible.

Prior to starting this report, we recommend that you review the [2023 HHAP Annual Report Box.com Resources](#).

The report is divided into four main content sections:

- 1. Fiscal**
- 2. Performance Metrics**
- 3. Project Narratives, Racial Equity, and Partnerships**
- 4. Technical Assistance**

Please note that each of the above four sections may require you to work with different individuals in your organization to collect the required data.

After you've completed the above four main content sections, you will be asked to provide contact information for an individual or individuals who can answer questions about the information contained in each of the above sections.

Finally, before submitting the report, you will be asked to certify that the information contained in the report is accurate.

After filling out the above sections of the report, **you must click the "Submit" button by December 15, 2023** in order to submit your report to Cal ICH. Please note that all required sections must be filled out in order to submit the report. After submitting the report, you will see a confirmation page and the contact email addresses listed in the report will receive a confirmation email.

Please note that this form does not need to be completed in one sitting. If you would like to come back to your report at a later time, click the save button at the bottom of the page, and you can save the form link or have the link emailed to yourself and/or your colleagues.

If you have any questions about the report, please email us at calichgrants@bcsh.ca.gov and include "HHAP-# Annual Report" in the subject line.

Jurisdiction Selection

Select the jurisdiction for which you are submitting this report. This should be the **primary applicant** if your jurisdiction applied jointly with others for HHAP-4. Please confirm that the jurisdiction and total award amount and contract numbers associated with the selected jurisdiction are accurate.

Please select your jurisdiction

Butte County

The selected jurisdiction is associated with contract number **23-HHAP-10004** and a total award amount of **\$2,591,897.04**.

Has Butte County spent any money from your HHAP-4 award or served any clients using HHAP-4 resources?

Yes No

Does your jurisdiction need to submit a Budget Modification?

Yes No

You do not need to fill out this section.

You do not need to fill out this section.

You do not need to fill out this section.

Technical Assistance

All HHAP grantees have access to Cal ICH contracted technical assistance providers. Please help us better understand how this assistance has supported your work, how it could be improved, or what other types of assistance you would like Cal ICH to make available for grantees.

Have you received any technical assistance services from Cal ICH contracted providers?

Yes No

Which Cal ICH contracted provider(s) have you received technical assistance from?

Focus Strategies Technical Assistance Collaborative (TAC) Third Sector

What type of technical assistance was provided?

Butte County participated TA through the CA-REAL Series, establishing the Equity Committee for the CoC, and support in streamlining the coordinated entry process.

How did Cal ICH technical assistance benefit the delivery of programs and services to people experiencing homelessness?

Technical Assistance focused on equity in service delivery. With the support of TA, the CoC and County has established an Equity Committee and Equity Policy which functions as a base for ongoing equity work. Equity work includes better outreach, increased cultural sensitivity, and regular review of disparities in services.

What would have improved the technical assistance services you received?

The TA that the County has received has served the County adequately and there are no suggestions for improvement at this time.

Contacts and Certification

Please provide contact information below for an individual or individuals who can answer questions about the information provided in the three main sections of this report.

Fiscal Contact

Name

| | |
|-------|--------|
| Erin | Murray |
| First | Last |

Position or Title

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|---------------------------------------|
| Program Manager, Housing and Homeless |
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Phone

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|----------------|
| (530) 552-6208 |
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Email

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|-------------------------|
| emurray@buttecounty.net |
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Performance Metrics Contact

Contact is same as above

Name

| | |
|---------|---------|
| Kenneth | Huenink |
| First | Last |

Position or Title

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|--|
| Health and Human Services Program Analyst II |
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Phone

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|----------------|
| (530) 552-6461 |
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Email

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|--------------------------|
| khuenink@buttecounty.net |
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Project Narratives, Racial Equity, and Partnerships Contact

Contact is the same as the Fiscal or Performance Metrics contact?

Yes, use the fiscal contact Yes, use the performance metrics contact No, enter a new contact

I certify that all information included in this report is true and accurate to the best of my knowledge.