**Homeless Housing Incentive Program (HHIP) Fund Application**

The Butte Countywide Homeless Continuum of Care (CoC) is soliciting applications from organizations for HHIP related services. Funds will be available to assist organizations to provide Increased Street Outreach Services, Flexible Financial Assistance for Housing Lease Up, and Enhanced Housing Navigation/Services in Shelter.

All funds made available under this application must be spent specifically on homeless individuals and/or families that have active Medi-Cal managed care plans through Anthem Blue Cross or California Health and Wellness.

Programs must be project ready and demonstrate the ability to fully expend funds before December 31, 2023. Agencies are required to track program participants in HMIS, or comparable system.

Applications will be reviewed and ranked via the CoC Review & Ranking Policy. Program ranking will be provided to Anthem Blue Cross and California Health and Wellness to make the final decisions on funding.

Funding Availability

Increased Street Outreach Services: $300,000

Flexible Financial Assistance for Housing Lease Up: $400,000

Enhanced Housing Navigation/Services in Shelter: $500,000

Directions

Enter answers directly into the following pages of this document, noting the word limit on the narrative questions. Each use category must have a separate application.

Submit via email to [buttecoc@buttecounty.net](mailto:buttecoc@buttecounty.net) no later than **5pm Monday, December 19.** Use subject line “HHIP Application”.

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| **Agency Information** | |
| Applicant Agency: | |
| Agency Executive Director: | |
| Agency Primary Contact for this Proposal  Name:       Title:  Address:  Email:  Phone #: | |
| Organization Type: | Federal Tax ID or EIN: |
| **Project Proposal Information** | |
| Funding Category (select one):  Street Outreach Services Flexible Financial Assistance Enhanced Navigation/Services in Shelter | |
| Project Name:  Project Location:  Anticipated Start Date:  Funding Amount Requested: $  Estimated Number of Clients To Be Served: | |

# PROJECT OVERVIEW

# Describe your project (i.e., overall goal/general purpose, services provided, and number of units/beds made available). *100 word limit*

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# Describe your agency’s relevant experience in providing proposed service. *100 word limit*

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# Describe the project timeline with key project benchmarks (i.e., estimated date of service commencement). *100 word limit*

# 

# Does your agency already have an established MOU with access to HMIS?

# 

1. **GOALS & OUTCOMES**
2. Anticipated total number of unduplicated participants served and any specific population to be served:
3. Describe how your project will continue after December 31, 2023. If it will not, state reasons why. *100 word limit*

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| **Authorized Signature** |
| *To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the applicant is awarded funding.* |
| Name and Title of Authorized Representative:  Signature of Authorized Representative:       Date: |