



CALIFORNIA
HOMELESS HOUSING, ASSISTANCE & PREVENTION
PROGRAM
(HHAP ROUND 6)

PROJECT APPLICATION

NOVEMBER 6, 2025

Completed Applications Must Be Submitted to:
Alicia Morales-McKinney, MANAGEMENT ANALYST
via VC CoC Submission Portal to: <https://www.venturacoc.org/document-submission-form/>

COUNTY OF VENTURA
CEO - COMMUNITY DEVELOPMENT DIVISION
800 SOUTH VICTORIA AVENUE, VENTURA, CA 93009

DUE NO LATER THAN
DECEMBER 5, 2025 BY 12PM (NO EXCEPTIONS)

VENTURA COUNTY CONTINUUM OF CARE

CALIFORNIA HOMELESS HOUSING, ASSISTANCE, AND PREVENTION PROGRAM (HHAP)

2026 PROJECT APPLICATION

1. APPLICANT CAPACITY & FINANCIAL INFORMATION:

Legal Name of Organization: _____

Is the organization a 501(c)? ☐ Yes ☐ No

Mailing Address: _____

City: _____ Zip: _____

Executive Director Name & Title: _____

Organization Contact Name & Title: _____

Work Phone: _____ Fax: _____

E-mail Address: _____

Organization Website Address: _____

Organization's DUNS #: _____ Tax Payer ID #: _____

Fiscal Agent Contact Name & Title: _____

Work Phone: _____ Fax: _____

E-mail Address: _____

Years in operation: _____

Date of most recent 990 filed: _____

Does your organization have any outstanding financial audit findings? ☐ Yes ☐ No

If yes, please explain:

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Is your organization required to file a Federal Single Audit (CFR200.501)? ☐ Yes ☐ No

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Please check off the application type you are applying for:

- ☐ Youth Set Aside Application (12-24 or 18-24) *ONLY*
☐ Adult Application *ONLY*

(This information is intended to help determine the required 10% Youth Set aside)

Does your organization comply with 2 CFR 200 Part 2400 Uniform Requirements? ☐ Yes ☐ No

How many members are part of your Board of Directors? _____

How often does your Board meet? _____

Describe the financial expertise of your current board members:

Has your organization received and managed State/Federal funds? ☐ Yes ☐ No

Please complete the chart below with the most recent State/Federal grant awards for your organization. Failure to provide grant sources may impact contracting agreements. To prevent duplication of funding, information is required to be disclosed at time of application

Grant Year(s) Start-End Date or Future Date	Funding Source (State, Federal, Local)	Activity Type: <i>Street Outreach, Emergency Shelter, Rapid Re-Housing, Housing Navigation, Permanent Supportive Housing and/or Operational subsidies, Landlord Engagement, Homeless Prevention, Interim Sheltering and/or Operational Subsidies, Coordinated Entry System Supports, Transitional Housing, other (please list)</i>	Grant Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$

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2.PROJECT INFORMATION:

Title of proposed project: _____

Project Address: _____

City: _____ Zip: _____

Project anticipated start date for serving clients: _____

HHAP-6 Priority Need Addressed:

1. <input type="checkbox"/> -PH- Capital for Permanent Housing-(<i>Must also complete the Rental Housing Workbook which will be posted on the VC CoC website no later than Monday November 10, 2025</i>)	5. <input type="checkbox"/> Youth Interim Housing Operating Subsidies (Youth Provider only)
2. <input type="checkbox"/> PH- Rapid Rehousing/Rental Subsidies	6. <input type="checkbox"/> Youth Interim Housing/ Motel Vouchers (Youth Provider only)
3. <input type="checkbox"/> PH- <i>Services and Services Coordination (supportive services)</i>	7. <input type="checkbox"/> <i>Services and Services Coordination (street outreach)</i> (Youth Provider only)
4. PH-Homeless Prevention	

Number of beneficiaries to be served by the project: _____

Number of unaccompanied youth (18-24) beneficiaries to be served by the project: _____

a. Project service area (check all that apply):

- | | | |
|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Camarillo | <input type="checkbox"/> Fillmore | <input type="checkbox"/> Moorpark |
| <input type="checkbox"/> Ojai | <input type="checkbox"/> Oxnard | <input type="checkbox"/> Port Hueneme |
| <input type="checkbox"/> Santa Paula | <input type="checkbox"/> Simi Valley | <input type="checkbox"/> Thousand Oaks |
| <input type="checkbox"/> Ventura | <input type="checkbox"/> County-wide | <input type="checkbox"/> Unincorporated County |

b. Amount requested for this project: \$ _____

c. Amount of leveraged funds available for this project: \$ _____

d. Total project cost (all sources): \$ _____

Note: The amounts for b, c and d should equal the amounts in Project Budget. Comprehensive budget should be submitted in provided budget template. Permanent Supportive Housing Applications should submit the PSH program budget.

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Which CoC priorities best align with the project? You may list more than one; be specific:

Identify the population(s) that the project will serve (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Single Adults | <input type="checkbox"/> Older Adults 55+ |
| <input type="checkbox"/> Families with children | <input type="checkbox"/> Persons with disabilities |
| <input type="checkbox"/> Unaccompanied Youth 12 to 24 OR unaccompanied TAY age 18 to 24 years old | |
| <input type="checkbox"/> Veterans | |
| <input type="checkbox"/> Chronic Homeless | |

3. SUBRECIPIENTS:

Does your agency plan to award HHAP 6 funds to a service provider/subrecipient? *Failure to disclose during the application process may impact grant approval and agreements:*

Service Provider/Subrecipient: _____

Subject to review and approval by the Data Performance and Evaluations committee. Sub-recipient must be in good standing with CoC and provide evidence of non-suspension/debarment from all parties. Subject to same requirements as recipient (reference page on Notice of Funding Availability).

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4. PROGRAM DESIGN (20 Points)

- 1) Summarize the project and intended use of grant funds, be detailed and include a pathway to housing in your plan.
- 2) Describe how the project will benefit the target population(s) and meet an immediate need in addressing homelessness in the Continuum of Care by quickly moving participants into permanent housing.
- 3) Describe how this funding will expand capacity or create new resources to shelter and/or house homeless people/families.
- 4) Identify best practices that will be utilized.
- 5) Please include how the program will follow the Housing First/Low Barrier model.
- 6) If applying for Youth Interim Sheltering, describe a pathway to permanent housing.

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5. COORDINATION AND COLLABORATION (12 points)

- 1) Describe how resources will be leveraged to address the needs of the target population(s).
- 2) How will the project collaborate with other organizations and programs to address the needs of the target population and participate in Pathways to Home and HMIS.
- 3) Please describe if this application will support a new collaborative effort with agencies who are not yet connected to VC CoC.

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- 4) Please include any partnerships for furthering racial equity and serving underserved populations including BIPOC, LGBTQ, undocumented persons, and persons with limited English proficiency. Please describe how the program will commit and implement action to ensuring equitable provision of services for Black, Asian, Native and Indigenous, Latinx, Pacific Islanders and other People of Color who are disproportionately impacted by homelessness. Consider policy changes to ensure racial and gender equity. 2) Please provide the date of your last racial/gender equity assessment. 3) Notate findings and address how the proposed program will support those who are disproportionately impacted.

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- 5) Core Practices – State regulation section 8409 contain the Core Practices: Coordinated Entry Process (section 8409(a)); and Housing First Practices (section 8409(b)) Use the table below to document which of the following your agency or contracted agency/service provider has adopted for implementation of programs:

Guidance	Relates to: (check all that apply)
1. Has your agency/service provider adopted the local CoC's Written Standards with regards to the following?	<input type="checkbox"/> Coordinated Entry <input type="checkbox"/> Housing First
2. Does your agency/service provider have Program Rules, Policies and Procedures that address the following?	<input type="checkbox"/> Coordinated Entry <input type="checkbox"/> Housing First
3. Does your agency/service provider commit to adopt and follow the local CoC Coordinated Entry Policies and Procedures?	<input type="checkbox"/> Coordinated Entry <input type="checkbox"/> Housing First
4. Does your agency utilize HMIS for entering client level data. Please include attachments that demonstrate data quality and annual performance of an existing project from October 1, 2024- September 30, 2025.	<input type="checkbox"/> HMIS participating project <input type="checkbox"/> Attach HMIS generated reports showing data quality and performance of existing project

6. APPLICANT CAPACITY (15 Points)

- 1) Please describe your organization's and/or sub-recipient's experience in successfully conducting this type of activity.
- 2) Identify any skills, current services, or accomplishments that demonstrate your capacity for success.

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7. PAST PERFORMANCE (30 Points)

- 1) Describe the objectives and outcomes of the proposed program(s) and how will you measure the effectiveness of your project in meeting these outcomes. Goals should align with VC CoC adopted performance benchmarks, [HHAP 6 Proposed Application](#) (System Improvement Plan-3.b.) and [CA System Performance Metrics](#).

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2) Please describe how this program will help achieve improved system performance for the Ventura County homeless services system. Describe the [Key Actions](#) (System Improvement Plan-3.b.) and strategies you intend to implement to meet the outcome goals (be descriptive and include the percentage you intend to meet for each item).

1. Reducing the number of persons experiencing homelessness
2. Reducing the number of persons who become homeless for the first time
3. Increasing the number of people exiting homelessness into permanent housing
4. Reducing the length of time persons remain homeless
5. Reducing the number of persons who return to homelessness after exiting homelessness
6. Increasing successful placements from street outreach
7. Focus on equity goals related to underserved populations and populations disproportionately impacted by homelessness

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- 3) Please include any relevant past performance data that is relevant to this proposal.
- 4) Please list your # of clients served from October 1, 2024- September 30, 2025 (CoC APR 5a1), list Exit destinations (23c. homeless situations, institutional settings, temporary settings, permanent situations, percentage of people exiting to permanent housing). **HMIS CoC APR and Data Quality Framework Report must be attached and aligned.**

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8. FINANCIAL CAPACITY, FEASIBILITY AND SUSTAINABILITY-(23 Points)

- 1) Please explain plans your agency has for future sustainability of this proposed program and/or service.
- 2) How will your agency leverage other funds beyond this one-time funding opportunity of HHAP-Round 6?
- 3) Please detail your agency's experience in leverage state, federal, local and private dollars to support your programs. Please describe your success in submitting previous HHAP Round II/III and/or IV, CoC, CDBG, HOME, PLHA and/or ESG quarterly reporting and drawdowns.
- 4) Have you had any challenges implementing your project(s), onboarding with HMIS/CES, accepting referrals via CES or submitting draw down requests?
- 5) Have you returned funds back to HUD or the State or county in the past or your program reallocated due to insufficient spending or performance, if so please explain.
- 6) Did your previous projects implement within the 45–60-day period? If not, please provide justification.
- 7) Did your previous projects commit to serving Youth? If so, please provide the number of youth beneficiaries committed to be served on your application and number of youth served to date.

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- 8) VC CoC will consider how much each project spends to serve and house an individual or family as compared to other projects serving similar populations. The State of California and HUD state that the project must be cost-effective and not deviate substantially from the norm in that locale for the type of activity including case management and other supportive services. Is your intended project cost-effective concerning case management and other supportive services?

☐ Yes

☐ No

Please explain your response in the box below and provide the cost per beneficiary (expand box as needed).

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- 9) Please attach a comprehensive budget including ALL funding sources, if any that have been committed to the project you are applying for or other funds *pending* award or notification of award.
- 10) Address how HHAP 6 funds will be used to fill project cost gaps. *Note: (HHAP funds cannot be used to supplant/ replace current/pending funds). **Failure to provide grant sources may impact contracting agreements. To prevent duplication of funding, information is required to be disclosed at time of application***

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9. AGENCY CERTIFICATIONS:

The following certification **must** be completed and **signed by an authorized agency representative** to be further considered for HHAP program funding.

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached is complete and accurate. No material information has been omitted, including financial information.

[U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or caused to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid. HUD will prosecute false claims and statements and conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)].

- b. The agency certifies to the best of its knowledge and belief that its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal debarment or agency.
- c. The agency shall comply with all federal and County policies and requirements applicable to the HAAP program as appropriate for the funding if received.
- d. The proposed project will assist in alleviating the homeless shelter crisis in the jurisdiction it proposes to serve.
- e. If HHAP funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.
- f. The agency certifies that the funded program will participate in the locally approved HMIS system and CES.
- g. If HHAP funds are approved in the requested amount, the agency will provide a final budget summary.

Name of Agency	
Typed Name and Title of Agency Official	
Agency Official's Signature	
Date of Signature	
Phone Number of Agency Official	E-Mail Address of Agency Official