**ESG BUDGET SUMMARY**

**Community Action Partnership of San Bernardino**

<table>
<thead>
<tr>
<th>Service</th>
<th>Community Action Partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter</td>
<td>$11,620</td>
</tr>
<tr>
<td>Street Outreach</td>
<td></td>
</tr>
<tr>
<td>Rapid Re-housing</td>
<td>$9,205</td>
</tr>
<tr>
<td>Homeless Prevention</td>
<td>$47,042</td>
</tr>
<tr>
<td><strong>Total FY 13-14 Allocation</strong></td>
<td><strong>$67,867</strong></td>
</tr>
</tbody>
</table>
ESG PROGRAM SPECIFIC REQUIREMENTS

The new Emergency Solutions Grant signifies a shift in federal funding from traditional emergency shelter and outreach activities to homeless prevention and re-housing efforts. Effective rapid re-housing programs help people transition out of the homeless assistance system as quickly as possible, thus reducing the number of persons who are homeless within the community. Rapid re-housing also ensures that emergency shelter resources are used to serve individuals and families with the most urgent housing crises. New policy standards were included as a Substantial Amendment to the 2011-2012 Action Plan and subsequently incorporated into the 2012-2013 Action Plan.

Document references herein to the Code of Federal Regulation (CFR) Parts 91 and 576 can be accessed at the following HUD website:


Written standards for providing ESG assistance in accordance with 24 CFR 576.400(e)(1) and (e)(3).

a) Eligibility for assistance:
   i) Eligible applicants must meet the definition of “homeless” or “at risk of becoming homeless” according to 24 CFR 576.2 and meet the record keeping requirements in 24 CFR 576.500(b),(c),(d), and (e).
   ii) Gross household income limit: 30% of Area Median Income (AMI).
   iii) Individuals and families who have insufficient resources immediately available to attain housing stability, who have moved frequently due to economic reasons, or who require short-term leasing and/or utility assistance.

b) Coordination among emergency shelter providers, essential service providers, homelessness prevention and rapid re-housing assistance providers; other homeless assistance providers, and mainstream service and housing providers;
   i) Promote a strategic, community-wide system to prevent and end homelessness through the coordination and integration of program components with available homeless assistance programs (§576.400[b]) and mainstream housing and service programs (§576.400[c]).

Assistance programs available for coordination and integration may include, but not be limited to:

- San Bernardino County Continuum of Care
- Interagency Council on Homelessness Participation
- County Workforce Development Department
- County Workforce Investment Board
- County Transitional Assistance Department
- Shelter Plus Care Program
- Supportive Housing Program
- HUD Veterans Affairs Supportive Housing
- Education for Homeless Children and Youth Grants
- Healthcare for the Homeless
- Programs for Runaway and Homeless Youth
- Emergency Food and Shelter program
- VA Homeless Providers Grant and Per Diem Program
ESG PROGRAM SPECIFIC REQUIREMENTS (Continued)

Mainstream Service Programs may include, but not be limited to:
- Temporary Assistance for Needy Families (TANF)
- Social Security (SSI, SSDI)
- Medi-Cal
- Food Stamps
- Unemployment Insurance Benefits
- Veterans Benefits
- Head Start
- Mental Health and Substance Abuse Grants

ii) Continue use of the HMIS tracking system to enable service providers to access client history and for reporting to HUD.

(c) Prioritize which eligible families and individuals will receive homelessness prevention assistance and which eligible families and individuals will receive rapid re-housing assistance:
  i) Intake and case management designed to target and reach as many needy individuals and families as possible by determining those most in need and limiting resources to the minimum necessary for stabilization.
     1) Homeless Prevention to: 1) target those closest to becoming homeless and 2) assess wide ranging risk factors to remedy causal characteristics through case management and training.
     2) Rapid Re-Housing to: 1) overcome immediate housing obstacles; 2) connect individuals/families with necessary resources; and 3) identify and remedy causal characteristics through case management and training.

d) Share of rent and utility costs program participants must pay, if any, while receiving homelessness prevention and rapid re-housing assistance;
  i) Rental Assistance Rent Share: client to pay up to 30% of Adjusted Gross Income (based upon "ability to pay").
  ii) Utility Assistance: client may receive assistance of up to 100% of each eligible utility (based upon "ability to pay"), including up to 6 months in arrears. Utilities are restricted to electricity, gas, and water and include security deposits.
  iii) Considerations will be made with regard to: 1) the presence, or absence, of other resources available in the community, 2) respective challenges associated with the homelessness, and 3) the presence of exorbitant medical expenses.

e) Program participant rental assistance eligibility and re-assessment guidance:
  i) To target and reach as many needy individuals and families as possible; rental assistance will be limited to the minimum necessary to stabilize program participants.
  ii) As self-sufficiency increases, rental assistance will be reduced.
  iii) Program participants receiving rapid re-housing assistance must be re-evaluated at least every six (6) months.
  iv) Program participants receiving homelessness prevention assistance must be re-evaluated at least once every 3 months.

f) Determination of the type, amount, and duration of housing stabilization and/or relocation services to provide a program participant, including the limits, if any, on the homelessness prevention or rapid re-housing assistance that each program participant may receive, such as the maximum amount of assistance, maximum number of months the program participant receives assistance; or the maximum number of times the program participant may receive assistance.
EXHIBIT 2 of 9 Page 3 of 3
**PROJECT/ACTIVITY DESCRIPTION**

**ACTIVITY DESCRIPTIONS AND TYPES SERVED:**

<table>
<thead>
<tr>
<th>ESG Eligible Activity</th>
<th>Description</th>
<th>Types of Persons Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rapid Re-Housing/Stabilization</td>
<td>All eligible activities under ESG, including: case management, stabilization, and rental assistance.</td>
<td>All homeless persons meeting the Income requirements and serving all four (4) categories of homelessness.*</td>
</tr>
<tr>
<td>Homelessness Prevention</td>
<td>All eligible activities under ESG, including: case management, stabilization, and rental assistance.</td>
<td>All persons meeting the income and at risk requirements.</td>
</tr>
<tr>
<td>Emergency Shelter Activities</td>
<td>Support of homeless persons, including: operations and essential services for: emergency shelter, transitional housing, and day centers.</td>
<td>All homeless persons under any of the four (4) categories of homelessness.</td>
</tr>
<tr>
<td>Street Outreach</td>
<td>All eligible activities under ESG, including: Essential Services and shelter nights and motel vouchers.</td>
<td>Literally homeless persons/families</td>
</tr>
<tr>
<td>HMIS</td>
<td>All program participants, with the exception of: domestic violence (DV) and/or those assisted under legally protected categories shall be included in HMIS data collection. Exceptions shall be reported in “comparable database” per ESG regulations.</td>
<td>All program participants shall be either homeless or at risk of homelessness.</td>
</tr>
<tr>
<td>Project/Activity Title:</td>
<td>Case Number:</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>Multi District</td>
<td>376-34645/3209</td>
<td></td>
</tr>
<tr>
<td>Community Action Partnership - ESG</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name/Address of Contract Agency:</th>
<th>Date of Issue:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Action Partnership of San Bernardino</td>
<td>X Original: Beginning 07/01/2013</td>
</tr>
<tr>
<td>696 S. Tippecanoe Avenue</td>
<td>Amendment No.:</td>
</tr>
<tr>
<td>San Bernardino, CA 92415</td>
<td></td>
</tr>
</tbody>
</table>
## Community Action Partnership of San Bernardino

### EMERGENCY SHELTER GRANT PROGRAM

#### 2013-2014 FUNDING/MATCH REPORT

**Match/Funding Sources:**

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Local Government:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td><strong>Private:</strong></td>
<td></td>
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<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td><strong>Fees:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td><strong>Other:</strong></td>
<td></td>
</tr>
<tr>
<td>Lease of CAPSBC office space</td>
<td>$45,192</td>
</tr>
<tr>
<td>Staff salaries/benefits</td>
<td>$129,586</td>
</tr>
<tr>
<td>SCBG Client Assistance budget</td>
<td>$</td>
</tr>
<tr>
<td>For 2013 (1/2)</td>
<td>$25,000</td>
</tr>
</tbody>
</table>

**TOTAL:** $199,778
**ESG CLAIMS ALLOCATION TRACKING SPREADSHEET**

<table>
<thead>
<tr>
<th>Eligible Reimbursement Activities</th>
<th>Homelessness Assistance</th>
<th>4 - Homelessness Prevention**</th>
<th>Total Claim</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 - Emergency Shelter</td>
<td>2 - Street Outreach</td>
<td>3 - Rapid Re-Housing*</td>
</tr>
<tr>
<td>A - Shelter and Outreach</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shelter Operations:  Operating costs, maintenance, insurance, utilities, staff costs (up to 10% of total staff costs)</td>
<td>See Total Below</td>
<td>See Total Below</td>
<td></td>
</tr>
<tr>
<td>Essential Services:  Case management assistance with employment, health, drug abuse, education, or connection with other agency assistance if not provided in previous 6 months</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Outreach &amp; Engagement:  To publicize program availability</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td><strong>Total Shelter and Outreach:</strong></td>
<td>$ -</td>
<td>$ -</td>
<td></td>
</tr>
<tr>
<td>B - Rental Assistance/Motel Vouchers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental Payments:  Max 18 consecutive months (limit 24 months in 3 yrs), shortfall after client-paid 30% of AGI, $4,000 per household (914)</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Security and Utility Deposits</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Utility Payments:  Max $1,000 (limit 24 payments in 3 yrs) per HH</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Other costs Attributed to Providing Rental Assistance:  Moving costs, housing search/placement, landlord tenant mediation, credit repair assistance</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Motel &amp; Hotel Vouchers:  Value “reasonable” and not to exceed $65/night</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td><strong>Total Rental Assistance/Motel Vouchers:</strong></td>
<td>$ -</td>
<td>$ -</td>
<td></td>
</tr>
<tr>
<td>C - Housing Relocation and Stabilization Services (HRSS)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Management:  Assistance with employment, health, drug abuse, education, connection with other agency assistance if not provided in previous 12 months</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Other Costs Attributed to Providing HRSS:  Moving costs, housing search/placement, landlord tenant mediation, credit repair assistance</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td><strong>Total HRSS:</strong></td>
<td>$ -</td>
<td>$ -</td>
<td></td>
</tr>
<tr>
<td>D - HMIS***</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GRAND TOTAL:</strong></td>
<td>$ -</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

*Option not available in this category

Rapid Re-housing recipients must be income certified when possible and re-certified every 6 months.

Homelessness Prevention recipients must be income certified and re-certified every 3 months.

Staff expenses for HMIS data input may be placed under case management.

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**COUNTY OF SAN BERNARDINO**

DEPARTMENT OF COMMUNITY DEVELOPMENT AND HOUSING

---

**Project/Activity Title:**
Multi District
Community Action Partnership - ESG

**Case Number:**
376-34645/3209

**Name/Address of Contract Agency:**
Community Action Partnership of San Bernardino
696 S. Tippecanoe Avenue
San Bernardino, CA 92415-

**Date of Issue:**
Original: Beginning 07/01/2013

---

EXHIBIT 5 of 9 Page 1 of 2
COUNTY OF SAN BERNARDINO DEPARTMENT OF COMMUNITY DEVELOPMENT AND HOUSING

Project/Activity Title: Multi District
Community Action Partnership - ESG

Case Number: 376-34645/3209

Name/Address of Contract Agency: Community Action Partnership of San Bernardino
696 S. Tippecanoe Avenue
San Bernardino, CA 92415

Date of Issue: Original: Beginning 07/01/2013

EXHIBIT 5 of 9 Page 2 of 2

ESG CLIENT REPORTING DATA – Reporting Period from: __________ to: __________

Service Provider: Please complete the following items & submit with the each monthly claims period.

Agency Name: ___________________________  Authorized Signature ___________________________

Race/Ethnicity of persons served by the Project: (Report actual numbers)
- White, Non-Hispanic
- Black, Non-Hispanic
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaskan Native
- TOTAL
- Number of Female-headed households

Indicate number of each type of projects(s) and service provided:
- emergency shelter facilities
- transitional housing
- vouchers for shelters
- outreach
- drop-in-center
- soup kitchen/meal distribution
- food pantry
- health care
- mental health
- HIV/AIDS services
- alcohol/drug program
- employment
- child care
- homeless prevention
- other (please list)

The following information is for residential services only:
In the immediately past reporting period, please list the number of participants served:
- unaccompanied 18 and over............................................... male____ female____
- unaccompanied under 18.................................................... male____ female____

Families with children headed by:
- single 18 and over ............................................................... male____ female____
- youth 18 and under .............................................................
- two parents 18 and over ......................................................
- two parents under 18...........................................................___
- families with no children ......................................................

In the immediately past reporting period, provide the number served who are (select only the one most prominent obstacle per person):
- battered spouses
- drug dependent individuals
- runaway/throwaway youth
- elderly
- chronically mentally ill
- veterans
- developmentally disabled
- physically disabled
- HIV/AIDS
- other
- alcohol dependent individuals

Please indicate the total number of persons housed during this claims period in each shelter type funded through the ESG program:

<table>
<thead>
<tr>
<th>Shelter type</th>
<th>Number of persons housed</th>
<th>Number of nights provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>barracks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>group/large house</td>
<td></td>
<td></td>
</tr>
<tr>
<td>scattered site apartment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>single family detached house</td>
<td></td>
<td></td>
</tr>
<tr>
<td>single room occupancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>mobile home/trailer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>hotel/motel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>other (describe)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


HOMELESS CERTIFICATION FORM

Re-Housing

ESG Household Name: __________________________________________ Date: _____________________

This is to certify the above individual or household is currently homeless based on the category checked and required documentation. **THE GENERAL HOMELESS CERTIFICATION MUST BE COMPLETED FOR EACH HOUSEHOLD.

CHRONICALLY HOMELESS CERTIFICATION

CHRONICALLY HOMELESS: (If chronically homeless, the General Homeless Certification must also be completed).

☐ Individual or family:
   (i) Homeless and lives or resides in a place not meant for human habitation, a safe haven or in an emergency shelter; or
   (ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last three years; and
   (iii) Has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of those conditions.

CATEGORY 1: Literally Homeless

☐ Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
   (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; or
   (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs).

To certify homeless status for the above, must provide documentation of 1 of the following:

☐ Written observation by the outreach worker; or
☐ Written referral by another housing or service provider; or
☐ Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter (Self-Certification Form).

☐ Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
   (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution (documentation must include one of the above forms of evidence AND 1 of the following).

☐ Discharge paperwork or written/oral referral; or
☐ Written record of intake worker’s due diligence to obtain above evidence and certification by individual that they exited institution (Self-Certification Form).
HOMELESS CERTIFICATION FORM
Re-Housing (page 2)

CATEGORY 2: Imminent Risk of Homelessness
☐ Individual or family who will imminently lose their primary nighttime residence, provided that:
   (i) Residence will be lost within 14 days of the date of application for homeless assistance;
   (ii) No subsequent residence has been identified; and
   (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing.

Documentation must include 1 of the following:
☐ A court order resulting from an eviction action notifying the individual or family that they must leave; or
☐ For individual and families leaving a hotel or motel—evidence that they lack the financial resources to stay (Self-Certification Form); or
☐ A documented and verified oral statement.

In addition to 1 of the above, documentation must include BOTH of the following:
☐ Certification that no subsequent residence has been identified (Form No. 5); AND
☐ Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing (Self-Certification Form).

CATEGORY 3: Homeless under Other Federal Statutes
☐ Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
   (i) Are defined as homeless under the other listed federal statutes;
   (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;
   (iii) Have experienced persistent instability as measured by 2 moves or more during the preceding 60 days; and
   (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers.

Documentation must include all of the following:
☐ Certification by the nonprofit or state or local government that the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; and
☐ Certification of no public housing in the last 60 days; and
☐ Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved 2 or more times in the past 60 days; and
☐ Documentation of special needs or 2 or more barriers.

CATEGORY 4: Fleeing/Attempting to Flee Domestic Violence
☐ Any individual or family who:
   (i) Is fleeing, or is attempting to flee, domestic violence;
   (ii) Has no other residence; and
   (iii) Lacks the resources or support networks to obtain other permanent housing. Documentation required:

For victim service providers:
☐ An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification (Self-Certification Form) or a certification by the intake worker.

For non-victim service provider (must document all of the following):
☐ Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification (Self-Certification Form) or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; and
☐ Certification by the individual or head of household that no subsequent residence has been identified (Self-Certification Form); and
☐ Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing (Self-Certification Form).
AT RISK OF HOMELESSNESS CERTIFICATION FORM

**Prevention**

ESG Household Name: ______________________________________ Date: _____________________

This is to certify the above individual or household is currently at risk of homelessness based on the category checked and required documentation.

Check only one Category and complete only that section

**CATEGORY 1: An individual or family:** (must have income 30% below AMI, lack sufficient resources and meets 1 of the following risk factors

- ☐ Has an annual income below 30% of AMI (must have documentation of income eligibility: AND
- ☐ Lacks sufficient resources or support networks immediately available to prevent homelessness (must complete Self: Certification Form No. 4) supported by other documentation when practical such as termination notice, unemployment compensation statement, bank statement, healthcare/utility bill showing arrears)

AND meets 1 of the following risk factors with acceptable documentation:

- ☐ Risk 1: Persistent housing instability - has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance (must document the following 2 criteria):

  - ☐ Housing history must demonstrate 2 or more moves within 60 days: documentation may include HMIS records, referral from housing/service provider, letter from tenant/owner (intake observation not appropriate); and
  - ☐ Economic reasons may include termination from employment, unexpected medical costs, inability to maintain housing including utilities, etc: documentation may include notice of termination, healthcare bills indicating arrears, utility bills indicating arrears (intake observation not appropriate).

- ☐ Risk 2: Living in the home of another because of economic hardship (must document the following 2 criteria):

  - ☐ Housing must be in the home of another (i.e., doubled up): documentation may include letter from tenant/homeowner (intake observation may be appropriate); and
  - ☐ Economic reasons may include termination from employment, unexpected medical costs, inability to maintain housing including utilities, etc: documentation may include notice of termination, healthcare bills indicating arrears, utility bills indicating arrears (intake observation not appropriate).

- ☐ Risk 3: Housing loss within 21 days – has been notified their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance: notification to leave within 21 days must be written and only third party source/written is appropriate (must document 1 of the following criteria):
  - ☐ If tenant/homeowner: eviction notice, court order to leave within 21 days; or
  - ☐ If living with another (doubled up): eviction letter from tenant/homeowner.
CATEGORY 1: An individual or family (continued)

☐ Risk 4: Living in a rented hotel or motel and cost is not paid for by charitable organization or by Federal, State, or local government programs for low-income individuals (must document the following 2 criteria):
   - Housing must be in a hotel/motel: documentation may include either letter from hotel/motel manager or intake observation; and
   - Costs have not been covered by charitable organization or government program: documentation – cancelled check.

☐ Risk 5: Living in a severely over-crowded unit as defined by US Census Bureau: lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than 1½ persons per room (must document the following):
   - Number of rooms in unit AND number of individuals living in unit: documentation may include lease, unit details from Tax Assessor’s Office, intake observation.

☐ Risk 6: Exiting publicly funded institution or system of care (must document the following):
   - Discharge from healthcare facility, mental health facility, foster care or other youth facility or correction program: documentation – discharge paperwork or referral letter.

☐ Risk 7: Living in housing associated with instability and an increased risk of homelessness. For example: being a young household with a young child, lacking transportation to work, or other circumstances or barriers as identified in your community. (documentation must include):
   - Self-certification (Self-Certification Form) or other written documentation describing the circumstances and that the individual or family lacks financial resources and support networks to obtain other permanent housing.

CATEGORY 2: Unaccompanied Children and Youth

☐ A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute (must document the following):
   - Verification of Homeless Status must be provided by agency administering applicable Federal program: documentation must be Third Party – Written ONLY; Certification of homeless status (letter or standardized form).

CATEGORY 3: Families with Children and Youth

☐ An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her (must document the following):
   - Third Party – Written ONLY; must have documentation of homeless status, which may be letter or referral provided by agency administering the Federal Program AND must confirm family/guardian is residing with children/youth.
VERIFICATION TRACKING OF INCOME

Head of Household: ___________________________ Date: __________________

☑ Intake/Screening ☐ Three-month Certification

Agencies must record all attempts to obtain required verifications in the order specified:

Step 1. Third-Party Source: Were verification documents provided by the client?
☐ Yes – Complete Income Calculation Worksheet to determine eligibility.  
☐ No – Proceed to Third-Party Written (provide explanation). Go to Step 2 if income could not be verified by Step 1.

Step 2. Third-Party Written: Request verification of income from stated income source(s).

Date of request: ___________________________ (Retain copy of request in client file)

☐ Documents received within 10 business days – complete Income Calculation Worksheet.
☐ Documents not received within 10 business days – Proceed to Third-Party Oral. Go to Step 3 if income could not be verified in Step 2.

Step 3. Third-Party Oral: Intake staff contacts third-party sources identified by the household. Record date, source(s) contacted and income information or reason(s) for not obtaining information:

__________________________________________
__________________________________________
__________________________________________

If sufficient income information is provided, complete Income Calculation Worksheet to determine eligibility; otherwise, proceed to Step 4, Self-Certification.

Step 4. Self-Certification: ONLY use Step 4 to verify income after attempting and documenting Steps 1, 2 and 3.

☐ I certify, under penalty of perjury, that the information I have provided on this form is true and correct, to the best of my knowledge.

Source: ___________________________ Amount: _____________ Frequency: __________________
Source: ___________________________ Amount: _____________ Frequency: __________________
Source: ___________________________ Amount: _____________ Frequency: __________________

☐ I certify, under penalty of perjury, that I do not have income from any source at this time. This is true and correct to the best of my knowledge.

Client signature: ___________________________ Date: __________________
SELF-CERTIFICATION FORM

Instructions: This form is to be completed by applicants or program participants when they are unable to provide required verifications or other documents and self-certification is the only way the agency is able to verify information related to the ESG program eligibility.

This section to be completed by the applicant/participant

Date__________________________

Name of Head of Household________________________________________

Unit address__________________________________________________________________________________________________

Street Address Apt. # City State Zip Code

Telephone Number (____)____________________

E-Mail Address ___________________________________

Self-Certification of: [ ] Lack of sufficient financial resources and/or support networks and no subsequent residence has been identified; [ ] Fleeing domestic violence; [ ] Living on street or in shelter; [ ] Exiting from institution [ ] Other (please describe) :

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Certification: I hereby certify, under penalty of perjury, that the information I have provided on this form is true and correct, to the best of my knowledge, and that I do not have any documents or forms in my possession, nor am I able to obtain such documents to verify homelessness, at risk of homelessness, income or other information hereby provided.

Signature _________________________________________________________Date________________

Witness _________________________________________________________Date________________

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or Agency of the United States as to any matter within its jurisdiction.
COUNTY OF SAN BERNARDINO DEPARTMENT OF COMMUNITY DEVELOPMENT AND HOUSING

Project/ Activity Title: Multi District Community Action Partnership - ESG

Case Number: 376-34645/3209

Name/Address of Contract Agency: Community Action Partnership of San Bernardino

696 S. Tippecanoe Avenue
San Bernardino, CA 92415-

Date of Issue: Original: Beginning 07/01/2013

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ESG CLAIMS - CERTIFICATIONS

Please verify, through signature below, the following activities have been completed for the attached claims submitted for the month(s) of ______________.

Attached herewith:

☐ ☐ ESG Client Reporting Data (filled out for the period of the claim)

I certify that the following has taken place relative to the reimbursements requested:

☐ Input into HMIS has been completed for each person for whom these claims pertain.

☐ A Homeless Certification form (for Re-housing) or an At Risk of Homelessness Certification form (for Homeless Prevention) has been completed and placed in the client’s file for each individual/household for whom these claims pertain.

☐ A Verification Tracking of Income form and related documentation has been completed and placed in the client’s file for each individual/household for whom these claims pertain.

☐ For each individual/household for whom required verifications or other documentation cannot be provided for their respective claims, a Self-Certification Form has been completed, signed by the client, and placed in the client’s file.

☐ For Rapid Re-Housing Rental Assistance, 1) homeless status has been verified; 2) a Rent Reasonableness analysis has been completed; 3) an initial HQS inspection has been performed; 4) the Fair Market Rent (based on the number of bedrooms) minus utility costs has not been exceeded; and 5) the $4,000 per household Rental Assistance cap has not been exceeded.

☐ For Homeless Prevention Rental Assistance, 1) certification of initial eligibility has been verified (or re-certification has been completed if assistance extends beyond a 3-month period); 2) the Fair Market Rent (based on the number of bedrooms) minus utility costs has not been exceeded; 3) an initial HQS inspection has been performed; and 4) the $4,000 per household Rental Assistance cap has not been exceeded.

☐ If an individual/household is no longer eligible for rental assistance, a written notice containing a clear statement for the reason has been provided.

Authorized Signature _______________________________     Agency Name:  _____________________________

Signer’s Name &Title: __________________________________________________   Date: __________________
AFFILIATED COUNTY ADMINISTRATIVE OFFICIALS

Identify any former (within the last five (5) years) San Bernardino County administrative Officials (as defined below) who are employed by or represent Applicant.

The information provided below includes all former county administrative officials who terminated county employment within the last five (5) years and who are now officers, principals, partners, associates, or members of the business. This information also includes the employment with or representation of Applicant. “County Administrative Official” is defined, herein, as a member of the Board of Supervisors or such officer’s staff, County Executive Officer or member of such officer’s staff, county department or group head, assistant department or group head, or any employee in the Exempt Group, Management Unit, or Safety Management Unit. **If none, so state.**

1. 
2. 
3. 

Authorized Signature ____________________________ Agency Name: _____________________________

Signer’s Name & Title: _____________________________ Date: __________________
## INSURANCE INVENTORY

### WORKERS’ COMPENSATION/EMPLOYERS’ LIABILITY INSURANCE
- **Name of Insurance Company:** ARCH (Heffernan Insurance Brokers)
- **Effective Dates:** 07/01/12 - 06/30/13
- **Employer’s Liability Limit:** $1,000,000
- **Certificate of Insurance Attached:** Yes
- **No:** On File w/ CDH

### COMPREHENSIVE GENERAL AND AUTOMOBILE LIABILITY INSURANCE
- **Name of Contractor’s General Insurance Company:** United States Fire (Heffernan Insurance Brokers)
- **Limits of Liability:**
  - **Per Occurrence:** $1,000,000
  - **Annual Aggregate:** $3,000,000
- **Effective Dates:** 07/01/2012 – 06/30/2013
- **Additional Insured Endorsement Attached:** Yes
- **No:** On File w/ CDH

### ERRORS AND OMISSIONS LIABILITY INSURANCE
- **Name:**
- **Limits of Liability:**
  - **Per Occurrence:** $________
  - **Annual Aggregate:** $________
- **Effective Dates:**
- **Additional Insured Endorsement Attached:** Yes
- **No:** On File w/ CDH

### PROFESSIONAL LIABILITY INSURANCE
- **Name of Insurance Company:**
- **Limits of Liability:**
  - **Per Occurrence:** $________
  - **Annual Aggregate:** $________
- **Effective Dates:**
- **Additional Insured Endorsement Attached:** Yes
- **No:** On File w/ CDH

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