

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
 HOMELESS COORDINATING AND FINANCING COUNCIL (REV 9/21)
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HOMELESS HOUSING, ASSISTANCE AND PREVENTION ROUND 3 INITIAL DISBURSEMENT REQUEST FOR FUNDS FORM

Contract Number	22-HHAP-10057	Expiration Date:	6/30/2026
Invoice Number	22-HHAP-10057	Contact Person:	Tracey Belton
Grantee Name:	Health & Human Services Agency	Contact Person Title:	Director
Attention to:	Fiscal Division	E-mail:	tbelton@cosb.us
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City/State/Zip:	Hollister, CA 95023		

HHAP-3 INITIAL DISBURSEMENT FUNDING BREAKDOWN

AWARD

Per Health and Safety Code Section 50220.7, a recipient may use initial funds to complete the local homeless action plan that is required to be submitted with the HHAP-3 application, including paying for any technical assistance or contracted entities to support the completion of the homeless action plan. Priority for initial funds, above the costs of completing the application, shall be for systems improvement, including, but not limited to, all of the following:

- Capacity building and workforce development for the jurisdiction’s administering staff and providers, including technical assistance to culturally specific providers.
- Funding existing evidence-based programs serving people experiencing homelessness.
- Investing in data systems to meet reporting requirements or strengthen the recipient’s Homeless Management Information System.
- Improving homeless point-in-time counts.
- Improving coordinated entry systems to eliminate racial bias or to create a youth-specific coordinated entry system.

TOTAL: \$79,065.22

CERTIFICATION

**By signing this form, I certify to the best of my knowledge and belief that the form is true, complete, and accurate, and the activities and budget are for the purposes and objectives set forth in the terms and conditions of the Standard Agreement. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.*

Name of Authorized Representative or Signatory	Title of Authorized Representative or Signatory
Signature of Authorized Representative or Signatory	Date

BCSH USE ONLY

Victor Duron	Grants Director
Grant Management Representative Name	Grant Management Representative Title
Signature of Grant Management Representative	Date