



State of California

# Felony Mental Health Diversion Program

Master Lease and Housing Program Application • FY 19-22

## 1. Applicant Information

Agency/Organization Name: \_\_\_\_\_

Type of Organization/Agency:

Private non-profit organization

Other: \_\_\_\_\_

Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Organization Contact:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Fiscal Agent:

Contact Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Federal Identification Number (Tax ID): \_\_\_\_\_

DUNS Number: \_\_\_\_\_

Years in Operation: \_\_\_\_\_

## 2. Applicant Capacity and Financial Information

Date Most Recent Form 990 Filed: \_\_\_\_\_

Does your organization have any outstanding financial audit findings which remain unresolved, outstanding litigation, or other legal issues?  Yes  No

*If yes, explain:*

Does the requirement of 2 CFR 200.501 to submit a fiscal year “Federal Single Audit” apply to your organization specifically in the last fiscal year?  Yes  No

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

Does your organization comply with 2 CFR Part 225 (Government) or 2 CFT Part 230 (Non-Profit)?  Yes  No

Describe your agency’s fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements:

How many members serve on your organization’s Board of Directors? \_\_\_\_\_

How often does your organization’s Board of Directors meet? \_\_\_\_\_

Does the Board of Directors include a currently or formerly homeless person?  Yes  No

Describe the financial expertise of members currently serving on your organization’s Board of Directors.

Has your organization previously received State grant funds?

Yes  No

*If yes, complete the table below for the most recent 5 years.*

Operating Year	Grant Number	Activity/ies	Grant Amount

### 3. Project Narrative

Please answer the following questions. Please be concise and answer all components of the question. Please review and address all aspects of the Application Scoring Criteria outlined in the NOFA (Exhibit A). The Proposed Activity Narrative should not exceed 8 pages.

1. Provide an overview of the organization, including a description of services focused on care of vulnerable individuals including those with criminal justice involvement and mental health diagnosis.
2. Include a statement of your organization’s understanding of how to work with the targeted population.
3. Summarize the proposed project. Provide a detailed description of the services to be provided, including case management, 24/7 staffing plan including an onsite resident manager.
4. Describe your plans for care coordination, including linkage and referral to social services, public health and other necessary services for successful transition from the program.
5. Indicate your organization’s Medi-Cal Eligibility (if providing Direct Services).
6. Describe your existing partnership between community-based organizations and housing provider; **OR** detailed plan of how a partnership will be developed.
7. Description of property, if available at time of application.
8. Rents paid to landlord, if available at time of application.
9. Budget of funds for 3-year award. Complete the Budget template provided and include it with your completed application.
10. Describe your organization’s experience and capacity for collecting and reporting data required for state grants or other funding sources.

## 5. Required Attachments

- Budget, using the Budget template provided
- Conflict of Interest Statement
- Most recent financial audited financial statements
- IRS Form W-9
- Most recent Form 990 filed
- Board of Directors Roster
- Organization Chart
- Current Agency Operating Budget or Financial Plan
- Application Certification
- Evidence of Insurance
  - Copy of current insurance coverage (General Liability, Automobile, Worker’s Compensation, etc.)
  - Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as “additionally insured”
- Copy of single audit, if applicable
- Resumes of Project Staff