

# SGVRHT Homeless Pilot Program Application

## Pilot Program Guidelines:

1. Provide a homeless housing unit/shelter bed for a minimum of 12 months;
2. Maximum funding of \$25,000 per bed/unit operated for 2 years or more; funding will be prorated based on program duration; minimum term of 1 year
3. Commit to providing Public Works/Engineering staff resources and support for projects that require construction and other necessary staff support (e.g. homeless programs staff) for site implementation;
4. Funding must be expended by May 15, 2023

**Project City:**

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**City Contact Name/Title:**

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**Phone:**

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**Email:**

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- 1. City would like to participate in the below homeless housing program(s):**

**Tiny Home Bridge Housing**

**Adaptive Reuse**

**Unit Acquisition (e.g. Master Leasing)**

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

- 2. Potential project size:** \_\_\_\_\_ beds/units of homeless housing

- 3. City has identified one or more potential locations for the project:** \_\_\_\_ Yes \_\_\_\_ No

If yes, please complete the below:

Potential Site Address:

Site Description:

City owned? \_\_\_\_ Yes \_\_\_\_ No

If no, please provide name of site owner:

#### 4. City Leveraged Resources:

##### City Staff:

Program manager: \_\_\_\_\_

Email: \_\_\_\_\_

If the proposed project requires construction or infrastructure upgrades, please provide the below staff contacts:

Public Works: \_\_\_\_\_ email: \_\_\_\_\_

City Engineer: \_\_\_\_\_ email: \_\_\_\_\_

##### Funding:

The SGVRHT will provide funding as outlined in the program guidelines. Projects that require site acquisition, construction, or large infrastructure improvements, will likely exceed the per unit funding limit and require additional funding from another source. Similarly, if the per unit funding limit is reached on capital costs, operational funding will be required from another source. Please indicate below if additional funding is available:

Capital Gap Funding<sup>1</sup> (for needs in excess of SGVRHT funding) \_\_\_\_ **Yes** \_\_\_\_ **No**

If yes, please describe the source and the potential amount:

Operational Funding (for needs in excess of SGVRHT funding) \_\_\_\_ **Yes** \_\_\_\_ **No**

If yes, please describe the source and the potential amount:

Ongoing Utility Costs<sup>2</sup> \_\_\_\_ **Yes** \_\_\_\_ **No**

If yes, please describe the source and the potential amount:

##### Existing Programs:

Please describe any City managed Homelessness Programs that can be leveraged for the proposed pilot program:

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<sup>1</sup> May be required for sites that require extensive site prep

<sup>2</sup> Required for City owned sites

**5. Anticipated Length of Program:**

One Year

Two to Three Years

Indefinite

**6. Please describe the level of support for this project within your city, and the steps needed for final approval:**

**7. If the City is proposing a homeless housing pilot program other than the tiny home bridge housing program, please describe the program in as much detail as possible below including: anticipated cost per unit or nightly bed rate, proposed on-site supportive services, site security requirements (ie. overnight or 24/7, additional partners, and other sources of funding. Please attach any additional project information if available:**