

ATTACHMENT D

CERTIFICATION OF LOCAL NEED NEED FOR FUNDS

SUMMARY TABLE

To: HCD/Emergency Solutions Grants (ESG) Program
Division of Financial Assistance (Suite 400)

From:

Name of CoC: _____ County of Orange –CA CoC 602
 Contact Name: _____ Julia Bidwell _____
 Contact Phone Number: _____ 714-480-2991 _____
 Contact E-Mail Address: _____ julia.bidwell@occr.ocgov.com _____

Attached please find the following documents:

Place an "X" in each Box:

- Summary Table
- Attachment D, in Rank Order
- Rating Criteria and Procedures
- Written Standards– **CoC Does NOT have Written Standards**
- CoC Due Date for Attachment D: _____ 12/19/14 _____

(Add rows accordingly)

Name of Applicant Organization	Date Attach. D Received by CoC	HCD Rank	HCD Score	Comments
Mercy House Living Centers	12/19/14	1	100	Rapid Rehousing for Adults
Fullerton Interfaith Emergency Services	12/15/14	2	95	Rapid Rehousing for Families
Interval House	12/18/14	3	90	Rapid Rehousing for Adults
Fullerton Interfaith Emergency Services	12/15/14	4	85	Emergency Shelter
Interval House	12/18/14	5	80	Emergency Shelter
		6	75	

Total Number of Attachment D Forms Enclosed: 5