

**Community-Based Transitional Housing Program Application Form
(Insert name of City/County/City and County Here)**

	Question	Response
1	State the amount of Program funding requested, in whole dollars. The requested amount may not exceed \$2 million.	\$
	Question	Response
2	Describe the type(s) of residents the facility will serve.	
	Question	Response
3	State the length of the facility's program, and the number of residents that are expected to complete the Program each year.	
	Question	Response
4	If the facility will serve criminal offenders, state the type(s) of offenders for whom the facility will provide services (e.g. felons, misdemeanants, violent, non-violent, any types of offenses for which persons will be ineligible for participation, etc.)	
	Question	Response
5	Describe the services that the facility will provide residents.	
	Question	Response
6	Describe the purposes for which the applicant city/county/city and county will use the Program funds.	
	Question	Response
7	Describe the purposes for which the facility will use the Program funds.	
	Question	Response

8	Describe the facility operator's past in-state experience with operating similar facilities. Include detailed information, for each of the last 15 years, describing each instance which the facility operator was found to be in violation of any state law, local rule, regulation, or ordinance, including any applicable state or local licensing requirements. <u>Additional pages may be attached if required to provide a complete response.</u>	
Question		Response
9a	If the facility will serve criminal offenders, describe the facility operator's program performance measurements for reducing recidivism and assisting the offenders in transitioning back into society.	
Question		Response
9b	If the facility will serve residents who are not criminal offenders, describe the facility operator's program performance measurements for determining whether the residents' participation was successful.	
Question		Response
10	Provide a list of all permitted facilities located within the applicant city/county/city and county's jurisdiction that, in a residential setting, provide transitional housing services, psychological counseling, or cognitive behavioral therapy. <u>Additional pages may be attached if required to provide a complete response.</u> This list must include: - The number of persons residing in each facility. - The types of services provided to the residents in each facility. - The number of persons in each facility who are on probation or parole.	
Question		Response
11	State the amount of local matching funds, if any, that will be provided. Use whole dollars.	\$
Question		Response
12	If local matching funds will be provided, describe the purposes for which those funds will be used.	

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Provide two contact persons from the applicant city/county/city and county and two contact persons for the facility operator who can respond to any questions regarding this application.

Name	Phone Number and Email Address
City/County/City and County	
City/County/City and County	
Facility Operator	
Facility Operator	