

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY  
HOMELESS COORDINATING AND FINANCING COUNCIL (REV 9/18)  
915 Capitol Mall, Suite 350-A  
Sacramento, CA 95814  
Phone: (916) 653-4090  
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## COVID-19 EMERGENCY HOMELESS FUNDING

### REQUEST FOR FUNDS FORM

Contract Number	20-HCFC-00014	Expiration Date:	6/30/2020
Invoice Number		Contact Person:	Veronica Wilson
Grantee Name:	County-Mendocino	Contact Person Title:	Program Administrator
Address:	747 South State Street	E-mail:	<a href="mailto:wilsonv@mendocinocounty.org">wilsonv@mendocinocounty.org</a>
City:	Ukiah	Phone No.:	707-468-7071
State & Zip:	CA 95482		

### COVID-19 EMERGENCY HOMELESSNESS FUNDING BREAKDOWN

#### AWARD

Draw Amount

TOTAL:

\$140,747.66

#### 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.*

Tammy Moss Chandler, HHSA Director

Name of Authorized Person

Date:

Signature of Authorized Person

Date:

#### BCSH USE ONLY

Grant Management Representative Signature

Date: