PY 2023-2024 ConsolidateD NOFA
Part B - Application
Homeless and Homelessness Prevention

# Application Summary

The City of Fresno (City) invites applicants to submit applications for Homeless and Homelessness Prevention Programs for funding through U.S. Department of Housing and Urban Development (HUD) Community Planning & Development entitlement grant programs, including Emergency Solutions Grant (ESG) or Housing Opportunities for Persons with HIV/AIDS (HOPWA). The 2020-2024 Consolidated Plan prioritizes assistance for the homeless and those at risk of becoming homeless through safe low-barrier shelter options, housing first collaborations, and associated supportive services. As such, applications are being accepted from eligible organizations interested in delivering homeless services to families and persons.

The City is interested in receiving applications for one or more of the following program activities:

|  |  |
| --- | --- |
| Activity | Potential Funding |
| Street Outreach | ESG |
| Emergency Shelter | ESG |
| Homelessness Prevention | ESG, HOPWA |
| Rapid Re-Housing | ESG, HOPWA |
| Tenant-Based Rental Assistance (TBRA) | HOPWA |
| Short Term Rent Mortgage and Utility Assistance (STRMU) | HOPWA |
| Supportive Services  | HOPWA |
| Housing Information | HOPWA |

## Activity Definitions

**Street Outreach:** Essential services related to reaching out to unsheltered homeless individuals and families. Eligible costs include engagement, case management, emergency health and mental health services, transportation, and services for special populations.

**Emergency Shelter:** Essential services (case management, childcare, education services, employment assistance and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment services, transportation, and services for special populations) and shelter operations (maintenance, rent, repair, security, fuel, equipment, insurance, utilities, food, furnishings, and supplies necessary for the operation of the emergency shelter).

**Homelessness Prevention**: Housing relocation and stabilization services and short-and/or medium-term rental assistance as necessary to prevent the individual or family from moving to an emergency shelter, a place not meant for human habitation, or another place described in the homeless definition included in the 2023-2024 NOFA Handbook. Eligible homeless prevention costs under the ESG programs may include 1) Rental Assistance (rental assistance and rental arrears), 2) Financial Assistance (rental application fees, security and utility deposits, utility payments, last month’s rent and moving costs) and 3) Services (housing search and placement, housing stability case management, landlord-tenant mediation, tenant legal services and credit repair). Subsistence Payments are defined as one-time, or short-term (no more than three months) emergency payments made on behalf of individuals or families, generally for the purpose of preventing homelessness (i.e., utility payments to prevent cutoff of service and rent/mortgage payments to prevent eviction).

**Homelessness Diversion:** Differs from homelessness prevention and rapid re-housing in terms of timing. Prevention targets persons at imminent risk of homelessness, diversion targets persons as they apply for entry into shelter, and rapid re-housing targets persons who are already homeless.

**Rapid** **Re-Housing:** Housing relocation and stabilization services and/or short-and/or medium-term rental assistance as necessary to help individuals or families living in shelters or in places not meant for human habitation move as quickly as possible into permanent housing and achieve stability in that housing. Eligible homeless prevention costs under the ESG programs may include: 1) Rental Assistance (rental assistance and rental arrears); 2) Financial Assistance (rental application fees, security and utility deposits, utility payments, last month’s rent and moving costs), and 3) Services (housing search and placement, housing stability case management, landlord-tenant mediation, tenant legal services and credit repair).

**Tenant-Based Rental Assistance**: TBRA is a rental subsidy that can be used to help individuals and households afford housing costs such a rent, security deposits, and utility deposits.

**Short Term Rent Mortgage and Utility Assistance**: STRMU assistance under the HOPWA program provides short-term, stabilizing interventions to HOPWA eligible households experiencing a financial crisis because of their HIV/AIDS health condition or a change in their economic circumstances. STRMU assistance is a preventive housing intervention intended to reduce the risks of homelessness, and when utilized together with other HOPWA efforts, including access to health care services, case management, benefits counseling, and employment or vocational services, works to stabilize assisted households.

**Supportive Services:** Includes, but not limited to, health, mental health, assessment, permanent housing placement, drug and alcohol abuse treatment and counseling, day care, personal assistance, nutritional services, intensive care when required, and assistance in gaining access to local, State, and Federal government benefits and services.

**Housing Information:** Includes, but is not limited to, counseling, information, and referral services to assist an eligible person to locate, acquire, finance, and maintain housing. This may also include fair housing guidance for eligible persons who may encounter discrimination based on race, color, religion, sex, age, national origin, familial status, or handicap.

# Application Submission

## **Application Deadline**

**January 27, 2023, by 4:00 p.m.**

***Resolutions Authorizing Application Submission Deadline*February 13, 2023, by 4:00 p.m.**

## Application Delivery

* **Ple**ase submit an electronic version of your application by:

Email HCDD@fresno.gov, or

If your file is over 40 MB, email HCDD@fresno.gov to receive a link to upload large files (instructions in the Consolidated NOFA Handbook appendix)

Hard copies of applications and authorizing resolutions are not requested or accepted. If assistance is required for digital submission, please reach out to the contact person listed below.

We will email you within one business day of receipt to confirm application submission – if you do not receive a confirmation, please contact the relevant person.

## Contact Person

* Erika Lopez, Senior Management Analyst
(559) 396-5066
Erika.Lopez@fresno.gov
* General Inquiries
Housing & Community Development Division | 559-621-8300 | HCDD@fresno.gov

# Application Overview and Instructions

The City of Fresno (City) Housing and Community Development Division is accepting proposals from eligible organizations providing assistance to persons experiencing homelessness or at-risk of homelessness within the City.

Funds to be used for this NOFA are from the HUD Federal ESG and HOPWA Programs. A guide to program requirements is attached to the Consolidated NOFA Handbook.

The two (2) HUD programs provide funding to meet the following objectives: engage homeless individuals and families living on the street; improve the quantity of emergency shelters for homeless individuals and families; help operate these shelters; provide essential services to shelter and service residents with HIV/AIDS; rapidly re-house homeless individuals and families; help to prevent individuals, families, and youth 18-24 years of age from becoming homeless using diversion services; and provide tenant-based rental assistance, security deposits, and utility payments for very-low and low-income individuals and families.

Under this Consolidated NOFA, the following Homeless and Homelessness Prevention objectives have been prioritized:

* Outreach organizations utilizing social workers and psychologists to engage people experiencing homelessness to assist them with finding services and resources
* Homelessness prevention, diversion, emergency shelter, and rapid re-housing services for homeless and potentially homeless individuals and families
* Provide homeless and homeless prevention services for residents with HIV/AIDS
* Increasing the number of low- and no-barrier shelters throughout the City with a focus on keeping families in-tact
* Tenant-based rental assistance, security deposits, and utility payments to house very low and low-income residents
* The City may set aside portions of its federal homeless funding for special populations including but not limited to victims of domestic violence or human trafficking, veterans, youth aging out of foster care
* Multi-Agency Access Program (MAP) Point pilot program to increase mobile MAP Point availability
* Safe camp locations with wrap-around services

## Instructions:

Applications have been designed to support a standardized method of evaluation for eligibility and consideration. Applicants are encouraged to carefully review their applications prior to submission to ensure all questions are complete and narrative attachments are included. Once the application is submitted, additional information will not be accepted. In the event additional clarification is needed, City staff will contact the agency. In most instances, applicants will have 24 hours to provide the additional clarifying information in order to be considered responsive.

Prior to completing their applications, applicants should review the 2023-2024 Consolidated NOFA Handbook. The Handbook provides additional information regarding funding priorities, threshold eligibility requirements, applicant support options, and information on the timeline and process for application review and funding.

An organization’s completed application includes one Part A (organizational information), and one or more Part B (application) including all relevant exhibits and attachments.

* Applicants may provide as attachment a maximum of two, single-page letters of support. Additional pages beyond the maximum will not be reproduced. For this reason, applicants should select the two “best” support letters.

## Evaluation Process

Applications will be scored and ranked according to the below criteria.

| **Category** | **Points** |
| --- | --- |
| **Qualified / Disqualified:*** Does the applicant demonstrate how the proposal aligns with one or more priorities outlined in the City of Fresno 2020- 2024 Consolidated Plan? (If no, the application is disqualified.)
* Are the proposed activities eligible under the applicable funding source? (If no in part or full, the application is disqualified in part or full.)
* Are the proposed costs eligible under the applicable funding source? (if no in part or full, the application is disqualified in part or full.)
* Is the applicant an established corporation chartered and in good standing with the State of California or a 501(c)(3) tax-exempt organization? (if no, the application is disqualified)
* Does the applicant have established financial and management systems? (if no, the application is disqualified)
* Has the applicant failed to meet any other threshold eligibility requirements in the accompanying 2023-2024 Consolidated NOFA Handbook? (If yes, the application is disqualified.)
* ESG Funding Applications- Has the applicant submitted a fully complete Match attachment? (If no, the application is disqualified.)
* Has the applicant identified the target population? (If no, the application is disqualified.)
 | Qualified or Disqualified  |
| **Organizational Capacity:*** Does the organization have demonstrated success in administering a similar activity? (0 years = 0 points; 1 or more years = 5 points)
* Is the experience and training of the proposed program/project/activity staff consistent with the needs of the proposed activity(s)? (10 points)
* Does the agency have facilities consistent with the proposed program activities? (5 points)
* Does the agency have any unresolved monitoring findings? (Up to -10)
 | 20 |
| **Quality of the Proposal / Alignment to Community Needs:** * To what extent does the proposal address unmet community needs? (Up to 10 points)
* Does the proposal describe barriers to program participation, and how the activity addresses those barriers? (Up to 5 points)
* Has the proposal clearly identified how it will address the needs of one or more of the following populations: domestic violence survivors, veterans, LGBTQ, deaf and hard-of-hearing, persons with access or functional needs, youth, victims of human trafficking, elderly (Up to 10 points)
* Does the proposal describe how it will enable access to one or more priority objectives listed on page 5 (Up to 10 points)
 | 35 |
| **Impact and Outcomes:** * Has the applicant described how the target population will be reached and assessed? (Up to 5 points)
* Do the proposed program services match the needs of the population? (Up to 5 points)
* Does the organization clearly articulate how the program activities were developed in consultation with the target population? (Up to 5 points)
* Does the organization describe how their prior activities have resulted in meaningful impact? (Up to 5 points)
 | 20 |
| **Cost Effectiveness / Leveraging*** ESG Only - Has the Match Attachment established that there is a reasonable expectation that the Match requirement can be met? (Up to 5 points)
* Non-ESG Only - Will the proposed activity leverage additional funds that would otherwise not be available? (Up to 5 points)
* Has the organization provided financial statements showing current assets sufficient to cover operating expenses for at least 6 months? (If yes, 5 points)
* Is the proposed budget consistent with the proposed program service(s)? (Up to 5 points)
 | 15 |
| **Coordination / Collaboration**To what extent does the applicant describe how its activities will be delivered in coordination with other community resources to address the overall needs of its clientele? (Up to 10 points) | 10 |
| **Total Possible Points** | **100** |

# PY 2023-2024 APPLICATION Homeless and Homelessness Prevention Programs

1. **Project Summary Information** –please completethe below summary for the project/program.

Project Name (10 words or less):

Amount Requested: $      .00

ESG Applicants Only – please provide a breakdown of amount requested by program component:

 Street Outreach: $      .00

 Emergency Shelter: $      .00

 Homelessness Prevention: $      .00

 Rapid Rehousing: $      .00

 HMIS: $      .00

This is a:

[ ]  New Project/Program

[ ]  Existing Project/Program

Provide a short description of the proposed program/activity. (1 to 3 sentences and must fit in the provided space).

|  |
| --- |
|       |

1. **Organizational Capacity**
	1. Describe the organization’s experience with administering federally funded programs of this nature.

|  |
| --- |
|       |

* 1. For how many years has the organization administered activities of the type described in this application?

* 1. Does the organization have the following in place (check box if ‘yes’)?

[ ]  Written policies and procedures for the proposed project or program (i.e., intake, eligibility)

[ ]  Written Financial Management Policies and Procedures

[ ]  Non-Discrimination / Equal Opportunity Policy

[ ]  Conflict of Interest Policies and Procedures

[ ]  Procurement Policies and Procedures

[ ]  Facility utilization plan and policies
Note: If not, be aware, the City will require a facility utilization plan and policies prior to the execution of a subrecipient agreement.

* 1. Provide addresses for each applicable location of site(s) where activity will occur, and a brief description of the facilities.

|  |
| --- |
|       |

[ ]  Maps attached as exhibit

1. **Proposed Scope of Work**
	1. Briefly describe the needs this proposal addresses, and how existing resources are insufficient to meet this need:

|  |
| --- |
|       |

* 1. Briefly describe the target population and how the project will meet the specific needs of the target population.

|  |
| --- |
|       |

* 1. Describe how the project will be marketed to the target population.

|  |
| --- |
|       |

* 1. Summary of Services to be provided:Select all services to be provided, including those that are not funded by the City.

[ ]  Emergency Shelter

[ ]  Transitional Housing

[ ]  Homeless Prevention/Housing Assistance

[ ]  Homeless Diversion

[ ]  Mental Health/Other Services

[ ]  - Individual and Family Counseling

[ ]  - Drug/Alcohol Treatment

[ ]  - Job Training

[ ]  - Children’s Program

[ ]  - Parenting education

[ ]  - Domestic Violence Intervention

[ ]  - Self-Sufficiency Skills Training

[ ]  - Outreach

[ ]  - Assessment of Needs

[ ]  Permanent Housing with Supportive Services

[ ]  Affordable Housing

[ ]  Job Training/ Job Search

[ ]  Women’s Program

[ ]  Day Care

[ ]  Youth Program

[ ]  Access to Medical

[ ]  Immigration Assistance

[ ]  Fair Housing Assistance

[ ]  Academic Support/Tutoring

[ ]  Referral Services

[ ]  Case Management

[ ]  Provide Meals

[ ]  Free Services

[ ]  Business Development to micro-enterprise

[ ]  Other (specify):

* 1. Estimate the number of unduplicated persons expected to benefit from the project:

      unduplicated persons will receive a direct benefit from this project.

* 1. Please indicate which of these service types will be provided and the number of unduplicated persons who will benefit.

|  |  |  |
| --- | --- | --- |
| **Check if Providing** | **Public and Community Service Types** | **Estimated No. Persons Assisted** |
| [ ]  | Operating Cost of Shelters for Persons who are homeless or impacted by HIV/AIDS |       |
| [ ]  | Rental Assistance/Subsidy |       |
| [ ]  | Supportive/Essential Services (not duplicated with services provided in conjunction with another activity) |       |
| [ ]  | Housing information services (not duplicated with services provided in conjunction with another activity) |       |

* 1. Describe the homeless or homelessness prevention service program. Please include information about barriers to program participation and how the activity will address those barriers, and any information about how the activity was developed or refined in consultation with the target population. Limit description to the space provided on this and the next page.

|  |
| --- |
|       |

Detailed Narrative Description of Project/Program (Continued from previous page)

|  |
| --- |
|       |

* 1. Collaboration
	Briefly describe any collaboration efforts with other organizations for this project/program or related initiatives.

|  |  |
| --- | --- |
| **Collaborating Organization** | **Description of Collaboration** |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |

1. **Project/Program Budget**
	1. Activity Budget by Funding Type

	Please provide a high-level summary of the total budget by federal and non-federal funds.

|  |  |
| --- | --- |
| **Proposed Activity Budget** | **Amount** |
| Total ESG, HOPWA, and/or CDBG Funds Requested | $      |
| Total Other Federal Funds (do not include the above funds on this line) | $      |
| Total Non-Federal Funds | $      |
| Total Proposed Activity Budget | $      |

* 1. List of Funding SourcesProvide all planned funding anticipated/ committed for this activity for FY 2023-2024. If the organization has received funding commitment letters, please attach as an exhibit to this application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Funding Source (Name of Funder)** | **Name of Funding Program (if applicable)** | **Dollar Amount** | **Commitment Status (Committed or Pending)** | **If Pending, Expected Commitment Date** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

* 1. Activity Budget Summary and Narrative

	Please complete Exhibit A – Operating Budget Summary.

	The above referenced Budget worksheet is available in Excel format at [www.fresno.gov/housing](http://www.fresno.gov/housing) under ‘Notices of Funding Available.’

Please complete Exhibit B – Budget Narrative to provide a brief explanation of the expenses included in the budget.

* 1. Prior-Year Financial Statement

	For existing programs, please attach a financial statement labeled as Exhibit B for the proposed program for the last full operating year. Failure to provide the financial statement will result in disqualification.

# Attachments to Part B Application:

[ ]  EXHIBIT A – OPERATING BUDGET SUMMARY

[ ]  EXHIBIT B – BUDGET NARRATIVE

[ ]  EXHIBIT C – HOMELESS AND HOMELESSNESS PREVENTION ESG SOURCES AND AMOUNTS OF MATCH AND MATCH QUESTIONAIRE

[ ]  EXHIBIT D – PRIORYEAR AUDITED FINANCIAL STATEMENT INCLUDING STATEMENT OF ACTIVITIES, STATEMENT OF FINANCIAL POSITION AND STATEMENT OF CASH FLOWS (REQUIRED WHEN TOTAL FEDERAL GRANT AWARDS EQUALED OR EXCEEDED $750,000 DURING THE ANNUAL AUDIT PERIOD); OR

[ ]  EXHIBIT E – PRIOR-YEAR UNAUDITED FINANCIAL STATEMENT WHEN TOTAL FEDERAL GRANT AWARDS FOR THE ANNUAL AUDIT PERIOD WAS LESS THAN $750,000

Optional Additional Exhibits:

[ ]  EXHIBIT       – FUNDING COMMITMENT LETTERS (IF AVAILABLE)

[ ]  EXHIBIT       – LETTERS OF SUPPORT (OPTIONAL-MAXIMUM 2)

[ ]  EXHIBIT       – SERVICE AREA MAP (REQUIRED IF NOT DESCRIBED IN 2.d.)

## Exhibit A: Operating Project Budget Summary (or submit via Excel)

|  |  |  |  |
| --- | --- | --- | --- |
| **Budgeted Position (Personnel) or Category (Operations)** | **City of Fresno HUD Funds** | **Other Funds for Project** | **Project Totals (All Funds)** |
| **Salaries & Wages** | **Fringe Benefits** | **Totals(City of Fresno HUD Funds)** | **Other Federal Funds** | **State Funds** | **Local Govm't Funds** | **Private / Donor Funds** | **Other Funds (specify)** |
| **Salaries/Wages (Specify each position; add additional rows as needed)** |
| **Direct Service Personnel (enter position titles):** |
|  |       |       |  |       |       |       |       |       |  |
|  |       |       |  |       |       |       |       |       |  |
|  |       |       |  |       |       |       |       |       |  |
|  |       |       |  |       |       |       |       |       |  |
|  |       |       |  |       |       |       |       |       |  |
| **Administrative Personnel (enter position titles):** |
|  |       |       |  |       |       |       |       |       |  |
|  |       |       |  |       |       |       |       |       |  |
|  |       |       |  |       |       |       |       |       |  |
| **Independent Contractors / Consultants (enter position titles):** |
|  |       |       |  |       |       |       |       |       |  |
|  |       |       |  |       |       |       |       |       |  |
|  **TOTAL PERSONNEL BUDGET**  | $      | $      | **$** | $      | $      | $      | $      | $      | **$** |
| **Other Direct Costs (Include only costs that are direct; indirect costs are covered under the Indirect Cost Rate)** |
|  |  |  |  |       |       |       |       |       |  |
|  |  |  |  |       |       |       |       |       |  |
|  |  |  |  |       |       |       |       |       |  |
|  |  |  |  |       |       |       |       |       |  |
|  |  |  |  |       |       |       |       |       |  |
|  |  |  |  |       |       |       |       |       |  |
|  |  |  |  |       |       |       |       |       |  |
|  |  |  |  |       |       |       |       |       |  |
|  |  |  |  |       |       |       |       |       |  |
|  |  |  |  |       |       |       |       |       |  |
|  |  |  |  |       |       |       |       |       |  |
| **TOTAL OTHER DIRECT COSTS** |  |  | **$** | $      | $      | $      | $      | $      | **$** |
| **INDIRECT COSTS\* (Select 1 Indirect Rate Only)** |
| **Approved Indirect Cost Rate** |  |  |  |       |       |       |       |       |  |
| **De minimus 10 % Rate**  |  |  |  |       |       |       |       |       |  |
| **TOTAL INDIRECT COST BUDGET** |  |  | **$** | $      | $      | $      | $      | $      | **$** |
| **TOTAL PROJECT BUDGET** | **$** | **$** | **$** | **$** | **$** | **$** | **$** | **$** | **$** |

\*An approved indirect cost rate must be applied to the base identified in the agreement with the federal cognizant agency.
Per 2 CFR 200.414, any non-federal entity that does not have a current negotiated rate may elect to charge a de minimis rate of 10% of Modified Total Direct Costs (defined in 2 CFR 200.68).

## Exhibit B: Budget Narrative

Please provide a brief narrative describing the expenses included in each category of the budget summary.

|  |
| --- |
|       |

## Exhibit C:ESG Match Follow-Up Questions and Match Exclusions

Please identify ESG Matching Funds (eligible Match Funds only) by name of the funding source and dollar amount. Please also provide answers to the below questions.

|  |  |
| --- | --- |
| **Source of ESG Match Funds**(Eligible Match Only. Please be specific.) | **Dollar ($) Amount of Match** |
|       | $      |
|       | $      |
|       | $      |
|       | $      |
|       | $      |
|       | $      |
|       | $      |
|       | $      |
|       | $      |
|       | $      |
| **TOTAL** | **$ 0.00** |

**Please review the Match statements below and indicate whether they are correct or not.**

In general, Federal, State, local, or private funds, other than ESG, may be used to satisfy the requirement that the subrecipient provide matching contributions to City of Fresno ESG funding, so long as the following conditions are met:

1. The matching funds to be contributed to the activity described in the NOFA Part B Application will be exclusively expended on the subrecipient’s described activity and is an allowable ESG costs.

[ ]  Yes

[ ]  No

1. The matching funds will not be expended before the commencement date of the applicable ESG subrecipient agreement.

[ ]  Yes

[ ]  No

1. The matching funds will be expended by the expenditure deadline that applies to the ESG funds being matched.

[ ]  Yes

[ ]  No

1. The matching funds have not been, and will not be, used to match any other Federal program’s funds nor any other ESG grant.

[ ]  Yes

[ ]  No

1. The subrecipient does not use ESG funds to meet another program's matching requirement.

[ ]  Yes

[ ]  No

1. The subrecipient will keep records of the source and use of the matching funds, including the fiscal year of the ESG grant for which the matching contribution is counted.

[ ]  Yes

[ ]  No

**Note:** Because the matching funds are contributed to the ESG program and expended for the subrecipient’s allowable ESG costs, the following are not allowed to be used as match:

* SNAP benefits (food stamps), because the funds are being used to cover the program participant’s costs;
* Housing Choice Vouchers, because the funds are used to pay the PHA’s obligations under its Housing Assistance Payment contract with the owner; and
* The tenant’s portion of the rent because this amount is the tenant’s obligation.

**Please also note the following:**

* The matching funds are provided based on the total grant amount and do not have to be provided on a component-by-component basis.
* HOME-TBRA funds cannot be used as match because the requirements for rental assistance are significantly different between the two programs. In particular, under the HOME-TBRA program (24 CFR parts 92.209 and 92.253), subrecipient(s) **may not require** a program participant to accept any services (subrecipient may offer services but cannot require them). In contrast, when providing ESG homelessness prevention or rapid re-housing assistance to a program participant, the recipient or subrecipient **must require** the program participant to meet with a case manager not less than once per month to assist the program participant in ensuring long-term housing stability and develop a plan to assist the program participant to retain permanent housing after the ESG assistance ends (24 CFR 576.401(e)). Because of these differences in the two programs, HOME-TBRA funds may not be used as Match for the ESG funds.
* SHP funds generally cannot be used as match, because very few activity costs are allowable under both SHP and ESG. However, in some cases, such as where SHP funds are used for HMIS or street outreach costs that are allowable under ESG, SHP funds can be counted as match in accordance with conditions 1-8 above. Please note, however, that HMIS costs are only eligible to be used as match under ESG if they are eligible under section 576.107 and allocable to the ESG program, whether charged as direct costs or indirect costs. If the SHP HMIS funds are being used to pay for SHP projects’ data entry, those data entry costs are not allocable to the ESG program, and the funds used cannot be counted as match.