



## California Emergency Solutions and Housing (CESH) Program Annual Report

Last Revised: 06/13/2022

### Instructions

- A. This report is subject to the CESH program requirements of Health and Safety Code (HSC) Part 2 of Division 31 Chapter 2.8, commencing with §50490 and including §50490.1, 50490.2, 50490.3, 50490.4, and 50490.5, and the 2018 and 2019 CESH Notice of Funding Availability (NOFA).
- B. An Administrative Entity that receives funds pursuant to the 2018 or 2019 CESH NOFA must submit a completed annual report each year by July 31 for the term of the contract with HCD that reports all activities from the previous fiscal year (7/1-6/30).
- C. Annual Report Submittal must be in Excel format with all applicable attachments and emailed to CESHNOFA@hcd.ca.gov. Please tab through each worksheet and ensure all four worksheets are completed.

### General Information

<b>HCD Contract #:</b>	18-CESH-12459	<b>Reporting Period:</b>	7/01/2021 - 6/30/2022
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### Contact Information

#### Administrative Entity

<b>Admin Entity Name:</b>	County of Fresno, Department of Social Services		
<b>Admin Entity Address (number and street):</b>	P.O. Box 1912		
<b>Admin Entity City:</b>	Fresno	<b>Admin Entity State:</b>	CA
<b>Admin Entity Zip:</b>	93718	<b>Admin Entity County:</b>	Fresno

#### Authorized Representative (Per Board Resolution)

<b>Name:</b>	Sanja Bugay	<b>Address (Number and Street):</b>	205 W. Pontiac Way
<b>Title:</b>	Director, County of Fresno DSS	<b>City:</b>	Clovis
<b>Email Address:</b>	sbugay@fresnocountyca.gov	<b>State:</b>	CA
<b>Phone Number:</b>	559-600-2301	<b>Zip:</b>	93612

#### Contact Information (If different from Authorized Representative)

<b>Name:</b>	Laura Moreno	<b>Address (Number and Street):</b>	205 W. Pontiac Way
<b>Title:</b>	Program Manager	<b>City:</b>	Clovis
<b>Email Address:</b>	lhaga@fresnocountyca.gov	<b>State:</b>	CA
<b>Phone Number:</b>	559-600-2335	<b>Zip:</b>	93612

#### Continuum of Care (CoC)

<b>CoC Service Area:</b>	Fresno Madera Continuum of Care	<b>Address (Number and Street):</b>	205 W. Pontiac Way
<b>CoC #:</b>	CA-514	<b>City:</b>	Clovis
<b>CoC Representative Name:</b>	Laura Moreno	<b>State:</b>	CA
<b>Email Address:</b>	lhaga@fresnocountyca.gov	<b>Zip:</b>	93612

### Certification

State of California

On behalf of the entity identified in the signature block below, I certify that:

The information, statements and attachments included in this report are, to the best of my knowledge and belief, true and correct  
 I possess the legal authority to submit this report on behalf of the entity identified in the signature block.

In addition, I acknowledge that all information in this report and attachments is public, and may be disclosed by the State

**Note:** You may choose "Certification by Printed Name" from the drop-down below and by doing so you are agreeing to all the information detailed in the above Certification without having to submit a copy of this document with a digital signature. If you select this option, please be sure to type out your name in both the "Name of Authorized Person" and "Signature of Authorized Person" fields. If you select "Certification by Digital Signature," you must submit the following: 1) Copy of the Excel version of this document and 2) PDF copy with digital signature.

<b>Signature Method:</b>	Certification by Signature		
<b>Name of Authorized Person</b>		<b>Title of Authorized Person</b>	
Sanja Bugay		Director, County of Fresno Department of Social Services	
<b>Signature of Authorized Person</b>		<b>Date</b>	
		7/28/2022	

