

FY2025 AGENCY ADMINISTRATIVE REVIEW FOR REQUEST FOR PROPOSALS FOR CONTINUUM OF CARE BONUS, DOMESTIC VIOLENCE BONUS AND REALLOCATION PROJECTS REQUIRED DOCUMENTS CHECKLIST

DUE FRIDAY, DECEMBER 19, 2025, BY 12:00 P.M. PACIFIC TIME (PT)

Agency Name: _____

The following documents along with this checklist are required if your agency is considering submitting a new project proposal in response to the Request for Proposals (RFP).

Note: Current CoC-funded agencies who already completed an Agency Administrative Review do not need to complete Exhibits 1 through 3 and Attachments 1 through 6 as part of the RFP proposal submission.

☐ **Exhibit 1: Agency Information Form**

☐ **Attachment 1:** Organizational Chart – include Board of Director’s body as it relates to the entire organization, and organization’s staff names and titles/positions

☐ **Attachment 2:** Board of Directors’ Roster¹ and Resolution authorizing submittal of a new or expansion project application in response to the FY2025 CoC Program NOFO competition process

☐ **Attachment 3:** State Certificate of Status, if applicable

☐ **Attachment 4:** Agency’s Code of Conduct

☐ **Attachment 5:** 501(c)3 Certification, if applicable

☐ **Exhibit 2: Terms and Conditions**

☐ **Exhibit 3: Financial Assessment**

☐ **Attachment 6:** Two most recent single audits², previously known as the OMB Circular A-133 audit, if applicable. If not applicable, please instead submit the two most recent agency financial audits by a certified public accountant (CPA)³

¹ Under the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, each agency is required to provide for the participation of not less than one individual with current or past lived experience of homelessness on the Board of Directors or other equivalent policymaking entity of the agency, to the extent that such entity considers and makes policy decisions regarding any project, supportive services, or assistance provided.

² Single audits must be dated 2022 or later.

³ Financial audits must be dated 2022 or later.

EXHIBIT 1: AGENCY INFORMATION FORM

Agency Name: _____

Agency Type⁴: _____

Agency Complete Address:	
Fax:	
Phone:	
Email:	

Primary Point of Contact for Request for Proposals Name:	
Title:	
Phone:	
Email:	

Chief Executive Officer / Executive Director Name:	
Title:	
Phone:	
Email:	

Authorized Representative⁵ Name:	
Title:	
Phone:	
Email:	

Please include the following documents as separate attachments:

- **Attachment 1:** Organizational Chart
- **Attachment 2:** Board of Directors Roster and Resolution
- **Attachment 3:** State Certificate of Status, if applicable
- **Attachment 4:** Agency's Code of Conduct
- **Attachment 5:** 501(c)3 Certification, if applicable

⁴ Examples of Agency Type: Not-for-Profit Organization, Faith-Based Organization, Public Housing Authority, or other unit of local government.

⁵ The Authorized Representative for the HUD grant application may be the same person as the agency CEO or Executive Director and must be the signatory for associated documents within this RFP.

EXHIBIT 2: TERMS AND CONDITIONS

Agency Name: _____

Request for Proposal (RFP) Process

The Orange County CoC reserves the right to communicate with the U.S. Department of Housing and Urban Development (HUD), other government agencies, lenders, providers, cities, grantors and other participants associated with the RFP to obtain additional clarification on the design of proposed project, or agency's administrative, fiscal and programmatic capacities, and to utilize this information in the evaluation process.

The Orange County CoC reserves the right to reject any project application received in response to the RFP, if it is deemed inappropriate and/or incomplete and/or is not in the best interest of the County of Orange and/or Orange County CoC.

The Orange County CoC makes no representation that any funding will be guaranteed to any applicant responding to the RFP.

An agency may not be recommended, if it has a history of past or current contract non-compliance with the County of Orange, a termination for cause by any other funding source, or disallowed costs with the County of Orange or any other funding source.

The Orange County CoC reserves the right to verify information submitted in the application. Falsifying information or failing to provide accurate information will have a negative impact on a proposed project overall review and may result in removal from the CoC Application to HUD.

Coordinated Entry System (CES) Participation

The agency understands that any new project proposed must participate in CES and failure to fill all program openings through referrals from the CES will have a negative impact the CoC Performance as well as on the Agency and Project Performance during future funding cycles.

Homeless Management Information System (HMIS) Participation

The agency understands the any new project proposed must participate in HMIS, or a comparable database if a qualified victim service provider, and failure to do so will be against the CoC Program requirements. Additionally, it will have a negative impact the CoC Performance as well as on the Agency and Project Performance during future funding cycles.

I hereby acknowledge that:

1. All information contained in the Agency Administrative Review and any application in response to the RFP is accurate and true, and based on the above-named agency's current records.
2. The submitted components of the RFP will be evaluated and reviewed to determine the above-named agency's capacity to be recommended to receive new funding and manage a new project.
3. The completion of the RFP does not guarantee selection.
4. Any proposed project, if awarded, will comply with the adopted policies and procedures of the Orange County CoC, including participation in the HMIS or comparable database and CES.
5. Any proposed project, if awarded, will adhere to HUD regulations.

Name, Title and Signature of Person who will complete the application:

Orange County Continuum of Care – FY2025 Request for Proposals for Continuum of Care Bonus, Domestic Violence Bonus and Reallocation Projects

Name/Title	Signature	Date
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Name and Signature of Person authorized to sign the HUD application:

Name/Title	Signature	Date
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EXHIBIT 3: FINANCIAL ASSESSMENT

Agency Name: _____

1. Financial Information

Employer or Taxpayer Identification Number (EIN/TIN)	
System Award Management (SAM) ⁶ #	
Unique Entity Identifier (UEI):	

2. Has your agency received an audit finding on the two most recent independent audits or Single Audits?

☐ Yes ☐ No ☐ Not Applicable

a. If yes, please explain:

3. Does your agency currently have any unresolved fiscal, reporting, or program issues with any of its funding sources?

☐ Yes ☐ No ☐ Not Applicable

a. If yes, please explain:

4. Has your agency had to return any federal, state, or local funds to any funders within the last three (3) years?

☐ Yes ☐ No ☐ Not Applicable

a. If yes, please explain:

Please include the following documents as separate attachments:

- **Attachment 6:** Two most recent single audits. If not applicable, please instead submit the two most recent agency financial audits by a CPA.

⁶ Please enter the agency's five-digit Commercial and Government Entity (CAGE) code.