FY2025 REQUEST FOR PROPOSALS FOR CONTINUUM OF CARE BONUS, DOMESTIC VIOLENCE BONUS AND REALLOCATION PROJECTS

NEW PROJECTS AND EXPANSION PROJECTS DOCUMENTS CHECKLIST

DUE FRIDAY, JANUARY 2, 2026, BY 12:00 P.M. PACIFIC TIME (PT)

Agency Name: _____

Project Name: _____

The following documents along with this checklist must be submitted with your agency's new project proposal in response to the Request for Proposals (RFP).

Note: Exhibits 1 through 3 and Attachments 1 through 6 are not listed, as they were part of the Agency Administrative Review[1].

- ☐ **Exhibit 4: Project Information Form**
  - ☐ **Attachment 7:** Certification of Consistency with the Consolidated Plan
  - ☐ **Attachment 8:** Environmental Information – Limited Scope Environmental Review Form or Environmental Review of Categorically Excluded not Subject to Section 58.5 or Environmental Clearance Letter
  - ☐ **Attachment 9:** 25% Match Documentation – including letters of match commitment and/or in-kind Memorandum of Understanding (MOU)
- ☐ **Exhibit 5: Capacity of Applicant**
- ☐ **Exhibit 6: Service Experience and Approach**
- ☐ **Exhibit 7: Integrating Survivors with Lived Expertise**, if applicable
- ☐ **Exhibit 8: Coordination with Housing and Healthcare Resources**, if applicable
  - ☐ **Attachment 10:** Housing Resources Leveraging Commitment(s)[2]
  - ☐ **Attachment 11:** Healthcare Resources Leveraging Formal Agreement(s)
- ☐ **Exhibit 9: Recovery and Supportive Service Requirements**
  - ☐ **Attachment 12:** Supportive Services Agreement, if applicable – this may include a contract, occupancy agreement, lease or equivalent
- ☐ **HUD CoC Project Application (e-SNAPS)** [3]

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[1] An addendum was announced on December 10, 2025, regarding the separation of the FY2025 Agency Administrative Review for the RFP for CoC Bonus, DV Bonus and Reallocation Projects from the RFP application.

[2] For instructions and a template on completing Housing Resources Leveraging Commitments and Healthcare Resources Leveraging Formal Agreements, visit the Orange County CoC FY2025 CoC NOFO webpage, at https://ceo.ocgov.com/fy2025cocnofo

[3] Applicants must complete the New Project Application in HUD's online application system, E-snaps, and provide a PDF export of the completed application. Applicants are strongly encouraged to read both the New Project Detailed Instructions and the New Project Instructional Guide, which provide information on how to use e-snaps and also important information about how to develop complete and responsive answers to all narrative questions. These documents will be found at https://www.hud.gov/hud-partners/community-coc.

EXHIBIT 4: PROJECT INFORMATION FORM

Agency Name: _____

Project Name: _____

Indicate the Preferred Funding Source(s) for the Proposed Project:

- ☐ Continuum of Care (CoC) Bonus
- ☐ Domestic Violence (DV) Bonus
- ☐ Reallocation Funding

Indicate the Project Component applied for:

- ☐ Supportive Services Only (SSO) Standalone
- ☐ Supportive Services Only (SSO) Street Outreach
- ☐ Transitional Housing (TH)

Indicate the type of application:

- ☐ New Project Application
- ☐ Transition Project Application
  - Project Grant Name to Transition:
  - Grant Number:

1. **Please describe the household type and/or subpopulation that the proposed project will serve. Include information on the total *number* of households and participants to be served.**

Certification of Consistency with the Consolidated Plan and Environmental Information

Each agency must submit a certification by the jurisdiction in which the project(s) will be located confirming that the agency's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the Consolidated Plan regulations at 24 CFR part 91, subpart F. Provide attach signed Form HUD-2991 and label the document **Attachment 7.**

A form of an environmental review must be conducted for all projects for which CoC Program funds are being requested before those funds are committed to the project. If applicable, provide Environmental Information and label the documents **Attachment 8.**

Financial Commitment

2. **Total Funding Requested Amount:** $_____

3 . How much match (cash and in-kind) does your agency expect to provide for this project in FY2025? Match Requirements - All eligible funding costs, except leasing, **must be matched** with no less than 25 percent cash or in-kind contribution. Provide verification of 25 percent match and label the documents **Attachment 9**.

Total Commitment Amount		**Source(s)**
Cash	**In-Kind**	

4. Provide a description that addresses the entire scope of the proposed project. Limit 1 page

5. Proposed Project Grant Term

a. Start Date:

b. End Date:

6. Proposed Budget

Please note, both quantity AND description must be entered for each requested cost. Add rows as necessary.

Eligible Costs *(i.e. Case Management, Child Care, Education Services, Food, etc.)*	**Quantity AND Description** (max 400 characters)	**Annual Assistance Requested**
Total Annual Assistance Requested		**$**

7. Describe the performance outcomes that will be achieved by the proposed project, focusing on participants' housing placement and permanent housing retention as well as improved quality of life, rather than measuring the amount or types of services provided (not outputs). Describe how data will be used to measure performance outcomes and evaluate success.

EXHIBIT 5: CAPACITY OF APPLICANT

Agency Name: _____

Project Name: _____

1. **Describe current experience in providing supportive services, temporary housing and/or permanent housing services related to the projects requested and target population identified in this solicitation.** Copy template as necessary to include information on contracts and/or related housing and supportive services programs.

Related Services Experience	
Description of Related Services:	
Length of Time Service has been Provided (provide approximate start and end date) [4]	
Area Where Services are Provided (e.g., county, service planning area (SPA), city):	
Funding/Contract Amount:	
Funding Sources:	

2. **Has your agency conducted any evaluations of the current or similar project type as the proposed project?**
   ☐ Yes ☐ No

3. **Does your agency have experience in effectively utilizing federal, state and/or local funds, including, administrative, financial, and programmatic components?**
   ☐ Yes ☐ No

[4] Enter "Present" if still providing the identified services.

EXHIBIT 6: SERVICE EXPERIENCE AND APPROACH

Agency Name: _____

Project Name: _____

1. **Describe your agency's experience in working with all populations to quickly secure housing, make connections to supportive services, and promote housing stability.** Limit 2,500 Characters

2. **Describe your agency's experience partnering relevant stakeholders to improve the overall health and wellbeing of participants, as well as prioritize rapid placement and stabilization in permanent housing.** Limit 2,500 Characters

3. **Describe your agency's strategies to assist participants to obtain permanent housing, increase their employment and/or overall income and maximum their ability to live independently.** Limit 2,500 Characters

4. **Describe what resource(s) – such as mainstream health, social, and employment programs such as Medicare, Medicaid, Supplemental Security Income (SSI), and Supplemental Nutrition Assistance Program (SNAP) – will be used to supplement the proposed project.** Please indicate the estimated dollar value for each of the resources to supplement the proposed project(s).

Resource Description	Value
	$
	$
	$

5. **Please indicate per household cost by calculating the total proposed amount divided by the total household served, as a straight math equation.**

Project Cost-Effectiveness	
Total Proposed Amount	$
Total Households to be Served	
Per Household Cost[5]	$

[5] To calculate cost per household, divide the total proposed amount by total households to be served.

SUPPORTIVE SERVICES ONLY (SSO) PROJECTS

6. **For SSO Street Outreach proposals, describe your agency's experience partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living.** Limit 2,500 Characters

7. **Describe how your agency's experience providing supportive services consistent with the activity description at 24 CFR 578.53(e)(13).** Limit 2,500 Characters

8. **Describe your agency's strategies for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.** Limit 2,500 Characters

TRANSITIONAL HOUSING SPECIFIC QUESTIONS

9. **Describe your agency's experience operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months.**

10. **Describe your agency's plan in place to ensure, that at least 50 percent of participants exit to permanent housing within 24 months and at least 50 percent of participants exit with increased employment income.** Limit 2,500 Characters

11. **Describe how the proposed project will provide 40 hours per week of customized services for each participant (e.g. case management, employment training, substance use treatment, etc.).** Limit 2,500 Characters

EXHIBIT 7: INTEGRATING SURVIVORS WITH LIVED EXPERTISE

Agency Name: _____

Project Name: _____

If exhibit is not applicable for proposed project, please check the box below:

☐ Exhibit 7 is not applicable for the proposed project

1. **Describe how your agency plans to include the perspectives of survivors with current or former lived expertise[6] of homelessness, in all aspects of the program including policy and program development, reviewing and updating of program policies, participation on the agency's Board of Directors, serving in leadership roles, etc.** Limit 2,500 Characters

2. **Describe how your agency routinely gathers feedback from survivors experiencing homelessness and people who have received assistance through the CoC Program or other programs administered by your agency on their experience receiving assistance. Describe the steps your agency has taken to address challenges raised by people with lived expertise of homelessness and implement feedback.** Limit 2,500 Characters

[6] "Lived expertise" includes an individual who has lived experience of homelessness.

EXHIBIT 8: COORDINATION WITH HOUSING AND HEALTHCARE RESOURCES[7]

Agency Name: _____

If exhibit is not applicable for proposed project, please check the box below:

☐ Exhibit 8 is not applicable for the proposed project

HOUSING RESOURCES

1. **If the proposed project is a Transitional Housing project, will it leverage housing resources by providing subsidized housing units not currently funded through the CoC or Emergency Solutions Grant (ESG) Program for at least 25 percent of the units included in the project?**

   ☐ Yes ☐ No

   a. **If yes, please indicate the organizations that will provide housing subsidies for the proposed new TH.**

   ☐ Private organization

   ☐ State or local government sources

   ☐ Public housing authority, including a set aside or limited preference

   ☐ Faith-based organizations

   ☐ Federal programs other than the CoC or ESG programs

   ☐ Other: _____

   b. **If yes, provide a copy of letters of commitment, contracts or other formal written documents that demonstrate the number of units being provided to support the proposed TH project, as part of Attachment 10.**

   To earn full points, the proposed project must provide at least 25 percent of the units included in the project to be supported through housing subsidies.

   c. **If the proposed project is receiving housing subsidies not currently funded through the CoC or ESG Program <u>but does not meet the 25 percent</u>, provide additional information detailing the demonstrated commitment.**

[7] Leveraging of Resources only applies to TH project types.

HEALTHCARE RESOURCES

2. **If the proposed project is a TH project, will it leverage healthcare resources to help participants experiencing homelessness?** This may include direct contributions from a public or private health insurance provider to the project or provision of health care services by a private or public organization tailored to the program participants of the project.

   ☐ Yes ☐ No

   a. **If yes, and the healthcare resources being leveraged are substance use disorder treatment or recovery services, the leverage resource must provide access to all participants who qualify for those services, please provide a copy of formal written documents as apart of Attachment 11.**

   b. **If yes, and the healthcare resources being leveraged are healthcare and/or behavioral health resources, the value of assistance being provided is at least an amount that is equivalent to 25 percent of the funding being requested for the project, please provide a copy of formal written documents as part of Attachment 11.**

EXHIBIT 9: RECOVERY AND SUPPORTIVE SERVICE PARTICIPATION

Agency Name: _____

Project Name: _____

If exhibit is not applicable for proposed project, please check the box below:

1. **Describe your agency's service approach to program participants presenting with substance use, substance use disorders, and/or co-occurring substance use and mental health disorders.**

2. **Describe your agency's approach to engaging program participants in supportive service participation (e.g. case management, employment training, substance use disorder treatment).**

Transitional Housing Project Component Only:
Provide verification of supportive services requirement by attaching a supportive service agreement (contract, occupancy agreement, lease, or equivalent) and label the documents **Attachment 12.**

3. **The FY 2025 CoC Program Notice of Funding Opportunity (NOFO) outlines the U.S. Department of Housing and Urban Development (HUD) priorities. Please respond by checking the appropriate box below for each item listed, noting some items are specific to certain project components, to indicate how the Proposed Project will align with HUD's identified priorities.**

Transitional Housing Project Component Only

	Description	Will Comply	Unable to Comply	Not Applicable
1	Program will provide on-site substance use treatment for program participants.			
2	Program will require program participants to take part in substance use treatment services as a condition of continued participation in the program.			
3	Program will require program participants to engage in supportive services (e.g. case management, employment training, substance use disorder treatment), as demonstrated through supportive service agreements (e.g. contract, occupancy agreement, lease, or equivalent)			

All Project Components

	Description	Will Comply	Unable to Comply
4	Project Applicant will not engage in illegal discrimination including illegal racial preferences, as consistent with the requirements of 2 CFR 200.300(a).		
5	Project Applicant will not operate illegal drug injection sites or "safe consumption sites," in violation of 21 u.s.c. 856.		

4. If unable to comply with any of the listed priorities, please provide further detail, referencing the correlating item number.
