

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

NEW PROJECTS AND EXPANSION PROJECTS DOCUMENTS CHECKLIST

DUE MONDAY, DECEMBER 15, 2025, 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 part of the Agency Administrative Review. 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

☐ **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

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.

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

- ☐ **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)⁴
 - ☐ **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)** ⁵

⁴ 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>

⁵ 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 1: AGENCY INFORMATION FORM

Agency Name: _____

Agency Type⁶: _____

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 Representative⁷ 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

⁶ Examples of Agency Type: Not-for-Profit Organization, Faith-Based Organization, Public Housing Authority, or other unit of local government.

⁷ 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 this 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 this 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 the proposed project overall review and may result in removal from the CoC Application to HUD.

Coordinated Entry System (CES) Participation

The agency understands the above-named project 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 above-named project must participate in HMIS, or comparable database, if 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 RFP application 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. The 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. The 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
-------------------	------------------	-------------

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

Name/Title	Signature	Date
-------------------	------------------	-------------

EXHIBIT 3: FINANCIAL ASSESSMENT

Agency Name: _____

1. Financial Information

Employer or Taxpayer Identification Number (EIN/TIN)	
System Award Management (SAM) ⁸ #	
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.

⁸ Please enter the agency's five-digit Commercial and Government Entity (CAGE) code.

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: \$**_____

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

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	

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) ⁹	
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

⁹ 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	

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

Per Household Cost ¹⁰	\$
----------------------------------	----

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

--

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 expertise¹¹ 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

¹¹ "Lived expertise" includes an individual who has lived experience of homelessness.

EXHIBIT 8: COORDINATION WITH HOUSING AND HEALTHCARE RESOURCES¹²

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 but does not meet the 25 percent, provide additional information detailing the demonstrated commitment.

HEALTHCARE RESOURCES

¹² Leveraging of Resources only applies to TH project types.

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

- 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:

☐ Exhibit 9 is not applicable for the proposed project

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.

12. Describe your agency's approach to engaging program participants in supportive service participation (e.g. case management, employment training, substance use disorder treatment). Provide verification of supportive services requirement by attaching a supportive service agreement (contract, occupancy agreement, lease, or equivalent) and label the documents **Attachment 12**.

☐ Yes ☐ No

2. 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, to indicate how the Proposed Project will align with HUD's identified priorities.

	Description	Will Comply	Unable to Comply
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		

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

	agreements (e.g. contract, occupancy agreement, lease, or equivalent)		
4	Project Applicant will not engage in racial preferences or other forms of illegal discrimination.		
5	Project Applicant will not operate drug injection sites or “safe consumption sites,” off property under their control, permit the use of distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction”.		
6	Project Applicant will only recognize the sex binary (male/female) of program participants.		

3. If unable to comply with any of the listed priorities, please provided further detail.

--