CoCBuilds PROJECT DOCUMENTS CHECKLIST
FOR REQUEST FOR PROPOSAL FOR CONTINUUM OF CARE BUILDS PROJECTS

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). RFP Submittal deadline is Friday, July 10, 2026, at 10:00 a.m. Pacific Daylight Time (PDT).

- ☐ **CoCBuilds Document Checklist**

- ☐ **Cover Letter** (signed by Authorized Signatory as listed in Exhibit 1)

- ☐ **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. Include organizational chart of developer partners or other subrecipients, if applicable.
  - ☐ **Attachment 2:** Board of Directors' Roster and Resolution authorizing submittal of a project application to the RFP for the CoCBuilds NOFO local competition process
  - ☐ **Attachment 3:** State Certificate of Status
  - ☐ **Attachment 4:** 501(c)3 Certification, if applicable[1]
  - ☐ **Attachment 5:** Code of Conduct

- ☐ **Exhibit 2: Experience of Applicant, Subrecipients and Other Partners**
  - ☐ **Attachment 6:** Two most recent single audits[2]. If not applicable, please instead submit the two most recent agency financial audits by a certified public accountant (CPA)[3]

- ☐ **Exhibit 3: Experience with Development, Leveraging, and Managing Homelessness Assistance**

- ☐ **Exhibit 4: Project Information Form**
  - ☐ **Attachment 7:** Supporting Documentation for Project Including Replacement Reserves in the Operating Budget
  - ☐ **Attachment 8:** Certification of Consistency in the Consolidated Plan
  - ☐ **Attachment 9:** Environmental Review
  - ☐ **Attachment 10**: HUD Form 424-CBW Grant Application Detailed Budget Worksheet
  - ☐ **Attachment 11:** Financial Commitment – 25% Match Documentation, including letters of match commitment and/or in-kind Memorandum of Understanding (MOU)
  - ☐ **Attachment 12:** Certification of Opportunity Zone, if applicable

- ☐ **Exhibit 5: Supportive Services and Healthcare Coordination**

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[1] If your application includes subrecipients, and they are a nonprofit organization, a copy of their nonprofit documentation must be included.

[2] Single audits must be dated 2023 or later.

[3] Financial audits must be dated 2023 or later.

- ☐ **Attachment 13:** Supportive Services Agreement
- ☐ **Attachment 14:** Healthcare Letter of Commitment

☐ **Exhibit 6: Serving Elderly and Aging Subpopulation and Veterans**

EXHIBIT 1: AGENCY INFORMATION FORM

Agency Name: _____

Agency Type[4]: _____

Administrative Address

Street 1:					
Street 2:					
City:		**State:**		**Zip Code:**	

General Contact Information

Phone Number:	
Fax:	
Email:	
Website:	

Primary Point of Contact for Request for Proposals

Name:	
Title:	
Phone:	
Email:	

Chief Executive Officer / Executive Director Contact

Name:	
Title:	
Phone:	
Email:	

Authorized Representative for Request for Proposals

Name:	
Title:	
Phone:	
Email:	

1. **Will your agency have subrecipients as part of this project proposal?**
   ☐ Yes ☐ No ☐ N/A

   a. If so, please provide subrecipient information

2. **Is your agency, or subrecipient, a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS Data base?**
   ☐ Yes ☐ No

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

3. **Will it be feasible for your agency to be under grant agreement for the proposed project by September 15, 2026?** This is a threshold requirement for the CoCBuilds NOFO.
   ☐ Yes ☐ No

4. **Does your agency certify that you will not engage in illegal racial discrimination?** This is consistent with the requirements of 2 CFR 200.300(a) and a threshold requirement for the CoCBuilds NOFO.

   ☐ **Yes** – Agency certifies it will not engage in illegal racial discrimination.
   ☐ **No** – Agency cannot certify it will not engage in illegal racial discrimination.

5. **Does your agency certify that you will not operate drug injection sites or "safe consumption sites" in violation of 21 U.S.C. 856(a)(1), knowingly permit the use or distribution of illicit drugs on property under their control in violation of 21 U.S.C. 856(a)(2), or knowingly distribute drug paraphernalia in violation of 21 USC 863?** This is consistent with the objectives outlined in Section VII.A.4 and is consistent with the requirements of 2 CFR 200.300(a) and a threshold requirement for the CoCBuilds NOFO.

   ☐ **Yes** – Agency certifies it will not operate drug injection sites or "safe consumption sites" in violation of 21 U.S.C. 856(a)(1), knowingly permit the use or distribution of illicit drugs on property under their control in violation of 21 U.S.C. 856(a)(2), or knowingly distribute drug paraphernalia in violation of 21 USC 863.
   ☐ **No** – Agency cannot certify it will not operate drug injection sites or "safe consumption sites" in violation of 21 U.S.C. 856(a)(1), knowingly permit the use or distribution of illicit drugs on property under their control in violation of 21 U.S.C. 856(a)(2), or knowingly distribute drug paraphernalia in violation of 21 USC 863.

6. **If yes, please confirm your agency has site control of the property.** This is a threshold requirement for the CoCBuilds NOFO.

   ☐ **Yes** – Agency has site control of the property and can provide documentation.
   ☐ **No** – Agency does not have site control of the property.

7. **Describe how your agency cooperates and does not interfere with or impedes local efforts to advance the objectives below and assists first responders in providing services to homeless individuals:**
   a. **Quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services.**
   b. **Decrease the use of illicit drugs and quickly connect individuals who are using illicit drugs in public with appropriate services and/ot law enforcement.**
   c. **Utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment).**
   d. **Comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA).**

8. **Provide a plan on how your agency will use local laws, policies or other beneficial policies to overcome the harmful effects of restrictive ones.**

Please include the following documents as separate attachments:

- **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. Include organizational chart of developer partners or other subrecipients, if applicable.
- **Attachment 2:** Board of Directors' Roster and Resolution authorizing submittal of the RFP for project application in the CoCBuilds NOFO competition process
- **Attachment 3:** State Certificate of Status
- **Attachment 4:** 501(c) 3 Certification, if applicable.[5]
- **Attachment 5:** Code of Conduct

[5] If your application includes subrecipients, and they are a nonprofit organization, a copy of their nonprofit documentation must be included.

EXHIBIT 2: EXPERIENCE OF APPLICANT, SUBRECIPIENT(S) AND OTHER PARTNERS

Agency Name: _____

1. **Financial Information**

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

2. **Describe your agency's (and subrecipient(s), if applicable) experience in effectively utilizing federal funds and performing the activities proposed within the application.** Provide examples that illustrate experience such as: (a) working with and addressing the target population(s) identified housing and supportive service needs, (b) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation, (c) identifying and securing matching funds from a variety of sources, and (d) managing basic organization operations including financial accounting systems.

3. **Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.** Include experience with leveraging all federal, state, local and private sector funds. If your organization has no experience leveraging other funds, include the phrase 'No experience leveraging other federal, state, local, or private sector funds'.

4. **Describe your organization's (and subrecipient(s) if applicable) financial management structure.** Include how your organization has a functioning accounting system that is operated in accordance with generally accepted accounting principles or has designated a fiscal agent that will maintain a functioning accounting system for your organization in accordance with generally accepted accounting principles. If your project application includes a subrecipient(s), include the subrecipient(s) fiscal control and accounting procedures to assure proper dispersal of and accounting for federal funds in accordance with the requirements of 2 CFR part 200.

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

5. **Has your agency received an audit finding on the two most recent independent audits or Single Audits? Provide the two most recent independent audits or Single Audits and label the documents Attachment 6**.
   ☐ Yes ☐ No ☐ N/A

   a. **If yes, please explain:**

6. **Does your agency currently have any unresolved U.S. Department of Housing and Urban Development (HUD) monitoring or Office of Inspector General (OIG) audit findings for any HUD grants (including Emergency Solutions Grant) under your organization?**
   ☐ Yes ☐ No ☐ N/A

   a. **If yes, describe the unresolved monitoring or audit finding and provide a detailed explanation as to why it remains unresolved and the steps taken towards resolution:**

7. **Has your agency had to return any federal, state, or local funds to any funders within the last three (3) years?**
   ☐ Yes ☐ No ☐ N/A

   b. **If yes, please explain:**

EXHIBIT 3: EXPERIENCE WITH DEVELOPMENT, LEVERAGING, AND MANAGING HOMELESSNESS ASSISTANCE

Agency Name: _____

1. **Describe your agency's experience with at least one (1) other PSH projects that have a similar scope and scale as the proposed project, including experience with developing, owning and/or operating Permanent Supportive Housing (PSH).**

2. **Describe your agency's (developer and relevant subrecipient(s)) experience leveraging resources similar to the funds being proposed in the current** Project. Provide a maximum of three (3) examples of prior resource leveraging.

Agency/Developer/Subrecipient Name	Leveraging Resources (Maximum 100 characters)	Description of Experience (Maximum 2,000 characters)

3. **Detail the availability of low-income housing tax credit commitments, project-based rental assistance, and other State, local or private resources dedicated to the proposed project. Describe the dollar value of each of these commitments and describe the overall cost of the project, including the estimated cost per unit.** Copy and replicate this table as needed.

Project Site	
Overall Cost of Project	
Cost per Unit	
Resources Committed to the Project	
Description of Resources (maximum 2,000 characters)	
Dollar Value of Commitment	

4. **Describe your agency's (and relevant subrecipients)experience operating at least one (1) homeless assistance program where one member of the household has a disability.**

5. **Describe your agency's (and relevant subrecipients) experience serving the specific population intended to be served in your project.**

EXHIBIT 4: PROJECT INFORMATION FORM

Agency Name: _____

IMPLEMENTATION SCHEDULE, PROPERTY MAINTENANCE, AND MANAGEMENT OF RENTAL HOUSING

1. **Project Name:**

2. **Project Location (street address, city and state):**

3. **Total Amount of HUD Assistance Requested:**

4. **Will funds requested in this new project replace state or local governments (24 CFR 578.87(a))?**
   ☐ Yes ☐ No

5. **Will this project include permanent reserves in the Operating Budget?**
   ☐ Yes[7] – This project application includes an Operating budget and your agency intends to use some of all the CoC Program operating funds towards replacement reserves.
   ☐ No – This project application does not include an Operating budget or if an Operating budget is included, it does not intend to use operating funds for replacement reserves.

6. **Will the proposed project use CoC Builds funds to add units to current properties already under construction or rehabilitation?**
   ☐ Yes ☐ No

   a. **If yes, describe the amount and type of funds being used to construct or rehabilitate the property.**

   b. **If yes, identify the owner of the property and their experience with construction or rehabilitation.**

   c. **If yes, identify the number of units that will be added using CoCBuilds funds.**

7. **Using qualitative or quantitative data, demonstrate that the proposed project fills a specific gap in the geographic area of the CoC that is unmet by existing Permanent Supportive Housing (PSH) projects and how the proposed project will fill the specific gap that is unmet.** For example, the

[7] If project will include permanent reserves in the operating budget, provide supporting documentation as part of Attachment 7.

project serves a specific subpopulation whose needs are currently unmet by existing PSH (e.g., elderly individuals), serves a geographic region without any existing PSH, or provides a service model that is different than what is provided currently by existing PSH in the geographic area (e.g., sober living).

8. **Populate the table below with the estimated beginning and ending dates for the requested capital costs associated with the project.**

Capital Costs	Estimated Beginning Date	Estimated Ending Date
New Construction		
Acquisition – date property will be acquired (start and end should be the same)		
Rehabilitation		

9. **Populate the table below with the relevant dates (proposed schedule) for the milestones associated with the project.**

Activity	Estimated Date
Site Control (property must already be identified)	
Environmental Review Completion	
Execution of Grant Agreement	
Anticipated date the jurisdiction will issue the occupancy certificate	
Date the property will be available for homeless individuals and families to begin occupying units.	

10. **Describe the plan to support ongoing operating cost for the proposed project with non-Continuum of Care funding, if needed including state, local, or private resources.** Include a specific timeline for transitioning away from CoC funds for renewable non-capital costs funded through CoCBuilds NOFO, towards non-CoC resources.
11. **Describe how the project will work with housing providers to leverage non-CoC funded housing resources to provide subsidies or assistance for the proposed units.**
12. **How much match (cash and in-kind) does your agency expect to provide for the project?**
    The CoCBuilds NOFO has a 25% match requirement that can be cash or in-kind, or a combination of both. Provide verification of 25% match and label the documents **Attachment 11**.

Total Commitment Amount		Source(s)
Cash	In-Kind	

13. **If funded, the proposed project is required to participate in the Orange County Coordinated Entry System (CES) and will require 100% of housing opportunities be filled through CES. Please describe how your project will partner with CES to efficiently maximize housing opportunities available through this project.**

SECTION 3 REQUIREMENTS

14. **Describe how the proposed project will comply with Section 3[8] of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 75[9] to provide employment and training opportunities for low- and very low-income persons.**

15. **Describe how the proposed project will comply with Section 3 and HUD's implementing rules at 24 CFR part 75 to provide contracting and other economic opportunities for business that provide economic opportunities to low- and very low-income persons.**

16. **Describe how the proposed project will comply with Section 3 responsibilities such as providing training, employment, and other economic opportunities pursuant to Section 3.**

[8] The Section 3 program requirements are included on the HUD Exchange website: https://www.hudexchange.info/programs/section-3/

[9] The regulations for Section 3 are included in 24 CFR Part 75: https://www.ecfr.gov/current/title-24/subtitle-A/part-75

EXHIBIT 5: SUPPORTIVE SERVICES AND HEALTHCARE COORDINATION

Agency Name: _____

1. **Describe how 20% of your awards, or an amount equal to 20% of your award through match or leveraging, will be used to coordinate with healthcare or social services providers for the provision of supportive services (case management, healthcare, life skills training, etc.).**

2. **Describe your agency's approach to ensuring that program participants are required to participate in supportive services in a manner that fits their individual needs by providing language from program policies or supportive service agreements. Supportive service agreements must meet the requirement at 24 CFR 578.75(h).**

3. **Describe how the proposed project will coordinate with a healthcare organization to meet the medical needs of participants. Healthcare must be provided on-site or in close proximity and can be provided by a non-profit organization. Applicants must attach, in e-snaps, a letter of commitment or other formal written agreement with the healthcare organization referenced in the narrative response to receive full points..**

4. **Describe how the proposed project will work with program participants who are able to maintain stable housing without subsidy or without the level of support that Permanent Supportive Housing (PSH) provides, to help them move on from PSH.**

EXHIBIT 6: SERVING ELDERLY AND AGING SUBPOPULATION AND VETERANS

Agency Name: _____

1. **Describe how the proposed project will meet the needs of elderly homeless individuals or how it will partner with an organization to meet the needs of elderly homeless individuals.**

2. **Describe how the proposed project will meet the needs of homeless Veterans or how it will partner with an organization that serves homeless veterans, such as the Veterans' Affairs**
