FY2026 REQUEST FOR PROPOSALS FOR YOUTH HOMELESSNESS DEMONSTRATION PROGRAM
PROJECT DOCUMENTS CHECKLIST

DUE TUESDAY, JULY 14, 2026, BY 12:00 P.M. PACIFIC TIME (PT)

Agency Name: Click or tap here to enter text.

Project Name: Click or tap here to enter text.

Indicate the Project Component applied for:

☐ Supportive Services Only (SSO)

☐ Transitional Housing (TH)

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).

☐ **Project Documents Checklist**

☐ **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' Roster[1] and Resolution authorizing submittal of a new project application in response to the Youth Homelessness 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 audits[2], 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
- ☐ **Attachment 9:** 25% Match Documentation – including letters of cash match commitment and/or in-kind Memorandum of Understanding (MOU)

☐ **Exhibit 5: Service Experience and Approach**

[1] Under the 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 2023 or later.

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

☐ **Exhibit 6: Project Description**

☐ **Exhibit 7: Recovery and Supportive Services Participation**

☐ **Attachment 10:** Supportive Services Agreement, if applicable

☐ **HUD CoC Project Application (e-SNAPS)** [4]

[4] 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: Click or tap here to enter text.

Agency Type[5]: Click or tap here to enter text.

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 Representative[6] 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

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

[6] The Authorized Representative for the HUD grant application may be the same person as the agency Chief Executive Officer (CEO) or Executive Director and must be the signatory for associated documents within this RFP.

EXHIBIT 2: TERMS AND CONDITIONS

Agency Name: Click or tap here to enter text.

Request for Proposal (RFP) Process

The Orange County Continuum (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 for the Youth Homelessness NOFO.

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 Youth Homelessness Demonstration 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 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:

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: Click or tap here to enter text.

1. Financial Information

Employer or Taxpayer Identification Number (EIN/TIN)	
System Award Management (SAM)[7] #	
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.

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

EXHIBIT 4: PROJECT INFORMATION FORM

Agency Name: Click or tap here to enter text.

Project Name: Click or tap here to enter text.

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

2. **Please describe he total *number* of households and participants to be served.** Limit 1 page.

3. **Please describe how youth with lived experience of homelessness are involved with the design and implementation of programs, including how lived experience will be integrated into the proposed project and how those with lived experience are provided leadership and decision-making roles.** Limit 1 page.

4. **Proposed Project Grant Term**
    a. **Start Date:** Click or tap to enter a date.
    b. **End Date:** Click or tap to enter a date.

5. **Describe the performance outcomes (not outputs) that will be achieved by the proposed project and how data will be used to measure performance outcomes and evaluate success. Description must include your agency's strategy to measure and achieve at least one of the following positive self-sufficiency and stability outcomes:**
    a. **Safe and Stable Housing.**
    b. **Education or Employment**
    c. **Permanent Social Connections.**
    d. **Social and Emotional Well-being.** Limit 1 page.

6. Total Funding Requested Amount: $Click or tap here to enter text.

7. 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		**$**

8. 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[8]	$

9 . How much match (cash and in-kind) does your agency expect to provide for this project in FY2026?
Match Requirements - All eligible funding costs, except leasing, **must be matched** with no less than 25 percent cash or in-kind contribution.

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

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

10. **If proposing to serve a specific household type and/or subpopulation, describe how the proposed project's operational model will meet the unique needs of these households and/or subpopulations.** Limit 1 page.

11. **If proposing to serve a specific household type and/or subpopulation, describe how the proposed project's supportive services that will be provided will meet the unique needs of these households and/or subpopulations.** Limit 1 page.

Please include the following documents as separate attachments

- **Attachment 7:** Certification of Consistency with the Consolidated Plan
- **Attachment 8:** Environmental Review
- **Attachment 9:** 25% Match Documentation

EXHIBIT 5: SERVICE EXPERIENCE AND APPROACH

Agency Name: Click or tap here to enter text.

Project Name: Click or tap here to enter text.

1. **Describe current experience in providing supportive services, and/or transitional housing services related to the projects requested and target population identified in this solicitation. Describe your agency's experience in working with youth experiencing homelessness to quickly secure housing, make connections to supportive services, and promote housing stability.** 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: PROJECT DESCRIPTION

Agency Name: Click or tap here to enter text.

Project Name: Click or tap here to enter text.

1. **Describe how your agency has and will taken a data driven approach on the design and implementation of the proposed project.** Limit 1 page.

2. **Describe how positive youth development and trauma-informed care models will be incorporated to support the social and emotional well-being of youth in the proposed project.** Limit 1 page.

3. **Describe your agency's strategies to promote economic independence, self-sufficiency, personal responsibility, resilience-building, character development, and prevent long-term dependency on social services for program participants of the proposed project.** Limit 1 page.

4. **Describe how the proposed project will build connections between at-risk youth and school, life skills training, job attainment skills, or employment opportunities.** Limit 1 page.

5. **Describe how the proposed project will foster community coordination with housing agencies and providers, residential care facilities, and educational institutions.** Limit 1 page.

6. **Describe how the unique needs of youth with disabilities will be addressed to foster self-sufficiency and long-term stability by the proposed project.** Limit 1 page.

7. **Describe your agency's strategies to assist youth experiencing or at risk of experiencing any form of trafficking, sexual exploitation or similar traumatic experiences.** Limit 1 page.

8. **Describe how the proposed project will address the needs of youth with mental health conditions and/or substance use disorders.** Limit 1 page.

9. **Describe how the proposed project will prioritize family reunification and preservation.** Limit 1 page.

10. **Describe your agency's screening and assessment tools that will be used as part of the proposed project operations to identify: Pregnant or parenting youth; Youth exiting the foster care or justice systems; Labor or sexually exploited or trafficked youth; Youth in need of substance abuse or mental health services. our agency's strategies to assist youth experiencing or at risk of experiencing any form of trafficking, sexual exploitation or similar traumatic experiences.** Limit 1 page.

11. **Describe your agency's strategies to assist youth experiencing or at risk of experiencing any form of trafficking, sexual exploitation or similar traumatic experiences who are served by the proposed project.** Limit 1 page.

SUPPORTIVE SERVICES ONLY (SSO) SPECIFIC QUESTIONS

12. **Describe how the proposed project will partner with first responders and law enforcement to engage youth living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living.** Limit 1 page.

13. **Describe how the proposed project will provide supportive services consistent with the activity description at 24 CFR 578.53(e)(13).** Limit 1 page.

14. **Describe the strategies the proposed project will use for providing supportive services to youth experiencing homelessness including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services. Describe how the proposed project will promote and encourage supportive services participation.** Limit 1 page.

TRANSITIONAL HOUSING (TH) SPECIFIC QUESTIONS

15. **Describe your agency's experience operating transitional housing or other interim housing projects that have successfully helped homeless youth exit homelessness within 24 months or describe your agency's plan in place to ensure the proposed project helps homeless youth will exit homelessness within 24 months.** Limit 1 page.

16. **Describe your agency's plan in place to ensure that at least 50 percent of participants exit to a positive destination within 24 months and at least 50 percent of participants exit with employment income.** Limit 1 page.

17. **Describe how the proposed project will promote and encourage supportive services participation. Describe how the proposed project will implement supportive service agreements with residents.** Limit 1 page.

EXHIBIT 7: RECOVERY AND SUPPORTIVE SERVICES PARTICIPATION

Agency Name: Click or tap here to enter text.

Project Name: Click or tap here to enter text.

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.** Limit 1 page.

2. **Describe your agency's approach to engaging program participants in supportive service participation (e.g. case management, employment training, substance use disorder treatment).** Limit 1 page.

3. Complete the following table confirm if your agency will be able to comply or not comply with the statements.

	Statement	Will Comply	Unable to Comply
1	Project Applicant will not engage in illegal racial discrimination, as consistent with the requirements of 2 CFR 200.300(a).		
2	Project Applicant will not operate illegal 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 U.S.C. 863, as consistent with the objectives outlined in Section III.B of the NOFO and consistent with the requirements of 2 CFR 200.300(a).		

4. **If unable to comply with any of the listed statement, please provide further detail, referencing the correlating item number.** Limit 1 page.

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 10.**

5. **The Youth Homelessness 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.**

	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 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)			