FY2026 REQUEST FOR PROPOSALS FOR CONTINUUM OF CARE BONUS, DOMESTIC VIOLENCE BONUS AND REALLOCATION PROJECTS
NEW PROJECTS DOCUMENTS CHECKLIST

DUE MONDAY, JULY 20, 2026, BY 10:00 A.M. PACIFIC TIME (PT)

Agency Name: Click or tap here to enter text.

Project Name: Click or tap here to enter text.

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:

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).

☐ **New Projects 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 FY2026 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**

[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.

☐ **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 match commitment and/or in-kind Memorandum of Understanding (MOU)

☐ **Exhibit 5: Capacity of Applicant**

☐ **Exhibit 6: Service Experience and Approach**

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

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

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

[2] Single audits must be dated 2022 or later.

[3] Financial audits must be dated 2022 or later.

[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 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:

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 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.** Limit 1 page.

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

4. **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.** Limit 1 page.

Financial Commitment

5. **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		**$**

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

7. **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]	$

8 . **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**	

9. **Describe how leveraged supportive services will contribute to the overall proposed budget.** Limit 1 page.

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

Subpopulation Focus

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: CAPACITY OF APPLICANT

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, 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: Click or tap here to enter text.

Project Name: Click or tap here to enter text.

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 1 page.

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 1 page.

3. **Describe your agency's strategies to assist participants to obtain permanent housing, increase their employment and/or overall income and maximize their ability to live independently.** Limit 1 page.

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
	$
	$
	$

SUPPORTIVE SERVICES ONLY (SSO) PROJECTS

5. **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 1 page.

6. **Describe how your agency's experience providing supportive services consistent with the activity description at 24 CFR 578.53(e)(13).** Limit 1 page.

7. **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 1 page.

TRANSITIONAL HOUSING SPECIFIC QUESTIONS

8. **Describe your agency's experience operating transitional housing or other interim housing projects that have successfully helped homeless individuals and families exit homelessness within 24 months or describe your agency's plan in place to ensure homeless individuals and families will exit homelessness within 24 months.** Limit 1 page.

9. **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.

10. **Describe how the proposed project will assess the service needs of program participants and provide individualized services for program participants during their time in Transitional Housing that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants, except for a program participant over age 62 or who is an individual with handicaps as defined in 24 CFR 8.3 or a with a developmental disability as defined under 24**

CFR 578.3 (examples of services or activities include case management, counseling, treatment, volunteering, work therapy, education, job training, community building activities, etc.) Employment may contribute to the 20 hours per week of engagement. 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 FY 2026 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.**

	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)			