

**NEW PROJECT AND EXPANSION PROJECT CHECKLIST
FOR REQUEST FOR PROPOSAL FOR CONTINUUM OF CARE BONUS, DOMESTIC VIOLENCE
BONUS AND REALLOCATION PROJECTS**

Agency Name:

Project Name:

Indicate the type of project applied for:

- Permanent Housing Project – Permanent Supportive Housing
- Permanent Housing Project – Rapid Rehousing
- Joint Transitional Housing and Permanent Housing – Rapid Rehousing Project (Joint TH/PH-RRH)

Indicate the type of application:

- New Project Application
- Expansion Project Application
 - Project Grant to Expand:
 - Grant Number:

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

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

The following documents along with this checklist must be submitted with your Agency’s new or expansion project proposal in response to the RFP. RFP Submittal deadline is Wednesday, August 31, 2022, at 2 p.m. Pacific Daylight Time.

- Cover Letter** (signed by Authorized Signatory).
- Exhibit 1: Agency Information Form**
 - Attachment 1:** Organizational Chart – include Board of Director’s body as it relates to the entire organization
 - Attachment 2:** Board of Directors’ Roster¹ and Resolution authorizing submittal of the new project application in response to the CoC Special NOFO competition process
 - Attachment 3:** State Certificate of Status
 - Attachment 4:** Agency’s Code of Conduct
 - Attachment 5:** 501(c)3 Certification, if applicable
- Exhibit 2: Financial Assessment**

¹ Under the HEARTH Act, each agency is required to provide for the participation of not less than one homeless individual 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.

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- Attachment 6:** Two most recent agency financial audits by a certified public accountant (CPA)²
- Attachment 7:** Two most recent single audits³, previously known as the OMB Circular A-133 audit, if applicable.

- Exhibit 3: Orange County Continuum of Care Participation**
- Exhibit 4: Terms and Conditions**
- Exhibit 5: Related Services Experience and Approach**
 - Attachment 8:** HMIS Project Performance Report for all of agency’s current project types
- Exhibit 6: Strategy for Involving Persons with Lived Experience**
- Exhibit 7: Project Information Form**
 - Attachment 9:** Certification of Consistency in the Consolidated Plan
 - Attachment 10:** Environmental Information – Limited Scope Environmental Review Form or Environmental review of Categorically Excluded not Subject to Section 58.5
 - Attachment 11:** In-Kind Memorandum of Understanding (MOU)
 - Attachment 12:** 25% Match Documentation Letters
 - Attachment 13:** Document(s) supporting Housing First Model for proposed project type
- Exhibit 8: Coordination with Housing and Healthcare Resources**
 - Attachment 14:** Housing Resources Leveraging Commitment(s)
 - Attachment 15:** Health Care Resource Leveraging Formal Agreement

- HUD CoC Project Application (e-SNAPS)**⁴

² Financial audits must be dated 2019 or later.

³ Single audits must be dated 2019 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 may be found at <https://www.hudexchange.info/resource/2909/coc-project-application-instructions-for-new-projects/>

EXHIBIT 1: AGENCY INFORMATION FORM

Agency Name:

Agency Type⁵:

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 Signatory for HUG Grant Application

Name:	
Title:	
Phone:	
Email:	

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

EXHIBIT 2: FINANCIAL ASSESSMENT

Agency Name:

1. Financial Information

Employer or Taxpayer Identification Number (EIN/TIN)	
System Award Management (SAM) #	
Data Universal Numbering System (DUNS) #	
Unique Entity ID #	

2. Has your agency received an audit finding on the two most recent independent audits or Single Audits?

Yes No

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

a. If yes, please explain:

4. Have any funds been returned to any funders within the last three (3) years?

Yes No

b. If yes, please explain:

EXHIBIT 3: ORANGE COUNTY CONTINUUM OF CARE PARTICIPATION

Agency Name:

LOCAL PARTICIPATION

The level of agency participation at the local Continuum of Care (CoC) and CoC Board, Committees, Working Groups, and/or Ad Hoc will be considered in the Request for Proposals evaluation process.

1. Is your agency a general member of the Orange County CoC?

Yes No

2. Describe your agency's participation in the Orange County CoC, including participation in the Board, Committee, Working Groups and Ad Hoc and related meetings.

HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

It is critical that programs in the Orange County CoC submit timely, complete, and accurate data to HMIS to assist in CoC evaluation of performance measures on a program and systems-wide level.

3. Does your agency currently participate in the Orange County CoC HMIS (Clarity) or comparable database that complies with the US. Department of Housing and Urban Development's (HUD) HMIS requirements if your agency is a victim services provider?

Yes No

a. If your agency does not participate in the Orange County CoC's HMIS, please indicate why and provide a detailed plan on how your agency will begin participating in the Orange County CoC's HMIS.

b. If your agency does participate in the Orange County CoC's HMIS, please provide the contact information of your Agency HMIS Administrator below.

Name:	
Title:	
Phone:	
Email:	

4. If you are a current HMIS participating agency, please attach the most recent HMIS Project Performance Report for all of your agency's current project types and label as Attachment 8. If you are not a current HMIS participating agency, please provide your agency's housing placement

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and retention rates for FY2021-22 (July 1, 2021, to June 30, 2022) and describe how the rates were calculated.

5. Does your agency currently participate in another CoC’s HMIS or comparable database that complies with HUD’s HMIS requirements if your agency is a victim services provider?

Yes No

a. If your agency does participate in another CoC’s HMIS or comparable database, indicate the CoC and the HMIS or comparable database vendor.

Continuum of Care	HMIS or Comparable Database Vendor

2022 POINT IN TIME COUNT

6. Did your agency participate in the 2022 unsheltered homeless count for the Orange County CoC?

Yes No

7. Did your agency submit the complete and accurate information requested for the 2022 sheltered homeless count for the Orange County CoC by the deadline?

Yes No Not Applicable

a. If not, please indicate how many days after the deadline information was submitted and why did your agency not meet the required deadline?

2022 HOUSING INVENTORY COUNT

8. Did your agency submit the complete and accurate information requested for the Housing Inventory Count for Orange County CoC by the deadline?

Yes No Not Applicable

a. If not, why did your organization not meet the required deadline?

COORDINATED ENTRY SYSTEM (CES)

The Orange County CES connects existing programs together into a “no wrong door network” to assess the needs of those who are at risk of homelessness or experiencing homelessness and links them with the best housing to meet those needs. The goal of the CES is to streamline processes through which communities assess, house, and persons experiencing homelessness; to ensure all our community members experiencing homelessness are known and supported; to target and maximize limited housing resources; and comply with the federal mandate to adopt a coordinated entry process for housing.

Agencies receiving HUD’s CoC or Emergency Solutions Grant (ESG) funds under any program components are required to participate in the existing Orange County CES and assessment efforts.

9. Does your agency currently participate in the Orange County CES?

Yes No

- a. If your agency participates in the Orange County CES, please describe how your agency participate. In your answer describe your agency’ role and function, and which components of CES (i.e., family, individuals’ veterans).**

- b. If your agency does not participate in the Orange County CES, please indicate why and provide a detailed plan on how your agency will begin participating in the Orange County CES in the event the project is awarded.**

EXHIBIT 4: TERMS AND CONDITIONS

Agency Name:

Project Name:

Request for Proposal (RFP) Process

The Orange County Continuum of Care (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 Permanent Supportive Housing (PSH), Rapid Rehousing (RRH) and Joint Transitional Housing and Permanent Housing – Rapid Rehousing (Joint TH/PH-RRH) 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.

Housing First Model

Housing First is a model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions (such as sobriety or a minimum income threshold). CoC Program funded projects should help individuals and families move quickly into permanent housing, and CoCs should measure and help projects reduce the length of time people experience homelessness. Additionally, CoCs should engage landlords and property owners to identify housing units available for rapid rehousing and permanent supportive housing participants, remove barriers to entry, and adopt client-centered service methods.

Joint TH/PH-RRH projects can be considered to be using a housing first model for the purposes of the Domestic Violence Bonus funding available through the FY2022 CoC program NOFO if they operate with low-barriers, work to quickly move people into permanent housing, do not require participation in

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supportive services, and, for Joint TH/PH-RRH, do not require any preconditions for moving into the transitional housing (e.g., sobriety or minimum income threshold).

The agency understands the above-named project must operate utilizing a Housing First Model.

I hereby acknowledge that:

1. All information contained in this application is accurate and true, and based on the agency's current records.
2. The submitted components of the RFP will be evaluated and reviewed to determine my agency's capacity to be recommended to receive new funding and manage a new project; and
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 Homeless Management Information System (HMIS) or comparable database and CES.
5. The proposed project, if awarded, will operate program under a Housing First Model.

Name, Title and Signature of Person who will complete the application:

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

Name/Title	Signature	Date
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EXHIBIT 5: AGENCY RELATED SERVICE EXPERIENCE AND APPROACH

Agency Name:

1. Describe past and current experience in providing housing and services related to those requested in this solicitation and the target population. Copy template as necessary to include information on contracts and/or related housing and supportive services.

Related Services Experience	
Description of Related Services	
Length of Time in Business	Start Date: End Date ⁶ :
Area Where Services are Provided (e.g., county, service planning area, city)	
Funding/Contract Amount	
Funding Sources	
Contact Information ⁷	Name: Title: Telephone: Email:

Related Services Experience	
Description of Related Services	
Length of Time in Business	Start Date: End Date:
Area Where Services are Provided (e.g., county, service planning area, city)	
Funding/Contract Amount	
Funding Sources	
Contact Information	Name: Title: Telephone: Email:

⁶ Enter "Present" if still providing the identified services

⁷ The contact person that must be listed shall be the person who has direct knowledge about the past and current contracts you have identified above. The CoC Board, CoC Ad Hoc Committee, and County staff have the right to conduct a random reference check to organizations listed.

COC BONUS AND REALLOCATION SPECIFIC QUESTIONS

2. Describe how your agency has ensured individuals and/or families experiencing homelessness were assisted to quickly move into safe affordable housing. Include specific strategies to supporting individuals and families experiencing unsheltered homelessness and how this may have differed between housing interventions or homeless service programs (i.e., rapid rehousing and permanent supportive housing).

3. Describe how your agency has connected individuals and/or families experiencing homelessness to available and appropriate supportive services. Include specific strategies to supporting individuals and/or families experiencing unsheltered homelessness and/or chronic homelessness.

4. Describe how your agency has supported individuals and/or families to remain stably housed in permanent housing after program exit and/or decrease in services and how this may have differed between housing interventions or homeless service programs (i.e., rapid rehousing and permanent supportive housing).

5. Describe how your agency utilizes a trauma-informed, low-barrier approach when serving individuals and/or families experiencing homelessness, prioritizing rapid placement and stabilization in permanent housing consistent with participant’s preferences.

6. Describe how your agency assists individuals and/or families facing significant challenges or functional impairments, including any physical, mental, developmental, or behavioral health disabilities, obtain and maintain permanent housing.

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- 7. Describe your agency’s individualized approach to serving individuals and/or families who have high utilization of crisis or emergency services to meet basic needs, including but not limited to emergency rooms, jails, and psychiatric facilities.**

- 8. Describe how your agency utilizes an equity framework within service delivery to ensure persons adversely affected by systemic inequality have access to culturally appropriate, individualized services. Include examples of trainings offered that equip staff in this area.**

DOMESTIC VIOLENCE BONUS SPECIFIC QUESTIONS

- 9. Provide information on the needs of DV survivors in the Orange County CoC. Include the number of households that need housing or services, the number of survivors your agency is currently serving and the unmet need in Orange County.**

- 10. Provide information about your agency and your experience in housing placement and housing retention for DV Bonus projects, Permanent Housing – Rapid Rehousing and Joint Transitional Housing and Permanent Housing – Rapid Rehousing.**

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- 11. Describe your agency’s experience in housing placements and retention for DV Bonus projects, Permanent Housing – Rapid Rehousing and Joint Transitional Housing and Permanent Housing – Rapid Rehousing. In your answer include:**
- a. the rate of housing placements of DV survivors (percentage),**
 - b. the rate of housing retention of DV Survivors (percentage),**
 - c. how the above rates were calculated,**
 - d. whether the rates accounts for exits to safe housing destinations, and**
 - e. the data source.**

- 12. Describe your agency’s experience in providing housing to DV survivors. In your answer include:**
- a. How your agency ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing,**
 - b. prioritized survivors (include details in the process utilized),**
 - c. determined which supportive services survivors needed,**
 - d. connected survivors to supportive services, and**
 - e. moved clients from assisted housing to housing they could sustain-address housing stability after housing subsidy ends.**

- 13. Describe how your agency ensures the safety and confidentiality of DV survivors experiencing homelessness by:**
- a. Taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors,**
 - b. Making determinations and placements into safe housing,**
 - c. Keeping information and locations confidential,**
 - d. Training staff on safety and confidentiality policies and practices, and**
 - e. Takings security measures for units (congregate or scattered site), that support survivors’ physical safety and location confidentiality.**

- 14. Describe your agency’s experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors by:**
- a. Prioritizing placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs,**
 - b. Establishing and maintaining environment of agency and mutual respect (i.e., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials),**
 - c. Emphasizing program participants’ strength (i.e., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked toward survivor identified goals and aspirations),**
 - d. Centering on cultural responsiveness and inclusivity, (i.e., training on equal access, cultural competence, non-discrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed,**
 - e. Providing a variety of opportunities for connection for program participants (i.e., groups., mentorship, peer-to-peer, spiritual needs), and**
 - f. Offering support for survivor parenting (i.e., trauma-informed parenting classes, childcare, connections to legal services).**

EXHIBIT 6: INVOLVING PERSONS WITH LIVED EXPERIENCE

Agency Name:

1. Describe how your agency ensures perspectives of people with lived experience of homelessness, with a broad range of lived expertise, are meaningfully and intentionally integrated into decision-making structure related to the design of program policy, procedure, processes and operations.

2. Describe how your agency practices meaningful involvement of individuals and families with lived experience of homelessness in the delivery of services (e.g., by hiring people with lived experience of unsheltered homelessness).

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

EXHIBIT 7: PROJECT INFORMATION FORM

Agency Name:

Project Name:

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

2. Total Funding Requested Amount: \$ _____

3. How much match (cash and in-kind) does your agency expect to provide for this project in FY 2023? Match Requirements - All eligible funding costs, except leasing, **must be matched** with no less than 25% cash or in-kind contribution. Provide verification of 25% match and label the documents **Attachment 8**.

Total Commitment Amount		Source(s)
Cash	In-Kind	

4. If this is an Expansion Project Application, please describe how the proposed project will expand its current operations by adding units, beds, persons served, services provided to existing program participants and provide information demonstrating that the expansion project is not replacing other funding sources.

5. 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.

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6. Please describe the proposed project will utilize the CES to promote participant choice, coordinate homeless assistance and housing, and make services to ensure people experiencing homelessness receive assistance quickly, and make homelessness assistance open, inclusive and transparent.

7. Describe how the proposed project will engage landlords and property owners to identify housing units available for the project participants, remove barriers to entry and adopt client-centered service methods?

8. Complete the checklist below by checking off items that are in alignment with your agency’s proposed project in response to the RFP for Special NOFO.⁸

- Access to program is not contingent on sobriety, minimum income requirements, lack of a criminal record, completion of treatment, participation in services, or other unnecessary conditions.
- Program or project does everything possible not to reject an individual or family on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that are interpreted as indicating a lack of “housing readiness.”
- People with disabilities are offered clear opportunities to request reasonable accommodations within applications and screening processes and during tenancy and building and apartment units include special physical features that accommodate disabilities.
- If program or project cannot serve someone, we work through the coordinated entry process to ensure that those individuals or families have access to housing and services elsewhere.
- Housing and service goals and plans are highly tenant driven.

⁸ Checklist from the United States Interagency Council on Homelessness. “Housing First Checklist: Assessing Projects and Systems for a Housing First Orientation.” Sept. 2016, https://www.usich.gov/resources/uploads/asset_library/Housing_First_Checklist_FINAL.pdf

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- Supportive services emphasize engagement and problem-solving over therapeutic goals.
- Participation in services or compliance with service plans are not conditions of tenancy but are reviewed with tenants and regularly offered as a resource to tenants.
- Services are informed by a harm-reduction philosophy that recognizes that drug and alcohol use and addiction are a part of some tenants’ lives. Tenants are engaged in non-judgmental communication regarding drug and alcohol use and are offered education regarding how to avoid risky behaviors and engage in safer practices.
- Substance use in and of itself, without other lease violations, is not considered a reason for eviction.
- Tenants in supportive housing are given reasonable flexibility in paying their share of rent on time and offered special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements.
- Every effort is made to provide a tenant the opportunity to transfer from one housing situation, program, or project to another if a tenancy is in jeopardy. Whenever possible, eviction back into homelessness is avoided.
- The project follows all Fair Housing Laws.

CoC BONUS AND REALLOCATION SPECIFIC QUESTIONS

9. Describe how the proposed project will include a strategy to provide outreach, engagement, and/or housing interventions to serve populations experiencing homelessness that have not previously been served by the homeless system at the same rate they are experiencing homelessness.

10. Describe how the proposed project will support individuals and/or families with significant challenges or functional impairments, including any physical, mental, developmental, or behavioral health disabilities, obtain and maintain permanent housing. Include service delivery approach for persons with severe and persistent mental illness, co-morbidities, dual diagnoses, and chronic substance use.

11. Describe how the proposed project will support individuals and/or families with past criminal justice involvement become connected to supportive services, increase income and obtain permanent housing.

12. Describe how the proposed project will prioritize safety and a trauma-informed care approach when serving individuals and/or families who have a significant vulnerability to victimization, including physical assault, trafficking or sex work. Include process for safety planning when identifying appropriate placement.

13. Describe how the proposed project will offer creative, strategic interventions for individuals and/or families who have high utilization of crisis or emergency services to meet basic needs, including but not limited to emergency rooms, jails, and psychiatric facilities. Include examples of partnerships with local hospitals, medical facilities, behavioral health services, substance use treatment services, and agencies working specifically with individuals re-entering into society from the criminal justice system.

14. Describe how the proposed project will utilize a collaborative approach to service delivery involving relevant stakeholders to improve the overall health and wellbeing of participants, as well as prioritize rapid placement and stabilization in permanent housing consistent with participant’s preferences.

DV BONUS SPECIFIC QUESTIONS

15. Describe how the new project will involve survivors with a range of lives expertise in policy and program development throughout the project’s operation.

16. Describe how the proposed project has evaluated its ability to ensure the safety of DV survivors the proposed project will serve, including any areas identified for improvement during planning for the proposed project.

17. Provide example of the proposed project’s supportive services to be provided to DV survivors while quickly moving them into permanent housing and addressing their safety needs.

18. Describe how the proposed project will:

- a. Prioritize placements and stabilization in permanent housing consistent with the program participant’s wishes and stated needs,**
- b. Establish and maintaining an environment of agency and mutual respect (i.e., the project does not use punitive interventions, ensures program participants’ staff interactions are based on equality and minimize power differentials),**
- c. Provide program participants access to information on trauma (i.e., training staff on providing program participants with information on the effects of trauma),**
- d. Emphasize program participants’ strengths – for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspiration),**
- e. Center on cultural responsiveness and inclusivity (i.e., training on equal access, cultural competence, nondiscrimination, language access, improving service to be culturally responsive, accessible, and trauma-informed),**
- f. Provide a variety of opportunities for connection for program participants, (i.e., groups, mentorships, peer-to-peer, spiritual needs) and**
- g. Offer support for survivor parenting, (i.e., trauma-informed parenting classes, childcare, connections to legal services).**

EXHIBIT 11: COORDINATION WITH HOUSING AND HEALTHCARE RESOURCES

Agency Name:

Project Name:

1. If the proposed project is a rapid rehousing or permanent supportive project, will it provide housing subsidies or subsidized housing units not currently funded through the Continuum of Care (CoC) or Emergency Solutions Grant (ESG) Program for at least 25 percent of the units included in the project or serve at least 25 percent of the program participants anticipated to be served by the project?

Yes No

- a. If yes, please indicate the organizations that provided the subsidies or subsidized housing units for the proposed new rapid rehousing project or permanent supportive housing.

Private organization

State or local government

Public housing authority, including a set aside or limited preference

Faith-based organizations

Federal programs other than the CoC or ESG programs

- b. If yes, provide a copy of letters of commitment, contracts or other formal written documents that demonstrate the number of subsidies or units being provided to support the proposed project, as part of Attachment 13.

- c. If yes, provide a description of how these subsidies or subsidized housing units will support the proposed project.

- d. If the proposed project is receiving housing subsidies or subsidized housing units not currently funded through the Continuum of Care (CoC) or Emergency Solutions Grant (ESG) Program but does not meet the 25 percent, provide additional information detailing the demonstrated commitment.

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2. If the proposed project is a rapid rehousing or permanent supportive project, will it use healthcare resources to help individuals and families 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, please provide a copy of formal written documents as part of Attachment 14. These documents should include the project name, value of commitment, and specific dates that healthcare resources will be provided.**
- b. If yes, provide a description of how healthcare resources will be used to help individuals and families experiencing homelessness accessing the proposed project.**

3. Will the proposed project primarily service (75% or more) individuals and adult only households?

Yes No