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:	
☐ Continuu	eferred Funding Source(s) for the Proposed Project: m of Care (CoC) Bonus Violence (DV) Bonus on Funding
☐ Permane ☐ Permane	oject Component applied for: nt Housing – Permanent Supportive Housing Project (PSH) nt Housing – Rapid Rehousing Project (RRH) nsitional Housing and Permanent Housing – Rapid Rehousing Project (Joint TH/PH-RRH)
□ New Proj □ Expansion ■ Pro ■ Gra The following expansion proj	pe of application: ect Application n Project Application ject Grant Name to Expand: int Number: documents along with this checklist must be submitted with your agency's new or ect proposal in response to the RFP. RFP Submittal deadline is Thursday, August 24, 2023,
-	etter (signed by Authorized Signatory)
	1: Lead 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 the RFP for new or expansion project application in response to the FY2023 CoC Program NOFO competition process Attachment 3: State Certificate of Status Attachment 4: Agency's Code of Conduct Attachment 5: 501(c)3 Certification, if applicable

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.

Domestic Violence Bonus and Reallocation Projects			
	Exhibit 2: 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 3: Orange County Continuum of Care Participation		
	Exhibit 4: Terms and Conditions		
	Exhibit 5: Related Services Experience and Approach		
	☐ Attachment 7: HMIS Project Performance Report for all of agency's current project types		
	Exhibit 6: Integrating Persons with Lived Experience		
	Exhibit 7: Project Information Form		
	☐ Attachment 8: Certification of Consistency in the Consolidated Plan		
	☐ Attachment 9: Environmental Information — Limited Scope Environmental Review Form or Environmental review of Categorically Excluded not Subject to Section 58.5 or Environmental Clearance Letter		
	☐ Attachment 10: Financial Commitment – 25% Match Documentation, including letters of match commitment and/or in-kind Memorandum of Understanding (MOU)		
	Exhibit 8: Coordination with Housing and Healthcare Resources		
	☐ Attachment 11: Housing Resources Leveraging Commitment(s)		
	☐ Attachment 12: Healthcare Resource Leveraging Formal Agreement		
	HUD CoC Project Application (e-SNAPS) ⁴		

Orange County Continuum of Care – Request for Proposals for Continuum of Care Bonus,

² Single audits must be dated 2020 or later.

³ Financial audits must be dated 2020 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

EXHIBIT 1: Ad	GENCY INFORMATION FORM		
Agency Name:			
Agency Type ⁵ :			
Administrative Addre	ss		
Street 1:			
Street 2:			
City:	State:	Zip Code:	
General Contact Infor	mation		
Phone Number:			
Fax:			
Email:			
Website:			
	act for Request for Proposals		
Name:			
Title:			
Phone: Email:			
eman.			
Chief Executive Office	r / Executive Director Contact		
Name:			
Title:			
Phone:			
Email:			
Authorized Signatory	for HUD 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

	Ag	ency	Na	me:
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	Employer or Taxpayer Identification Number (EIN/TIN)
	System Award Management (SAM) ⁶ #
	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.	Has your agency had to return any federal, state, or local funds to any funders within the last three (3) years? ☐ Yes ☐ No
	b. If yes, please explain:
-	

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

EXHIBIT 3: Orange County Continuum of Care Participation

٩g	ency Name:
	CAL PARTICIPATION e level of agency participation at the local CoC and CoC Board, Committees, Working Groups, and/or
١d	Hocs will be considered in the Request for Proposals evaluation process.
L .	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 CoC Board, Committees, Working Groups, Ad Hocs, and related meetings.
10	DMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)
	s critical that programs in the Orange County CoC submit timely, complete, and accurate data to HMIS 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? \square Yes \square 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.
l. 	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 7. If you are not a current HMIS participating agency, please provide your agency's housing placement and retention rates for FY2022-23 (July 1, 2022, to June 30, 2023) and describe how the rates were calculated.

Domestic Violence Bonus and Reallocation Projects 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 2023 POINT IN TIME COUNT** 6. Did your agency participate in the 2023 sheltered homeless count for the Orange County CoC? ☐ Yes ☐ No ☐ Not Applicable 7. Did your agency submit the complete and accurate information requested for the 2023 sheltered homeless count for the Orange County CoC by the deadline? \square Yes \square No \square Not Applicable a. If not, please why your agency did not meet the required deadline? **2023 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? \square Yes \square No \square Not Applicable

Orange County Continuum of Care - Request for Proposals for Continuum of Care Bonus,

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.

a. If not, please indicate why your agency did not meet the required deadline?

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. Agencies receiving some State of California and local funding sources are required to participate in the existing CES and assessment effort.

9.	Does your agency currently participate in the Orange County CES? \square Yes \square No		
	a.	If your agency participates in the Orange County CES, please describe how your agency participates. 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 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 RRH and PSH 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 FY2023 CoC Program NOFO if they operate with low-barriers, work to quickly move people into permanent housing, do not require participation in

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

The agency understands the above-named project must operate utilizing a Housing First Model. The agency agrees to utilize and implement tools and methods used outside of the local CoC competition rating and ranking process to regularly evaluate and ensure all projects that commit to following a Housing First approach in their project applications are maintaining fidelity to a Housing First approach in project implementation.

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.

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

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

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 Service has Been Provided	Start Date:
	End Date ⁷ :
Area Where Services are Provided	
(e.g., county, service planning area, city)	
Funding/Contract Amount	
Funding Sources	
Contact Information ⁸	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:

⁷ Enter "Present" if still providing the identified services.

⁸ 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 support individuals and/or families experiencing severe service needs ⁹ , and how this may have differed between housing interventions or homeless service programs (i.e., rapid rehousing and permanent supportive housing). If applicable, also detail specific strategies to support special subpopulations, including families (households with at least one minor child and one adult), Transitional Age Youth (ages 18 – 24), individuals (adult only households) experiencing chronic homelessness and/or older adults (ages 62 and older).
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).

⁹ Severe Service Needs means any combination of the following factors: facing significant challenges or functional impairments, including any physical, mental, developmental or behavioral health disabilities regardless of the type of disability, which require a significant level of support in order to maintain permanent housing (this factor focuses on the level of support needed and is not based on disability type); high utilization of crisis or emergency services to meet basic needs, including but not limited to emergency rooms, jails, and psychiatric facilities; currently living in an unsheltered situation or having a history of living in an unsheltered situation; experiencing a vulnerability to illness or death; having a risk of continued or repeated homelessness; and having a vulnerability to victimization, including physical assault, trafficking or sex work.

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.
7.	Describe your agency's individualized approach to serving individuals and/or families who have high utilization of crisis or emergency services, 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 (DV) BONUS SPECIFIC QUESTIONS

9.	of ser	evide information on the needs of DV survivors ¹⁰ in the Orange County CoC. Include the number households that need housing or services, the number of survivors your agency is currently ving and the unmet need in Orange County. If available, detail the datasets and information erenced in the response.
10.	Per Ho a. b. c. d.	scribe your agency's experience in housing placements and retention for DV Bonus projects, rmanent Housing – Rapid Rehousing (RRH) and Joint Transitional Housing and Permanent using – Rapid Rehousing (Joint TH/PH-RRH). In your answer include: the rate of housing placements of DV survivors (percentage), the rate of housing retention of DV Survivors (percentage), how the above rates were calculated, whether the rates accounts for exits to safe housing destinations, and the data source.
11.	a. b. c. d.	safe affordable housing,

¹⁰ "DV survivors" includes survivors of domestic violence, dating violence, sexual assault, or stalking that are defined as homeless (24 CFR 578.3), as further detailed in Section 605 of the Violence Against Women Act (VAWA) 2022 amended section 103(b) of the McKinney-Vento Homeless Assistance Act.

- 12. 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.

- 13. 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 (e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials);
 - c. Providing program participants access to information on trauma, (e.g., training staff on providing program participants with information on the effects of trauma);
 - d. Emphasizing program participants' strength (e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked toward survivor identified goals and aspirations);
 - e. Centering on cultural responsiveness and inclusivity, (e.g., training on equal access, cultural competence, non-discrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed);
 - f. Providing a variety of opportunities for connection for program participants (e.g., groups, mentorship, peer-to-peer, spiritual needs); and
 - g. Offering support for survivor parenting (i.e., trauma-informed parenting classes, childcare, connections to legal services).

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EXHIBIT 6: INTEGRATING PERSONS WITH LIVED EXPERIENCE

Ag	ency	N N	an	ne:

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 (e.g., by hiring people with lived experience of unsheltered homelessness). Include the role(s) and expertise of the staff and/or program participants with lived expertise ¹¹ involved in decision-making structures and how your agency safely engaged, recruited, trained, and compensated people with lived expertise to do this work, if applicable.
2.	Describe how your agency practices meaningful involvement of people with lived experience of homelessness in the delivery of services (e.g., by hiring people with lived experience of unsheltered homelessness or engaging current program participants).
3.	Describe how your agency routinely gathers feedback form 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.

¹¹ "Lived expertise" means lived experience of homelessness

EXHIBIT 7: PROJECT INFORMATION FORM

Ag	ency Name:
Pro	oject 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.	Will the proposed project primarily serve (75 percent or more) households with severe service needs?
	☐ Yes ☐ No
	 If no, please describe how households with severe service needs will be prioritized for services.
3.	If the proposed project is a Permanent Supportive House (PSH) project type, will it have a minimum of 5 to 10 percent of units a designated to serve a special population(s)?
	☐ Yes ☐ No ☐ N/A
	a. If yes, please indicate the special population to be served with designated units:
	☐ Families (households with at least one minor child and one adult)
	☐ Transitional Age Youth (ages 18 – 24)
	☐ Individual (adult only households) experiencing chronic homelessness
	☐ Older Adults (ages 62 and older)
4.	If the proposed project is a Rapid Rehousing (RRH) project type, will it have a minimum of 25 percent of units a designated to serve special populations?
	☐ Yes ☐ No ☐ N/A
	a. If yes, please indicate the special population to be served with designated units:
	☐ Families (households with at least one minor child and one adult)

		Continuum of Care – ce Bonus and Reallo	Request for Proposals for Continuum of Care Bonus, ocation Projects
		Transitional Age \	Youth (ages 18 – 24)
		Individual (adult o	only households) experiencing chronic homelessness
		Older Adults (age	s 62 and older)
5.	Total Fund	ing Requested Am	ount: \$
		•	n-kind) does your agency expect to provide for this project in FY 2024?
• •		•	ible funding costs, except leasing, must be matched with no less than 25
	percent ca	sh or in-kind con	ntribution. Provide verification of 25 percent match and label the
	documents	Attachment 10.	
To	tal Commit	ment Amount	Source(s)
	Cash	In-Kind	
7.	current op participant	erations by addings and provide info	Application, please describe how the proposed project will expand its g units, beds, persons served, services provided to existing program ormation demonstrating that the expansion project is not replacing is a New Project Application, this question is not applicable.
8.	System (CE describe h	S) and will requir	ect is required to participate in the Orange County Coordinated Entry ee 100 percent of housing opportunities be filled through CES. Please will partner with CES to efficiently maximize housing opportunities t.

 Please describe how 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.

nge County Continuum of Care – Request for Proposals for Continuum of Care Bonus, nestic Violence Bonus and Reallocation Projects
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?
Describe how Housing First Model Practices are incorporated into your project's design, policies, and practices, including policies related to participant eligibility, if applicable.
Describe your agency's policy and practices for terminating program participant assistance, if applicable.
Describe the proposed service approach to program participants presenting with substance use, substance use disorders, and/or co-occurring substance use and mental health disorders.

14. Describe how the proposed project will work to identify barriers that lead to racial disparities, take steps to eliminate barriers to and ensure racial equity, and implement measures to evaluate the efficacy of the steps taken within the project.

Orange County Continuum of Care – Request for Proposals for Continuum of Care Bonus, Domestic Violence Bonus and Reallocation Projects
15. In nearly every community, Black, Indigenous, and other people of color (BIPOC) are substantiall overrepresented in the homeless population. Describe and demonstrate how the proposed project will obtain input and include persons of different races and ethnicities, particularly thos overrepresented in the local homelessness population, including in leadership roles, review an updating of program policies, inclusion of people of color with lived experience, etc.
16. Describe how the proposed project is addressing the needs of individuals who identify as Lesbian Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual, and Other Gender or Sexual Identities (LGBTQIA+), including training, policies, practices, etc. that ensure LGBTQIA+ individual and/or families receive services from the proposed project free from discrimination.
17. Describe how the proposed project ensures the privacy, respect, safety, and access of participants regardless of gender identity and/or sexual orientation.
COC BONUS AND REALLOCATION SPECIFIC QUESTIONS
18. Describe how the proposed project will include a strategy to provide outreach, engagement, and/o housing interventions to serve populations experiencing homelessness that have not previousl been served by the homeless system at the same rate they are experiencing homelessness.

19. Describe how the proposed project will support participants with sever service needs such as, significant challenges or functional impairments, including any physical, mental, developmental, or behavioral health disabilities, obtain and maintain permanent housing. Include service delivery

	nge County Continuum of Care – Request for Proposals for Continuum of Care Bonus, nestic Violence Bonus and Reallocation Projects
	approach for persons with severe and persistent mental illness, co-morbidities, dual diagnoses, and chronic substance use.
20.	Describe how the proposed project will support participants with past criminal justice involvement become connected to supportive services, increase income and obtain permanent housing.
21.	Describe how the proposed project will prioritize safety and a trauma-informed care approach when serving participants who have a significant vulnerability to victimization, including physical assault, trafficking or sex work. Answer should include process for safety planning when identifying appropriate placement.
22.	Describe how the proposed project will offer creative, strategic interventions for participants 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.
23.	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.

ONUS SPECIFIC QUESTIONS
escribe how the proposed project will involve survivors with a range of lived expertise in policy and program development throughout the project's operation.
escribe how the proposed project will evaluate its ability to ensure the safety of DV survivors to served.
ovide examples of the proposed project's supportive services to be provided to DV survivors while nickly moving them into permanent housing and addressing their safety needs (e.g., legal services support with child custody, credit repair services, housing navigation, crisis helpline, long termousing stability and safety planning, education services, etc.).

- 27. Describe how the proposed project will:
 - a. Prioritize placements and stabilization in permeant housing consistent with the program participant's wishes and stated needs,
 - b. Establish and maintaining and 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 connections to legal services	•	trauma-informed	parenting	classes,	childcare

EXHIBIT 11: COORDINATION WITH HOUSING AND HEALTHCARE RESOURCES¹²

K	ESC	OURCES ¹²	
Ag	ency	Name:	
Pro	ject	Name:	
1.	wil or	oposed project is a Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project, rovide housing subsidies or subsidized housing units not currently funded through the CoC gency Solutions Grant (ESG) Program for at least 25 percent of the units included in the or serve at least 25 percent of the program participants anticipated to be served by the	
		☐ Yes ☐ No	
	а.	If yes, please indicate the organizations that will provide the subsidies or subsidized housing units for the proposed new RRH or PSH.	
		☐ 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 11.	
		To earn full points, there must be demonstration that these subsidized housing units will:	
		 in the case of a PSH project, provide at least 25 percent of the units included in the project; or 	
		 in the case of a RRH project, serve at least 25 percent of the program participants anticipated to be served by the project. 	
	c.	If yes, provide a description of how these subsidies or subsidized housing units will support the proposed project.	

¹² Leveraging of Resources only applies to RRH and PSH project types. Any TH-RRH project types that leverage housing and or healthcare resources will receive bonus points.

	_	County Continuum of Care – Request for Proposals for Continuum of Care Bonus, tic Violence Bonus and Reallocation Projects
	d.	If the proposed project is receiving housing subsidies or subsidized housing units not currently funded through the CoC or ESG Program but does not meet the 25 percent, provide additional information detailing the demonstrated commitment.
2.	If the proposed project is a RRH or PSH project, will it use 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
	а.	If yes, please provide a copy of formal written documents as part of Attachment 12. These documents should include the project name, value of commitment, and specific dates that healthcare resources will be provided. To earn full points, 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, which will be covered by the healthcare organization.
	b.	If yes, provide a description of how healthcare resources will be used to help participants experiencing homelessness accessing the proposed project.