

FY2024 CONTINUUM OF CARE REQUEST FOR PROPOSALS FOR CONTINUUM OF CARE  
BONUS, DOMESTIC VIOLENCE BONUS AND REALLOCATION PROJECTS  
NEW PROJECTS AND EXPANSION PROJECTS REQUIRED DOCUMENTS CHECKLIST

DUE THURSDAY, SEPTEMBER 12, 2024, BY 5:00 P.M. PACIFIC DAYLIGHT TIME (PDT)

Agency Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

**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:**

- Permanent Housing – Permanent Supportive Housing Project (PSH)
- Permanent Housing – Rapid Rehousing Project (RRH)
- 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 Name to Expand:
  - Grant Number:

**The following documents along with this checklist must be submitted with your agency's new or expansion project proposal in response to the Request for Proposals (RFP). The RFP submittal deadline is Thursday, September 12, 2024, at 5:00 p.m. Pacific Daylight Time (PDT).**

- Cover Letter** (signed by Authorized Representative)
- Exhibit 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' Roster<sup>1</sup> and Resolution authorizing submittal of the RFP for new or expansion project application in response to the FY2024 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

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<sup>1</sup> 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.

**Orange County Continuum of Care – FY2024 Request for Proposals for Continuum of Care Bonus, Domestic Violence Bonus and Reallocation Projects**

- Exhibit 2: Financial Assessment**
  - Attachment 6:** Two most recent single audits<sup>2</sup>, 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)<sup>3</sup>
- 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)<sup>4</sup>
  - Attachment 12:** Healthcare Resources Leveraging Formal Agreement
- HUD CoC Project Application (e-SNAPS) <sup>5</sup>**

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<sup>2</sup> Single audits must be dated 2021 or later.

<sup>3</sup> Financial audits must be dated 2021 or later.

<sup>4</sup> For instructions and a template on completing Housing Resources Leveraging Commitments and Healthcare Resources Leveraging Formal Agreements, visit the Orange County CoC FY2024 CoC NOFO webpage, at <https://ceo.ocgov.com/fy2024cocnofo>

<sup>5</sup> 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.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition).

## EXHIBIT 1: AGENCY INFORMATION FORM

Agency Name: \_\_\_\_\_

Agency Type<sup>6</sup>: \_\_\_\_\_

<b>Agency Complete Address:</b>	
<b>Fax:</b>	
<b>Phone:</b>	
<b>Email:</b>	

<b>Primary Point of Contact for Request for Proposals Name:</b>	
<b>Title:</b>	
<b>Phone:</b>	
<b>Email:</b>	

<b>Chief Executive Officer / Executive Director Name:</b>	
<b>Title:</b>	
<b>Phone:</b>	
<b>Email:</b>	

<b>Authorized Representative<sup>7</sup> Name:</b>	
<b>Title:</b>	
<b>Phone:</b>	
<b>Email:</b>	

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<sup>6</sup> Examples of Agency Type: Not-for-Profit Organization, Faith-Based Organization, Public Housing Authority, or other unit of local government.

<sup>7</sup> The Authorized Representative for the HUD grant application may be the same person as the agency CEO or Executive Director and must be the signatory for associated documents within this RFP.

## EXHIBIT 2: FINANCIAL ASSESSMENT

Agency Name: \_\_\_\_\_

### 1. Financial Information

Employer or Taxpayer Identification Number (EIN/TIN)	
System Award Management (SAM) <sup>8</sup> #	
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:

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<sup>8</sup> Please enter the agency's five-digit Commercial and Government Entity (CAGE) code.

## EXHIBIT 3: ORANGE COUNTY CONTINUUM OF CARE PARTICIPATION

Agency Name: \_\_\_\_\_

### LOCAL PARTICIPATION

The level of agency participation at the local CoC and CoC Board, Committees, Working Groups, and/or Ad Hocs 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 CoC Board, Committees, Working Groups, Ad Hocs 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 HMIS User Meetings, and the Data and Performance Management Meetings facilitated by 2-1-1 Orange County, as the HMIS Lead?

Yes  No

a. If your agency does not participate in the HMIS User Meetings and the Data and Performance Management Meetings, please indicate why and provide a detailed plan on how your agency will begin participating in the HMIS related meetings.

4. Does your agency currently participate in another CoC’s HMIS or comparable database that complies with the U.S. Department of Housing and Urban Development’s (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

**Orange County Continuum of Care – FY2024 Request for Proposals for Continuum of Care Bonus, Domestic Violence Bonus and Reallocation Projects**

**2024 POINT IN TIME COUNT (PIT)**

**5. Did your agency participate in the 2024 sheltered homeless count for the Orange County CoC?**

- Yes  No  Not Applicable

**6. Did your agency submit the complete and accurate information requested for the 2024 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 the reason(s) why your agency did not meet the required deadline.**

**2024 HOUSING INVENTORY COUNT (HIC)**

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

- Yes  No

**a. If not, please indicate how many days after the deadline information was submitted and the reason(s) why your agency did not meet the required deadline.**

**COORDINATED ENTRY SYSTEM (CES)**

The Orange County CES connects existing programs together into a “no wrong door network” to streamline processes through which communities assess, house, and serve 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 Program components are required to participate in the existing Orange County CES and assessment efforts.

**8. 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 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.**

**Orange County Continuum of Care – FY2024 Request for Proposals for Continuum of Care Bonus, Domestic Violence Bonus and Reallocation Projects**

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## 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 FY2024 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).

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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.
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:

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

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<b>Name/Title</b>	<b>Signature</b>	<b>Date</b>
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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 the services requested and target population identified in this solicitation. Copy template as necessary to include information on contracts and/or related housing and supportive services.

Related Services Experience	
<b>Description of Related Services:</b>	
<b>Length of Time Service has been Provided</b>	<b>Start Date:</b> <b>End Date<sup>9</sup>:</b>
<b>Area Where Services are Provided (e.g., county, service planning area (SPA), city):</b>	
<b>Funding/Contract Amount:</b>	
<b>Funding Sources:</b>	
<b>Contact Information <sup>10</sup></b>	<b>Name:</b> <b>Title:</b> <b>Telephone:</b> <b>Email:</b>

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

<sup>9</sup> Enter "Present" if still providing the identified services.

<sup>10</sup> 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 with severe service needs<sup>11</sup>, 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).

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 participants’ preferences.

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<sup>11</sup> 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.

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- 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. Provide information on the needs of DV survivors<sup>12</sup> in the Orange County CoC. Include the number of households that need housing or services, the number of survivors your agency is currently**

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<sup>12</sup> “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.

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serving and the unmet need in Orange County. If available, detail the datasets and information referenced in the response.

- 10. Describe your agency’s experience in housing placements and retention for DV Bonus projects, Permanent Housing – Rapid Rehousing (RRH) and Joint Transitional Housing and Permanent Housing – Rapid Rehousing (Joint TH/PH-RRH). 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 (e.g., comparable databases, other administrative data, external data source).**

- 11. Describe your agency’s experience in providing housing to DV survivors. In your answer include:**
- a. How your agency served DV survivors with severe service needs,**
  - b. How your agency ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing, and**
    - Prioritized survivors (include details in the process utilized, e.g., Coordinated Entry, prioritization list, agency emergency transfer plan),**
    - Determined survivors’ supportive services needs,**
    - Connected survivors to supportive services, and**
    - Moved survivors from assisted housing to housing they could sustain/address housing stability after housing subsidy ends.**

- 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 survivors’ information and locations confidential,**
  - d. Training staff on safety and confidentiality policies and practices, and**

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- 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, survivor-centered approaches to meet needs of DV survivors by:**

- a. Prioritizing placement and stabilization in permanent housing consistent with the program participants' preferences 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' strengths (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).**

## EXHIBIT 6: INTEGRATING PERSONS WITH LIVED EXPERIENCE

Agency Name: \_\_\_\_\_

1. Describe how your agency integrates the perspectives of people with current or former lived experience of homelessness, particularly Black, Indigenous, and other people of color are substantially overrepresented in the homeless population, in all aspects of the program including policy and program development, reviewing and updating of program policies, participation on the agency’s Board of Directors, serving in leadership roles, etc. Describe how your agency recruited, trained, and compensated people with lived expertise to do this work, if applicable.

2. Does your agency prioritize hiring people who have lived experience of homelessness?  
 Yes     No
  - a. If yes, describe the impact and outcome of hiring people with lived expertise<sup>13</sup>. Please refrain from disclosing the identity or experiences of any staff members in the narrative response of this question unless permission has been granted.

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. Describe the steps your agency has taken to address challenges raised by people with lived experience of homelessness and implement feedback.

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<sup>13</sup> “Lived expertise” includes an individual who has 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. Will the proposed project primarily serve (75 percent or more) households with severe service needs?

Yes  No

- a. 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 age 17 or younger 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 age 17 or younger and one adult)  
 Transitional Age Youth (ages 18 – 24)

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- Individual (adult only households) experiencing chronic homelessness
- Older Adults (ages 62 and older)

**5. Total Funding Requested Amount:** \$\_\_\_\_\_

**6. How much match (cash and in-kind) does your agency expect to provide for this project in FY2024?**  
 Match Requirements - All eligible funding costs, except leasing, **must be matched** with no less than 25 percent cash or in-kind contribution. Provide verification of 25 percent match and label the documents **Attachment 10**.

Total Commitment Amount		Source(s)
Cash	In-Kind	

**7. 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. If this is a New Project Application, this question is not applicable.**

**8. If funded, the proposed project is required to participate in the Orange County Coordinated Entry System (CES) and will require 100 percent 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.**

**9. 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.**

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**10. 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?**

**11. Describe how Housing First Model practices are incorporated into your project’s design, policies, and practices, including policies related to participant eligibility, if applicable.**

**12. Describe your agency’s policy and practices for terminating program participant assistance, if applicable.**

**13. 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 ensure racial equity, and implement measures to evaluate the efficacy of the steps taken within the project.**

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**15. In nearly every community, Black, Indigenous, and other people of color are substantially overrepresented in the homeless population. Describe and demonstrate how the proposed project will obtain input and include persons of different races and ethnicities, particularly those overrepresented in the local homelessness population, in the ongoing operation and evaluation of the program, including in leadership roles, review and updating of program policies, inclusion of people of color with lived experience, etc.**

**16. Describe how the proposed project is addressing the needs and safety 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+ individuals 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.**

**18. 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.**

**COC BONUS AND REALLOCATION SPECIFIC QUESTIONS**

**19. 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**

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been served by the homeless system, such as participants with a high utilization of crisis or emergency services to meet basic needs, a history of living in an unsheltered situation for long periods of time, a risk of continued or repeated homelessness, older adults experiencing homelessness, etc.

**20. Describe how the proposed project will support participants with severe 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 approach for persons with severe and persistent mental illness, co-morbidities, dual diagnoses, and chronic substance use.**

**21. Describe how the proposed project will support participants with past criminal justice involvement become connected to supportive services, increase income and obtain permanent housing.**

**22. 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. The answer should include process for safety planning when identifying appropriate placement.**

**23. 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.**

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**24. 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**

**25. Describe how the proposed project will support participants with severe 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 approach for persons with severe and persistent mental illness, co-morbidities, dual diagnoses, and chronic substance use.**

**26. Describe how the proposed project will involve survivors with a range of lived expertise in policy and program development throughout the project’s operation, as well as ongoing project evaluation.**

**27. Describe how the proposed project will evaluate its ability to ensure the safety of DV survivors to be served, including plan for responding to any areas identified for improvement throughout the project’s operation.**

**28. Provide examples 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 (e.g., legal services**

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to support with child custody, credit repair services, housing navigation, crisis helpline, long term housing stability and safety planning, education services, etc.).

**29. 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<sup>14</sup>

Agency Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

If exhibit is not applicable for proposed project, please check the box below:

Exhibit 11 is not applicable for the proposed Joint TH/PH-RRH project

### HOUSING RESOURCES

1. If the proposed project is a RRH or PSH project, will it leverage housing resources by providing housing subsidies or subsidized housing units not currently funded through the 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 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.

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<sup>14</sup> Leveraging of Resources only applies to RRH and PSH project types. Any Joint TH/PH-RRH project types that leverage housing and or healthcare resources will receive bonus points.

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- 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.**

**HEALTHCARE RESOURCES**

- 2. If the proposed project is a RRH or PSH project, will it leverage 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

- a. 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.**