

**CoCBUILDS PROJECT DOCUMENTS CHECKLIST  
FOR REQUEST FOR PROPOSAL FOR CONTINUUM OF CARE BUILDS PROJECTS**

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

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

The following documents long with this checklist must be submitted with your agency’s new project proposal in response to the Request for Proposals (RFP). RFP Submittal deadline is Friday, October 4, 2024, at 5:00 p.m. Pacific Daylight Time (PDT).

- Cover Letter** (signed by Authorized Representative as listed in Exhibit 1)
- Exhibit 1: Agency Information Form**
  - Attachment 1:** Organizational Chart – include Board of Director’s body as it relates to the entire organization, and organization’s staff names and titles/positions. Include organizational chart of developer partners or other subrecipients, if applicable.
  - Attachment 2:** Board of Directors’ Roster and Resolution authorizing submittal of the RFP for project application in the CoCBUILDS NOFO competition process
  - Attachment 3:** State Certificate of Status
  - Attachment 4:** 501(c)3 Certification, if applicable
- Exhibit 2: Financial Assessment**
  - Attachment 5:** Two most recent single audits<sup>1</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>2</sup>
- Exhibit 3: Related Experience and Approach**
- Exhibit 4: Project Information Form**
  - Attachment 6:** Certification of Consistency in the Consolidated Plan
  - Attachment 7:** HUD Form 424-CBW Grant Application Detailed Budget Worksheet
  - Attachment 8:** Financial Commitment – 25% Match Documentation, including letters of match commitment and/or in-kind Memorandum of Understanding (MOU)
- Exhibit 5: Promoting Racial Equity and Community Integration for Persons with Disabilities**
- Exhibit 6: Development Leveraging**
  - Attachment 9:** Identified Site Assessment
- Exhibit 7: Coordination with Housing and Healthcare Resources, and Social Service Providers**
  - Attachment 10:** Housing Resources Leveraging Commitment(s)

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<sup>1</sup> Single audits must be dated 2021 or later.

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

## EXHIBIT 1: AGENCY INFORMATION FORM

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

Agency Type<sup>3</sup>: \_\_\_\_\_

### 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 Representative for Request for Proposals

Name:	
Title:	
Phone:	
Email:	

Please include the following documents as separate attachments:

- **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. Include organizational chart of developer partners or other subrecipients, if applicable.
- **Attachment 2:** Board of Directors’ Roster and Resolution authorizing submittal of the RFP for project application in the CoCBuils NOFO competition process
- **Attachment 3:** State Certificate of Status
- **Attachment 4:** 501(c) 3 Certification, if applicable.

<sup>3</sup> 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) <sup>4</sup> #	
Unique Entity ID #	

### 2. Has your agency received an audit finding on the two most recent independent audits or Single Audits? Provide the two most recent independent audits or Single Audits and label the documents Attachment 5.

Yes  No  N/A

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  N/A

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  N/A

b. If yes, please explain:

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<sup>4</sup> Please enter the agency's five-digit Commercial and Government Entity (CAGE) code.

## EXHIBIT 3: RELATED EXPERIENCE AND APPROACH

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

### DEVELOPMENT EXPERIENCE

1. Describe your agency’s experience with at least four other PSH projects that have a similar scope and scale as the proposed project, including experience with developing, owning and/or operating PSH.

2. Please complete table below with development experience completed and underway, with at least four completed projects that have a similar scope and scale as the proposed project.

Name of Development	Address	Status of Project (under construction, completed or occupied)	Date completed	Number of Units, if applicable	Target Population (Individual, Family, Subpopulations)	Agency’s Role in the Development Process

3. Describe your agency’s experience in leveraging resources substantially similar to the funds being proposed in the current project. Please include details on the prior leveraging experience, including dollar value contributed. Examples of resources include Low Income Housing Tax Credits, HOME, CDBG, Section 108, Section 202, and Section 811.

**MANAGING HOMELESS PROJECTS**

- 4. Describe your agency’s experience administering programs for individuals and families experiencing homelessness where one member of the household has a disability.**

- 5. Describe your agency’s experience managing at least four (4) properties including how your agency determines the amount of rent to charge based on unit size, addressing program participant complaints, working with other service organizations that may place program participants in the units, and maintaining the properties.**

- 6. Describe the rental housing projects your agency has managed. If you have or will partner with other organization(s) within the CoC to manage a property(s), provide the organization’s information, type of program participants assisted, and experience.**

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- a. Specify the number of assisted and non-assisted units in each rental housing property project named above.**

<b>Rental Housing Property</b>	<b>Assisted Units</b>	<b>Non-Assisted Units</b>

- 7. Specify the number of grants for affordable housing awarded to your agency over the last three years, total amount of awards, and the type of subsidy funding or financing provided for housing.**

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## EXHIBIT 4: PROJECT INFORMATION FORM

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

### IMPLEMENTATION SCHEDULE, PROPERTY MAINTENANCE, AND MANAGEMENT OF RENTAL HOUSING

**8. Indicate the type of capital cost requested for the proposed project:**

- New Construction (24 CFR 578.47)
- Acquisition (24 CFR 578.43)
- Rehabilitation (24 CFR 578.45)

**9. Based on type of capital cost requested, provide:**

- **New Construction** – date construction will begin and end, and date property will be available for move-in.
- **Acquisition** – date property will be acquired.
- **Rehabilitation** – dates rehabilitation of the property will begin and end.

Capital Cost Requested	Date(s)

**10. Please describe the proposed schedule for the following activities:**

- Site control, indicate if the property has already been identified;
- Environmental review completion;
- Execution of grant agreement;
- Start and completion dates;
- Anticipated date the jurisdiction will issue the occupancy certificate;
- Date property will be available for individuals and families experiencing homelessness to begin occupying units.

**11. Will the property be ready for resident occupancy within 36 months of September 1, 2025<sup>5</sup>?**

- Yes  No  Unsure

<sup>5</sup> Within the CoCBUILDS NOFO, HUD states that the grant agreement must be executed no later than September 1, 2025.

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- a. If you selected “no” or “unsure”, please detail reasons property will not be ready for resident occupancy within 36 months of September 1, 2025.

- 12. Describe how your agency will ensure the property is maintained annually to prevent unnecessary costly repair including how the property will be maintained annually and needed repairs are conducted (e.g., checking for roof leaks, routine maintenance for heating and cooling). Identify the source of funds that will be used and whether there will be a reserve fund established specifically for maintenance and repair of proposed units.**

- 13. Describe how the proposed project will be able to cover replacement costs (e.g., replacing broken or damaged appliances, major equipment). Indicate if there will be funds provided from other sources and what those sources will be.**

**PROJECT INFORMATION**

- 14. Please describe the proposed Permanent Supportive Housing (PSH) project and describe the population that will be served by the proposed project. Include information on the total number of units, as well as the households and participants expected to be served by the proposed project.**



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15. The [Orange County Housing Funding Strategy 2022 Update](#) outlined a vision for the creation of additional supportive housing units by 2025, as well as a need to create further affordable housing. Referencing local data, such as the Orange County Point In Time Count and Housing Inventory Count data, describe the population that will be served by the proposed project and how new PSH units for this population fulfill an unmet housing need in Orange County.

16. Does the proposed project have [Form HUD-2991](#) completed and dated between June 1, 2024, and October 31, 2024? This program requires a certification of Consistency with the Consolidated Plan under [24 CFR 91.2](#). Provide a copy of signed [Form HUD-2991](#) and label the document **Attachment 6**.

Yes  No

17. Please propose a budget for the proposed project utilizing [HUD Form 424-CBW](#) and label the document **Attachment 7**. The majority of the funding request must be for capital costs. No more than 20% of the total funds requested can include other CoC Program budget line items. No more than 10% of the total funds requested can include administrative costs. Eligible Activities include:

- Acquisition (24 CFR 578.43)
- Rehabilitation (24 CFR 578.45)
- New Construction (24 CFR 578.47)
- Project-based rental assistance (24 CFR 578.51(e))
- Supportive Services (24 CFR 578.53)
- Operating Costs (24 CFR 578.55)
- Project administrative costs (24 CFR 578.59).

18. How much match (cash and in-kind) does your agency expect to provide for the project?

The CoCBUILDS NOFO has a 25% match requirement that can be cash or in-kind, or a combination of both. Provide verification of 25% match and label the documents **Attachment 8**.

Total Commitment Amount		Source(s)
Cash	In-Kind	

19. 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.

**20. 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.**

**MANAGING HOMELESS PROJECTS**

**21. Describe the proposed project’s type and frequency of supportive services that will be available (e.g., case management, life skills, health care. See [24 CFR part 578.53](#) for full list of CoC Program eligible supportive services.). Please state whether your organization or another organization will provide supportive services.**

**a. If other organizations will provide some or all of the supportive services, provide the organization(s) name, address, email address, and phone number in the table below.**

Organization(s) Name	Address	Email Address	Phone Number

**22. Describe your agency’s experience with providing transportation for program participants. Describe the methods of transportation that will be available for program participants in the proposed project to travel to doctor appointments, recreation, public services (e.g., post office, library), shopping, other services, etc. If public transportation is available, indicate the hours of operation and the distance from the units.**

**SECTION 3 REQUIREMENTS**

**23. Describe how the proposed project will comply with Section 3<sup>6</sup> of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD’s implementing rules at 24 CFR part 75<sup>7</sup> to provide employment and training opportunities for low- and very low-income persons.**

**24. Describe how the proposed project will comply with Section 3 and HUD’s implementing rules at 24 CFR part 75 to provide contracting and other economic opportunities for business that provide economic opportunities to low- and very low-income persons.**

**25. Describe how the proposed project will comply with Section 3 responsibilities such as providing training, employment, and other economic opportunities pursuant to Section 3.**

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<sup>6</sup> The Section 3 program requirements are included on the HUD Exchange website: <https://www.hudexchange.info/programs/section-3/>

<sup>7</sup> The regulations for Section 3 are included in 24 CFR Part 75: <https://www.ecfr.gov/current/title-24/subtitle-A/part-75>

## EXHIBIT 5: PROMOTING RACIAL EQUITY AND COMMUNITY INTEGRATION FOR PERSONS WITH DISABILITIES

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

1. Describe your agency's experience soliciting, obtaining, and applying input from Underserved Communities<sup>8</sup> when designing, planning, and implementing housing projects.

2. Describe your agency's experience in building community partnerships with grassroots and resident-led organizations that provide housing, health care, and supportive services.

3. Describe how your agency's experience designing or operating programs that have improved racial equity, particularly among people experiencing homelessness.

4. Describe any potential barriers to persons or communities of color equitably benefiting from the proposed project and detail the steps taken to prevent, reduce, or eliminate these barriers.

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<sup>8</sup> For the definition of Underserved Communities, please visit the HUD website:

[https://www.hud.gov/program\\_offices/administration/admbout/diversity\\_inclusion/definitions#:~:text=Underserved%20Communities,%2C%20social%2C%20and%20civic%20life.](https://www.hud.gov/program_offices/administration/admbout/diversity_inclusion/definitions#:~:text=Underserved%20Communities,%2C%20social%2C%20and%20civic%20life.)

**5. Describe how the proposed project will advance Environmental Justice<sup>9</sup> for people or communities that have been environmentally underserved or overburdened (e.g. low-income and Black and Brown communities) in one or more of the following ways:**

- Reducing or mitigating exposure to environmental and health hazards (e.g. industrial facilities, EPA superfund sites, brownfields and legacy pollution, heat islands).
- Improving protection from and resilience to environmental harms (e.g. fire-resistant materials, floodproofing).
- Expanding environmental benefits (e.g. clean air and water, public transportation, bike and walking paths, clean energy, green technology, biodiversity).
- Overcoming prior disinvestment in environmental infrastructure (e.g. drainage systems, green spaces, pollution controls).

**6. Describe how the proposed project will enable persons with disabilities participating in the program to make meaningful choices about housing, health care, and long-term services and supports that will allow them to fully participate in the community.**

**7. Describe how the proposed project will ensure non-segregation of individuals and families experiencing homelessness where at least one household member has a disability.**

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<sup>9</sup> Environmental Justice means investing in environmental improvements, remedying past environmental inequities, and otherwise developing, implementing, and enforcing environmental laws and policies in a manner that advances equity and provides meaningful involvement for people and communities that have been environmentally underserved or overburdened, such as Black and Brown communities, indigenous groups, and individuals with disabilities.

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- 8. Describe whether or not the proposed project will be part of mixed-use development, meaning individuals and families that will reside in the units are not all disabled.**

## EXHIBIT 6: DEVELOPMENT LEVERAGING

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

1. Describe what resource(s) – such as low-income housing tax credit commitments, project-based rental assistance, and other resources – will be dedicated to the proposed project. Please indicate the dollar value for each of the commitment(s).

Resource Description	Value of Commitment
	\$
	\$
	\$
	\$
	\$
	\$

2. Describe the overall cost of the project, including the estimated cost per unit. In cases where the project includes more than one type of housing (e.g. townhouses and apartments), or has multiple sites, provide cost per unit information on each site or housing type to the extent possible.

3. Please indicate per household cost by calculating the total proposed amount divided by the total household served, as a straight math equation.

Project Cost-Effectiveness	
Total Proposed Amount	\$
Total Households to be Served	
Per Household Cost <sup>10</sup>	\$

4. If there are current properties under construction or rehabilitation where potential CoCBuils funds could be used to obtain units, please complete table below for all sites you have identified and/or in process for acquisition, if applicable.

- a. If your agency does not have an identified site and the chart is not applicable, please check the box below:

Chart is not applicable

<sup>10</sup> To calculate cost per household, divide the total proposed amount by total households to be served.





## ATTACHMENT 9: IDENTIFIED SITE ASSESSMENT

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

Please complete Attachment 9 for EACH identified site listed in Exhibit 6. Question 4, if applicable. If your agency does not have an identified site and Attachment 9 is not applicable, please check the box below:

Attachment 9 is not applicable

Site Name and Address: \_\_\_\_\_

**1. What is the type and amount of the funding source(s) being used to construct the property?**

Funding Source	Amount	Notes
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

**2. What site control does your agency have of the property (letter of intent, purchase in sale, in-escrow, etc.)?**

**3. Does the property have a completed, approved, and signed environmental review by the County of Orange?**

Yes  No

**4. Does the property require relocation assistance for current existing residents?**

Yes  No

a. If yes, please describe the relocation plan for current existing residents and estimated costs related to relocation.

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**5. How many stories is the property? Is there an elevator?**

**6. What is the agency’s connection to the property, e.g., owner, broker, affordable developer?**

**7. Who is the owner of the property and what is their experience with constructing or rehabilitation?**

## EXHIBIT 7: COORDINATION WITH HOUSING PROVIDERS, HEALTHCARE ORGANIZATIONS, AND SOCIAL SERVICE PROVIDERS

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

1. Will the proposed project leverage CoC funded housing resources through coordination with housing providers, healthcare organizations, and/or social service providers for new construction, acquisition, and rehabilitation to provide at least 50% of the amount being requested in the application or leverage non-CoC funded housing resources to provide subsidies for at least 25% of the units that are proposed in the application?

Yes  No

a. If yes:

- 1) Please indicate the organizations that will provide at least 50% of the amount requested in the application or provide subsidies for at least 25% of the units for the proposed PSH project.

- Housing Provider(s)  
 Healthcare Organization(s)  
 Social Service Provider(s)

- 2) Provide a copy of letters of commitment, contracts, or other formal written documents that demonstrate the percentage of subsidies or number of units being provided to support the project, as part of Attachment 10.

- 3) Provide a description of how these leveraged resources will support the proposed project.

- b. If the proposed project is not planning to leverage housing resources that will provide at least 50% of the amount requested in the application or subsidies for at least 25% of the units for the proposed PSH project, but seeks to provide some leveraged housing resources, provide additional information detailing the demonstrated commitment

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**2. Will the proposed project leverage commitment(s) from a healthcare organization, housing provider, and/or social service provider to provide access to housing resources (e.g., supportive services, home-based and long-term services and supports, primary and medical care, behavioral health, substance use disorder treatment and recovery, and other services); or provided at least an amount that is equivalent to at least \$7,500 per unit in the proposed project?**

Yes  No

**a. If yes:**

- 1) Please provide a copy of formal written documents as part of Attachment 10. These documents should include the project name, value of commitment, and dates the housing and resources will be provided. To earn full points, in-kind resources must be valued at the local rates consistent with the amount paid for services not supported by grant funds.**
- 2) Provide a description of how housing resources or value of assistance of at least \$7,500 per unit will support the proposed project.**