Request for Proposals (RFP) for Continuum of Care Homeless Programs RFP DBH 12-60

ADDENDUM NO. 1

1. RFP is revised to read as stated in ATTACHMENT A of Addendum No. 1.

   Note: Yellow highlighted text indicates a revision was made to the previous RFP language.

Request For Proposals

for

2012 CONTINUUM OF CARE HOMELESS PROGRAMS

DUE DATE FOR MANDATORY ELECTRONIC SUBMISSION:

September 18, 2012 11:59 p.m. (PDT)

CaSonya Thomas, Director
Department of Behavioral Health

Department of Behavioral Health – Contracts Unit
268 West Hospitality Lane, Suite 400
San Bernardino, CA 92415-0026

RFP - DBH 12-60

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I. OBJECTIVE

The County of San Bernardino Office of Homeless Services (OHS), acting on behalf of the San Bernardino County Homeless Partnership, is requesting proposals from nonprofit and local government organizations providing assistance to homeless populations within the County of San Bernardino. OHS seeks projects that can make maximum efficient, economical, and effective use of the prospective allocation of the United States Department of Housing and Urban Development (HUD) Continuum of Care (CoC) funds through the McKinney-Vento Act. The County of San Bernardino is a *Housing First County* and is interested in receiving proposals that seek to assist chronic homeless persons and disabled homeless individuals and families with permanent supportive housing.

To ensure the San Bernardino County CoC is positioned to respond to the Notice of Funding Availability (NoFA), OHS is administering the local procurement at this time. OHS is requesting nonprofit and local government organizations interested in receiving funding to assist homeless populations within the County of San Bernardino complete and submit the County of San Bernardino 2012 Continuum of Care Homeless Assistance Grant Application (see **Attachment I, Program Application**) and required documents listed on the checklist (see **Attachment II, Application Checklist**). Agencies approved by the County of San Bernardino Interagency Council on Homelessness will be asked to submit a final proposal through HUD's e-snaps system.

II. BACKGROUND

The County of San Bernardino, on behalf of the Homeless Partnership, shall submit an application to HUD for federal CoC assistance to provide essential services to assist homeless persons and families in the County of San Bernardino. See **Attachment III, GeoCodes**, for a complete list of areas within the County of San Bernardino served with HUD 2012 CoC Homeless Programs. It is anticipated that $6,267,518 in Preliminary Pro-Rata Need [1] (of which $3,072,680 is Hold Harmless Need [2]) will be made available to fund projects to assist homeless populations throughout the County of San Bernardino. The CoC plan being submitted to HUD will include a Permanent Housing Bonus of up to $940,128 for permanent housing projects serving chronic homeless persons, homeless disabled individuals and families. Thus, the San Bernardino CoC could be in a position to receive an overall award of up to $7,207,646 through this federal competition. Of this amount, $4,134,511 may be available for new programs and $3,072,680 may be available for renewals.

This Request for Proposal (RFP) announces the intention of the Interagency Council on Homelessness (ICH) to receive new applications through three components of the McKinney-Vento Homeless Assistance Act: 1) Supportive Housing Program; 2) Shelter Plus Care; and 3) Section 8 Moderate Rehabilitation Program for Single-Room Occupancy Dwellings for Homeless Individuals. These programs are authorized by title IV, subtitle C, of the Stewart B. McKinney-Vento Homeless Assistance Act, 42 U.S.C. 11381 subject to program regulations at 24 CFR part 583 (Supportive Housing Program); 42 U.S.C. 11403 subject to the program regulations at 24 CFR part 582 (Shelter Plus Care Program); and 42 U.S.C. 11401 subject to

[1] The preliminary pro-rata need is the total allocation for all jurisdictions within the San Bernardino City and County Continuum of Care (CoC). Although HUD allocates the amounts by city and county, the CoC pools the amounts to be utilized for projects throughout the county.

[2] The amount allocated to each CoC to provide enough funding to meet Supportive housing Program renewal needs for one year.

the program regulations at 24 CFR part 882, subpart H (SRO Moderate Rehabilitation for SROs). This RFP is for new projects only. All current HUD Grantees eligible for project renewal will be notified by OHS regarding the renewal process.

OHS is soliciting proposals from nonprofit and local government providers of homeless services, which will effectively utilize all or part of the funds available as direct grantees with HUD.

III. PROCUREMENT CONDITIONS

A. Priorities

Major priorities this year will be identifying one or more providers of permanent supportive housing, particularly those that propose units for chronic homeless persons and/or disabled homeless individuals and families (Permanent Housing Bonus). Please note - Permanent Supportive Housing is a local priority.

B. Negotiations

OHS reserves the right to negotiate with potential grantees relative to pricing, technical information, and/or other items from their proposal(s).

C. CoC Homeless Program Questions

Questions regarding the CoC Homeless Program and/or procurement process must be sent, via email, to homelessrfp@hss.sbcounty.gov**.** In the subject line please type: **CoC Question--SB** to ensure the email is properly routed. Please note that OHS is only permitted to answer questions and shall not provide assistance that may provide a competitive advantage to a proposal. All questions regarding the CoC Homeless Program and procurement process must be submitted by the date and time indicated in **Section VII, SCHEDULE**, of this RFP. All responses to questions will be posted as an addendum on the County's Purchasing Web-Site.

D. Energy Efficiency

OHS supports the *Energy Star* initiative that encourages the use of energy-efficient appliances (see **Attachment IV, Energy Star**, and www.energystar.gov). Applications for new projects will only be included in the CoC plan if the applicant agrees to utilize only Energy Star appliances in their projects. Applicants should also note that all projects proposing rehabilitation or new construction shall be required to conduct outreach to employ low- and very low-income persons per the Housing and Urban Development Act of 1968 (known as Section 3).

IV. PROGRAM COMPONENTS

This RFP is for new projects only. All current HUD Grantees eligible for project renewal will be notified by OHS regarding the renewal process.

A. Three Program Components

HUD CoC funding is available through three distinct components: Supportive Housing Program (SHP), Shelter Plus Care (S+C), and Section 8 Moderate Rehabilitation Program for Single-Room Occupancy Dwellings for Homeless Individuals (SRO). Each project component has unique requirements as to eligible applicants and eligible activities. The chart below summarizes some of the key eligibility requirements of these components. More complete information may be obtained on each component at the HUD Homeless Resource Exchange website: www.hudhre.info.

Program Component	Eligible Applicants	Eligible Activities	Grant Terms New Projects
Supportive Housing Program (SHP)	Non-profits and units of general local government, and States	• Acquisition • Rehabilitation • New Construction • Operations • Supportive Services • Leasing • HMIS • Administration	• 1 year
Shelter Plus Care (S+C)	States, local government units, and public housing agencies (PHAs).	• Rental assistance (any type of units)	• 5 years tenant-based or sponsor based • 10 years project-based with rehabilitation
Section 8 Mod. Rehab. For Single Room Only (SRO)	Public Housing Authorities (PHAs) and nonprofits in conjunction with PHAs	• Rental assistance (SRO units only)	• 10 years

B. Eligible Populations

Only projects assisting homeless populations within the County of San Bernardino GeoCodes (See Attachment III) shall be considered for inclusion in the CoC application.

Eligible populations include the four broad categories listed below:

1. People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, exiting an institution where they temporarily resided.

2. People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled up situation, within 14 days and lack resources or support networks to remain in housing. HUD had previously allowed people who were being displaced within 7 days to be considered homeless.

3. Families with children or unaccompanied youth who are unstably housed and likely to continue in that state. This is a new category of homelessness, and it applies to families with children or unaccompanied youth who have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two or more moves in the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment.

4. People who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent

housing. This category is similar to the current practice regarding people who are fleeing domestic violence.

Governing regulations include an income eligibility test restricting assistance to persons below 50% of Area Median Income, adjusted for household size.

Eligibility for Projects Serving Chronically Homeless, including those eligible for the Permanent Housing Bonus

Eligible populations for projects funded through the Permanent Housing Bonus must be Chronically Homeless individuals or homeless disabled individuals and families.

A person who is "chronically homeless" is defined as an unaccompanied homeless individual with a disabling condition, or a family with at least on adult member who has a disabling condition, who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years." An episode of homelessness is a separate, distinct, and sustained stay in a place not meant for human habitation, on the streets, in an emergency homeless shelter and/or in a HUD-defined Safe Haven.

A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions.

To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

C. Eligible Projects

SHP funds can be used to develop and operate permanent supportive housing The S+C and the SRO are permanent supportive housing programs that provide rental assistance. The S+C rental assistance can be used as tenant-based, sponsor-based, project-based, and project-based with rehabilitation, and SRO-based assistance. HUD requires that homeless persons receiving rental assistance from either the S+C or SRO programs come either directly from the streets or emergency shelters, or from a transitional housing facility if they were either on the streets or an emergency shelter just prior to entering the transitional housing program.

Note – The County of San Bernardino is a *Housing First* County and is only accepting proposals that seek to assist chronic homeless persons and disabled homeless individuals and families with permanent supportive housing.

Applicants are strongly encouraged to review the program regulations for the component for which it will be applying. HUD has posted on the Internet complete guidance on each program component (http://esnaps.hudhre.info/projectapps.cfm).

Agencies that submit a proposal will be notified if their proposal has been recommended for funding by the Grant Review Committee. Agencies recommended for funding by the Grant Review Committee and approved by the County of San Bernardino ICH must attend a Technical Assistance Workshop and a Mandatory Final Review. Agencies recommended for funding will be notified of the deadline to enter their final application in e-snaps when HUD releases the NoFA in August or September 2012.

OHS shall use its resources to assist applicants in submitting project proposals that conform with the program regulations, but neither the County of San Bernardino nor the San Bernardino County Homeless Partnership make any representation that funding is guaranteed, or that their interpretations of the regulations are fully consistent with HUD's. The responsibility for the completeness of an application and its conformity with the relevant HUD regulations is the sole responsibility of each applicant.

V. MAXIMUM REQUESTS AND LIMITS

HUD has established limits on the amount of Supportive Housing Program grant funds that may be requested for a particular project.

SHP Applications for new projects may include up to $400,000 for the following combined development activities:

- New Construction
- Acquisition
- Rehabilitation

In addition to the limit on how much funding may be made available for a particular SHP project, no agency may submit more than two SHP applications for new projects. Eligible SHP renewal projects shall not be counted against the new project limit on the number of applications that an agency may submit.

Limits concerning supportive services, operations, HMIS, and administration will be made known to applicants once HUD publishes the limits for this round of funding.

VI. GRANT TERMS

Please note that the term for each grant depends on the program component for which applications are submitted. New Supportive Housing Program (SHP) requests must be for one year. New Shelter Plus Care (S+C) proposals must be for five years (or ten years for S+C Project-based Assistance), and new Section 8 Moderate Rehabilitation (SRO) Program applications must be for ten years.

Please see **Attachment V, Summary Information on the Supportive Housing Program,** for additional guidance relative to SHP projects.

VII. SCHEDULE

Submission Schedule

RFP Issued	Date: July 16, 2012
Proposer's Conference	Date: July 26, 2012 Time: 10:00 a.m. – Noon (PDT) Location: County of San Bernardino Health Services 850 E. Foothill Blvd., Auditorium Rialto, CA 92376
Deadline for submission of questions	Date: September 6, 2012 Time: 11:59 p.m. (PDT) Submission: homelessrfp@hss.sbcounty.gov
Questions and Answers posted as an Addendum	Date: September 13, 2012
Tentative Deadline for Electronic Submission for local Application Materials	Date: September 18, 2012 Time: 11:59 p.m. (PDT) Submission: homelessrfp@hss.sbcounty.gov
Homeless Assistance Grant Review Committee	Date: September 26, 2012 Time: 9:00 a.m. to Noon (PDT) Location: San Bernardino County Department of Behavioral Health 1950 South Sunwest Lane, Suite 200 San Bernardino, CA 92415
Tentative Award/Denial Letters mailed to proposers	Date: September 27, 2012
Mandatory Technical Assistance Workshop for Awarded new Programs and renewal Programs **AGENCIES RECOMMENDED FOR FUNDING AND RENEWAL AGENCIES MUST HAVE COMPLETED OR UPDATED THE SF 424 AND HAVE ACCESS TO THE EXHIBIT 2 ON E-SNAPS PRIOR TO THE MANDATORY TECHNICAL ASSISTANCE WORKSHOP**	Date: October 3, 2012 Time: *10:00 a.m. – Noon (PDT) **12:15 p.m. – 3:00 p.m. (PDT) Location: San Bernardino County Department of Behavioral Health 1950 South Sunwest Lane, Suite 200 San Bernardino, CA 92415 *New Programs **Renewal Programs

ICH Review of Grant Review Committee Recommendations	Date: October 24, 2012 Time: 9:00 a.m. to 11:00 a.m. (PDT) Location: San Bernardino County Department of Behavioral Health 1950 South Sunwest Lane, Suite 200 San Bernardino, CA 92415

All dates and times are subject to change as deemed necessary by OHS.

PLEASE NOTE – It is anticipated that there will be further modifications to this Request for Proposal (RFP) and a second addendum to this RFP will be posted after HUD releases the 2012 CoC Homeless Assistance Programs Notice of Funding Availability (NoFA).

Projects Recommended for Funding: Agencies recommended and approved for funding by the local ICH will be required to attend a mandatory final review. The authorized representative must have a strong knowledge of the application and the authority to make revisions to the approved project in order to strengthen the CoC's overall score. During this process OHS and the agency representative(s) will work together to finalize, and enter into e-snaps, project information for inclusion in the Partnerships final application to HUD.

OHS will notify the authorized representative identified by the agency in Attachment I of all subsequent submission requirements and meeting dates and locations. Local final submission dates in e-snaps will be determined by OHS staff when HUD releases the NoFA in August or September 2012.

OHS is providing a listing of additional required documents in **Attachment II**. Be advised that it is the applicant's responsibility to ensure all required forms are submitted on time.

VIII. SUBMISSION REQUIREMENTS & FORMATS

A. Application Forms

Proposals for use of the HUD McKinney Act funds must be completed on - **Attachment I - County of San Bernardino 2012 Continuum of Care Homeless Assistance Grant Application**

B. Application Submission Format

OHS shall only accept electronically submitted **Attachment I - County of San Bernardino 2012 Continuum of Care Homeless Assistance Grant Application and required Attachments as indicated in Attachment II of this document** that conform to the following guidelines:

1. Files should be saved as Microsoft Office documents compatible with Office 2007.
2. All scanned documents shall be saved only as PDF formatted files with resolution set no less than 100 dpi or greater than 400 dpi. OHS shall not review documents submitted as JPG, TIF or other graphical formats.
3. All documents must be compatible and accessible to systems on a Microsoft Vista operating platform.

4. All forms and narratives must be prepared using an 11 point Times New Roman font.

5. Application Submission Process/Instructions

It is the applicant's responsibility to ensure that all required materials are submitted by the dates and times identified in this Section and in **Section VII, SCHEDULE**, and in the appropriate format.

All applications must include the applicant's DUNS number as requested in Attachment I. In addition, the proposal must be valid for a minimum of 180 days and signed by an authorized official of the applicant agency, as evidenced by (prior or new) board actions.

Applications:

By 11:59 p.m. Pacific Daylight Time (PDT) on September 18, 2012, all applicants proposing a new project must submit Attachment I – Program Application (County of San Bernardino 2012 Continuum of Care Homeless Assistance Grant Application) and the materials requested in Attachment II in an electronic format to homelessrfp@hss.sbcounty.gov.

C. Approved Applications Only

Mandatory Final Review and Application Submittal:

1. All approved applicants will be required to attend a Mandatory Final Review with OHS staff. **OHS will notify approved applicants of the Mandatory Final Review date and location. OHS shall schedule these sessions with the approved applicants only.**

   Important - During the Mandatory Final Review and Application Submittal OHS and the agency representative(s) will be finalizing the information in e-snaps. The authorized representative must have a strong knowledge of the application and the authority to make revisions to the approved project in order to strengthen the CoC's overall score.

2. All approved applicants will be required to submit three (3) signed copies of the Memorandum of Understanding (Attachment VI), outlining expectations for providing housing and supportive services for County of San Bernardino eligible homeless individuals and families for the period of July 1, 2013 through June 30, 2014, to OHS staff at the Mandatory Final Review.

IX. GENERAL REQUIREMENTS FOR ALL GRANTEES/PROJECT SPONSORS

Please be aware of the following requirements of all grantees and project sponsors.

A. Financial Requirements Summary

CoC funded programs are subject to the uniform policies and requirements of the federal Office of Management and Budget's (OMB) Circulars and Federal regulations implementing the Circulars. The grantee must meet any applicable audit requirements in accordance with the Office of Management and Budget Circulars A-133, A-128, and A-110. The nonprofit grant recipient will be responsible for costs associated with an independent audit. As applicable, the audit must be provided to HUD in a timely manner.

B. Grant Administration

Grantees are responsible for ensuring that homeless assistance funds are administered in accordance with the requirements of applicable laws and program regulations.

C. Performance Reports

All applicants are hereby advised that as a condition of being included in the final application to HUD, all applicants must enter into a Memorandum of Understanding (MOU) with the OHS. This MOU will provide OHS necessary access to the applicant's project for monitoring and evaluation purposes. In addition, the applicant will be required to provide quarterly performance reports and the Annual Performance Report (APR) filed with HUD to the OHS.

D. Record-keeping

Each grantee must ensure that records are maintained for a three-year period after the final expenditure to document compliance with the provisions of the program regulations, and to make them available to HUD upon reasonable advance notice. Grantees are expected to use standard accounting practices in their fiscal recordkeeping.

E. Timely Use of Funds

Grantees are expected to utilize McKinney-Vento assistance in a timely manner. The program regulations make clear the standards that grantees will be held to regarding program implementation. HUD reserves the right to recapture funds not committed within 12-months of grant execution.

F. Sanctions

If the ICH determines that a grantee is not complying with the McKinney-Vento Act requirements, or with other applicable laws, it may elect to exclude a grantee from future CoC applications.

G. Homeless Management Information System

Grantees are required to utilize the Homeless Management Information System (HMIS) data tracking system for case management activities. HMIS is the computerized data collection tool specifically designed to capture client-level information over time on:

1. The characteristics and service needs of men, women, and children experiencing homelessness
2. The services provided to these clients

X. METHOD OF EVALUATION

The Grant Review Committee will complete the review and evaluation process and prepare a priority list of grantees. All agencies will be notified of the Grant Review Committee recommendation for their agency.

Evaluation Factors

Projects will be evaluated to determine if their historical or anticipated performance merits inclusion in the CoC application. Projects that may reduce the overall CoC score may be excluded from the CoC application. Projects will only be included in the submission to HUD if they demonstrate capacity to initiate a new project in a timely manner.

New Projects will be ranked by the Grant Review Committee within the following categories:

1. Permanent supportive housing applications serving chronic homeless persons and families and/or homeless disabled individuals and families (Permanent Housing Bonus)

During the application review process all Hold Harmless Need (HHN) funds not awarded may be applied to the Preliminary Pro-Rata Need (PPRN).

Projects will be included in the CoC plan until the estimated Preliminary Pro-Rata Need and Permanent Housing Bonus funds have been exhausted. Funds for S+C renewal projects are provided by HUD in addition to each CoC's pro-rata need and are to be included in the submission to HUD following the list of projects fitting within the Preliminary Pro-Rata Need (plus any bonus funding). The Grant Review Committee will approve projects that clearly demonstrate the following:

Projects Rating Factors

1. Feasibility (taking into account timing, availability of other resources, and experience of applicant)
2. Percentage of funding request for housing-related activities (the higher the percentage for housing the better). The following budget categories shall be included in this calculation:
   a) Acquisition
   b) Rehabilitation
   c) New construction
   d) Leasing
   e) Housing operations
3. Leverage (relative to other new projects)
4. Targeting of chronic homeless populations
5. Cost effectiveness
6. Participation in the San Bernardino County Homeless Provider Network
7. Participation in the San Bernardino County Point In Time Count
8. Level of participation and quality of data entered in the San Bernardino County Homeless Management Information System (if applicable).
9. Projects that reflect the recommendations stated in the County of San Bernardino's 10-Year Strategy to End Homelessness
10. Participation in San Bernardino County CoC Planning process
11. Service and geographic reach: does the proposed new project provide a new needed service, and/or is the project proposed for an under-served part of the County of San Bernardino.
12. Application Completeness & Accuracy

END

Program Application

County of San Bernardino 2012 Continuum of Care Homeless Assistance Grant Application

A. Project Information:

1. Program Type: ☐ Supportive Housing Program ☐ Shelter Plus Care ☐ SRO Mod Rehab

2. Project Description: Provide a general description of the project. The description must include a response to the program requirements under which the project will operate. The description must also include information on the homeless needs that are addressed by the project, the type of housing that will be provided, and the target population that the project will serve.

3. Will the project use Energy Star (See Attachment IV) equipment such as computers, printers, kitchen appliances, etc.? ☐ Yes ☐ No

4. Is the project located on land previously owned by the military? ☐ Yes ☐ No

B. Project Sponsor Information

1. Organization Name:

2. Organization Type: ☐ local government ☐ nonprofit ☐ other:_____

3. DUNS Number:

4. Tax ID or EIN #:

5. Street Address 1:

6. Street Address 2:

7. City:

8. Zip Code:

9. Is the sponsor a faith-based organization? ☐ Yes ☐ No

10. Has the sponsor ever received a federal grant, either directly from a federal agency or through a State/local agency? ☐ Yes ☐ No

C. Project Sponsor Contact Information

1. Name:

2. Title:

3. E-mail address:

4. Phone number:

5. Fax number:

D. Experience of Project Applicant, Sponsor, and Partners

Experience Narrative(s) - each narrative must address the specific type and length of experience for the applicant, project sponsor, housing and supportive service providers, and if applicable, key subcontractors involved in implementing the project. In addition, the narratives must describe the experience of all entities, as it relates to working with homeless persons, and the experience directly related to the proposed activities being carried out, including: housing development, housing management, construction, rehabilitation, service delivery, and HMIS activities (for new HMIS projects).

1. **Describe the experience of the project applicant, sponsor, and partners, as it relates to providing supportive services and housing for homeless persons, and carrying-out the activities of the project.**

2. **Describe experience of project partners related to providing activities and working with homeless persons.**

3. **Describe applicable experience relating to the administration of rental assistance.**

4. **Unresolved monitoring or audit findings on HUD McKinney-Vento Act grants, excluding ESG - check Yes or No to indicate whether or not the sponsor has open OIG audit findings; poor or non-compliance with applicable Civil Rights Laws and/or Executive Orders; or open SNAPS related monitoring finding(s). The question is related to those projects for which the sponsor organization is either a direct grantee or a sponsor.**
   ☐ Yes ☐ No

   If "yes," please explain findings:

E. Type and Scale of Housing

Project Participants - Households with Dependent Children

Instructions:

- **Total number of households** - enter the total number of households served at a point in time.

- **Disabled adults** - (in this row) enter the total number of adult participants with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

- **Non-disabled adults** - (in this row) enter the total number of adult participants without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse, veterans, and DV victims).

- **Disabled children** - (in this row) enter the total number of participant children with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, persons with HIV/AIDS, and DV victims).

- **Non-disabled children** - (in this row) enter the total number of participant children without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse and DV victims).

- **Total persons** – add rows above

- **Total number of adults** – add rows above for adults only

- **Total number of children** – add rows above for children only

In the table below, indicate the total number of homeless persons and subpopulations served by the project at a particular point in time (when the project is at full capacity).

Total Number of Households:							
	Total Persons	**Chronic Homeless**	**Severely Mentally Ill**	**Chronic Substance Abuse**	**Veterans**	**Persons with HIV/AIDS**	**Victims of Domestic Violence**
Disabled Adults							
Non-Disabled Adults							
Disabled Children							
Non-Disabled Children							
Total Persons							
Total Number of Adults							
Total Number of Children							

Project Participants - Households without Dependent Children

- **Total number of households** - enter the total number of households with or served at a point in time.

- **Disabled adults** - (in this row) enter the total number of adult participants with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

- **Non-disabled adults** - (in this row) enter the total number of adult participants without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse, veterans, and DV victims).

- **Disabled unaccompanied youth** - (in this row) enter the total number of unaccompanied youth with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, persons with HIV/AIDS, and DV victims).

- **Non-disabled unaccompanied youth** - (in this row) enter the total number of unaccompanied youth without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse, and DV victims).

- **Total persons** – add rows above.

- **Total number of adults** - add rows above for adults only.

- **Total number of unaccompanied youth** - add rows above unaccompanied youth only.

In the table below, indicate the total number of homeless persons and subpopulations served by the project at a particular point in time (when the project is at full capacity).

Total Number of Households:							
	Total Persons	**Chronic Homeless**	**Severely Mentally Ill**	**Chronic Substance Abuse**	**Veterans**	**Persons with HIV/AIDS**	**Victims of Domestic Violence**
Disabled Adults							
Non-Disabled Adults							
Disabled Unaccompanied Youth							
Non-Disabled Unaccompanied Youth							
Total Persons							
Total Number of Adults							
Total Number of Unaccompanied Youth							

F. Supportive Services for Participants

Instructions:

1. **Policies and practices consistent with the educational laws** (required) – select Yes or No. does the applicant/sponsor have policies which are consistent with educational laws, including the McKinney-Vento Act, relating to the provision of educational and related services to individuals and families experiencing homelessness.

2. **Designated staff person to ensure the homeless children receive educational needs** (required) - does the applicant/sponsor have a designated staff person responsible for ensuring that children are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services.

3. **Obtain and remain in permanent housing** - describe the supportive services that will be provided to help project participants locate and stabilize in permanent housing, access mainstream resources, and/or obtain employment.

4. **Maximizing employment, income, and independent living** - describe the supportive services that will be provided to help project participants locate employment and access mainstream resources for independent living.

5. **Supportive Services** (no input required) - lists each basic supportive service (outreach, case management, life skills, job training, alcohol and drug abuse services, mental health and counseling, HIV/AIDS services, health/home health services, education and instruction, employment services, child care, transportation. and other) that may be provided to participants.

6. **Frequency** - select the frequency (daily, weekly, bi-weekly, monthly, bi-monthly, quarterly, does not apply) at which each basic supportive service is provided to participants.

7. **Accessibility of community amenities** - select the level of accessibility of basic community amenities for project participants. Basic community amenities should be accessible to participants via walking, public transportation, driving, or transportation provided by the project.

The information provided below records the capacity of the project to provide supportive services or access to services that participants require. See instructions above for assistance.

1. **For projects serving families, does the applicant/sponsor have policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness?**

   ☐ Yes ☐ No ☐ not applicable

2. **For projects serving families, does the applicant/sponsor have a designated staff person responsible for ensuring that children are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services?**

   ☐ Yes ☐ No ☐ not applicable

3. **Describe how participants will be assisted to obtain and remain in permanent housing.**

4. **Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.**

5. Specify the frequency of supportive services to be provided to project participants.

Supportive Services	**Check Frequency**						
	Daily	**Weekly**	**Bi-Weekly**	**Monthly**	**Bi-Monthly**	**Quarterly**	**Does not Apply**
Outreach							
Case Management							
Life Skills							
Job Training							
Alcohol and Drug Abuse Services							
Mental Health and Counseling							
HIV/AIDS Services							
Health/Home Health Services							
Education and Instruction							
Employment Services							
Child Care							
Transportation							
Other:							
Other:							
Other:							

6. **How accessible are basic community amenities (e.g., medical facilities, grocery store, recreation facilities, schools, etc.) to the project?**

☐ Very Accessible ☐ Somewhat Accessible ☐ Not Accessible

G. Outreach for Participants

Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations.

Note: this includes persons who ordinarily sleep in one of the places listed below but are spending a short time (30 consecutive days or less) in a jail, hospital, or other institution.

%	Homeless Persons
	Persons who came from the street or other locations not meant for human habitation
	Person who came from Emergency Shelters.
	Persons who came from Safe Havens.
	Persons in TH who came directly from the street, Emergency Shelters, or Safe Havens.
	Total of above percentages

If the total is less than 100%, describe very specifically where the other persons you propose to serve would be coming from, and how these persons would meet the HUD homeless definition.

Describe the outreach plan to bring these homeless participants into the project.

H. Housing for Participants

Will participants be required to live in particular structures or units during the first year and in a particular area within the locality in subsequent years, or to live in a particular area for the entire period of participation? ☐ Yes ☐ No

If participants are required to live in one particular structure or area, describe the reason for selecting the housing structure or location.

I. Discharge Planning Policy

The following question must be completed by project applicants that are State or local government agencies.

Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs?

☐ Yes ☐ No ☐ Not Applicable

J. Project Leveraging

INSTRUCTIONS: Complete the table below by listing all leveraged resources that will be utilized on this project. Leveraged resources should be considered either committed or anticipated resources for your project. Also, complete leveraging certification form on next page.

Leverage commitment documentation: Must submit documentation of committed and grant award letters. Please note that only leverage verified with documentation will be considered.

Type of Contribution	Source of Contribution	Identify Source as: (G) Government* or (P) Private	List any Anticipated Leveraging	Date of Written Commitment	Value of Written Commitment
Example: Child Care	*CDBG*	*G*		*2/15/2006*	*$10,000*
				TOTAL:	$

Committed leveraging = %
Total leveraging

Percentage of funds committed for this project. ____%

Leveraging Certification

The following format must be used to certify leveraging use for this project. Please use your agency letterhead and attach to this document..

Leveraging Certification

I certify on behalf of _____and attest that all leveraged
(Print organization name and project name)

sources and amounts contained in Leveraging Certification have not been previously used in other project(s) and/or Continuum of Care Homeless Assistance Program competitions. All information contained in the Leveraging Chart is true and accurate to the best of my knowledge.

_____

Name and Title of Authorized Person

_____

Authorized Person Signature and Date

Note: The County verifies all leveraging by checking previous applications made to HUD under the CoC application. Applications that duplicate leveraging will be disqualified from this RFP process and will not be included in the final application to HUD.

K. Homeless Management Information System (HMIS) Participation

All projects must indicate their level of participation in the CoC's HMIS.

Does this project provide client level data to HMIS at least annually?

☐ Yes ☐ No ☐ Not Applicable (HMIS dedicated projects only)

If the project is providing participant data in the HMIS - indicate the total number of participants served by the project, and the total number of clients reported in the HMIS. Also, for those participant records that were reported in the HMIS, indicate the percentage of values that were missing ("Null or Missing Values") and/or unknown ("Don't Know or Refused"). If there were no unknown values, note a "0" value.

If the project is not providing participant data in the HMIS - indicate one or more of the four (4) reason(s) for non-participation:

☐ Federal law prohibits (please cite specific law)

☐ State law prohibits (please cite specific law)

☐ New project not yet in operation

☐ Other (please specify prohibition)

L. Standard Performance Measures

For each applicable question on this form, the Applicant must establish performance measurement goals for this project. All applicants are required to set a housing stability goal and to select at least one other performance measure on which the grantee will report performance in the Annual Performance Report (APR). The “Universe” column specifies the total number of persons about whom the measure is expected to be reported. In the “Target #” column, applicants should specify the number of applicable clients (e.g., the number of persons for whom the goal is relevant) who are expected to achieve the measure within the operating year. The system will calculate a percentage in the "Target %" column. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be “80%”.

Specify the universe and target numbers for the following required performance measure(s).

Housing Measure	Universe #	Target #	Target %
Persons remaining in permanent housing as of the end of the operating year.			
Persons exiting to permanent housing (subsidized or unsubsidized) during the operating year.			

Choose one income-related performance measure from below, and specify the universe and target numbers for the goal.

Housing Measure	Universe #	Target #	Target %
Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit.			
Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit.			

M. Project Budgets

SHP Supportive Services Budget

Instructions:

Eligible supportive services - Please use the 'Other' category to specify any additional, eligible activities, which are not listed. Refer to the SHP Desk Guide for details on eligible supportive services activities.

Quantity (required) - enter or update the quantity (eg. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which SHP funding is being requested.

SHP Request (required) - for each grant year, enter or update the amount ($) requested for each activity that is DIRECTLY related to providing supportive services to homeless participants. The SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

Total - the total SHP funding ($) requested for each activity.

Cash Match (required) - for each grant year, enter or update the cash amount ($) available to support the SHP request. By law, the grantee or project sponsor must make cash payment for at least 20% of the project's total Supportive Service annual budget.

Total SHP Supportive Services Budget - the Total Supportive Services Budget.

Other Resources - if there are in-kind or additional cash resources above the requested cash match requirement, enter or update the total amount ($) available per grant year.

For each year of the grant term, enter the quantity and total budget request for each supportive service activity.

Supportive Services Cost	**Quantity limit 400 characters**	**SHP Request Year 1**	**SHP Request Year 2**	**Total**
Outreach				
Case management				
Life skills (outside of case management)				
Alcohol and drug abuse services				
Mental health & counseling services				
HIV/AIDS services				
Health related & home health services				
Education and instruction				
Employment services				
Child care				
Transportation				
Other:				
Other:				
Total SHP dollars requested				
Cash match				
Total SHP supportive services budget				
Other resources (cash & in-kind)				

SHP Operating Budget

Instructions:

Eligible operating - Please use the 'Other' category to specify any additional, eligible activities, which are not listed. Refer to the SHP Desk Guide for details on eligible operations activities.

Quantity - enter or update the quantity (eg. FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each operating activity for which SHP funding is being requested.

SHP Request (required) - for each grant year, enter or update the amount ($) requested for each activity that is DIRECTLY related to operating the housing or supportive services facility. The SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

Total - the total SHP funding ($) requested for each activity.

Total SHP dollars requested - the total SHP funding ($) requested for each grant year.

Cash Match (required) - for each grant year, enter or update the cash amount ($) available to support the SHP request. By law, the grantee or project sponsor must make cash payment for at least 25% of the project's total Operations budget for each grant year.

Total SHP Operations Budget - the Total Operations Budget.

Other Resources (no input required) - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount ($) available per grant year.

For each year of the grant term, enter the quantity and total budget request for each operating activity.

Eligible Costs	**Quantity limit 400 characters**	**SHP Request Year 1**	**SHP Request Year 2**	**Total**
Maintenance/Repair				
Staff				
Utilities				
Equipment (lease/buy)				
Supplies				
Insurance				
Furnishings				
Relocation				
Other:				
Other:				
Total SHP request				
Cash match				
Total SHP operating budget				
Other resources (cash & in-kind)				

HMIS Budget – Equipment

Instructions:

HMIS costs - the table below provides a list of eligible activities associated with the implementation of an HMIS and for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible cost activities, which are not listed.

SHP Request - for each grant year, enter or update the amount ($) requested for each cost activity that is DIRECTLY related to implementing the HMIS, and eligible for SHP funding. For renewal projects, the SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

Total - the total SHP funding ($) requested for each cost activity.

Cash Match - for each grant year, enter or update the cash amount ($) available to support the SHP request. By law, the grantee or project sponsor must make cash payment for at least 20% of the project's total HMIS annual budget.

Other Resources - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount ($) available per grant year.

For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity.

Equipment	SHP Request Year 1	SHP Request Year 2	Total
Central Server(s)			
Personal computers & printers			
Networking			
Security			
Subtotal Equipment Request			
Cash match			
Total Equipment Budget			
Other resources (cash & in-kind)			

HMIS Budget - Software

Instructions:

HMIS costs - the table below provides a list of eligible activities associated with the implementation of an HMIS and for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible cost activities, which are not listed.

SHP Request - for each grant year, enter or update the amount ($) requested for each cost activity that is DIRECTLY related to implementing the HMIS, and eligible for SHP funding. For renewal projects, the SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

Total - the total SHP funding ($) requested for each cost activity.

Cash Match - for each grant year, enter or update the cash amount ($) available to support the SHP request. By law, the grantee or project sponsor must make cash payment for at least 20% of the project's total HMIS annual budget.

Other Resources - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount ($) available per grant year.

For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity.

Software	SHP Request Year 1	SHP Request Year 2	Total
Software/user licensing			
Software installation			
Support & maintenance			
Supporting software tools			
Subtotal Software Request			
Cash match			
Total Software Budget			
Other resources (cash & in-kind)			

HMIS Budget – Services

Instructions:

HMIS costs - the table below provides a list of eligible activities associated with the implementation of an HMIS and for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible cost activities, which are not listed.

SHP Request - for each grant year, enter or update the amount ($) requested for each cost activity that is DIRECTLY related to implementing the HMIS, and eligible for SHP funding. For renewal projects, the SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

Total - the total SHP funding ($) requested for each cost activity.

Cash Match - for each grant year, enter or update the cash amount ($) available to support the SHP request. By law, the grantee or project sponsor must make cash payment for at least 20% of the project's total HMIS annual budget.

Other Resources - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount ($) available per grant year.

For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity.

Services	SHP Request Year 1	SHP Request Year 2	Total
Training by third parties			
Hosting/technical services			
Programming: customization			
Programming: system interface			
Programming: data conversion			
Security assessment & setup			
On-line connectivity (internet access)			
Facilitation			
Disaster & recovery			
Other:			
Subtotal HMIS Services Request			
Cash match			
Total HMIS Services Budget			
Other resources (cash & in-kind)			

HMIS Budget - Personnel

Instructions:

HMIS costs - the table below provides a list of eligible activities associated with the implementation of an HMIS and for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible cost activities, which are not listed.

SHP Request - for each grant year, enter or update the amount ($) requested for each cost activity that is DIRECTLY related to implementing the HMIS, and eligible for SHP funding. For renewal projects, the SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

Total - the total SHP funding ($) requested for each cost activity.

Cash Match - for each grant year, enter or update the cash amount ($) available to support the SHP request. By law, the grantee or project sponsor must make cash payment for at least 20% of the project's total HMIS annual budget.

Other Resources - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount ($) available per grant year.

For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity.

Personnel	SHP Request Year 1	SHP Request Year 2	Total
Project management/coordination			
Data analysis			
Programming			
Technical assistance & training			
Administrative support staff			
Subtotal Personnel Request			
Cash match			
Total Personnel Budget			
Other resources (cash & in-kind)			

HMIS Budget - Space & Operations

Instructions:

HMIS costs - the table below provides a list of eligible activities associated with the implementation of an HMIS and for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible cost activities, which are not listed.

SHP Request - for each grant year, enter or update the amount ($) requested for each cost activity that is DIRECTLY related to implementing the HMIS, and eligible for SHP funding. For renewal projects, the SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

Total - the total SHP funding ($) requested for each cost activity.

Cash Match - for each grant year, enter or update the cash amount ($) available to support the SHP request. By law, the grantee or project sponsor must make cash payment for at least 20% of the project's total HMIS annual budget.

Other Resources - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount ($) available per grant year.

For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity.

HMIS Space and Operations	**SHP Request Year 1**	**SHP Request Year 2**	**Total**
Space costs			
Operational costs			
Subtotal Space & Operations Request			
Cash match			
Total Space & Operations Budget			
Other resources (cash & in-kind)			

HMIS Budget Summary

The following information summarizes the total HMIS funding request for each year of the grant term.

	Year 1	**Year 2**
Total SHP HMIS Request		
Total Cash Match		
Total HMIS Costs		

Supportive Housing Program (SHP) Summary Budget

The following information summarizes the SHP funding request and the available cash match for the total term of the project.

SHP Activities	SHP Dollars Request	Cash Match	Totals
1. Acquisition			
2. Rehabilitation			
3. New construction			
4. Subtotal: (lines 3 – 4)			
5. Real property leasing			
6. Supportive services (from sup services budget chart)			
7. Operations (from operating budget chart)			
8. HMIS (from HMIS budget chart)			
9. SHP request (subtotal of lines 4 – 8)			
10. Administrative costs (up to 5% of line 9)			
	Total SHP Request (total lines 9 & 10)	Total Cash Match	Total Budget (Total SHP Request + Total Cash Match
	$	$	$

Shelter Plus Care Rental Assistance Budget Detail

Instructions:

The rent requested for each unit size must not exceed the published Fair Market Rent (FMR) for the project area. Rent requests that exceed 100% of the published FMR for a given area are no longer an option. Use either the actual negotiated rent of the units or the most recent FMRs as published in the Federal Register, whichever is less. The most recent FMRs are available online at: http://www.huduser.org/datasets/fmr.html.

If the rent requested is equal to 100% of the published FMR, the award amount will be that in effect at the time when all grants are conditionally approved, which may be higher or lower than the FMRs listed here.

If the requested rent is less than 100% of the published FMR, the grant award will be funded at the amounts requested here and will not receive an FMR update.

S+C/SRO and Section 8 SRO projects may not request assistance for more than 100 units per project.

Complete the following fields related to the S+C rental assistance funds being requested under the project.

Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area: _____

Rents need to be at or below the published FMR. Do not enter amounts greater than 100% of FMR. If an amount over 100% of FMR is entered, the budget will be reduced.

Size of Units	Number of Units	FMR or Actual Rent	Number of Months	Total
0 bedroom		x	x	=
1 bedroom		x	x	=
2 bedrooms		x	x	=
3 bedrooms		x	x	=
4 bedrooms		x	x	=
5 bedrooms		x	x	=
6 bedrooms		x	x	=
7 bedrooms		x	x	=
8 bedrooms		x	x	=
9 bedrooms		x	x	=
Total:				**=**

End

Application Checklist

Section A: HUD Application Materials ALL APPLICANTS

- ❑ Contact Information to be included in the body of transmittal email.
- ❑ **Attachment I** – County of San Bernardino 2012 Continuum of Care Homeless Assistance Grant Application
- ❑ Articles of Incorporation/Bylaws
- ❑ List of the Board of Directors: A list of the current board of directors or other governing body of the grantee must be submitted. The list must include the name, telephone number, address, occupation or affiliation of each member; and must identify the principal officers of the governing body.
- ❑ Statement of Non-Identity of Interest: Any member of the board or board officer who receives any compensation from the non-profit organization must identify the amount of such compensation and the services provided for which compensation was granted
- ❑ List of References: a minimum of 3, one of which must be an agency of local government.
- ❑ Organization Chart: showing how proposed project will be situated in your agency.
- ❑ Most recent Audited Financial Statement
- ❑ A list identifying your past 5 years experience receiving HUD assistance or other government assistance

Section B: Other Required Materials for projects recommended for funding*

- ❑ SF-424 Application for Federal Assistance (must include DUNS number)
- ❑ Applicant/Recipient Disclosure/Update Report (HUD-2880)
- ❑ Survey of Ensuring Equal Opportunity for Applicants (HUD-424 SUPP)
- ❑ Copy of IRS 501 (c)(3) Tax Determination Letter
- ❑ Disclosure of Lobbying Activities (SF-LLL)
- ❑ Applicant Code of Conduct (if not previously approved by HUD)
- ❑ Certification of Consistency with Consolidated Plan (HUD-2991) **top portion only**
- ❑ SB County Dept. of Economic and Community Development--Project Info. Sheet
  Section 3 Survey (when requesting funds for new construction or rehabilitation
- ❑ **Attachment VI** – Memorandum of Understanding (Three signed copies)

***Please note – Agencies recommended for funding must have completed the SF-424 prior to attending the Mandatory Technical Assistance Workshop and are required to submit three (3) signed copies of the Memorandum of Understanding to OHS staff at the Mandatory Technical Assistance Workshop. Agencies that have not completed the SF-424 will not have access to the HUD e-snaps application system.**

GeoCodes

San Bernardino City and County Continuum of Care

GeoCode	Jurisdiction
060108	APPLE VALLEY
060708	CHINO
060709	CHINO HILLS
061332	FONTANA
061638	HESPERIA
062556	ONTARIO
062930	RANCHO CUCAMONGA
062964	REDLANDS
062988	RIALTO
063180	SAN BERNARDINO
063852	UPLAND
063900	VICTORVILLE
069071	SAN BERNARDINO COUNTY

Energy Star

Did You Know?
Your home can cause twice the greenhouse gas emissions of a car.

What is ENERGY STAR?

ENERGY STAR is a government-backed program helping businesses and individuals protect the environment through superior energy efficiency.

Results are already adding up. In 2004 alone, Americans, with the help of ENERGY STAR, saved enough energy to power 24 million homes and avoid greenhouse gas emissions equivalent to those from 20 million cars - all while saving $10 billion.

For the home

Energy efficient choices can save families about a third on their energy bill with similar savings of greenhouse gas emissions, without sacrificing features, style or comfort.

ENERGY STAR helps you make the energy efficient choice. If looking for new household products, look for ones that have earned the ENERGY STAR. They meet strict energy efficiency guidelines set by the EPA and US Department of Energy.

If looking for a new home, look for one that has earned the ENERGY STAR.

If looking to make larger improvements to your home, EPA offers tools and resources to help you plan and undertake projects to reduce your energy bills and improve home comfort.

For Business

Because a strategic approach to energy management can produce twice the savings - for the bottom line and the environment - as typical approaches, EPA's ENERGY STAR partnership offers a proven energy management strategy that helps in measuring current energy performance, setting goals, tracking savings, and rewarding improvements.

EPA provides an innovative energy performance rating system which businesses have already used for more than 21,000 buildings across the country. EPA also recognizes top performing buildings with the ENERGY STAR.

ADDITIONAL INFORMATION ON ENERGY STAR CAN BE FOUND AT:

http://www.energystar.gov/index.cfm

Summary Information on the Supportive Housing Program

In accordance with federal regulations at 24 CFR 583, Supportive Housing Program grant funds may be used for one or more of the following activities relating to homeless assistance:

Acquisition of sites to be used as transitional or permanent housing for homeless persons or households. No single application may be for more than $400,000 for the combination of acquisition, new construction, and rehabilitation activities. HUD funding for capital assistance must be matched dollar-for dollar with another source of cash.

New Construction or Rehabilitation of buildings for use as either transitional or permanent housing for the homeless. No single application may be for more than $400,000 for the combination of acquisition, new construction, and rehabilitation. HUD funding for capital assistance must be matched dollar-for dollar with another source of cash.

The **Leasing** of sites to be used as either transitional or permanent housing for the homeless, or the leasing of a site to be used for the provision of supportive social services. If requesting funds to lease housing units, you must not exceed the following monthly Fair Market Rates[3]:

- Single Room Occupancy $664
- Efficiency Unit (0-bedroom) $ 886
- 1-bedroom Unit $ 974
- 2-bedroom Unit $1,149
- 3-bedroom Unit $1,617
- 4-bedroom Unit $1,886

Provision of essential **social services** to the homeless, including services concerned with employment, health, drug abuse, and education, and may include, (but are not limited to):

- Outreach;
- Housing search assistance;
- Life-skills training;
- Medical services and psychological counseling and supervision;
- Employment services;
- Nutritional assistance;
- Substance abuse treatment and counseling;
- Assistance in obtaining other federal, state, and local assistance including mental health benefits, employment counseling, medical assistance, veteran's benefits, and income support assistance such as Supplemental Security Income benefits, Temporary Assistance for Needy Families, General Assistance, and Food Stamps;
- Other services such as child care, transportation, job placement and job training; and Staff salaries necessary to provide the above service.

Operation costs of transitional or permanent housing to assist the homeless

[3] http://www.huduser.org/portal/datasets/fmr/fmrs/FY2012

Relocation assistance for households displaced because of actions related to acquisition, new construction or rehabilitation.

Homeless Management Information System: funding to acquire the hardware, software, set up and operate such a system. These funds may only be used to establish program specific systems that will link to the County's HMIS system that is currently in development.
Costs for HMIS must be reasonable in light of the populations served and level of services rendered.

Administration, limited to 5% of grant funds for program activities described above.

SUPPORTIVE HOUSING PROGRAM REQUIREMENTS

Cash Match

A 20% cash match is required of supportive social services and 25% for housing operations. Acquisition, rehabilitation, and new construction funds must be matched by an equal amount of non-McKinney Act funding (100% match). There is not a match requirement for leasing costs. A nonprofit or local government agency recipient selected through this RFP process must demonstrate its capacity to provide this match in a timely manner following notification of a conditional grant award. In calculating the amount of the matching funds for capital funds, a grantee may include the documented value of any donated material or a building.

Use as an Transitional Housing and Permanent Housing

Any building for which the CoC grant funds are used for acquisition, new construction, or rehabilitation must be maintained as a shelter for the homeless for a period of not less than 20 years. These funds may not be used to provide assistance for emergency shelter services.

Assistance to the Homeless

Homeless individuals must be given assistance in obtaining appropriate supportive services, including permanent housing, medical and mental health treatment, counseling, supervision, and other services essential for achieving independent living; and other Federal, State, local, and private assistance available for such individuals.

MEMORANDUM OF UNDERSTANDING

Between

County of San Bernardino Department of Behavioral Health

Office of Homeless Services

And

Applicant Name

July 1, 2013 through June 30, 2014

WHEREAS, the Office of Homeless Services (OHS) is responsible for coordinating countywide efforts to end and prevent homelessness in San Bernardino County;

WHEREAS, the OHS is responsible for submitting United States Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Homeless Assistance Exhibit 1 and Exhibit 2 grant applications within the County of San Bernardino;

WHEREAS, the OHS is responsible for ensuring that all HUD CoC Homeless Assistance awardees within the County of San Bernardino adhere to HUD and local policy and procedures as established by the San Bernardino County Interagency Council on Homelessness (ICH);

WHEREAS, Applicant Name applied for and was awarded HUD CoC Homeless Assistance funding to provide housing and homeless services to individuals experiencing homelessness in the County of San Bernardino.

NOW, THEREFORE, IT IS AGREED that the San Bernardino County OHS is responsible for Continuum of Care planning for homeless programs in the County of San Bernardino, and Applicant Name, has been awarded funds to provide homeless program services within the County of San Bernardino; the above parties mutually agree to the following terms and conditions:

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I. BACKGROUND

In September of 2007, the San Bernardino County Board of Supervisors (Board) approved the formation of the San Bernardino County Homeless Partnership (Partnership) to provide leadership in creating a stronger countywide network of service delivery to homeless individuals, homeless families, and those at risk of becoming homeless through facilitating better communication, planning coordination, and cooperation among all entities that provide services to the county's homeless. .

In addition, the Board created the Office of Homeless Services (OHS), originally under Human Services, now administered by the Department of Behavioral Health, to provide administrative support for the newly formed Partnership.

This MOU between OHS and Applicant Name delineates the roles and responsibilities of the OHS and Applicant Name with regard to the administration of the HUD CoC Homeless Assistance grants.

II. OHS RESPONSIBILITIES

OHS shall:

A. Provide technical assistance to HUD CoC Homeless Assistance awardees.

B. Conduct annual monitoring site visits to ensure compliance with the The Stewart B. McKinney Homeless Assistance Act of 1987, later renamed the McKinney-Vento Homeless Assistance Act title IV, subtitle C, 42 U.S.C. 11381 and The McKinney-Vento Homeless Assistance Act as amended by S. 896 The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, requirements.

C. Prepare and submit the annual HUD CoC Homeless Assistance Exhibit 1 document to HUD, when necessary.

D. Assist in the preparation and submission of all new and renewal HUD CoC Homeless Assistance Exhibit 2 documents that have been recommended for submission to HUD by the ICH, when necessary.

III. APPLICANT NAME RESPONSIBILITIES

APPLICANT NAME shall:

A. Comply with the McKinney-Vento and/or HEARTH Act, requirements and other applicable laws. If ICH determines that a grantee is not in compliance with McKinney-Vento and/or HEARTH Act requirements it may elect to exclude a grantee from future CoC applications.

B. Utilize the Homeless Management Information System (HMIS) data tracking system for case management activities. Timeliness and quality of data entered in the HMIS will be monitored during the annual monitoring site visit.

C. Ensure that homeless assistance funds are administered in accordance with the requirements of applicable laws and program regulations.

D. Provide quarterly performance reports and the Annual Performance Report (APR) filed with HUD to the OHS.

E. Demonstrate that the project has established policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the

McKinney-Vento Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness.

F. Demonstrate, if Applicant Name serves families with children, in its project that a staff person is designated to ensure that children are enrolled in school and connected to the appropriate services within the community, including early childhood programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services.

G. Demonstrate in its project that a staff person is designated to act as a liaison with local institutions (Foster Care, Detention Centers/Jails, Hospitals and Mental Health facilities) in an effort to prevent discharged individuals from entering into homelessness.

H. Actively participate in the San Bernardino County Homeless Partnership to include but not limited to the following: HUD mandated Point-In-Time-Count and Homeless Partnership Meetings.

IV. MUTUAL RESPONSIBILITIES

A. OHS and Applicant Name agree they will establish mutually satisfactory methods for the exchange of such information as may be necessary in order that each party may perform its duties and functions under this agreement; and appropriate procedures to ensure all information is safeguarded for improper disclosure in accordance with applicable State and Federal laws and regulations.

B. OHS and Applicant Name agree they will establish mutually satisfactory methods for problem resolution.

V. RIGHT TO MONITOR

A. OHS staff or any subdivision or appointee thereof, and the State of California or any subdivision or appointee thereof, including the Inspector General, shall have absolute right to review and audit all records, books, papers, documents, corporate minutes, and other pertinent items as requested, and shall have absolute right to monitor the performance of Applicant in the delivery of services provided under this MOU. Full cooperation shall be given by Applicant in any auditing or monitoring conducted.

B. Applicant shall cooperate with OHS in the implementation, monitoring and evaluation of this MOU and comply with any and all reporting requirements established by this MOU.

C. Applicant shall provide all reasonable facilities and assistance for the safety and convenience of OHS's representative in the performance of their duties. All inspections and evaluations shall be performed in such a manner as will not unduly delay the work of Applicant.

VI. TERM

This MOU is effective July 1, 2013 through June 30, 2014, and shall be automatically renewed for one year periods unless terminated earlier in accordance with provisions of Section VII of this MOU.

VII. EARLY TERMINATION

This MOU may be terminated without cause upon thirty (30) days written notice by either party. The DBH Director, or his/her appointed designee, has the authority to terminate this MOU on behalf of DBH. The Applicant Name Director, or his/her appointed designee, has the authority to terminate this MOU on behalf of Applicant Name.

VIII. GENERAL PROVISIONS

A. No waiver of any of the provisions of the MOU documents shall be effective unless it is made in writing which refers to provisions so waived and which is executed by the Parties. No course of dealing and no delay or failure of a Party in exercising any right under any MOU document shall affect any other or future exercise of that right or any exercise of any other right. A Party shall not be precluded from exercising a right by its having partially exercised that right or its having previously abandoned or discontinued steps to enforce that right.

B. Any alterations, variations, modifications, or waivers of provisions of the MOU, unless specifically allowed in the MOU, shall be valid only when they have been reduced to writing, duly signed and approved by the Authorized Representatives of both parties as an amendment to this MOU. No oral understanding or agreement not incorporated herein shall be binding on any of the Parties hereto.

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IX. CONCLUSION

A. This MOU, consisting of six (6) pages, is the full and complete document describing services to be rendered by DBH and Applicant Name for the HUD CoC Homeless Assistance grants.

B. The signatures of the Parties affixed to this MOU affirm that they are duly authorized to commit and bind their respective entities to the terms and conditions set forth in this document.

APPLICANT NAME

_____
Signature

Name: Name
Title: Title
Address: Street Address
City, State Zip

Date: _____

COUNTY OF SAN BERNARDINO
DEPARTMENT OF BEHAVIORAL HEALTH

_____
Signature

Name: CaSonya Thomas
Title: Director
Address: 268 W. Hospitality Lane, Suite 400
San Bernardino, CA 92415

Date: _____

COUNTY OF SAN BERNARDINO

► _____
Josie Gonzales, Chair, Board of Supervisors

Date: _____

APPROVED AS TO LEGAL FORM
COUNTY COUNSEL

By _____
Frank Salazar, Deputy County Counsel

Date: _____

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD

Laura H. Welch
Clerk of the Board of Supervisors
of the County of San Bernardino

By _____