



Request for Application No. OHS 23-01 Homeless Housing, Assistance and Prevention Round 3 Program Continuum of Care

Addendum No. 2

The following Application attachments are now available as fillable forms:

- Attachment A - Cover Page
- Attachment B - Statement of Certification
- Attachment C - Licenses, Permits, and/or Certifications
- Attachment G - Employment of Former County Officials
- Attachment H - Exceptions to RFA
- Attachment I - Public Records Act Exemption
- Attachment J - Indemnification and Insurance Requirements Affidavit
- Attachment K - HHAP-3 Project Applications

Submission of originally included attachments is acceptable.

**San Bernardino County
Office of Homeless Services
560 East Hospitality Lane, Suite 200
San Bernardino, CA 92415-0044**

ATTACHMENT A – COVER PAGE

Use this checklist to ensure that all items requested have been included.

Items Completed		Page (s)
1.	Attachment A – Cover Page	
2.	Attachment B – Statement of Certification	
3.	Attachment C – Licenses, Permits, and/or Certifications	
4.	Attachment D – Certification Regarding Debarment or Suspension; California Secretary of State Business Entity Registration	
5.	Attachment E – Budget	
6.	Attachment F – Reserved	N/A
7.	Attachment G – Employment of Former County Officials	
8.	Attachment H – Exceptions to RFA	
9.	Attachment I – Public Records Act Exemptions	
10.	Attachment J – Indemnification and Insurance Requirements Affidavit	
11.	Attachment K – HHAP-3 Project Application	

Applicant Name: _____

Address: _____

Mailing Address (if different): _____

Telephone No.: _____ FAX No.: _____

Email Address: _____

Federal Tax ID: _____

RFA Contact (Name/Title): _____

Name of Authorized Representative: _____

Title of Authorized Representative: _____

By signing below, the individual acknowledges that he/she has the authority to bind the Applicant to the terms of the Application. The individual further acknowledges that he/she has read and understands the RFA, the contents of the Application and the Attachments, and attests to the accuracy of the information submitted therein.

Signature of Authorized Representative:  _____

Date: _____

**ATTACHMENT B
STATEMENT OF CERTIFICATION**

The following statements are incorporated in our response to San Bernardino County.

	Statement	Agree (initial)	Disagree with qualification (initial and attach explanation)
1.	The offer made in the Application is firm and binding for nine (9) months from the Deadline for Applications.		
2.	All declarations in the Application and attachments are true and that this shall constitute a warranty, the falsity of which will entitle the County to pursue any remedy by law.		
3.	Applicant agrees that all aspects of the RFA and the Application submitted shall be binding if the Application is selected and a Contract awarded.		
4.	Applicant agrees to provide the County with any other information the County determines is necessary for an accurate determination of the Applicant's ability to perform the Services as proposed.		
5.	Applicant, if selected will comply with all applicable rules, laws and regulations.		
6.	The RFA has been reviewed in its entirety and Applicant has no exceptions to any requirements, terms, or conditions, except as noted in Attachment H.		

ATTACHMENT H – EXCEPTIONS TO RFA

APPLICANT NAME _____

ADDRESS _____

TELEPHONE # _____ FAX # _____

I have reviewed the RFA in its entirety and have the following exceptions: (Please identify and list your exceptions by indicating RFA, the Section or Paragraph number, and Page number, as applicable. Be specific about your objections to content, language, or omissions. Add as many pages as required.)

ATTACHMENT I – PUBLIC RECORDS ACT EXEMPTIONS

APPLICANT NAME _____

ADDRESS _____

TELEPHONE # _____ FAX # _____

Applicant requests that specific portions of the contents of this Application be held confidential and not subject to public disclosure pursuant to the Public Records Act. The specific portions are detailed below: (Please identify and list your exemptions by indicating the Section or Paragraph number, and Page number, of the Application where the content is contained.) **Each stated exemption must include a citation to supporting legal authority, including statutory authority or case law, to support exemption from the Public Records Act. Requested exemptions that does not meet the requirements of this section will not be considered.**

ATTACHMENT J - INDEMNIFICATION AND INSURANCE REQUIREMENTS AFFIDAVIT

**THE APPLICANT’S INSURANCE COMPANY(S) OR INSURANCE AGENT MUST COMPLETE THIS FORM
AND
THE APPLICANT MUST SUBMIT THIS COMPLETED AFFIDAVIT WITH THE APPLICATION.**

I, the undersigned (Please check one box) underwriter agent/broker, certify that I and the Applicant listed below have jointly reviewed the “Insurance Requirements” in this Request for Application (RFA). If the County of San Bernardino (“County”) awards the Applicant the Contract for this project, I will be able—within fourteen (14) calendar days after the Applicant is notified of the Contract’s award—to furnish the County with all the required, insurance certificate(s) and endorsement(s) as specified in Section X, Paragraph B. Indemnification and Insurance Requirements.

_____		_____	
Insurance Broker / Agency Name	Date		
_____		_____	
Insurance Broker’s / Agent’s Name (Printed)	Insurance Broker’s / Agent’s Name (signature)		
_____		_____	
Address	City	State	Zip Code
_____		_____	
Telephone Number	FAX Number	Email Address	

_____	_____
Applicant’s Name	County RFA Name and Number

Below State the Name of Insurance Company Providing Coverage:
DO NOT write “Will Provide,” “To Be Determined,” “When required,” or similar phrases.

_____	_____
Commercial General Liability	Automobile Liability
_____	_____
Workers’ Compensation Liability	Professional Liability
_____	_____
Cyber Liability	Pollution Liability

Sexual Abuse Liability	

[NOTE TO APPLICANT: See Section X, Paragraph B. Indemnification and Insurance Requirements, for details on the basic requirements and types of insurance for this agreement.]

NOTE TO THE UNDERWRITER / AGENT-BROKER: If the insurance forms that the Applicant submits to the County do not fully comply with the Insurance Requirements, and/or if the Applicant fails to submit the forms within the 14-day time limit, the County may: (1) declare the Applicant’s Application non-responsive, and (2) award the Contract to the next highest ranked Applicant.
If you have any questions about the Insurance Requirements, please contact Mr. Rafael Viteri, County of San Bernardino - Risk Management Department, at (909) 386-8730 or via e-mail rviteri@rm.sbcounty.gov (Please provide name of RFA with your email question(s)).

A. Applicant Information	
1.	Name of Applicant:
2.	Applicant's Legal Name:
3.	Address: City: _____ State: _____ Zip: _____
4.	Mailing Address (if different than above): City: _____ State: _____ Zip: _____
5.	Contact Person:
6.	Title:
7.	Contact Phone:
8.	Contact Email:

B. Applicant Statement of Experience and Qualifications	
1.	Business name of the Applicant and type of legal entity such as corporation, partnership, etc. If Applicant is a business entity that must be registered with the California Secretary of State, Applicant shall provide the County the entity number assigned to it by the Secretary of State
2.	Number of years the Applicant has been in business under the present business name, as well as related prior business names.
3.	Do you have any commitments or potential commitments that may impact your ability to perform the Contract if awarded? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.

C. Regions/Strategies to Achieve Outcome Goals (must submit a separate Application for each region)	
1.	Regional or Countywide Youth Serving Project Indicate the SBC CoC Region in which the proposed project service activities will be provided: <input type="checkbox"/> Central Valley Region <input type="checkbox"/> Desert Region <input type="checkbox"/> East Valley Region <input type="checkbox"/> Mountain Region <input type="checkbox"/> West Valley Region <input type="checkbox"/> Services specifically for Homeless Youth

2.	Strategies to Achieve Outcome Goals
	<p>Indicate which of the strategies to achieve outcome goals the proposed project service activities are designed to help meet (select as many as applicable for this project).</p> <p>Applicants for the Central Valley, Desert, East Valley, and West Valley Regions may select from the following strategies:</p> <ul style="list-style-type: none"><input type="checkbox"/> At least 300 new units of permanent supportive and/or service-enriched housing will be occupied by June 2024.<input type="checkbox"/> At least 300 additional households will exit homelessness and achieve permanent housing stability through rapid rehousing activities<input type="checkbox"/> At least 200 additional shelter/interim housing beds will be occupied by January 2024.<input type="checkbox"/> At least 500 households living housing insecure and/or at-risk of homelessness will be prevented from becoming homeless through systemwide diversion and prevention strategies.<input type="checkbox"/> At least 500 households at imminent risk of homelessness will be prevented from becoming homeless through eviction prevention strategies.<input type="checkbox"/> At least 100 high utilizers of safety net services and experiencing chronic homelessness will achieve permanent housing stability by January 2024. <p>Applicants for the Mountain Region may select from the following strategies:</p> <ul style="list-style-type: none"><input type="checkbox"/> At least 300 additional households will exit homelessness and achieve permanent housing stability through rapid rehousing activities<input type="checkbox"/> At least 200 additional shelter/interim housing beds will be occupied by January 2024.<input type="checkbox"/> At least 500 households at imminent risk of homelessness will be prevented from becoming homeless through eviction prevention strategies. <p>Complete the "Project Description" section, explaining in detail how the services for the proposed project, including number of units, beds and/or households served, will contribute to achieving the strategic outcome goals selected.</p>

D. Project Description	
	Project Name:
	In this section provide a concise description of the proposed project, its purpose, and its beneficiaries. Provide details for each category(ies) selected above. Consider items addressed under Section V. Scope of Work in your project description.

E. Work Plan and Schedule/Project Readiness	
	Provide a summary of the work plan for this project and the project schedule.

F. Long Term Results	
	Specify the long-term results and how they will be produced through implementation of the project.

G. Project Sustainability

Explain how will the project be sustained after this one-time funding is exhausted. If project is not sustainable after these one-time funds are exhausted, explain how these one-time funds result in immediate homelessness resolution without the need for long-term funding.

H. Collaboration

Provide the names of the service providers and/or municipalities with which there will be collaboration. Include details of the collaboration efforts; such as, what role(s) does each partner have in implementing the proposed project?

I. California's Housing First Policy

Check box to indicate the proposed project will conform with California's Housing First Policy.

J. Coordinated Entry System (CES)

HHAP-3 funded projects are to be integrated within the local CES. Describe the project's prioritization criteria.

K. Homeless Management Information System (HMIS)

All project participating with CES will need to apply to participate with the local HMIS.

Currently participate in HMIS? Agrees to participate in HMIS?

L. Measurable Outcomes

What will be the indicators that the proposed project is successful at resolving homelessness? How will these be measured? Please include the projected number of unduplicated homeless clients/persons to be served during the program administration. If you are proposing a housing related project, provide the projected retention rate.

M. Administrative Capacity

Describe your agency's/organization's administrative capacity that will allow effective implementation of the proposed project and capacity to submit timely documentation and reports.

CERTIFICATE NO.

ISSUE DATE

GL1-10562	AI	CERTIFICATE OF COVERAGE	05/10/2023
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<p>Public Risk Innovation, Solutions, and Management C/O ALLIANT INSURANCE SERVICES, INC. 18100 VON KARMAN AVENUE, 10TH FLOOR IRVINE, CA 92612</p> <p>PHONE (949) 756-0271 / FAX (619) 699-0901 LICENSE #0C36861</p>	<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BELOW. THIS CERTIFICATE OF COVERAGE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p> <p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED and/or requesting a WAIVER OF SUBROGATION, the Memorandums of Coverage must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p> <p>COVERAGE AFFORDED A - Public Risk Innovation, Solutions, and Management</p>
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<p>Member: CITY OF REDLANDS ATTN: TOMMI NG PO BOX 3005 REDLANDS, CA 92373</p>	<p>COVERAGE AFFORDED B</p> <p>COVERAGE AFFORDED C</p> <p>COVERAGE AFFORDED D</p>
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Coverages
 THIS IS TO CERTIFY THAT THE MEMORANDUMS OF COVERAGE LISTED BELOW HAVE BEEN ISSUED TO THE MEMBER NAMED ABOVE FOR THE PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE COVERAGE AFFORDED BY THE MEMORANDUMS DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUMS. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF COVERAGE	MEMORANDUM NUMBER	COVERAGE EFFECTIVE DATE	COVERAGE EXPIRATION DATE	LIABILITY LIMITS
A	<input checked="" type="checkbox"/> Excess General Liability	PRISM PE 22 EL-112	07/01/2022	07/01/2023	\$1,000,000
					Limits inclusive of the Member's Self-Insured Retention of \$500,000

Description of Operations/Locations/Vehicles/Special Items:

AS RESPECTS AGREEMENT BETWEEN CITY OF REDLANDS AND FAMILY SERVICE ASSOCIATION OF REDLANDS FOR RENTAL OF OFFICE SPACE AT 612 LAWTON STREET, REDLANDS, CA.

FAMILY SERVICE ASSOCIATION OF REDLANDS IS INCLUDED AS AN ADDITIONAL COVERED PARTY, BUT ONLY INSOFAR AS THE OPERATIONS UNDER THIS CONTRACT ARE CONCERNED.

<p>Certificate Holder</p> <p>FAMILY SERVICE ASSOCIATION OF REDLANDS 612 LAWTON STREET REDLANDS, CA 92374</p>	<p>Cancellation SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUMS OF COVERAGES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUMS OF COVERAGE PROVISIONS.</p> <hr/> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center;"><i>Gina Dear</i></p> <p style="text-align: center; font-size: small;">Public Risk Innovation, Solutions, and Management</p>
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ENDORSEMENT NO. U-1

**PUBLIC RISK INNOVATION, SOLUTIONS, AND MANAGEMENT
GENERAL LIABILITY 1**

ADDITIONAL COVERED PARTY AMENDATORY ENDORSEMENT

It is agreed that the "Covered Party, Covered Persons or Entities" section of the Memorandum is amended to include the person or organization named on the Certificate of Coverage, but only with respect to liability arising out of premises owned by or rented to the Member, or operations performed by or on behalf of the Member or such person or organization so designated.

Coverage provided under this endorsement is limited to the lesser of the limits stated on the Certificate of Coverage or the minimum limits required by contract.

ADDITIONAL COVERED PARTY:

NAME OF PERSON OR ORGANIZATION SCHEDULED PER ATTACHED CERTIFICATE OF COVERAGE

AS RESPECTS:

PER ATTACHED CERTIFICATE OF COVERAGE

It is further agreed that nothing herein shall act to increase PRISM's limit of liability.

This endorsement is part of the Memorandum and takes effect on the effective date of the Memorandum unless another effective date is shown below. All other terms and conditions remain unchanged.

Effective Date: _____

Memorandum No.: PRISM 22 EL-00

Issued to: ALL MEMBERS

Issue Date: June 29, 2022



Authorized Representative
Public Risk Innovation, Solutions, and Management

D.) Project Description

In this section provide a concise description of the proposed project, its purpose, and its beneficiaries. Provide details for each category(ies) selected above. Consider items addressed under Section V. Scope of Work in your project description.

- The City of Redlands is requesting \$200,000 for the Harm Reduction Street Outreach program through HHAP. For 2 years, \$150,000 will be for a Substance Abuse Counselor salary and \$50,000 will be utilized for Sober Living and transitional housing beds. There are increasing life-safety concerns arising from the nature of encampment locations along state highways and in city parks. With the 2023 Redlands Homeless Point in Time Count (PIT), Redlands saw an increase of 243 unsheltered persons on the streets versus 98 unsheltered persons in 2022 (San Bernardino Point in Time Count, 2023, [San Bernardino County 2023 Point in Time Count Report | PDF | Homelessness \(scribd.com\)](#)). Within the 243 persons unsheltered, 40% of the homeless had a substance abuse problem disability or disorder that seriously limited their ability to live independently. Within the past 12 months, the city of Redlands has seen at least 7 homeless overdoses with the parks and river bottom. Most of the Redlands homeless encampments sit on the bottom of the Santa Ana River, Sylvan Park, or Jenny Davis Park, giving way to excess contamination of the area's water supply and posing a risk to surrounding neighborhood residents. Persons residing along the highway shoulder and within the city parks pose an extreme risk to life safety and addiction issues have become hazardous to the surrounding area with needle waste and drug chemicals exposed to the elements. Many of the unhoused in the priority areas are deemed chronically homeless and are enduring extreme living conditions which increase their risk of addiction and drug abuse. With the subcontractor Step Up on Second, the City of Redlands would like to add a Substance Abuse Counselor to the outreach team to provide resources and connection to substance abuse treatment and sober living beds. With the addition of a Substance Abuse counselor, more clients can relate to services over a 24-month pilot period using a harm reduction model as well as prepare more clients to get off the streets and into transitional housing beds in sober livings. With addiction, many clients are turned away from shelter and transitional housing, leaving them exposed to the elements of addiction to forget the pain and suffering of having to deal with being homeless in harsh conditions. Funding will be used to hire one Substance Abuse Counselor full-time, Monday through Friday, 8:00am to 4:30pm to provide services. A portion of the funding will be used to place people in sober living programs to keep off the streets and away from illicit drug use. The substance abuse counselor will also be used to educate homeless on substance abuse affects to the body and provide Narcan to the homeless community to prevent overdoses and deaths.

E.) Provide a summary of the work plan for this project and the project schedule.

- Contract with subcontractor Step Up on Second to hire Substance Abuse Counselor which will be connecting literally and chronically homeless to the local community for at least one of the following: Substance Abuse inpatient treatment, substance abuse outpatient counseling, recovery community organization, sober living, or local non-profit experienced with harm reduction. Step Up on Second will form a Harm Reduction Street Outreach (HRSO) team by combining current outreach workers with a licensed Substance Abuse counselor. HRSO team will have knowledge of the local community, particularly areas where illicit substance use is high among community members. Step Up on Second will build partnerships with sober living homes to help clients transitioned out of treatment or the street and into a safe environment to live. The Substance Abuse counselor will build partnerships with, or knowledge of, local resources including treatment and housing providers. The Substance Abuse counselor will also have access to Sober Living beds. Funding will be used to hire a Substance Abuse Counselor full time, Monday through Friday, 8:00am to 4:30pm to provide services. A portion of the funding will be used to place people in sober living programs to keep off the streets and away from illicit drug use. This program will prove a Substance Abuse counselor for 24 months.

F.) Specify the long-term results and how they will be produced through the implementation of the project.

- With the harm reduction model, the substance abuse counselor will work with chronically and literally homeless clients in with the street outreach team to provide addiction counseling and connection to inpatient treatment centers. With this type of engagement, clients will be transitioned once sober to a sober living, transitional housing, room and board, or permanent housing option. With the housing market being difficult to locate units, sober living beds and transitional housing provide a variety of options for clients that are seeking an environment that they are supported in their recovery. The long-term effects are to provide more treatment options to clients that are resistant to hospitals and clinics as well as prepare them for longer term housing. Clients that are sober have a higher stability rate in transitional and permanent housing.

G.) Explain how the project will be sustained after this one-time funding is exhausted. If project is not sustainable after these one-time funds are exhausted, explain how these one-time funds result in immediate homelessness resolution without the need for long-term funding.

- The City of Redlands will pilot the Substance Abuse counselor Harm Reduction model with the HHAP funding for 24 months. If the program shows positive outcomes within the first 12 months, the City of Redlands will research and apply for more grants so services can be provided long term to the homeless community.

H.) Provide the names of the service providers and/or municipalities with which there will be collaboration. Include details of the collaboration efforts; such as, what role(s) does each partner have in implementing the proposed project?

- The services providers will be the City of Redlands and Step Up on Second. The City of Redlands will be the primary grantee with Step Up on Second being the city's subcontractor. Step Up on Second currently contracts with the City of Redlands for homeless outreach and will be providing a substance abuse counselor if funded through HHAP to provide addiction counseling, connection to treatment services, and input clients into HMIS/CES.

J.) HHAP-3 funded projects are to be integrated within the local CES. Describe the project's prioritization criteria.

- The City of Redlands and Step Up on Second have standing MOU's with the County of San Bernardino Homeless Services for access to input data into HMIS Clarity and the CES system. Every client that is assessed by Step Up on Second and City of Redlands outreach are prioritized by the VI-SPDAT score and input into the HMIS database. Based on scores and client's willingness to accept services, clients are prioritized.

L.) What will be the indicators that the proposed project is successful at resolving homelessness? How will these be measured? Please include the projected number of unduplicated homeless clients/persons to be served during the program administration. If you are proposing a housing related project, provide the projected retention rate.

- Indicators that the HRSO project will be successful will be the number of persons exiting homelessness into substance abuse treatment and sober living transitional housing. The Substance Abuse counselor will keep track and follow clients from when they enter substance abuse treatment into a transitional sober living housing setting. Clients will be tracked, and a number will be provided for each that receives treatment and each that receives sober living housing. The number of homeless unduplicated clients to be served will be 100 over a 24-month period.

M.) Describe your agency's/organization's administrative capacity that will allow effective implementation of the proposed project and capacity to submit timely documentation and reports

- The City of Redlands has a full-time Homeless Solutions Coordinator and a full time Administrative assistant assigned to the City of Redlands Homeless Solutions division. The administrative assistant is dedicated to all invoicing and contracts within the Homeless Solutions division to focus on grants and all associated administrative duties.



Step Up On Second
600 N. Arrowhead Ave.
San Bernardino, CA 92401

5/10/2023

Dear Review Committee,

As a current collaborator and partner with the City of Redlands for residential services and street outreach services, I am writing to provide a letter of recommendation for the HHAP funding for the city's homeless services expansion. Our organization has been working closely with the city to provide outreach services to individuals experiencing homelessness in the community and we have seen a great impact made.

The City of Redlands has been a strong advocate for addressing homelessness in our community, and the proposed HHAP funding would provide critical support to enhance the city's efforts. As their partner, we have seen firsthand the impact of the city's investments in addressing homelessness, including expanded access to supportive services and housing.

The HHAP funding would enable the city to further expand and enhance its homeless services, including the addition of a certified substance abuse counselor to support the homeless outreach. These resources would enable the City of Redlands and other service providers to better meet the needs of individuals experiencing homelessness in our community.

In addition to the immediate benefits of the proposed funding, the city's ongoing commitment to addressing homelessness is a testament to its dedication to serving the most vulnerable members of our community. We strongly support the City of Redlands' application for HHAP funding and urge you to provide the resources needed to continue making progress on this urgent issue.

Thank you for your consideration.

Sincerely,

Gregory Coffos



Director of Inland Empire Housing Services
Step Up On Second

