



# **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.

	<b>Statement</b>	<b>Agree (initial)</b>	<b>Disagree with qualification (initial and attach explanation)</b>
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.**





<b>A. Applicant Information</b>	
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>B. Applicant Statement of Experience and Qualifications</b>	
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.

<b>C. Regions/Strategies to Achieve Outcome Goals (must submit a separate Application for each region)</b>	
1.	<b>Regional or Countywide Youth Serving Project</b> 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

<b>2.</b>	<b>Strategies to Achieve Outcome Goals</b>
	<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"><li><input type="checkbox"/> At least 300 new units of permanent supportive and/or service-enriched housing will be occupied by June 2024.</li><li><input type="checkbox"/> At least 300 additional households will exit homelessness and achieve permanent housing stability through rapid rehousing activities</li><li><input type="checkbox"/> At least 200 additional shelter/interim housing beds will be occupied by January 2024.</li><li><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.</li><li><input type="checkbox"/> At least 500 households at imminent risk of homelessness will be prevented from becoming homeless through eviction prevention strategies.</li><li><input type="checkbox"/> At least 100 high utilizers of safety net services and experiencing chronic homelessness will achieve permanent housing stability by January 2024.</li></ul> <p>Applicants for the Mountain Region may select from the following strategies:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> At least 300 additional households will exit homelessness and achieve permanent housing stability through rapid rehousing activities</li><li><input type="checkbox"/> At least 200 additional shelter/interim housing beds will be occupied by January 2024.</li><li><input type="checkbox"/> At least 500 households at imminent risk of homelessness will be prevented from becoming homeless through eviction prevention strategies.</li></ul> <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>

<b>D. Project Description</b>	
	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.

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

<b>F. Long Term Results</b>	
	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.