

### **Purpose**

The Homeless Housing, Assistance and Prevention (HHAP) Program is a \$650 million block grant program designed to provide Continuums of Care, counties, and large cities with one-time grant funds to support regional coordination and to expand or develop local capacity to address immediate homelessness challenges throughout California.

### **Program Overview**

- The San Bernardino County Continuum of Care (SBC CoC), through the County of San Bernardino Office of Homeless Services (OHS) designated as the Administrative Entity, will release a Request for Application (RFA) to allocate \$2,762,174.85 of funding under the HHAP Program.
- Spending under the HHAP Program must be informed by a best-practice framework focused on moving homeless individuals and families, or individuals and families at-risk of homelessness, into permanent housing and supporting the efforts of those individuals and families to maintain their permanent housing.
- HHAP services will be provided throughout San Bernardino County:
  1. **Central Valley Region:** Encompasses the cities of Colton, Fontana, Grand Terrace, Highland, Loma Linda, Redlands, Rialto, San Bernardino, Yucaipa, and the surrounding unincorporated communities.
  2. **Desert Region:** Encompasses the cities of Adelanto, Apple Valley, Barstow, Hesperia, Victorville, and the surrounding unincorporated communities.
  3. **East Valley Region:** Encompasses the cities of Needles, Twenty-nine Palms, Yucca Valley, and the surrounding unincorporated communities.
  4. **Mountain Region:** Encompasses the cities of Big Bear and the unincorporated communities which include Blue Jay, Cedar Glen, Cedarpines Park, Crestline, Forest Falls, Green Valley Lake, Lake Arrowhead, Rimforest, Running Springs, Skyforest, Sugarloaf, and Twin Peaks,.
  5. **West Valley Region:** Encompasses the cities of Chino, Chino Hills, Montclair, Ontario, Rancho Cucamonga, Upland, and the surrounding unincorporated communities.
- Maximum allocations per Region:
  1. **Central Valley Region** - \$1,118,188.79;
  2. **Desert Region** - \$495,328.59;
  3. **East Valley Region** - \$294,997.03;
  4. **Mountain Region** - \$236,859.49; and
  5. **West Valley Region** - \$371,116.18.
- Maximum allocation for **Homeless Youth** (services county-wide): \$245,684.77.

### **Instructions**

- Carefully read the entire RFA and attached documents.
- Answer all questions as specifically and completely as possible.
- Type your answers, do not print.
- If proposing services for more than one region, submit a separate Application for each region.
- Can only propose service categories listed under each region; can check more than one service category per region.
- A detailed budget is required for each Application.

**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 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 D

### **CERTIFICATION REGARDING DEBARMENT OR SUSPENSION; CALIFORNIA SECRETARY OF STATE BUSINESS ENTITY REGISTRATION**

In compliance with contracts and grants Contracts applicable under the U.S. Federal Awards Program, the following certification is required by all Applicants submitting a response to this RFA:

1. The Applicant certifies, to the best of its knowledge and belief, that neither the Applicant nor its Principals are suspended, debarred, proposed for debarment, or declared ineligible for the award of contracts from the United States federal government procurement or nonprocurement programs, or are individually or collectively listed as such in the United States General Services Administration's System for Award Management (SAM) website ([www.sam.gov](http://www.sam.gov)).
2. The Applicant certifies, to the best of its knowledge and belief, that neither any subcontractor listed in its Application, nor subcontractor's Principals are suspended, debarred, proposed for debarment, or declared ineligible for the award of contracts from the United States federal government procurement or nonprocurement programs, or are individually or collectively listed as such in the United States General Services Administration's System for Award Management (SAM) website ([www.sam.gov](http://www.sam.gov)).
3. "Principals," for the purposes of this certification, means officers, directors, owners, partners, and persons having primary management or supervisory responsibilities within a business entity (e.g., general manager, plant manager, head of a subsidiary, division, or business segment, and similar positions).
4. The Applicant shall provide immediate written notice to the Purchasing Agent if, at any time prior to award, the Applicant learns that this certification was erroneous when submitted or has become erroneous by reason of changes in circumstances.
5. This certification is a material representation of fact upon which reliance will be placed when making the award. If it is later determined that the Applicant rendered an erroneous certification, in addition to other remedies available to the San Bernardino County government, the County may terminate the Contract resulting from this RFA for default.
6. Applicant affirms that neither it, nor any subcontractor listed in the Application, has any recent unsatisfactory performance with the County during the past twenty-four (24) months at a minimum.
7. Applicant also certifies that if it or any of the subcontractors listed in the Application are business entities that must be registered with the California Secretary of State, they are registered and in good standing with the Secretary of State.

**ATTACHMENT E – BUDGET**

**A detailed budget is required for each Application submission. Use this page as the cover sheet for the Budget.**

**ATTACHMENT F – RESERVED**

Attachment not required.





**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
_____ Pollution Liability	_____ Cyber 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](mailto:rviteri@rm.sbcounty.gov) (Please provide name of RFA with your email question(s)).

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**ATTACHMENT K**  
**HHAP PROJECT APPLICATION**

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- A detailed budget is required for each Application.

<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? If yes, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>C. Regions/Eligible Use Category (must submit a separate Application for each region)</b>	
1.	<b>Central Valley Region</b> Indicate the proposed project category/categories (select as many as applicable for this project). Complete the "Project Description" section, explaining each category selected below in detail. <input type="checkbox"/> Rental Assistance and Rapid Re-Housing <input type="checkbox"/> Prevention and Shelter Diversion to Permanent Housing <input type="checkbox"/> Delivery of Permanent Housing <input type="checkbox"/> New Navigation Centers and Emergency Shelters  <b>Note:</b> The Central Valley Region is strongly encouraging applications that serve the 55+ homeless age category.
2.	<b>Desert Region</b> Indicate the proposed project category/categories (select as many as applicable for this project). Complete the "Project Description" section, explaining each category selected below in detail. <input type="checkbox"/> New Navigation Center – Wellness & Recuperative Care Center (#1 Priority) <input type="checkbox"/> Emergency Shelters – Barstow Area (#2 Priority) <input type="checkbox"/> Rental Assistance (#3 Priority) <input type="checkbox"/> Delivery of Permanent Housing – Family Housing (#4 Priority)

	<input type="checkbox"/> Outreach and Coordination (including employment) – Transportation (#5 Priority)
<b>3.</b>	<b>East Valley Region</b>
	<p>Indicate the proposed project category/categories (select as many as applicable for this project). Complete the “Project Description” section, explaining each category selected below in detail.</p> <input type="checkbox"/> Rental Assistance and Rapid Re-Housing <ul style="list-style-type: none"> <li><input type="checkbox"/> All populations - \$75,000</li> <li><input type="checkbox"/> Senior set aside - \$32,000</li> </ul> <input type="checkbox"/> New Navigation Centers and Emergency Shelters - \$75,000 <input type="checkbox"/> Prevention and Shelter Diversion to Permanent Housing <ul style="list-style-type: none"> <li><input type="checkbox"/> Transitional Housing Units - \$75,000</li> </ul> <input type="checkbox"/> Outreach and Coordination (including employment) - \$8,000 <input type="checkbox"/> Operating Subsidies and Reserves - \$29,997
<b>4.</b>	<b>Mountain Region</b>
	<p>Indicate the proposed project category/categories (select as many as applicable for this project). Complete the “Project Description” section, explaining each category selected below in detail.</p> <input type="checkbox"/> Rental Assistance and Rapid Re-Housing (High Priority) <input type="checkbox"/> Prevention and Shelter Diversion to Permanent Housing (High Priority) <input type="checkbox"/> Operating Subsidies and Reserves <input type="checkbox"/> Landlord Incentives <input type="checkbox"/> Outreach and Coordination (including employment) <input type="checkbox"/> Systems Support to Create Regional Partnerships <input type="checkbox"/> Delivery of Permanent Housing <input type="checkbox"/> New Navigation Centers and Emergency Shelters <input type="checkbox"/> Innovative Solutions
<b>5.</b>	<b>West Valley Region</b>
	<p>Indicate the proposed project category/categories (select as many as applicable for this project). Complete the “Project Description” section, explaining each category selected below in detail.</p> <input type="checkbox"/> Rental Assistance and Rapid Re-Housing <input type="checkbox"/> Landlord Incentives <input type="checkbox"/> Systems Support to Create Regional Partnerships (up to 10% to facilitate regional planning/coordination) <input type="checkbox"/> Prevention and Shelter Diversion to Permanent Housing <input type="checkbox"/> New Navigation Centers and Emergency Shelters <input type="checkbox"/> Innovative Housing Solutions
<b>6.</b>	<b>Homeless Youth (County-wide)</b>
	<input type="checkbox"/> Services specific to the needs of homeless youth. <p>Complete the “Project Description” section, explaining in detail how the services for the proposed project meets the needs of homeless youth or youth at risk of homelessness.</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 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.