



SAN DIEGO  
HOUSING  
COMMISSION

# San Diego Housing Commission Notice of Funding Availability (NOFA)

## “Triage” Housing and Placement Services for Homeless Single Adults

Release Date: July 21, 2014

San Diego Housing Commission  
1122 Broadway, Suite 300  
San Diego, CA 92101  
[www.sdhc.org](http://www.sdhc.org)



## TABLE OF CONTENTS

1.1	INTRODUCTION .....	3
1.2	NOFA TIMELINE AND APPLICATION PROCESS.....	3
1.3	SELECTION PROCESS.....	4
1.4	EVALUATION CRITERIA .....	4
1.5	PROGRAM APPLICATION SUBMITTAL REQUIREMENTS.....	7
1.6	<i>APPLICATION FORM</i> .....	9
1.7	APPLICATION FORM ATTACHMENTS .....	13
	<i>Statement Of Subrecipient's Qualifications</i> .....	14
	<i>Certificate As To Corporate Principal</i> .....	16
	<i>Corporate Resolution Authorizing Contracting</i> .....	17
	<i>Certification Of Corporate Resolution</i> .....	18
	<i>Non-Collusive Affidavit</i> .....	19
	<i>Equal Opportunity For Subrecipients</i> .....	20
	<i>Equal Employment Opportunity Program For Subrecipients Doing Business With</i> .....	22
	<i>Work Force Report of San Diego County</i> .....	23
	<i>Certification Of Subrecipient Regarding Equal Employment Opportunity</i> .....	25
	<i>Equal Opportunity Contracting Program Clause</i> .....	26
	<i>Statement For Public Disclosure</i> .....	27
	<i>Consent To Public Disclosure By Subrecipient</i> .....	32
	<i>Subcertification</i> .....	33
	<i>Statement And Certification Regarding Debarment</i> .....	34
	<i>SDHC Insurance Requirements</i> .....	36
	<i>Project Contact Information Form</i> .....	37
	<i>Budget Exhibit Forms</i> .....	38
1.8	SPECIFICATIONS/SCOPE OF SERVICES.....	48

# **SAN DIEGO HOUSING COMMISSION NOTICE OF FUNDING AVAILABILITY (NOFA) FOR “TRIAGE” HOUSING AND PLACEMENT SERVICES FOR HOMELESS SINGLE ADULTS**

## **1.1 INTRODUCTION**

This NOFA announces the availability of San Diego Housing Commission (SDHC) funds to transition homeless single adults into a coordinated system of housing and supportive services. This NOFA only applies to non-profit organizations located within the City of San Diego.

SDHC, in partnership with the San Diego Police Department Homeless Outreach Team (SDPD HOT), is seeking a non-profit provider to operate at least 25 beds that include housing location and placement services.

SDHC’s available funding is extremely limited. Funding constraints mean that the SDHC may not be able to fund every desirable project that is proposed. The public benefits and financial impacts of submitted applications will be carefully compared. Qualified non-profit organizations, with demonstrated housing and supportive services experience are encouraged to submit applications.

## **1.2 NOFA TIMELINE AND APPLICATION PROCESS**

Release of “Triage” NOFA	July 21, 2014
Pre-Submittal Meeting	July 28, 2014, 10:00AM
	San Diego Housing Commission
	1122 Broadway, Fifth Floor
	San Diego, CA 92101
<b>NOFA due date:</b>	<b>August 5, 2014 by 2:00PM</b>

Applications for funding will be considered based on the threshold requirements and preferences/priorities criteria set forth in this NOFA. The NOFA and any applicable updates, including notification of NOFA closing, will be posted at SDHC’s website at [www.sdhc.org](http://www.sdhc.org).

Applications must be complete. Incomplete applications will not be reviewed. However, SDHC reserves the right to waive minor technical deficiencies in the application, to request additional information from applicants, reject any and all submittals, waive any irregularities in the submittal requirements, and revise or cancel this NOFA at any time.

By submitting a application, applicants acknowledge and agree to the terms and conditions of this NOFA and the accuracy of the information included in their response. All submittal packages become the property of SDHC and will not be returned. **ALL SUBMITTED INFORMATION WILL BECOME PUBLIC INFORMATION** and is subject to public inspection under the State of California Public Records Act. (Government Code §6250 - §6276.48).

All requirements of the applicable federal, state, local, or private funding sources will apply to projects financed under this NOFA.

**NOFA applications must consist of one signed original, three copies, and one electronic copy on a disc or thumb drive. Faxed copies will not be accepted.**

Send or deliver application to:

"2014 Triage Housing and Placement Services for Homeless Single Adults NOFA"  
San Diego Housing Commission  
Attn: Anthony Griffin, Senior Procurement Analyst  
Administrative Services Department  
1122 Broadway, Suite 300  
San Diego, CA 92101

### 1.3 SELECTION PROCESS

Responsive applications will be reviewed by SDHC staff, and will be evaluated on the extent to which it responds to the requirements of this NOFA. Final funding recommendations will be presented to the Housing Commission and, if necessary, the Housing Authority. A representative of the applicant must be available to answer questions during Real Estate Committee, Housing Commission, and Housing Authority meetings.

Projects not selected for funding will be notified within 45 days of application. Applicants may apply again during the next available NOFA funding opportunity.

### 1.4 EVALUATION CRITERIA

Each submittal will be evaluated on the extent to which it responds to the Required NOFA Submittal Requirements. Further, each submittal will be evaluated on the extent to which it considers the best interest of the Commission. The evaluation criteria are detailed as follows:

#### Threshold Criteria (Mandatory)

- Applicant agencies must have been in existence for at least two years;
- Applicants must have their IRS Section 501(c)3 tax exempt nonprofit status and California Revenue and Taxation Code tax exempt nonprofit status before the start of the contract with the SDHC (Start date will be October 10, 2014 at the earliest).

#### Other Criteria

All applications will be reviewed and scored according to the following criteria: A minimum of 75 points is required for funding.

#### 1. Organization (20 points)

Points will be awarded based on the applicant's ability to provide the administrative and programmatic support for the successful operation of the proposed homeless triage beds program.

Up to 5 points will be awarded for the applicant's experience providing short-term housing programs similar to those proposed.

Up to 5 points will be awarded for the applicant's organizational structure.

Up to 10 points will be awarded for the experience and expertise of key applicant staff members and their roles in the program.

2. Project Design and Program Operations (35 points)

Up to 25 points will be awarded for the level and type of services offered, including:

- Appropriateness of project location and proximity/coordination to other services
- Responsiveness to housing and service needs of the clients
- Comprehensiveness of residential services provided
- Comprehensiveness of housing location services provided
- Written procedures to ensure consistent delivery of services
- Collaboration and full cooperation with the SDPD HOT

Up to 10 points will be awarded for the applicant’s experience/familiarity administering and/or making housing placements according to the VI-SPDAT or a similar common assessment tool.

3. Performance Criteria and Outcomes (35 points)

Up to 20 points will be awarded for the applicant’s ability to triage homeless individuals identified by SDPD HOT in short-term housing and assist in their move to stable, permanent housing. For the purposes of the NOFA, applicants must demonstrate their success in achieving the following outcomes for programs similar to that proposed during the most recent reporting period (e.g., FY 2014):

- At least 150 residents provided with short-term housing.
- At least 80% of residents provided with short-term housing who exit leave for permanent housing.
- At least 65% of residents provided with short-term housing have income from any source at exit.
- At least 75% of residents provided with short-term housing and placed into permanent housing maintain that housing for at least 6 months.

Up to 15 points will be awarded for the applicant’s statement of the project’s goals during the contract year(s), how outcomes will be measured and how program success will be evaluated, with primary emphasis on the outcomes listed above.

4. Leverage (10 points)

Applications with multiple funding sources and the greatest amounts of non-City General Fund money leveraged (as a percentage of total program cost) will score higher.

Up to 10 points will be awarded for the applicant’s level of State, Federal or other sources of funds including their own).

Percentage of Leverages Funds (Non-City GF)	
Points	Monies as a % of Total Program Cost
10	>90%
6	80-99%
3	70-79%
1	60-69%
0	<60%

5. Point Deductions:

Applications will lose 6 points for lack of audited financial statements.

Applications will lose 5 points for each of the following:

- Financial statements with negative findings.
- Organizations undergoing investigation by local, State, or Federal agencies related to their provision of services under their transitional housing programs.

6. Bonus Points: Applications will receive additional points for each of the following:

- Applications that commit to permanently house 85% of homeless triage bed residents will receive 5 bonus points.
- Applications that commit to permanently house 90% of homeless triage bed residents will receive 10 bonus points.
- Applications that house homeless triage bed residents in 25 individual units will receive 10 bonus points.

7. TOTAL MAXIMUM POINTS POSSIBLE IS: 125

**Note: The SDHC reserves the right to reject any and all submittals, including rejection of applications that may rank high in priority points relative to other applications. Selection of projects, to be funded or not funded, shall be subject to the approval of the SDHC in its sole discretion.**

## 1.5 PROGRAM APPLICATION SUBMITTAL REQUIREMENTS

### APPLICATION CHECKLIST (REQUIRED)

(For all Applicants)

Review your application for completeness using this checklist and insert it before the application form in your submittal package.

- A.  Original and **three** signed copies of the **Application Form** and the **Program Summary** (placed within Tab 1)
  - Application and all attachments are 8.5 x 11 inches
  - Application Form shall be 5 pages or less
  - No other documents are inserted within the Application Form and all attachments referenced in the Application Form are behind the Program Summary (exceptions specified below)

Required attachments (original plus **three** copies, all attachments clearly labeled)

To facilitate SDHC's ability to properly evaluate the proposals received, all proposals submitted in response to this NOFA must be separated by numbered index dividers (which extends so that each tab can be located without opening the proposal) and labeled with the corresponding tab reference.

- B.  Most recent organizational budget (income and expenses) that includes all of the applicant's housing activities, including those that are not part of this application (Tab 1)
- C.  Most recent fiscal year-end audited financial statement for the organization that includes all of the applicant's housing activities (Tab 2)
- D.  Procedures manual for this housing project (Tab 3)
- E.  Copy of the Conditional Use Permit (CUP) authorizing supportive activities for this application, if available (Tab 4)
- F.  List of Officers and Directors and their primary affiliations (Tab 5)
- G.  Photos of property where proposed housing is to be provided (Tab 6)

- H.  Letters of commitment from the property owner or other instruments of site control, if available. If not available, advise why you believe the site can be leased at the level indicated in your program budget (Tab 6)
- I.  Articles of Incorporation and all amendments thereto (Tab 5)
- J.  Written evidence of amount and type of credit available (Tab 7)
- K.  IRS 501(c)(3) documentation (to be filed in Tab 5)
- L.  Certificate of Insurance (Tab 8)
- M.  Letters documenting leverage committed for this project (Tab 9)
- N.  Project Contact Information Form (Tab 10)
- O.  Budget Exhibit Forms (Tab 10)
  - Schedule 1 – FY 2015 GF Budget Exhibit
  - Schedule 2 – Personnel Schedule
  - Schedule 3 – Fringe Benefits Schedule
  - Schedule 4 – Indirect Costs/Administrative Overhead (IC/AO)
  - Schedule 5 – Budget Justification
- P.  Budget Support Forms (Tab 11)
  - Confirmation of All Project Funding Sources Form
  - Job Descriptions for positions budgeted
  - Vehicle Registration, if costs is budgeted as an allowable expense
- Q.  Grievance Policy (Tab 12)
- R.  All Application Form Attachments (Tab 13)



**1.6 APPLICATION FORM(REQUIRED)**

**NOFA# HIT-15-03  
Homeless Triage Bed Program**

**GENERAL PROJECT INFORMATION**

- 1. Name of Project \_\_\_\_\_
  
- 2. Project Address(es) \_\_\_\_\_  
\_\_\_\_\_
  
- 3. Number of Program Housing Units \_\_\_\_\_

**Scored Response Forms**

<b>1.</b>	<b>Organization and Staffing</b>	Describe your organization’s structure and capability to provide the administrative and programmatic support for the successful operation of the proposed homeless triage bed program. Include a commitment statement to collaborate and fully cooperate with SDPD HOT
Maximum Points: <b>20</b>		

2.	<b>Project Design and Program Operations</b>	Describe the following: 1) project location and proximity/coordination to other services, if any; 2) housing location and residential services to be provided to residents; and 3) experience/familiarity administering and/or making housing placements according to the VI-SPDAT or a similar common assessment tool. Include a procedures manual for your proposed homeless triage bed program.
Maximum Points: 35		

<b>3.</b>	<b>Performance Criteria and Outcomes</b>	<p>Please include past performance pertaining to the proposed project. Complete the following chart to demonstrate your organization's prior successful experience in meeting outcomes in programs serving homeless persons. At minimum, reported outcomes should measure similar outcomes to those measured in this NOFA (Submittal Requirements Section). Please use information from the most recently completed and reported program year. If your organization has more outcomes to report that will not fit on this page, you may duplicate this page as necessary. For outcomes that do not meet the stated goal, please provide a brief explanation for the miss and how you will reach the goal if City General Funds are awarded to your project.</p> <p>Additionally, provide a statement of the project's goals during the contract year(s), how outcomes will be measured and program success will be evaluated.</p>
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Maximum Points: 35

<i>GOALS</i>	<i>OUTCOME MEASURES</i>	<i>SUCCESS RATES</i>
<b>Residents Served</b>		
Successful triages	Number of residents served through triage housing.	
<b>Financial Improvements</b>		
Client's financial stability increases.	Number and percentage of residents provided with short-term housing who have income from any source at exit (Goal: 65%).	
<b>Improved Housing Conditions</b>		
Clients have increased access to permanent housing.	Of those residents provided with short-term housing who left during the prior operating year, how many left for the following destinations: ____ Permanent Housing (Goal: 80%) ____ Transitional Housing ____ Institution (Hospital, Jail/Prison) ____ Other ____ Unknown	
	Number and percentage of residents provided with short-term housing and placed into permanent housing that retain permanent housing 6 months after leaving the program (Goal: 75%).	

<b>4.</b>	<b>Leverage</b>	Describe other funding sources for this project (amount and source of non-City GF money leveraged by the proposed project).
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Maximum Points: 10

- 1) Grantee/program sponsor contribution: \$ \_\_\_\_\_
- 2) Local funds (please specify): \$ \_\_\_\_\_
- 3) State funds (please specify): \$ \_\_\_\_\_
- 4) Federal funds (please specify): \$ \_\_\_\_\_
- 5) Foundation funds (please specify): \$ \_\_\_\_\_

6) Client charges/fees (please specify):	\$ _____
7) Other (please specify):	\$ _____
8) Other (please specify):	\$ _____
9) TOTAL LEVERAGE:	\$ _____

CERTIFICATION

The undersigned certifies under penalty of perjury that all statements made in this submittal are true and correct to the best of the undersigned's knowledge.

\_\_\_\_\_  
Authorized Signature (Board Officer)

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date Signed

**1.7 APPLICATION FORM ATTACHMENTS**  
**(ALL REQUIRED)**

**STATEMENT OF SUBRECIPIENT'S QUALIFICATIONS**

All questions must be answered. All information must be clear and complete. Attach additional pages if needed.

1. Name of subrecipient \_\_\_\_\_

2. Names and titles of principals \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Names of authorized signatories \_\_\_\_\_

\_\_\_\_\_

4. Permanent main office address \_\_\_\_\_

\_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

5. When organized \_\_\_\_\_

6. Where incorporated \_\_\_\_\_

7. Check if your firm has been certified by CalTrans as a Disadvantaged Business Enterprise \_\_, Women Business Enterprise \_\_\_\_\_, or Disabled Veteran Business Enterprise \_\_\_\_.

Date Certification \_\_\_\_\_

Issued: Date \_\_\_\_\_

Certification Expires:

CalTrans Certification Number: \_\_\_\_\_

8. Number of years engaged in business under your present name? \_\_\_\_\_

9. List at least three private or public firms that you have supplied/provided with similar services to that in this solicitation. Include a contact name and telephone number.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Have you ever defaulted on an agreement? \_\_\_\_ Yes \_\_\_\_ No

If yes, what was the name of the agreement? \_\_\_\_\_

What was the reason for default? \_\_\_\_\_

11. Have you refused to sign an agreement after award of the proposal?  Yes  No

If yes, what was the name of the agreement? \_\_\_\_\_

What was the reason for refusal? \_\_\_\_\_

12. List the number of current employees and any branch offices:

\_\_\_\_\_  
\_\_\_\_\_

13. Attach written evidence of amount and type of credit available.

14. Upon request, will you complete a detailed Financial Statement and furnish any other information required by the COMMISSION?  Yes  No

15. The undersigned hereby authorizes and requests any person, firm or corporation to furnish any information requested by the COMMISSION, verifying the declarations included in this Statement of Proposer's Qualifications.

Name of Offeror: \_\_\_\_\_  
Signature of Offeror's Representative: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**CERTIFICATE AS TO CORPORATE PRINCIPAL**

I, \_\_\_\_\_, certify that I am the \_\_\_\_\_ of the Company named as SUBRECIPIENT herein; that \_\_\_\_\_, who signed this Contract on behalf of the SUBRECIPIENT, was then \_\_\_\_\_ of said company; that said Agreement was duly signed for and in behalf of said company by authority of its governing body, and is within the scope of its corporate powers.

CORPORATE  
SEAL

(Print or type name under signature) \_\_\_\_\_

(Print or type name under signature) \_\_\_\_\_



**CORPORATE RESOLUTION AUTHORIZING CONTRACTING**

**TO: SAN DIEGO HOUSING COMMISSION, a public agency**

**RESOLVED:** that any one of the following officers: \_\_\_\_\_  
\_\_\_\_\_ of this Corporation,  
\_\_\_\_\_, a California \_\_\_\_\_ corporation (“Subrecipient”), be,  
and they are hereby, authorized and empowered to act for and on behalf of and in the name of this corporation  
and  
as its corporate act and deed as follows:

(1) To enter into an agreements with the SAN DIEGO HOUSING COMMISSION, a public agency (“COMMISSION”), to perform work and supply materials and to assume responsibilities and duties and obligations all as set forth in the Agreement for\_\_\_(type of services or construction) dated\_\_\_\_\_, in such form or forms and on such terms and conditions as shall be agreed to by the COMMISSION, and to sign, execute and deliver such documents as COMMISSION shall require; Further, Subrecipient shall be bound to COMMISSION by, and COMMISSION may rely upon, any communication or act, including telephone communications, purporting to be done by any partner, member, employee or agent of Subrecipient provided that COMMISSION believes, in good faith, that the same is done by such person.

(2) To perform all acts and execute and deliver all documents described above and all other agreements and instruments which COMMISSION deems necessary or convenient to accomplish the purposes of this certificate and/or to perfect or continue the rights and remedies to be given to COMMISSION hereunder, including without limitation, any modifications, renewals and/or extensions of any of Subrecipient’s obligations to COMMISSION, however evidenced and including the execution of bond, and/or bonds, letters of credit, and/or other security provided to the COMMISSION to assure the timely and complete performance of the Subrecipient’s agreement(s) with the COMMISSION;

**BE IT FURTHER RESOLVED,** that the authority hereby conferred shall be deemed retroactive, and any and all acts of authority hereby conferred is in addition to that conferred by any other resolution heretofore or hereafter delivered to COMMISSION and shall continue in full force and effect until COMMISSION shall have received notice in writing, certified by the Secretary of this corporation, of the revocation hereof by a resolution duly adopted by the Board of Directors of this corporation. Any such revocation shall be effective only as to actions taken by this corporation subsequent to Lender’s receipt of such notice.



**NON-COLLUSIVE AFFIDAVIT**

(Prime Proposer)

State of \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_ being first duly sworn, deposes and says:

That he/she/it is \_\_\_\_\_, the party making the foregoing proposal, that such proposal is genuine and not collusive or sham; that said proposer has not colluded, conspired, connived or agreed, directly or indirectly, with any proposer or person, to put in a sham proposal or to refrain from proposing, and has not in any manner, directly or indirectly, sought by agreement or collusion, or communication or conference, with any person, to fix the proposal price of affiant or of any other proposer, or to fix any overhead, profit or cost element of said proposal price, or of that of any other proposer, or to secure any advantage against the Housing Authority of the City of San Diego or any person interested in the proposed contract; and that all statements in said proposal or bid are true.

\_\_\_\_\_  
(Individual)

\_\_\_\_\_  
(Partner)

\_\_\_\_\_  
(Officer of Corporation)

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_

My commission expires \_\_\_\_\_

(NOTARY PUBLIC)

**EQUAL OPPORTUNITY FOR SUBRECIPIENTS**

Proposers are required to submit a Report of San Diego County Workforce and a signed Certificate of Compliance with their application. If the recommended subrecipient's analysis reflects under representation, the subrecipient shall be required to submit an acceptable Equal Employment Opportunity Plan to the San Diego Housing Commission's Equal Opportunity Manager.

**Equal Opportunity Contracting Program**

Proposers claiming status as a certified Small Local, Disadvantaged, Women or Disabled Veteran Business Enterprise must also submit current City of San Diego, Department of General Services (DGS) or California Department of Transportation (CalTrans) certificates. If a subrecipient is not a certified Small Local, Disadvantaged, Women or Disabled Veteran Business Enterprise and wishes to apply for certification, they can do so by contacting the City of San Diego Equal Opportunity Contracting Program, DGS or CalTrans.

Firm Name \_\_\_\_\_ Contact Person \_\_\_\_\_ E-Mail \_\_\_\_\_  
Web site Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Physical Location of Office (Do Not Enter PO Box) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Address of Corporate Office is the same as: (please check one):  
 Mailing Address       Physical Location Address       Other

**1. Type of Firm:**  
 Architectural or Engineering Consultant       Construction  
 Other Business Consultant       Developer  
 Manufacturer       Service Provider  
 Other: \_\_\_\_\_       Non-Manufacturer  
 Non Profit 501(c) 3

**2. Check if your firm has been certified as a:**  
 California Dept. of General Services Small Business  
 Federal SBA Small Disadvantaged Business or 8(a)  
 Disadvantaged Business Enterprise (DBE)  
 Women Business Enterprise (WBE)  
 Disabled Veteran Business Enterprise (DVBE)  
 Minority-owned Business (MBE)  
 City of San Diego Small Local Business Enterprise (SLBE)  
 Other \_\_\_\_\_

Certifying Agency:

---

Date Certification Issued:

---

Date Certification Expires:

---

Certification Number:

---

**3. Race of Controlling Interest**

If 51% of the business owned and operated by someone in the categories listed below: (Please check all that apply)

Caucasian

African American

Asian/Pacific Islander

Hispanic

Filipino

Native American

**4. Gender of Controlling Interest**

If 51% of the business owned and operated by someone in the categories listed below: (Please check all that apply)

Male

Female

**EQUAL EMPLOYMENT OPPORTUNITY PROGRAM FOR  
SUBRECIPIENTS DOING BUSINESS WITH**

**THE SAN DIEGO HOUSING COMMISSION**

The City of San Diego, the San Diego Housing Commission and the Housing Authority of the City of San Diego are committed to an Equal Opportunity Program pursuant to applicable State and Federal laws and guidelines, which provide Equal Opportunity in all activities of the State and its agencies, including the employment of individuals and firms which contract with the San Diego Housing Commission.

**CERTIFICATE OF COMPLIANCE**

---

(Name of Firm)

As an authorized official for the above named firm, I hereby certify by the signature affixed to this document that said firm will comply with Executive Order 11246, Title VII of the Civil Rights Act of 1964, as amended, the California Fair Employment Practices Act and any other applicable Federal and State laws and regulations hereinafter enacted.

Further, I am submitting a current Report of San Diego County Workforce; and if requested, an acceptable Equal Employment Opportunity Plan which addresses the affirmative actions that will be taken by this firm to eliminate any under-representation within identified categories. The elements of this Plan would include effective outreach and other employment practices to maximize opportunities for all qualified individuals.

---

Name of Authorized Official

---

Signature of Authorized Official

---

Date

Name of Firm \_\_\_\_\_ Payroll Ending Date \_\_\_\_\_

**WORK FORCE REPORT OF SAN DIEGO COUNTY**

INSTRUCTIONS: For each occupational category, indicate number of males and females in every ethnic group. Total columns in row provided. Sum of all totals should be equal to your total work force. Include all those employed by your company on either a full or part-time basis. The following groups are to be included in ethnic categories listed in columns below:

- (1) African-American, Black
- (2) Latino, Hispanic, Mexican-American, Puerto Rican
- (3) Asian, Pacific Islander
- (4) American Indian, Eskimo
- (5) Caucasian
- (6) Other ethnicity; not falling into other groups

OCCUPATIONAL CATEGORY	(1) African-American		(2) Latino		(3) Asian Pacific Islander		(4) American Indian		(5) Caucasian		(6) Other Ethnicities	
	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)
	Executive, Administrative, Managerial											
Professional Specialty												
Engineers/Architects												
Technicians and Related Support												
Sales												
Administrative Support/Clerical												
Services												
Precision Production, Craft and Repair												
Machine Operators, Assemblers, Inspectors												
Transportation and Material Moving												
Handlers, Equipment Cleaners, Helpers and Non-construction Laborers*												
TOTALS EACH COLUMN												
DISABLED (by ethnicity & gender)												
GRAND TOTAL OF ALL EMPLOYEES												

**NON PROFIT AGENCIES ONLY**

President												
Vice President												
Secretary												
Treasurer												
TOTALS EACH COLUMN												

Indicate the gender and minority composition of the board as required above. Please substitute titles of officers or board members as necessary.

**OCCUPATIONAL CATEGORY LIST**

***Executive, Administrative and Management***

Executive, Administrative Management Related

**Professional Specialty**

Engineers, Architects, Surveyors  
Mathematical and Computer Scientists  
Health Diagnosing  
Health Assessment and Treating  
Teachers, Postsecondary  
Teachers, Except Postsecondary  
Counselors, Educational and Vocational  
Librarians, Archivists, Curators  
Social Scientists and Urban Planners  
Social, Recreation and Religious Workers  
Lawyers and Judges

**Technicians and Related Support**

Health Technologists and Technicians  
Engineering and Related Technologists and Technicians  
Technicians, Except Health, Engineering and Service

**Sales**

Supervisors and Proprietors  
Sales Representatives, Finance and Business Services  
Sales Representatives, Commodities Except Retail  
Sales Workers, Retail and Personal Services

**Administrative Support**

Supervisors, Administrative Support  
Computer Equipment Operators  
Secretaries, Stenographers, Typists  
Information Clerks  
Records, Processing Except Financial  
Financial Records Processing  
Duplicating and Other Office Machine Operators  
Communications Equipment Operators  
Mail and Message Distributing  
Material Recording and Distributing Clerks  
Adjusters and Investigators  
Other Administrative Support

**Precision Production, Craft and Repair**

Supervisors, Mechanics and Repairers

Extractive Occupations  
Precision Production Occupations

**Machine Operators, Assemblers and Inspectors**

Metalworking and Plastic Working Machine Operator  
Metal and Plastic Processing Machine Operators  
Woodworking Machine Operators  
Printing Machine Operators  
Textile, Apparel and Furnishing Machine Operators  
Machine Operators, Assorted Materials  
Fabricators, Assembler & Hand Working Occupations

**Transportation and Material Moving**

Motor Vehicle Operators  
Rail Transportation Occupations  
Water Transportation Occupations  
Material Moving Equipment Operators

**Handler, Equipment Cleansers, Helpers and Laborers**

Handlers  
Equipment Cleaners  
Helpers  
Laborers

**Services**

Private Households  
Protective Services  
Supervisors, Protective Services  
Firefighting and Fire Prevention  
Police and Detectives  
Guards  
Supervisors, Food Preparation and Services  
Health Services  
Cleaning and Building Services  
Personal Services  
Vehicle and Mobile Equipment Mechanics and Industrial Machinery Repairer  
Machinery Maintenance  
Electrical and Electronic Equipment Repairers  
Heating, Air Conditioning, Refrigeration Mechanics  
Other Mechanics and Repairers  
Supervisors Construction Construction Trades, Except Supervisors

NAME OF COMPANY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PREPARED BY: \_\_\_\_\_ DATE: \_\_\_\_\_



**CERTIFICATION OF SUBRECIPIENT REGARDING EQUAL EMPLOYMENT OPPORTUNITY**

This certification is required pursuant to Executive Order 11246 (30 F.R. 12319-25). The implementing rules and regulations provide that any proposer or prospective subrecipient, shall state as an initial part of the application or negotiations of the agreement whether it has participated in any previous agreement subject to the equal opportunity clause; and, if so, whether it has filed all compliance reports due under applicable instructions.

Where the certification indicates that the proposer has not filed a compliance report due under applicable instructions, such proposer shall be required to submit a compliance report within seven (7) calendar days after application opening. No agreement shall be awarded unless such report is submitted.

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CERTIFICATION BY PROPOSER

Proposer's Name: \_\_\_\_\_

Address and Zip Code: \_\_\_\_\_

- 
1. Proposer has participated in a previous contract or subcontract subject to the Equal Opportunity Clause.  
Yes  No  (If answer is yes, identify the most recent contract)
  
  2. Compliance reports are required to be filed in connection with such contract or subcontract.  
Yes  No  (If answer is yes, identify the most recent contract)
  
  3. Proposer has filed all compliance reports due under applicable instructions, including SF-100.  
Yes  No  None Required
  
  4. If answer to Item 3 is "No", please explain in detail on reverse side of this certification.

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**Certification - The information above is true and complete to the best of my knowledge and belief.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title of Signer (Please Type)

Date \_\_\_\_\_

**EQUAL OPPORTUNITY CONTRACTING PROGRAM CLAUSE**

- (a) It is the policy of \_\_\_\_\_ to take positive steps to maximize the utilization of African Americans, Native Americans, Asians, Hispanics, Alaskans or Pacific Islanders, woman and disabled veteran owned business enterprises in all contract activity administered by the Housing Commission.
- (b) The SUBRECIPIENT will utilize his best efforts to carry out this policy in the award of this subcontract to the fullest extent consistent with the efficient performance of this contract. As used in this contract, the term "Disadvantaged or women's business enterprise" means a business, at least 50% of which is owned by Disadvantaged group members or women, or in the case of publicly owned businesses, at least 51% of the stock is owned by disadvantaged group members or women. For purposes of this definition, Disadvantaged group members are African-Americans, Hispanics, Asians, Native Americans, Alaskans or Pacific Islanders.
- (c) The SUBRECIPIENT will submit the following statement as part of his/her application:

I have taken affirmative action to seek out and consider African Americans, Native Americans, Asians, Hispanics, Alaskans, Pacific Islanders, woman and disabled veteran owned business enterprises for the portions of work to be subcontracted. Such actions are fully documented in my records and available upon request. Results are as follows:

Indicate whether business is owned by a Disadvantaged, Woman or Disabled Veteran

Name and Address of Firms SUBRECIPIENT Anticipates Utilizing	Category of Work	Amount of Contract	Category (ethnicity gender or disabled veteran)

Total Proposal: \_\_\_\_\_

Total Sub-contract Amount: \_\_\_\_\_

Disadvantaged/Women/Disabled Veterans Enterprise Total of Subcontract Amount: \_\_\_\_\_

**SERVICE PROVIDER AND CONSULTANTS**  
**(Collectively referred to as "SUBRECIPIENT"**  
**herein)**  
**STATEMENT FOR PUBLIC DISCLOSURE**

1. Name of SUBRECIPIENT: \_\_\_\_\_
2. Address and Zip Code: \_\_\_\_\_
3. Telephone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_
4. Name of Principal Contact for SUBRECIPIENT: \_\_\_\_\_
5. Federal Identification Number or Social Security Number of SUBRECIPIENT: \_\_\_\_\_
6. If the SUBRECIPIENT is not an individual doing business under his own name, the SUBRECIPIENT has the status indicated below and is organized or operating under the laws of California as:
  - A corporation (Attach Articles of Incorporation)
  - A nonprofit or charitable institution or corporation. (Attach copy of Articles of Incorporation and documentary evidence verifying current, valid nonprofit or charitable status).
  - A partnership known as: \_\_\_\_\_

\_\_\_\_\_  
(Name)

**Check one:**

- General Partnership (Attach statement of General Partnership)
- Limited Partnership (Attached Certificate of Limited Partnership)
- A business association or joint venture known as: \_\_\_\_\_  
\_\_\_\_\_  
(Attach your joint venture or business association agreement)
- A Federal, State or local government or instrumentality thereof.
- Other (explain) \_\_\_\_\_

If the SUBRECIPIENT is not an individual or government agency or instrumentality, give date of organization:

7. Provide names, addresses, telephone numbers, title of position (if any) and nature and extent of the interest of the current officers, principal members, shareholders, and investors of the SUBRECIPIENT, other than a government agency or instrumentality, as set for below:
  - a) If the SUBRECIPIENT is a corporation, the officers, directors or trustees, and each stockholder owning more than 10% of any class of stock.

- b) If the SUBRECIPIENT is a nonprofit or a charitable institution or corporation, the members who constitute the board of trustees or board of directors or similar governing body.
- c) If the SUBRECIPIENT is a partnership, each partner, whether a general or limited, and either the percent of interest or a description of the character and extent of interest.
- d) If the SUBRECIPIENT is a business association or a joint venture, each participant and either the percent of interest or a description of the character and extent of interest.
- e) If the SUBRECIPIENT is some other entity, the officers, the members of the governing body, and each person having an interest of more than 10%.

NAME, ADDRESS, STATE, CITY AND ZIP	POSITION TITLE (IF ANY) AND PERCENT OF INTEREST OR DESCRIPTION OF CHARACTER AND

8. Has the makeup as set forth in Item 7(a) through 7(e) changed within the last twelve (12) months? If yes, please explain in detail.

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9. Is it anticipated that the makeup as set forth in Item 7(a) through 7(e) will change within the next twelve (12) months? If yes, please explain in detail.

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Provide name, address, telephone number, and nature and extent of interest of each person or entity (not named in response to Item 8) who has a beneficial interest in any of the shareholders or investors named in response to Item 8 which gives such person or entity more than a computed 10% interest in the SUBRECIPIENT (for example, more than 20% of the stock in a corporation which holds 50% of the stock of the SUBRECIPIENT or more than 50% of the stock in the corporation which holds 20% of the stock of the SUBRECIPIENT):

NAME, ADDRESS, STATE, CITY AND ZIP CODE	POSITION TITLE (IF ANY) AND EXTENT OF

10. Names, addresses and telephone numbers (if not given above) of officers and directors or trustees of any corporation or firm listed under Item 7 or Item 12 above:

11. Is the SUBRECIPIENT a subsidiary of or affiliated with any other corporation or corporations, any other firm or any other business entity or entities of whatever nature. If yes, list each such corporation, firm or business

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entity by name and address, specify its relationship to the SUBRECIPIENT, and identify the officers and directors or trustees common to the SUBRECIPIENT and such other corporation, firm or business entity.

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12. Has the SUBRECIPIENT or anyone referred to above as "principals of the SUBRECIPIENT" been convicted and/or indicted and convicted of any felony within the past ten (10) years?

Yes       No

If yes, give for each case (1) date, (2) charge, (3) place, (4) court, and (5) action taken. Attach any explanation deemed necessary.

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13. Does any member of the governing body of the San Diego Housing Commission ("COMMISSION"), Housing Authority of the City of San Diego ("AUTHORITY") or City of San Diego ("CITY"), to which the accompanying proposal is being made or any officer or employee of the COMMISSION, the AUTHORITY, or the CITY who exercises any functions or responsibilities in connection with the carrying out of the project covered by the SUBRECIPIENT'S proposal, have any direct or indirect personal financial interest in the SUBRECIPIENT or in the proposed SUBRECIPIENT?  Yes       No

If yes, explain. \_\_\_\_\_

14. State the name, address and telephone numbers of SUBRECIPIENT'S insurance agent(s) and/or companies for the following coverages: List the amount of coverage (limits) currently existing in each category:

PROFESSIONAL LIABILITY	WORKER'S COMPENSATION/GENERAL LIABILITY

- a. General Liability, including Bodily Injury and Property Damage Insurance [Attach certificate of insurance showing the amount of coverage and coverage period(s)]

**Check coverage(s) carried:**

- ( ) Comprehensive Form
- ( ) Premises - Operations
- ( ) Explosion and Collapse Hazard
- ( ) Underground Hazard
- ( ) Products/Completed Operations Hazard
- ( ) Contractual Insurance
- ( ) Broad Form Property Damage
- ( ) Independent SUBRECIPIENTs
- ( ) Personal Injury

- b. Automobile Public Liability/Property Damage [Attach certificate of insurance showing the amount of coverage and coverage period(s)]

**Check coverage(s) carried:**

- Comprehensive Form  Owned
- Hired
- Non-Owned

- c. Workers Compensation [Attach certificate of insurance showing the amount of coverage and coverage period(s)]
- d. Excess Liability [Attach certificate of insurance showing the amount of coverage and coverage period(s)]
- e. Other (Specify) [Attach certificate of insurance showing the amount of coverage and coverage period(s)]

17. SUBRECIPIENT warrants and certifies that it will not, during the term of the PROJECT, GRANT, LOAN, CONTRACT, DEVELOPMENT and/or RENDITIONS OF SERVICE discriminate against any employee, person, or applicant for employment because of race, age, sexual orientation, marital status, color, religion, sex, handicap, or national origin. The SUBRECIPIENT will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, age, sexual orientation, marital status, color, religion, sex, handicap, or national origin. Such action shall include, but not limited to, the following: employment, upgrading, demotion or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The SUBRECIPIENT agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Commission setting forth the provisions of this nondiscrimination clause.
18. The SUBRECIPIENT warrants and certifies that it will not without prior written consent of the COMMISSION, engage in any business pursuits that are adverse, hostile or take incompatible positions to the interests of the COMMISSION, during the term of the PROJECT, DEVELOPMENT, LOAN, GRANT, CONTRACT and/or RENDITION OF SERVICES.
19. SUBRECIPIENT warrants and certifies that no member, commission, councilperson, officer, or employee of the COMMISSION, the AUTHORITY and/or the CITY; no member of the governing body of the locality in which the PROJECT is situated; no member of the government body in which the Commission was activated; and no other public official of such locality or localities who exercises any functions or responsibilities with respect to the assignment of work, has during his or her tenure, or will for one (1) year thereafter, have any interest, direct or indirect, in this PROJECT or the proceeds thereof.
20. List all citations, orders to cease and desist, stop work orders, complaints, judgments, fines, and penalties received by or imposed upon SUBRECIPIENT for safety violations from any and all governmental entities including but not limited to, the City of San Diego, County of San Diego, the State of California, the United States of America and any and all divisions and departments of said governmental entities for a period of five (5) years prior to the date of this statement.

GOVERNMENT ENTITY MAKING	DATE	RESOLUTION

21. Has the SUBRECIPIENT ever been disqualified, removed from or otherwise prevented from proposing on or completing a federal, state, or local government project because of a violation of law or a safety regulation. If so, please explain the circumstances in detail. If none, please state: \_\_\_\_\_

22. Please list all licenses obtained by the SUBRECIPIENT through the State of California and/or the United States of America which are required and/or will be utilized by the SUBRECIPIENT and/or are convenient to the performance of the PROJECT, DEVELOPMENT, LOAN, GRANT, CONTRACT or RENDITION OF SERVICES.  
State the name of the governmental agency granting the license, type of license, date of grant, and the status of the license, together with a statement as to whether the license has ever been revoked:

GOVERNMENTAL AGENCY	DESCRIPTION OF	LICENSE NUMBER	DATE ISSUED (ORIGINAL)	STATUS (CURRENT)	REVOCAION (YES/NO)

23. Describe in detail any and all other facts, factors or conditions that may adversely affect SUBRECIPIENT'S ability to perform or complete, in a timely manner, or at all, the PROJECT; CONTRACT; SALES of Real Property to; DEVELOPMENT; repayment of the LOAN; adherence to the conditions of the GRANT; or performance of consulting or other services under CONTRACT with the Commission.

24. Describe, in detail, any and all other facts, factors or conditions that may favorably affect SUBRECIPIENT'S ability to perform or complete, in a timely manner, or at all, the CONTRACT; DEVELOPMENT; repayment of the LOAN; adherence to the conditions of the GRANT, or performance of consulting or other services under CONTRACT with the Commission.

25. List all CONTRACTS with, DEVELOPMENTS for or with; LOANS with; PROJECTS with; GRANTS from; and/or SALES of Real Property to, the COMMISSION, AUTHORITY and/or the CITY within the last five (5) years:

DATE	ENTITY INVOLVED (I.E. CITY,	STATUS (CURRENT, DELINQUENT, REPAID,	DOLL AR

**CONSENT TO PUBLIC DISCLOSURE BY SUBRECIPIENT**

By providing the "Personal Information", (if any) as defined in Section 1798.3(a) of the Civil Code of the State of California (to the extent that it is applicable, if at all), requested herein and by seeking a loan from, a grant from, a contract with, the sale of real estate to, the right to develop from, and/or any and all other entitlements from the SAN DIEGO HOUSING COMMISSION ("SDHC"), the HOUSING AUTHORITY OF THE CITY OF SAN DIEGO ("AUTHORITY") and/or the CITY OF SAN DIEGO ("CITY"), the SUBRECIPIENT consents to the disclosure of any and all "Personal Information" and of any and all other information contained in this Public Disclosure Statement. SUBRECIPIENT specifically, knowingly and intentionally waives any and all privileges and rights that may exist under State and/or Federal Law relating to the public disclosure of the information contained herein. With respect to "Personal Information", if any, contained herein, the SUBRECIPIENT, by executing this disclosure statement and providing the information requested, consents to its disclosure pursuant to the provisions of the Information Practices Act of 1977, Civil Code Section 1798.24(b). SUBRECIPIENT is aware that a disclosure of information contained herein will be made at a public meeting or meetings of the SDHC, the AUTHORITY, and/or the CITY at such times as the meetings may be scheduled. SUBRECIPIENT hereby consents to the disclosure of said "Personal Information", if any, more than thirty (30) days from the date of this statement at the duly scheduled meeting(s) of the SDHC, the AUTHORITY and/or the CITY. SUBRECIPIENT acknowledges that public disclosure of the information contained herein may be made pursuant to the provisions of Civil Code Section 1798.24(d).

SUBRECIPIENT represents and warrants to the SDHC, the AUTHORITY and the CITY that by providing the information requested herein and waiving any and all privileges available under the Evidence Code of the State of California, State and Federal Law, (to the extent of this disclosure that the information being submitted herein), the information constitutes a "Public Record" subject to disclosure to members of the public in accordance with the provisions of California Government Section 6250 et seq.

SUBRECIPIENT specifically waives, by the production of the information disclosed herein, any and all rights that SUBRECIPIENT may have with respect to the information under the provisions of Government Code Section 6254 including its applicable subparagraphs, to the extent of the disclosure herein, as well as all rights of privacy, if any, under the State and Federal Law.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, at San Diego, California.

SUBRECIPIENT

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Title



**SUBCERTIFICATION**

The SUBRECIPIENT, \_\_\_\_\_, hereby certifies that this SUBRECIPIENT's Statement for Public Disclosure and the attached information/evidence of the SUBRECIPIENT's qualifications and financial responsibility, including financial statements, are true and correct to the best of SUBRECIPIENT's knowledge and belief.

By: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

**WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any matter within the jurisdiction or any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.**

**JURAT**

State of California

County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_ \_\_\_\_\_

by \_\_\_\_\_ personally known to me or proved to me on the basis of

satisfactory evidence to be the person(s) who appeared before me.

\_\_\_\_\_  
Signature of Notary

SEAL

## STATEMENT AND CERTIFICATION REGARDING DEBARMENT

### CERTIFICATION REGARDING DEBARMENT, SUSPENSION, PROPOSED DEBARMENT, AND OTHER RESPONSIBILITY MATTERS (DEC 2001)

- a) The Offeror certifies, to the best of its knowledge and belief, that
  1. The Offeror or any of its principals:
    - (A) Are not presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal agency;
    - (B) Have not within a three-year period preceding this offer, been convicted of or had a civil judgment rendered against them for: COMMISSION of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, state, or local) contract or subcontract; violation of Federal or state antitrust statutes relating to the submission of offers; or COMMISSION of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property; and
    - (C) Are not presently indicted for, or otherwise criminally or civilly charged by a governmental entity with, COMMISSION of any of the offenses enumerated in paragraph (a)(1)(i)(B) of this provision.
  - (ii) The Offeror has not within a three-year period preceding this offer, had one or more contracts terminated for default by any Federal agency.
2. "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).

**This Certification Concerns a Matter Within the Jurisdiction of an agency of the United States and the Making of a False, Fictitious, or Fraudulent Certification May Render the Maker Subject to Prosecution Under Section 1001, Title 18, United States Code.**

- b) The Offeror shall provide immediate written notice to the Contracting Officer if, at any time prior to contract award, the Offeror learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- c) The Offeror shall provide immediate written notice to the Contracting Officer if, at any time prior to contract award, the Offeror learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- d) Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render, in good faith, the certification required by paragraph (a) of this provision. The knowledge and information of an Offeror is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business Dealings.
- e) The certification in paragraph (a) of this provision is a material representation of fact upon which reliance was placed when making award. If it is later determined that the Offeror

knowingly rendered an erroneous certification, in addition to other remedies available to the COMMISSION, the Contracting Officer may terminate the contract resulting from this solicitation for default.

SUBRECIPIENT's Authorized Representative:

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## SDHC INSURANCE REQUIREMENTS

1. Designated Certificate Holder- The “Certificate Holder” section of the ACORD Form (i.e. lower left hand corner of the form) must read as follows:  
San Diego Housing Commission, San Diego Housing Authority and the City of San Diego  
1122 Broadway, Suite 300  
San Diego, CA 02101
2. General Liability - \$1,000,000 per occurrence / \$1,000,000 aggregate
3. Automobile Insurance \$1,000, 000 - must be for either “Any Auto” OR “All Owned Autos and Non-Owned Autos”
4. Workers Compensation - \$1,000,000
5. Written Endorsements Required:
  - Waiver of Subrogation Endorsement for General Liability and for Workers Compensation policies designating *the “San Diego Housing Commission, San Diego Housing Authority and City of San Diego, their commissioners, officers and employees”* as covered entities OR can read “as per written contract”. Please submit State Fund Compensation Insurance Fund form, if applicable.
  - Additional Insured Endorsement for General Liability listing the *“San Diego Housing Commission, San Diego Housing Authority and City of San Diego their commissioners, officers and employees”* as additional insureds OR can read “as per written contract”
  - Primary-Non Contributory Endorsement for General Liability
  - 30 day cancellation notice endorsement – All policies. This may be inserted on the proof of insurance certificate in the note/comment section.
  - All endorsement pages must reference the policy number.

**SAN DIEGO HOUSING COMMISSION  
HOUSING INNOVATIONS DEPARTMENT  
FY 2015 PROJECT CONTACT INFORMATION FORM**

If the proposed project is funded, this form will be used to facilitate correspondence with the Project Agency's staff. The individual listed as the Program contact should be able to respond to questions regarding the programmatic activities and reports. The individual listed as the Fiscal contact should be able to respond to questions regarding the fiscal activities and reports. **Please submit a new form each time any of the listed information is revised during the approved contract period. If there is change of address, your agency MUST submit a revised form to SDHC, in order for reimbursement payments to issued properly.**

(PLEASE TYPE OR PRINT)

**AGENCY:** \_\_\_\_\_  
**PROJECT:** \_\_\_\_\_ Homeless Triage Beds \_\_\_\_\_

**GENERAL CORRESPONDENCE CONTACT:**

NAME: _____	PHONE: _____
TITLE: _____	FAX: _____
MAILING ADDRESS: _____ _____ _____	
E-MAIL: _____ _____	

**PROJECT ADDRESS:**

1 <sup>ST</sup> : _____	2 <sup>ND</sup> : _____
(For additional project sites, please attach a separate sheet)	

**PROGRAM CONTACT:**

	<u>PRIMARY</u>	<u>ALTERNATE</u>
NAME	_____	_____
TITLE:	_____	_____
PHONE:	_____	_____
FAX:	_____	_____
E-MAIL:	_____	_____

**FISCAL CONTACT:**

	<u>PRIMARY</u>	<u>ALTERNATE</u>
NAME:	_____	_____
TITLE:	_____	_____
PHONE:	_____	_____
FAX:	_____	_____
E-MAIL:	_____	_____

**BUDGET EXHIBIT FORMS**

**SCHEDULE 1 - FY 2015 BUDGET EXHIBIT**

SUBCONTRACTOR \_\_\_\_\_

PROJECT Homeless Triage Beds

SALARIES & WAGES (Schedule 2) \_\_\_\_\_

FRINGE BENEFITS (Schedule 3) \_\_\_\_\_

TOTAL PERSONNEL 0

TOTAL INDIRECT COSTS/ADMINISTRATIVE OVERHEAD (IC/AO)  
(Schedule 4) \_\_\_\_\_

SUPPLIES (Schedule 5) \_\_\_\_\_

POSTAGE (Schedule 5) \_\_\_\_\_

CONSULTANT SERVICES (Schedule 5) \_\_\_\_\_

MAINTENANCE/REPAIR (Schedule 5) \_\_\_\_\_

PUBLICATIONS/PRINTING (Schedule 5) \_\_\_\_\_

TRANSPORTATION (Schedule 5) \_\_\_\_\_

RENT (Schedule 5) \_\_\_\_\_

EQUIPMENT RENTAL (Schedule 5) \_\_\_\_\_

INSURANCE (Schedule 5) \_\_\_\_\_

UTILITIES (Schedule 5) \_\_\_\_\_

TELEPHONE (Schedule 5) \_\_\_\_\_

OTHER EXPENSES (SPECIFY): \_\_\_\_\_ (Schedule 5) \_\_\_\_\_

\_\_\_\_\_ (Schedule 5) \_\_\_\_\_

\_\_\_\_\_ (Schedule 5) \_\_\_\_\_

TOTAL NON-PERSONNEL 0

TOTAL GF PROJECT BUDGET 0









**SCHEDULE 5 - BUDGET JUSTIFICATION\***

SUBCONTRACTOR \_\_\_\_\_

PROJECT Homeless Triage Beds

LINE ITEM	AMOUNT
Detailed Explanation:	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
TOTAL	\$ -
LINE ITEM	AMOUNT
Detailed Explanation:	
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TOTAL	\$ -
LINE ITEM	AMOUNT
Detailed Explanation:	
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_____	_____
TOTAL	\$ -

\*All line items must be justified in relation to GF-funded activities to be completed. Add pages as needed.

**SCHEDULE 5 - BUDGET JUSTIFICATION\***

SUBCONTRACTOR \_\_\_\_\_

PROJECT Homeless Triage Beds

LINE ITEM	AMOUNT
Detailed Explanation:	
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TOTAL	\$ -
LINE ITEM	AMOUNT
Detailed Explanation:	
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TOTAL	\$ -
LINE ITEM	AMOUNT
Detailed Explanation:	
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TOTAL	\$ -

\*All line items must be justified in relation to GF-funded activities to be completed. Add pages as needed.

**SCHEDULE 5 - BUDGET JUSTIFICATION\***

SUBCONTRACTOR \_\_\_\_\_

PROJECT Homeless Triage Beds

LINE ITEM	AMOUNT
Detailed Explanation:	
_____	_____
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LINE ITEM	AMOUNT
Detailed Explanation:	
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_____	_____
TOTAL \$	-

\*All line items must be justified in relation to GF-funded activities to be completed. Add pages as needed.

**SCHEDULE 5 - BUDGET JUSTIFICATION\***

SUBCONTRACTOR \_\_\_\_\_

PROJECT Homeless Triage Beds

LINE ITEM	AMOUNT
Detailed Explanation:	
_____	_____
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TOTAL	\$ -
LINE ITEM	AMOUNT
Detailed Explanation:	
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TOTAL	\$ -
LINE ITEM	AMOUNT
Detailed Explanation:	
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_____	_____
TOTAL	\$ -

\*All line items must be justified in relation to GF-funded activities to be completed. Add pages as needed.

**SCHEDULE 5 - BUDGET JUSTIFICATION\***

SUBCONTRACTOR \_\_\_\_\_

PROJECT Homeless Triage Beds

LINE ITEM	AMOUNT
Detailed Explanation:	
_____	_____
_____	_____
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<b>TOTAL \$</b>	<b>-</b>
LINE ITEM	AMOUNT
Detailed Explanation:	
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<b>TOTAL \$</b>	<b>-</b>
LINE ITEM	AMOUNT
Detailed Explanation:	
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_____	_____
_____	_____
<b>TOTAL \$</b>	<b>-</b>

\*All line items must be justified in relation to GF-funded activities to be completed. Add pages as needed.

**SAN DIEGO HOUSING COMMISSION  
HOUSING INNOVATIONS DEPARTMENT  
FY 2015 CONFIRMATION OF ALL CURRENT PROJECT FUNDING SOURCES**

**Please provide confirmation of your agency's list of secured funding sources for the project listed below, including fees and donations. Ensure that a revised form is submitted to the designated SDHC Project Manager for any changes to the project funding sources during the FY 2015 GF Agreement period.**

AGENCY \_\_\_\_\_  
 PROJECT \_\_\_\_\_ Homeless Triage Beds \_\_\_\_\_  
 DATE \_\_\_\_\_

	AMOUNT	TERM
GENERAL FUNDS-CITY (FY 2015)	_____	_____
CDBG FUNDS-CITY (FY 2015)	_____	_____
CDBG FUNDS-OTHER JURISDICTIONS	_____	_____
SECTION 108 LOAN GUARANTEE	_____	_____
OTHER CONSOLIDATED PLAN FUNDS:		
HOME	_____	_____
ESG	_____	_____
HOPWA	_____	_____
HUD STIMULUS FUNDS:		
CDBG-R	_____	_____
NSP	_____	_____
HPRP	_____	_____
OTHER FEDERAL STIMULUS FUNDS	_____	_____
OTHER FEDERAL FUNDS	_____	_____
STATE/LOCAL FUNDS	_____	_____
PRIVATE FUNDS	_____	_____
AGENCY MATCHING FUNDS	_____	_____
OTHER:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>TOTAL PROJECT BUDGET</b>	<b>\$ 0</b>	_____

**1.8      SPECIFICATIONS/SCOPE OF SERVICES**  
**“TRIAGE” HOUSING AND**

**PLACEMENT SERVICES FOR HOMELESS SINGLE ADULTS**

**OVERVIEW**

Using a Rapid Rehousing model, the Triage Housing and Placement Services Project (“Project”) is designed to more effectively transition homeless single adults into a coordinated system of housing and supportive services.

The San Diego Housing Commission (SDHC), in partnership with San Diego Police Department Homeless Outreach Team (SDPD HOT), is seeking nonprofit organizations to operate at least 25 beds that include housing location and placement services. Services are to be provided in a triage capacity in collaboration with SDPD HOT serving as the first line of housing support for homeless single adults.

SDPD HOT Integrated Outreach Team, including the Downtown San Diego Partnership Clean & Safe Program, will identify and refer homeless individuals for placement into the beds and provide case management services to those referred. Successful respondents will provide 24-hour residential services and staffing including three meals per day for an anticipated maximum stay of 30-days. In addition, a Housing Navigator and comprehensive placement services including housing assessments and individual housing placement plans are requirements of the Project.<sup>1</sup>

**PROJECT REQUIREMENTS**

The following are requirements of the Project:

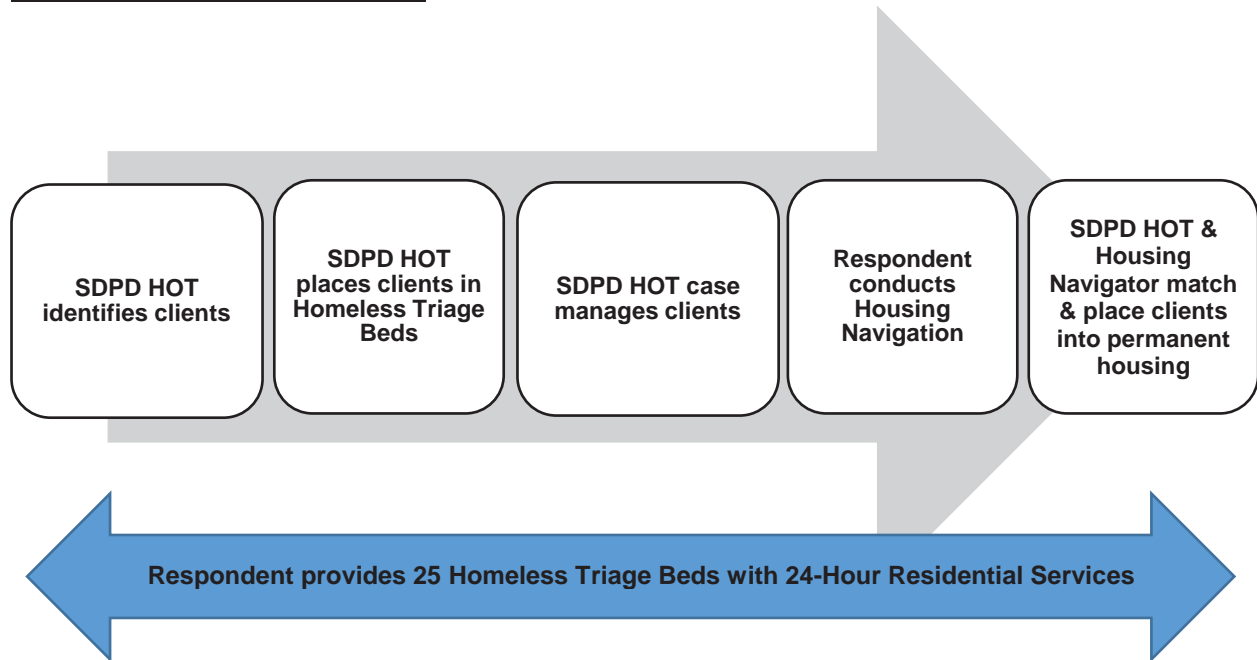
- 25 triage beds that comply with all permitting and regulatory requirements (NOTE: Beds can be located in individual units and agencies can partner with multiple organizations to meet the minimum bed total.);
- Full cooperation with and accommodations provided to SDPD HOT for intake and exit processes for all Project residents;
- 1 FTE Housing Navigator;
- Provision of 24-hour residential services and staffing;
- Provision of three meals per day;
- Participation in the Coordinated Assessment and Housing Placement System;
- Use of the Homeless Management Information System for data collection and analytics; and
- Monthly programmatic reports in a format determined by SDHC.

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<sup>1</sup> A Housing Navigator is defined as the staff person responsible for assisting each Project resident with housing location and placement.



## ROLES & RESPONSIBILITIES



## PERFORMANCE CRITERIA & OUTCOMES

Applicants are expected to triage homeless individuals identified by SDPD HOT in short-term housing and assist in their move to stable, permanent housing. Specifically, applicants, in collaboration with SDPD HOT, must demonstrate their success in achieving the following *best practice* outcomes:

- At least 150 clients will be provided with short-term triage housing.
- At least 80% of homeless triage bed residents who exit leave for permanent housing.
- At least 65% of homeless triage bed residents have income from any source at exit.
- At least 75% of homeless triage bed residents placed into permanent housing maintain that housing for at least 6 months.

## ELIGIBLE ACTIVITIES

SDHC will administer the Agreement on behalf of the City of San Diego. The program must provide short-term housing with an emphasis on rapid rehousing and permanent and/or permanent supportive housing placement. Eligible expenses/activities include:

### Triage Housing

- Occupancy expenses related to operating the 25 triage beds. Typical costs include items such as normal repairs and maintenance, utilities (gas, electric, water, sewer), cleaning of the building, janitorial supplies, landscape maintenance, security of the building, building rent/lease payments, pest control, elevator servicing, property insurance, and salaries of personnel who repair or protect the building's condition.
- Administrative and support expenses include program staffing and benefits, telephone, cable services, maintenance and repair of office equipment, paper shredding services, Internet services, non- building related expenses, and program costs such as food and client transportation costs.

### Housing and Placement Services

- Administrative and support expenses include program staffing and benefits, telephone, cable services, maintenance and repair of office equipment, paper shredding services, Internet services, non- building related expenses, and program costs such as client transportation costs.

Examples of ineligible activities include:

- Goods/services received or paid before or after the operating term (October, 2014 to October, 2015). Exception: Year-end expenses paid in the following fiscal year. For example, a utility bill for a June/July service period should be claimed in the month it was paid.
- Prepaid expenses such as insurance or service contracts may be claimed on a monthly pro-rata basis.
- Catered food is generally ineligible. Additionally, food for staff meetings or agency events may not be claimed.
- Late payment fees.
- Mobile phone expenses.
- Delivery fees.
- Applicants are prohibited from including property rehabilitation costs or expenses for purchasing new equipment (including tools) or furnishings in this application.
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#### Terms and Conditions of Funding

The Commission reserves the right to reject any or all applications, to waive certain requirements of this NOFA, to disregard any inconsistencies in applications, or to cancel, in whole or in part, this NOFA if it is deemed in the best interest of the Commission to do so.

The total not to exceed compensation for all services performed pursuant to this NOFA is approximately \$175,750.

#### External Relations

To ensure the integrity of the program, the San Diego Housing Commission (SDHC) shall have the control and authority over the print and electronic preparation, dissemination and publishing of any and all public relations, advertising, promotional material, and responses to publicity/media inquiries regarding the joint program activities and/or profiles of participants covered under this NOFA and subsequent agreement.

Subrecipient shall coordinate with and seek the prior written consent and permission of the SDHC Community Relations & Communications Department before distributing any printed or electronic materials regarding the subject matter covered in this paragraph and this NOFA and subsequent agreement.

Subrecipient further agrees that Subrecipient shall direct any and all publicity and media inquiries by third parties to the SDHC Community Relations & Communications Department for review and coordination.