



SAN DIEGO
HOUSING
COMMISSION

San Diego Housing Commission

Notice of Funding Availability (NOFA) Request for Applications - 1,000 Homeless Veterans Initiative

Release Date: March 2, 2016

Application Submittal Period:

March 2, 2016 – January 31, 2018

(or until funds & vouchers are expended)

San Diego Housing Commission
1122 Broadway, Suite 300
San Diego, CA 92101
www.sdhc.org





**THE 1,000 HOMELESS VETERANS
INITIATIVE
NOTICE OF FUNDING AVAILABILITY
(NOFA) APPLICATION**

SECTION I

1.1 INTRODUCTION

Each year, thousands of Americans transition from active duty military service to Veteran status. After fighting for our country, these men and women are more likely than civilians to experience homelessness.¹ On any given night, nearly 50,000 Veterans are homeless nationwide.² Between 1,000 to 1,600 homeless individuals in the City of San Diego are U.S. military Veterans, men and women who served their country, but they don't have a place to call home, according to data extrapolated from a U.S. Department of Veterans Affairs (VA) analysis of the annual Homeless Point-in-Time Counts, required by HUD, which were conducted on January 23, 2015, and January 23, 2014, as well as internal VA data. The San Diego Housing Commission (SDHC) and the City of San Diego are partnering on The 1,000 Homeless Veterans Initiative to provide housing opportunities for up to 1,000 homeless Veterans in the city of San Diego within one year, a new initiative of HOUSING FIRST – SAN DIEGO, SDHC's landmark three-year Homelessness Action Plan (2014-17).

The 1,000 Homeless Veterans Initiative's four program components are:

1. Landlord Outreach – Housing Our Heroes Campaign
2. Rapid Re-housing Assistance
3. SDHC Federal Veterans Affairs Supportive Housing (VASH) Vouchers
4. SDHC Federal Housing Vouchers with Supportive Services

Two program components of The 1,000 Homeless Veterans Initiative are included in this Notice of Funding Availability (NOFA):

1. Rapid Re-Housing Assistance: include:

- Rental Payment Assistance – Financial assistance varies; on average, four to six months may be all that a homeless Veteran needs. However, in cases of extreme hardship, the funds may cover up to two years of rental payments.
- Up-front Move-in Costs – First and last months' rents, security deposits of \$1,500 on average per household, and utility deposit assistance of \$100 on average per household.

Nonprofit or for-profit service providers may also use these funds to provide case management and supportive services, such as mental health care, or to purchase furniture and/or move-in kits for homeless Veterans.

Nonprofit or for-profit organizations may apply for these funds to supplement existing programs serving homeless Veterans. The Rapid Re-housing Assistance program will serve homeless Veterans who have been evaluated as best served by Rapid Re-housing.

2. SDHC Federal Housing Vouchers with Supportive Services: Housing, combined with supportive services such as mental health counseling; substance abuse treatment

¹ <http://www.endhomelessness.org/library/entry/fact-sheet-veteran-homelessness>

² <https://www.hudexchange.info/resources/documents/2015-AHAR-Part-1.pdf>



programs; and independent living skills classes help homeless Veterans begin to rebuild their lives. SDHC will award 100 Sponsor-Based Housing Vouchers to nonprofit or for-profit organizations, or “sponsors,” that provide supportive services to homeless San Diegans. These Sponsor-Based Housing Vouchers, with funds set aside to support case management and additional supportive services, will be used to ensure 100 percent of participants are assessed and have the opportunity to be connected to appropriate services and rental housing. Sponsor-Based Housing Vouchers will assist homeless Veterans who are not eligible for Federal U.S. Department of Housing and Urban Development (HUD) VASH vouchers.

1.2 BACKGROUND

The San Diego Housing Commission (SDHC) is a driving force of the national Housing First model in the City of San Diego – which provides homeless individuals with housing as quickly as possible, with supportive services as needed.

In 2009, President Barack Obama set the national goal of ending Veteran homelessness by 2015. In January 2015, New Orleans became the first major city to announce it ended Veteran homelessness. The success of the HUD-VASH voucher program, the U.S. Department of Veterans Affairs’ Supportive Services for Veteran Families Programs (SSVF), and other programs targeted to Veterans, combined with the dedication and commitment of communities across the country proved that successfully addressing Veteran homelessness is possible.

Rental assistance through housing voucher programs has been central to efforts to reduce homelessness among Veterans. Studies have found that rental assistance sharply reduces homelessness³. Furthermore, studies specifically looking at the HUD-VASH program found Veterans with psychiatric or substance abuse disorders who received supportive housing vouchers spent less time homeless than similar Veterans who received other forms of treatment but did not receive these housing vouchers, according to the United State Interagency Council on Homelessness³. In addition to reducing homelessness, Federal housing vouchers ease hardship for Veterans by freeing up resources for other basic needs (such as food or health care) and reducing housing instability and crowding, which can have long-term effects on education and health.

The Federal Sponsor-Based Housing Voucher Program will assist homeless Veterans with an identified special need. Based upon data compiled through the 2015 VA Gap Analysis, there are an estimated 60 to 100 homeless Veterans who fit this category within San Diego. Veterans in this sub-group have been discharged with other than honorable status or do not meet the HUD-VASH program eligibility requirements. Additionally, these homeless Veterans face significant barriers to accessing affordable housing, including, but not limited to a lack of stable income, poor credit or rental history, and criminal backgrounds.

In addition, Rapid Re-housing has become an increasingly important tool in a community’s response to addressing Veteran homelessness. Rapid Re-housing, which includes a combination of short- to medium-term rental assistance and case management services, has helped communities decrease the number of people experiencing homelessness and reduce the amount of time households spend homeless⁴. Rapid Re-housing places a priority on moving a family or individual experiencing homelessness into permanent housing as quickly as possible, ideally

³ <http://www.endhomelessness.org/blog/entry/rental-assistance-helps-veterans-fight-homelessness#.VtC9TfkrJaQ>

⁴ <http://www.endhomelessness.org/library/entry/rapid-re-housing-a-history-and-core-components>



within 30 days of when they become homeless. Although the duration of financial assistance varies, many programs find, on average, four to six months of financial assistance is sufficient to stably re-house a household.

1.3 NOFA TIMELINE AND APPLICATION PROCESS

Release of NOFA: March 2, 2016
NOFA Application Period: March 2, 2016-January 31, 2018 or until funds are expended and vouchers are awarded

Applications for funding will be considered based on the threshold requirements and priorities set forth in this NOFA. This NOFA is an open application process until January 31, 2018, or until all available funds/vouchers have been committed, whichever occurs first. The NOFA and any applicable updates, including notification of NOFA closing, will be posted on Onvia/DemandStar at www.demandstar.com and on SDHC's website at www.sdhc.org.

Applications submitted in response to this NOFA must be complete and responsive to the application requirements set forth in this NOFA. Incomplete applications will not be reviewed. However, SDHC reserves the right, at its sole discretion, to waive minor deficiencies in the application, to request additional information or application clarifications 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 an application, applicants acknowledge and agree to the terms and conditions of this NOFA and to the accuracy of the information submitted in the application. All application submittal packages become the sole 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 applicants must complete and submit with their application the "Consent to Disclosure by Subrecipient" form included herein (See Attachment 2 "Required Application Submittal Forms").

All requirements of the applicable federal, state, local, or private funding sources will apply to projects financed under this NOFA. Applicants may refer to funding regulations including HUD Veterans Affairs Supportive Housing (VASH) PBV guidance (HUD Public and Indian Housing [PIH] Notice PIH 2015-10 and FR-5596-N-01); federal Sponsor-Based Housing Vouchers guidance (PIH-2011-45).

Applicants must submit one signed original application, five (5) copies of the application, and one electronic copy of the entire application package on a compact disc (CD) or thumb drive. Faxed copies will not be accepted. All applicable application forms are available online at www.demandstar.com.

Applications shall be submitted in 3 ring binders with each section of the binder tabbed and labeled as specified in section 1.7 "Evaluation Scoring Criteria & Application Formatting Requirements" herein.

This NOFA solicitation document with complete instructions is available for download at www.demandstar.com. If you do not have a user name or password for the Onvia DemandStar website, please register at <http://www.onvia.com/demandstar-subscriptions>. Organizations may register for free by selecting the "Free Agency" option link on the Onvia DemandStar website. DemandStar representatives are available to assist with any questions at 1-800-711-1712.



All addenda, question-and-answer responses, and NOFA updates also will be posted on the Onvia DemandStar website. All interested applicants should regularly visit the Onvia DemandStar website to ensure that they have received the most current NOFA updates and information.

1.4 PROGRAM FUNDING & ELIGIBLE ACTIVITIES

Each application should estimate funding needed and identify any potential funding sources for the project being proposed. All listed potential funding sources should clearly identify the costs to be funded and the categories that those funds will be utilized for (e.g., operating costs, services, and so on).

Interested applicants may submit a single application for **one or more of the following specified programs:**

1. **Rapid Re Housing Assistance:** A total of \$1,967,250 is available for an initial one-year term with one additional one-year renewal option contingent upon future funding availability and program performance. Eligible activities under this scope of work include, but are not limited to, case management, rental assistance, peer support, outreach, move-in assistance, and related administrative expenses.
2. **SDHC Federal Housing Vouchers with Supportive Services:** A total of \$1,075,000 is available for an initial one-year term with one additional one-year option contingent upon future funding availability and program performance. Eligible activities include supportive services and related administrative expenses; \$537,500 in Year 1 and \$537,500 in Year 2. A maximum of 100 Sponsor-Based Housing Vouchers valued at \$2,260,800 are also available over a two-year period. Eligible activities under this scope of work include, but are not limited to, case management, rental assistance, peer support, outreach, move-in assistance, and related administrative expenses.

SDHC 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 SDHC to do so.

All funding recommendations made by the SDHC evaluation committee shall be final seven days after the approval of the SDHC Board of Commissioners, unless members of the Housing Authority of the City of San Diego (Housing Authority) request that the Housing Authority review of the matter. All funding recommendations exceeding \$250,000 for purposes of the acquisition of goods and services are automatically referred to the Housing Authority for final review and approval. It is strongly recommended that the individual identified as the contact person in the application should attend the SDHC Board of Commissioners' meeting and, if applicable, the Housing Authority meeting when a funding decision is considered.

Send or deliver applications to:

"The 1,000 Homeless Veterans Initiative NOFA"
San Diego Housing Commission
1122 Broadway, Suite 300 San Diego, CA 92101
Attention: Ralph Tharp, Procurement Department

Pre-Application Meeting (Non-Mandatory) will be conducted:

1:00PM, Tuesday, March 15, 2016

**San Diego Housing Commission
1122 Broadway, 5th Floor
San Diego, CA 92101**

Questions and Requests for Clarification During Application Period:

All questions and request for clarifications regarding this NOFA, if any, during the application period shall be sent via email to Ralph Tharp at ralpht@sdhc.org.

1.5 SELECTION PROCESS

SDHC shall establish one or more application evaluation committee(s) to review and score applications received. All applications will be scored based on the criteria listed in sections 1.5 through 1.7 below and as detailed herein. Additional project application information may be requested by the SDHC application committee(s) prior to making a funding recommendation.

Recommendations from the SDHC application evaluation committee(s) may be brought to the SDHC Board of Commissioners and the Housing Authority of the City of San Diego for approval as applicable.

Applicants who do not receive a qualifying score from the evaluation selection committee(s) for funding will be notified within 45 days of receipt of application by SDHC. SDHC, at its sole discretion, reserves the right to mutually negotiate an extension of this 45-day notification period with applicants as SDHC determines is in its best interest. Additionally, if after SDHC's review of a submitted application it determines that additional information and/or clarification from the applicant is needed, the 45-day notification period will not commence until said additional information and/or clarification has been received and reviewed by the SDHC application evaluation committee(s). Unsuccessful applicants may apply again during the next available NOFA funding opportunity.

1.6 MINIMUM PROJECT/APPLICATION THRESHOLD REQUIREMENTS

All submitted applications must comply with each of the following minimum threshold requirements:

1. **Capacity:** The applicant must fully detail in their application their experience working with Veterans and effectiveness in working with individuals and families who are homeless, noting experience in facilitating outcomes utilizing a Rapid Re-Housing or Supportive Housing and Housing First model.¹
2. **Service Delivery Plan:** All projects funded through this NOFA must provide in their submitted application a detailed and financially feasible Service Delivery Plan for the applicant's targeted population. The narrative should demonstrate the applicant's ability to provide effective supportive services to homeless Veterans in a manner that makes full use of available mainstream resources and results in increased housing stability. Evidence provided in the application should clearly detail the types of supportive services to be rendered, how the services meet the identified needs of the target population, experience in delivering supportive services, demonstrated capacity to achieve program outcomes and the current capacity of the applicant to provide the services.

3. **Coordinated Assessment and Housing Placement System (CAHP):** *The Regional Continuum of Care Council is in the process of developing a CAHP system throughout the region.* Participation in CAHP is/will be a requirement of this NOFA once available.
 - a. The Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH) and federal regulations require communities to utilize a common mechanism for individualized assessment and coordinated access to services when engaging homeless persons.
 - b. SDHC, at its discretion, will require sub-recipients to participate in the CAHP system and utilize the Vulnerability Index and Service Prioritization Decision Tool (VI-SPDAT), or successor system replacing the VI-SPDAT, to identify the most appropriate housing intervention for program participants. Active participation includes Housing Navigation, Case Conferencing or other integral components of CAHP.
4. **Homeless Management Information System (HMIS):** Sub-recipients shall enter and maintain client data in HMIS as well as obtain and report required programmatic information and data on a monthly and annual basis.
5. **Agency Compliance History:** Applicants must detail in their submitted application their compliance history with prior SDHC funding and consistent conformance with all applicable requirements in prior projects, as applicable.
6. **Leverage:** SDHC expects its grants to a successful applicant to be leveraged with other resources such as other State, Federal, and Local programs, and private fund-raising.
7. **Sustainability** SDHC expects all applications submitted to include a comprehensive project sustainability plan with a timeline, projected funding sources, as well as narrative explaining how and by what means the clients served will continue to be supported after SDHC funds conclude (NOTE: The 1,000 Homeless Veterans Initiative funding is estimated to end after two years or after allocated funds are fully expended, whichever occurs first).
8. **Licenses:** At the time of application submission, if applicable, the applicant must provide all project site's licenses/permits such as Conditional Use Permits and/or other land use entitlements for the project as proposed. If this is not possible, the applicant must demonstrate to SDHC's satisfaction that all approvals, permits, licenses, etc. can be granted within 90-days of the application submittal.
9. **Site Control:** At the time of application submission and if applicable, the applicant must have control of the proposed project site through fee title, an option to purchase, a land sales contract, leasehold with development provisions, or any other enforceable instrument approved by SDHC.

1.7 EVALUATION SCORING CRITERIA & APPLICATION FORMATTING REQUIREMENTS

Selection of the most responsive, qualified and best value project applications will be determined by the SDHC evaluation committee after a full review and analysis of individual applications. Applicants may be invited to meet with SDHC evaluation committee representatives to expand on and/or provide clarification of their application, qualification, experience project details, etc.

After an application has been reviewed by the SDHC evaluation committee to determine if the application has met all of the Minimum Project/Application Threshold Requirements (Section 1.6 and Section 1.7 herein), a score will be assigned by the evaluation committee to the application.

Application are to be submitted in three (3) ring binders (1 original binder, 4 copy binders and 1 pdf version on CD or thumb drive). **Each section of the application binder shall be organized in in tabbed and labeled sections as specified below:**

TAB 1 – APPLICANT SUMMARY INFORMATION

- **Company Information Summary Form (see Attachment 2 “Required Submittal Forms)**
- **Completed SDHC Application Form (see Attachment 2 “Required Submittal Forms”)**
- **Project Budget Form (see Attachment 1 attached herein- note live excel forms posted to NOFA website at www.demandstar.com)**
- **Letter of Introduction.** Prepare a 1-3 page summary of your organization’s background, qualifications, experience in providing rapid rehousing projects and work with military veterans and their families.
- **Application Narrative (details of proposed project, targeted population and proposed service plan).** Not to exceed 10 pages using 12pt. Times New Roman font.

TAB 2 – PROJECT PERFORMANCE HISTORY

[15 Points]

Applicant will be awarded points under this tab section of their application based on their demonstrated capacity, experience and track record in managing and operating projects similar to the SDHC project detailed in this NOFA. Under this tab section of their application applicant is to detail current and/or previous projects similar to the project detailed in this NOFA that they managed and operated. Applicant shall address in this tabbed section of their application the following:

- List the assigned project staff that will be responsible for operating and performing services on the proposed project.
 - Identify each project staff’s specific role(s) on the project.
 - Attach resumes for each identify project staff.
- Do you anticipate hiring new staff or utilizing existing staff?
- Describe anticipated caseloads for staff involved with delivering the scope of work.
- If partnering with one or more third-parties, please describe the partnership and their experience managing the service elements they will provide and identify their assigned project staff, roles and provide resumes.

TAB 3 – DEMONSTRATED QUALIFICATION & EXPERIENCE WORKING WITH HOMELESS VETERAN POPULATIONS

[15 Points]

Under this tab section of their application applicant is to describe and provide specific project information on their qualifications, experience, and effectiveness in working with individuals and families who are homeless and detailing specific experience in working with military veteran populations.

TAB 4 – RAPID REHOUSING PREVIOUS PERFORMANCE

[15 Points]

Under this tabbed section of their application the applicant is to detail, for each RRH project that they have operated and managed, the outcomes for these RRH projects. Applicant is to list the RRH projects/programs and provide detailed information on the following:

- Percentage of individuals remaining in permanent housing or exiting to permanent housing during the operating year.
- Percentage of individuals age 18 or older who have maintained or increased their income from all sources as of the end of the operating year.
- Percentage of individuals between the ages of 18-61 who have maintained or increased their earned income as of the end of the operating year.

TAB 5 – PERMANENT SUPPORTIVE HOUSING (PSH) PREVIOUS PERFORMANCE [10 Points]

Under this tabbed section of their application the applicant is to detail, for each PSH project that they have operated and managed, the outcomes for these PSH projects. Applicant is to list the PSH projects/programs and provide detailed information on the following:

- Individuals served will maintain permanent housing at the end of the program year or exit to permanent housing.
- Individuals age 18 or older who have maintained or increased their income from all sources as of the end of the operating year.

TAB 6 – PROGRAM CONCEPT & CASE MANAGEMENT PLAN [20 Points]

Under this section of their application the applicant shall provide a summary of their proposed project. Said project summary should detail, but not be limited to, the following information:

The applicants responses to the following will be worth 10 of the 20 points for this tab section.

- Sub-population(s) to be served, geographic location(s), housing, and services.
- How services will be coordinated with other providers.
- How applicant will determine if clients are likely to sustain housing post-rental assistance.
- Describe how, within the context of existing written policies/procedures, demonstrating how applicant's proposed program will equitably decide a participant's portion of rent and length of rental assistance.

The remaining 10 points for this tab section will be based on applicant's response to the following:

- Briefly detail the project plan to implement services, including any areas of unmet need, applicant's service philosophy, use of evidenced based practices and unique approaches that set your agency apart from other providers.

TAB 7 – PROJECT READINESS [10 Points]

The applicant under this tab section must clearly demonstrate their ability to begin operations within 60 days of award. In this section, provide a description of when your proposed project will be fully implemented. Please include, but not limited to, information on:

- The timeline and plan for initiating the project, including major milestones. Identify outreach efforts and timelines for moving participants into housing and staffing the services for the project.
- If partners are involved in your project, indicate whether partnership agreements are in place and attach letters that describe your intent to partner.
- Letters of commitment from the property owner or other documentation of site control, if available and applicable. **If not available applicant is to advise when and how site control will be demonstrated.**
- Photos of Project where proposed activities are to be provided.

TAB 8 – QUALITY ASSURANCE AND EVALUATION

[10 POINTS]

Applicant is to provide under this section responses the following:

- Information on your agency’s experience managing and accounting for federal grant funding, including any identified concerns over the past three fiscal years specific to under-utilization of grant funds, monitoring visit findings that resulted in need for corrective action, or any audit findings that resulted in a material weakness or report of internal control concern or finding. *(5points)*
- Does your agency have procedures in place to monitor data quality and project performance on a monthly basis?
If yes, please describe the monitoring process. Cite recent examples of how the review procedures were used to improve the quality of at least one existing program. *(5 points)*

TAB 9 - PROJECT SUSTAINABILITY PLAN

[15 Points]

Under this section the applicant is to provide a comprehensive sustainability plan with a timeline and narrative explaining how and by what means the clients served will continue to be supported after SDHC funding concludes. Identify all projected funding sources for housing and services.

TAB 10 - PROJECT BUDGET & BUDGET NARRATIVE

[15 POINTS]

- Under this tabbed section of their application the applicant is to provide project budget details by completing and submitting the budget forms provided by SDHC in this NOFA solicitation document and titled Attachment 1 (included herein). *(10 points)*
- Additionally the applicant is to identify all project fund sources for housing and services and specify whether they are secured or pending. *(5 points)*

The following matrix details how points for this section will be awarded:

Percentage of Leveraged Sources	Points
35%	2
45%	3
55%	4
65%	5

Highest percentage of non-NOFA sources of project funding divided by total project costs.

Note: Letters demonstrating funding commitment from other sources must be provided in this tabbed section of applicant’s submitted application to receive the maximum 15 points for this Tab section.

Tab 11 – APPLICANT FINANCIAL INFORMATION

Under this tab section of the applicant’s submitted application the applicant shall submit the following financial information:

- Most recent overall organizational budget (income & expenses) which includes all of the applicants activities including those that are not part of this application.
- Copies of Federal and State tax status determinations.

- Most recent fiscal year-end audited financial statement for the organization that includes all of the applicant’s activities.
- Written documentation/evidence of the amount and type of credit that is available to the organization.

TAB 12 – MISCELLANEOUS ORGANIZATIONAL & STAFFING DOCUMENTATION

Under this tabbed section of their application the applicant id to provide the following:

- Organizational chart of the applicant organization along with resumes of key project staff.
- Organizational chart of any other organizations that will be supporting the project along with resumes of their key project staff.
- Listing of Board of Directors of applicant organization along with minutes of the organization’s three (3) most recent Board meetings.
- Organizations grievance policy.

TAB 13 - SDHC REQUIRED SUBMITTAL FORMS

Under this tabbed section of their application the applicant is to complete and submit all of the forms included in Attachment 2 of this NOFA solicitation document and titled “Required Application Submittal Forms”.

SECTION II

2.1 ELIGIBLE APPLICANTS

Applications will be accepted from for-profit and nonprofit organizations, or partnerships. Eligible applicants must submit a single application **for one or more of the following** specified funding sources:

1. Sponsor-Based Housing Vouchers

- a. 100 vouchers available over two-year period, valued at \$2,260,800.
- b. A total of \$1,075,000 is available, but not limited to, rent, move-in, outreach, peer support, case management costs, and related administrative expenses; \$537,500 in Year 1 and \$537,500 in Year 2.
 - Up to \$37,500 can be used in each operating year for related administrative expenses.

2. Rapid Re-Housing Assistance

- a. \$1,967,250 available for, but not limited to, rent, move-in, outreach, peer support, case management costs, and related administrative expenses.
 - Up to \$137,250 can be used for related administrative expenses.

2.2 RAPID RE-HOUSING ASSISTANCE SCOPE & PERFORMANCE STANDARDS

The Rapid Re-Housing Assistance program will serve homeless Veterans who have been evaluated by the VI-SPDAT as best served by the Rapid Re-housing (RRH) model, regardless of discharge status.

Because these funds are intended to augment existing RRH programs, the following components can be combined within an application, however it is not required. Applicants may apply with a program/project designed to do only ONE of the following elements. In such cases, an applicant should demonstrate a need to enhance an existing program AND the ability to coordinate with other providers.

1. Rent and Move-In Assistance (Financial)

- a. *Desired Objective:* Rent and Move-In Assistance dollars will be used to rapidly re-house homeless Veterans. This objective will be achieved through the strategies and eligible uses of funds detailed below.
- Provide assistance to cover all of the following, as needed, for clients: *move-in costs, furniture/move-in kits, deposits, and the rental and/or utility assistance* (typically six months or less) necessary to allow individuals and families to move immediately out of homelessness and to stabilize in permanent housing. The amount and duration of financial assistance provided by RRH can vary, but at a minimum, programs should provide the assistance necessary for households to move immediately out of homelessness and to stabilize in permanent housing.
 - Financial assistance can come in the form of a *full rental assistance*, covering the full rent for a period of time, or a *partial rental assistance*, covering a portion of the rent. Programs are encouraged to employ a progressive engagement model in which minimal amounts of assistance are offered to all households initially and then extended or intensified as-needed based on an ongoing assessment of household needs.

2. Supportive Services

- a. *Desired Outcomes:* Supportive services will result in increased housing stability and reduced recidivism for Veterans placed into permanent housing. Applicants are encouraged to incorporate outreach and peer support opportunities within the service delivery plan. Specifically, RRH funded through this NOFA will achieve the below outcomes.
- **Housing Stability:** Individuals remaining in permanent housing as of the end of the operating year or exiting to permanent housing during the operating year should meet or exceed 90 percent of participants.
 - **Income:**
 - Individuals age 18 or older who have maintained or increased their income from all sources as of the end of the operating year or program exit should meet or exceed 60 percent of participants.
 - Individuals between the ages of 18-61 who have maintained or increased their earned income as of the end of the operating year or program exit should meet or exceed 20 percent of participants.
 - The total number of persons exiting services who have one or more types of non-cash benefits as of the end of the operating year or program exit should meet or exceed 78 percent of participants.
 - **Recidivism:** A decrease in recidivism of 20 percent or more over prior year for persons in similar circumstances or less than 5 percent of participants experiencing recidivism.²
- b. These outcomes will be achieved through the strategies and eligible uses of funds detailed below:
- *Help individuals and families experiencing homelessness identify and select permanent housing options based on their unique needs, preferences, and financial resources.* Collaboration with the SDHC 1,000 Homeless Veterans Initiative's Housing Location Team (HLT) will facilitate successful placements with participating landlords.
 - *Ensure a household is placed in a unit that meets its financial situation and lifestyle needs, such as school, work, family, and support networks, to increase the likelihood that households remain stably housed once program assistance ends.* Effective programs will outline strategies to provide households with choices in housing to increase the likelihood that households want to remain and can afford to remain in their unit of choice once financial assistance ends.

- ***Help individuals and families experiencing homelessness address issues that may impede access to housing (such as credit history, arrears, and legal issues).*** Program-related case management and services are an essential component of addressing homelessness. These services must be guided by the unique needs and wants of individuals and families experiencing homelessness. One function of case management is to immediately begin to address such issues as credit history, evictions, arrears, and legal issues that may prevent a household from obtaining a lease.
- ***Help individuals and families negotiate manageable and appropriate lease agreements with landlords.*** One of the most important functions of case management is to help households negotiate manageable lease agreements with landlords and to help households understand their rights and responsibilities as tenants. While HLT will complete the majority of inventory negotiations in order to increase available units, the case managers should make themselves available to work with HLT, tenants and landlords to coordinate placements. Furthermore, once clients are placed, the case managers should maintain an active relationship with the client, HLT, and landlord.
- ***Make appropriate and time-limited services and supports available to families and individuals to allow them to stabilize quickly in permanent housing.*** Each household entering RRH faces unique barriers and challenges, and programs must be flexible enough to provide the services and assistance necessary. In some instances, a household may be able to easily stabilize in housing with limited, one-time assistance and have no need for services. In other instances, a household may need or request additional services, such as employment or job training services. Successful programs will demonstrate the capacity to appropriately assess a household's unique situation, and to provide the necessary services and resources, either internally or through a connection to community-based assistance using a trauma-informed approach.
- ***Monitor participants' housing stability and be available to resolve crises.*** While services are voluntary, it is appropriate and essential that program staff is able to monitor the progress of participants' housing stability and be available to assist in the resolution of any crises that threaten stability. This could include employment issues, barriers to benefits, transportation challenges, and family conflict. A program's ability to intervene or assist a household after a family or individual has transitioned off financial assistance can be integral to ongoing housing stability and preventing a recurrence of homelessness.
- ***Provide or assist the household with connections to resources that help them improve their safety and well-being and achieve their long-term goals. This includes providing or ensuring the household has access to resources related to benefits, employment and community-based services (if needed/appropriate) so they can sustain rent payments independently when rental assistance ends.*** A successful program will have connections to other service providers, benefits counselors, employment agencies, and community-based services. While a program should provide opportunities for a household to access services they may want or need, a household's housing should never be contingent on participation in a service plan.
- ***Ensure services provided are client-directed, respectful of individuals' rights to self-determination, and voluntary.*** Regardless of the depth and breadth of case management and services available, all services provided must be client-directed, meaning they are respectful of individuals' rights to self-determination.

2.3 SPONSOR-BASED HOUSING VOUCHER (SBV) SCOPE & PERFORMANCE STANDARDS

The target population is homeless individuals with an identified special need, who have been assessed using the VI-SPDAT and determined to be best served through a Permanent Supportive Housing (PSH) model. The SBV will complement other PSH projects by serving the sub-population of homeless Veterans ineligible for the HUD-VASH voucher program.³

1. **Rental Assistance:** The SBV will provide 100 participants with rental assistance to facilitate a permanent housing placement. This project will address a gap in the existing system of care by providing resources to a high acuity sub-set of local homeless Veterans.
2. **Supportive Services:** The SBV will provide 100 participants with supportive services to facilitate and maintain a permanent housing placement. Specific outcomes include:
 - a. **Housing Stability:** 90 percent of individuals served will maintain permanent housing at the end of the program year or exit to permanent housing.
 - b. **Income:**
 - Individuals age 18 or older who have maintained or increased their income from all sources as of the end of the operating year or program exit should meet or exceed 64 percent of participants.
 - Individuals between the ages of 18-61 who have maintained or increased their earned income as of the end of the operating year or program exit should meet or exceed 64 percent of participants.
 - The total number of individuals exiting services who have one or more types of non-cash benefits as of the end of the operating year or program exit should meet or exceed 78 percent% of participants.
3. These outcomes will be achieved by ensuring *services provided are client-directed, trauma-informed, respectful of individuals' rights to self-determination, and voluntary. Unless basic, program-related case management is required by statute or regulation, participation in services should not be required to receive assistance.*⁴

ATTACHMENT 1- REQUIRED BUDGET FORMS

**VETERANS INITIATIVE
RRH/PSH BUDGET EXHIBIT INSTRUCTIONS**

Salaries & Wages	Enter the total dollar amount budgeted for project expenses related to Agency staff salaries & wages costs required for direct delivery of project services.
Fringe Benefits	Enter the total dollar amount budgeted for project expenses related to Agency staff fringe benefit costs required for direct delivery of project services.
Indirect Cost Rate	Enter the total dollar amount budgeted for project expenses related to Indirect costs. If Agency has a Federally Approved Indirect Cost Rate, please include here.
Supplies-Admin Use	Enter the total dollar amount budgeted for supply expenses in support of administrative provision of project activities.
Supplies-Client Use	Enter the total dollar amount budgeted for supply expenses in support for direct client use.
Publications/Printing	Enter the total dollar amount budgeted for publications/printing expenses in support of approved project activities.
Rent/Lease	Enter the total dollar amount budgeted for rent/lease expenses in support of approved project activities.
Insurance	Enter the total dollar amount budgeted for insurance expenses in support of approved project activities.
Utilities	Enter the total dollar amount budgeted for utilities expenses in support of approved project activities.
Communications	Enter the total dollar amount budgeted for landline telephone, cell phone and internet expenses in support of approved project activities conducted.
Other Expenses	List separately any other type of eligible expenditures budgeted in support of completing approved project activities. Enter the total budget amount for each line item listed.

**VETERANS INITIATIVE
SCHEDULE 1 - FY 2016 BUDGET EXHIBIT**

AGENCY _____

PROJECT _____

SALARIES & WAGES (Schedule 2) _____

FRINGE BENEFITS (Schedule 3) _____

TOTAL PERSONNEL _____

FEDERALLY APPROVED INDIRECT COST RATE (Schedule 4) _____

SUPPLIES-ADMIN USE (Schedule 5) _____

SUPPLIES-CLIENT USE (Schedule 5) _____

PUBLICATIONS/PRINTING (Schedule 5) _____

RENT/LEASE (PROJECT OPERATIONS) (Schedule 5) _____

INSURANCE (Schedule 5) _____

UTILITIES (Schedule 5) _____

COMMUNICATIONS (Schedule 5) _____

OTHER EXPENSES (SPECIFY):

_____ (Schedule 5) _____

_____ (Schedule 5) _____

_____ (Schedule 5) _____

TOTAL NON-PERSONNEL _____

TOTAL PROJECT BUDGET _____

**VETERANS INITIATIVE
SCHEDULE 2 - PERSONNEL SCHEDULE: GROSS PAY**

The purpose of this form is to list the positions being claimed against the funding request amount. The positions listed below must provide direct project/client services. Positions providing non-direct services must be included in the indirect costs/administrative overhead (IC/AO) line item. The Total Salary & Wages must match the Budget Exhibit form. Round off totals to whole dollars.

AGENCY _____

(1) POSITION TITLE	(2) Premium Pay			(3) ANNUAL GROSS PAY	(4) ANNUAL SALARY & WAGES
	OT	EP	MS		
TOTAL ANNUAL SALARY & WAGES					-

- (1) List each individual position title providing project/client services.
- (2) Select the appropriate box for positions that will have premium pay, such as overtime (OT), extra pay (EP)
- (3) List the annual Agency gross pay for each position listed.
- (4) List total annual gross pay. NOTE: This is the amount that will be the annual budget cap for RFR claims.

Pay Schedule (Check One)

Monthly

Biweekly

Twice a Month

Page _____ of _____

**VETERANS INITIATIVE
SCHEDULE 5 - BUDGET JUSTIFICATION***

AGENCY _____

PROJECT _____

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

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

**VETERANS INITIATIVE
FY 2016 YEAR-START CONFIRMATION OF ALL SECURED FUNDING SOURCES AND BUDGETS**

This form details the total budget breakdown of each line item for the FY 2016 Project by all contributing funding sources. (1) Enter the name of all secured funding sources included in the total annual Project budget. (2) Enter the amount for each funding source title entered in row (1). (3) Enter the total Program Income (PI)/Client Generated Income (CGI) collected for each funding source title entered in row (1). (4) Enter total budget for Salaries & Wages and Fringe Benefits. (5) Enter the budget amount for each applicable PE line item for each funding source entered in row (1). (6) Enter the total Federally Approved Indirect Cost Rate budget amount for each funding source entered in row (1) and enter the budget amount for each applicable funding source entered in row (1). (7) Enter the total project budget for each applicable NPE line item listed. (8) Enter the budget amount for each applicable NPE line item for each funding source entered in row (1). (9) Enter any additional, applicable NPE budget line items and total project budget for each line item. (10) Enter the budget amount for each applicable NPE line item for each funding source entered in row (1). NOTE: This form must be signed by an Agency position that is a Vice President/Chief Operating Officer or higher.

AGENCY _____

PROJECT _____

Title	Print Name	Signature	Date
(1) SECURED FUNDING SOURCE TITLE			TOTAL BUDGET
(2) FUNDING SOURCE AMOUNT			-
(3) TOTAL PICGI BUDGET			-
TOTAL FUNDING SOURCE AMOUNT	-	-	-
(4) TOTAL PERSONNEL BUDGET		(5) BUDGET BY FUNDING SOURCE	
SALARIES & WAGES	-		-
FRINGE BENEFITS	-		-
SCBTOTAL PERSONNEL	-	-	-
(6) SUBTOTAL FAIC RATE			-
(7) TOTAL NON PERSONNEL BUDGET		(8) BUDGET BY FUNDING SOURCE	
SUPPLIES-ADMIN USE	-		-
SUPPLIES-CLIENT USE	-		-
PUBLICATIONS/PRINTING	-		-
RENT/LEASE	-		-
INSURANCE	-		-
UTILITIES	-		-
COMMUNICATIONS	-		-
(9) TOTAL OTHER NPE - List Below		(10) BUDGET BY FUNDING SOURCE	
Financial Assistance			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
SUBTOTAL NONPERSONNEL	-	-	-
TOTAL PROJECT BUDGET	-	-	-

NOTES ON ENTRIES/CALCULATIONS:

ATTACHMENT 2

REQUIRED APPLICATION SUBMITTAL FORMS

The below listed forms and attached hereto are to be completed and submitted by applicant as part of their application package. These forms are to be submitted under application binder tab # 13.

- Applicant Information Form
- Sponsor Based Voucher (SBV) Rent Table
- Non-Collusive Affidavit
- Equal Opportunity for Subrecipient
- Equal Employment Opportunity Program Subrecipient Form
- Work Force Report of San Diego County
- Certification of Subrecipient Regarding Equal Employment Opportunity
- Equal Opportunity Contracting Program Clause
- Consent to Public Disclosure By Subrecipient
- Subrecipient Certification
- Statement of Certification Regarding Debarment
- SDHC Insurance Requirements
- HUD Form HUD-2880
- HUD Form HUD-5369-C

**APPLICANT INFORMATION FORM
(TO BE COMPLETED AND SUBMITTED IN APPLICATION TAB 1)**

Name of Organization _____

Address _____

Legal Status (i.e., Sole Proprietorship, Partnership, Corporation):

Federal Tax I.D. Number: _____

Contractor Authorized Signature [Individual must have binding contractual signature authority for the firm]

Signature: _____

Contact Name:

Contact Title: _____

Telephone: () _____ Fax: () _____

E-mail Address: _____

Contractor Point of Contact for the Commission:

Contact Name: _____

Contact Title: _____

Telephone: () _____ Fax: () _____

E-mail Address: _____

Is your organization a certified HUD Section 3 Firm:
attach certification Yes No

Is your organization a State of California or Federal Certified
Disadvantaged Business Enterprise (DBE)?: **attach certification** Yes No

Is your organization a State of California or Federal Certified
Small Business (SB)?: **attach certification** Yes No

Will your organization be utilizing, under this Agreement, any firms that
have any of the above certifications? Yes No

(if Yes, on a separate attachment please list firms along with address & contact information)

SPONSOR BASED VOUCHER (SBV) RENT TABLE

UNIT SIZE	NUMBER OF UNITS	PROPOSED SBV RENT
STUDIO		
1 BEDROOM		
2 BEDROOM		
3 BEDROOM		
4 BEDROOM		

APPLICANT:

Organization Name: _____

Authorized Representative Name: _____

Authorized Representative Title: _____

Authorized Representative Signature: _____

Date: _____

NON-COLLUSIVE AFFIDAVIT

(Prime Applicant)

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)

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

EQUAL OPPORTUNITY FOR SUBRECIPIENT

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 _____ City _____ State _____ Zip Code _____
(Do Not Enter PO Box) _____

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

- 1. Type of Firm:**
- | | |
|--|--|
| <input type="checkbox"/> Architectural or Engineering Consultant | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Other Business Consultant | <input type="checkbox"/> Developer |
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Service Provider |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Non-Manufacturer |
| | <input type="checkbox"/> 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 _____

EQUAL OPPORTUNITY FOR SUBRECIPIENT (continued)

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)

- | | |
|---|---|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> African American |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> 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

WORK FORCE REPORT OF SAN DIEGO COUNTY

Name of Firm _____

Payroll Ending Date _____

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

OCCUPATIONAL CATEGORY	(1) African- America		(2) Latino		(3) Asian Pacific		(4) America n Indian		(5) Caucasian		(6) Other	
	(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 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
Cleansers 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.

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.

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	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: _____

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

SUBRECIPIENT CERTIFICATION

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.

STATEMENT AND CERTIFICATION REGARDING DEBARMENT (continued)

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 (for successful awardees)

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.

APPLICANT ACKNOWLEDGEMENT:

Name (printed)

Title

Date

HUD FORM 2880

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing
and Urban Development

OMB Approval No. 2510-0011 (exp. 11/30/2018)

Instructions. (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

Applicant/Recipient Information

Indicate whether this is an Initial Report or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code):	2. Social Security Number or Employer ID Number:
3. HUD Program Name	4. Amount of HUD Assistance Requested/Received

5. State the name and location (street address, City and State) of the project or activity:

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3). <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9 <input type="checkbox"/> Yes <input type="checkbox"/> No
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If you answered "No" to either question 1 or 2, Stop! You do not need to complete the remainder of this form. However, you must sign the certification at the end of the report.

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)

(Note: Use Additional pages if necessary.)

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

Signature:	Date: (mm/dd/yyyy)
X	

HUD FORM 2880 (continued)

Public reporting burden for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collection displays a valid OMB control number.

Privacy Act Statement. Except for Social Security Numbers (SSNs) and Employer Identification Numbers (EINs), the Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under section 102 of the Department of Housing and Urban Development Reform Act of 1989, 42 U.S.C. 3531. Disclosure of SSNs and EINs is voluntary. HUD is authorized to collect this information under the Housing and Community Development Act of 1987 42 U.S.C.3543 (a). The SSN or EIN is used as a unique identifier. The information you provide will enable HUD to carry out its responsibilities under Sections 102(b), (c), and (d) of the Department of Housing and Urban Development Reform Act of 1989, Pub. L. 101-235, approved December 15, 1989. These provisions will help ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. They will also help ensure that HUD assistance for a specific housing project under Section 102(d) is not more than is necessary to make the project feasible after taking account of other government assistance. HUD will make available to the public all applicant disclosure reports for five years in the case of applications for competitive assistance, and for generally three years in the case of other applications. Update reports will be made available along with the disclosure reports, but in no case for a period generally less than three years. All reports, both initial reports and update reports, will be made available in accordance with the Freedom of Information Act (5 U.S.C. §552) and HUD's implementing regulations at 24 CFR Part 15. HUD will use the information in evaluating individual assistance applications and in performing internal administrative analyses to assist in the management of specific HUD programs. The information will also be used in making the determination under Section 102(d) whether HUD assistance for a specific housing project is more than is necessary to make the project feasible after taking account of other government assistance. You must provide all the required information. Failure to provide any required information may delay the processing of your application, and may result in sanctions and penalties, including imposition of the administrative and civil money penalties specified under 24 CFR §4.38.

Note: This form only covers assistance made available by the Department. States and units of general local government that carry out responsibilities under Sections 102(b) and (c) of the Reform Act must develop their own procedures for complying with the Act.

Instructions

Overview.

A. Coverage. You must complete this report if:

- (1) You are applying for assistance from HUD for a specific project or activity and you have received, or expect to receive, assistance from HUD in excess of \$200,000 during the fiscal year;
- (2) You are updating a prior report as discussed below, or
- (3) You are submitting an application for assistance to an entity other than HUD, a State or local government if the application is required by statute or regulation to be submitted to HUD for approval or for any other purpose.

B. Update reports (filed by "Recipients" of HUD Assistance):

General. All recipients of covered assistance must submit update reports to the Department to reflect substantial changes to the initial applicant disclosure reports.

Line-by-Line Instructions.

Applicant/Recipient Information.

All applicants for HUD competitive assistance, must complete the information required in blocks 1-5 of form HUD-2880:

1. Enter the full name, address, city, State, zip code, and telephone number (including area code) of the applicant/recipient. Where the applicant/recipient is an individual, the last name, first name, and middle initial must be entered.
2. Entry of the applicant/recipient's SSN or EIN, as appropriate, is optional.
3. Applicants enter the HUD program name under which the assistance is being requested.
4. Applicants enter the amount of HUD assistance that is being requested. Recipients enter the amount of HUD assistance that has been provided and to which the update report relates. The amounts are those stated in the application or award documentation. NOTE: In the case of assistance that is provided pursuant to contract over a period of time (such as project-based assistance under section 8 of the United States Housing Act of 1937), the amount of assistance to be reported includes all amounts that are to be provided over the term of the contract, irrespective of when they are to be received.
5. Applicants enter the name and full address of the project or activity for which the HUD assistance is sought. Recipients enter the name and full address of the HUD-assisted project or activity to which the update report relates. The most appropriate government identifying number must be used (e.g., RFP No.; IFB No.; grant announcement No.; or contract, grant, or loan No.) Include prefixes.

Part I. Threshold Determinations - Applicants Only

Part I contains information to help the applicant determine whether the remainder of the form must be completed. **Recipients filing Update Reports should not complete this Part.**

If the answer to *either* questions 1 or 2 is No, the applicant need not complete Parts II and III of the report, but must sign the certification at the end of the form.

Part II. Other Government Assistance and Expected Sources and Uses of Funds.

A. Other Government Assistance. This Part is to be completed by both applicants and recipients for assistance and recipients filing update reports. Applicants and recipients must report any other government assistance involved in the project or activity for which assistance is sought. Applicants and recipients must report any other government assistance involved in the project or activity. Other government assistance is defined in note 4 on the last page. For purposes of this definition, other government assistance is expected to be made available if, based on an assessment of all the circumstances involved, there are reasonable grounds to anticipate that the assistance will be forthcoming.

Both applicant and recipient disclosures must include all other government assistance involved with the HUD assistance, as well as any other government assistance that was made available before the request, but that has continuing vitality at the time of the request. Examples of this latter category include tax credits that provide for a number of years of tax benefits, and grant assistance that continues to benefit the project at the time of the assistance request.

The following information must be provided:

1. Enter the name and address, city, State, and zip code of the government agency making the assistance available.
2. State the type of other government assistance (e.g., loan, grant, loan insurance).
3. Enter the dollar amount of the other government assistance that is, or is expected to be, made available with respect to the project or activities for which the HUD assistance is sought (applicants) or has been provided (recipients).
4. Uses of funds. Each reportable use of funds must clearly identify the purpose to which they are to be put. Reasonable aggregations may be used, such as "total structure" to include a number of structural costs, such as roof, elevators, exterior masonry, etc.

B. Non-Government Assistance. Note that the applicant and recipient disclosure report must specify all expected sources and uses of funds - both from HUD *and any other source* - that have been or are to be, made available for the project or activity. Non-government sources of

HUD FORM 2880 (continued)

funds typically include (but are not limited to) foundations and private contributors.

Part III. Interested Parties.

This Part is to be completed by both applicants and recipients filing update reports. Applicants must provide information on:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Note: A financial interest means any financial involvement in the project or activity, including (but not limited to) situations in which an individual or entity has an equity interest in the project or activity, shares in any profit on resale or any distribution of surplus cash or other assets of the project or activity, or receives compensation for any goods or services provided in connection with the project or activity. Residency of an individual in housing for which assistance is being sought is not, by itself, considered a covered financial interest.

The information required below must be provided.

1. Enter the full names and addresses. If the person is an entity, the listing must include the full name and address of the entity as well as the CEO. Please list all names alphabetically.
2. Entry of the Social Security Number (SSN) or Employee Identification Number (EIN), as appropriate, for each person listed is optional.
3. Enter the type of participation in the project or activity for each person listed: i.e., the person's specific role in the project (e.g., contractor, consultant, planner, investor).
4. Enter the financial interest in the project or activity for each person listed. The interest must be expressed both as a dollar amount and as a percentage of the amount of the HUD assistance involved.

Note that if any of the source/use information required by this report has been provided elsewhere in this application package, the applicant need

not repeat the information, but need only refer to the form and location to incorporate it into this report. (It is likely that some of the information required by this report has been provided on SF 424A, and on various budget forms accompanying the application.) If this report requires information beyond that provided elsewhere in the application package, the applicant must include in this report all the additional information required.

Recipients must submit an update report for any change in previously disclosed sources and uses of funds as provided in Section I.D.5., above.

Notes:

1. All citations are to 24 CFR Part 4, which was published in the Federal Register. [April 1, 1996, at 63 Fed. Reg. 14448.]
2. Assistance means any contract, grant, loan, cooperative agreement, or other form of assistance, including the insurance or guarantee of a loan or mortgage, that is provided with respect to a specific project or activity under a program administered by the Department. The term does not include contracts, such as procurements contracts, that are subject to the Fed. Acquisition Regulation (FAR) (48 CFR Chapter 1).
3. See 24 CFR §4.9 for detailed guidance on how the threshold is calculated.
4. "Other government assistance" is defined to include any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance from the Federal government (other than that requested from HUD in the application), a State, or a unit of general local government, or any agency or instrumentality thereof, that is, or is expected to be made, available with respect to the project or activities for which the assistance is sought.
5. For the purpose of this form and 24 CFR Part 4, "person" means an individual (including a consultant, lobbyist, or lawyer); corporation; company; association; authority; firm; partnership; society; State, unit of general local government, or other government entity, or agency thereof (including a public housing agency); Indian tribe; and any other organization or group of people.

HUD FORM 5369C

Certifications and Representations of Offerors Non-Construction Contract

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

This form includes clauses required by OMB's common rule on bidding/offering procedures, implemented by HUD in 24 CFR 85.36, and those requirements set forth in Executive Order 11625 for small, minority, women-owned businesses, and certifications for independent price determination, and conflict of interest. The form is required for nonconstruction contracts awarded by Housing Agencies (HAs). The form is used by bidders/offerors to certify to the HA's Contracting Officer for contract compliance. If the form were not used, HAs would be unable to enforce their contracts. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality.

1. Contingent Fee Representation and Agreement

(a) The bidder/offeror represents and certifies as part of its bid/offer that, except for full-time bona fide employees working solely for the bidder/offeror, the bidder/offeror:

- (1) has, has not employed or retained any person or company to solicit or obtain this contract; and
- (2) has, has not paid or agreed to pay to any person or company employed or retained to solicit or obtain this contract any commission, percentage, brokerage, or other fee contingent upon or resulting from the award of this contract.

(b) If the answer to either (a)(1) or (a) (2) above is affirmative, the bidder/offeror shall make an immediate and full written disclosure to the PHA Contracting Officer.

(c) Any misrepresentation by the bidder/offeror shall give the PHA the right to (1) terminate the resultant contract; (2) at its discretion, to deduct from contract payments the amount of any commission, percentage, brokerage, or other contingent fee; or (3) take other remedy pursuant to the contract.

2. Small, Minority, Women-Owned Business Concern Representation

The bidder/offeror represents and certifies as part of its bid/offer that it:

- (a) is, is not a small business concern. "Small business concern," as used in this provision, means a concern, including its affiliates, that is independently owned and operated, not dominant in the field of operation in which it is bidding, and qualified as a small business under the criteria and size standards in 13 CFR 121.
- (b) is, is not a women-owned small business concern. "Women-owned," as used in this provision, means a small business that is at least 51 percent owned by a woman or women who are U.S. citizens and who also control and operate the business.
- (c) is, is not a minority enterprise which, pursuant to Executive Order 11625, is defined as a business which is at least 51 percent owned by one or more minority group members or, in the case of a publicly owned business, at least 51 percent of its voting stock is owned by one or more minority group members, and whose management and daily operations are controlled by one or more such individuals.

For the purpose of this definition, minority group members are:

(Check the block applicable to you)

- Black Americans Asian Pacific Americans
- Hispanic Americans Asian Indian Americans
- Native Americans Hasidic Jewish Americans

3. Certificate of Independent Price Determination

(a) The bidder/offeror certifies that—

- (1) The prices in this bid/offer have been arrived at independently, without, for the purpose of restricting competition, any consultation, communication, or agreement with any other bidder/offeror or competitor relating to (i) those prices, (ii) the intention to submit a bid/offer, or (iii) the methods or factors used to calculate the prices offered;
- (2) The prices in this bid/offer have not been and will not be knowingly disclosed by the bidder/offeror, directly or indirectly, to any other bidder/offeror or competitor before bid opening (in the case of a sealed bid solicitation) or contract award (in the case of a negotiated solicitation) unless otherwise required by law; and
- (3) No attempt has been made or will be made by the bidder/offeror to induce any other concern to submit or not to submit a bid/offer for the purpose of restricting competition.

(b) Each signature on the bid/offer is considered to be a certification by the signatory that the signatory:

- (1) Is the person in the bidder/offeror's organization responsible for determining the prices being offered in this bid or proposal, and that the signatory has not participated and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above; or
- (2) (i) Has been authorized, in writing, to act as agent for the following principals in certifying that those principals have not participated, and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above (insert full name of person(s) in the bidder/offeror's organization responsible for determining the prices offered in this bid or proposal, and the title of his or her position in the bidder/offeror's organization);
(ii) As an authorized agent, does certify that the principals named in subdivision (b)(2)(i) above have not participated, and will not participate, in any action contrary to subparagraphs (a)(1) through (a)(3) above; and

HUD FORM 5369C (continued)

(iii) As an agent, has not personally participated, and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above.

(c) If the bidder/offeror deletes or modifies subparagraph (a)2 above, the bidder/offeror must furnish with its bid/offer a signed statement setting forth in detail the circumstances of the disclosure.

4. Organizational Conflicts of Interest Certification

(a) The Contractor warrants that to the best of its knowledge and belief and except as otherwise disclosed, it does not have any organizational conflict of interest which is defined as a situation in which the nature of work under a proposed contract and a prospective contractor's organizational, financial, contractual or other interest are such that:

- (i) Award of the contract may result in an unfair competitive advantage;
- (ii) The Contractor's objectivity in performing the contract work may be impaired; or
- (iii) That the Contractor has disclosed all relevant information and requested the HA to make a determination with respect to this Contract.

(b) The Contractor agrees that if after award he or she discovers an organizational conflict of interest with respect to this contract, he or she shall make an immediate and full disclosure in writing to the HA which shall include a description of the action which the Contractor has taken or intends to eliminate or neutralize the conflict. The HA may, however, terminate the Contract for the convenience of HA if it would be in the best interest of HA.

(c) In the event the Contractor was aware of an organizational conflict of interest before the award of this Contract and intentionally did not disclose the conflict to the HA, the HA may terminate the Contract for default.

(d) The Contractor shall require a disclosure or representation from subcontractors and consultants who may be in a position to influence the advice or assistance rendered to the HA and shall include any necessary provisions to eliminate or neutralize conflicts of interest in consultant agreements or subcontracts involving performance or work under this Contract.

5. Authorized Negotiators (RFPs only)

The offeror represents that the following persons are authorized to negotiate on its behalf with the PHA in connection with this request for proposals: (list names, titles, and telephone numbers of the authorized negotiators):

6. Conflict of Interest

In the absence of any actual or apparent conflict, the offeror, by submission of a proposal, hereby warrants that to the best of its knowledge and belief, no actual or apparent conflict of interest exists with regard to my possible performance of this procurement, as described in the clause in this solicitation titled "Organizational Conflict of Interest."

7. Offeror's Signature

The offeror hereby certifies that the information contained in these certifications and representations is accurate, complete, and current.

Signature & Date:

Typed or Printed Name:

Title:
