



County of San Luis Obispo – CoC Builds Application Form Questions

This reference document provides the questions that you may be asked when completing your application for the County of San Luis Obispo’s CoC Builds Program Competition. As you will not be able to save your online application form, you may wish to work on your answers before starting the online form. Not all of the questions will be required – see the Branching column to determine if you will need to provide an answer. Blank cells in the Branching column indicate that this question is mandatory.

The application form can be accessed here:

[https://forms.office.com/Pages/ResponsePage.aspx?id=dMfDhN9\\_4kClkCey5w-BJuiCLDnnPZhGnFbBZlt7gqBUNjMwMFNEVDZTWjU5UDVFSVUxTVUzRUkwMC4u](https://forms.office.com/Pages/ResponsePage.aspx?id=dMfDhN9_4kClkCey5w-BJuiCLDnnPZhGnFbBZlt7gqBUNjMwMFNEVDZTWjU5UDVFSVUxTVUzRUkwMC4u)

The Request for Proposals (RFP) can be found here:

<https://www.slocounty.ca.gov/departments/social-services/homeless-services-division/funding-availability>

Applications are due by Wednesday, September 4<sup>th</sup> at 5pm.

| # | Question   | Type of Answer  | Branching |
|---|--|---|-----------|
| 1 | Name of your agency  | Short text  |           |
| 2 | Your name  | Short text  |           |
| 3 | Your position  | Short text  |           |
| 4 | Your email address   | Short text  |           |
| 5 | Please provide your agency’s Unique Entity ID (UEI) number   | Short text  |           |
| 6 | Please provide your agency's Taxpayer Identification Number (TIN)  | Short text  |           |
| 7 | Does your agency agree to participate in the San Luis Obispo County Homeless Management Information System (HMIS), or to | Single choice:<br><ul style="list-style-type: none"> <li>• Yes</li> </ul> |           |

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|    | use an HMIS-comparable database if your agency is a victim services provider?   | <ul style="list-style-type: none"> <li>No</li> </ul>                             |  |
| 8  | Describe the proposed project, including the population that will be served by the project.   | Long text (max 4000 characters)  |  |
| 9  | Describe how this project will enable program participants to make meaningful choices about housing, health care, and long-term services and supports, that will enable them to participate fully in their community.   | Long text (max 4000 characters)  |  |
| 10 | Will the PSH units in your proposed project be part of a mixed-use development (i.e. not all individuals and families in the units will have a disability)?   | Single choice: <ul style="list-style-type: none"> <li>Yes</li> <li>No</li> </ul> |  |
| 11 | How will you ensure the non-segregation of individuals and families experiencing homelessness where at least one household member has a disability?   | Long text (max 1500 characters)  | Only required if you answered Yes to Q10 |
| 12 | Describe how your project will provide employment and training opportunities for low and very low income participants.  | Long text (max 1500 characters)  |  |
| 13 | Describe how your project will provide contracting and other economic opportunities for businesses that provide economic opportunities to low and very low income participants.   | Long text (max 1500 characters)  |  |
| 14 | Describe the experience you have with other projects that have a similar scope and scale as your proposed project. Include information on as many similar projects as possible.   | Long text (max 4000 characters)  |  |
| 15 | Describe how you have leveraged resources similar to the funds for the proposed project. Include information on as many leveraged resources as possible, particularly those with the largest dollar value. Examples may include: Low Income Housing Tax Credits, HOME, CDBG, Section 108, Section 202, and Section 811. | Long text (max 4000 characters)  |  |

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| 16 | Describe the other resources dedicated to the proposed project, e.g. low-income housing tax credit commitments, project-based rental assistance, etc. Include information on the dollar value of each of these commitments and the overall cost of the project, including cost per unit. If the proposed project includes more than one type of housing or multiple sites, provide cost per unit information on each housing type or site. | Long text (max 4000 characters)   |  |
| 17 | Does your proposed project involve current properties under construction or rehabilitation, for which you are intending to use CoC Builds funds to obtain units?   | Single choice:<br><br><ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| 18 | Please provide information on the amount and type of funds used to construct the property.   | Long text (max 1500 characters)   | Only required if you answered Yes to Q17       |
| 19 | Has the site already been identified?  | Single choice:<br><br><ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| 20 | Do you have site control?  | Single choice:<br><br><ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> | Only required if you answered Yes to Q19       |
| 21 | Please provide the schedule for site control.  | Short text  | Only required if you answered No to Q19 or Q20 |
| 22 | Have you completed an environmental review, and has it been approved?  | Single choice:<br><br><ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| 23 | Please provide the schedule for environmental review completion.   | Short text  | Only required if you answered No to Q22        |
| 24 | Identify the owner of the property and describe their experience with construction or  | Long text (max 1500 characters)   |  |

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|    | rehabilitation. (If property has not yet been identified, please type N/A).  |  |  |
| 25 | How many units will be finished using CoC Builds funds?  | Short text   |  |
| 26 | Describe your experience managing properties. Include at least four examples, and describe:<br>a. How you determine the amount of rent to charge based on unit size;<br>b. How you address program participant complaints;<br>c. How you work with other agencies that place participants in the units; and<br>d. How you maintain the properties. | Long text (max 4000 characters)  |  |
| 27 | Describe the type and frequency of supportive services that will be available (e.g. case management, life skills, health care).  | Long text (max 3000 characters)  |  |
| 28 | Will your organization or another agency provide supportive services?  | Single choice:<br><br><ul style="list-style-type: none"> <li>• Only my organization will provide supportive services</li> <li>• Another agency will provide supportive services</li> </ul> |  |
| 29 | Please provide a name, address, email address and phone number for each of the agencies you are partnering with that will provide supportive services.   | Long text (max 1500 characters)  | Only required if you answered “Another agency will provide supportive services” to Q28 |
| 30 | Will you provide direct supportive services with CoC Builds funds?   | Single choice:<br><br><ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>  |  |
| 31 | Describe the methods of transportation that will be available for program participants, for traveling to doctor’s appointments, recreation,  | Long text (max 3000 characters)  |  |

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|    | public services, shopping, etc. Include public transportation if available, including hours of operation and distance from the units.  |  |   |
| 32 | Is this project for new construction, acquisition, or rehabilitation?  | Single choice: <ul style="list-style-type: none"> <li>• New construction</li> <li>• Acquisition</li> <li>• Rehabilitation</li> </ul> |   |
| 33 | Please provide estimates for the dates construction will begin and end, and for when the property will be available for move-in.   | Short text   | Only required if you answered "New construction" to Q32 |
| 34 | Please provide an estimate for the date the property will be acquired.   | Short text   | Only required if you answered "Acquisition" to Q32      |
| 35 | Please provide estimates for the dates rehabilitation of the property will begin and end.  | Short text   | Only required if you answered "Rehabilitation" to Q32   |
| 36 | Please provide a schedule for execution of the grant agreement.  | Short text   |   |
| 37 | Please provide a schedule for start and completion dates for the proposed project.   | Short text   |   |
| 38 | Please provide a schedule for the date you will be issued the occupancy certificate (if applicable; if not, please type N/A).  | Short text   |   |
| 39 | Please provide a schedule for the date the property will be available for individuals and families experiencing homelessness will be able to begin occupying units.  | Short text   |   |
| 40 | How will the property be maintained annually? Include in your answer how repairs will be conducted, the identified funds that will be used for this, and if there will be a reserve fund established for this. | Long text (max 3000 characters)  |   |

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| 41 | How will you cover replacement costs (e.g. replacing broken or damaged appliances and equipment)? Include in your answer the sources of funding you will use for this.  | Long text (max 3000 characters)   |  |
| 42 | Describe the rental housing projects you have managed, including those for which you partnered with other agencies to do so. Include the type of participants assisted, and other agency's information if applicable.   | Long text (max 4000 characters)   |  |
| 43 | Describe the number of grants for affordable housing you have been awarded over the last three years from all sources, including total amount of awards, and the type of subsidy funding or financing provided for housing.   | Long text (max 1500 characters)   |  |
| 44 | How many assisted and non-assisted units are included in each of the rental and affordable housing projects you described above?  | Short text  |  |
| 45 | How will your proposed project use the CoC's Coordinated Entry system? Describe the process that will be implemented and how participants will be placed in the project. If your agency is a victim services provider, please describe the equivalent process you will use, that meets HUD's minimum requirements to refer individuals and families into PSH units. | Long text (max 4000 characters)   |  |
| 46 | Describe how you will leverage housing resources through coordination with housing providers, healthcare organizations and social service providers, to provide EITHER:<br>a. at least 50% of the funding requested, OR<br>b. subsidies for at least 25% of the units proposed.   | Long text (max 4000 characters)   |  |
| 47 | Will you be able to provide written commitment from a healthcare organization, housing provider, and/or social services provider, providing EITHER:<br>a. access to housing resources, OR<br>b. the value of assistance being provided in an amount that is equivalent to at least \$7,500 per unit for the proposed project?                                       | Single choice:<br><br><ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |

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|    | (Written commitment is not required at this stage.)  |                                 |  |
| 48 | Describe your experience soliciting, obtaining and applying input from underserved racial and ethnic minority groups when designing, planning and implementing housing projects. | Long text (max 4000 characters) |  |
| 49 | Describe your experience building community partnerships with grassroots and resident-led organizations that provide housing, health care and supportive services.               | Long text (max 4000 characters) |  |
| 50 | Describe your experience designing or operating programs that have improved racial equity, particularly among people experiencing homelessness.                                  | Long text (max 4000 characters) |  |