Addendum No. 2 to
San Bernardino City and County Continuum of Care (CoC) FY 2026 Domestic Violence (DV) Bonus, CoC Bonus, Reallocation, Expansion and Transition Grants Projects Request for Applications (RFA)

This Addendum No. 2 amends and clarifies the San Bernardino City and County Continuum of Care (CoC) FY 2026 Domestic Violence (DV) Bonus, CoC Bonus, Reallocation, Expansion and Transition Grants Projects Request for Applications (RFA), issued by the San Bernardino County Office of Homeless Services (OHS) on behalf of the San Bernardino City and County CoC.

Summary of Change

Because HUD has not yet released the FY 2026 New Project Application in e-snaps, Applicants must complete and submit the Local New Project Application provided with this Addendum No. 2.

Revisions/Clarifications

1. Because HUD has not yet released the FY 2026 New Project Application in e-snaps, Applicants are directed to complete and submit the Local New Project Application provided with and attached to this Addendum No. 2 in lieu of the e-snaps New Project Application at this time.
2. Applicants should not wait for e-snaps to open to begin preparing materials and should proceed using the Local New Project Application and providing the required attachments consistent with the RFA.
3. Once HUD releases the FY 2026 CoC New Project Application in e-snaps, applicants directed by OHS must complete the corresponding e-snaps application, export it as a PDF, and submit it to OHS by the deadline established by OHS. Applicants must not submit directly to HUD or select the "Submit" button in e-snaps unless expressly instructed by OHS.
4. The sentence on page 2 which states: “Applicants must prepare their application in e-snaps, create a PDF version of the e-snaps application, and submit the PDF version of the application and attachments to homelessrfp@hss.sbcounty.gov by July 31, 2026” is hereby deleted and replaced with the following sentence: “Applicants must prepare their application with the Local New Project Application and submit the PDF version of the Application and attachments to homelessrfp@hss.sbcounty.gov by July 15, 2026 by 2:00 PM PST.”

All Other Terms Remain Unchanged

Except as expressly modified by this Addendum No. 2, all terms, conditions, instructions and requirements of the RFA remain unchanged and in full force and effect.

Addendum No. 2 to
San Bernardino City and County Continuum of Care (CoC)
FY 2026 Domestic Violence (DV) Bonus, CoC Bonus, Reallocation, Expansion and Transition Grants
LOCAL NEW PROJECT APPLICATION

This Local New Project Application is issued by the San Bernardino County Office of Homeless Services (OHS), on behalf of the San Bernardino City and County Continuum of Care (CoC), for new project applications under the CoC FY 2026 Domestic Violence (DV) Bonus, CoC Bonus, Reallocation, Expansion and Transition Grants Projects Request for Applications (RFA) issued in accordance with the HUD FY 2026 CoC Competition and Youth Homelessness Demonstration Program Grants NOFO, Opportunity No. CPD-2600-DC-0025 (FY 2026 NOFO).

IMPORTANT: This Local New Project Application is required for local review, scoring, ranking, rejection, reduction, and recommendation. It is separate from HUD's e-snaps Project Application. Once HUD releases the FY 2026 CoC New Project Application in e-snaps, applicants directed by OHS must complete the corresponding e-snaps application, export it as a PDF, and submit it to OHS by the deadline established by OHS. Applicants must not submit directly to HUD or select the "Submit" button in e-snaps unless expressly instructed by OHS.

Local Application Due Date	July 15, 2026 by 2:00 PM PST
Submission Email	HomelessRFP@hss.sbcounty.gov
Email Subject Line	2026 CoC Project Application
HUD Federal Deadline	August 26, 2026, 8:00 PM Eastern Time
Applicant Notification Date	No later than August 11, 2026, unless HUD changes the application deadline

Please note: Narrative responses should not exceed 500 words per question unless otherwise specified. Attach additional pages only where specifically requested.

I. Applicant Organization Information

Applicant's Legal Name	
Doing Business As (if applicable)	
Applicant Type	☐ Nonprofit organization ☐ Faith-based nonprofit ☐ Local government ☐ Tribal organization ☐ Other: _____
Organization Address	
Primary Contact Name and Title	
Primary Contact Email	
Primary Contact Phone	

Authorized Representative Name and Title	
Authorized Representative Email	
UEI Number	
SAM.gov Registration Active Through	
California Secretary of State Status (if applicable)	
Mission Statement	
Years Providing Homeless Housing or Services	
Approximate Number of Paid Staff	
Office Location(s) Serving San Bernardino County	
Fiscal Sponsor	☐ Yes ☐ No If yes, identify sponsor: _____

Describe the organization's legal status, ownership/control structure, and company hierarchy. Attach an organizational chart showing key executive, fiscal, program, and project staff.

Describe the organization's current and prior experience providing housing and/or supportive services to people experiencing homelessness. Include service start date, end date if applicable, service type, population served, and geography.

II. Funding Experience, HMIS/Comparable Database, and CoC Participation

Currently administers federal, state, local, or private grant funding?	☐ Yes ☐ No
Currently operates a CoC-funded project in any CoC?	☐ Yes ☐ No
Has previously operated a CoC-funded project in any CoC?	☐ Yes ☐ No

Participates in San Bernardino County HMIS?	☐ Yes ☐ No ☐ N/A
Victim Service Provider under VAWA?	☐ Yes ☐ No
Uses HUD-compliant comparable database, if VSP?	☐ Yes ☐ No -

If the applicant currently administers government or private grant funding, list the source, amount, purpose, funded activities, contract period, and whether the grant is in good standing.

If the applicant currently or previously operated a CoC-funded project, identify the CoC, project name, grant number if known, component type, years operated, and current status.

Describe the applicant's HMIS or comparable database capacity, including data entry staffing, data quality procedures, privacy/security controls, and ability to meet HUD and CoC reporting requirements.

III. Project Type and Funding Source

Select one project type only. A separate local application is required for each proposed project. Applicants may not combine DV Bonus, CoC Bonus, CoC Reallocation, DV Reallocation, New Expansion, or Transition Grant requests in the same application.

Project Funding Source	☐ CoC Bonus Project ☐ CoC Reallocation Project ☐ DV Bonus Project ☐ DV Reallocation Project ☐ New Expansion Project ☐ Transition Grant
Proposed Project Name	
Requested Funding Amount	$
Requested Grant Term	☐ 1 year

Project Component	☐ Supportive Services Only (SSO) ☐ Transitional Housing (TH) ☐ SSO-Coordinated Entry (SSO-CE) ☐ Other eligible component: _____
Geographic Area Served	
Population to be Served	
Estimated Households Served Annually	
Estimated Persons Served Annually	
Estimated Units/Beds, if applicable	

IV. Required Organization Disclosure

Is the organization currently being investigated by any government entity, funder, law enforcement agency, or oversight body for alleged criminal acts, misconduct, misuse of funds, fraud, or contract noncompliance?	☐ Yes ☐ No
Does the organization have unresolved audit, monitoring, criminal, fiscal, programmatic, or other negative findings from any government entity, funder, or oversight body?	☐ Yes ☐ No
Has the organization been subject to litigation involving fraud, misuse of funds, financial misconduct, or other crimes within the past five years?	☐ Yes ☐ No
Does the organization have unresolved HUD monitoring or OIG audit findings for any HUD-funded grant, including but not limited to CoC, ESG, HOPWA, HOME, or CDBG?	☐ Yes ☐ No ☐ N/A

For each "Yes" response above, describe the allegation, finding, litigation, audit issue, or investigation; the funding source or contract involved; current status; corrective actions taken; and expected resolution date.

Disclosure certification: The applicant must notify OHS in writing within 30 calendar days after receiving notice that any governmental agency, funder, oversight body, or law enforcement agency has opened an investigation or issued a finding involving alleged violation of federal, state, or local law, grant requirements, or contract requirements related to the performance of any government-funded contract.

_____ _____

Authorized Signature **Date**

V. Minimum Program and Universal Requirements Certification

To be considered for recommendation to HUD, the applicant must demonstrate capacity and agreement to comply with all applicable HUD CoC Program requirements, local CoC requirements, and project-type requirements.

Requirement	Applicant Certifies
HUD threshold eligibility and project quality requirements	☐ Yes
Eligible applicant, eligible activities, and eligible costs requirements	☐ Yes
25 percent match requirement, except leasing funds, as applicable	☐ Yes
Civil rights, fair housing, equal access, nondiscrimination, and accessibility requirements	☐ Yes
VAWA, confidentiality, survivor safety, and trauma-informed practice requirements, as applicable	☐ Yes
Coordinated Entry participation or approved alternate CE process for victim service providers	☐ Yes
HMIS participation or HUD-compliant comparable database for victim service providers	☐ Yes
SAM.gov active registration and UEI requirements	☐ Yes
Code of Conduct, conflict of interest, procurement, financial management, and 2 CFR Part 200 requirements	☐ Yes
Local monitoring, reporting, performance, reimbursement, and documentation requirements	☐ Yes

_____ _____

Authorized Signature **Date**

VI. Project Summary

Provide a concise description of the proposed project, including the need addressed, target population, service model, housing or service activities, partners, geographic scope, and expected outcomes.

VII. Threshold Eligibility and Project Quality

Threshold Item	Certify
Project is an eligible entity under the RFA and HUD FY 2026 NOFO.	☐ Yes
Project component is eligible under the HUD FY 2026 NOFO.	☐ Yes
Project will serve eligible homeless participants under HUD requirements.	☐ Yes
Applicant has an active SAM.gov registration and UEI.	☐ Yes
Applicant has a Code of Conduct that complies with 2 CFR Part 200 and HUD requirements.	☐ Yes
Applicant can provide at least 25 percent match for all grant funds except leasing.	☐ Yes
Applicant will comply with VAWA, confidentiality, fair housing, civil rights, and nondiscrimination requirements.	☐ Yes
Applicant will use HMIS or a comparable database when required.	☐ Yes
Applicant can comply with HUD environmental, financial management, audit, and monitoring requirements.	☐ Yes
Applicant acknowledges that a HUD e-snaps Project Application will be required if selected or directed by OHS.	☐ Yes

Explain any threshold item that requires clarification or additional context.

VIII. Need, Gaps, and System Impact

Describe the local need for the proposed project and how it will improve the CoC system. Address reductions in unsheltered homelessness and encampments, improved exits to permanent or unsubsidized housing, income and employment outcomes, reduced returns to homelessness, cost-effectiveness, and alignment with HUD and CoC priorities.

IX. Program Design and Project Detail

Describe the entire scope of the proposed project. Include the target population, project plan for addressing housing and supportive service needs, anticipated outcomes related to housing, income,

employment, recovery and stability, coordination with other organizations, and how requested CoC funds will be used.

Describe how the proposed project will participate in the CoC Coordinated Entry process, or, for victim service providers, how the project will use an alternate CE process that meets HUD minimum requirements.	☐ Yes, project will participate in CE ☐ Victim service provider will use alternate CE ☐ No / explanation required

Describe how program participants will be assisted to obtain temporary or permanent housing, as applicable. Include landlord engagement, housing search, rental or leasing assistance, housing counseling, and supports to overcome barriers to permanent housing.

Describe the specific plan, including strategies, staffing, and partnerships, to help participants obtain employment, increase earned income, and address barriers to treatment and recovery from behavioral health challenges.

Describe the specific plan, including strategies, staffing, and partnerships, to coordinate and integrate with mainstream health, behavioral health, public benefits, and social services programs for which participants may be eligible.

For SSO projects, describe the plan to coordinate services with law enforcement, first responders, outreach teams, emergency shelter providers, treatment providers, local government, and community partners to reduce visible encampments and other forms of unsheltered homelessness, improve safety, and connect people to appropriate housing and services. TH proposers may write "Not Applicable."

X. Supportive Services Matrix

Identify all supportive services that will be available to program participants, not only services funded by the CoC request. For each service, indicate who will provide the service, whether an MOU or formal agreement exists, expected frequency, and whether the cost is included in the proposed budget.

Supportive Service	Provider: Applicant / Partner / Non-Partner	MOU or Agreement?	Frequency	Included in Budget?
Assessment of Service Needs		☐ Yes ☐ No ☐ N/A		☐ Yes ☐ No
Assistance with Move-In Costs		☐ Yes ☐ No ☐ N/A		☐ Yes ☐ No
Case Management		☐ Yes ☐ No ☐ N/A		☐ Yes ☐ No
Child Care		☐ Yes ☐ No ☐ N/A		☐ Yes ☐ No
Education Services		☐ Yes ☐ No ☐ N/A		☐ Yes ☐ No
Employment Assistance and Job Training		☐ Yes ☐ No ☐ N/A		☐ Yes ☐ No
Food		☐ Yes ☐ No ☐ N/A		☐ Yes ☐ No
Housing Search and Counseling Services		☐ Yes ☐ No ☐ N/A		☐ Yes ☐ No
Legal Services		☐ Yes ☐ No ☐ N/A		☐ Yes ☐ No
Mental Health Services		☐ Yes ☐ No ☐ N/A		☐ Yes ☐ No

Supportive Service	Provider: Applicant / Partner / Non-Partner	MOU or Agreement?	Frequency	Included in Budget?
Outpatient Health Services		☐ Yes ☐ No ☐ N/A		☐ Yes ☐ No
Outreach Services		☐ Yes ☐ No ☐ N/A		☐ Yes ☐ No
Substance Use Treatment Services		☐ Yes ☐ No ☐ N/A		☐ Yes ☐ No
Transportation		☐ Yes ☐ No ☐ N/A		☐ Yes ☐ No
Utility Deposits		☐ Yes ☐ No ☐ N/A		☐ Yes ☐ No
Public Benefits Advocacy		☐ Yes ☐ No ☐ N/A		☐ Yes ☐ No
Recovery Support		☐ Yes ☐ No ☐ N/A		☐ Yes ☐ No
Other: _____		☐ Yes ☐ No ☐ N/A		☐ Yes ☐ No

XI. Program Readiness and Implementation Timeline

CoC Program funding is reimbursement-based. Describe the organization's cash reserves, line of credit, fiscal controls, or other capacity to operate the project while awaiting reimbursement.

Does the proposed project currently offer services to homeless participants?	☐ Yes, currently operational ☐ No, not currently operational ☐ Expansion of existing project
Can the project begin implementation within 60 days of grant execution?	☐ Yes ☐ No If no, explain below.
Does the applicant have control of the project site(s), if applicable?	☐ Yes ☐ No ☐ Not applicable

If applicable, describe the appropriateness and readiness of the site/location, site control status, needed improvements, and ability to serve the proposed number of participants by the proposed start date.

Project Milestone	Days from Grant Execution	Responsible Staff/Partner
Begin hiring staff or expending funds		
Begin program participant enrollment		
Supportive services begin		
Program participants occupy leased or rental assistance units or structures		
Project reaches full staffing		
Project reaches near 100 percent service or housing capacity		
Other project-specific milestone: _____		

Explain the plan for achieving the milestones above, including full staffing and program implementation within 60 days of the start date.

XII. Performance Measures and Outcomes

Provide proposed annual performance targets. Add rows if needed. Targets should be realistic, measurable, and consistent with the project design, budget, population served, and HUD/CoC priorities.

Performance Measure	Proposed Target	Data Source / Method	Responsible Staff
Households/persons served			
Unsheltered persons served			
Exits to permanent housing or unsubsidized housing			
Increased earned income			
Increased non-employment income/mainstream benefits			

Performance Measure	Proposed Target	Data Source / Method	Responsible Staff
Reduced returns to homelessness			
Reduced unsheltered homelessness/encampment impact			
Treatment/recovery or healthcare connection			
Employment, training, or education connection			
Housing stability or retention			
Other: _____			

Describe the applicant's process for collecting, analyzing, and using performance data for quality improvement, grant reporting, corrective action, and project management.

XIII. Organizational Capacity, Experience, and Financial Management

Describe the applicant's and proposed subcontractor(s)' experience effectively utilizing federal, state, local, or private grant funds and performing activities similar to the proposed project. Include examples of prior projects serving the target population, securing match/leverage, and managing program operations.

Describe the organization's financial management structure. Include accounting system, internal controls, segregation of duties, fiscal staffing, audit status, subrecipient monitoring procedures, and ability to comply with 2 CFR Part 200.

Describe the organization's experience and capacity working with the identified target population, including relevant staff training, certifications, lived expertise, language access, cultural competence, trauma-informed practices, and partnerships.

Describe past performance conducting activities similar to those proposed in this application. Include outcomes achieved, performance challenges encountered, corrective actions taken, and lessons learned.

XIV. Housing Partnerships

For projects that involve housing placement, leasing, rental assistance, or housing navigation, list landlord, property owner, property management, or housing placement relationships that will support project implementation. Include whether an agreement or MOU exists.

XV. DV Bonus or DV Reallocation Projects Only

Complete this section only for DV Bonus or DV Reallocation projects. Projects must be dedicated to individuals and families experiencing trauma or lack of safety related to, or fleeing or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, and who qualify as homeless under applicable HUD requirements.

DV Project Component	☐ Transitional Housing (TH) ☐ SSO-Coordinated Entry (SSO-CE)
Victim Service Provider?	☐ Yes ☐ No
Comparable Database Used?	☐ Yes ☐ No

Describe experience serving survivors; safety planning; confidentiality protections; trauma-informed practices; survivor choice; VAWA compliance; and how the project will improve safety and housing outcomes.

XVI. Expansion Projects Only

Complete this section only for New Expansion Projects. Expansion projects must expand an eligible renewal project to increase units, beds, persons served, services provided to existing program participants, or add eligible activities to HMIS or SSO-CE projects.

Renewal Project Name Proposed for Expansion	
Renewal Grant Number	
Renewal Project Expiration Date	
Expansion Funding Source	☐ CoC Bonus ☐ CoC Reallocation ☐ DV Bonus ☐ DV Reallocation
Type of Expansion	☐ Units ☐ Beds ☐ Persons served ☐ Services ☐ HMIS/SSO-CE activities

Explain how the new project will expand the eligible renewal project and how the expanded project will remain feasible if HUD modifies or reduces the funding request.

XVII. Transition Grants Only

Complete this section only for Transition Grant applications. A Transition Grant must be created through reallocation, transition an eligible renewal project from one program component to another eligible component, and fully transition to the new component by the end of the one-year grant term.

Renewal Project Being Eliminated or Reduced	
Renewal Grant Number(s)	
Current Component	
Proposed New Component	
Amount Reallocated to Transition Grant	$
Renewal Project Expiration Date	

Describe the transition plan, timeline, participant impact, staffing and operational changes, feasibility, and how the project will meet all eligibility and project quality threshold requirements for the new component.

XVIII. Budget Summary and Cost Reasonableness

Provide the requested HUD budget by eligible cost category. Amounts should be consistent with the project design and applicable HUD requirements. Add rows if needed.

Budget Line Item	HUD Request	Match/Leveraged Resources	Formula/Assumption	Brief Justification
Leasing	$	$		
Rental Assistance	$	$		
Supportive Services	$	$		
Operations	$	$		
HMIS / Comparable Database	$	$		
Administrative Costs	$	$		
Other Eligible Costs	$	$		
TOTAL	$	$		

Annual Cost Per Person	$
Annual Cost Per Household	$
Administrative Cost Percentage	%

Budget Narrative: Explain cost reasonableness, cost-effectiveness, staffing assumptions, service assumptions, match sources, formulas, and any leveraged resources.

XIX. Match Documentation

24 CFR 578.73 requires recipients to match all grant funds, except leasing funds, with no less than 25 percent of funds or in-kind contributions from other sources. All match contributions must be documented and eligible under HUD requirements.

Match Source	Cash or In-Kind	Amount	Committed or Pending	Documentation Attached?	Availability During Grant Term
		$	☐ Committed ☐ Pending	☐ Yes ☐ No	
		$	☐ Committed ☐ Pending	☐ Yes ☐ No	
		$	☐ Committed ☐ Pending	☐ Yes ☐ No	
		$	☐ Committed ☐ Pending	☐ Yes ☐ No	
		$	☐ Committed ☐ Pending	☐ Yes ☐ No	

Match Narrative: Describe each match source, whether it is cash or in-kind, the amount committed, when the match will be available, and how the match will be documented and tracked during the grant term.

XX. Required Attachments

Applicants are responsible for submitting every attachment required by the RFA and the HUD FY 2026 NOFO that applies to their specific project type. OHS may request additional documentation to verify eligibility, threshold compliance, scoring, or e-snaps readiness.

No.	Attachment	Included?
1	Completed Local New Project Application signed by authorized representative.	☐ Yes ☐ N/A
2	Project budget in Excel format.	☐ Yes ☐ N/A
3	Budget narrative and cost assumptions.	☐ Yes ☐ N/A

No.	Attachment	Included?
4	Match documentation for each commitment letter or in-kind contribution.	☐ Yes ☐ N/A
5	SAM.gov active registration documentation and UEI verification.	☐ Yes ☐ N/A
6	Code of Conduct or confirmation of HUD-compliant Code of Conduct.	☐ Yes ☐ N/A
7	Evidence of nonprofit status or governmental/tribal status, if applicable.	☐ Yes ☐ N/A
8	Secretary of State good standing, if applicable.	☐ Yes ☐ N/A
9	Most recent audited financial statements or Single Audit, if required.	☐ Yes ☐ N/A
10	Most recent IRS Form 990, if applicable.	☐ Yes ☐ N/A
11	Organizational chart and key staff resumes/position descriptions.	☐ Yes ☐ N/A
12	Policies supporting VAWA, confidentiality, fair housing, civil rights, and nondiscrimination compliance.	☐ Yes ☐ N/A
13	HMIS or comparable database policies/procedures, if applicable.	☐ Yes ☐ N/A
14	Coordinated Entry participation documentation or alternate CE process description.	☐ Yes ☐ N/A
15	Site control documentation, if applicable.	☐ Yes ☐ N/A
16	Executed MOUs or letters of commitment with partner organizations.	☐ Yes ☐ N/A
17	Past performance documentation for similar housing or service projects.	☐ Yes ☐ N/A
18	Three project references.	☐ Yes ☐ N/A
19	Subcontractor/subrecipient program profile, if applicable.	☐ Yes ☐ N/A
20	For Expansion Projects: renewal grant number and expansion documentation.	☐ Yes ☐ N/A

No.	Attachment	Included?
21	For Transition Grants: transition plan and affected project documentation.	☐ Yes ☐ N/A
22	For DV projects: comparable database and confidentiality documentation, as applicable.	☐ Yes ☐ N/A
23	Other documentation required by the FY 2026 NOFO, local RFA, addenda, or OHS instructions.	☐ Yes ☐ N/A

XXI. Applicant Certifications

- The information submitted in this application is true, complete, and accurate to the best of the applicant's knowledge.
- The applicant is eligible to apply and can comply with all applicable HUD, federal, state, local, and CoC requirements.
- The applicant will not engage in illegal racial discrimination and will comply with federal civil rights, fair housing, and nondiscrimination requirements.
- The applicant will not operate drug injection sites or safe consumption sites in violation of federal law, knowingly permit the use or distribution of illicit drugs on property under its control, or knowingly distribute drug paraphernalia.
- The applicant understands that these certifications do not waive participant rights, reasonable accommodation requirements, VAWA protections, or other HUD requirements.
- The applicant understands that submission of this local application does not guarantee local recommendation, inclusion in the CoC Consolidated Application, or HUD funding.
- The applicant understands that if selected or directed by OHS, it must complete the corresponding HUD e-snaps Project Application and submit the exported PDF and required attachments to OHS by the deadline established by OHS.
- The applicant must not submit the project application directly to HUD or select the e-snaps "Submit" button unless expressly instructed by OHS.
- The applicant understands that OHS may reject, reduce, condition, or not include a project if the applicant fails to meet threshold, scoring, e-snaps, documentation, or deadline requirements.

XXII. Signature

Authorized Representative Name	
Title	
Signature	
Date	
Email	
Phone	