

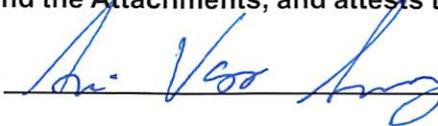
**ATTACHMENT A – COVER PAGE**

Use this checklist to ensure that all items requested have been included.

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1.	Attachment A – Cover Page	1
2.	Attachment B – Statement of Certification	3
3.	Attachment C – Licenses, Permits, and/or Certifications	5-21
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5.	Attachment E – Budget	37
6.	Attachment F – Reserved	N/A
7.	Attachment G – Employment of Former County Officials	38
8.	Attachment H – Exceptions to RFA	39
9.	Attachment I – Public Records Act Exemptions	40
10.	Attachment J – Indemnification and Insurance Requirements Affidavit	41
11.	Attachment K – HHAP-3 Project Application	42-46

Applicant Name: Hope Homes  
 Address: 18985 Cajon Blvd. San Bernardino CA 92407  
 Mailing Address (if different): \_\_\_\_\_  
 Telephone No.: (909) 864-0644      FAX No.: (909) 880-0320  
 Email Address: sierra@hopehomes.us  
 Federal Tax ID: 83-2048736  
 RFA Contact (Name/Title): Sierra Voss Sanchez  
 Name of Authorized Representative: Sierra Voss Sanchez  
 Title of Authorized Representative: Program Director

**By signing below, the individual acknowledges that he/she has the authority to bind the Applicant to the terms of the Application. The individual further acknowledges that he/she has read and understands the RFA, the contents of the Application and the Attachments, and attests to the accuracy of the information submitted therein.**

Signature of Authorized Representative:   
 Date: 05-16-2023

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**ATTACHMENT B  
STATEMENT OF CERTIFICATION**

The following statements are incorporated in our response to San Bernardino County.

	<b>Statement</b>	<b>Agree (initial)</b>	<b>Disagree with qualification (initial and attach explanation)</b>
1.	The offer made in the Application is firm and binding for nine (9) months from the Deadline for Applications.	<i>hst</i>	
2.	All declarations in the Application and attachments are true and that this shall constitute a warranty, the falsity of which will entitle the County to pursue any remedy by law.	<i>hst</i>	
3.	Applicant agrees that all aspects of the RFA and the Application submitted shall be binding if the Application is selected and a Contract awarded.	<i>hst</i>	
4.	Applicant agrees to provide the County with any other information the County determines is necessary for an accurate determination of the Applicant's ability to perform the Services as proposed.	<i>hst</i>	
5.	Applicant, if selected will comply with all applicable rules, laws and regulations.	<i>hst</i>	
6.	The RFA has been reviewed in its entirety and Applicant has no exceptions to any requirements, terms, or conditions, except as noted in Attachment H.	<i>hst</i>	



## Statement of Experience and Qualifications

**A. Proposers Business Name:** Hope Homes [Limited Liability Corporation]

**B. Number of Years in Business as Hope Homes:** Hope Homes has no past or related names, and has been operating Transitional Housing Services as Hope Homes since 2004.

**C. Clear of Conflicting Commitment(s):** Hope Homes has no current, future, perceived, or potential commitments that would impact our ability to perform the contract if awarded.

**ATTACHMENT C**

**LICENSES, PERMITS, and/or CERTIFICATIONS**

**TYPE (ie: License, Permit, Certifications)**

**EXPIRATION**

**Include DIR Registration No. of Contractor and Subcontractors**

Business License	January 31, 2024
Conditional Use Permit	N/A
General Field Inspection	N/A
Fire Marshal Clearance	N/A
Fire Marshall Clearance	N/A
Fire Marshal Clearance	N/A
Liability Insurance	February 5, 2024
Automobile Insurance	September 3, 2023

# BUSINESS LICENSE

# CITY OF HIGHLAND

The person, firm or corporation named below is granted this certificate pursuant to the provisions of the City Business License Ordinance. Issuance of certificate is not an endorsement, nor certification of compliance with other ordinances or laws, nor an assurance that the proposed use is in conformance with the city zoning regulations. This certificate is issued without verification that the taxpayer is subject to or exempt from licensing by the State of California.

Finance Department  
27215 Base Line, Highland, CA 92346  
(909) 864-6861 Extension 225

Business Name: Hope Homes LLC  
Business Location: 29590 Santa Ana Canyon Rd  
Highland, CA 92346  
1st Owner Name: Carlos Voss  
2nd Owner Name:

**BUSINESS LICENSE NO. 012100**

Business Type: 074  
Description: Office Use Only

Effective Date: January 30, 2023  
Expiration Date: January 31, 2024

HOPE HOMES LLC  
PO BOX 21  
HIGHLAND, CA 92346

TO BE POSTED IN A CONSPICUOUS PLACE

NOT TRANSFERABLE



# CONDITIONAL USE PERMIT

OWNER: Kenneth Taylor  
MAILING ADDRESS: 19042 Cajon Blvd.  
San Bernardino, CA 92407

SITUS ADDRESS: Same as Above

ASSESSOR PARCEL NUMBER/S: 0348-141-22 & -348-142-17

D.A.T.E.S./C.A.T.S. #: 745EVL 00 010637 CUB 01

PROJECT DESCRIPTION: Conditional Use Permit to expand an existing group home. Phase 1 completion.

### FOR OFFICIAL USE ONLY

Supervisorial District  
 1st     2nd     3rd     4th     5th

The above referenced project (phase 1) has been finalized by the Building and Safety Division.

Signed *Ho Walker* Date: 1/15/01  
Building Inspector

The above referenced project (Phase 1) has met the San Bernardino County Planning Division's Conditions of Approval and a Conditional Use Permit for Phase 1 is hereby granted.

Signed *Mike Williams* Date: January 10, 2001  
Senior Associate Planner

### General Field Inspection/Occupancy Inspection (74782, Optional)

2007 LUGO AVE  
SAN BERNARDINO CA 92404

Print

## Status

No Violations - **Pass**  
10/21/2020 7:46 AM  
Desired Date: TBD

*Last updated*  
Adam Hensley  
10/21/2020 7:47 AM

## Details

**Record**  
FMISC-2020-00030  
Fire Miscellaneous

## Related Inspections

Showing 0-0 of 0

ID	Inspection Name	Relationship	Status
----	-----------------	--------------	--------

No records found.

Date 5/11/18 **SAN BERNARDINO COUNTY FIRE DEPARTMENT** STA. \_\_\_\_\_  
 Occ. Class R3.1 **FIRE AND LIFE SAFETY INSPECTION REPORT** SHIFT: A  B  C  OF \_\_\_\_\_  
 Business Name Hope Homes Phone ( ) \_\_\_\_\_  
 Business Address 18985 Cajon Blvd City/Community San Bernardino  
 Business Owner \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Person Granting Consent to Inspect Carlos Title Se. mgr  State Mar

NO FIRE CODE VIOLATIONS NOTED AT THIS TIME  BOXES CHECKED BELOW INDICATE A VIOLATION Page of \_\_\_\_\_

- 100 FIRE PROTECTION EQUIPMENT** CL
- 101 Provide \_\_\_\_\_ extinguisher(s) of a \_\_\_\_\_ minimum rating to be located \_\_\_\_\_ CCR T-19 § 565 - 574
  - 102 Mount extinguisher(s) with top not higher than 5 feet from floor and no more than \_\_\_\_\_ foot travel distance to an extinguisher \_\_\_\_\_ CCR T-19 § 567 - 573
  - 103 Service and tag (by State Licensee) extinguishers annually and after each use \_\_\_\_\_ CCR T-19 § 575.1
  - 104 Post signs indicating location of extinguisher(s) when not readily visible \_\_\_\_\_ CCR T-19 § 567 (i) - (j)
  - 105 Maintain access to and operation of standpipes, sprinkler control valves and fire protection equipment \_\_\_\_\_ CFC § 509.2
  - 106 Remove items interfering with proper operation of sprinkler system and/or replace damaged, corroded or painted sprinkler heads \_\_\_\_\_ CFC § 901.6
  - 107 Complete annual and 5-year certification of fire sprinkler system in accordance with NFPA 25 (CA Edition), and/or provide/maintain records \_\_\_\_\_ CCR T-19 §904(a)(1)
  - 108 Inspect/test fire alarm system (by State licensee) and maintain adequate records, maintain fire alarm system in operable condition \_\_\_\_\_ CFC § 907.8
- 200 EXITS**
- 201 Exit doors shall open from the inside without the use of a key or any special knowledge or effort \_\_\_\_\_ CFC § 1010.1.9
  - 202 Main exit doors equipped with key locking hardware shall be posted "THIS DOOR TO REMAIN UNLOCKED WHEN BUILDING IS OCCUPIED" \_\_\_\_\_ CFC § 1010.1.9.3
  - 203 Remove storage/obstructions from exits, aisles, corridors and stairways \_\_\_\_\_ CFC § 1031
  - 204 Provide and/or maintain illuminated exit signs and exit-way lighting \_\_\_\_\_ CFC § 1008 & 1031.4
- 300 COMBUSTIBLE MATERIALS**
- 301 Remove and maintain storage 18" below ceiling for sprinklered buildings and 2' from pressurized areas \_\_\_\_\_ CFC § 315.3.1
  - 302 Remove combustible storage from boiler, mechanical and electrical rooms \_\_\_\_\_ CFC § 315.3.3
  - 303 Provide a minimum of 5' clearance between dumpster and building with combustible siding and roof \_\_\_\_\_ CFC § 304.3.3
  - 304 Remove accumulations of combustible materials and \_\_\_\_\_ CFC § 304.1.1
  - 305 Use listed disposal containers for storage of oily rags, \_\_\_\_\_ CFC § 304.3.1
- 400 ELECTRICAL**
- 401 Discontinue use of extension cords and multi-plug adapters in lieu of permanent wiring \_\_\_\_\_ CFC § 605.5
  - 402 Provide a minimum of 30" W, 36" D, 78" H access and clearance to all electrical panels and label circuits \_\_\_\_\_ CFC § 605.3
  - 403 Maintain wiring in good condition pursuant to the California Electrical Code and protect from damage \_\_\_\_\_ CFC § 605.1
  - 404 Provide cover plates for outlets, switches, panel boards and boxes \_\_\_\_\_ CFC § 605.6
- 500 FLAMMABLE/COMBUSTIBLE LIQUIDS AND GASES**
- 501 Remove flammable/combustible liquids not stored in original approved safety containers \_\_\_\_\_ CFC § 5704.3.1.1
  - 502 Store all flammable liquids in an approved storage cabinet located \_\_\_\_\_ CFC § 5704.3.2 & 5704.3.3
  - 503 Adequately secure compressed gas cylinders and identify contents \_\_\_\_\_ CFC § 5303.4 & 5303.5
- 600 BUILDING CODE REQUIREMENTS**
- 601 Repair rated walls, draft stops and ceilings to maintain fire resistive rating \_\_\_\_\_ CFC § 703.1
  - 602 Remove obstruction(s), alterations(s) to fire door(s) and maintain closing and latching device(s) \_\_\_\_\_ CFC § 703.2
  - 603 Post and enforce "Maximum Occupant Load" signs near main exit for any room having an occupant load of 50 or more \_\_\_\_\_ CFC § 1004.3
- 700 COOKING/HEATING APPLIANCES**
- 701 Service and tag (by State Licensee) automatic fire-extinguishing systems (Hood&Duct) semi-annually and after each use \_\_\_\_\_ CFC § 904.12.6.2
  - 702 Provide Class "K" type extinguisher within 30' travel distance of commercial cooking equipment \_\_\_\_\_ CFC § 904.12.5
  - 703 Kitchen hoods, grease-removal devices, fans, ducts,....shall be kept free of grease build-up with adequate records of cleanings \_\_\_\_\_ CFC § 609.3.3
  - 704 Provide adequate clearance between heat producing appliance(s) and combustible materials \_\_\_\_\_ SBCoFPD Code § 305.1
- 800 SIGNAGE**
- 801 Post and enforce required signage \_\_\_\_\_
- 900 FIRE DEPARTMENT ACCESS, WATER SUPPLIES AND PREMISES IDENTIFICATION**
- 901 Maintain identification of required fire department access roads and prohibit obstruction \_\_\_\_\_ CFC § 503.3 & 503.4
  - 902 Post address which is visible from the street with minimum of \_\_\_\_\_ tall numbers on contrasting background \_\_\_\_\_ SBCoFPD Code § 505.1.1 - 505.1.6
  - 903 Maintain Fire Department appliances in an operable condition and unobstructed. Hydrants shall have ≥ 3' clearance \_\_\_\_\_ CFC § 507.4 & 507.5.5
- 1000 PERMITS**
- 1001 Obtain permit(s) from San Bernardino County Fire Department for \_\_\_\_\_ CFC § 105 & SBCFPD Code § 105
- 1100 ADDITIONAL COMMENTS / REQUIREMENTS** \_\_\_\_\_



THE VIOLATIONS NOTED ABOVE MUST BE CORRECTED WITHIN \_\_\_\_\_ DAYS. A RE-INSPECTION WILL BE CONDUCTED ON OR ABOUT \_\_\_\_\_ TO ASSURE COMPLIANCE. FAILURE TO COMPLY MAY RESULT IN ADMINISTRATIVE OR LEGAL ACTION. ADDITIONAL FEES BE ASSESSED FOR ADDITIONAL RE-INSPECTIONS. FOR FURTHER INFORMATION OR ASSISTANCE PLEASE CALL: \_\_\_\_\_

Inspector D. ABBOTT \_\_\_\_\_  
 Date 5/11/18 Time 2:20  
 Responsible Party (Print) Carlos Voss \_\_\_\_\_  
 Responsible Party (Sign) Carlos E. Voss \_\_\_\_\_  
 Owner \_\_\_\_\_  
 Responsible Party (Title) \_\_\_\_\_  
 Distribution:  
 White - Fire Prevention  
 Canary - Engine Comp  
 Pink - Facility  
 R  
 Date of Compliance 5/11/18  
 Noncompliance Date Referred to Fire Prevention \_\_\_\_\_

Date 5/11/18 **SAN BERNARDINO COUNTY FIRE DEPARTMENT** STA. \_\_\_\_\_  
 Occ. Class R-3.1 **FIRE AND LIFE SAFETY INSPECTION REPORT** SHIFT: A  B  C  OFM   
 Business Name Home Homes Phone ( ) \_\_\_\_\_  
 Business Address 18999 Canyon Blvd City/Community San Bernardino  
 Business Owner \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Person Granting Consent to Inspect Carlos Title Sr. Mgr  State Mandated

NO FIRE CODE VIOLATIONS NOTED AT THIS TIME  BOXES CHECKED BELOW INDICATE A VIOLATION Page of \_\_\_\_\_

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  - 104 Post signs indicating location of extinguisher(s) when not readily visible \_\_\_\_\_ CCR T-19 § 567 (I) - (II)
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  - 106 Remove items interfering with proper operation of sprinkler system and/or replace damaged, corroded or painted sprinkler heads \_\_\_\_\_ CFC § 901.8
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  - 108 Inspect/test fire alarm system (by State licensee) and maintain adequate records, maintain fire alarm system in operable condition \_\_\_\_\_ CFC § 907.8
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  - 303 Provide a minimum of 5' clearance between dumpster and building with combustible siding and/or eaves \_\_\_\_\_ CFC § 304.3.3
  - 304 Remove accumulations of combustible materials and/or growth \_\_\_\_\_ CFC § 304.1.1
  - 305 Use listed disposal containers for storage of oily rags. Contents shall be disposed of daily \_\_\_\_\_ CFC § 304.3.1
- 400 ELECTRICAL**
- 401 Discontinue use of extension cords and multi-plug adapters in lieu of permanent wiring \_\_\_\_\_ CFC § 805.5
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  - 702 Provide Class "K" type extinguisher within 30' travel distance of commercial cooking equipment \_\_\_\_\_ CFC § 904.12.5
  - 703 Kitchen hoods, grease-removal devices, fans, ducts...shall be kept free of grease build-up with adequate records of cleanings \_\_\_\_\_ CFC § 809.3.3
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D. ABBOTT Inspector 5/11/18 Date 29 Time  
Carlos Voss Responsible Party (Print) Owner Responsible Party (Title)  
Carlos Voss Responsible Party (Sign)  
5/29/18 Date 5/29/18 Date of Compliance  
 Re-inspected by \_\_\_\_\_ Noncompliance, Date Referred to Fire Prevention \_\_\_\_\_  
 Distribution: \_\_\_\_\_  
 White - Fire Prevention  
 Canary - Engine Company  
 Pink - Facility  
 REV 1/2010 13-01256-700

Date 5/11/18 **SAN BERNARDINO COUNTY FIRE DEPARTMENT** STA. \_\_\_\_\_  
 Occ. Class R-31 **FIRE AND LIFE SAFETY INSPECTION REPORT** SHIFT: A  B  C  OFM   
 Business Name 18672 Hope Homes Phone ( ) \_\_\_\_\_  
 Business Address 18672 Cajon Blvd City/Community San Bernardino  
 Business Owner \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Person Granting Consent to Inspect Carlos Title SC MGR  State Mandated

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  - 902 Post address which is visible from the street with minimum of 4" tall numbers on contrasting background \_\_\_\_\_ SBCoFPD Code § 505.1.1 - 505.1.5
  - 903 Maintain Fire Department appliances in an operable condition and unobstructed. Hydrants shall have ≥ 3' clearance \_\_\_\_\_ CFC § 507.4 & 507.5.5
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D. ABBOTT Inspector 5/11/18 20 Time  
Carlos Voss Responsible Party (Print) Owner Responsible Party (Title)  
Carlos Voss Responsible Party (Sign)  
5/29/18 5/29/18 Date Date of Compliance  
 Re-inspected By \_\_\_\_\_ Date \_\_\_\_\_ Noncompliance, Date Referred to Fire Prevention \_\_\_\_\_  
 Distributor: \_\_\_\_\_  
 Write - Fire Prevention  
 Canvas - Engine Company  
 Plak - Facility  
 REV 1281E  
 13-2126-760



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/15/2023

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> The Empire Company 9050 Archibald Avenue P.O. Box 5400 Rancho Cucamonga CA 91729		<b>CONTACT NAME:</b> Marie Ramos <b>PHONE (A/C No. Ext):</b> (909) 476-0600 <b>FAX (A/C, No):</b> (909) 476-0601 <b>E-MAIL ADDRESS:</b> mramos@empire-co.com	
<b>INSURED</b> Hope Homes, LLC P O Box 21 Highland CA 92346		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> United States Liability Co	
		<b>INSURER B:</b> State Compensation Ins. Fund	
		<b>INSURER C:</b> National Specialty Insurance Company	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 23-24GL22/23WC23-24Cyber      **REVISION NUMBER:**

**THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Abuse & Molestation 1,000,000/2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	Y	WPP1616892	2/5/2023	2/5/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED    RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE \$ \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	9147370-22	11/25/2022	11/25/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	<b>Commercial Cyber</b> 2,000,000			FLY-CB-TM9VRS5Q5-002-RLGS	2/3/2023	2/3/2024	Errors & Omissions 1,000,000/2,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
RE: No. OHS-23-01

### CERTIFICATE HOLDER

### CANCELLATION

County of San Bernardino Office of Homeless Services 104 W 4th Street San Bernardino, CA 92408	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  AUTHORIZED REPRESENTATIVE Marie Ramos/MARIE <i>Marie Ramos</i>
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**UNITED STATES LIABILITY INSURANCE GROUP  
WAYNE, PENNSYLVANIA**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

**BLANKET ADDITIONAL INSURED ENDORSEMENT**

**Section II – Who Is An Insured** is amended to include as an insured any person, entity or organization that is:

1. A franchisor under a franchise agreement with the Named Insured as franchisee relating to “your work”; or
2. A licensor under a license agreement with the Named Insured as licensee relating to “your work”; or
3. A co-owner with the Named Insured in premises used for “your work”; or
4. A majority owner with a controlling interest in the Named Insured but only with respect to liability arising out of such owner’s (i) financial or operational control of the Named Insured; or (ii) ownership, maintenance or use of premises leased or occupied by the Named Insured for purposes of “your work”; or
5. A mortgagee, assignee or receiver of the Named Insured relating to “your work”; or
6. A lessor, or an agent of a lessor, under a lease agreement with the Named Insured as lessee relating to “your work”; or
7. A grantor of a permit to the Named Insured as permittee relating to “your work”.

However, if the grantor of a permit is a federal, state or local government or political subdivision, there is coverage under this endorsement only for liability arising from:

- a. The existence, maintenance, repair, construction, erection or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoist away openings, sidewalk vaults, street banners or decorations and similar exposures; or
  - b. The construction, erection or removal of elevators; or
  - c. The ownership, maintenance or use of any elevators covered by this insurance; or
8. A lessor of equipment leased to the Named Insured relating to “your work”; or
  9. A contributor, benefactor, or supporter who provides financial assistance to the Named Insured in connection with “your work”;

but only to the extent the Named Insured is required to add such person, entity or organization as an additional insured to this policy under a written contract, written permit or written agreement relating to “your work”.

Such person, entity or organization is an insured only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” that is caused, in whole or in part by your acts or omissions or the acts or omissions of those acting on your behalf in connection with “your work” while such written contract, written permit or written agreement is in effect.

## **EXCLUSIONS**

There is no coverage under this endorsement for loss or expense, including but not limited to the cost of defense for “bodily injury”, “property damage” or “personal and advertising injury”:

1. That occurs after all of “your work”, including materials, parts or equipment furnished in connection with “your work” and performed under a written contract, written permit or written agreement has ended; or

When that portion of “your work” out of which the “bodily injury”, “property damage” or “personal and advertising injury” arises and performed under a written contract, written permit or written agreement has been put to its intended use by any person(s) or organization(s);  
whichever occurs first.

2. Arising directly or indirectly from construction or demolition operations of any kind performed by you.
3. Caused or alleged to be caused by the sole negligence of an additional insured under this endorsement.
4. Arising out of “your work” performed for a federal, state or local government or political subdivision under a written permit.
5. Included within the “products-completed operations hazard”.

## **CONDITIONS**

Coverage provided by this endorsement will be excess over any insurance available to any additional insured under this endorsement unless a written contract, written permit or written agreement specifically requires that coverage under this endorsement is primary.

All other terms and conditions of this policy remain unchanged. This endorsement is a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.

# WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

## SCHEDULE

**Name of Person Or Organization:**

Effective Date: 02/05/2023  
COUNTY OF SAN BERNARDINO  
104 W 4TH  
SAN BERNARDINO, CA 92412

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights of Recovery Against Others To Us** of Section IV - Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

**UNITED STATES LIABILITY INSURANCE GROUP  
WAYNE, PENNSYLVANIA**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

**ADDITIONAL INSURED ENDORSEMENT**

**Name of Additional Insured:**

Effective Date: 02/05/2023

COUNTY OF SAN BERNARDINO

If no applicable entry appears above, information required to complete this endorsement will be shown in the Declarations or Supplementary Declarations.)

For purposes of this endorsement:

**Section II - Who Is An Insured** is amended to include as an Additional Insured the entity shown above, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, solely, by your acts or omissions or the acts or omissions of those acting on your behalf:

- 1) In the performance of your operations for or on behalf of the Additional Insured; or
- 2) In connection with your ownership, use or control of premises for the purpose of conducting operations for or on behalf of the Additional Insured; or
- 3) In connection with an Additional Insured who is acting as a funding source for your operations.

**Section IV - Commercial General Liability Conditions; 4. Other Insurance** is amended by the addition of the following:

With respect to the Additional Insured covered by this endorsement only, this insurance is primary and any insurance carried by the Additional Insured shall be excess.

**Section IV - Commercial General Liability Conditions, 7. Separation of Insureds** is amended by the addition of the following:

The inclusion of more than one entity as an insured under this policy shall not in any way affect the rights of any other entity either as respects any claim, demand, suit or judgment made or brought by or in favor of any other insured, or by or in favor of any employee of any other insured.

This policy shall protect each entity in the same manner as though a separate policy had been issued to each; but nothing herein shall operate to increase the company's liability as set forth elsewhere in this policy beyond the amounts for which the company would have been liable if only one person or interest had been named as an insured.

**Section IV - Commercial General Liability Conditions, 8. Transfer Of Rights Of Recovery Against Others To Us** is amended by the addition of the following:

We waive any right of subrogation we may have against the Additional Insured identified in this endorsement because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with the Additional Insured and included in the "products-completed operations hazard".

This waiver shall not apply to injury or damages caused by or resulting from an "occurrence" that takes place before the effective date of this endorsement.

**Section IV - Commercial General Liability Conditions, 9. When We Do Not Renew** is amended by the addition of the following:

If this policy is non-renewed, canceled or materially changed, we will mail or deliver to the above named Additional Insured written notice of the non-renewal, cancellation or material change not less than thirty (30) days before the effective date of such non-renewal, cancellation or material change.

All other terms and conditions of this policy remain unchanged. This endorsement is a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.

## **Provider Network Program**

If you're hurt in an accident that's covered by your Progressive policy, you may have access to a network of medical providers in your area who can treat you. These providers may offer reduced rates through the network that could allow you to get more treatment if necessary.

Visit [progressive.com/providernetworks](http://progressive.com/providernetworks) anytime to find out what provider networks are available in your area. The claim representative handling your medical claim will also be able to provide this information if you're in an accident.

**You are under no obligation to use any network referenced above. You're free to see a medical service provider of your choice.** Using a provider within the network doesn't necessarily mean that we'll cover the cost of their services. If you're in an accident, always check with the claim representative handling your medical claim to confirm what's covered.

Form Z271 (01/12)

## ADDITIONAL COVERAGES

<b>Ref #</b>	<b>Description</b> Abuse and Molestation Aggregate	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b> 2,000,000	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
<b>Premium</b>				
<b>Ref #</b>	<b>Description</b> Cyber - Extortion Threat - Ransom Payments	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b> 100,000	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
<b>Premium</b>				
<b>Ref #</b>	<b>Description</b> Cyber - Business Income and Extra Expense	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b> 1,000,000	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
<b>Premium</b>				
<b>Ref #</b>	<b>Description</b> Cyber - Public Relations Expense	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b> 100,000	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
<b>Premium</b>				
<b>Ref #</b>	<b>Description</b> Cyber - Ransom Payments	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b> 1,000,000	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
<b>Premium</b>				
<b>Ref #</b>	<b>Description</b> Cyber - Website Media Content Coverage	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b> 1,000,000	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b> 1,000	<b>Deductible Type</b>
<b>Premium</b>				
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
<b>Premium</b>				
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
<b>Premium</b>				
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
<b>Premium</b>				
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
<b>Premium</b>				

PROGRESSIVE  
PO BOX 94739  
CLEVELAND, OH 44101

**PROGRESSIVE**  
COMMERCIAL

649612 612 2 MB 0 515 PPACA01P 005 000612  
Named insured



**Policy number: 02584825-2**  
**Underwritten by:**  
**Progressive Express Ins**  
July 18, 2022  
Policy Period: Sep 3, 2022 - Sep 3, 2023  
Page 1 of 2

HOPE HOMES LLC  
P.O. BOX 21  
HIGHLAND, CA 92346

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**Online Service**  
Make payments, check billing activity, print policy documents, or check the status of a claim.



**1-800-895-2886**  
For customer service and claims service,  
24 hours a day, 7 days a week.

# Commercial Auto Insurance Coverage Summary

## This is your Renewal Declarations Page

Your coverage begins on September 3, 2022 at 12:01 a.m. This policy expires on September 3, 2023 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (02/19). The contract is modified by forms 2852CA (02/19), 4759CA (02/19), 4757 (02/19), 1198 (01/04), Z311 (02/19), 4852CA (02/19), 4881CA (02/19) and Z228 (01/11).

The named insured organization type is a corporation.

### Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$3,347
Bodily Injury and Property Damage Liability	\$2,000,000 combined single limit		
Uninsured/Underinsured Motorist	\$2,000,000 combined single limit		548
Uninsured Motorist Property Damage	Rejected		--
Medical Payments	\$5,000 each person		84
Comprehensive			155
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			433
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			73
See Auto Coverage Schedule			
<b>Subtotal policy premium</b>			<b>\$4,640.00</b>
California Vehicle Assessment Fee			3.52
Fees			80.00
<b>Total 12 month policy premium and fees</b>			<b>\$4,723.52</b>

### Important information about fees

The following additional fees may apply:

Late payment fee \$10.00

Fee for returned checks or refused payments \$20.00

SEARCHED

**Rated drivers**

1. CARLOS VOSS
2. SHAW MONGE
3. HERSHEL STIDMAN
4. VINCENT C SMITH

**Auto coverage schedule**

1. **2007 Ford Econo/Club Wgn** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)  
 VIN: 1FDNE11W47DB31740 Garaging Zip Code: 92407 Radius: 300

Liability Premium	Liability	UM/UIM BI	Med Pay		
	\$1,684	\$274	\$42		
Physical Damage Premium	Comp Deductible	Comp Premium	Coll/Waiver Deductible	Coll/Waiver Premium	
	\$500	\$43	\$500	\$106	
Other Coverages Premium	Rental Limit	Rental Premium			Auto Total
	\$50 per day Max \$1500	\$73			<b>\$2,222</b>

2. **2009 Mercury Grand Marquis** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)  
 VIN: 2MEHM75V29X620365 Garaging Zip Code: 92407 Radius: 300

Liability Premium	Liability	UM/UIM BI	Med Pay		
	\$1,663	\$274	\$42		
Physical Damage Premium	Comp Deductible	Comp Premium	Coll/Waiver Deductible	Coll/Waiver Premium	Auto Total
	\$500	\$112	\$500	\$327	<b>\$2,418</b>

**Premium discount**

Policy	Business Experience
02584825-2	

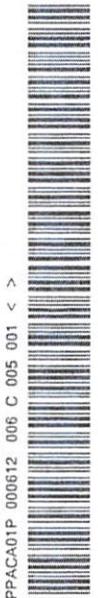
**Additional Insured information**

1. Additional Insured GEO REENTRY SERVICE  
4955 TECHNOLOGY BOCA RATON, FL 33431
2. Additional Insured STATE OF CALIFORNIA  
9838 OLD PLACER SACRAMENTO, CA 95827

**Company officers**

*Vitor Palitzi*  
 President

*Patricia M. Conner*  
 Secretary





## Proposal Description

Hope Homes has been providing housing solutions, comprehensive case management, and wrap-around services for over 19 consecutive years. In 2020 in response to the evidence, Hope Homes adopted a Housing First emphasis to its modalities were applicable and effective. At

Hope Homes we believe that to effectively address the homeless crisis in our community, communication, cooperation, and collaboration are indispensable. In response to that belief,

Hope Homes prides itself with an outstanding record of direct, proactive and timely communication between participants, referral agencies, staff, funders, appropriate stakeholders, and all others interacting with our residents in a holistic capacity. At heart, Hope Homes is a true collaborator; we believe "It takes a village," and our village is San Bernardino County. Since

2004 we have sought ways to reduce homelessness, increase access to stable and permanent housing, and bridge the gap between the threat of homelessness and the stability of permanent sustainable housing. Over the years we have build an infrastructure and scaffolding platform that supports the shared goals of Hope Homes and the SBC Coc Local Homeless Action Plan. With multiple houses, and multiple contracts (county & state agencies) for housing solutions,

case management, and wrap-around services, Hope Homes is an established, trusted, and experienced housing provider in San Bernardino County's Central Valley Region. Through the implementation of these contracts and our *almost* two decades of providing these services, Hope

Homes has established collaborations, partnerships, and a vast array of community referral agencies to meet the holistic needs of those we serve. Hope Homes has long sought the fiscal ability to implement an array of services we believe are necessary to stem the homeless crisis in our community. A handful of the the HHAPP initiatives' eligible uses align perfectly with those

beliefs: *Operating subsidies in...existing affordable and supportive housing/navigation centers; Street Outreach, Services coordination,* and fiscal supports for the transition into permanent housing. We appreciate the opportunity to apply for the HHAPP funding in order to meet our shared goals in the pursuit of housing for all.

### **Needs and Solutions:**

San Bernardino County specific data collected during the recent needs assessment reports homelessness at "crisis" levels, (as high as 85 percent in the Central Valley Region) and an intense need for housing solutions. Challenges to sustainable housing are many and range from rising housing costs, lack of income, credit history, laws, regulations, ordinances and moratoriums that place restrictions on housing (including shelters, interim/supportive housing, as well as rentals/leases, etc.). San Bernardino County specific data collected during the needs assessment also identified a significant need in the basic health and human service arena. Access to basic necessities such as food, clothing and healthcare were also found to have growing barriers attached to them. Items necessary to (re)establish oneself in the community are missing, leaving many without food, shelter, transportation, medical care, and other basic needs.

Safe, supportive, goal-oriented interim/supportive housing addresses the majority of these essential needs, as well as creates, fosters, and implements permanent housing goals. Comprehensive and inclusive transitional housing is a core component of San Bernardino County Mission to build stronger families and safer communities by improving the lives of those they serve through assessment, residency, rehabilitative services, and linkages to stable housing. Through evidence based programs and practices, Hope Homes operates as a foundational best practice for reducing homelessness. By providing food, shelter, clothing, employment services, hygiene, transportation, Comprehensive Case Management, and goal-driven tracks to permanent housing, Hope Homes residents are much better equipped to acquire and sustain permanent housing. Hope Homes proposes to utilize HHAPP funds to serve the homeless, or threat of becoming homeless, population in the San Bernardino Central Valley Region between the ages of 18 and 76 years of age (exceptions to age limit on a case-by-case basis based on ability to adequately serve).

Through the use of multiple evidenced based strategies, Hope Homes proposes to immediately house and support (or subsidize the continued housing for) participants who assess as ready and able for permanent housing, with an emphasis on needed supports and resources to acquire and/or maintain permanent housing with Comprehensive Case Management, Service Coordination, Basic Needs and housing. Hope Homes also proposes to immediately house and support (or subsidize the continued housing for) participants who assess as wanting/ needing interim supportive housing with Comprehensive Case Management, Service Coordination, Basic Needs and necessities acquisition and retention, employment/income services, education, cognitive interventions, etc. with emphasis on goal-driven stable/ permanent housing case plans.

Hope Homes also proposes to subsidize acute in-patient service delivery for participants who assess as wanting/needing clinical Substance Abuse Detoxification services and/or dual-diagnosis in-patient services.

Hope Homes proposes to utilize the CES, 211, Street Outreach, State Parole, County Probation, County Behavioral Health, local homeless, safety, and warming shelters as well as other partners and stakeholders to provide referrals to the proposed Hope Homes Express Housing Program.

Hope Homes proposes to "triage" all potential participants and apply our resources to those deemed "most vulnerable," per USDHUD and local CES guidelines. As an organization that operates under a best practice philosophy and follows the Risk-Needs-Responsivity model, the "prioritization" and/or "triage" system of service delivery is in line with expending our resources in the places (or persons) which have the most impact and/or serve those with the greatest need. "Greatest need" is a subjective matter and is dependent on a myriad of variables present at the time and place of contact with a citizen in need of housing. In our mind, there is no cookie-cutter system of triage. We typically ask ourselves these questions: What does this person need, in this environment, with these resources (or lack of), at this time in this place?

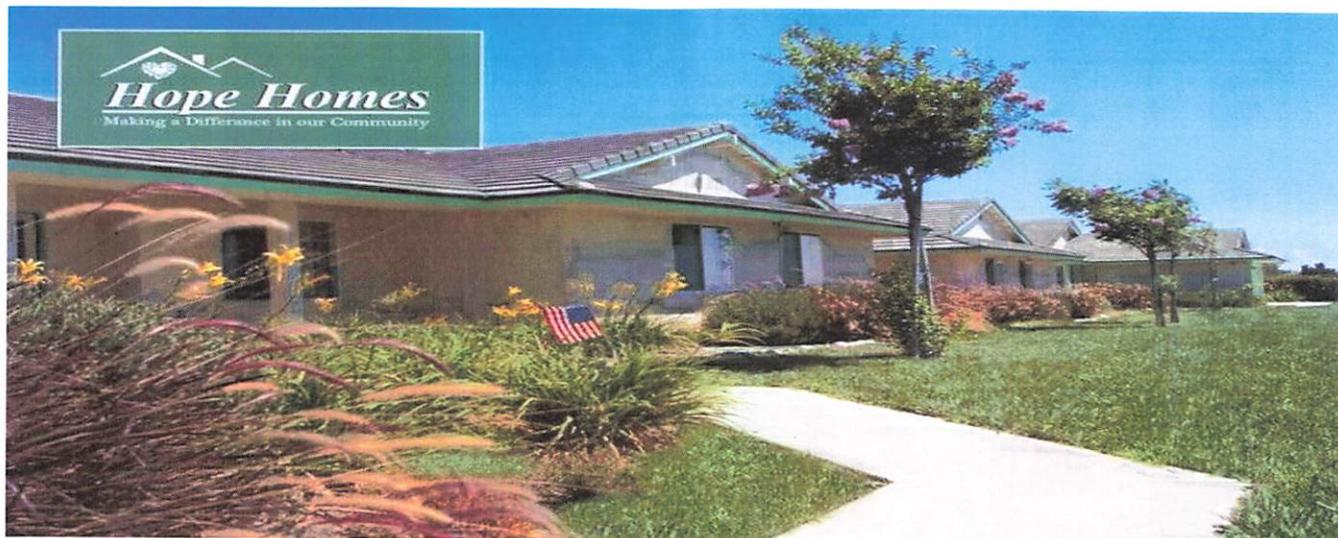
What is available for this person that may or may not be available to others?

Hope Homes is an established housing provider and has the experienced staff and infrastructure to implement services immediately upon award. With five (5) houses placed strategically across the Central Valley Region, Hope Homes has prioritized a substantial amount of its bed space to serve some of the most challenging participants to house: those with mental illness challenges and those who are registered sex offenders. Hope Homes also maintains a "quarantine" room in order to house participants who may pose a medical/contagion threat to others. To compliment our current housing resources, if awarded, Hope Homes proposes to designate one of its properties as a Housing First, rapid housing, "orientation" house. This house will provide immediate housing for participants who are referred through CES protocols, allow for immediate basic need distribution, and provide a space to assess participants for targeted placements and support systems based on need and circumstance.

On the surface it would appear that the only resource required to house the homeless is money. If that were the case, it would be an easier problem to solve. Money may get our homeless into a house, but until that house is sustainable, it's not a home. One of the largest gaps in homeless-to-housing services is the lack of equipping folks to leverage and sustain. Providing a resource to someone who has no history or knowledge of how to utilize and leverage that resource is negligent. Our citizens must sometimes be provided with the support, education, training, and practice necessary to utilize and take full advantage of that resource. All of Hope Homes' processes and procedures at our facilities are designed based on our hard-won experience in learning how our residents advance from homelessness to transitional supportive living, to sustainable permanent housing. Planning and goal-setting, targeted goal-attainment strategies and incentives, holistic necessity gathering, obtaining sustainable income streams and/or leveraging community resources, practice, support, peer mentorship, education and exposure, are just a few of our process and strategies that prepare and equip our residents to secure and sustain permanent housing. When our residents are properly equipped to sustain permanent housing, homelessness loses.

## WORK PLAN

[About Us](#) | [Hope Homes](#)



1784 Jeryl Ave. Colton, CA 92324 Four (4) Mental Health Beds  
18985 Cajon Blvd. San Bernardino, CA 92407 Fifteen (15) General Population Beds  
18999 Cajon Blvd. San Bernardino, CA 92407 Fifteen (15) General Population Beds  
18672 Cajon Blvd. San Bernardino, CA 92407 Six (6) 290 Registrant Beds  
2007 N Lugo Ave. San Bernardino, CA 92404-Six (6) 290 Registrant Beds

Hope Homes has been working with our communities and its citizens for over nineteen (19) years. In that time we have provided safe and supportive housing with comprehensive support services to approximately 3600 residents. Current residency contracts include California Department of Corrections and Rehabilitation (CDCR) funded Specialized Treatment for Optimal Programming (STOP); Cal-State Reentry Initiative (CSRI) Day Reporting Centers; San Bernardino County Probation; and San Bernardino County Division of Behavioral Health (forensic housing). These contracts will in no way deter from the HHAPP initiatives. In fact they support and compliment the County's and Hope Homes' shared goals.

Hope Home operates five (5) supportive housing properties in the Central Valley Region of San Bernardino County. With our forty-six (46) beds (and more on the way), Hope Homes is proposing to serve up to thirty (30) General Population (GP) male residents, four mental health and twelve (12) 290-designated male residents at any given time (HH diligently attends to all State, County, and local 290 registrant ordinances, statutes, and laws) with comprehensive supportive housing. The following are highlights of our supportive services, but in no way represents an exhaustive list of services, opportunities, or amenities.

- To assist in meeting the safety needs of our residents and the community in today's climate, HH maintains a quarantine room with attached restroom. The staff at HH are trained to service individuals who require quarantine services with contactless practices and deliver three (3) nutritious meals a day, as well as any other necessities to quarantined residents/guests. The quarantine room is equipped with TV, mini-fridge, microwave oven and other amenities, and is available by referral.
- HH maintains a specified ADA bed and shower for residents confined to a wheelchair.
- 24hr. Emergency placement for CHOICE clients
- Transportation. Daily van shuttle to critical appointments including but not limited to: Probation, Employment, opportunities, Parole, DMV, Medical, 290 registrant appointments, jail pick-ups, grocery shopping, and more. Public transportation nearby.

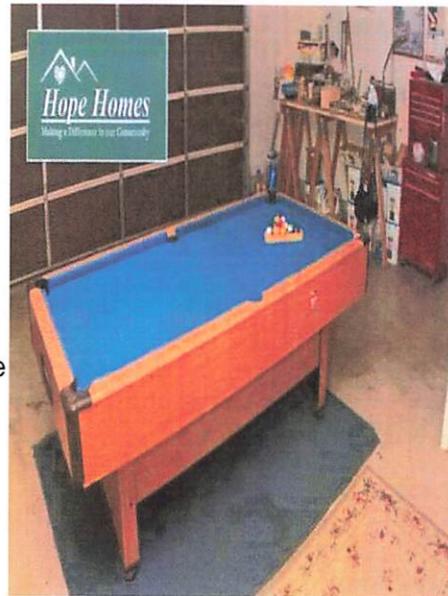


- **Case Management.** HH Case Managers operate under an evidence-based philosophy and modality, with the ultimate goal of transition to permanent housing. Criminogenic risks and needs are given the appropriate brevity coupled with positive peer support and focused goal setting and attainment. Case Managers collaborate with participants to target objectives that lead to permanent housing. Our Case Managers also assist with employment and other income streams, as well as resource referrals.

- **GP House Amenities.**

HH provides a new and spacious modern living environment for its residents. Each Resident enjoys an average of 75-100sq.ft. of personal space including dressers, closet space, and private lockers .

Each location is equipped with cable TV in each bedroom as well as each of the living rooms.



Free laundry facilities on site. HH understands the importance of organized and coordinated leisure and recreation as a significant component of a comprehensive reintegration and provides a myriad of opportunities for residents to utilize ping pong, darts, horse shoes, exercise equipment, weights, billiard tables, and more. Computers with Internet access are available for all GP residents as well as open Wi-Fi access and landline phones for emergency calling and free long distance. On a first come first serve basis, based on space/capacity, residents may be allowed to bring their personal vehicles that are street legal, registered, insured, running, and in consistent use.

- **House Monitor.** The HH House Monitor is responsible for the supervision of the residents and works in tandem and collaboration with the House Managers.

With ongoing training in cultural competency, human resource practices, health and safety practices, medications and their side-effects, and compliance, the House Monitor helps HH provide a safe, comfortable, clean, and supportive environment for our residents.

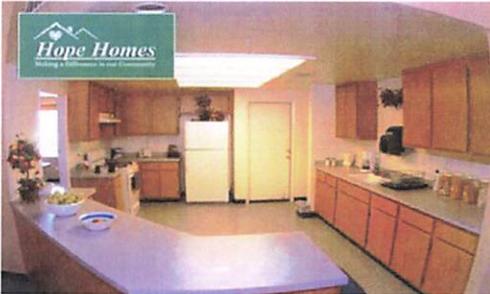


- **House Managers.** HH runs a 3-shift schedule for its House Managers so that they are available to funders, residents and stakeholders 24 hours a day 7 days a week.



- **Maintenance Crew.** With five houses always in transitional use, HH staff are assigned maintenance duties to assure that our living environments remain safe, sanitary, and comfortable at all times. Hazards, malfunctions, and/or needed replacements are attended to immediately. Staff are also assigned to the oversight of our Pest Control Vendor.

- **Nutrition.** HH provides 2 hot and healthy meals a day, 7 days a week, with a cold sack-lunch for easy mobility



several traditional, elaborate and extravagant Holiday meals throughout the year. All food for distribution is a combination of staff grocery shopping and our local Restaurant Depot.

- **Basic Needs.** HH understands that human basic needs must be met before our residents can concentrate on the business of positive, structured, goal attainment. To that end, we provide hygiene to all residents at intake, and clothing to those who need and/or request it.

## Security

At HH transitional housing, we believe security is the foundation of safety, accountability, and our fiduciary responsibilities. To run effective homes, provide safe spaces for our residents to take the necessary steps for goal-attainment, and fulfill our responsibilities to our funders, our neighbors, and our community at large, HH takes the security of our environments very seriously. The following are the highlights of how we attend to security, but in no way represents an exhaustive inventory of our security measures.

- **Restriction Conscious 290 Housing.** Where our GP houses have TV's in every room, our 290 Housing only provides TV in the living room. 290 Housing does not provide residents with Wi-Fi access. Computer access for 290 residents only with written approval from supervising agencies. Personal computers/laptops are not permitted. Our 290 houses amenities and management is designed to address 290 restrictions. (Outside of the restrictions, 290 housing shares the same

amenities and opportunities as our GP homes, personal space, laundry, lockers, etc).

- Cameras. All HH houses have cameras that cover the outside perimeters and all indoor common areas. All house have backup generators for power disruptions
- Prescribed medication is locked in resident lockers. (Although our House Monitor is tasked with “assisting” residents with self-administered prescribed medications, it is the sole responsibility of the resident to self-administer all medications as prescribed. Medication is to be locked in the residents’ locker when not in use).
- COVID testing is available on site.
- All HH staff have current Live Scans on file with CDCR and have cleared the CDCR background to work with state parolees.
- As a requirement for County and State supervised residents, as well as the safety of our residents, all HH common areas, resident rooms, lockers, et.al are subject to search by HH staff and/or Law enforcement at any time without warning or notice. Random and for cause searches are consistent practices.
- Hope Homes realizes that many of our residents are in different stages of goal-attainment, with many resident goals to obtain/sustain sobriety. To support these goals, no alcohol or illicit substances are allowed on the property at any time.
- Safety Drills, and review of fire extinguisher locations and use, exit plans, first aid kit locations, and emergency evacuation diagrams are completed at least quarterly, and new residents get safety training at intake.
- Clients are given house rules, policies and procedures including grievance protocols, and signify their receipt and understanding via signature and date.

- Resident curfew is 9:00pm 7 days a week. Exceptions for work, Agent Approved leave, and confirmed emergencies.
- State, County, and City approved COVID protocols.
- Compliant with State and County Incident Reporting Protocols.
- All HH staff are Food Handler Certified, CPR/First Aid Certified, Opioid Overdose Responder Trained, Chain-of-Custody trained, Sexual Harassment and PREA
- Professional 24hr. on-call maintenance vendor
- Pest Control policies.
- HH operates an open door policy to all government employees in their official capacity

## Management



With seven (7) full time staff, HH maintains 1:7 ratio of staff to residents. (when all 46 beds are occupied).

## **Resident Flow**

Upon arrival, participants undergo an intake process which includes, but not necessarily limited to: application completion, rights and responsibilities, procedures and expectations explained, location of posted rules, grievance procedure, meal menu plan, emergency protocols, and transportation schedule.

Upon agreement of HH rules and regulations, clients will work with their Case Manager to create realistic goals that attend to their needs and wants. HH will assist residents in meeting individual milestones utilizing our Milestone Check-Off Form. Case Manager will ensure that all milestone plans incorporate each residents' critical appointments (Medical, Parole, Probation, Legal, etc.).

Residents with a completed milestone plan will then work with HH staff in scheduling transportation via the HH Van, public transportation, and other available resources.

Should a new resident be assessed as such, HH staff will provide direct support to those individuals requiring assistance in navigating various agency systems to obtain services. Individual length of stay will be determined by individual need. At the completion of the intake process, residents will receive a tour of the facility and will be assigned a bed. The following items will be distributed to each new resident upon admission: bedding linens, towels, hygiene kits, clothes if needed, laundry supplies, and paper products (toilet paper, paper towels, and tissues). Residents will also be assigned a locker to place and secure personal items. Medication prescribed by a licensed medical professional is to be stored in the secured individual lockers located in the entry of each building. Once settled, the new resident will have an opportunity to eat if hungry.

At the completion of admission process, new residents begin their journey of goal-attainment with the added benefit of having a comprehensive supportive environment to call home while they navigate their futures in our shared community. .

## **Reporting**

HH has been meeting both State/County reporting and tracking requirements for many years. Our tracking and reporting systems are well established. HH is confident that any reporting and tracking needs necessary for HHAPP funding can be accommodated and sustained.

## **OUTCOMES:**

Programmatic success will be based on housing stability achieved by people experiencing homelessness or at risk of homelessness. We utilize an approach that effectively balances supportive services with long-term housing strategies, and will be measured and tracked through the following goals, initiatives, and milestones:

85-90% of participants will obtain all vital documents such as ID, Social Security Card, Birth Certificate, within the first 45 days of enrollment while utilizing the transportation resources to navigate these milestones.

98% of participants utilize Case Management for Individualized case management services that assess the needs of each person and connect them with appropriate resources, including healthcare, mental health services, substance abuse treatment, employment assistance, and education.

90% of participants will participate in offered Healthcare and Medical Navigational Services. This includes access to physical, dental and mental healthcare, including medical check-ups, vaccinations, mental health evaluations, substance abuse treatment, and medication management.

80% of participants who enter without any income will establish income from employment and or public assistance for which they are eligible within six months of enrollment

85% of tenants who have past due rent, or who have been formally notified regarding any other lease violation, will be offered supportive services in rental assistance assessed

50% of formerly homeless tenants will participate in one or more organized educational, behavioral skill-building activities each month (coping skills, life skills, counseling, etc.) and 75% will participate in this kind of activity over the year.

85% of crises that could result in eviction will be resolved without the utilization of involuntary services or loss of housing for tenants.

20% of tenants will qualify for and receive an (IHSS) In Home Supportive Service Worker assigned to assist them with daily living needs to maintain stable housing.

Our goal is for all tenants to remain permanently housed. However, some tenants will choose to leave the project for their own reasons.

60% of formerly homeless tenants who leave this housing will move to a stable housing situation (such as unsubsidized housing, other supportive housing, move into a higher level of care such as board and care, assisted living, skilled nursing facilities, or living with family/friends), or be placed in inpatient treatment facilities where their special needs can be better addressed.

### **In Closing**

HH has a long, successful history of combating homelessness in San Bernardino County. We look forward to being effective contributors to San Bernardino's Coc Local Homelessness Action Plan goals.

**NOTE:** HH is in the final stages of bringing another GP house on line. Expected

opening date 3 08/15/202.

**ATTACHMENT D**

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

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

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

Sierra Voss-Sandert

Authorized Representative (Print)

Sierra Voss-Sandert  
Signature

5/16/23  
Date

**HHAPP Budget Proposal**

Case Manager (2)	\$50,000	33% of two (2) allocated Case Managers
House Manger	\$35,000	1 FTE House Manger
Facility	\$205,000	Furnishings, upgrades, for four (4) facilities to increase capacity. Facilities used for immediate housing, basic needs, assessments, placement, etc.
Placement Subsidies	\$68,400	First, Last, Deposit, etc. (approx.. \$1900mo for 36 mo)
Maint./Repair	\$6,750	Ongoing repairs, maintenance for homes and van maint./upkeep
Utilities	\$20,000	Utilities increase due to increased capacity
Insurance	\$12,000	Liability & Agency Van
Food and Supplies	\$17,000	Supplies directly for participants (food, clothing, ID fees, Birth Cert. fees, Application fees, etc)
Transportation	\$18,000	Agency Van fuel, Bus Passes, Uber'Lift/Taxi as needed
Hotel Vouchers	\$4500	For emergency housing as needed
<b>Subtotal</b>	<b>\$435,050</b>	
Indirect Cost@ 13%	\$56,557	Admin Costs (Payroll, IT, HR, etc.)
<b>TOTAL</b>	<b>\$490,607</b>	



**ATTACHMENT H – EXCEPTIONS TO RFA**

APPLICANT NAME N/A NO EXCEPTIONS

ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

I have reviewed the RFA in its entirety and have the following exceptions: (Please identify and list your exceptions by indicating RFA, the Section or Paragraph number, and Page number, as applicable. Be specific about your objections to content, language, or omissions. Add as many pages as required.)

**ATTACHMENT I – PUBLIC RECORDS ACT EXEMPTIONS**

APPLICANT NAME NOT APPLICABLE

ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

Applicant requests that specific portions of the contents of this Application be held confidential and not subject to public disclosure pursuant to the Public Records Act. The specific portions are detailed below: (Please identify and list your exemptions by indicating the Section or Paragraph number, and Page number, of the Application where the content is contained.) **Each stated exemption must include a citation to supporting legal authority, including statutory authority or case law, to support exemption from the Public Records Act. Requested exemptions that does not meet the requirements of this section will not be considered.**

**ATTACHMENT J - INDEMNIFICATION AND INSURANCE REQUIREMENTS AFFIDAVIT**

THE APPLICANT'S INSURANCE COMPANY(S) OR INSURANCE AGENT MUST COMPLETE THIS FORM  
AND  
THE APPLICANT MUST SUBMIT THIS COMPLETED AFFIDAVIT WITH THE APPLICATION.

I, the undersigned (Please check one box)  underwriter  agent/broker, certify that I and the Applicant listed below have jointly reviewed the "Insurance Requirements" in this Request for Application (RFA). If the County of San Bernardino ("County") awards the Applicant the Contract for this project, I will be able—within fourteen (14) calendar days after the Applicant is notified of the Contract's award—to furnish the County with all the required, insurance certificate(s) and endorsement(s) as specified in Section X, Paragraph B. Indemnification and Insurance Requirements.

<u>Empire Company Insurance</u>		<u>5/15/23</u>	
Insurance Broker / Agency Name		Date	
<u>Marie Ramos</u>		<u>Marie Ramos</u>	
Insurance Broker's / Agent's Name (Printed)		Insurance Broker's / Agent's Name (signature)	
<u>9050 Archibald Ave</u>	<u>Rancho Cucamonga</u>	<u>CA</u>	<u>91730</u>
Address	City	State	Zip Code
<u>909-476-0600</u>	<u>909-476-0601</u>	<u>mramos@empire-co.com</u>	
Telephone Number	FAX Number	Email Address	

<u>Hope Homes LLC</u>	
Applicant's Name	County RFA Name and Number

**Below State the Name of Insurance Company Providing Coverage:**  
DO NOT write "Will Provide," "To Be Determined," "When required," or similar phrases.

<u>United States Liability Insurance Co.</u>	
Commercial General Liability	Automobile Liability
<u>State Compensation Insurance Fund</u>	<u>United States Liability Insurance Co.</u>
Workers' Compensation Liability	Professional Liability
<u>National Specialty Insurance Co.</u>	
Cyber Liability	Pollution Liability
<u>United States Liability Ins Co</u>	
Sexual Abuse Liability	

[NOTE TO APPLICANT: See Section X, Paragraph B. Indemnification and Insurance Requirements, for details on the basic requirements and types of insurance for this agreement.]

NOTE TO THE UNDERWRITER / AGENT-BROKER: If the insurance forms that the Applicant submits to the County do not fully comply with the Insurance Requirements, and/or if the Applicant fails to submit the forms within the 14-day time limit, the County may: (1) declare the Applicant's Application non-responsive, and (2) award the Contract to the next highest ranked Applicant.  
If you have any questions about the Insurance Requirements, please contact Mr. Rafael Viteri, County of San Bernardino - Risk Management Department, at (909) 386-8730 or via e-mail [rviteri@rm.sbcounty.gov](mailto:rviteri@rm.sbcounty.gov) (Please provide name of RFA with your email question(s)).

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**ATTACHMENT K**  
**HHAP-3 PROJECT APPLICATION**

**Purpose**

The California Homeless Housing, Assistance and Prevention Program, Round 3 (HHAP-3) is a \$1 billion dollar block grant program designed to provide Continuums of Care, counties, large cities, and federally recognized tribes with grant funds to support regional coordination and to expand or develop local capacity to address immediate homelessness challenges throughout the state.

**Program Overview**

HHAP Round 3 funding is designed to build on regional coordination developed through previous rounds of HHAP grant funding, as well as the Homeless Emergency Aid Program (HEAP) and COVID-19 funding administered by Cal ICH. HHAP Round 3 funds should be used to continue to build regional coordination and a unified regional response to reduce and end homelessness informed by a best-practices framework focused on moving homeless individuals and families into permanent housing and supporting the efforts of those individuals and families to maintain their permanent housing.

On January 25, 2023, the SBC CoC Interagency Council on Homelessness (ICH) authorized the San Bernardino County Office of Homeless Services (OHS) to release a Request for Applications (RFA) for the SBC CoC to fund \$2,902,994.85 in HHAP-3 eligible activities throughout San Bernardino County to be distributed as follows:

- a. **\$1,417,232.87** - Central Valley Region which encompasses the cities of Colton, Fontana, Grand Terrace, Highland, Loma Linda, Redlands, Rialto, San Bernardino, Yucaipa, and the surrounding unincorporated communities.
- b. **\$518,169** - Desert Region which encompasses the cities of Adelanto, Apple Valley, Barstow, Hesperia, Victorville, and the surrounding unincorporated communities.
- c. **\$162,725** - East Valley Region which encompasses the cities of Needles, Twentynine Palms, Yucca Valley, and the surrounding unincorporated communities.
- d. **\$141,817** - Mountain Region which encompasses the City of Big Bear Lake and the unincorporated San Bernardino mountain communities which include Big Bear, Blue Jay, Cedar Glen, Cedarpines Park, Crestline, Forest Falls, Green Valley Lake, Lake Arrowhead, Rimforest, Running Springs, Skyforest, Sugarloaf, and Twin Peaks.
- e. **\$350,901** - West Valley Region which encompasses the cities of Chino, Chino Hills, Montclair, Ontario, Rancho Cucamonga, Upland, and the surrounding unincorporated communities.
- f. **\$312,149.98** for countywide services to unaccompanied homeless youth populations

All project proposals will be evaluated for compliance with eligible uses of HHAP-3 funds as identified in Section V.B.1 of this RFA and the core components of Housing First as defined in state Welfare and Institutions Code 8255(b).

In addition, project proposals for CoC HHAP-3 funds must align with one or more of the Strategies to Achieve Outcome Goals identified above in Section V.A. and outlined in Table 5 (attached as Exhibit B) of the CoC Local Homelessness Action Plan and identify how many units, beds and/or households served the project will contribute to achieving the following results:

1. At least 300 new units of permanent supportive and/or service-enriched housing will be occupied by June 2024.
2. At least 300 additional households will exit homelessness and achieve permanent housing stability through rapid rehousing activities by June 2024.
3. At least 200 additional shelter/interim housing beds will be occupied by January 2024.
4. At least 500 households living housing insecure and/or at-risk of homelessness will be prevented from becoming homeless through systemwide diversion and prevention strategies.
5. At least 500 households at imminent risk of homelessness will be prevented from becoming homeless through eviction prevention strategies.
6. At least 100 high utilizers of safety net services and experiencing chronic homelessness will achieve permanent housing stability by January 2024.

(Please note that individual project proposals are expected to *contribute to* the identified strategic outcome goals and not achieve the identified outcome goals through a single project.)

**Instructions**

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

<b>A. Applicant Information</b>	
1.	Name of Applicant: <b>Hope Homes, LLC</b>
2.	Applicant's Legal Name: <b>Hope Homes, LLC</b>
3.	Address: <b>18985 Cajon Blvd.</b> City: <b>San Bernardino</b> State: <b>CA</b> Zip: <b>92407</b>
4.	Mailing Address (if different than above): City: State: Zip:
5.	Contact Person: <b>Sierra Sanchez</b>
6.	Title: <b>Program Director</b>
7.	Contact Phone: <b>(909) 864-0644</b>
8.	Contact Email: <b>sierra@hopehomes.us</b>

<b>B. Applicant Statement of Experience and Qualifications</b>	
1.	<b>See Page 4 Hope Homes [Limited Liability Corporation]</b>
2.	Number of years the Applicant has been in business under the present business name, as well as related prior business names. <b>Hope Homes has been operating since 2005</b>
3.	Do you have any commitments or potential commitments that may impact your ability to perform the Contract if awarded?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b>XX No</b>  If yes, explain.

<b>C. Regions/Strategies to Achieve Outcome Goals (must submit a separate Application for each region)</b>	
1.	<b>Regional or Countywide Youth Serving Project</b> Indicate the SBC CoC Region in which the proposed project service activities will be provided:  <input checked="" type="checkbox"/> <b>XX Central Valley Region</b> <input type="checkbox"/>

<b>2. Strategies to Achieve Outcome Goals</b>
<p>Indicate which of the strategies to achieve outcome goals the proposed project service activities are designed to help meet (select as many as applicable for this project).</p> <p>Applicants for the Central Valley, Desert, East Valley, and West Valley Regions may select from the following strategies:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> At least 300 new units of permanent supportive and/or service-enriched housing will be occupied by June 2024.</li> <li><input checked="" type="checkbox"/> At least 300 additional households will exit homelessness and achieve permanent housing stability through rapid rehousing activities</li> <li><input checked="" type="checkbox"/> At least 200 additional shelter/interim housing beds will be occupied by January 2024.</li> <li><input checked="" type="checkbox"/> At least 500 households living housing insecure and/or at-risk of homelessness will be prevented from becoming homeless through systemwide diversion and prevention strategies.</li> <li><input checked="" type="checkbox"/> At least 500 households at imminent risk of homelessness will be prevented from becoming homeless through eviction prevention strategies.</li> <li><input type="checkbox"/> At least 100 high utilizers of safety net services and experiencing chronic homelessness will achieve permanent housing stability by January 2024.</li> </ul> <p>Applicants for the Mountain Region may select from the following strategies:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> At least 300 additional households will exit homelessness and achieve permanent housing stability through rapid rehousing activities</li> <li><input type="checkbox"/> At least 200 additional shelter/interim housing beds will be occupied by January 2024.</li> <li><input type="checkbox"/> At least 500 households at imminent risk of homelessness will be prevented from becoming homeless through eviction prevention strategies.</li> </ul> <p>Complete the "Project Description" section, explaining in detail how the services for the proposed project, including number of units, beds and/or households served, will contribute to achieving the strategic outcome goals selected.</p>

<b>D. Project Description</b>
<p>Project Name: Hope Homes Rapid Housing Program</p> <p>In this section provide a concise description of the proposed project, its purpose, and its beneficiaries. Provide details for each category(ies) selected above. Consider items addressed under Section V. Scope of Work in your project description. <b>*See pages 22-24 for full description: This project will attend and contribute to the first 5 goals listed above for Central Valley Region.</b></p>

<b>E. Work Plan and Schedule/Project Readiness</b>
<p>Provide a summary of the work plan for this project and the project schedule. <b>*See Pages 25-34 for full description.</b></p>

<b>F. Long Term Results</b>
<p>Specify the long-term results and how they will be produced through implementation of the project. <b>Hope Homes has been combating homelessness since 2005. Through the HHAPP funding and initiative capacity and system building will occur, allowing for greater numbers being served long term</b></p>

**G. Project Sustainability**

Explain how will the project be sustained after this one-time funding is exhausted. If project is not sustainable after these one-time funds are exhausted, explain how these one-time funds result in immediate homelessness resolution without the need for long-term funding. **This funding will contribute to capacity and system building, which will result in the ability of Hope Homes to serve greater numbers of participants after the funding expires.**

**H. Collaboration**

Provide the names of the service providers and/or municipalities with which there will be collaboration. Include details of the collaboration efforts; such as, what role(s) does each partner have in implementing the proposed project? **Hope Homes is not reliant on partners for this endeavor with the exception of utilizing community partners for referral in order to serve the most vulnerable of the homeless population in the County.**

**I. California's Housing First Policy**

Check box to indicate the proposed project will conform with California's Housing First Policy.

**J. Coordinated Entry System (CES)**

HHAP-3 funded projects are to be integrated within the local CES. Describe the project's prioritization criteria. **Hope Home will operate a "triage" system based on the evidence-based model Risk-needs-Responsivity, assuring that resources are expended on the most vulnerable of the population**

**K. Homeless Management Information System (HMIS)**

All project participating with CES will need to apply to participate with the local HMIS.

Currently participate in HMIS?     Agrees to participate in HMIS?

**L. Measurable Outcomes**

What will be the indicators that the proposed project is successful at resolving homelessness? How will these be measured? Please include the projected number of unduplicated homeless clients/persons to be served during the program administration. If you are proposing a housing related project, provide the projected retention rate. **Please see pages 44-45 for full list of outcomes**

**M. Administrative Capacity**

Describe your agency's/organization's administrative capacity that will allow effective implementation of the proposed project and capacity to submit timely documentation and reports. **See page 32 for Org-Chart Hope Homes LLC has been operating in this field and capacity since 2005 with exponential growth each year. Hope Homes is administratively positioned to fulfill this proposed endeavor.**