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March 31, 2022

ADDENDUM FOUR TO THE REQUEST FOR STATEMENT OF INTEREST #CFCI-CEO-2021-04 FOR IDENTIFICATION OF NONPROFIT OR FOR-PROFIT ENTITIES TO APPLY JOINTLY WITH THE COUNTY OF LOS ANGELES FOR HOMEKEY ROUND 2 NOTICE OF FUNDING AVAILABILITY

SOLICITATION NUMBER: RSFI # CFCI-CEO-2021-04

This is Addendum Four to the Request For Statement Of Interest (RFSI) #CFCI-CEO-2021-04 for Identification of Nonprofit or For-Profit Entities to Apply Jointly with the County of Los Angeles (County) for Homekey Round 2 Notice Of Funding Availability (NOFA), which was released on October 20, 2021.

The purpose of this Addendum Four to the RFSI is to provide qualified nonprofit or forprofit entities (Respondents) an opportunity to submit a Statement of Interest to rehabilitate, take ownership of, and operate properties acquired by the County through **Homekey Round 1** or to rehabilitate, take ownership of, operate, and provide supportive services for properties acquired by the County through **Homekey Round 1**. As a part of Homekey Round 1, the County was awarded funding by the California Department of Housing and Community Development (HCD) to acquire, develop, and operate ten properties that were previously used as motels. These properties are currently being used for interim housing, but it is the County's intention to convert them to Permanent Supportive Housing (PSH). The County is now seeking qualified entities to complete the rehabilitation needed to convert to PSH and then own and operate the site(s) as PSH.

To ensure a complete submission is considered, all respondents must submit complete answers to the questions in **Attachment I to this Addendum Four**, including those Respondents that have previously submitted a response to Homekey Round 2 RFSI, even if the responses to the questions in Attachment 1 of Addendum 4 are duplicative of what was previously submitted.

The Respondent must clearly demonstrate the following experience requirements:

- i. Development, ownership, or operation of a project similar in scope and size to the proposed project; or development, ownership, or operation of at least two affordable rental housing projects in the last ten (10) years, with at least one of those projects containing at least one unit housing a tenant who qualifies as a member of the Target Population.
- ii. The proposed property manager shall have three (3) or more years of experience serving persons of the Target Population. If a property manager is not yet selected for the proposed project, the Respondent shall certify that this requirement will be reflected in any future solicitation or memorandum of understanding.

If the Respondent is seeking to rehabilitate and provide both property management *and supportive services* for a **Homekey Round 1 Permanent Supportive Housing Project**, the Respondent shall demonstrate minimum experience requirements with i and ii, above, and iii and iv below;

- iii. The proposed supportive service provider shall have three or more years of experience serving persons of the Target Population. If a supportive service provider is not yet selected for the proposed project, the Eligible Applicant shall certify that this requirement will be reflected in any future solicitation or memorandum of understanding.
- iv. Demonstrated experience administering a Housing First program that includes principles of harm reduction and low barriers to entry.

County Capital and Operating Subsidy: The County intends to commit operating funding to these PSH projects, in the form of Project Based Vouchers or some equivalent subsidy. The County may have funding available for rehabilitation of these properties, but encourages respondents to indicate if they can provide alternative sources of funding for the needed rehabilitation.

The County may support these projects with funding from its allocation of funds from the Coronavirus State and Local Fiscal Recovery Fund established by the federal American Rescue Plan (ARP) Act of 2021. All ARP Act funds awarded for use as capital and operating funds must be fully expended by the recipient no later than June 30, 2026.

The County is utilizing its allocation of ARP Act funds to assist in its efforts to provide economic recovery and resilience to the communities most impacted by the COVID-19 pandemic. Additional services may be requested of the selected Proposer(s) on an ongoing basis at the discretion of the County.

Respondents who receive funding from the County will be responsible for compliance with the applicable State or Federal requirements, including but not limited to Section 3 of the U.S. Housing Act of 1968, as amended, and prevailing wage requirements and may be subject to National Environmental Policy Act (NEPA).

Equity Lens: The HCD has included in both its Homekey Program Round 1 and Homekey 2 NOFAs an emphasis on addressing racial disparities within the homeless

population and system, and is requiring that applicants for Homekey Program funding examine disproportionate impacts in their own communities and to develop strategies to address these impacts. In addition, the County's Board of Supervisors (Board) has directed County Departments utilizing County's ARP funds to target the distribution of these resources to communities, especially communities of color, most impacted by the COVID-19 pandemic and most affected by poverty.

The County will work closely with Respondents selected through the RFSI process and County ARP funds will be distributed to Respondents to meet the State, Federal and County equity requirements.

Respondents must certify their intent work with the County on addressing the County's equity lens criteria and the State's racial equity analysis requirement in **Attachment II**.

Except for changes set forth hereinabove, the RFSI shall not be otherwise changed in any respect by this Addendum Four.

Deadline to submit response to <u>HIAdmin@ceo.lacounty.gov</u> by: April 29, 2022, 5PM. Please send questions to <u>HIAdmin@ceol.lacounty.gov</u> by April 15, 2022, 5PM. Responses to questions received by the deadline will be posted in the Homeless Initiative website by April 20, 2022 at 5PM.

STATEMENT OF INTEREST RESPONSE TO REQUESTED INFORMATION

1.0 INSTRUCTIONS

Provide your organization's complete responses in the following text entry fields below.

2.0 RESPONDENT CONTACT

Respondent shall identify a primary point of contact as part of its Response as follows:

Organization Name:	Click or tap here to enter text.			
Headquarters Address:	Click or tap here to enter text.			
	Click or tap here to enter text.			
Organization Website:	Click or tap here to enter text.			
Principal Point of Contact:				
Name:	Click or tap here to enter text.			
Title:	Click or tap here to enter text.			
Mailing Address:	Click or tap here to enter text.			
-	Click or tap here to enter text.			
Email Address:	Click or tap here to enter text.			
Phone Number:	Click or tap here to enter text.			

My organization is responding in the following categories (select all that apply): \Box **Permanent Supportive Housing Project**

□A. Rehabilitation, Ownership, and Property Management of Sites

- □B. Rehabilitation, Ownership and Property Management of Sites; Provision of Supportive Services at Sites
 - \Box As a single entity
 - □As a joint venture or consortium (must be structured as a single Prime Contractor and subcontractors).

Please indicate below which property or properties you are proposing to rehabilitate/own/operate/provide supportive services for, and mark with A or B, based on which type of proposal you are submitting for each selected property.

Property	Units	Type of Proposal (A or B)
Homekey Baldwin Park		
14510 Garvey Avenue	75	
Baldwin Park, 91706		
Homekey Hacienda Heights		
1172 South 7th Avenue	156	
Hacienda Heights, 91745		
Homekey Harbor City		
820 West Sepulveda Boulevard	57	
Harbor City, 90710		
Homekey Long Beach		
5665 East 7th Street	43	
Long Beach, 90804		
Homekey Norwalk		
10646 East Rosecrans Avenue	56	
Norwalk, 90650		
Homekey Whittier		
8221 South Pioneer Boulevard	99	
Whittier, 90606		
Homekey Compton East		
1116 South Long Beach Boulevard	41	
Compton, 90221		
Homekey Long Beach West		
1133 Atlantic Avenue	135	
Long Beach, 90813		
Homekey Commerce*		
7701 East Slauson Avenue	81	
Commerce, 90040		

*Homekey Commerce has already been converted to PSH and requires only minimal rehabilitation. It is currently operating as PSH.

To receive available due diligence information about any of the above properties, please contact Elizabeth Ben-Ishai at eben-ishai@ceo.lacounty.gov and specify the properties for which you are requesting information.

3.0 **RESPONSE QUESTIONS**

3.1 Minimum Requirements

Provide a narrative that demonstrates the following minimum requirements for one or more Permanent Supportive Housing projects .

Homekey Round 1 Permanent Supportive Housing Projects

The County is accepting Responses for Homekey Round 1 Permanent Supportive Housing Projects that provide the following options:

A. Rehabilitation, Ownership, and Property Management of Sites

If the Respondent is seeking to rehabilitate, own, and provide property management of, a **Homekey Round 1 Permanent Supportive Housing Project**, the Respondent shall demonstrate the following minimum experience requirements i and ii:

- i. Development, ownership, or operation of a project similar in scope and size to the proposed project; or development, ownership, or operation of at least two affordable rental housing projects in the last ten (10) years, with at least one of those projects containing at least one unit housing a tenant who qualifies as a member of the Target Population.
- ii. The proposed property manager shall have three (3) or more years of experience serving persons of the Target Population. If a property manager is not yet selected for the proposed project, the Respondent shall certify that this requirement will be reflected in any future solicitation or memorandum of understanding.

B. Rehabilitation, Ownership, and Property Management of Sites; Provision of Supportive Services at Sites

If the Respondent is seeking to rehabilitate and provide both property management *and supportive services* for a **Homekey Round 1 Permanent Supportive Housing Project**, the Respondent shall demonstrate minimum experience requirements with i and ii, above, and iii and iv below;

- iii. The proposed supportive service provider shall have three or more years of experience serving persons of the Target Population. If a supportive service provider is not yet selected for the proposed project, the Eligible Applicant shall certify that this requirement will be reflected in any future solicitation or memorandum of understanding.
- iv. Demonstrated experience administering a Housing First program that includes principles of harm reduction and low barriers to entry.

Business Status Review

Verification of the Respondent's business status will be conducted by checking with all applicable databases which may include, but not be limited to, databases available with the California Secretary of State – Business Programs, Los Angeles County Debarment List, State's Suspended and Ineligible Provider List for Medi-Cal, Federal Debarment List (Office of Inspector General (OIG), Federal Excluded Parties List System (EPLS), and if applicable, a review of the Auditor Controller's Intranet website and the Contractor Alert Reporting Database reflecting past performance history on County contracts. CEO will contact Respondent in the event additional information is needed. Any Respondent appearing in one or more databases may be rejected in CEO's sole discretion.

Good Standing Certification – State of California

Please submit evidence that Respondent is in good standing with the State of California as indicated by a copy of State certification. Certification can be submitted with as an additional document for Attachment II. If no certification is available, please explain.

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Narrative:
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Click or tap here to enter text.

Responding as a Joint Venture

If responding as a joint venture or consortium, list organization names and attach letters of intent from each organization who will be a subcontractor to the Prime. Each letter of intent shall include identification of the services that the subcontractor will provide.

Narrative:

Click or tap here to enter text.

County Contract Review

If Respondent's compliance with a County contract has been reviewed by the Los Angeles County Department of the Auditor-Controller within the last 10 years, Respondent must not have unresolved questioned costs identified by the Auditor-Controller in an amount over \$100,000 that are confirmed to be disallowed costs by the contracting County department, and remain unpaid for six months or more from the date of disallowance unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs in the opinion of the County.

- □Yes, I have been audited within the last 10 years by the Los Angeles County Department of the Auditor-Controller and do <u>not</u> have over \$100,000 in disallowed costs.
- □Yes, I have been audited within the last 10 years by the Los Angeles County Department of the Auditor-Controller and <u>have</u> over \$100,000 in disallowed cost.
- □ Not applicable.

3.2 Background and Experience

A. Provide a narrative on Respondent's background and experience developing permanent housing.

The narrative response must also contain a Project List that identifies projects similar in scope and size to the proposed Project(s) demonstrating that the Respondent has had experience in developing, owning, or operating. Provide the following information with each projected listed:

- Name/Type of Project (Permanent Supportive Housing, Affordable, etc.)
- Location of Project (City and County)
- Start and Completion Date of Project
- Government Entity and Contract Amount (if applicable)
- Funding Source(s) and Amount(s) for project listed
- Population Served/Supportive Services provided at the Project

An ideal candidate will have three additional projects (development, ownership, or operation of affordable rental housing in the last ten years) serving at least one member of the Target Population.

Ensure the response includes information about the population served at these projects. Please include key performance indicators that demonstrate the success of the program in serving the target population. Respondents may submit a Project List as narrative in the text box below or submit an additional document supporting Attachment II.

Narrative:

Click or tap here to enter text.

3.3 Approach and Methodology

- A. Plan for rehabilitation and property management of sites for Homekey Round 1 Permanent Supportive Housing sites:
 - i. Provide a narrative that includes:
 - a. An overview of the development plan and timeline for any required entitlements, permits, and environmental clearances. Respondent shall demonstrate evidence of strong organizational and financial capacity to develop the project.
 - b. If the Respondent is submitting a Response that includes supportive services for sites, the Respondent should indicate whether Respondent will be the supportive services provider or intends to use a preferred supportive services provider. If the preferred service provider is known, please provide basic information about the service provider and the nature of its involvement in the proposed project. Please note that contracts for supportive service providers will be administered through the Department of Health Services Housing for Health Program.

Narrative:

Click or tap here to enter text.

B. Describe your organization's proposed organization chart and staffing plan including the duties of key employees that will be assigned to the Project. Attach a copy of the resumes for each of the proposed staff, if available, or provide a title and role description of each employee assigned to the Project.

Narrative:

Click or tap here to enter text.

3.4 Funding Sources and Proposed Administrative Fee

A. Available Funding Sources

Indicate if your organization can secure other Funding Source(s) that can support the rehabilitation of the property or properties. If your organization is able to secure other funding sources for the Project proposed, please specify the source, amount being proposed, and timeframe the funding is available. Select n/a if you are not proposing to rehabilitate the property and no funding is needed for rehabilitation.

□ County Funding Only

- □ Other Funding Sources Available
- □ N/A

Narrative:

Click or tap here to enter text.

Click or tap here to enter text.

B. <u>Administrative Fees</u>

Propose the Administrative Fee for each funding source your organization provided in Section A (Available Funding Sources). The proposed Administrative Fee shall be for providing all services for proposed projects.

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Narrative:
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Click or tap here to enter text.

3.5 Financial Capability

Attach copies of the organizations' most current and prior (2) years of financial statements (e.g. 2018, 2019 and 2020). Statements should include the company's assets, liabilities, and net worth. At a minimum, include the Balance Sheet (Statement of Financial Positions), Income Statement

(Statement of Operations), and the Retained Earnings Statement. If audited statements are available, these should be submitted to meet this requirement. Do not submit Income Tax Returns to meet this requirement. Financial statements will be kept confidential if so stamped on each page.

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LOS ANGELES COUNTY HOMEKEY ROUND 2 CO-APPLICANT CERTIFICATION

Co-Applicant Name

Address

GENERAL CERTIFICATION

In accordance with Section 4.32.010 of the Code of the County of Los Angeles, the Co-Applicant certifies and agrees that all persons employed by such firm, its affiliates, subsidiaries, or holding companies are and will be treated equally firm without regard to or because of race, religion, ancestry, national origin, or sex and in compliance with all anti-discrimination laws of the United States of America and the State of California.

CO-APPLICANT SPECIFIC CERTIFICATIONS

1.	Upon receiving County American Rescue Plan (ARP) Act funds, The Co-Applicant will comply with all requirements set forth in the ARP Act and comply with all Federal, State, and Local requirements.	Yes 🗆	No 🗆
2.	Upon receiving County American Rescue Plan (ARP) Act funds, the Co-Applicant will work with the County as a co-applicant in responding to the State Homekey Notice of funding Availability (NOFA), including but not limited to, addressing the County's equity lens criteria and the State's racial equity analysis	Yes 🗆	No 🗆

I have authority to bind the Co-Applicant, and have reviewed the requirements above and further certify that I will comply with said requirements.

Authorized Official's Printed Name and Title

Authorized Official's Signature

requirement.

Date