

COUNTY OF DEL NORTE

Department of Health and Human Services
880 Northcrest Drive
Crescent City, CA 95531

REQUEST FOR PROPOSALS

Master Lease Agreement for Hotel Rooms Serving Behavioral Health Bridge Housing Participants



Notice is Given - The County of Del Norte Department of Health and Human Services – Behavioral Health Branch is soliciting proposals from qualified hotel operators to enter into a **Master Lease Agreement** for hotel or motel rooms to be used as **transitional housing** for individuals participating in the **Behavioral Health Bridge Housing Program**.

Date of RFP Issue – February 12, 2026

Proposals Submission Deadline February 26, 2026

Mail your Proposal to:

Attn: Shiann Hogan, Deputy Director
Del Norte County Department of Health and Human Services
Behavioral Health Branch
455 K St
Crescent City CA 95531
(707) 464-7224, Ext. 2853

OR

Submit your Proposal via Email to: shogan@co.del-norte.ca.us

INTRODUCTION AND PURPOSE

The County of Del Norte Department of Health and Human Services, Behavioral Health Branch(DHHS BHB) is requesting proposals from qualified hotel or motel operators to enter into a Master Lease Agreement for the purpose of providing transitional housing to individuals experiencing homelessness or housing instability in Del Norte County.

Access to safe, stable, and supportive short-term housing is a critical component in helping individuals stabilize their lives, engage in behavioral health services, and transition toward permanent housing solutions. In many rural communities, including Del Norte County, the need for flexible housing options is especially urgent given the limited housing stock and increasing demand for supportive services.

Through this initiative, the County aims to partner with one or more hotel or motel providers to secure dedicated rooms under a master lease agreement. These rooms will be used to temporarily house eligible participants enrolled in county-supported programs, particularly those addressing mental health, substance use disorders, and other behavioral health challenges.

The selected hotel provider(s) will work in collaboration with County staff to ensure the space remains safe, clean, and habitable while program participants receive case management and supportive services from County and community-based providers. The intent of this RFP is to expand access to transitional housing by leveraging existing hotel infrastructure in a cost-effective and collaborative way.

MINIMUM REQUIREMENTS

The County of Del Norte is seeking proposals from qualified hotel or motel operators to provide transitional housing through a Master Lease Agreement. Respondents must meet the following minimum qualifications:

- Property must be located in Del Norte County
- Rooms must meet HUD Habitability Standards or ESG/CoC standards
- Hotel/motel must be willing to lease units under a **non-tenant rights** model
- Operator must not accept direct payment from participants
- Must agree to collaborate with county case managers and service providers

SCOPE OF WORK

The selected hotel operator will be required to:

- 1. Lease Agreement:** Enter into a master lease agreement for a minimum of 12 months, with the possibility of renewal based on performance and need.
- 2. Transitional Housing Services:** The facility should offer a minimum of one (1) and up to a maximum of four (4) hotel rooms for transitional housing purposes. County of Del Norte may enter into multiple Master Lease Agreements with different hotel operators to meet the total need

of up to four rooms.

3. Support Services: The hotel operator is not expected to provide behavioral health services directly but must be willing to collaborate with County of Del Norte staff and service providers who support access to case management, job training, mental health services, substance use treatment, and other behavioral health or housing-related support as needed by program participants.

4. Maintenance and Operations: Maintain the property in good condition, ensuring compliance with all health and safety regulations. Address any necessary repairs promptly.

5. Reporting: Provide regular reports on occupancy, maintenance issues, and any other relevant data as required by the County of Del Norte.

PROPOSAL PROCESS

The Master Lease Agreement for hotel/motel rooms under the Behavioral Health Bridge Housing (BHBH) Program will be awarded through a competitive proposal process. All proposals received will be reviewed by the County of Del Norte Department of Health and Human Services Behavioral Health Branch (DHHS BHB). A recommendation for award may be submitted to the County of Del Norte Board of Supervisors for final approval, if required.

The County reserves the right to request clarification of information submitted, to request additional information from any proposer, and to negotiate terms after the selection process. All proposals become the property of the County of Del Norte upon submission.

The County further reserves the right to:

- Accept or reject any or all proposals
- Waive minor informalities or irregularities in the proposal process
- Modify the scope of work following the proposal review without reissuing the RFP
- Select the proposal that best serves the interest of the County and program participants

Final selection does not guarantee a contract award. Any agreement resulting from this RFP will be contingent on the successful negotiation of terms and conditions acceptable to the County.

None of the materials submitted will be returned to the respondent unless they are not submitted within the timelines of the RFP.

PROPOSAL SUBMISSION REQUIREMENTS

Proposal submissions must thoroughly address the requirements outlined in the Request for Proposals (RFP), specifically the Scope of Work, and include comprehensive documentation to verify qualifications and experience. Submissions should adhere to the following criteria:

Company Overview

- Brief background of your business, years in operation, and experience with transitional housing or social service collaborations

Facility Information

- Address and description of property
- Number of total rooms and number available for lease
- Room amenities (furnishings, kitchenettes, access to laundry, etc.)
- Photos of representative rooms (optional)

Cost Proposal

- Nightly, weekly or monthly rate per room
- Utilities and services included in price
- Any additional fees or terms

Support Coordination

- Willingness to communicate with DHHS BHBH staff
- Plan for addressing client-related incidents or damage

Licensing and Insurance

- Valid business license
- Proof of insurance and ability to meet County's insurance requirements

EVALUATION OF PROPOSALS

A panel will review all proposals submitted in response to this RFP and will rank them based on the evaluation criteria outlined below. Following the initial review, the highest-ranked respondent(s) may be invited to meet with the evaluation panel at a Del Norte County office at no cost to the County for further discussion or clarification of their proposal and the County's needs. Based on the written proposals and any follow-up communication, the panel will select the provider that appears best suited to enter into a Master Lease Agreement with the County for transitional housing.

PROVISION OF INFORMATION TO RESPONDENTS

Any documents provided by respondents are considered confidential until an endorsement is made. After that, the information is public record and will be provided to anyone who requests it. All proposals received shall be public records, with the exception of those elements of any proposal which are identified by the consultant as business trade secrets and are plainly marked "Trade Secret", "Confidential" or "Proprietary". If disclosure is required under the California Public Records Act or otherwise by law, the County shall not be liable or responsible for the disclosure of any such records and the consultant shall indemnify, defend, and hold County

harmless for any such disclosure. After a contract is signed, DHHS BHB staff also may share with an unsuccessful respondent the reasons that the respondent's proposal was not selected.

PROPOSAL FORMAT AND CONTENT

All proposals must include the following components and organizational structure:

1. Profile, Qualifications & Experience
2. Technical Proposal/Scope of Work
3. Cost/Fee Proposal
4. References

PROPOSAL QUESTIONS

Questions regarding this RFP should be submitted by email no later than February 19, 2026 at 5:00pm to:

**Shiann Hogan, Deputy Director
County of Del Norte
Department of Health and Human Service
Behavioral Health Branch
(707) 464-7224 ext. 2853
E-mail: shogan@co.del-norte.ca.us**

You will receive an email confirmation once your questions have been received. All submitted questions and their corresponding answers will be compiled into an addendum and posted with the original RFP on the County of Del Norte website by February 24, 2026.

Except for the designated contact person, prospective respondents are not permitted to contact any County of Del Norte officials or staff regarding any aspect of this RFP. Any such contact may result in disqualification of the proposal.

No verbal conversations or agreements before, during, or after the award with any County officer, agent, or employee, or with any other party, shall alter or modify the terms, conditions, or obligations outlined in this RFP or any agreement resulting from it.

PROPOSAL SUBMISSION, DUE DATE, AND LATE APPLICATIONS

By submitting a proposal, the respondent certifies that:

- The information provided is truthful and not submitted on behalf of any undisclosed party. The respondent has not directly or indirectly influenced any other party to submit a false or misleading proposal or to refrain from submitting a proposal in order to gain an unfair advantage.

- The respondent has not offered or agreed to provide any fee, commission, or item of value contingent upon the award of a contract to any employee, official, or current contractor of the County of Del Norte.

One (1) original and three (3) copies of the proposal must be submitted in a sealed envelope clearly labeled: **“Master Lease for Transitional Housing – RFP Response”**
The original proposal should be easily reproducible on a standard copier.

The deadline for submission of proposals in response to this RFP is 5:00 P.M. on February 26, 2026. Late proposals will not be accepted or considered. Please mail or email the proposals to the following address:

**Shiann Hogan, Deputy Director Behavioral Health
County of Del Norte
Department of Health and Human Services,
455 K Street
Crescent City, CA 95531
E-mail: shogan@co.del-norte.ca.us**

Proposals may be hand delivered to the front desk at the same address.

Any modification, amendment, addition or alteration to any submission must be presented, in writing, executed by an authorized person or persons, and submitted prior to the final date for submissions. No amendments, additions or alterations will be accepted after the time and date specified as the submission deadline unless requested by the county.

EVALUATION/SELECTION CRITERIA

Respondents will be evaluated on their responses to the following categories and criterion for selection on a raw-score basis:

1. Profile, Qualifications, Experience	1 to 10 points
2. Proposal/Scope of Work	1 to 45 points
3. Cost/Fee Proposal	1 to 45 points

METHOD OF AWARD

Only those proposals that adhere to all deadline and content requirements will be considered. All proposals that meet the minimum requirements will be reviewed by a panel of staff and independently scored according to the criteria above. The panel may opt to conduct interviews of the top scoring candidates, and award additional points, up to five, based on the clarifying questions asked at the interview. The panel will make a selection based on the evaluation process. The panel will inform the respondents of the staff's decision via a Notice of Selection. For purposes of this RFP, “award” is defined as the right to negotiate a contractual relationship with Del Norte County for services identified in the RFP. Award does not constitute an acceptance of a contract offer.

DISCLAIMERS, RESERVATION OF RIGHTS, AND CONFLICTS OF INTEREST

Upon receipt, each proposal becomes the sole property of the County of Del Norte and will not be returned. Each respondent is solely responsible for the costs incurred in preparing and submitting a proposal. The County reserves, in its sole discretion, the right to reject any and all proposals, to cancel or postpone the RFP or the project, and to decline to award an agreement to any of the respondents. The County reserves the right to waive any immaterial irregularities in a proposal or submission of a proposal. The County reserves the right to reject any proposal that is determined to contain false, misleading, or materially incomplete information. This RFP process will be conducted in compliance with all laws regarding political contributions, conflicts of interest, or unlawful activities. County of Del Norte employees are prohibited from participating in the selection process for this RFP if they have any financial or business relationships with any respondent. Respondents are responsible for understanding the law prior to submitting a proposal, and should not submit a proposal if to do so would be counter to County policy or state law.

PROTEST PROCEDURES

Any protest challenging the County's selection or the selection process must be submitted within five business days following staff's Notice of Selection, which will be sent to all respondents via email. The protest must be in writing via email to shogan@co.del-norte.ca.us and must clearly specify the basis for the protest. The protest will be reviewed by the County Administrative Officer or their designee and the County Counsel's office and their determination on the protest is final. No public hearing will be held on the protest. The County reserves the right to proceed with award of the agreement and commencement of the services notwithstanding any pending legal challenge.

ATTACHMENTS

- 1. Request for Proposal Form**
- 2. Attachment A: Evaluation Criteria**
- 3. Sample Agreement**

REQUEST FOR PROPOSAL

Respondent Information

Organization Name: _____

Address: _____

Telephone: _____ **Fax:** _____

Website address: _____

Contact Person: _____ **Title:** _____

Contact Telephone: _____ **Contact Email:** _____

ATTACHMENT A:

EVALUATION CRITERIA

1. Profile, Qualifications, and Experience (10 points)

Provide a summary of your professional background, including relevant career experience, areas of expertise, and notable accomplishments. Highlight how your qualifications align with the services required, and mention any certifications, awards, or achievements that demonstrate your strengths and reliability.

2. Proposal / Scope of Work (45 points)

Offer a clear and detailed plan for how you will fulfill the requirements of this project. Define the specific tasks, deliverables, and timeline. Explain what methods, tools, or strategies you will use and how your approach supports the overall goals of the program.

3. Cost / Fee Proposal (45 points)

Include a full breakdown of proposed costs, including the fee structure, payment schedule, and any additional anticipated expenses. Justify how the costs align with the scope of work and the value delivered. Include any cost-saving measures or efficiencies your organization can provide

MASTER LEASE AGREEMENT

Between [Hotel Name] and County Of Del Norte Through Its Department of Health and Human Services

This Master Lease Agreement ("Agreement") is made and entered into this ____ day of _____, 2026, by and between the County of Del Norte ("County"), a political subdivision of the State of California, and [Hotel Name] ("Lessor"), a California corporation, The County and Lessor may collectively be referred to herein as the "Parties."

1. Premises

Lessor hereby leases to County, and County leases from Lessor, the following four (4) units ("Premises") located at [Hotel Address], Del Norte County, California:

- Unit 1: [Room number or description]
- Unit 2: [Room number or description]
- Unit 3: [Room number or description]
- Unit 4: [Room number or description]

The Premises include the specified units and access to common areas and related facilities as described in Exhibit A, which is attached and incorporated herein.

2. Term

The term of this Agreement shall commence on _____, 2026 ("Commencement Date") and shall continue for a period of [12/24/36] months, ending on _____, 20__. The County may renew this lease for an additional [number] [months/years] by providing written notice to the Lessor at least [number] days before the end of the current term.

3. Rent

3.1 Base Rent: County shall pay Lessor \$_____ per month for the four (4) units, payable in advance on the first day of each month.

3.2 Payment Terms: Rent shall be paid to Lessor at [Lessor Payment Address] or another address designated in writing.

3.3 Late Payments: If payment is more than [number] days late, County shall pay a late fee of \$_____.

4. Use of Premises

County will use the Premises to provide temporary housing for individuals experiencing homelessness or housing insecurity, as part of the County's housing assistance programs. The Premises shall be used in compliance with all applicable laws and regulations.

5. Maintenance and Repairs

5.1 Lessor's Responsibilities: Lessor will maintain the Premises in safe and operable condition, including structural elements, plumbing, heating, cooling, and electrical systems.

5.2 County's Responsibilities: County will maintain cleanliness and be liable for any tenant-caused damage, excluding normal wear and tear.

6. Utilities and Services

6.1 Lessor's Responsibilities: Lessor shall provide and pay for utilities (electricity, water, gas, sewage, and trash).

6.2 County's Responsibilities: County will arrange and pay for any additional services needed for program operation (e.g., cleaning, case management, security).

7. Insurance

7.1 Lessor Insurance: Lessor will maintain commercial general liability insurance of at least \$ _____ per occurrence and \$ _____ aggregate, and property insurance at replacement value.

7.2 County Insurance: County will maintain liability insurance of at least \$ _____ per occurrence and \$ _____ aggregate, naming Lessor as an additional insured.

8. Indemnification

Each Party agrees to indemnify and hold harmless the other Party for damages arising from their own negligence or willful misconduct.

9. Default

If either Party breaches this Agreement, the other Party may terminate the contract after providing written notice and allowing [number] days to cure the default.

10. Termination

10.1 By County: County may terminate for convenience with [number] days' written notice.

10.2 By Lessor: Lessor may terminate for material breach by County if not cured within [number] days after written notice.

11. Notices

All notices shall be in writing and delivered to the addresses below:

To County:
The Office of the Director
County of Del Norte
Department of Health and Human Services
880 Northcrest Drive
Crescent City, CA 95531

To Lessor:
Name
Address
City, State, Zip

12. Miscellaneous

12.1 Governing Law: California law governs this Agreement.

12.2 Entire Agreement: This document contains the entire agreement.

12.3 Amendments: Only written amendments signed by both Parties are valid.

12.4 Severability: If any provision is found invalid, the rest remains effective.

IN WITNESS WHEREOF, the Parties execute this Master Lease Agreement as of the date first written above.

County of Del Norte

By: _____
Name: Joey Borges
Title: Chair, Board of Supervisors

[Hotel Name / Lessor]

By: _____
Name: _____
Title: _____