

**SUBMITTAL TO THE BOARD OF COMMISSIONERS OF THE
HOUSING AUTHORITY
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



FROM: Housing Authority of the County of Riverside

SUBMITTAL DATE:
June 3, 2010

SUBJECT: Approval of Contract HO-01668 between the Riverside County Department of Public Social Services and the Housing Authority for the Shelter Plus Care Program

RECOMMENDED MOTION: That the Board of Commissioners:

1. Approve the attached contract HO-01668, in the amount of \$374,796, to provide tenant based rental assistance to severely mentally ill homeless persons;
2. Authorize the Chairman to sign the attached contract HO-01668; and
3. Authorize the Executive Director or designee to take all necessary and relevant steps to implement the contract including, but not limited to signing subsequent necessary and relevant documents.

BACKGROUND: The U.S. Department of Housing and Urban Development (HUD) sponsors a program titled Shelter Plus Care. The Shelter Plus Care program provides rental assistance for hard-to-reach homeless persons with disabilities in conjunction with supportive services funded from sources outside of the program.

(Continued)

Robert Field
Robert Field
Executive Director

| | | | | |
|-----------------------|-------------------------------|------------|-------------------------|-------|
| FINANCIAL DATA | Current F.Y. Total Cost: | \$ 374,796 | In Current Year Budget: | Yes |
| | Current F.Y. Net County Cost: | \$ 0 | Budget Adjustment: | No |
| | Annual Net County Cost: | \$ 0 | For Fiscal Year: | 10/11 |

| | | |
|--|---|--------------------------|
| SOURCE OF FUNDS: U.S. Department of Housing and Urban Development | Positions To Be Deleted Per A-30 | <input type="checkbox"/> |
| | Requires 4/6 Vote | <input type="checkbox"/> |

C.E.O. RECOMMENDATION:

APPROVE
Jennifer L. Sargent
BY
Jennifer L. Sargent

County Executive Office Signature

FORM APPROVED COUNTY COUNSEL
BY: MICHELLE CLACK
DATE: 6/8/10
Departmental Concurrence

Dep't Recomm.: Consent Policy
Per Exec. Ofc.: Consent Policy

Prev. Agn. Ref.: N/A

District: 1, 2, 3

Agenda Number:

10.2

ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD

Housing Authority

Approval of Contract HO-01668 between the Riverside County Department of Public Social Services
and the Housing Authority for the Shelter Plus Care Program

June 3, 2010

Page 2

BACKGROUND: (Continued)

The program promotes the reintegration of homeless persons into mainstream housing within the community and allows for a wide-range of supportive services that are tailored to each household's unique needs. The Housing Authority applied through the 2009 Continuum of Care funding competition to renew funding for 30 Shelter Plus Care rental certificates. HUD approved continued funding and the above referenced contract will provide rental assistance for 30 households for a period of one year.

**RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC SOCIAL SERVICES
SHELTER PLUS CARE PROGRAM AGREEMENT**

CONTRACT: HO-01668

PROJECT SPONSOR: HOUSING AUTHORITY OF RIVERSIDE COUNTY

ACTIVITIES: TENANT-BASED RENTAL ASSISTANCE FOR SEVERELY MENTALLY ILL HOMELESS PERSONS

AGREEMENT TERM: SEPTEMBER 4, 2010 THROUGH SEPTEMBER 3, 2011

AGREEMENT AMOUNT: \$374,796

HUD PROJECT NUMBER: CA0683C9D0808002

RECITALS

This Agreement is made and entered into by and between the County of Riverside, hereinafter referred to as "County," and the Housing Authority of Riverside County, hereinafter referred to as the "Project Sponsor."

WITNESSETH

WHEREAS, the County has entered into a grant agreement with the United States Department of Housing and Urban Development (HUD), hereinafter referred to as the "Grantor," pursuant to the Supportive Housing Rule (CFDA 14.235), codified as 24 CFR 583 and Subtitle C of Title IV of the Stewart B. McKinney Homeless Act, 42 U.S.C. 11381 et seq.; and

WHEREAS, the Department of Public Social Services, hereinafter referred to as "DPSS," has been designated by the County to provide coordination and administration of the County's Supportive Housing Program, as described in the County's grant agreement with the Grantor.

NOW THEREFORE, DPSS and the Project Sponsor do hereby covenant and agree that the Project Sponsor will provide said services in return for monetary compensation, all in accordance with the terms and conditions contained herein this Agreement.

| Authorized Signature for the Riverside County Board of Supervisors: | Authorized Signature for the Housing Authority Board of Commissioners: |
|---|--|
| | |
| Printed Name of Person Signing: | Printed Name of Person Signing: |
| Marion Ashley | Marion Ashley |
| Title: Chairman, Board of Supervisors | Title: Chairman, Board of Commissioners |
| Address: 4080 Lemon Street Riverside, CA 92501 | Address: 5555 Arlington Avenue Riverside, CA 92504 |
| Date: | Date: |

FORM APPROVED COUNTY COUNSEL
BY: Michelle Clack 6/9/10
MICHELLE CLACK DATE

FORM APPROVED COUNTY COUNSEL
BY: Larisa R-Mckenna 6/9/10
LARISA R-MCKENNA DATE

HOUSING AUTHORITY OF RIVERSIDE COUNTY

SHELTER PLUS CARE PROGRAM - WEST

TERMS AND CONDITIONS

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LIST OF EXHIBITS

- EXHIBIT A** – Project Application
- EXHIBIT B** – Contract Accounting and Administrative Handbook for HUD Funded Programs
- EXHIBIT C** – Sample Client Intake Form
- EXHIBIT D** – Tenant Change Notice Form
- EXHIBIT E** – Certification of Tenant Roll Form

I. DEFINITIONS

As used in this Agreement, the following terms are defined below unless the context indicates otherwise.

- A. "Application" refers to the approved application and its submissions prepared by the Project Sponsor that is the basis on which HUD approved the grant.
- B. "Draw Down" refers to the wire transfer system called Line of Credit Control System - Voice Response System (LOCCS - VRS).
- C. "Homeless" refers to someone who is sleeping a place not meant for human habitation, such as cars, parks, sidewalks and abandoned or condemned buildings, or in an emergency shelter, or a person in transitional housing. This may include a person who ordinarily sleeps in one or more of the above places but is spending a short time (30 days or less) in a hospital or other institution.
- D. "HMIS" refers to the Riverside County Homeless Management Information System
- E. "Participants" refers to someone who has a disability with severe mental illness that is expected to be of long-continued and indefinite duration, which substantially impedes his or her ability to live independently, and is of such a nature that the disability could be improved by more suitable housing conditions
- F. "Project" refers to permanent housing and supportive services for the purpose of facilitating the stability of homeless individuals.
- G. "Project Sponsor" or "Contractor" refers to the Housing Authority of Riverside County, the entity under agreement with DPSS to operate the project on a daily basis.
- H. "Shelter Plus Care Program" refers to the HUD grants program to promote the provision of permanent housing through tenant based rental assistance and supportive services to homeless individuals.

II. DPSS RESPONSIBILITIES

- A. DPSS shall assure that the services provided by the Project Sponsor comply with all applicable federal, state, county, and local government laws, rules, regulations, policies and procedures.
- B. DPSS shall assign staff to serve as liaison and a program coordinator between DPSS and the Project Sponsor to provide the Project Sponsor with programmatic consultation and advise the Project Sponsor of all pertinent existing guidelines and regulations. Such staff shall provide, or arrange for the provision of, consultation and technical assistance to the Project Sponsor as needed.
- C. DPSS will assign staff to monitor the performance of the Project Sponsor in performing the terms, conditions, and specifications of this Agreement. DPSS, at its sole discretion, may monitor the performance of the Project Sponsor through any combination of the following methods which may include, but are not limited to: 1) periodic reviews, including on-site visits; (2) evaluations of the quantity or level and quality of services provided by the Project Sponsor; (3) annual inspection of all available fiscal statements and other records maintained by the

Project Sponsor; and (4) annual statements which the Project Sponsor is required to complete with respect to this Agreement.

III. PROJECT SPONSOR RESPONSIBILITIES

- A. The Project Sponsor shall provide services as set forth in the Project Application, attached hereto as **Exhibit A** and incorporated herein by these references.
- B. The Project Sponsor shall be responsible for the overall administration of the Project, including providing permanent supportive housing for those homeless individuals who have been diagnosed with a mental health condition, overseeing all subcontracts, and keeping records and reports established for the purpose of carrying out the program in an effective and efficient manner. These records and reports must include racial and ethnic data on participants for program monitoring and evaluation.
- C. The Project Sponsor shall comply with all requirements of this Agreement and accept responsibility for such compliance by any entities to which the Project Sponsor makes this grant funding available.
- D. The Project Sponsor shall assume responsibility for assuring that persons served under the terms of this Agreement meet the criteria specified in federal law for participants served under the Shelter Plus Care Program.
- E. The Project Sponsor shall comply with the policies and procedures in the *DPSS Administrative Handbook for HUD Funded Programs*, attached hereto as **EXHIBIT B**, and incorporated herein by this reference, and any and all laws applicable to the provision of services under this program. If required, this Agreement will be amended to reflect any additional requirements detailed in the Handbook
- F. The Project Sponsor shall provide housing vouchers that is in compliance with all applicable state, federal, and local housing codes, licensing and/or permit requirements, and any other requirement under which the project is located.
- G. The Project Sponsor shall provide thirty (30) units of tenant-based rental assistance to chronically homeless persons who are living on the street, as permitted by the U.S. Department of Housing and Urban Development.
- H. If funded for Transitional Housing or Permanent Housing, the Project Sponsor shall only authorize program participants to inhabit a housing unit after DPSS has conducted an official Housing Quality Standard (HQS) Inspection.
- I. The Project Sponsor agrees participate in the Homeless Management Information System (HMIS). Participation is defined by HMIS training attendance, complying with the Continuum of Care HMIS policies and procedures, and entering required client data on a regular basis.

DPSS retains the rights to the HMIS and case management software application. DPSS grants the Project Sponsor an exclusive perpetual license to use the HMIS software for the term of this Agreement.

The Universal Data Elements are:

- a. Name
- b. Social Security Number, if available

- c. Date of Birth
- d. Race
- e. Ethnicity
- f. Gender
- g. Veteran's Status
- h. Disabling Condition
- i. Residence Prior to Program Entry
- j. Zip code of last permanent address
- k. Housing Status
- l. Enrollment (Program) Entry date
- m. Enrollment (Program) Exit date
- n. Unique Person Identification Number
- o. Household Identification Number
- p. Bed Check-in (Housing Tab) (DPSS required; HUD optional)

The Program- Specific Data Elements are:

- 1. Income and Sources
- 2. Non-Cash Benefits
- 3. Physical Disability
- 4. Developmental Disability
- 5. Chronic Health Condition
- 6. HIV/AIDS
- 7. Mental Health
- 8. Substance Abuse
- 9. Domestic Violence
- 10. Destination (at exit)
- 11. Date of Contact (Outreach Programs Only)
- 12. Date of Engagement (Outreach Programs Only)
- 13. Financial Services Provided (Required for HPRP)
- 14. Housing Relocation & Stabilization Services Provided (Required for HPRP)

The Optional Data Elements are:

- 15A. Employment
- 15B. Adult Education
- 15C. General Health Status
- 15D. Pregnancy
- 15E. Veteran's
- 15F. Children's Education
- 15G. Reason for Leaving
- 15H. Services Provided

A sample Client Intake Form is attached hereto as **Exhibit C**, and incorporated herein by this reference.

G. Additional Program-Specific Data Elements: Client Outcome Measures

In addition to the above data elements, programs that receive HUD homeless assistance funding through the annual CoC competition and complete APRs will be required to report clients' progress on at least one of the performance domains specified below, but may choose to report on multiple domains. An HMIS software application must contain all of these

domains. For HUD application and APR reporting purposes, programs will select one or more domains.

The domains include:

1. Income Domain
2. Employment Domain
3. Housing Domain
4. Food Domain
5. Childcare Domain
6. Children's Education Domain
7. Adult Education Domain
8. Legal Domain
9. Health Care Domain
10. Life Skills Domain
11. Mental Health Domain
12. Substance Abuse Domain
13. Family Relations Domain
14. Mobility Domain
15. Community Involvement Domain
16. Safety Domain
17. Parenting Skills Domain
18. Credit History Domain

IV. FISCAL PROVISIONS

A. OBLIGATION

1. The Project Sponsor shall be reimbursed by the United States Department of Housing and Urban Development through the County, utilizing a draw down process, for an amount not to exceed \$374,796. Of this amount, up to 8% may be used for shelter plus care administrative activities.
2. Administration of housing assistance includes processing rental payments to landlords, examining participant income, inspecting units for compliance with housing quality standards, and receiving participants into the program. These costs must be paid out of the original grant amount. No additional funds will be provided to administer the housing assistance. The payment shall constitute full and complete compensation for the Project Sponsor's services under this Agreement. Said funds shall be handled according to the budget shown below.

| Budgetary Category | Total |
|---|------------------|
| RENTAL ASSISTANCE | \$344,812 |
| SHELTER PLUS CARE ADMINISTRATIVE ACTIVITIES | \$29,984 |
| TOTAL | \$374,796 |

B. METHOD, TIME, AND CONDITION OF PAYMENTS

1. The Project Sponsor shall submit to DPSS a monthly claim in accordance with the Administrative Handbook, **EXHIBIT B**.

2. The Project Sponsor shall ensure that funds provided under this Agreement are not used to pay developer's fees, to establish working capital, or to operate deficit funds.
3. Match Documentation:
 - a. The Project Sponsor shall provide a value of Supportive Services match that is at least equal to the annual rental assistance value. The Project Sponsor will submit match documentation by completing Appendix 1 of Exhibit B at least quarterly. Additionally, match information will be provided to DPSS at least annually, Exhibit B, in Appendix 6 Annual Progress Report (APR). The following activities may count as match:
 - Salaries paid to Project Sponsor staff to provide supportive services to participants;
 - The value of supportive services provided to participants by other organizations or by professionals volunteering their professional services;
 - Supportive services provided by other volunteers (at the rate of \$10 per hour);
 - The prorated value of any lease on a building used for supportive services to program participants; and
 - The cost of outreach activities after the Agreement has been signed.
 - b. In the event that the Project Sponsor does not meet the requirement aforementioned in paragraph 3.a. above, DPSS reserves the right to suspend or terminate this Agreement.

C. DISBURSEMENT OF FUNDS

DPSS shall disburse funds under this Agreement to the Project Sponsor as follows:

1. Rental Assistance and Project Administrative Costs: The Project Sponsor shall submit claims to be drawn down for real property leasing on a monthly basis.
2. Eligible administrative costs include only those related to the administration of the housing assistance, which includes the following:
 - Receiving new participants into the program;
 - Providing housing information and search assistance;
 - Determining participant income and rent contributions;
 - Inspecting units for compliance with Housing Quality Standards; and
 - Processing rental payments to landlords.

Fifty percent (50%) of the funds are eligible for drawdown at any point during the grant period. The remaining 50% is reimbursable on the final claim if claims have been submitted on a monthly basis.

D. UNEXPENDED FUNDS AND CLOSE-OUTS

1. The Project Sponsor shall complete all necessary closeout procedures required by DPSS within a period of not more than forty-five (45) calendar days from the expiration date of this Agreement. This time period will be referred to as the financial closeout period. After the expiration of the financial closeout period, those funds not paid to the Project Sponsor under this Agreement shall be recaptured by HUD. DPSS is not liable for any expenses or costs associated with this Agreement after the expiration of the financial closeout period.

2. The Project Sponsor shall provide a final financial audit for activities performed under this Agreement at the expiration of the financial closeout period as required by OMB Circular A-133.

E. INSPECTION AND AUDITS

1. The Project Sponsor shall maintain auditable books, records, documents, and other evidence pertaining to costs and expenses in this Agreement. The Project Sponsor shall maintain these records for five (5) years after final payment has been made or until all pending DPSS, state, and federal audits, if any, are completed, whichever is later.
2. Authorized representatives of DPSS and the federal government shall have access to any books, documents, papers, electronic data, and other records which these representatives may determine to be pertinent to this Agreement for the purpose of performing an audit, evaluation, inspection, review, assessment, or examination. These representatives are authorized to obtain excerpts, transcripts, and copies, as they deem necessary. Further, these authorized representatives shall have the right, upon request, to inspect or otherwise evaluate the work performed under this Agreement and the premises in which it is being performed.
3. This access to records includes, but is not limited to, service delivery, referrals, and financial and administrative documents for five (5) years after final payment was made, or until all pending county, state, and federal audits are completed, whichever is later.
4. Should the Project Sponsor disagree with any audit conducted by DPSS, the Project Sponsor shall have the right to employ a licensed, Certified Public Account (CPA) to prepare and file with DPSS a certified financial and compliance audit (in compliance with generally accepted government auditing standards) of related services provided during the term of this Agreement. The Project Sponsor will not be reimbursed by DPSS for such an audit.
5. In the event the Project Sponsor does not make available its books and financial records at the location where they are normally maintained, the Project Sponsor agrees to pay all necessary and reasonable expenses, including legal fees, incurred by DPSS in conducting any audit.
6. All contract deliverables and equipment furnished or utilized in the performance of this Agreement shall be subject to inspection by DPSS at all times during the term of this Agreement. The Project Sponsor shall provide adequate cooperation to any employee assigned by DPSS in order to permit their determination of the Project Sponsor's conformity with specifications and adequacy of performance and services being provided in accordance with this Agreement.

F. WITHHELD PAYMENTS

1. Unearned payments under this Agreement may be suspended or terminated if grant funds to DPSS are suspended or terminated, or if the Project Sponsor refuses to accept additional conditions imposed on it by HUD or DPSS.
2. DPSS has the authority to withhold funds under this Agreement pending a final determination by DPSS of questioned expenditures or indebtedness to DPSS arising from past or present agreements between DPSS and the Project Sponsor. Upon final determination by DPSS of disallowed expenditures or indebtedness, DPSS may deduct

and retain the amount of the disallowed or indebtedness from the amount of the withheld funds.

3. Payments to the Project Sponsor may be withheld by DPSS if the Project Sponsor fails to comply with the provisions of this Agreement.

G. FISCAL ACCOUNTABILITY

1. The Project Sponsor agrees to manage funds received through DPSS in accordance with sound accounting policies; incur and claim only eligible costs for reimbursement; and adhere to accounting standards established in OMB Circulars A-110, A-122 and A-133.
2. The Project Sponsor must establish and maintain on a current basis an accrual accounting system in accordance with generally accepted accounting principles and standards. Further, the Project Sponsor must develop an accounting procedure manual. Said manual shall be made available to DPSS upon request or during fiscal monitoring visits.

H. AVAILABILITY OF FUNDING

The County's obligation for payment of the Agreement beyond the term of the Agreement is contingent upon the availability of funding from which payment can be made. No legal liability on the part of the County shall arise for payment beyond the term of the grant unless funds are made available for such performance.

V. GENERAL PROVISIONS

A. TERM OF AGREEMENT

The Agreement shall be effective from September 4, 2010 through September 3, 2011.

B. COMPLIANCE WITH RULES, REGULATIONS, REQUIREMENTS, AND DIRECTIVES

The Contractor shall comply with all rules, regulations, requirements, and directives of the California Department of Social Services, other applicable state agencies, and funding sources which impose duties and regulations upon DPSS and which are equally applicable and made binding upon the Project Sponsor as though made with the Project Sponsor directly.

C. CONFLICT OF INTEREST

The Project Sponsor covenants that it presently has no interest in, including but not limited to, other projects or independent agreements, and shall not acquire any such interest, direct or indirect, which is, or which the Project Sponsor believes to be, incompatible in any manner or degree with the performance of services required to be performed under this Agreement. The Project Sponsor further covenants that in the performance of this Agreement, no person having any such interest shall be employed or retained by the Project Sponsor under this agreement. The Project Sponsor agrees to inform DPSS of all of the Project Sponsor's interests, if any, which are or which the Project Sponsor believes to be incompatible with any interest of DPSS. DPSS will make final determination of any dispute about conflict(s) of interest.

D. DEFAULT

1. A default shall consist of any use of grant funds for a purpose other than as authorized by this Agreement or failure in the Project Sponsor's duty to provide the supportive housing for the minimum term in accordance with the requirements of the provisions of the Shelter Plus Care Rule, the Application, or this Agreement. In the event of an occurrence of default, DPSS and HUD may take one or more of the following actions:
 - a. Issue a letter of warning advising the Project Sponsor of the default that establishes a date by which corrective actions must be completed and puts the Project Sponsor on notice that more serious actions will be taken if the default is not corrected or is repeated;
 - b. Direct the Project Sponsor to submit progress schedules for completing the approved activities;
 - c. Direct the Project Sponsor to establish and maintain a management plan that assigns responsibilities for carrying out remedial actions;
 - d. Direct the Project Sponsor to reimburse the program accounts for costs inappropriately charged to the program; or
 - e. Make recommendations to HUD to reduce or recapture the grant.
2. No Delay or omission by the County in exercising any right or remedy available to it under this Agreement shall impair any such right or remedy or constitute a waiver of acquiescence in any Project Sponsor default.

E. ASSIGNMENT

The Project Sponsor cannot assign any interest in this Agreement, and shall not transfer any interest in the same, whether by assignment or novation, without the prior consent of DPSS. Any attempt to assign any interest without DPSS written consent shall be void and of no further force or effect.

F. HOLD HARMLESS/INDEMNIFICATION

Project Sponsor shall indemnify and hold harmless the federal government, the state, and the County of Riverside, its Agencies, districts, Special Districts and Departments, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives from any liability whatsoever, based or asserted upon any services of Project Sponsor, its officers, employees, subcontractors, agents or representatives arising out of or in any way relating to this Agreement, including but not limited to property damage, bodily injury, or death or any other element of any kind or nature whatsoever arising from the performance of Project Sponsor, its officers, agents, employees, subcontractors, agents or representatives from this Agreement. Project Sponsor shall defend, at its sole expense, all costs and fees including but not limited to attorney fees, cost of investigation, defense and settlements or awards, the County of Riverside, its Agencies, Districts, Special Districts and Departments, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives in any claim or action based upon such alleged liability.

With respect to any action or claim subject to indemnification herein by Project Sponsor, Project Sponsor shall, at their sole cost, have the right to use counsel of their own choice and shall have the right to adjust, settle, or compromise any such action or claim without the prior consent of County; provided, however, that any such adjustment, settlement or compromise in no manner whatsoever limits or circumscribes Project Sponsor's indemnification to County as set forth herein.

The Project Sponsor's obligation hereunder shall be satisfied when the Project Sponsor has provided to County the appropriate form of dismissal relieving the County from any liability for the action or claim involved.

The specified insurance limits required in this Agreement shall in no way limit or circumscribe the Project Sponsor's obligations to indemnify and hold harmless the County herein from third party claims.

In the event there is conflict between this clause and California Civil Code Section 2782, this clause shall be interpreted to comply with Civil Code 2782. Such interpretation shall not relieve the Project Sponsor from indemnifying the County fully allowed by law.

G. INSURANCE

Without limiting or diminishing the Contractor's obligation to indemnify or hold the County harmless, Contractor shall procure and maintain or cause to be maintained, at its sole cost and expense, the following insurance coverage during the term of this Agreement.

Workers' Compensation:

If Contractor has employees as defined by the State of California, the Contractor shall maintain statutory Workers' Compensation Insurance (Coverage A) as prescribed by the laws of the State of California. Policy shall include Employers' Liability (Coverage B) including Occupational Disease with limits not less than \$1,000,000 per person per accident. **Policy shall be endorsed to waive subrogation in favor of the County of Riverside;** and, if applicable, to provide a Borrowed Servant/Alternate Employer Endorsement.

Commercial General Liability:

Commercial General Liability insurance coverage, including but not limited to, premises liability, contractual liability, products and completed operations liability, personal and advertising injury, cross liability coverage, covering claims which may arise from or out of Contractor's performance of its obligations hereunder. **Policy shall name, in the following manner, "the County of Riverside, its Agencies, Districts, and Special Districts, their respective directors, officers, Board of Supervisors, elected or appointed officials, employees, agents or representatives as Additional Insureds."** Policy's limit of liability shall not be less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this Agreement or be no less than two (2) times the occurrence limit.

Professional Liability:

If, at any time during the duration of this Agreement and any renewal or extension thereof, the Contractor, its employees, agents or subcontractors provide professional counseling for issues of medical diagnosis, medical treatment, mental health, dispute resolution or any other services for which it is the usual and customary practice to maintain Professional Liability Insurance, the Contractor shall procure and maintain Professional Liability Insurance (Errors & Omissions), providing coverage for performance of work included within this Agreement, with a limit of liability of not less than \$1,000,000 per occurrence and \$2,000,000 annual aggregate. If Consultant's Professional Liability Insurance is written on a claims made basis rather than an occurrence basis, such insurance shall continue through the term of this Agreement. Upon termination of this Agreement or the expiration or cancellation of the claims made insurance policy Consultant shall purchase at his sole expense either 1) an Extended Reporting Endorsement (also known as Tail Coverage); or 2) Prior Dates Coverage from a new insurer with at retroactive date back to the date of, or prior to, the inception of this Agreement; or, 3) demonstrate through Certificate of Insurance that Consultant has maintained continuous coverage with the same or original insurer. Coverage provided under items: Workers' Compensation, Commercial General Liability or Professional Liability will continue for a period of five (5) years beyond the termination of this Agreement.

Vehicle Liability:

If Contractor's vehicles or mobile equipment are used in the performance of the obligations under this Agreement, Contractor shall maintain liability insurance for all owned, non-owned or hired vehicles so used in an amount not less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this Agreement or be no less than two (2) times the occurrence limit. **Policy shall name, in the following manner, "the County of Riverside, its Agencies, Districts, Special Districts, their respective directors, officers, Board of Supervisors, elected or appointed officials, employees, agents, or representatives as Additional Insureds."**

General Insurance Provisions – All lines:

1. Any insurance carrier providing insurance coverage hereunder shall be admitted to the State of California and have an A.M. BEST rating of not less than an A: VIII(A:8) unless such requirements are waived, in writing, by the County Risk Manager. If the County's Risk Manager waives a requirement for a particular insurer such waiver is only valid for that specific insurer and only for one policy term.
2. The Contractor's insurance carrier(s) must declare self-insured retentions. If such self insured retentions exceed \$500,000 per occurrence retentions shall have the prior written consent of the County Risk Manager before the commencement of operations under this Agreement. Upon notification of self insured retention's unacceptable to the County, and at the election of the County's Risk Manager, Contractor's carriers shall either; 1) reduce or eliminate such self-insured retentions as respects this Agreement with the County, or 2) procure a bond which guarantees payment of losses and related investigations, claims administration, defense costs and expenses.
3. The Contractor shall cause insurance carrier(s) to furnish the County of Riverside with either 1) a properly executed original Certificate(s) of Insurance and original copies of Endorsements effecting coverage as required herein; and 2) if requested to do so orally or in writing by the County Risk Manager, provide original Certified copies of policies including all Endorsements and all attachments thereto, showing such insurance is in full force and effect. Further, said Certificate(s) and policies of insurance shall contain the covenant of the insurance carrier(s) that thirty (30) days written notice shall be given to the

County of Riverside prior to any material modification, cancellation, expiration or reduction in coverage of such insurance. In the event of a material modification, cancellation, expiration, or reduction in coverage, this Agreement shall terminate forthwith, unless the County of Riverside receives, prior to such effective date, another properly executed original Certificate of Insurance and original copies of endorsements or certified original policies, including all endorsements and attachments thereto evidencing coverages set forth herein and the insurance required herein is in full force and effect. **CONTRACTOR shall not commence operations until the COUNTY has been furnished original Certificate (s) of Insurance and certified original copies of endorsements and if requested, certified original policies of insurance including all endorsements and any and all other attachments as required in this Section. An individual authorized by the insurance carrier to do so on its behalf shall sign the original endorsements for each policy and the Certificate of Insurance.**

4. It is understood and agreed to by the parties hereto and the CONTRACTOR'S insurance shall be construed as primary insurance, and the County's insurance and/or deductibles and/or self-insured retentions or self-insured programs shall not be construed as contributory.
5. If, during the term of this Agreement or any extension thereof, there is a material change in the scope of services; or, there is a material change in the equipment to be used in the performance of the scope of work which will add additional exposures (such as the use of aircraft, watercraft, cranes, etc.); or, the term of this Agreement, including any extensions thereof, exceeds five (5) years the COUNTY reserves the right to adjust the types of insurance required under this Agreement and the monetary limits of liability for the insurance coverage's currently required herein, if, in the County Risk Manager's reasonable judgment, the amount or type of insurance carried by the CONTRACTOR has become inadequate.
6. Contractor shall pass down the insurance obligations contained herein to all tiers of subcontractors working under this Agreement.
7. The insurance requirements contained in this Agreement may be met with a program(s) of self-insurance acceptable to the County.
8. Contractor agrees to notify the County of any claim by a third party or any incident or event that may give rise to a claim arising from the performance of this Agreement.

H. INDEPENDENT PROJECT SPONSOR

The Project Sponsor is, and will at all times be deemed to be, an independent Contractor and shall be wholly responsible for the manner in which it performs the services required of it by the terms of this Agreement. Nothing herein contained shall be construed as creating the relationship of employer and employee or principal and agent, between DPSS and the Project Sponsor or any of the Project Sponsor's agents, employees or volunteers. The Project Sponsor assumes exclusively the responsibility for the acts of its employees as they relate to the services to be provided during the course and scope of their employment. The Project Sponsor, its agents, employees, and volunteers shall not be afforded any of the rights and/or privileges afforded to employees of DPSS or the County of Riverside and shall not be considered in any manner to be employees of the County.

I. SUBCONTRACTING

1. The Project Sponsor may not delegate his duties or obligations nor assign his rights hereunder, either in whole or in part, without prior written consent of DPSS. Any such attempt at delegation of assignment without prior written consent shall be void. Any change whatsoever in the corporate structure of the Project Sponsor, the governing body of the Project Sponsor, the management of the Project Sponsor, or the transfer of assets in excess of ten percent of the total assets of the Project Sponsor shall be an assignment of benefits under the terms of this Agreement requiring DPSS approval. All subcontracts shall be made in writing and copies provided to DPSS. No subcontracts shall alter, in any way, any legal responsibility of the Project Sponsor to DPSS.
2. DPSS has the right to refuse reimbursement for obligations incurred under any subcontract that does not comply with the terms of this Agreement.
3. The Project Sponsor shall include in each subcontract all provisions that DPSS may require. These provisions will be made available to the Project Sponsor by DPSS.
4. Every subcontract shall specify:
 - a. The time period within which the subcontractor is to perform the subcontract. Subcontractor performance shall not begin prior to, nor extend beyond the time period of the contract between the Project Sponsor and DPSS;
 - b. The maximum dollar amount of the subcontract;
 - c. The responsibilities of each party under the subcontract;
 - d. A statement that the subcontractor and agents and employees of the subcontractor in the performance of the subcontract are acting in an independent capacity and not as officers, employees or agents of the State of California;
 - e. A statement that modification of the subcontract shall be in writing. Prior written DPSS approval is required;
 - f. Authorized representatives of DPSS and the federal government shall have access to any books, documents, papers, electronic data, and other records which these representatives may determine to be pertinent to this Agreement for the purpose of performing an audit, evaluation, inspection, review, assessment, or examination. These representatives are authorized to obtain excerpts, transcripts, and copies, as they deem necessary. Further, these authorized representatives shall have the right, upon request, to inspect or otherwise evaluate the work performed under this Agreement and the premises in which it is being performed;
 - g. This access to records includes, but is not limited to, service delivery, referrals, and financial and administrative documents for five (5) years after final payment was made, or until all pending county, state, and federal audits are completed, whichever is later;
 - h. A statement that the subcontract is the complete and exclusive statement of the mutual understanding of the parties, and that the subcontract supersedes and cancels all previous written and oral agreements and communications relating to the subject matter of the subcontract; and
 - i. A statement regarding default in case of subcontractor is in breach of the subcontract.

J. REPORTS AND RECORD KEEPING

1. The Project Sponsor agrees to submit an Annual Progress Report (APR), **APPENDIX 6 of EXHIBIT B**, to DPSS within thirty (30) days after the end of each operating year or no later than forty-five (45) days for one (1) year renewal grants. Failure to submit an APR may lead to a delay in receiving future grant funds. Upon review for completeness and accuracy, DPSS will forward the APR to HUD as required. The Project Sponsor will mail these records to the following address:

Department of Public Social Services
Homeless Programs Unit
Attn: Programs Supervisor
4060 County Circle Drive
Riverside, CA 92503

2. The Project Sponsor agrees to submit a Semi-Annual Statistical Report upon a 30-day written notice by DPSS.
3. If funded for Transitional Housing or Permanent Housing, excluding Shelter Plus Care, the Project Sponsor agrees to notify DPSS within forty-eight (48) hours of a participant entering or exiting a housing unit. The notification document, attached hereto as **Exhibit D** [Tenant Change Notice Form] and incorporated herein by this reference shall be faxed to (951) 358-7755 or e-mailed to SLarkin@riversidedpss.org.
4. If funded for Transitional Housing, Permanent Housing, or Shelter Plus Care, the Project Sponsor agrees to provide DPSS with a monthly residential log of participants, attached hereto as **Exhibit E** [Certification of Tenant Roll] and incorporated herein by this reference. The residential log is due, by fax or e-mail, on or before the 10th (tenth) business day following the reporting month, regardless of the means by which the report is sent to DPSS. Both the fax number and e-mail address of the Homeless Programs Unit are provided above (reference #3).
5. The Sponsor agrees to collect and maintain records of participants for required federal, state, and county reports. Authorized representatives shall have the right at all reasonable times to access, inspect, or otherwise evaluate the work performed under this Agreement. Maintenance of records and access to them by authorized representatives is required for five (5) years after final payment is made under this program, or until all pending County, State, and Federal audits are completed, whichever is the later.

K. SANCTIONS

Failure by the Project Sponsor to comply with any of the provisions, covenants, requirements, or conditions of this Agreement including, but not limited to, reporting and evaluation requirements, shall be a material breach of this Agreement. In such event, DPSS may immediately terminate this Agreement (as further specified in the TERMINATION Clause below) and may take any other remedies available by law, or otherwise specified in this Agreement. DPSS may also:

1. Afford the Project Sponsor a time period within which to correct the breach, the period of which shall be established at the sole discretion of DPSS; and/or
2. Withhold funds pending correction of the breach.

L. TERMINATION

1. DPSS may suspend or terminate this Agreement for cause upon written notice to the Project Sponsor of the action being taken. Cause shall be established if:
 - a. The Project Sponsor fails to perform the covenants herein contained at such time and in such manner as provided in this Agreement; or
 - b. There is a conflict with any federal, state or local laws, ordinance, regulation or rule rendering any provision of this Agreement invalid or untenable.
2. Upon DPSS ruling of termination or suspense, DPSS will provide ninety (90) days written notification stating the extent and effective date of termination. The ninety-day period begins when notice is deposited in the U.S. Mail, postage paid.
3. The Project Sponsor may terminate this Agreement with cause upon written notice served upon DPSS stating the extent and effective date of termination. Project Sponsor will provide ninety (90) days written notification stating the extent and effective date of termination. The ninety-day period begins when notice is deposited in the U.S. Mail, postage paid.
4. Upon termination of this Agreement, the Project Sponsor shall not incur any obligations after any effective date of such termination, unless expressly authorized in writing by DPSS.
5. In the event the funding from HUD is reduced, terminated or otherwise becomes unavailable, DPSS shall provide written notice to the Project Sponsor within five (5) working days from the date that HUD reduces, suspends or terminates the grant funding. This Agreement shall be either terminated or amended to reflect said reduction in funds. DPSS shall make payments for all services performed up to the effective date of termination.

M. USE OF FACILITY

1. Any building for which grant funds are used under this Agreement for renovation, conversion, or major rehabilitation must meet local government safety and sanitation standards.
2. Under federal regulations 24 CFR 582.115, Shelter Plus Care Program assistance may not be used for religious activities as described in **EXHIBIT B**. The Project Sponsor will ensure that any building or facility is utilized exclusively for secular purposes and is made available to all persons regardless of religion.

N. SHELTER PLUS CARE PROGRAM COMPLIANCE

1. By executing this Agreement, the Project Sponsor hereby certifies that it will adhere to and comply with the following as they may be applicable to a recipient of funds granted pursuant to the Shelter Plus Care Program; the Application; and Shelter Plus Care Rule (24 CFR 582).
 - a. Section 92.350 Equal Opportunity and Fair Housing;

- b. Section 92.351 Affirmative Marketing;
 - c. Section 92.352 Environmental Review;
 - d. Section 92.353 Displacement, relocation, and acquisition; the relocation requirements of Title II and the acquisition requirements of Title III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, and the implementing regulations at 24 CFR Part 42;
 - e. Section 92.354 Labor;
 - f. Section 92.355 Lead-based paint; the lead-based paint requirements of 24 CFR Part 35 issued pursuant to the Lead-based Poisoning Prevention Act (42 USC 4801, et seq.);
 - g. Section 92.356 Conflict of Interest;
 - h. Section 92.357 Debarment and Suspension;
 - i. The regulations, policies, guidelines, and requirements of 24 CFR Part 85.
2. The Project Sponsor shall comply with all federal, state and local laws and regulations pertinent to its operation and services to be performed hereunder, and shall keep in effect any and all licenses, permits, notices, and certificates as are required thereby. The Project Sponsor shall further comply with all laws applicable to wages and hours of employment, occupational safety and to fire, safety, health, and sanitation.

O. CHILD ABUSE REPORTING

The Contractor shall establish a procedure acceptable to DPSS to ensure that all employees, volunteers, consultants, subcontractors or agents performing services under this Agreement report child abuse or neglect to a child protective agency as defined in Penal Code, Section 11166.

P. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

The Contractor in this Agreement is subject to all relevant requirements contained in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, enacted August 21, 1996, and the laws and regulations promulgated subsequent thereto. The Contractor hereto agrees to cooperate in accordance with the terms and intent of this Agreement for implementation of relevant law(s) and/or regulation(s) promulgated under this Law. The Contractor further agrees that it shall be in compliance, and shall remain in compliance with the requirements of HIPAA, and the laws and regulations promulgated subsequent hereto, as may be amended from time to time

Q. ELDER AND DEPENDENT ADULT ABUSE REPORTING

The Contractor shall provide documentation of a policy and procedure acceptable to DPSS to ensure that all employees, volunteers, consultants, subcontractors, or agents performing services under this Agreement report elder and dependent adult abuse pursuant to Welfare & Institutions Code (WIC) Sections 15600 et seq. Suspected incidents of abuse should be immediately reported to DPSS, followed by a written report within two working days.

R. NON-DISCRIMINATION ASSURANCE

The Project Sponsor shall not discriminate in its recruiting, hiring, promoting, demoting, or terminating practices on the basis of race, religious creed, color, national origin, ancestry, physical handicap, medical condition, marital status, age or sex in the performance of this Agreement, and to the extent they shall apply, with the provisions of the California Employment and Housing Act (Gov. Code section 12900 et. Seq.), and the Federal Civil Rights Act of 1964 (P. L. 88-352).

S. AUTHORITY

The individuals executing this Agreement and the instruments referenced herein on behalf of the Project Sponsor each represent and warrant that they have the legal power, right, and actual authority to bind Housing Authority to the terms and conditions herein this agreement.

T. NOTICES

All correspondence and notices required or contemplated by this Agreement shall be delivered to the respective parties at the addresses set forth herein. All other correspondence shall be delivered to the addresses shown below and are deemed submitted on the date of deposit in the U. S. Mail, postage prepaid to:

DPSS: Department of Public Social Services
(Contract Issues) Contracts Administration Unit
10281 Kidd Street
Riverside, CA 92503

DPSS: Department of Public Social Services
(Program Issues) Attn: Homeless Programs Coordinator
4060 County Circle Drive
Riverside, CA 92503

Project Sponsor: Housing Authority of Riverside County
Robert Field, Assistant County Executive Officer/EDA
5555 Arlington Avenue
Riverside, CA 92504

U. ENTIRE AGREEMENT

This Agreement constitutes the entire agreement between the parties hereto with respect to the subject matter hereof and all prior or contemporaneous agreements of any kind or nature relating to the same shall be deemed to be merged herein. Any modifications to the terms of this Agreement must be made in writing and signed by the parties herein. More specifically, the Project Sponsor shall not change the population to be served or make any other change inconsistent with the Application without the prior approval of DPSS and HUD.

Applicant: Riverside City & County CoC
Project: Western Riverside County Shelter Plus Care

CA-608
EX2_010945

Before Starting the Exhibit 2 (Project) Application

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the 2009 Exhibit 2 (Project) Application.

Training resources are available online at: www.hudhre.info/esnaps - Training modules are available to help complete or update the Exhibit 2 application, including attaching required forms. - The HUD HRE Virtual Help Desk is available for submitting technical and policy questions directly to HUD. - Guidance is available on obtaining a DUN and Bradstreet DUNS Number, and completing, updating or renewing CCR registration.

Things to Remember - Review the 2009 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program for specific application and program requirements. - Renewal applications - the 2009 Exhibit 2 application forms will be populated with information from the 2008 application, if applicable. The populated information must be verified and updated, if necessary. - First-time renewal and new applications will not have pre-populated information and must complete all Exhibit 2 forms. - The 2009 SHP funding request for each budget activity must be consistent with the amounts in the 2009 SHP Grant Inventory Worksheets, as approved by HUD. - The S+C rental assistance request for each unit in the project must be consistent with unit configuration listed in the 2009 S+C Grant Inventory Worksheets, as approved by HUD. - HUD will announce the 2009 conditional awards for renewal applications within 30-60 days of the closing of the CoC competition.

Project Information - Page 1

Instructions:

The selections made on this form will determine the remaining forms that must be completed with this application.

CoC Number and Name (required) ζ select the appropriate Continuum of Care (CoC) name and number from the drop-down menu.

Project Name (populated) ζ this field will populate in a read-only format for all applications. Return to the applicant project listing to update the name of the project.

Project Type (required) ζ indicate whether the project is eligible for new or renewal funds during the current competition. Renewal projects are defined as those HUD McKinney-Vento grants that have received funding in a previous competition and are eligible to renew during the current competition.

Program Type (required) ζ select one of the three HUD homeless assistance programs that appropriately identifies the competitive program under which the application should be funded and operated - Supportive Housing Program (SHP), Shelter Plus Care (S+C), or Section 8 Moderate Rehabilitation for Single Room Occupancy (Section 8 SRO).

Component Type (required) ζ each homeless assistance program features several components to help homeless people achieve independence. Select the one component that appropriately identifies the application being submitted.

In which state is the project located (required) ζ of the available states listed, select the state(s) in which the project is located. The selected state(s) will be used to populate the available geography codes on the next form (Project Information - Page 2) of this application.

In which Congressional District(s) is the project located (required) ζ of the available congressional districts listed, select the district(s) in which the project is located. The selected district(s) will be used to send correspondence to the appropriate Congressional Representative(s).

Project Description (required) ζ in the last field on this form, provide a general description of the project. The description must include a response to the program requirements under which the project will operate. The description must also include information on the homeless needs that are addressed by the project, the type of housing that will be provided, and the target population that the project will serve. Completion of this field is required of all new and renewal projects.

Additional resources:

<http://esnaps.hudhre.info/training>

<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

Complete or update the form fields in the order of appearance. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please verify that all populated fields are correct.

Expiring Grant Number CA0683C9D080801

CoC Number and Name CA-608 - Riverside City & County CoC

Project Name Western Riverside County Shelter Plus Care

Project Type Renewal Project

Program Type S+C

Content depends on "Project Type" selection

Component Type TRA

Content depends on "Program Type" selection

In which state is the project located? California
(for multiple state selections hold CTRL+Key)

In which Congressional District(s) is the project located? CA-044
(for multiple selections hold CTRL + Key)

Provide a general description of the project.
(Max 3000 characters)

The West County Shelter Plus Care program provides permanent supportive housing to homeless persons with severe disabilities living in the western portion of Riverside County. This program targets individuals who are living on the streets and suffer from severe mental health illness. Participants receive tenant based rental assistance in mainstream housing of their choosing and comprehensive mental health services through the County's Department of Mental Health. A total of 32 households are serviced through the West County Shelter Plus Care program.

Project Information - Page 2

Instructions:

The fields that must be completed on this form will vary based on the project, program, and component type selected on Page 1 of the Project Information form.

NEW PROJECTS:

Is the project requesting new Special Housing funding (required) - for this competition there is only one special housing project - the Permanent Housing (PH) Bonus. New projects applying under the SHP-PH, S+C, or Section 8 SRO programs may qualify for PH Bonus funding.

RENEWAL PROJECTS:

Previous Samaritan Housing /Chronic Homeless Initiative funding (required) - if the project previously received funds under the Samaritan Housing or Chronic Homeless Initiatives, the project must continue to meet the requirements of either initiative for the life of the project.

Grant Consolidation (required) - indicate whether or not the project has recently consolidated two or more grants that have been approved through HUD's grant amendment process. Each consolidated grant must be listed on the "Grant Consolidation" form.

NEW AND RENEWAL PROJECTS:

A response to the following fields is required by both new and renewal projects - Grant term (required) - the available terms will vary depending on the project and program types; Use of energy star (required); Located in a rural area (required) - as defined in the 2009 NOFA; Located on land previously owned by the military (required); and Geographic areas served by the project (required).

Select the appropriate SHP budget activities (required) - all SHP projects must identify the budget activities for which funding is being requested. Depending on the project type, the following budget activities may be listed: acquisition, new construction, rehabilitation, leasing (units or structures), supportive services, operations, and HMIS.

Additional resources:

<http://esnaps.hudhre.info/training>
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

Complete or update the form fields in the order of appearance. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please verify that all populated fields are correct.

Was the original project awarded as a Samaritan Housing project? No

Were one or more projects consolidated with this project? No
If "yes" additional information is required on the following page.

Grant Term: 1 Year

Does the project use Energy Star? Yes

Is the project located in a rural area? No

Is the project located on land previously owned by the military? No

Select the geographic code(s) for area(s) served by the project (for multiple selections hold CTRL + Key) 063048 RIVERSIDE

Project Sponsor Information

Instructions:

Sponsor Same as Applicant (required) - select Yes or No from the drop-down menu to denote if the applicant is the same as the project sponsor. If Yes, select the "Save" button to review the SF-424 data populated in the form fields. If No, select the "Save" button to complete or update the form fields as required.

DUNS Number (required) - enter or update DUNS Number in the proper format.

Tax ID or EIN (required) - enter or update the sponsor's ID or EIN in the proper format.

Street Address 1 (required) - enter or update the number and street name.

Street Address 2 (no input required) - enter the unit, suite, or floor if applicable.

City (required) - enter the location city.

State (required) - select or update the location State abbreviation from the drop-down menu.

Zip Code (required) - enter the location Zip Code in the proper format.

Faith Based Organization (required) - select Yes or No from the drop-down menu to denote if the sponsor is a faith based organization.

Prior Federal Grant Recipient (required) - select Yes or No from the drop-down menu to denote if the sponsor is a faith based organization.

Additional resources:

<http://esnaps.hudhre.info/training>

<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

Complete or update the form fields in the order of appearance. The form fields will populate data from the 2008 application submission, if applicable, and the SF-424, if the applicant is the same entity as the sponsor. Please verify that all populated fields are correct.

Is the project applicant the same as the project sponsor? No
(If yes click on the "Save" button to auto-fill the fields below)

Organization Name Housing Authority of the County of Riverside

Organization Type L. Public/Indian Housing Authority

If "Other" specify:

| | | |
|--|-----------|-------------------|
| DUNS Number Format: xxxxxxxx or xxxxxxxxxxxxxx | 055022305 | PLU S 4 |
|--|-----------|-------------------|

Tax ID or EIN 95-6001631
Format: 12-3456789

Applicant: Riverside City & County CoC
Project: Western Riverside County Shelter Plus Care

CA-608
EX2_010945

Street Address 1 5555 Arlington Avenue

Street Address 2

City Riverside

State California

Zip Code 92504

Format: 12345 or 12345-1234

Is the sponsor a Faith-Based Organization? No

Project Sponsor Contact Information

Instructions:

Prefix (no input required) ⌵ select Dr., Mr., Mrs., Ms., Miss, Rev ... from dropdown menu.

First Name (required) ⌵ enter or update the First Name of the primary sponsor representative.

Middle Name (required) ⌵ enter or update the Middle Name of the primary sponsor representative.

Last Name (required) ⌵ enter or update the Last Name of the primary sponsor representative.

Suffix (no input required) ⌵ select Jr., Sr., M.D., D.D.S., Ph.D, Esq ⌵ from dropdown menu.

Title (required) ⌵ enter or update the Title of the primary sponsor representative.

E-mail Address (required) ⌵ enter or update the e-mail address of the primary sponsor representative.

Confirm E-mail Address (required) ⌵ re-enter or update the sponsor e-mail address.

Phone Number (required) ⌵ enter or update the sponsor's 10-digit Phone Number in prescribed format XXX-XXX-XXXX.

Extension (no input required) ⌵ enter or update the Extension associated with the sponsor's Phone Number.

Fax Number (required) ⌵ enter the 10-digit sponsor Fax Number in prescribed format XXX-XXX-XXXX.

Complete or update the form fields in the order of appearance. The form fields will populate data from the 2008 application submission, if applicable, and the SF-424, if the applicant is the same entity as the sponsor. Please verify that all populated fields are correct.

Prefix Ms.
First Name Carrie
Middle Name
Last Name Harmon
Suffix
Title Senior Development Specialist
E-mail Address charmon@rivcoeda.org
Confirm E-mail Address charmon@rivcoeda.org
Phone Number 951-343-5461
Format: 123-456-7890
Extension
Fax Number 951-688-6873
Format: 123-456-7890

Project Participants - Households with Dependent Children

Instructions:

Total number of households (required) ζ enter or update the total number of households served at a point in time.

Disabled adults (in this row) ζ enter the total number of adult participants with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

Non-disabled adults (in this row) ζ enter the total number of adult participants without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse, veterans, and DV victims).

Disabled children (in this row) ζ enter the total number of participant children with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, persons with HIV/AIDS, and DV victims).

Non-disabled children (in this row) ζ enter the total number of participant children without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse and DV victims).

Total persons (calculated row) ζ all fields are automatically calculated.

Total number of adults (calculated row) ζ all fields are automatically calculated.

Total number of children (calculated row) ζ all fields are automatically calculated.

Additional Resources: Point in time - PIT (definition) ζ a snap shot of the number of homeless persons that can be served, on any given night or day, when the project is at full capacity. This count is based on the applicant's estimate at the time of application, for a new grant. For a renewal project, the PIT is based on the applicant's assessment of the number of participants residing in a facility or served by the program on a particular night or day when the project is at full capacity.

<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>
<http://esnaps.hudhre.info/training>

Indicate the total number of homeless persons and subpopulations served by the project, at a particular point in time (when the project is at full capacity).

| | | | | | | |
|---|----------------------|------------------------------|--------------------------------|-----------------|------------------------------|-------------------------------------|
| Total Number of Households | 13 | | | | | |
| | Total Persons | Severely Mentally Ill | Chronic Substance Abuse | Veterans | Persons with HIV/AIDS | Victims of Domestic Violence |
| Disabled Adults | 13 | 13 | | | | |
| Non-Disabled Adults | 1 | | | | | |
| Disabled Children | | | | | | |
| Non-Disabled Children | 26 | | | | | |
| Total Persons (click on "Save" to auto-calculate) | 40 | 13 | 0 | 0 | 0 | 0 |
| Total Number of Adults (click on "Save" to auto-calculate) | 14 | | | | | |

| | |
|---|----|
| Total Number of Children (click on "Save" to auto-calculate) | 26 |
|---|----|

Project Participants - Households without Dependent Children

Instructions:

Total number of households (required) ζ enter the total number of households served at a point in time.

Disabled adults (in this row) ζ enter the total number of adult participants with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

Non-disabled adults (in this row) ζ enter the total number of adult participants without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse, veterans, and DV victims).

Disabled unaccompanied youth (in this row) ζ enter the total number of unaccompanied youth with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, persons with HIV/AIDS, and DV victims).

Non-disabled unaccompanied youth (in this row) ζ enter the total number of unaccompanied youth without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse, and DV victims).

Total persons (calculated row) ζ all fields are automatically calculated.

Total number of adults (calculated row) ζ all fields are automatically calculated.

Total number of unaccompanied youth (calculated row) ζ all fields are automatically calculated.

Additional Resources:

Point in time - PIT (definition) ζ a snap shot of the number of homeless persons that can be served, on any given night or day, when the project is at full capacity. This count is based on the applicant's estimate at the time of application, for a new grant. For a renewal project, the PIT is based on the applicant's assessment of the number of participants residing in a facility or served by the program on a particular night or day when the project is at full capacity.

<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

<http://esnaps.hudhre.info/training>

Indicate the total number of homeless persons and subpopulations served by the project, at a particular point in time (when the project is at full capacity).

Instructions:

Chronically Homeless must be disabled adults in households without children (so no entry allowed in non-disabled adult or children/youth)

Severely Mentally Ill are all considered disabled (so no entry allowed in non-disabled)

Chronic Substance Abuse may not constitute a disability on its own

Veterans must be adults (so no entry allowed in children/youth)

Persons living with HIV/AIDS are all considered disabled (so no entry allowed in non-disabled)

| Total Number of Households | 22 | | | | | | |
|--|---------------|----------------------|-----------------------|-------------------------|----------|-----------------------|------------------------------|
| | Total Persons | Chronically Homeless | Severely Mentally Ill | Chronic Substance Abuse | Veterans | Persons with HIV/AIDS | Victims of Domestic Violence |
| Disabled Adults | 22 | | 22 | | | | |
| Non-Disabled Adults | 6 | | | | | | |
| Disabled Unaccompanied Youth | | | | | | | |
| Non-Disabled Unaccompanied Youth | | | | | | | |
| Total Persons (click on "Save" to auto-calculate) | 28 | | 22 | 0 | 0 | 0 | 0 |
| Total Number of Adults (click on "Save" to auto-calculate) | 28 | | | | | | |
| Total Number of Unaccompanied Youth (click on "Save" to auto-calculate) | 0 | | | | | | |

Outreach for Participants

Instructions:

Where homeless participants are coming from (required) - enter or update the percentage (%) related to the places from which homeless participants are coming (streets, emergency shelters, safe havens, or transitional housing who came directly from the streets, emergency shelter, or safe haven).

Total of above percentage (calculated) - the percentages entered will sum in the Total of above percentages field.

If total is less than 100% - indicate the other places from which homeless persons enter the project.

Outreach plan (required for new projects) - describe how the applicant/sponsor plans to bring homeless persons into the project.

Contingency plan (required for new projects) - describe the contingency plan that the applicant/sponsor will implement if the project experiences difficulty in meeting the Bonus requirements to serve exclusively homeless and disabled individuals and families. The contingency plan may include re-evaluating the intake assessment procedures or outreach plan.

Additional resources:
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>
<http://esnaps.hudhre.info/training>

Complete or update the form fields in the order of appearance. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please verify that all populated fields are correct.

Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations.

Note: this includes persons who ordinarily sleep in one of the places listed below but are spending a short time (30 consecutive days or less) in a jail, hospital, or other institution.

| | |
|------|--|
| 50% | Persons who came from the street or other locations not meant for human habitation. |
| 45% | Person who came from Emergency Shelters. |
| 5% | Persons who came from Safe Havens. |
| | Persons in TH who came directly from the street, Emergency Shelters, or Safe Havens. |
| 100% | Total of above percentages |

If the total is less than 100%, describe very specifically where the other persons you propose to serve would be coming from, and how these persons would meet the HUD homeless definition.

Shelter Plus Care Rental Assistance Budget

The following information summarizes the S+C rental assistance funding request for the total term of the project. To add information to this list, click on the icon and enter the requested information.

Total Shelter Plus Care Rental Assistance \$380,448

| FMR_Area | Total Units | Total Requested |
|--|-------------|-----------------|
| CA - Riverside-San Bernardino-Ontario... | 30 | 380448 |

Shelter Plus Care Rental Assistance Budget Detail

Instructions:

Name of metropolitan or non-metropolitan fair market rent area (required) - select or update the FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

FMR Percentage (required) - the only available selection is 100% of the area FMR. Rent requests that are greater (101-110%) or less (1-99%) than the published FMR for a given area are no longer permitted. Still, the rental payments that are drawn from LOCCS or HUDCAPS must not exceed the actual negotiated rent for each unit or the FMRs in effect at the time of grant execution, whichever is less. The FMRs are available online at:
<http://www.huduser.org/datasets/fmr.html>.

In addition, S+C/SRO and Section 8 SRO projects may operate SRO or 0-bedroom units only; however, the per unit rental payments that are drawn from LOCCS or HUDCAPS may not exceed the published FMR for an SRO unit size.

Size of units (populated) - these options are system generated.

Number of units (required) - for each unit size, enter or update the number units for which funding is being requested. For renewal projects, the number(s) entered should match the grant inventory worksheet.

FMR amount (populated) - these fields are populated once the required fields have been completed and saved.

Number of months (populated) - these fields are populated once the required fields have been completed and saved.

Total (calculated) - these fields are totaled once the required fields have been completed and saved.

Additional resources:
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>
<http://esnaps.hudhre.info/training>

Complete the following fields related to the S+C rental assistance funds being requested under the project.

| | |
|---|--|
| Type of Program | S+C |
| Metropolitan or non-metropolitan fair market rent area | CA - Riverside-San Bernardino-Ontario, CA MSA (0606599999) |

Rent requests must equal 100% of FMR
Click on the "Save" button to populate the budget fields below

In the budget chart below, enter or update the number of units for which funding is being requested. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. The number of units entered for each unit size should correspond to the units indicated on the Grant Inventory Worksheet. The remaining fields will populate once all required information is completed and saved.

| Size of Units | Number of Units | | FMR | | Number of Months | | Total |
|---------------|-----------------|---|---------|---|------------------|---|------------------|
| SRO | | x | \$650 | x | 12 | = | \$0 |
| 0 Bedroom | | x | \$867 | x | 12 | = | \$0 |
| 1 Bedroom | 20 | x | \$954 | x | 12 | = | \$228,960 |
| 2 Bedrooms | 7 | x | \$1,125 | x | 12 | = | \$94,500 |
| 3 Bedrooms | 3 | x | \$1,583 | x | 12 | = | \$56,988 |
| 4 Bedrooms | | x | \$1,846 | x | 12 | = | \$0 |
| 5 Bedrooms | | x | \$2,123 | x | 12 | = | \$0 |
| 6 Bedrooms | | x | \$2,400 | x | 12 | = | \$0 |
| 7 Bedrooms | | x | \$2,677 | x | 12 | = | \$0 |
| 8 Bedrooms | | x | \$2,954 | x | 12 | = | \$0 |
| 9 Bedrooms | | x | \$3,231 | x | 12 | = | \$0 |
| | Total 30 | | | | | = | \$380,448 |

Program Outcome Logic Model (HUD 96010) Attachment

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| Logic Model for Program Outcome (HUD 96010) | Yes | HAWest logic model | 10/21/2009 |

Program Outcome Logic Model (HUD 96010) Attachment Detail

Document Description: HAWest logic model

Client Intake Form – HUD SHP Programs

PLEASE FILL OUT A SEPARATE FORM FOR EACH FAMILY MEMBER AND CLIP TOGETHER

Enrollment Entry Date

| | | | | | | | | | |
|-------|--|---|-----|--|---|------|--|--|--|
| | | / | | | / | | | | |
| month | | | day | | | year | | | |

Client Bed Check-In

Client Bed-entry Date: ___/___/___

Facility Client will be housed in: _____

Room Client will be housed in: _____

Bed Client will be assigned: _____

Name

| Current Name (first, middle, last name, suffix) | Don't Know | N/A | Refused |
|---|--------------------------|--------------------------|--------------------------|
| First name | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Middle name | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Last name | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Suffix | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Social Security Number

| | | | | | | | | | |
|--|--|--|---|--|--|---|--|--|--|
| | | | - | | | - | | | |
|--|--|--|---|--|--|---|--|--|--|

| | | | |
|----------------------|--------------------------|------------|--------------------------|
| Full SSN Reported | <input type="checkbox"/> | Don't know | <input type="checkbox"/> |
| Partial SSN Reported | <input type="checkbox"/> | Refused | <input type="checkbox"/> |

Date of Birth

| | | | | | | | | | |
|-------|--|---|-----|--|---|------|--|--|--|
| | | / | | | / | | | | |
| month | | | day | | | year | | | |

(If complete birth date is not know: What is your age?)

| | |
|--|--|
| | |
|--|--|

Age

Gender

| | |
|----------------------------|--------------------------|
| Female | <input type="checkbox"/> |
| Male | <input type="checkbox"/> |
| Transgender Male to Female | <input type="checkbox"/> |
| Transgender Female to Male | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |
| Don't Know | <input type="checkbox"/> |
| Refused | <input type="checkbox"/> |

Ethnicity

| | |
|-------------------------|--------------------------|
| Non-Hispanic/Non-Latino | <input type="checkbox"/> |
| Hispanic/Latino | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |
| Refused | <input type="checkbox"/> |

Race

| | |
|---|--------------------------|
| American Indian or Alaskan Native | <input type="checkbox"/> |
| Asian | <input type="checkbox"/> |
| Black or African American | <input type="checkbox"/> |
| Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> |
| White | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |
| Refused | <input type="checkbox"/> |

Disabling Condition

| | |
|------------|--------------------------|
| No | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |
| Refused | <input type="checkbox"/> |

Veteran Status

| | |
|------------|--------------------------|
| No | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |
| Refused | <input type="checkbox"/> |

Residence Prior to Program Entry

| | |
|---|--------------------------|
| Emergency shelter (including a youth shelter, hotel, motel, campground paid with emergency shelter voucher) | <input type="checkbox"/> |
| Transitional housing for homeless persons (including homeless youth) | <input type="checkbox"/> |
| Permanent housing for formerly homeless persons (such as SHP, S+C, SRO Mod Rehab) | <input type="checkbox"/> |
| Psychiatric hospital or other psychiatric facility | <input type="checkbox"/> |
| Substance abuse treatment facility or detox center | <input type="checkbox"/> |
| Hospital (non psychiatric) | <input type="checkbox"/> |
| Jail, prison, juvenile detention facility | <input type="checkbox"/> |
| Rental by client, no housing subsidy | <input type="checkbox"/> |
| Owned by client, no housing subsidy | <input type="checkbox"/> |
| Staying or living in a family member's room, apartment, or house | <input type="checkbox"/> |
| Staying or living in a friend's room, apartment, or house | <input type="checkbox"/> |
| Hotel/motel paid for without emergency shelter voucher | <input type="checkbox"/> |
| Foster care home/foster care group home | <input type="checkbox"/> |
| Places not meant for habitation e.g., (vehicles, abandoned building, bus/train/subway station/airport, or anywhere else outside | <input type="checkbox"/> |
| Other (Describe) | <input type="checkbox"/> |
| Safe Haven | <input type="checkbox"/> |
| Rental by client, with VASH housing subsidy | <input type="checkbox"/> |
| Rental by client, with other (non-VASH) housing subsidy | <input type="checkbox"/> |
| Owned by client, with housing subsidy | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |
| Refused | <input type="checkbox"/> |

Length of Stay in Previous Place

| | |
|--|--------------------------|
| One week or less | <input type="checkbox"/> |
| More than one week, but less than one month | <input type="checkbox"/> |
| one to three months | <input type="checkbox"/> |
| More than one week but less then one month | <input type="checkbox"/> |
| One to three months | <input type="checkbox"/> |
| More then three months, but less then one year | <input type="checkbox"/> |
| One year or longer | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |
| Refused | <input type="checkbox"/> |

Housing Status

| | |
|---|--------------------------|
| Literally homeless | <input type="checkbox"/> |
| Housed and at imminent risk of losing housing | <input type="checkbox"/> |
| Housed and at-risk of losing housing | <input type="checkbox"/> |
| Stably housed | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |
| Refused | <input type="checkbox"/> |

Zip Code of Last Permanent Address (where the client last lived for 90 days or more)

| | |
|-----------------------------------|--------------------------|
| Zip code | <input type="text"/> |
| Full or partial zip code reported | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |
| Refused | <input type="checkbox"/> |

If zip code unknown, what is the city and state you last lived for 90 days or more?

| | |
|--------|----------------------|
| City: | <input type="text"/> |
| State: | <input type="text"/> |

Income and Source – Program-Specific Data Element

| Financial Resources | Income received from any source in the past 30 days? | No | <input type="checkbox"/> |
|------------------------------------|---|---|---------------------------|
| | | Yes | <input type="checkbox"/> |
| | | Don't Know | <input type="checkbox"/> |
| | | Refused | <input type="checkbox"/> |
| Source and Amount of Income | Source of Income | Receiving Income Source | Amount From Source |
| | Earned Income | No <input type="checkbox"/> Yes <input type="checkbox"/> | \$ _____.00 |
| | Unemployment Insurance | No <input type="checkbox"/> Yes <input type="checkbox"/> | \$ _____.00 |
| | Supplement Security Income (SSI) | No <input type="checkbox"/> Yes <input type="checkbox"/> | \$ _____.00 |
| | Social Security Disability Income (SSDI) | No <input type="checkbox"/> Yes <input type="checkbox"/> | \$ _____.00 |
| | Veteran's Disability Payment | No <input type="checkbox"/> Yes <input type="checkbox"/> | \$ _____.00 |
| | Private Disability Insurance | No <input type="checkbox"/> Yes <input type="checkbox"/> | \$ _____.00 |
| | Workers Compensation | No <input type="checkbox"/> Yes <input type="checkbox"/> | \$ _____.00 |
| | Temporary Assistance for Needy Families (TANF) | No <input type="checkbox"/> Yes <input type="checkbox"/> | \$ _____.00 |
| | General Assistance (GA) | No <input type="checkbox"/> Yes <input type="checkbox"/> | \$ _____.00 |
| | Retirement income from Social Security | No <input type="checkbox"/> Yes <input type="checkbox"/> | \$ _____.00 |
| | Veteran's Pension | No <input type="checkbox"/> Yes <input type="checkbox"/> | \$ _____.00 |
| | Pension from former job | No <input type="checkbox"/> Yes <input type="checkbox"/> | \$ _____.00 |
| | Child Support | No <input type="checkbox"/> Yes <input type="checkbox"/> | \$ _____.00 |
| | Alimony or other spousal support | No <input type="checkbox"/> Yes <input type="checkbox"/> | \$ _____.00 |
| | Other source | No <input type="checkbox"/> Yes <input type="checkbox"/> | \$ _____.00 |

| | | | |
|-----------------------------|---------------------------------|--|-------------|
| Total Monthly Income | Monthly income from all sources | | \$ _____.00 |
|-----------------------------|---------------------------------|--|-------------|

Non-Cash Benefit – Program-Specific Data Element

| | | | |
|-----------------------------------|--|--------------------------|--------------------------|
| Non-Cash Benefit | Non-Cash benefit received from any source in past 30 days? | No | <input type="checkbox"/> |
| | | Yes | <input type="checkbox"/> |
| | | Don't Know | <input type="checkbox"/> |
| | | Refused | <input type="checkbox"/> |
| Source of Non-Cash Benefit | | Receiving Benefit | |
| | Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps) | No | <input type="checkbox"/> |
| | | Yes | <input type="checkbox"/> |
| | MEDICAID health insurance program (or use local name) | No | <input type="checkbox"/> |
| | | Yes | <input type="checkbox"/> |
| | MEDICARE health insurance program (or use local name) | No | <input type="checkbox"/> |
| | | Yes | <input type="checkbox"/> |
| | State Children's Health Insurance Program (or use local name) | No | <input type="checkbox"/> |
| | | Yes | <input type="checkbox"/> |
| | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | No | <input type="checkbox"/> |
| | | Yes | <input type="checkbox"/> |
| | Veteran's Administration (VA) Medical Services | No | <input type="checkbox"/> |
| | | Yes | <input type="checkbox"/> |
| | TANF Child Care services (or use local name) | No | <input type="checkbox"/> |
| | | Yes | <input type="checkbox"/> |
| | TANF transportation services (or use local name) | No | <input type="checkbox"/> |
| | | Yes | <input type="checkbox"/> |
| | Other TANF-funded services (or use local name) | No | <input type="checkbox"/> |
| | | Yes | <input type="checkbox"/> |
| | Section 8, public housing, or other rental assistance | No | <input type="checkbox"/> |
| | | Yes | <input type="checkbox"/> |
| | Other source | No | <input type="checkbox"/> |
| | | Yes | <input type="checkbox"/> |

Physical Disability – Program-Specific Data Element

| | | |
|---|------------|--------------------------|
| Physical Disability | No | <input type="checkbox"/> |
| | Yes | <input type="checkbox"/> |
| | Don't Know | <input type="checkbox"/> |
| | Refused | <input type="checkbox"/> |
| (If yes) Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program? | No | <input type="checkbox"/> |
| | Yes | <input type="checkbox"/> |
| | Don't Know | <input type="checkbox"/> |
| | Refused | <input type="checkbox"/> |

Developmental Disability – Program-Specific Data Element

| | | |
|---|------------|--------------------------|
| Developmental disability | No | <input type="checkbox"/> |
| | Yes | <input type="checkbox"/> |
| | Don't Know | <input type="checkbox"/> |
| | Refused | <input type="checkbox"/> |
| (If yes) Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program? | No | <input type="checkbox"/> |
| | Yes | <input type="checkbox"/> |
| | Don't Know | <input type="checkbox"/> |
| | Refused | <input type="checkbox"/> |

Chronic Health Condition – Program-Specific Data Element

| | | |
|---|------------|--------------------------|
| Chronic Health Condition | No | <input type="checkbox"/> |
| | Yes | <input type="checkbox"/> |
| | Don't Know | <input type="checkbox"/> |
| | Refused | <input type="checkbox"/> |
| (If yes) Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program? | No | <input type="checkbox"/> |
| | Yes | <input type="checkbox"/> |
| | Don't Know | <input type="checkbox"/> |
| | Refused | <input type="checkbox"/> |

HIV / AIDS– Program-Specific Data Element

| | | |
|---|------------|--------------------------|
| HIV / AIDS | No | <input type="checkbox"/> |
| | Yes | <input type="checkbox"/> |
| | Don't Know | <input type="checkbox"/> |
| | Refused | <input type="checkbox"/> |
| (If yes) Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program? | No | <input type="checkbox"/> |
| | Yes | <input type="checkbox"/> |
| | Don't Know | <input type="checkbox"/> |
| | Refused | <input type="checkbox"/> |

Mental Health – Program-Specific Data Element

| | | |
|--|------------|--------------------------|
| Mental Health Problem | No | <input type="checkbox"/> |
| | Yes | <input type="checkbox"/> |
| | Don't Know | <input type="checkbox"/> |
| | Refused | <input type="checkbox"/> |
| (If client has a mental health problem) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | No | <input type="checkbox"/> |
| | Yes | <input type="checkbox"/> |
| | Don't Know | <input type="checkbox"/> |
| | Refused | <input type="checkbox"/> |
| (If client has a mental health problem) Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program? | No | <input type="checkbox"/> |
| | Yes | <input type="checkbox"/> |
| | Don't Know | <input type="checkbox"/> |
| | Refused | <input type="checkbox"/> |

Substance Abuse – Program-Specific Data Element

| | | |
|--|-------------------------|--------------------------|
| Substance Abuse Problem | No | <input type="checkbox"/> |
| | Alcohol Abuse | <input type="checkbox"/> |
| | Drug Abuse | <input type="checkbox"/> |
| | Both - Alcohol and Drug | <input type="checkbox"/> |
| | Don't Know | <input type="checkbox"/> |
| | Refused | <input type="checkbox"/> |
| (If client has a substance abuse problem) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | No | <input type="checkbox"/> |
| | Yes | <input type="checkbox"/> |
| | Don't Know | <input type="checkbox"/> |
| | Refused | <input type="checkbox"/> |
| (If client has a substance abuse problem) Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program? | No | <input type="checkbox"/> |
| | Yes | <input type="checkbox"/> |
| | Don't Know | <input type="checkbox"/> |
| | Refused | <input type="checkbox"/> |

Domestic Violence – Program-Specific Data Element

| | | |
|--|-----|--------------------------|
| Domestic Violence Victim/Survivor | No | <input type="checkbox"/> |
| | Yes | <input type="checkbox"/> |

| | | |
|---|------------|--------------------------|
| | Don't Know | <input type="checkbox"/> |
| | Refused | <input type="checkbox"/> |
| (If yes) When experience occurred? | No | <input type="checkbox"/> |
| | Yes | <input type="checkbox"/> |
| | Don't Know | <input type="checkbox"/> |
| | Refused | <input type="checkbox"/> |

Date of Contact – Program-Specific Data Element (REQUIRED FOR HUD STREET OUTREACH ONLY)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------|---|--------------------------|-----|---|---|------|---|--|------|--|--------|--|---|--|--|-------|--|--|-----|--|--|------|--|--|------|--|--------|--|
| Date of Contact | <table border="1"> <tr> <td> </td><td> </td><td>/</td><td> </td><td> </td><td>/</td><td> </td><td> </td><td> </td> <td> </td><td> </td><td>:</td><td> </td><td> </td> </tr> <tr> <td colspan="3">month</td> <td colspan="3">day</td> <td colspan="3">year</td> <td colspan="2">hour</td> <td colspan="2">minute</td> </tr> </table> | | | / | | | / | | | | | | : | | | month | | | day | | | year | | | hour | | minute | |
| | | / | | | / | | | | | | : | | | | | | | | | | | | | | | | | |
| month | | | day | | | year | | | hour | | minute | | | | | | | | | | | | | | | | | |
| Location of Contact | Place not meant for habitation (e.g. vehicle, abandoned building, bus/train/subway or anywhere outside that is not a Homeless Connect-type event) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Service setting, non-residential (e.g. Homeless Connect-type event, drop-in center, day services center, soup kitchen, etc.) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Service setting, residential (e.g. emergency, transitional or permanent housing; treatment facility, including health, mental health, or substance abuse clinic or hospital; jail, prison, or juvenile detention facility; family or friend’s room, apartment, condo, or house; foster care or group home) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |

Date of Engagement – Program-Specific Data Element (REQUIRED FOR HUD STREET OUTREACH ONLY)

| | | | | | | | | | | | | | | | | | | | |
|---------------------------|--|---|-----|---|---|------|---|--|--|--|-------|--|--|-----|--|--|------|--|--|
| Date of Engagement | <table border="1"> <tr> <td> </td><td> </td><td>/</td><td> </td><td> </td><td>/</td><td> </td><td> </td><td> </td> </tr> <tr> <td colspan="3">month</td> <td colspan="3">day</td> <td colspan="3">year</td> </tr> </table> | | | / | | | / | | | | month | | | day | | | year | | |
| | | / | | | / | | | | | | | | | | | | | | |
| month | | | day | | | year | | | | | | | | | | | | | |

Program-Specific Data Element - Client Outcome Measures (Domains)

| | | |
|--------------------------|---|--------------------------|
| Income Domain | No Income. | <input type="checkbox"/> |
| | Inadequate income and/or spontaneous or inappropriate spending. | <input type="checkbox"/> |
| | Can meet basic needs with subsidy; appropriate spending. | <input type="checkbox"/> |
| | Can meet basic needs and manage debt without assistance. | <input type="checkbox"/> |
| | Income is sufficient, well managed; has discretionary income and is able to save. | <input type="checkbox"/> |
| | Don't Know | <input type="checkbox"/> |
| | Refused | <input type="checkbox"/> |
| Employment Domain | No Job. | <input type="checkbox"/> |
| | Temporary, part-time or seasonal; inadequate pay; no benefits | <input type="checkbox"/> |
| | Employed full-time; inadequate pay; few or no benefits | <input type="checkbox"/> |
| | Employed full-time with adequate pay and benefits | <input type="checkbox"/> |
| | Maintains permanent employment with adequate income and benefits | <input type="checkbox"/> |
| | Don't Know | <input type="checkbox"/> |
| Housing Domain | Refused | <input type="checkbox"/> |
| | Homeless or threatened with eviction | <input type="checkbox"/> |
| | In transitional, temporary, or substandard housing; and/or current rent or mortgage payment is unaffordable | <input type="checkbox"/> |
| | In stable housing that is safe but only marginally adequate | <input type="checkbox"/> |
| | Housing is safe, adequate, and subsidized | <input type="checkbox"/> |
| | Housing is safe, affordable, adequate, and unsubsidized | <input type="checkbox"/> |
| | Don't Know | <input type="checkbox"/> |
| Food Domain | Refused | <input type="checkbox"/> |
| | No food or means to prepare it. Relies to a significant degree on other sources of free or low-cost food | <input type="checkbox"/> |
| | Household is on food stamps | <input type="checkbox"/> |
| | Can meet basic food needs but requires occasional assistance | <input type="checkbox"/> |
| | Can meet basic food needs without assistance | <input type="checkbox"/> |
| | Can choose to purchase any food household desires | <input type="checkbox"/> |
| | Don't Know | <input type="checkbox"/> |
| Childcare Domain | Refused | <input type="checkbox"/> |
| | Needs childcare, but none is available/accessible and/or child is not eligible | <input type="checkbox"/> |

| | | |
|------------------------------------|---|--------------------------|
| | Childcare is unreliable or unaffordable; inadequate supervision is a problem for childcare that is available | <input type="checkbox"/> |
| | Affordable subsidized childcare is available but limited | <input type="checkbox"/> |
| | Reliable, affordable childcare is available; no need for subsidies | <input type="checkbox"/> |
| | Able to select quality childcare of choice | <input type="checkbox"/> |
| | Don't Know | <input type="checkbox"/> |
| | Refused | <input type="checkbox"/> |
| Children's Education Domain | One or more eligible children not enrolled in school | <input type="checkbox"/> |
| | All eligible children enrolled in school, but one or more children not attending classes | <input type="checkbox"/> |
| | Enrolled in school, but one or more children only occasionally attending classes | <input type="checkbox"/> |
| | Enrolled in school and attending classes most of the time | <input type="checkbox"/> |
| | All eligible children enrolled and attending on a regular basis and making progress | <input type="checkbox"/> |
| | Don't Know | <input type="checkbox"/> |
| | Refused | <input type="checkbox"/> |
| Adult Education Domain | Literacy problems and/or no high school diploma/GED are serious barriers to employment | <input type="checkbox"/> |
| | Enrolled in literacy and/or GED program and/or has sufficient command of English to where language is not a barrier to employment | <input type="checkbox"/> |
| | Has high school diploma/GED | <input type="checkbox"/> |
| | Needs additional education/training to improve employment situation and/or to resolve literacy problems to where they are able to function effectively in society | <input type="checkbox"/> |
| | Has completed education/training needed to become employable. No literacy problems | <input type="checkbox"/> |
| | Don't Know | <input type="checkbox"/> |
| | Refused | <input type="checkbox"/> |
| Legal Domain | Current outstanding tickets or warrants or other serious unresolved legal issues | <input type="checkbox"/> |
| | Current charges/trial pending; noncompliance with probation/parole/legal issues impacting housing qualifications | <input type="checkbox"/> |
| | Fully compliant with probation/parole terms/past non-violent felony convictions/working on plan to resolve other legal issues | <input type="checkbox"/> |
| | Has successfully completed probation/parole within past 12 months; no new charges filed; recently resolved other legal issues | <input type="checkbox"/> |
| | No active legal issues in more than 12 months and/or no felony/significant legal/criminal history | <input type="checkbox"/> |
| | Don't Know | <input type="checkbox"/> |
| | Refused | <input type="checkbox"/> |
| Health Care Domain | No medical coverage with immediate need | <input type="checkbox"/> |
| | No medical coverage and great difficulty accessing medical care when needed. Some household members may be in poor health | <input type="checkbox"/> |
| | Some members (e.g. children) on MEDICAID, but adults lack coverage | <input type="checkbox"/> |
| | All members can get medical care when needed but may strain budget | <input type="checkbox"/> |
| | All members are covered by affordable, adequate health insurance | <input type="checkbox"/> |
| | Don't Know | <input type="checkbox"/> |
| | Refused | <input type="checkbox"/> |
| Life Skills Domain | Unable to meet basic needs such as hygiene, food, activities of daily living | <input type="checkbox"/> |
| | Can meet a few but not all needs of daily living without assistance | <input type="checkbox"/> |
| | Can meet most but not all daily living needs without assistance | <input type="checkbox"/> |
| | Able to meet all basic needs of daily living without assistance | <input type="checkbox"/> |
| | Able to provide beyond basic needs of daily living for self and family | <input type="checkbox"/> |
| | Don't Know | <input type="checkbox"/> |
| Mental Health Domain | Refused | <input type="checkbox"/> |
| | Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to psychological problems | <input type="checkbox"/> |

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| | Recurrent mental health symptoms that may affect behavior but not a danger to self/others; persistent problems with functioning due to mental health symptoms | <input type="checkbox"/> |
| | Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems | <input type="checkbox"/> |
| | Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning | <input type="checkbox"/> |
| | Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than every day problems or concerns | <input type="checkbox"/> |
| | Don't Know | <input type="checkbox"/> |
| | Refused | <input type="checkbox"/> |
| Substance Abuse Domain | Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary | <input type="checkbox"/> |
| | Meets criteria for dependence; preoccupation with use and/or obtaining drugs/alcohol; withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities | <input type="checkbox"/> |
| | Use within last six months; evidence of persistent or recurrent social, occupational, emotional or physical problems related to use (such as disruptive behavior or housing problems); problems that have persisted for at least one month | <input type="checkbox"/> |
| | Client has used during last six months (including social use) but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent dangerous use | <input type="checkbox"/> |
| | No drug/alcohol abuse in six months | <input type="checkbox"/> |
| | Don't Know | <input type="checkbox"/> |
| | Refused | <input type="checkbox"/> |
| Family Relations Domain | Lack of necessary support from family or friends; abuse (DV, child) is present or there is child neglect | <input type="checkbox"/> |
| | Family/friends may be supportive but lack ability or resources to help; family members do not relate well with one another; potential for abuse or neglect | <input type="checkbox"/> |
| | Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to communicate and support | <input type="checkbox"/> |
| | Strong support from family or friends; household members support each other's efforts | <input type="checkbox"/> |
| | Has healthy/expanding support network; household is stable and communication is consistently open | <input type="checkbox"/> |
| | Don't Know | <input type="checkbox"/> |
| | Refused | <input type="checkbox"/> |
| Mobility Domain | No access to transportation, public or private; may have car that is inoperable | <input type="checkbox"/> |
| | Transportation is available (including bus) but unreliable, unpredictable, unaffordable; may have car but no insurance, license, etc... | <input type="checkbox"/> |
| | Transportation is available (including bus) and reliable but limited and/or inconvenient; drivers are licensed and minimally insured | <input type="checkbox"/> |
| | Transportation (including bus) is generally accessible to meet basic travel needs | <input type="checkbox"/> |
| | Transportation is readily available and affordable; car is adequately insured | <input type="checkbox"/> |
| | Don't Know | <input type="checkbox"/> |
| | Refused | <input type="checkbox"/> |
| Community Involvement Domain | Not applicable due to crisis situation; in "survival" mode | <input type="checkbox"/> |
| | Socially isolated and/or no social skills and/or lacks motivation to become involved | <input type="checkbox"/> |
| | Lacks knowledge of ways to become involved or new to community | <input type="checkbox"/> |
| | Some community involvement (church, advisory group, support group) but has barriers such as transportation, childcare issues | <input type="checkbox"/> |
| | Actively involved in community (church, etc.) | <input type="checkbox"/> |

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| | Don't Know | <input type="checkbox"/> |
| | Refused | <input type="checkbox"/> |
| Safety Domain | Home/residence is not safe, lethality is high | <input type="checkbox"/> |
| | Safety is threatened, temporary protection is available, lethality is high | <input type="checkbox"/> |
| | Safety is minimally adequate, safety planning is essential | <input type="checkbox"/> |
| | Home is safe, however future is uncertain, safety planning is important | <input type="checkbox"/> |
| | Home is apparently safe and stable | <input type="checkbox"/> |
| | Don't Know | <input type="checkbox"/> |
| | Refused | <input type="checkbox"/> |
| Parenting Skills Domain | Parenting skills are lacking and there is no extended family support | <input type="checkbox"/> |
| | Parenting skills are minimal and there is limited extended family support | <input type="checkbox"/> |
| | Parenting skills apparent but not adequate | <input type="checkbox"/> |
| | Parenting skills are adequate | <input type="checkbox"/> |
| | Parenting skills are well developed | <input type="checkbox"/> |
| | Don't Know | <input type="checkbox"/> |
| | Refused | <input type="checkbox"/> |
| Credit History Domain | No credit history | <input type="checkbox"/> |
| | Outstanding judgments or bankruptcy/foreclosure | <input type="checkbox"/> |
| | Has a credit repair plan | <input type="checkbox"/> |
| | Moderate credit rating | <input type="checkbox"/> |
| | Good credit/manageable debt ratio | <input type="checkbox"/> |
| | Don't Know | <input type="checkbox"/> |
| | Refused | <input type="checkbox"/> |

Services Provided

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| Outreach | <input type="checkbox"/> |
| Case Management | <input type="checkbox"/> |
| Life Skills (Outside of Case Management) | <input type="checkbox"/> |
| Alcohol or drug abuse services | <input type="checkbox"/> |
| Mental health services | <input type="checkbox"/> |
| HIV / AIDS – related services | <input type="checkbox"/> |
| Other health care services | <input type="checkbox"/> |
| Education | <input type="checkbox"/> |
| Housing placement | <input type="checkbox"/> |
| Employment assistance | <input type="checkbox"/> |
| Child care | <input type="checkbox"/> |
| Transportation | <input type="checkbox"/> |
| Legal | <input type="checkbox"/> |
| Deceased | <input type="checkbox"/> |
| Other (Describe) | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |
| Refused | <input type="checkbox"/> |

Destination (At Exit)

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| Emergency Shelter, including hotel or motel paid for with emergency shelter voucher | <input type="checkbox"/> |
| Transitional housing for homeless persons (including homeless youth) | <input type="checkbox"/> |
| Permanent supportive housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab) | <input type="checkbox"/> |
| Psychiatric hospital or other psychiatric facility | <input type="checkbox"/> |
| Substance abuse treatment facility or detox center | <input type="checkbox"/> |
| Hospital (non-psychiatric) | <input type="checkbox"/> |
| Jail, prison, or juvenile detention facility | <input type="checkbox"/> |
| Rental by client, no housing subsidy | <input type="checkbox"/> |
| Owned by client, no housing subsidy | <input type="checkbox"/> |
| Staying or living with family, temporary tenure (e.g. room, apartment, or house) | <input type="checkbox"/> |

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| Staying or living with friends, temporary tenure (e.g. room, apartment, or house) | <input type="checkbox"/> |
| Hotel or motel paid for without emergency shelter voucher | <input type="checkbox"/> |
| Foster care home or foster care group home | <input type="checkbox"/> |
| Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |
| Safe Haven | <input type="checkbox"/> |
| Rental by client, VASH subsidy | <input type="checkbox"/> |
| Rental by client, other (non-VASH) housing subsidy | <input type="checkbox"/> |
| Owned by client, with housing subsidy | <input type="checkbox"/> |
| Staying or living with family, permanent tenure | <input type="checkbox"/> |
| Staying or living with friends, permanent tenure | <input type="checkbox"/> |
| Deceased | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |
| Refused | <input type="checkbox"/> |

Enrollment Exit Date

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|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| month | day | | year | | | | | | |



Riverside County Department of Public Social Services
**TENANT CHANGE NOTICE TO RIVERSIDE COUNTY
HOMELESS PROGRAMS UNIT**

TENANT MOVE OUT

| | |
|-------------------------|-------|
| Tenant Name: | _____ |
| Address: | _____ |
| Last Date of Occupancy: | _____ |

TENANT MOVE IN

| | |
|----------------------------|-------|
| Tenant Name: | _____ |
| Address: | _____ |
| Date of Initial Occupancy: | _____ |

Attached:

- Homeless Certification
- Disability Certification for Permanent Housing
- Rent Calculation

X _____
Signature *Date*

_____ *Title & Organization*

Grant #: _____

FOR COUNTY USE ONLY:

Date Received: _____
HQS Date Completed: _____

Riverside County Department of Public Social Services

CERTIFICATION OF TENANT ROLL

MONTH OF: YEAR: SPONSOR NAME: GRANT #:

| 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | 9. | 10. | 11. | 12. | 13. | 14. | 15. | 16. | 17. | 18. | 19. | 20. |
|------------------------------|------------------------------|---------|--------|---------------------|----------------------|-------------|-----------|--------------|---|---------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| TENANT NAME (Last, First) | UNIT TYPE (# of bedrooms) | ADDRESS | UNIT # | TENANT MOVE IN DATE | TENANT MOVE OUT DATE | LEASE START | LEASE END | LEASE AMOUNT | Utilities included in lease (WTR, SWR, TRA, GAS, ELE) | TENANT PAID PORTION | | | | | | | | | |
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CERTIFICATION

I certify this is true and correct

X _____
 SIGNATURE DATE