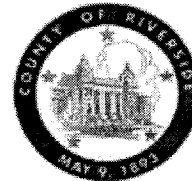


**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

222



**FROM: DEPARTMENT OF PUBLIC SOCIAL SERVICES**

**SUBMITTAL DATE:**  
September 14, 2010

**SUBJECT: PROJECT SPONSOR AGREEMENT #HO-01635—FAMILY SERVICE ASSOCIATION  
OF WESTERN RIVERSIDE COUNTY**

**RECOMMENDED MOTION:** That the Board of Supervisors approve and:

1. Authorize the Chairman of the Board to sign the attached Project Sponsor Agreement [HO-01635] between DPSS and Family Service Association of Western Riverside County, in the amount of \$436,000 for the period of two (2) years from the operation start date;
2. Authorize the Purchasing Agent, in accordance with Ordinance No. 459, to sign amendments that do not change the substantive terms of the Project Sponsor Agreement, including amendments to the compensation provision that do not exceed annual CPI rates; and
3. Authorize the Director of DPSS to administer the Project Sponsor Agreement with Family Service Association of Western Riverside County.

*Susan Loew*

Susan Loew, Director

(CONTINUED – 3 pages in total)

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ 54,500	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0	For Fiscal Year:	2010-11
<b>SOURCE OF FUNDS:</b> 100% Federal Funds—HUD Supportive Housing Program				Positions To Be Deleted Per A-30 <input type="checkbox"/>
				Requires 4/5 Vote <input type="checkbox"/>

**C.E.O. RECOMMENDATION:**

APPROVE

BY: *Debra Courmeyer*  
Debra Courmeyer

**County Executive Office Signature**

**Prev. Agn. Ref.:**

**District: 5**

**Agenda Number:**

**3.63**

ATTACHMENTS FILED  
WITH THE CLERK OF THE BOARD

FORM APPROVED COUNTY COUNSEL  
DATE 9/2/10  
BY: *Mark Seiler*  
MARSHAL VICTOR

Departmental Concurrence

Purchasing: *Mark Seiler*  
Mark Seiler, Assistant Director

Dept Recomm.:  Consent  Policy   
Per Exec. Ofc.:  Consent  Policy

**TO: BOARD OF SUPERVISORS**

**DATE:** September 14, 2010

**SUBJECT: PROJECT SPONSOR AGREEMENT #HO-01635—FAMILY SERVICE  
ASSOCIATION OF WESTERN RIVERSIDE COUNTY**

**BACKGROUND:**

On October 23, 2008, DPSS submitted an application for Homeless Assistance funds to the U.S. Department of Housing and Urban Development (HUD). On February 20, 2009, HUD announced three new and eighteen renewal grants for Riverside County's homeless projects which included the new Permanent Housing Program for disabled women with children, sponsored by Family Service Association of Western Riverside County.

Family Service Association (FSA) of Western Riverside County is a not-for-profit social service organization dedicated to meeting the changing needs of families and communities in Riverside and San Bernardino counties (Inland Empire). The agency has provided a variety of health and human service programs to communities since 1953, including: Mental Health Services; Child Development; Community Centers; Adult Day Care and Senior Nutrition Services. The agency's mission is to provide quality human services, child development, housing, and senior services to residents of the Southern California Inland Empire geographic area.

FSA will provide long-term, community-based permanent housing and supportive services in Moreno Valley to serve homeless disabled women with children (up to age 18). Scattered site units will provide 2 bedroom apartments for women disabled due to physical/mental impairments and their children. The project will enable disabled women with children to live as independently as possible in a permanent setting that supports their special needs and those of their children.

This project will serve the large numbers of homeless women and children with complex needs and the following life factors (minority status, childhood sexual abuse, foster care placement during childhood, recent eviction, frequent moves, recent pregnancy or birth and recent hospitalization or care for mental health or substance abuse problem, and domestic violence).

The project will offer a full spectrum of supportive services related to basic needs such as food and clothing, employment, education, family life development, physical and mental health services. The desired outcomes of the project - residential stability and family preservation will be achieved by providing subsidized permanent housing and an array of supportive services where a Case Manager will engage mothers, assess their needs, track their progress and intervene when problems arise.

**FINANCIAL DATA:** No County General Funds are required. Funding is 100% Federal funds. The full Grant amount is \$436,000; however, it is estimated that Family Service Association of Western Riverside County will expend \$54,500 in FY 2010-11, \$218,000 in FY 2011-12 and \$163,500 in FY 2012-13.

**TO: BOARD OF SUPERVISORS**

**DATE:** September 14, 2010

**SUBJECT: PROJECT SPONSOR AGREEMENT #HO-01635—FAMILY  
SERVICE ASSOCIATION OF WESTERN RIVERSIDE COUNTY**

**CONCUR/EXECUTE:** County Purchasing

**ATTACHMENTS:**

1. Project Sponsor Agreement (3 copies) between DPSS and Family Service Association of Riverside County.

SL: mr

**RIVERSIDE COUNTY  
DEPARTMENT OF PUBLIC SOCIAL SERVICES  
SUPPORTIVE HOUSING PROGRAM AGREEMENT**

CONTRACT: **HO-01635**

PROJECT SPONSOR: **FAMILY SERVICE ASSOCIATION OF WESTERN RIVERSIDE COUTY**

ACTIVITIES: **PERMANENT HOUSING FOR DISABLED WOMEN WITH CHILDREN**

AGREEMENT TERM: **TWO YEARS FROM OPERATION START DATE**

AGREEMENT AMOUNT: **\$436,000**

HUD PROJECT NUMBER: **CA0665B9D080800**

**RECITALS**

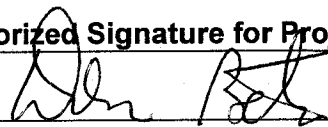
This Agreement is made and entered into by and between the County of Riverside, hereinafter referred to as "County," and Family Service Association of Western Riverside County, hereinafter referred to as the "Project Sponsor."

**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 Program Rule (CFDA 14.235), codified as 24 CFR 583 and Subtitle C of Title IV of the Stewart B. McKinney Homeless Assistance 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.

<b>Authorized Signature for the Board:</b>	<b>Authorized Signature for Project Sponsor:</b>
	
Printed Name of Person Signing:	Printed Name of Person Signing:
Marion Ashley	Dom Betro
Title: Chairman, Board of Supervisors	Title: President/CEO
Address: 4080 Lemon Street Riverside, CA 92501	Address: 21250 Box Springs Road, Suite 212 Moreno Valley, CA 92557
Date Signed:	Date Signed: 9/9/2010

FORM APPROVED COUNTY COUNSEL  
BY: Marshall Victor 9/2/10  
MARSHALL VICTOR DATE

For scanning

**FAMILY SERVICE ASSOCIATION OF WESTERN RIVERSIDE COUNTY**

**SUPPORTIVE HOUSING PROGRAM**

**TERMS AND CONDITIONS**

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LIST OF EXHIBITS

- EXHIBIT A – Project Application
- EXHIBIT B – Technical Submission
- EXHIBIT C – 2-1-1 Riverside County Agency Registration Form
- EXHIBIT D – 2-1-1 Riverside County Program Registration Form
- EXHIBIT E – Contract Accounting and Administrative Handbook for HUD Funded Programs
- EXHIBIT F – Client Intake Form
- EXHIBIT G – Tenant Change Notice Form
- EXHIBIT H – Certification of Tenant Roll Form

## I. DEFINITIONS

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

- A. The term "2-1-1" refers to 2-1-1 Riverside County—a designated 3-digit number that allows callers to receive up-to-date information and referrals to health and humans service agencies.
- B. The term "Application" refers to the approved application and its submissions prepared by the Project Sponsor, which is the basis on which HUD approved the grant.
- C. The term "Technical Submission" refers to the approved documents prepared by the Project Sponsor and submitted to HUD after the HUD grant award.
- D. The term "Project" refers to housing and/or supportive services for facilitating the movement of homeless individuals into permanent housing within 24 months or less.
- E. The term "Supportive Housing Program" refers to the HUD grant program to promote transitional housing and supportive services to homeless individuals.
- F. The terms "Project Sponsor" or "Contractor" refer to Family Service Association OF Western Riverside County, the entity under agreement with DPSS to operate the project on a daily basis.
- G. The term "HMIS" refers to the Riverside County Homeless Management Information System.
- H. The term "Participants" refers to individuals who utilize supportive services, including referral services or individuals who are residents or former residents of the transitional housing project.
- I. The term "Draw Down" refers to the wire transfer system called Line of Credit Control System - Voice Response System (LOCCS – VRS).
- J. The term "Operation Start Date" refers to the first day of the month that the Project Sponsor begins providing services.

## 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 program coordinator between DPSS and the Project Sponsor. This staff will provide the Project Sponsor programmatic consultation and advise the Project Sponsor of all-pertinent existing guidelines and regulations. Additionally, the staff will provide or arrange for 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 that the Project Sponsor is required to complete under this Agreement.

### III. PROJECT SPONSOR RESPONSIBILITIES

- A. The Project Sponsor shall be responsible for the overall administration of the Project, including overseeing all subcontractors, client services, and case management, medical care, social services support, and legal support. The Project Sponsor will also provide client linkages to other sources of support for disabled women with children. The Project Sponsor will keep records and reports established to carry 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.
- B. The Project Sponsor shall provide services as set forth in the Project Application and Technical Submission, attached hereto as **Exhibit A** and **Exhibit B**, and incorporated herein by these references.
- 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 register its agency and/or program, as funded by DPSS, with 2-1-1 Riverside County, using the 2-1-1 registration forms attached hereto as **Exhibits C and D**, respectively, and incorporated herein by these references, to (951) 686-7417. Registration is to take place at the time of execution of this Agreement, and updated on a quarterly basis, at minimum, if agency and/or program changes occur through the term of this Agreement.

Project Sponsors may contact 2-1-1 by one of the following methods:

- **Telephone:** (800) 464-1123 or at (951) 686-4402, Monday through Friday, 8:00am to 5:00pm;
  - **U.S. Postal Service:** P.O. 5376, Riverside, CA 92517-5376; or
  - **E-mail:** 211info@vcrivco.org
- E. The Project Sponsor will be responsible for assuring that persons served under the terms of this Agreement meet the criteria specified in federal law for participants served under the Supportive Housing Program.
  - F. The Project Sponsor shall comply with the policies and procedures in the DPSS Administrative Handbook for HUD Funded Programs, attached hereto as **Exhibit E** and incorporated herein by this reference, 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.
  - G. 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.



H. The Project Sponsor shall ensure that employees using HMIS for client intake, capture the following data:

The Universal Data Elements are:

- 1 Name
- 2 Social Security Number, if available
- 3 Date of Birth
- 4 Race
- 5 Ethnicity
- 6 Gender
- 7 Veteran's Status
- 8 Disabling Condition
- 9 Residence Prior to Program Entry
- 10 Zip code of last permanent address.
- 11 Housing Status
- 12 Enrollment (Program) Entry date
- 13 Enrollment (Program) Exit date
- 14 Unique Person Identification Number
- 15 Household Identification Number
- 16 Bed Check-in (Housing Tab) (DPSS Required-HUD Optional)

In addition to the above data elements, programs that receive HUD homeless assistance funding through the annual Continuum of Care (CoC) competition and complete APRs will be required to report clients' progress on at least one of the performance areas specified below, but may choose to report on multiple areas. An HMIS software application must contain all of these program-specific data elements. For HUD application and APR reporting purposes, programs will select one or more areas.

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)

Additional Program-Specific Data Elements are:

- 15A Employment
- 15B Education
- 15C General Health Status
- 15D Pregnancy Status

15E Veteran's Information  
 15F Children's Education  
 15G Reason for Leaving  
 15H Services Provided

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

#### IV. FISCAL PROVISIONS

##### A. OBLIGATION

The Project Sponsor shall be reimbursed by HUD, utilizing a draw down process, for an amount not to exceed \$436,000. The County shall be reimbursed by HUD for an amount not to exceed \$10,375. Said funds shall be spent according to the budget shown below.

Budget Category	Total
OPERATING COSTS	\$4,250
SUPPORTIVE SERVICES	\$87,000
LEASING	\$324,000
ADMINISTRATIVE COSTS (PROJECT SPONSOR)	\$10,375
ADMINISTRATIVE COSTS (COUNTY)	\$10,375
<b>Total</b>	<b>\$436,000</b>

Supportive Services requires a cash match of at least 20% of the total supportive services budget for each operating year. Operating Costs requires a cash match of at least 25% of the total operating budget for each operating year (**Exhibit A**).

##### 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 E**.
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 operate deficit funds.
  - a. Cash Match Documentation

The Project Sponsor shall provide cash match documentation as set forth in this Agreement and the Technical Submission, attached hereto as **Exhibit B** and incorporated herein by this reference. Cash match documentation may be submitted with monthly billing claims; however, documentation must be submitted to DPSS at least quarterly. DPSS will verify utilization of the cash match through a monthly desk review and on-site monitoring visits. Matching funds provided by the Project Sponsor must be money provided to the project by one or more of the following: the Project Sponsor, the federal government, state and local governments, and/or private resources. Non-cash resources such as in-kind contributions of goods or services cannot be used to fulfill matching funds requirements. Matching funds provided by state or local government used in a matching contribution are subject to maintenance of effort requirements.

- b. In the event that the Project Sponsor does not meet the requirements in paragraph 2.a. above, DPSS reserves the right to suspend or terminate this Agreement.

### C. BUDGET MODIFICATIONS

1. Minor changes are departures from the initial application that do not substantially affect the grant. All requests for minor changes must be approved in writing by DPSS prior to implementing the change. No requests will be approved retroactively.

- a. Changes within a Budget Category

Changes can be made to individual line items within a category, if all of the following conditions are met:

- The total amount of the Agreement does not change;
- The Project Sponsor delivers a written request to DPSS, that adequately documents the need for a change and specifically identifies the items to be reduced/increased;
- The modification cannot remove any line item that was included in the original Application or Technical Submission (if applicable);
- Modification requests (i.e., other than rollovers) must be submitted to DPSS no later than the submission of the last claim for the operating year.

- b. Changes between Budget Categories (up to 10 percent)

Changes can be made between categories of up to 10 percent over the life of the grant, if all of the following conditions are met:

- The total amount of the Agreement does not change;
- The Project Sponsor delivers a written request to DPSS, that adequately documents the need for a change and specifically identifies the categories and line items to be reduced/increased;
- The modification cannot remove any line item that was included in the original Application or Technical Submission (if applicable);
- Modification requests (i.e., other than rollovers) must be submitted to DPSS no later than the submission of the last claim for the operating year.

2. Major changes are departures from the initial application that substantially affect the grant. All requests for major changes must be approved in writing by DPSS prior to implementing the change. No requests will be approved retroactively. The following are examples of significant changes:

- a change in project site;
- additions and deletions of eligible activities;
- a shift of 10 percent or more of funds from one approved activity to another over the life of the grant;
- a change in the target population; or
- a change in the number of participants to be served.

- a. Conditions for Approval

Changes may be approved if all of the following conditions are met:

- The Project Sponsor delivers a written request to DPSS and adequately documents the need for change; and
- approval is received by HUD.

b. Requests for Approval

Request will be forwarded to HUD for their approval and any one of the following will take place:

- HUD will approve change as requested;
- HUD will approve change and reduce dollars;
- HUD will deny request.

c. Budget Rollover of unused funds

The Project Sponsor may request that unused funds from a prior operating year be rolled over into the next operating year, if all of the following conditions are met:

- The total amount of the Agreement does not change;
- The Project Sponsor delivers a written request to DPSS and adequately documents the need for a change;
- The Project Sponsor specifically identifies the categories, line items, and rolls the funds over to the same approved categories and line items for the following operating year;
- The Project Sponsor meets the approved match for the unused funds even if the match is different from the approved match from the prior operating year.

#### D. DISBURSEMENT OF FUNDS

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

1. The Project Sponsor shall submit claims for reimbursement pursuant to the Budget listed in section IV.A. on a monthly basis.
2. Administrative costs are costs associated with accounting for the use of grant funds, preparing reports for submission to HUD, obtaining program audits, similar costs related to administering the grant after the award, and staff salaries associated with these administrative costs.

#### E. UNEXPENDED FUNDS AND CLOSE-OUTS

1. The Project Sponsor shall complete all necessary closeout procedures, including the APR, 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, if required to have an A-133 audit, shall provide a final financial audit for activities performed under this Agreement at the expiration of the financial closeout period.

## F. INSPECTION AND AUDITS

1. The Project Sponsor shall manage monies 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 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.
3. 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.
4. 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.
5. 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.
6. 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.
7. 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.

## G. WITHHELD PAYMENTS

1. Unearned payments under this Agreement may be suspended or terminated if grant funds to DPSS are suspended 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.

#### H. FISCAL ACCOUNTABILITY

1. The Project Sponsor agrees to manage monies 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.

#### I. AVAILABILITY OF FUNDING

Funding for this Agreement is subject to the continuing availability of funds provided to DPSS during the Agreement period. DPSS will inform the Project Sponsor, immediately upon notice from HUD, of any limitation of the availability of funds. Both parties understand that DPSS makes no commitment to fund this project beyond the term of this Agreement.

### V. GENERAL PROVISIONS

#### A. TERM OF AGREEMENT

The Agreement shall be effective two years from the operation start date.

#### B. INDEPENDENT CAPACITY

Each party shall act in an independent capacity and not as an agent or employee of the other.

#### C. SUPPORTIVE HOUSING PROGRAM COMPLIANCE

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 Supportive Housing Program, including; HUD Application, Technical Submission; Supportive Housing Program Rule (24 CFR 583); this Agreement, and the applicable Notice of Funding Availability (NOFA).

#### D. 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. The County will make final determination of any dispute about conflict(s) of interest.

#### E. 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 SHP Rule, the Application, the Technical Submission, 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; and/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.

#### F. HOLD HARMLESS/INDEMNIFICATION

Contractor 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 Contractor, 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 Contractor, its officers, agents, employees, subcontractors, agents or representatives from this Agreement. Contractor 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 Contractor, Contractor 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 Contractor's indemnification to County as set forth herein.

Contractor's obligation hereunder shall be satisfied when Contractor has provided to County the appropriate form of dismissal relieving 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 Contractor's obligations to indemnify and hold harmless the County herein from third party claims.

In the event there is conflict between this cause and California Civil Code Section 2782, this clause shall be interpreted to comply with Civil Code 2782. Such interpretation shall not relieve the Contractor from indemnifying the County to the fullest extent 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 Tall 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 CONTRACTOR

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 its duties, or obligations, nor assign its 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 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, 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. 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.
  - g. A statement regarding default in case of subcontractor is breach of subcontract.

#### J. REPORTS AND RECORD KEEPING

1. The Project Sponsor agrees to submit an Annual Progress Report (APR), included in **Exhibit E**, 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  
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, the Project Sponsor agrees to notify DPSS immediately upon knowledge of a participant entering and exiting a housing unit. The notification document, attached hereto as **Exhibit G** [Tenant

Change Notice Form] and incorporated herein by this reference, shall be faxed to (951) 358-7755. It is also strongly encouraged that the Project Sponsor follow up with a telephone call to the Program Specialist at (951) 358-5638 to verify receipt of the faxed Tenant Change Notice Form. If the Tenant Change Notice is for a new client entering the facility, the fax should be accompanied by the following: (a) the Verification of Homelessness, (b) the rent calculation, and (c) verification of disability (if applicable). If it is not possible to fax this documentation with the Tenant Change Notice form, the Project Sponsor must have a copy available at the time the HQS is performed by DPSS. Upon receipt of the Tenant Change Notice Form, DPSS will, within two (2) business days, contact the Project Sponsor to arrange a HUD Habitability Quality Standard [HQS] Inspection of the housing unit being vacated. HQS Inspections are required by HUD in (24 CFR 583.300(b)). If a vacancy occurs in which the Project Sponsor cannot notify DPSS in the timeframe set forth above, or if DPSS cannot perform the HQS Inspection in the timeframe set forth above, the Project Sponsor has the authority to fill the vacancy with a client from their waiting list. Upon such an occurrence, the Project Sponsor is to notify DPSS immediately whereas DPSS will perform the HQS inspection after the fact.

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 H** [Certification of Tenant Roll] and incorporated herein by this reference. The residential log is due, by fax on or before the 10th (tenth) business day following the reporting month, regardless of the means by which the report is sent to DPSS. The fax number of the Homeless Programs Unit is 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 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 under the provisions in paragraph "L" 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. Contractor 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 immediately terminated or amended to reflect said reduction in funds. DPSS shall make payments for all services performed up to the effective date of the termination.

#### M. COMPLIANCE WITH LAW

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 the Project Sponsor of funds granted pursuant to the Supportive Housing Program; the Application and Technical Submission; Supportive Housing Rule (24 CFR 583); and the Notice of Funding Availability (NOFA), published at 63 FR 23997, on February 26, 1999.
  - 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 92.356 Conflict of Interest;
  - g. Section 92.357 Debarment and Suspension;
  - h. 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 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.

N. 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, 1<sup>st</sup> Floor  
 Riverside, CA 92503

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

Project Sponsor: Family Service Association of Western Riverside  
 County  
 Attn: President/CEO  
 21250 Box Springs Road, Suite 212  
 Moreno Valley, CA 92557

O. ASSIGNMENTS

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 prior written consent of DPSS. Any attempt to assign any interest without DPSS written consent shall be void and of no further force or effect.

P. DISPUTES

Except as otherwise provided in this Agreement, any dispute concerning a question of fact arising under this Agreement, which is not disposed of by Agreement, shall be disposed by DPSS who shall furnish the decision in writing. The decision of DPSS shall be final and conclusive until determined by a court of competent jurisdiction to have been fraudulent or capricious, arbitrary, or so grossly erroneous as necessarily to imply bad faith. The Project Sponsor shall proceed diligently with the performance of the Agreement pending DPSS' decision.

Q. 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.

R. ELDER AND DEPENDENT 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 under this Agreement report elder and dependent adult abuse pursuant to Welfare & Institutions Code Sections 15600 et seq. Suspected incidents of abuse should be immediately reported to DPSS, followed by a written report within two (2) working days.

#### S. EMPLOYMENT PRACTICES

1. The Contractor 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 Fair Employment and Housing Act (commencing with Gov. Code section 12900 et. seq.), and the Federal Civil Rights Act of 1964 (P. L. 88-352).
2. In the provision of benefits, the Contractor shall certify and comply with Public Contract Code 10295.3, to not discriminate between employees with spouses and employees with domestic partners, or discriminate between the domestic partners and spouses of those employees.

For the purpose of this section, Domestic Partner means one of two persons who have filed a declaration of domestic partnership with the Secretary of State pursuant to Division 2.5 (commencing with Section 297) of the Family Code.

#### T. 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.

#### U. CLEAN AIR/WATER ACTS

As required in all contracts with an estimated total value in excess of \$100,000, the Project Sponsor agrees to comply with all applicable requirements issued under Section 306 of the Clean Air Act (33 U.S.C. 1368), U.S. Executive Order 11738, and Environmental Protection Agency (EPA) regulations (40 CFR, Part 15). These laws and regulations require the Project Sponsor not to use facilities on the EPA list of violating facilities and to report violations to the EPA.

#### V. LEAD-BASED PAINT

The Project Sponsor and all subcontractors, if any, shall comply with the requirements, as applicable, of the Lead-Based Paint Poisoning Prevention Act (42 U.S.C 4821-4846) and implementing regulations issued pursuant thereto (24 CFR Part 35).

#### W. 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 the Project Sponsor to the terms and conditions hereof and thereof.

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

The Project Sponsor 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 which are equally applicable and made binding upon the Project Sponsor as though made with the Project Sponsor directly.

Y. 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.



# Project Information - Page 1

Exhibit A

## Instructions:

Select the appropriate Continuum of Care (CoC) name and number from the drop-down menu. The system will auto-populate the "Project Name" field.

Identify the appropriate "Project Type" from the drop-down menu (new or renewal project). Renewal projects are defined as those HUD McKinney-Vento grants that have received prior funding and are eligible to renew during the current competition.

Identify the project's "Program Type" and "Component Type." These selections must be made in the order of appearance (i.e. component type cannot be selected before selecting program type or project type). Depending on the program type selected, indicate the appropriate component type for the project.

Select the state(s) and the congressional district(s) in which the project is located. This information will be used to list the available geography codes on the next screen, and to send correspondence to the appropriate Congressional Representative(s).

In the last field on this form, provide a general description of the project. The description should include information on the homeless needs that are addressed by the project, the type of housing and number of units being proposed, and the target population that the project will serve. This information is required of all new and renewal projects. Rapid Re-housing projects must review the detailed instructions attached to the left menu and must reference the 2008 NOFA for detailed program requirements. Additional program requirements for all project types are also available at:  
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements. As well, additional training for completing this page is available online at:  
<http://esnaps.hudhre.info/training>.

**The following fields must be completed for every project application.**

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

**Project Name** Permanent Housing for Disabled Women with Children

**Project Type** New Project

**Program Type** SHP  
 Content depends on "Project Type" selection

**Component Type** PH  
 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-045  
 (for multiple selections hold CTRL + Key)

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

FSA will provide long-term, community-based permanent housing and supportive services in the Hemet Valley to serve homeless disabled women with children (ages birth 18). A ten (10) unit modular complex will provide 2 bedroom apartments (approx. 1,000 sq. ft.) units, serving women disabled due to physical/mental impairments and their children. The project will enable disabled women with children to live as independently as possible in a permanent setting that supports their special needs and those of their children.

This project will serve the large numbers of homeless women and children with complex needs and the following risk factors (minority status, childhood sexual abuse, foster care placement during childhood, recent eviction, frequent moves, recent pregnancy or birth and recent hospitalization or care for mental health or substance abuse problem, and domestic violence).

The housing complex will be co-located on property where FSA operates a full-service, licensed child care center that serves infants, toddlers and preschoolers. This provides an opportunity for at-risk children to receive assessment, supervision and loving care, as well as to develop the social, emotional and physical skills necessary for school-readiness. FSA Child Development programs are designed for children with special needs, providing every child with developmental screenings by a Mental Health Clinician who observes the child in the classroom setting to identify special needs or challenging behaviors.

The project will offer a full spectrum of supportive services related to basic needs such as food and clothing, employment, education, family life development, physical and mental health services. The desired outcomes of the project - residential stability and family preservation will be achieved by providing subsidized permanent housing and an array of supportive services where a Case Manager will engage mothers, assess their needs, track their progress and intervene when problems arise. Case Management addresses basic needs, mental health, substance abuse, trauma issues, and the development of healthy family life and parenting. Numerous studies including one by the Urban Institute (2005) indicate that the provision of housing subsidies and case management and advocacy services is associated with a lower hazard rate of returning to homelessness for this group (women with disabilities that interfere with their capacity to maintain stable housing and provide for their children).

## Project Information - Page 2

### Instructions:

#### New projects:

There are two types of special housing projects for the 2008 competition, Samaritan Housing and Rapid Re-Housing. All new SHP-PH, SHP-TH, S+C, and Section 8 SRO projects must identify whether or not special housing funds are being requested. Only new SHP-PH, S+C, and Section 8 SRO projects may request Samaritan Housing funds. Rapid Re-housing funds can be requested by new SHP-TH projects only.

#### Renewal projects:

Indicate whether or not the project previously received funds under the Samaritan Housing Initiative. If the project received Samaritan funds, the project must continue to meet the requirements of the initiative for the life of the project. Renewal SHP projects must also indicate whether or not it is a consolidated grant. All grant consolidations must be HUD approved prior to application submission. Each consolidated grant must be listed on the "Grant Consolidation" page.

#### New and renewal projects:

Indicate whether or not the project is:

- using Energy Star;
- located in a rural area (reference the definition in 2008 NOFA before answering this question);
- and
- located on land previously owned by the military.

All new and renewal projects must also indicate the geographic area(s) that will be served by the project.

#### Budget Activities:

All SHP projects must identify the budget activities being requested for the project. Depending on the project type, these budget activities may include acquisition, new construction, rehabilitation, leasing (units or structures), supportive services, operations, and/or HMIS. All S+C and Section 8 SRO projects must only complete the rental assistance budget and the estimated development cost budget, if applicable.

For additional instructions and examples on completing this form, reference the detailed instructions document on the left menu and the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**The following fields must be completed for every project application.**

Is the project requesting funding under a Special Initiative? No

Select the "Save" button to identify Rapid Re-housing or Samaritan Housing

Grant Term 2 Years

**NOTE: New projects must be 2 or 3 years, except new HMIS projects and new hold harmless reallocation projects, which can be 1, 2 or 3 years.**

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? Yes

Select the geographic code(s) for area(s) served by the project (for multiple selections hold CTRL + Key) 061614 HEMET

**\*Select all applicable budget activities that the project is requesting:**

<b>New Construction</b>	<input checked="" type="checkbox"/>
<b>Acquisition</b>	<input type="checkbox"/>
<b>Rehabilitation</b>	<input type="checkbox"/>
<b>Leasing</b>	<input type="checkbox"/>
<b>Supportive Services</b>	<input checked="" type="checkbox"/>
<b>Operations</b>	<input checked="" type="checkbox"/>
<b>HMIS</b>	<input type="checkbox"/>

## Project Location(s)

The following list summarizes the project location(s) that have been entered. To add a location to this list, click on the symbol.

Location Name	Street Address 1	Street Address 2	City	State	Zip
--	41905 E. Florida ...	--	Hemet	California	92544

## Project Location Detail

### Instructions:

**Location Name (Optional - except for SRA project):** Identify the name of the location(s) being used for housing project participants. If the project includes leased or rental units in more than 4 locations, only enter "Scattered Site" in this field. All other project types should enter the name of the project location in this field.

**Project Ownership (Required):** Indicate whether the location (including all scattered sites locations) is owned or leased by the applicant, sponsor, or a parent organization. If the project contains units that house project participants using SHP funds, under no circumstances may SHP leasing funds be used to lease units or structures owned by the grantee (the applicant), the project sponsor, or the parent organization(s) of either entity.

**Location Address (Optional - except for SRA project):** Indicate the Street Address, City, State, and Zip Code of the units being used for housing project participants. If the project includes leased or rental units in more than 4 locations, enter the address of the project sponsor in these fields.

For additional instructions and examples related to completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

**Enter the physical address of the project and indicate the ownership of the location. Scattered site projects should refer to the instructions for details on completing the field on this screen.**

**Location Name**

**Property Ownership**    Own

**Street Address 1**    41905 E. Florida Ave.

**Street Address 2**

**City**    Hemet

**State**    California

**Zip Code**    92544

**Format: (12345 or 12345-1234)**

## Project Expansion Information

### Instructions:

Expansion projects - identify and describe the expansion of an existing facility or activities being proposed. Projects may only expand facilities that are currently operating and activities that are currently undertaking, to include one or more of the five (5) activities listed. For additional guidance on expanding existing facilities and/or activities, contact the local HUD Field Office: <http://www.hud.gov/offices/cpd/about/local/index.cfm>.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**The following fields relate to new projects that plan to expand one or more existing housing facilities or service activities currently being provided.**

**Will the project use an existing homeless facility or incorporate activities provided by an existing project?** No  
**(if yes, select the "Save" button to identify the expansion activities)**

## Project Sponsor Information

### Instructions:

The project sponsor is usually the entity that will be carrying out the project. If the sponsor is the same entity as the project applicant, select "yes" in the first drop-down box and enter "save" at the bottom of the page, and the system will auto-populate the fields on this form based on the information entered in the SF-424. Simply verify that the correct information has been populated. If the information is incorrect, correct the applicant information on the SF-424.

If the project sponsor and applicant are separate entities, manually enter the information for the project sponsor. All non-profit sponsors will need to attach proper documentation to verify their non-profit status, if the documentation is not attached to the SF 424. All projects can identify only one sponsor. If multiple sponsors have been identified on past funding applications, the project applicant must identify a "lead" sponsor.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields to identify the project sponsor, including its legal name, type of organization, DUNS number, employer/taxpayer number, and physical address.**

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

**Organization Name** Family Service Association of Western Riverside County

**Organization Type** M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:

**DUNS Number** 791329071  
Format: xxxxxxxxx or xxxxxxxxxxxxxxx

**Tax ID or EIN** 95-1803694  
Format: 12-3456789

**Street Address 1** 21250 Box Springs Rd.

**Street Address 2** Ste. 212

**City** Moreno Valley

**State** California

**Zip Code** 92557  
Format: 12345 or 12345-1234

Is the sponsor a Faith-Based Organization? No

Has the sponsor ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes



**Identify source documentation for sponsor's nonprofit status:** IRS letter or ruling showing 501(c)(3) status

**Non-Profit Documentation Attachment**

Document Type	Required?	Document Description	Date Attached
Proof of non-profit status	Yes	IRS 501(C)(3)	08/25/2008

# Non-Profit Documentation Attachment Detail

**Document Description:** IRS 501(C)(3)

## Project Sponsor Contact Information

### Instructions:

The project sponsor is usually the entity that will be carrying out the project. If the sponsor is the same entity as the project applicant, the system will auto-populate the fields on this form based on the information entered in the SF-424. Simply verify that the correct information has been populated. If the information is incorrect, correct the applicant information on the SF-424.

If the project sponsor and applicant are separate entities, manually enter the information for the project sponsor. All non-profit sponsors will need to attach proper documentation to verify their non-profit status, if the documentation is not attached to the SF 424. All projects can identify only one sponsor. If multiple sponsors have been identified on past funding applications, the project applicant must identify a "lead" sponsor.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Provide the name and contact information of the person to be contacted for matters regarding project operations. If the sponsor is the same entity as the applicant, the system will auto-populate the fields below.**

**Prefix** Mr  
**First Name** Dom  
**Middle Name**  
**Last Name** Betro  
**Suffix**  
**Title** President/CEO  
**E-mail Address** dbetro@familyservicerivca.org  
**Confirm E-mail Address** dbetro@familyservicerivca.org  
**Phone Number** 951-686-1096  
**Format: 123-456-7890**  
**Extension**  
**Fax Number** 951-686-5382  
**Format: 123-456-7890**

## Experience of Project Applicant, Sponsor, and Partners

### Instructions:

The purpose of this screen is to determine the ability of the project partners to operate and carry out the housing and/or supportive service activities of the project.

All projects - describe the specific type and length of experience for the applicant, project sponsor, housing and supportive service providers, and if applicable, key subcontractors involved in implementing the project. In addition, describe the experience in working with homeless persons, and the experience directly related to the proposed activities being carried out, including housing development, housing management, housing families (especially for Rapid Re-housing projects), service delivery, and HMIS activities (for new HMIS projects).

Rapid Re-housing projects - must also describe specific experience serving homeless households with dependent children and include a description of the performance for previous Rapid Re-housing for Families and/or households with dependent children projects. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

**Describe how the project applicant, sponsor, and partners meet the experience standards outlined in the NOFA.**

**Describe experience of project partners related to providing activities and working with homeless persons.**

Family Service Association (FSA) of Western Riverside County is a not-for-profit social service organization dedicated to meeting the changing needs of families and communities in Riverside and San Bernardino counties (Inland Empire). The agency has provided a variety of health and human service programs to communities since 1953, including: Mental Health Services; Child Development; Community Centers; Adult Day Care and Senior Nutrition Services. The agency's mission is to provide quality human services, child development, housing, and senior services to residents of the Southern California Inland Empire geographic area.

With an agency budget of over \$18 million, FSA is one of the largest and most diverse social services agencies in the Inland Empire. In 2007-2008, Family Service touched the lives of 25,923 individuals in the Inland Empire Western Riverside County providing nearly 3.5 million service contacts through the various programs the agency provides. Many of the communities served are located in isolated, unincorporated, rural/semi-rural areas of Western Riverside County with large low-income, ethnic minority populations. The majority of FSA clients have limited access to health and human service programs due to financial, cultural and geographic barriers.

While this project represents our first effort to specifically serve homeless populations in a housing project, we have worked with homeless persons in a variety of other program areas, particularly Mental Health, Community Centers and Child Care Centers. Especially critical to this project, is our expertise in providing a full continuum of services to the most vulnerable target populations in an individualized, family-focused approach. Many of our Mental Health services specifically address family preservation and family reunification. FSA will combine our programmatic expertise with a housing project that promotes residential stability among a high need target population (disabled women with children).

Our expansion into housing programs began in 1998 with a HUD Section 202 award to construct and operate a 54-unit senior housing project in the unincorporated area of Jurupa. The Mission Villas senior housing complex provides a safe, secure, comfortable home to its senior residents. The elderly facility offers amenities and supportive services that meet the needs of residents in an attractive, well-designed structure, that accommodates those with impaired mobility and offer many social and recreational activities -- as well as being affordable.

In 2008, FSA created a Community Housing Development Organization (CHDO) with a mission of addressing the broader range of housing issues posing barriers to the communality and will stand as one of the few and certainly most comprehensive local certified community housing development organizations in Riverside County. Among recent CHDO activities that attest to FSAs housing efforts are:

- Recent application for a second HUD Section 202 project
- In conjunction with the City of Moreno Valley, in pre-construction phase of a new Child Care Development Center/Commercial Kitchen
- Begun implementation on the HousingWorks Pilot program
- Working with Riverside County on the Infill program

In addition to these CHDO projects, FSA has plans to develop three new childcare facilities in Arlington Park, Rutland Park and Arlington in Riverside County.

Because putting a roof over a family's head does not ensure that the family will

become self-sufficient or that parents and children will recover from the experiences that led to homelessness, or homelessness itself, our clinical expertise and close working relationships and collaborations with various other health and human service providers will be invaluable.

**Describe applicable experience relating to the construction or rehabilitation of housing.**

FSA anticipates that the majority of homeless participants (85%) will be referred to the project as part of their progression along the continuum of care from Transitional Housing programs (including those for substance abuse, mental illness and dual diagnosis facilities).

Because the project provides Permanent Housing, it is anticipated that a small percentage of participants will be referred directly from Emergency Shelters (10%); with the balance of participants coming directly from the street or other locations not meant for human habitation.

Due to the current lack of Permanent Housing opportunities in Riverside County, it is our belief that outreach efforts that focus on collaboration with existing Transitional Housing, Emergency Shelters and other Street-Based and Agency Outreach Programs (Mental Health, Runaway and Homeless Youth, Domestic Violence, HIV/AIDS) will be our major outreach efforts to ensure access to permanent housing for disabled women with children.

Additionally, FSA collaborates consistently with an extensive list of public and private agencies that will be made aware of this new project. FSA will participate fully in the Riverside County HUD Continuum of Care to further develop an outreach plan the project.

**Are there any unresolved monitoring or audit findings on HUD McKinney-Vento Act grants, excluding ESG?** No  
**(If yes, select the "Save" button to explain findings)**

## Type and Scale of Housing

The following list summarizes all housing units that will be used for participants in the project. To add information to this list, click on the icon and enter the requested information.

Housing Type	Units	Beds	Bedrooms
Single family homes/townhou...	10	30	20



## Type and Scale of Housing Detail

**Instructions:**

For the 2008 competition, the available housing type selections have been re-defined. Refer to the detailed instructions located on the left menu for additional instructions on completing this page.

If the project is funded, the applicant/sponsor will be responsible for operating the project as indicated here. Entering incorrect information may result in the reduction or withdrawal of the conditional award. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields related to the number of units, beds, and bedrooms for each housing type in the project.**

**Housing Type:** Single family homes/townhouses/duplexes

**Total for Selected Housing Type**

**Units:** 10

**Beds:** 30

**Bedrooms:** 20

# Project Participants - Households with Dependent Children

## Instructions:

The purpose of this form is to capture the total number of homeless persons served by the project at a point in time, as well as the subpopulations/disabilities for each household. If the project is not serving households with dependent children, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

Rapid Re-housing projects: 100% of the adults served by the project must be accompanied by children and should be reflected in the fields below.

Samaritan Housing, Safe Haven, and SRO housing projects: 100% of the households served by the project must not be accompanied by children. Therefore, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

All projects: in the "Total Persons" column indicate the total number of "disabled adults," "non-disabled adults," "disabled children," "non-disabled children," and "Total Number of Households" for each household in the project. The system will auto-populate the remaining fields in this column.

Next, identify the appropriate subpopulation (Severely Mentally Ill, Chronic Substance Abuser, Veterans, Persons with HIV/AIDS, and Victims of Domestic Violence) for each person in the project. If the participants are dually-diagnosed and fit into more than one subpopulation (i.e. severely mentally ill with chronic substance abuse), make sure to indicate these individuals in all appropriate subpopulations (it is possible to have overlapping information). The system will auto-calculate all totals based on the values entered for each subpopulation.

Notice that information cannot be entered into certain fields. Persons with a severe mental illness and/or HIV/AIDS constitute disabled adults; therefore, no entry is allowed in the "non-disabled adult" fields. Also, no values can be entered for any children under the Veterans columns. For homeless assistance programs, chronic substance abuse, by itself, may constitute as a disability.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Indicate the total number of households that include a homeless adult with dependent children. Also identify the number of persons and subpopulations within each household in the project.**

Total Number of Households	10					
	<b>Total Persons</b>	<b>Severely Mentally Ill</b>	<b>Chronic Substance Abuse</b>	<b>Veterans</b>	<b>Persons with HIV/AIDS</b>	<b>Victims of Domestic Violence</b>
Disabled Adults	10	5	8		1	4
Non-Disabled Adults						
Disabled Children						
Non-Disabled Children	20		2			8
<b>Total Persons (select "Save" to auto-calculate)</b>	<b>30</b>	<b>5</b>	<b>10</b>	<b>0</b>	<b>1</b>	<b>12</b>
<b>Total Number of Adults (select "Save" to auto-calculate)</b>	<b>10</b>					
<b>Total Number of Children (select "Save" to auto-calculate)</b>	<b>20</b>					

# Project Participants - Households without Dependent Children

## Instructions:

The purpose of this form is to capture the total number of homeless persons served by the project at a point in time, as well as the subpopulations for each household. If the project is serving households with dependent children, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

Samaritan Housing, Safe Haven, and SRO housing projects: 100% of the adults served by the project must be unaccompanied by children and should be reflected in the fields below.

Rapid Re-housing projects: 100% of the adults served by the project must be accompanied by children. Therefore, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

All projects: in the "Total Persons" column indicate the total number of "disabled adults," "non-disabled adults," "non-disabled unaccompanied youth," "non-disabled children," and "Total Number of Households" for each household in the project. The system will auto-populate the remaining fields in this column.

Next, identify the appropriate subpopulation (Chronically Homeless, Severely Mentally Ill, Chronic Substance Abuser, Veterans, Persons with HIV/AIDS, and Victims of Domestic Violence) for each person in the project. If the individuals are dually-diagnosed and fit into more than one subpopulation (i.e. severely mentally ill with chronic substance abuse), make sure to indicate these individuals in all appropriate subpopulations (it is possible to have overlapping information). The system will auto-calculate all totals based on the values entered for each subpopulation.

Notice that information can only be entered into certain fields. Chronically Homeless persons must be disabled adults in households without children, so no entry is allowed in the "non-disabled adult" fields. Also, Veterans must be adults; therefore, no entry is allowed for unaccompanied youth. All severely mentally ill persons and persons living with HIV/AIDS are automatically considered disabled; therefore, there can be no entry for non-disabled persons. For homeless assistance programs, chronic substance abuse, by itself, may constitute as a disability.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Indicate the total number of households that include a homeless adult without dependent children. Also identify the number of persons and subpopulations within each household in the project.**

## 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	0							
	Total Persons	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence	
Exhibit 2				Page 19		01/20/2009		

Riverside City & County CoC						EX2_006290	
Disabled Adults							
Non-Disabled Adults							
Disabled Unaccompanied Youth							
Non-Disabled Unaccompanied Youth							
<b>Total Persons (select "Save" to auto-calculate)</b>	0	0	0	0	0	0	0
<b>Total Number of Adults (select "Save" to auto-calculate)</b>	0						
<b>Total Number of Unaccompanied Youth (select "Save" to auto-calculate)</b>	0						

## Supportive Services for Participants

### Instructions:

The information entered in this form will help determine the project's capacity to provide services or access to services for participants. If the project is requesting supportive services funding, the level of services must be reflected here.

Describe supportive services being offered - all new projects must describe the supportive services that will help participants obtain and remain in permanent housing, access mainstream resources, and/or obtain employment.

Frequency of supportive services - Each new project must also indicate the frequency (daily, weekly, bi-weekly, monthly, quarterly, does not apply) at which these basic supportive services are provided to project participants.

Rapid Re-housing projects- in the "other" boxes, indicate the frequency at which housing placement, literacy training, and legal assistance services will be provided to participants.

Indicate the level of accessibility of community amenities for project participants - basic community amenities include medical facilities, grocery stores, recreation facilities, schools, etc, and should be accessible to participants via walking, public transportation, driving, or transportation provided by the project. For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**In the fields below, provide information about the type of supportive services that will be provided to participants in the project as well as the frequency in which they are provided. In addition, describe how participants will be assisted to increase self-sufficiency.**

**Describe how participants will be assisted to obtain and remain in permanent housing.**

FSA will provide the majority of services on-site through the professional Case Manager position. Screening and assessment of clients will assure participants can benefit fully from the program. Services-enriched housing is rooted in intensive case management to focus on helping families make a positive and lasting transition to permanent housing. While the specific services of each family will be individualized based on an assessment of family-defined needs, all Case Management services will be delivered in the families home by FSA personnel (available 24 hours per day, 7 days per week). Case Management services will vary in intensity (initially once per week or more often as needed, and then less frequently as families establish links to needed services and supports). FSA will work collaboratively with public and private agencies to link them to services when not directly provided by FSA (i.e. substance abuse treatment, HIV/AIDs, etc).

**Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.**

It is anticipated that due to the substantial needs and risk factors of participants, there will be a number of phases that a client will progress through during their participation in the project that lead to full-scale independent living and employment efforts:

Phase I: Stabilization and Intensive Case Management: includes services such as Clinical Mental Health, Alcohol and Drug Abuse, Physical Health (medical/dental), Assistance Obtaining Entitlements, Stabilizing Children (emotionally, socially);

Phase II: Education and Instruction and Case Management: Clients continue Phase I services and participate in a variety of education and instruction programs (Parenting Education and Parent/Child Bonding Activities, Family Planning, Basic Life Skills Training (homemaking, finances, relationships, etc., Job Training (career exploration, resume building, applying for jobs,)) GED/ESL preparation and exploration, Volunteer Opportunities and continued Child Development. Phase III:

Maintaining residential stability and fostering economic self-sufficiency: Advanced Life Skills Training, Pre-Employment and Employment Services, Vocational Training or Higher Education Opportunities, Volunteer Opportunities, Family Preservation and Family Reunification

Note: 1st year of services may be limited due to funding

Supportive Service	Select frequency
Outreach	Does not apply
Case Management	Weekly
Life Skills	Weekly
Job Training	Weekly
Alcohol and Drug Abuse Services	Weekly
Mental Health and Counseling	Weekly
HIV/AIDS Services	Does not apply
Health/Home Health Services	Does not apply
Education and Instruction	Weekly
Employment Services	Does not apply
Child Care	Daily
Transportation	Does not apply
Other (Specify Below)	Does not apply
Other (Specify Below)	Does not apply
Other (Specify Below)	Does not apply

**How accessible are basic community amenities (e.g., medical facilities, grocery store, recreation facilities, schools, etc.) to the project?** Yes, very accessible

## Outreach for Participants

### Instructions:

To help determine the eligibility of homeless participants served by the project, as well as the project's eligibility to apply for homeless assistance funding, indicate where the homeless participants are coming from (streets, emergency shelters, safe havens, transitional housing who came directly from the street, or other places). Also, describe how the applicant/sponsor plans to bring these participants into the project.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields related to the outreach plans to bring participants into the project.**

**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.**

5%	Persons who came from the street or other locations not meant for human habitation.
10%	Person who came from Emergency Shelters.
0%	Persons who came from Safe Havens.
85%	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.**

Not Applicable

**Describe the outreach plan to bring these homeless participants into the project.**

FSA anticipates that the majority of homeless participants (85%) will be referred to the project as part of their progression along the continuum of care from Transitional Housing programs (including those for substance abuse, mental illness and dual diagnosis facilities).

FSA anticipates that the majority of homeless participants (85%) will be referred to the project as part of their progression along the continuum of care from Transitional Housing programs (including those for substance abuse, mental illness and dual diagnosis facilities).

Because the project provides Permanent Housing, it is anticipated that a small percentage of participants will be referred directly from Emergency Shelters (10%); with the balance of participants coming directly from the street or other locations not meant for human habitation.

Due to the current lack of Permanent Housing opportunities in Riverside County, it is our belief that outreach efforts that focus on collaboration with existing Transitional Housing, Emergency Shelters and other Street-Based and Agency Outreach Programs (Mental Health, Runaway and Homeless Youth, Domestic Violence, HIV/AIDS) will be our major outreach efforts to ensure access to permanent housing for disabled women with children.

Additionally, FSA collaborates consistently with an extensive list of public and private agencies that will be made aware of this new project. FSA will participate fully in the Riverside County HUD Continuum of Care to further develop an outreach plan the project.

Because the project provides Permanent Housing, it is anticipated that a small percentage of participants will be referred directly from Emergency Shelters (10%); with the balance of participants coming directly from the street or other locations not meant for human habitation.

Due to the current lack of Permanent Housing opportunities in Riverside County, it is our belief that outreach efforts that focus on collaboration with existing Transitional Housing, Emergency Shelters and other Street-Based and Agency Outreach Programs (Mental Health, Runaway and Homeless Youth, Domestic Violence, HIV/AIDS) will be our major outreach efforts to ensure access to permanent housing for disabled women with children.

Additionally, FSA collaborates consistently with an extensive list of public and private agencies that will be made aware of this new project. FSA will participate fully in the Riverside County HUD Continuum of Care to further develop an outreach plan the project.



## Housing for Participants

### Instructions:

The purpose of this form is to determine the ability of the project to meet the housing standards as described in the NOFA. While this form may be visible by all projects, it only applies to specific housing activities. All renewal projects and new SHP-SSO, SHP-HMIS, SHP-SH, S+C-SRA, and S+C-PRA projects do not have to complete this form and may move to the next form.

The maximum allowable length of stay for participants in SHP-TH projects is 24 months. However, Rapid Re-housing participants must not be housed longer than 18 months. HUD does not impose a length of stay restriction on participants in permanent housing projects (S+C, SHP permanent housing, and Section 8 SRO).

All SHP-PH, S+C-TRA, and S+C-SRA projects must describe the reason for selecting the proposed housing structure.

All S+C-PRAR, S+C-SRO, Section 8 SRO projects and SHP projects that are requesting funds for rehabilitation must describe the rehabilitation activities that will be undertaken for housing the participants in the project.

All other project types are not required to complete this form and may move to the next form.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields related to housing participants in the project.**

**Will more than 16 persons reside in a structure? No**  
**(If yes, select Save to enter additional information.)**

## Discharge Planning Policy

The following question must be completed by project applicants that are State or Local government agencies.

Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs?

Not Applicable

## Project Leveraging

The following list summarizes the leveraging funds for the project. To add information to this list, click on the icon and enter the requested information.

Total value of written commitment \$1,260,684

Contributor	Source	Date of Commitment	Value of Commitment
Security Bank	Private	09/19/2008	\$800,000
California Depart...	Government	09/19/2008	\$268,184
Riverside County ...	Government	09/19/2008	\$22,500
Riverside County ...	Government	09/26/2008	\$170,000

## Project Leveraging Detail

### Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, do not enter the contribution. Undocumented leveraging claims may result in the re-scoring of the CoC application and the withdrawal of the conditional award.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

**Select the Type of Contribution** Cash  
**Name the Source of the Contribution** Security Bank  
**Select Type of Source** Private  
**Date of Written Commitment** 09/19/2008  
**Value of Written Commitment** \$800,000

## Project Leveraging Detail

### Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, do not enter the contribution. Undocumented leveraging claims may result in the re-scoring of the CoC application and the withdrawal of the conditional award.

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Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

**Select the Type of Contribution** Cash  
**Name the Source of the Contribution** California Department of Education  
**Select Type of Source** Government  
**Date of Written Commitment** 09/19/2008  
**Value of Written Commitment** \$268,184

## Project Leveraging Detail

### Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, do not enter the contribution. Undocumented leveraging claims may result in the re-scoring of the CoC application and the withdrawal of the conditional award.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

**Select the Type of Contribution** Cash  
**Name the Source of the Contribution** Riverside County Department of Mental Health  
**Select Type of Source** Government  
**Date of Written Commitment** 09/19/2008  
**Value of Written Commitment** \$22,500

## Project Leveraging Detail

### Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, do not enter the contribution. Undocumented leveraging claims may result in the re-scoring of the CoC application and the withdrawal of the conditional award.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

**Select the Type of Contribution** Cash  
**Name the Source of the Contribution** Riverside County Supervisor  
**Select Type of Source** Government  
**Date of Written Commitment** 09/26/2008  
**Value of Written Commitment** \$170,000

# Homeless Management Information System (HMIS) Participation

**Instructions:**

The data entered into this form will be used to determine the percentage of clients reported in the CoC's HMIS for this project.

Indicate whether or not the project is participating in the HMIS. If the project is participating in the HMIS, enter additional information about the project's participation in the HMIS, including the total number of clients served by the project, the total number of clients reported in the HMIS, and the percentage of values that are missing ("Null or Missing Values") and/or unknown ("Don't Know or Refused") for all client records reported. If there were no unknown value, enter "0" in any field within the chart, and select "Save & Next" to move to the next form.

If the project is not participating in the HMIS, indicate the reason(s) for non-participation.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA for additional program requirements.

**All projects must indicate their level of participation in the CoC's HMIS.**

**Does this project provide client level data to No  
HMIS at least annually?**

**Select the "Save" button to enter additional information.**

**Indicate the reason for non-participation in the HMIS**      New project not yet operational

**For Federal/State prohibition, cite applicable law. For "Other", provide explanation.**

## SHP Operating Budget

### Instructions:

Enter the quantity and total dollar amount of SHP funds requested for each operating cost in the project for each year of the grant term. Enter only the portion of the costs DIRECTLY related to providing day-to-day operations of the project for which SHP funds are being requested. Refer to the SHP Desk Guide for details on eligible operations costs:

<http://www.hudhre.info/index.cfm?do=viewShpDeskguideD>. For detailed instructions and examples on completing this budget, reference the online training modules at: <http://esnaps.hudhre.info/training>.

By law, SHP funds may be used to pay for up to 75% of the total operations budget for each year of the grant term. This means that the grantee or project sponsor must make cash payment for at least 25% of the project's total operations budget for each year. Although documentation of matching funds is not required in this application, if the project is awarded grant funds, documentation for Year 1 must be presented before grant agreement and entered in the Annual Performance Report (APR) at the end of the operating year. Documentation of cash match for Years 2 and 3, if applicable, must be met by the end of each of those years and entered in the corresponding APR.

**Complete the following budget fields detailing how SHP funds will be used for operating costs related to serving project participants.**

Eligible Costs	Quantity (limit 200 characters)	SHP Request Year 1	SHP Request Year 2	Total
1.Maintenance/Repair		\$0	\$0	\$0
2.Staff		\$0	\$6,000	\$6,000
3.Utilities		\$0	\$7,500	\$7,500
4.Equipment (lease/buy)		\$0	\$0	\$0
5.Supplies		\$0	\$1,500	\$1,500
6.Insurance		\$0	\$3,000	\$3,000
7.Furnishings		\$0	\$0	\$0
8.Relocation		\$0	\$0	\$0
9.Other (must specify *)				
		\$0	\$0	\$0
		\$0	\$0	\$0
10.Total SHP Request		\$0	\$18,000	\$18,000
11.Cash Match		\$0	\$6,000	\$6,000
12.Total SHP Operating Budget		\$0	\$24,000	\$24,000
13.Other Resources (cash and in-kind)				\$0

\* If not specified, the costs will be removed from the budget.

The Total values are automatically calculated by the system when you click the "save" button.



## SHP Supportive Services Budget

**Complete the following budget fields detailing how SHP funds will be used to provide supportive services project participants.**

### Instructions:

Enter the quantity and total dollar amount of SHP funds requested for each supportive service in the project for each year of the grant term. Enter only the portion of the costs DIRECTLY related to providing services to project participants who are eligible for SHP funding. Refer to the SHP Desk Guide for details on eligible supportive services costs:  
<http://www.hudhre.info/index.cfm?do=viewShpDeskguideD> For detailed instructions and examples on completing this budget, reference the online training modules at:  
<http://esnaps.hudhre.info/training>.

By law, SHP funds may be used to pay for up to 80% of the total supportive services budget for each year of the grant term. This means that the grantee or project sponsor must make cash payment for at least 20% of the project's total supportive services annual budget. Although documentation of matching funds is not required in this application; if the project is awarded grant funds, documentation for Year 1 must be presented before grant agreement and entered in the Annual Performance Report (APR) at the end of the operating year. Documentation of cash match for Years 2 and 3, if applicable, must be met by the end of each of those years and entered in the corresponding APR.

Rapid Re-housing projects - If the applicant is applying for a Rapid Re-housing Demonstration Project and will be providing housing placement, legal assistance and literacy training these items should be listed under "other" costs.

Supportive Services Costs	Quantity (limit 200 characters)	SHP Request Year 1	SHP Request Year 2	Total
1. Outreach		\$0	\$0	\$0
2. Case Management		\$0	\$39,120	\$39,120
3. Life Skills (outside of case management)		\$0	\$0	\$0
4. Alcohol and Drug Abuse Services		\$0	\$0	\$0
5. Mental Health and Counseling Services		\$0	\$4,880	\$4,880
6. HIV/AIDS Services		\$0	\$0	\$0
7. Health Related and Home Health Services		\$0	\$0	\$0
8. Education and Instruction		\$0	\$0	\$0
9. Employment Services		\$0	\$0	\$0
10. Child Care		\$0	\$5,000	\$5,000
11. Transportation		\$0	\$0	\$0
13. Other (must specify )				
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
14. Total SHP dollars requested		\$0	\$49,000	\$49,000
15. Cash Match		\$0	\$12,300	\$12,300
16. Total SHP Supportive Services Budget		\$0	\$61,300	\$61,300
17. Other resources (cash and in-kind)		\$0	\$0	\$0

## SHP Acquisition/Rehabilitation/New Construction Budget

The following information summarizes the SHP funds being requested for acquisition, rehabilitation, and/or new construction for the total term of the project. To add information to this list, click on the icon and enter the requested information.

Name of Structure	Street Address 1	Street Address 2	City	State	Zip Code
Permanent Housing...	41905 E. Florida ...	--	Hemet	California	92544

# SHP Acquisition/Rehabilitation/New Construction Budget Detail

## Instructions:

DO NOT complete this budget for scattered site leasing for the projects. Also, HUD will not award rehabilitation funds to be used for leased space. Further, funds for new construction will not be awarded to SSO projects. For each structure, enter the location of the site and the total dollar amount of SHP funds requested for acquisition and/or rehabilitation or new construction for each year of the grant term. Refer to the SHP Desk Guide for details on HUD statutory limitation: <http://www.hudhre.info/index.cfm?do=viewShpDeskguideD>. For detailed instructions and examples on completing this budget, reference the online training modules at: <http://esnaps.hudhre.info/training>.

By law, for all SHP funds requested for acquisition and/or rehabilitation or new construction, the applicant and/or the sponsor must produce an equal amount of matching funds. Other funds used to carry-out the activities should be included in the cash match column. Although documentation of matching funds is not required in this application, if the project is awarded grant funds, documentation for Year 1 must be presented before grant agreement and entered in the Annual Performance Report (APR) at the end of the operating year. Documentation of cash match for Years 2 and 3, if applicable, must be met by the end of each of those years and entered in the corresponding APR.

Values cannot be entered into fields in the totals fields; the system will automatically calculate these fields based on the information entered in the other columns. Select the "Save" button at the bottom of the form to initiate the auto-calculations.

**Complete the following fields related to the SHP funds being requested for acquisition, rehabilitation, and/or new construction of the new project.**

**Name of Structure** Permanent Housing for Disabled Women with  
(example. Structure A) Children

**Street Address 1** 41905 E. Florida Ave.

**Street Address 2**

**City** Hemet

**State** California

**Zip Code** 92544

	SHP Request	Cash Match	Total Budget
1. Acquisition		\$170,000	\$170,000
2. Rehabilitation			\$0
3. New Construction	\$364,000	\$800,000	\$1,164,000
<b>Total calculated</b>	\$364,000	\$970,000	\$1,334,000

**The Total values are automatically calculated by the system when you click the "save" button.**

## Supportive Housing Program (SHP) Summary Budget

### Instructions:

To update the individual budget activities (acquisition, new construction, rehabilitation, leasing, supportive services, operations, or HMIS), use the left menu bar to go back to the appropriate budget. Refer to the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewShpDeskguideD> for details on funding limitations, cash match, and eligible budget activities.

The following information summarizes the SHP funding request and the available cash match for the total term of the project. Enter the appropriate amount of administrative costs for the project.

Selected Grant Term 2 Years

SHP Activities	SHP Dollars Request	Cash Match	Totals
1. Acquisition	\$0	\$170,000	\$170,000
2. Rehabilitation	\$0	\$0	\$0
3. New Construction	\$364,000	\$800,000	\$1,164,000
4. Subtotal (Lines 1 - 3)	\$364,000	\$970,000	\$1,334,000
5. Real Property Leasing From Leasing Budget Chart	\$0		\$0
6. Supportive Services From Supportive Services Budget Chart	\$49,000	\$12,300	\$61,300
7. Operations From Operating Budget Chart	\$18,000	\$6,000	\$24,000
8. HMIS From HMIS Budget Chart	\$0	\$0	\$0
9. SHP Request (Subtotal lines 4-8)	\$431,000		
10. Administrative Costs (Up to 5% of line 9)	\$5,000	Max. Admin. Allowed	\$21,550
	<b>Total SHP Request (Total lines 9 and 10)</b>	<b>Total Cash Match</b>	<b>Total Budget (Total SHP Request + Total Cash Match)</b>
	\$436,000	\$988,300	\$1,424,300

**Program Outcome Logic Model (HUD 96010) Attachment**

<b>Document Type</b>	<b>Required?</b>	<b>Document Description</b>	<b>Date Attached</b>
Logic Model for Program Outcome (HUD 96010)	Yes	fsalogicmodel	09/03/2008

# Program Outcome Logic Model (HUD 96010) Attachment Detail

Document Description: fsalogicmodel

**2008 Technical Submission**  
**for the**  
**Supportive Housing Program**

To be completed by conditionally selected grantees

Public reporting burden for this collection of information is estimated to average 32 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

As described in the Continuum of Care Homeless Assistance Notice of Funding Availability (NOFA), conditionally selected applicants will be requested to submit additional project information, which may include documentation to show the project is feasible; documentation of firm commitments for cash match; documentation showing site control; information necessary for HUD to perform an environmental review, where applicable; and such other documentation as specified by HUD in writing to the applicant, that confirms or clarifies information provided in the application.

If the conditionally selected applicant is unable to meet any conditions for fund award within the specified timeframe, HUD reserves the right not to award funds to the applicant.



## Technical Submission

## General Instructions

### Submission Process

The 2008 Supportive Housing Program (SHP) application process has two essential phases for new projects. First, eligible organizations submit applications for SHP projects in response to the Continuum of Care Homeless Assistance Notice of Funding Availability (NOFA). An applicant that is successful in the competition (called a "conditionally selected grantee" or "selectee") then completes a second phase by providing more detailed technical information not contained in the original application. This Technical Submission document contains all of the information HUD requires for the second (and final) phase prior to grant execution. All selectees, whether funded for a new SHP project, or an expansion of an existing effort, will complete this document. The McKinney-Vento Act gives HUD authority to renew the assistance that was awarded, therefore, please note that a technical submission is not required for renewal projects. Amendments to the renewal grant must be done at the grant agreement execution phase. (Contact the local Field Office for more details.)

There is a cover page and eight Exhibits as outlined below. Exhibit 1, Project Summary, should be completed by all selectees, including renewals, according to the specific instructions contained in each section. For all other Exhibits, selectees should fill out only the Exhibits which correspond to the activities in their 2008 application to HUD. In reviewing the submission, the local HUD Field Office may find activities that are ineligible or simply misclassified, which would reduce the award or shift funding to another activity. HUD cannot, however, increase funding to a project because of the competitive nature of these awards.

A Technical Submission must be completed for each new conditionally selected project. The selectee may have a project sponsor (the organization that will carry out the daily operation of the project) complete a Technical Submission for each project and submit it to the selectee when the project sponsor is not the same organization as the selectee. The selectee, however, is responsible for ensuring that the Field Office receives the Technical Submission by the deadline.

The following information must be submitted, as applicable:

**Cover Page:** Table of Contents and Certification.

**Exhibit 1: Project Summary** - Selectee and project sponsor information, project budget and milestones.

**Exhibit 2: Acquisition, Rehabilitation, New Construction and Project Feasibility** - Cost, site control, and zoning information. A separate exhibit must be submitted for each structure within a project. For project feasibility, total amount of cash needed to do acquisition, rehabilitation, or new construction.

**Exhibit 3: Real Property Leasing** - Leasing costs for supportive housing and/or supportive service facilities.

**Exhibit 4: Supportive Services** - Types, quantities, and costs of services, and site control for sites operated by the project sponsor.

**Exhibit 5: Operating Budget** - Types and costs for each SHP-funded operating cost, and site control.

**Exhibit 6: HMIS Dedicated Project** - Types, quantities, resources, costs of an HMIS, operations and match.

**Exhibit 7: Administration** - Distribution plan for administrative funds.

**Exhibit 8: Leveraging** - Leveraging documentation.

### Grant Agreements

HUD will enter into a grant agreement with the selectee once the Technical Submission is completed and approved. When a project sponsor is not the selectee organization, the project sponsor will be a sub-recipient to the selectee.

A selectee awarded funding for multiple projects will enter into a separate grant agreement for each project, thereby accommodating projects that are ready to begin operation at varying times.

**Technical  
Submission  
(cont.)****General Instructions****Environmental Review**

(1) No recipient is permitted to enter into a contract or otherwise commit HUD or local funds for acquisition, rehabilitation, leasing (except scattered-site tenant based rental assistance), conversion, repair, or construction of the property to provide housing under the program prior to completion of the environmental review process and approval of either HUD 7015.15 or HUD-4128 by the HUD Field Office CPD Director.

(2) For recipients who are private nonprofit organizations or public housing authorities (PHA), the environmental review is to be performed by responsible entities (units of general local government in whose jurisdiction the activity is located or States) in accordance with 24 CFR Part 58 – “Environmental Review Procedures for Entities Assuming HUD Environmental Responsibilities” - whether or not the grantee is itself a unit of local government or State. Previously, the review was required to be performed by HUD for PHA and nonprofit grantees in accordance with 24 CFR Part 50 – “Protection and Enhancement of Environmental Quality.” If a responsible entity is either unwilling or unable to perform an environmental review for grantees who are public housing agencies or private nonprofit organizations (Section 58.11), or if HUD determines that the responsible entity should not perform the environmental review on the basis of performance, timing or compatibility of objectives, HUD may designate another responsible entity to conduct the review under Part 58 or may itself conduct the environmental review under Part 50.

**Recording Restrictive Use and Repayment Covenants in CPD’s Supportive Housing Program**

The Supportive Housing Program (SHP) is authorized by Subtitle C of the McKinney-Vento Act. The use restriction and repayment requirements are found at section 423(b) and (c), § 42USC 11383(b) and (c). These requirements apply to projects receiving SHP funds for acquisition, rehabilitation, and/or new construction. Conforming regulations are located at 24 CFR § 583.305. Please contact the local HUD Field Office to discuss the recordation requirements of the jurisdiction.

**Site Control**

By law, a project sponsor must have site control within one year after HUD notified the selectee of its conditionally selected award if SHP funds will be used for: (a) acquisition, rehabilitation and/or new construction; (b) operating costs for supportive housing; (c) supportive services at a site it also operates; and (d) leasing of units that participants will not eventually control and SHP supportive services will be provided at the site. Exhibits 2, 3, 4, and 5 describe the acceptable forms of site control. If site control is not obtained within one year, HUD will withdraw its offer to enter into a grant agreement and the project will not receive funding.

Site control is not needed, however, when grant funds will be used solely to provide services at a site not operated by the project sponsor, to be used solely for leasing, or when the lease will be given to the project participants.

**Technical  
Submission  
(cont.)**

**General Instructions**

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**Assembly**

To help HUD expedite the review of the submission, please assemble it in the order as outlined under the Submission Process heading in these instructions. If an Exhibit is not applicable, please label it as such. Use tabs to mark each Exhibit and number all pages sequentially. Supporting documentation, such as cost estimates, may be referenced in the appropriate Exhibit and attached as an appendix.

**Deadline and Questions**

The deadline for the Technical Submission is no later than one month from the date of the letter from the selectee's HUD Field Office requesting the submission. Selectees may submit Exhibits as they complete them; however, the entire submission must be submitted by the deadline. The HUD Reform Act provisions that prohibited application-related contact during the application phase do not apply during this Technical Submission phase, call the local HUD Field Office if there are specific questions about this document.

Technical  
Submission

Project Number: CA0665B9D080800  
Project Identifier: \_\_\_\_\_

**Cover Page**

Recipient's Name: Family Service Association of Western Riverside County	HUD Project Number: CA0665B9D080800
--	-------------------------------------

Check the program component/type that classifies the project:

- Transitional Housing (TH)
- Permanent Housing for Homeless Persons with Disabilities (PH)
- Supportive Services Only (SSO)
- Safe Haven (SH)
- Homeless Management Information System (HMIS)
- Innovative Supportive Housing (ISH)

**Table Of Contents**

(Enter the page number for each Exhibit in the space provided below.)

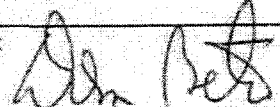
- 7-12 Exhibit 1 Project Summary
- 13-16 Exhibit 2 Acquisition, Rehabilitation, New Construction, and Project Feasibility
- 17-20 Exhibit 3 Real Property Leasing
- 21-24 Exhibit 4 Supportive Services
- 25-28 Exhibit 5 Operating Budget
- 29-32 Exhibit 6 Homeless Management Information System
- 33-34 Exhibit 7 Administration
- 35 Exhibit 8 Leveraging

**Certification:**

Name & Title of the Person who can answer questions about this document: Dom Betro, President/CEO	Phone (include area code): (951) 686-1096
--	--

Address:  
21250 Box Springs Rd. Ste. 212 Moreno Valley, CA 92557

I hereby certify that all the information stated herein is true and accurate.  
**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name & Title of Authorized Official: Dom Betro, President/CEO	Signature & Date: June 17, 2010 
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Technical  
Submission

Project Number: CA0665B9D080800

Project Identifier: \_\_\_\_\_

Exhibit 1: Project Summary

Exhibit 1 consists of Sections A-D which request selectee and sponsor information, project budget and milestones, program goals, and number of beds, participants and supportive services.

**A. Selectee, and Sponsor Information** - Fill in the information requested below. Fill in the HMIS Lead for HMIS projects. When the selectee is the same organization as the project sponsor, complete only the selectee information.

Selectee Name	Riverside County DPSS	Sponsor Name	Family Service Association of Western Riverside County
Contact Person	Susan Larkin	Contact Person	Dom Betro
Phone	(951) 358-5638	Phone	(951) 686-1096
FAX Number	(951) 358-7755	FAX Number	(951) 686-5382
E-Mail Address	slarkin@riversidedpss.org	E-Mail Address	dbetro@fsaca.org
Street Address	4060 County Circle Drive	Street Address	21250 Box Springs Rd. Ste. 212
City, State, Zip	Riverside, CA 92503	City, State, Zip	Moreno Valley, CA 92557
HMIS Lead	Riverside County DPSS	Contact Person	Felicia Folmar-Avery
Street Address	4060 County Circle Dr.	Phone	(951) 358-5639
City, State, Zip	Riverside, CA 92503	E-Mail Address	ffolmar@riversidedpss.org

**B. Project Budget and Milestones** - This section must be completed by all new selectees.

1. Chart 1 - Summary Project Budget

To complete Chart 1, Summary Project Budget, enter the amount of SHP funds requested by line-item in the first column. For leasing, supportive services, and operations, the amount entered should be for the SHP grant term selected. In the second column, enter the amount of other cash that will be contributed to the project. This amount plus the SHP request must equal the total budget amount for the project. Enter the amounts for all structures in the project. Each line-item amount in this chart should match the amounts shown in Exhibits 2 through 8, as appropriate.

Requested grant term (1, 2, or 3 years): 2 years

Chart 1 - Summary Project Budget

	SHP Request	Applicant Cash	Total Project Budget
1. Acquisition			
2. Rehabilitation			
3. New Construction			
4. Subtotal (lines 1 thru 3)*	0	0	0
5. Real Property Leasing	\$324,000		\$324,000
6. Supportive Services**	\$ 87,000	\$21,750	\$108,750
7. Operations***	\$ 4,250	\$ 1,417	\$ 5,667
8. HMIS**			
9. SHP Request (subtotal lines 4 thru 8)	\$415,250	\$23,167	\$438,417
10. Administration (up to 5% of line 9)	\$ 20,750		\$ 20,750
11. Total SHP Request (total lines 9 and 10)	\$436,000	\$23,167	\$459,167

\* By law SHP request for these activities cannot be more than 50% of the total acquisition, rehabilitation, and new construction budget.

\*\* By law, SHP funds can be no more than 80% of the total supportive services or total HMIS budget.

\*\*\* By law, SHP can pay no more than 75% of the total operating budget.

Technical  
Submission

Project Number: CA0665B9D080800

Project Identifier: \_\_\_\_\_

**Exhibit 1: Project Summary**

2. Chart 2 - Project Milestones

To complete Chart 2, Project Milestones, enter the number of days from the execution of the grant agreement that each of the following milestones will occur, for each structure in the project. If the project has only one structure or no structures, complete only column A. Enter "N/A" if the event is not applicable.

Please note that the milestones entered will become part of the selectee's grant agreement and, therefore, it is important that the milestones are appropriate given the scope of the project and achievable by the SHP prescribed timeframes in the regulation at Section 583.410 and timeliness standards listed on page 39854 of the 2008 NOFA published on July 10, 2008.

Establish the major milestones for implementation of the HMIS project and enter the number of days from execution of the grant that each milestone will occur.

**Chart 2 - Project Milestones**

	Days from Execution of Grant Agreement Structure			
	A	B	C	D
1. Closing on purchase of land, structure, or execution of lease				
2. Last unit leased, if leasing scattered units				
3. Rehabilitation started				
4. Rehabilitation completed				
5. New construction started				
6. New construction completed				
7. Operations staff hired	30			
8. Residents begin to occupy	60			
9. Supportive services begin	30			
10. Facility near 100% occupied	120			
11. Enrollment in supportive services near 100% capacity	120			
12. Implementation of the HMIS project	120			

**C. Program Goals** - The goals for SHP are to help program participants (a) obtain and remain in permanent housing, (b) increase their skills and/or income, and (c) achieve greater self-determination. In order to meet these program goals, each project should develop specific performance measures. Performance measures have three major components. First, the goals must relate to the outcomes (e.g., the program participant will successfully complete substance abuse treatment), rather than inputs (e.g., the program participant will attend 25 substance abuse sessions). Second, the goals must have a time frame for achievement and, third, they must have a percentage/number indicating a level of achievement. In a separate narrative, which should be submitted as an attachment to this Exhibit, please describe the performance measures that will be used for each of the SHP goals and how success in meeting each of the goals will be measured. Please include both housing and services in the discussion. At least one performance measure for the skills/income goal must address accessing mainstream health and human service programs. Success in meeting the program's performance measures must be reported in the Annual Progress Report.

Examples of performance measures for each of the SHP goals are:

- Goal: Obtain and remain in permanent housing
  - 70% of those families entering the program will receive Section 8 certificates when exiting the program.
- Goal: Increase skills and income
  - 80% of the participants who receive no benefits upon entry will receive entitlement benefits within 6 months.
- Goal: Achieve greater self-determination
  - 85% of clients will meet at least one goal on their Individual Service Plan.

Please see Exhibit 1 Attachment (Page 12)

Technical  
Submission

Project Number: CA0665B9D080800

Project Identifier: \_\_\_\_\_

**Exhibit 1: Project Summary**

**D. Type and Scale of Housing**

The housing type(s) was entered in the original application submitted in e-snaps. If there has been a change in the type of housing in the project, identify the changes in this Exhibit and indicate the specific address of each site. Scattered-site project applicants only need to fill out one box for each housing type in the project. Indicate only those sites being funded using SHP funds awarded for this project. **This page may be duplicated if there are more than three types of housing.**

Housing type (select one)	<input type="checkbox"/> Barracks <input type="checkbox"/> Dormitory <input type="checkbox"/> Shared Housing <input type="checkbox"/> SRO Units <input type="checkbox"/> Clustered Housing <input checked="" type="checkbox"/> Scattered-site Apartments <input type="checkbox"/> Single Family Homes/ Townhomes /Duplexes
Address: NOTE: 23408,10,12,80 Hemlock Ave Moreno Valley, CA 92557	
Identify the units, bedrooms and beds for the type of housing listed above.	
Units	12
Bedrooms	24
Beds	32

Housing type (select one)	<input type="checkbox"/> Barracks <input type="checkbox"/> Dormitory <input type="checkbox"/> Shared Housing <input type="checkbox"/> SRO Units <input type="checkbox"/> Clustered Housing <input type="checkbox"/> Scattered-site Apartments <input type="checkbox"/> Single Family Homes/ Townhomes /Duplexes
Address:	
Identify the units, bedrooms and beds for the type of housing listed above.	
Units	
Bedrooms	
Beds	

Housing type (select one)	<input type="checkbox"/> Barracks <input type="checkbox"/> Dormitory <input type="checkbox"/> Shared Housing <input type="checkbox"/> SRO Units <input type="checkbox"/> Clustered Housing <input type="checkbox"/> Scattered-site Apartments <input type="checkbox"/> Single Family Homes/ Townhomes /Duplexes
Address:	
Identify the units, bedrooms and beds for the type of housing listed above.	
Units	
Bedrooms	
Beds	

Technical  
HUD-40090-3a

Project Number: CA0665B9D080800

Submission

Project Identifier: \_\_\_\_\_

Exhibit 1: Project Summary

**D.1. Households in the Project – with Dependents (Children)**

The purpose of this form is to capture the total number of homeless persons the organization has committed to serve as indicated in the e-snaps application or as modified by the field office (i.e., change due to funds being reduced), as well as the subpopulations/disabilities for each household member. If the project is not serving households with dependent children, enter "0" in the "Total Number of Households" field. **Enter the same information that was entered into esnaps in the original application or use this form to indicate any changes since the project was conditionally-selected.**

Total Number of Households	12
----------------------------	----

	Total Persons	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
Disabled Adults	12	6	2	0	1	3
Non-Disabled Adults	0		0	0		0
Disabled Children	0	0	0		0	0
Non-Disabled Children	20		0		0	0
<b>Total Persons</b>	<b>32</b>	<b>6</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>3</b>
Total Number of Adults	12					
Total Number of Children	20					

Technical

Project Number: CA0665B9D080800



Submission

Project Identifier: \_\_\_\_\_  
 Exhibit 1: Project Summary (continued)

**D.2. Households in the Project – without Dependents (Children)**

The purpose of this form is to capture the total number of homeless persons the organization has committed to serve as indicated in the e-snaps application or as modified by the field office (i.e., change due to funds being reduced), as well as the subpopulations/disabilities for each household member. If the project is not serving households without dependent children, enter "0" in the "Total Number of Households" field. **Enter the same information that was entered into e-snaps in the original application or use this form to indicate any changes since the project was conditionally-selected.**

Total Number of Households	
----------------------------	--

	Total Persons	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
Disabled Adults							
Non-Disabled Adults							
Disabled Unaccompanied Youth							
Non-Disabled Unaccompanied Youth							
Total Persons							
Total Number of Adults							
Total Number of Children							

**EXHIBIT I: PROJECT SUMMARY ATTACHMENT:**

**B. Program Goals** - The goals for SHP are to help program participants (a) obtain and remain in permanent housing, (b) increase their skills and/or income, and (c) achieve greater self-determination. In order to meet these program goals, each project should develop specific performance measures. Performance measures have three major components. First, the goals must relate to the outcomes (e.g., the program participant will successfully complete substance abuse treatment), rather than inputs (e.g., the program participant will attend 25 substance abuse sessions). Second, the goals must have a time frame for achievement and, third, they must have a percentage/number indicating a level of achievement.

The Program Goals for the FSA Permanent Housing for Disabled Women with Children are as follows:

Goal: Obtain and remain in permanent housing

- A. 60% of participants entering the program will remain in the permanent housing program for at least seven months.
- B. 40% of participants who exit the program will exit to permanent housing arrangements.

Goal: Increase skills and income

- C. 50% of the participants entering the program without benefits will apply and receive entitlement benefits within 6 months.

Goal: Achieve greater self-determination

- D. 85% of clients in the program for seven months or more will meet at least one goal on their Individual Service Plan.

**Technical  
Submission**

**Project Number:** CA0665B9D080800  
**Project Identifier:** \_\_\_\_\_  
**Exhibit 2: Acquisition, Rehabilitation, New Construction, and  
 Project Feasibility (new or expansion projects only)**

Exhibit 2 consists of Sections A-G which request information on the structure address, cost, site control, zoning, and total amount of cash needed for SHP-funded acquisition, rehabilitation, or new construction. Please complete a separate Exhibit 2 for each SHP-funded structure to be assisted within the project. In addition, for Section E.4.b., attach a narrative describing in-kind contributions (if any) directly related to the rehabilitation or new construction. Please note that all projects requesting funding for acquisition, rehabilitation, and/or new construction activities are subject to environmental review requirements (see General Instructions).

**A. Address of Structure**

Street	_____
City	_____
State/Zip	_____

Is this the same address provided in the original application to HUD?  Yes  No

If "No," attach a narrative describing why a different structure is proposed, including any implications for acquisition, rehabilitation, or new construction costs. -

This project originally included acquisition and construction of a new facility. Due to the time necessary for zoning and environmental reporting, Family Service Association filed for an amendment to the original proposal to lease existing apartment units for the targeted population and program.

**B. Site Control** A project sponsor must have control of any structure that will receive SHP funding for acquisition for supportive housing or a supportive services facility, or new construction for supportive housing.

1. Does the project sponsor have site control at this time?
  - Yes (complete question 2)
  - No (The project sponsor has one year from the date of HUD's letter to the selectee notifying it that it was conditionally selected to gain site control.)
2. Check the appropriate box below to indicate the form of site control that the project sponsor has now and attach a copy of the document. These are the acceptable forms of site control:
  - Deed or other proof of ownership     Executed lease agreement
  - Executed contract of sale                 Executed option to purchase or lease

**C. Zoning** Attach one of the following sources of zoning documentation:

1. A statement on letterhead stationery from the unit of general local government (in which the structure is located) indicating that the proposed use of the structure is permissible under the applicable zoning ordinances and regulations; or
2. If the structure is zoned for a use other than that intended by the project, submit documentation that the zoning will be changed within one year from the date of HUD's letter to the selectee notifying it of its conditionally selectee status; or
3. Documentation that a lawsuit or a HUD complaint related to the proposed site has been filed, or a commitment that it will be filed three months (of initial notification of award), challenging the legality of the current zoning ordinance or regulations under the Fair Housing Act.

Technical  
Submission

Project Number: CA0665B9D080800

Project Identifier: \_\_\_\_\_

**Exhibit 2: Acquisition, Rehabilitation, New Construction, and Project Feasibility (new or expansion projects only)**

**D. Acquisition Cost**

If requesting SHP funds to acquire real property (land and/or a structure), enter the total acquisition cost in the applicable line below. Attach a photograph of the property.

1. Cost of real property is to be acquired from a person or entity other than the project sponsor.

\$ \_\_\_\_\_ or

2. Cost of paying off the project sponsor's outstanding debt on a loan on real property to be used in the SHP project. Please note that SHP funds may only pay debt on property **not currently** used as supportive housing or for supportive services for homeless persons.

\$ \_\_\_\_\_

- a. Attach to this Exhibit documentation indicating the balance owned on the loan, mortgage or deed of trust.  
b. To avoid potential conflict of interest (see the SHP rule at Section 583.330(e)), describe in a narrative the current owner's proposed involvement in the SHP project.

**E. Rehabilitation and New Construction Cost**

If requesting SHP funds for rehabilitation or new construction of a structure, provide the following information:

1. Attach a thorough description of the nature, scope and square footage of the proposed work.
2. If new construction is proposed, attach a narrative describing how the costs associated with the construction are substantially less than rehabilitating the structure and/or that there is a lack of available structures to rehabilitate at a cost less than new construction.
3. Attach a cost estimate prepared by a qualified person in the field (such as an architect, contractor or engineer) that describes the labor and materials costs by major trade headings (such as plumbing, electrical and landscaping), and indicates all fees, taxes, builder's overhead and profit, contingency amounts and other items appropriate for the work to be completed. **Please note that SHP funds cannot be used to pay developer's fees or to establish working capital or operating deficit funds.**
4.
  - a. The total rehabilitation or construction cost for the structure based on the cost estimate: \$ \_\_\_\_\_ (See note at end of this section regarding site change)
  - b. The total in-kind contributions (non-cash) to be made towards the rehabilitation or construction of the structure (such as materials, labor):  
\$ \_\_\_\_\_
  - c. The total cash needed for rehabilitating or constructing the structure (4a minus 4b). \$ \_\_\_\_\_ (See note at end of this section regarding site change)

Technical  
Submission

Project Number: CA0665B9D080800  
 Project Identifier: \_\_\_\_\_  
**Exhibit 2: Acquisition, Rehabilitation, New Construction, and  
 Project Feasibility (new or expansion projects only)**

**F. SHP Funding Request**

1. Enter the total SHP request for acquisition, rehabilitation and new construction for the structure:

\$0 \_\_\_\_\_ (Please ensure that this amount matches project summary budget amounts in Exhibit I, Chart B.1., for these activities.)

**G. Project Feasibility**

By completing Exhibit 2 a project sponsor will demonstrate that it has enough documented cash resources to carry out these activities and meet the SHP match requirement, and that the resources will be available to meet the structure milestones schedule in Exhibit I.

**a. Cash Requirements**

Enter the total cash needed to complete acquisition, rehabilitation, and/or new construction of **all structures** in the project. (Total of all structures in Ex. 2)

\$ \_\_\_\_\_

**b. Cash Resources**

Fill in the following table with new cash resources to be used for acquisition, rehabilitation or new construction. Do not include the cost of non-cash contributions or enter cash resources already committed to existing projects. Cash resources may be provided by the project sponsor, Federal, State and local governments, or private sources.

Sources of Cash for Acquisition/Rehabilitation/New Construction	Page Nos. of Documentation	Amount \$	SHP Use Only
1.			
2.			
3.			
4.			
5.			
6.			
7.			

<b>c. Total Cash</b>	Total cash resources excluding SHP request (add Lines 1 thru 7 above)		
<b>d. SHP Request</b>	SHP request (line a. minus line c.) (SHP request may not be greater than line c.)		

- c. **Documentation of Feasibility** Cash resources listed above in Part b. must be documented on letterhead stationery, signed and dated by an authorized representative, and attached to this Exhibit. Each letter must, at a minimum, contain the following elements:
1. The name of the organization providing the cash resource;
  2. The amount;
  3. The type of activity for which the funds will be used (e.g., acquisition, rehabilitation, or new construction);
  4. The name of the project sponsor organization that the resource will be contributed to and/or the name of the project; and
  5. The date the funds will be available.

**Technical  
Submission**

**Project Number:** CA0665B9D080800

**Project Identifier:** \_\_\_\_\_

**Exhibit 3: Real Property Leasing**  
(all new projects requesting leasing funds)

---

SHP funds may be used to lease space for supportive housing or supportive services. If requesting SHP leasing funds, fill out the appropriate tables that follow. Housing and service space may be in the form of scattered-site leased units, or within a structure. The structures to be leased may be structures currently configured for, or structures to be converted to provide supportive housing and/or supportive services. **Under no circumstances may SHP leasing funds be used to lease units or structures owned by the project sponsor, the selectee, or their parent organizations. This includes organizations which are members of a general partnership where the general partnership owns the structure.**

Chart A should be filled out only if leasing units or structures that are currently configured for housing and/or services and, therefore, a FMR or actual rent can be used. **If a negotiated actual rent (s) is lower than the area's FMR, use that amount instead of the FMR. Please note that FMR's are gross rent amounts that include shelter rent and the cost of utilities, except telephone. Therefore, if an actual rent amount, is used include a utility allowance. The local Public Housing Authority should be contacted for a schedule of utility allowances. The actual rent plus utility allowance may not exceed the FMR.** Fill out Chart B only if leasing a structure that will be converted into space for housing and/or services and for which an FMR is not applicable. The Chart in Section C is a summary of the total SHP request for each year of the grant term for all units and/or structures in the project.

Technical  
Submission

Project Number: CA0665B9D080800  
 Project Identifier: \_\_\_\_\_  
 Exhibit 3: Real Property Leasing  
 (all new projects requesting leasing funds)

**A. Leased Unit(s) or Structure(s) Configured for Housing and/or Services**

If proposing to lease units or structures in more than one metropolitan or non-metropolitan area, fill in the appropriate number of tables for each area with a different FMR or actual rent. Please reproduce this Exhibit as needed to accommodate projects using more than one FMR or actual rent.

Enter the number of unit(s)/structure(s) by the bedroom size to be leased and the lower of the actual rent or the FMR as published in the Federal Register on September 29, 2008. The space to be leased may be scattered-site (e.g., one-bedroom apartments in five different apartment complexes) or contained within a structure (e.g., a group home with six bedrooms).

Multiply the number of units/structures by the FMR or actual rent, whichever is lower, by 12 months (# of units x FMR or actual rent x 12) and enter the result in the Year 1 column and the total column. If a multi-year lease (e.g., the grant term is for 2 or 3 years), enter the Years 2 and 3 costs, as applicable, and then total.

Please note that the FMR for a single room occupancy (SRO) unit is equal to 75% (0.75) of the 0-bedroom FMR. The FMRs for unit sizes larger than 4-bedrooms are calculated by adding 15% to the 4-bedroom FMR for each extra bedroom. For example, the FMR for a 5-bedroom unit is 1.15 times the 4-bedroom FMR, and the FMR for a 6-bedroom unit is 1.30 times the 4-bedroom FMR.

FMRs may be found at the following WEB site:

<http://www.huduser.org/datasets/fmr.html>

Chart A:

Name of metropolitan or non-metropolitan FMR area: Riverside/San Bernardino							
Address (if scattered site, indicate so): 41956, 92, 08 Orange Blossom Lane, Hemet CA 92577							
Size of units	No. of units/structures	FMR or HUD rent paid	No. of Mos.	Year 1 (a)	Year 2 (b)	Year 3 (c)	Total (d)
1. SRO	x	x	12 =				\$
2. 0 bdrm	x	x	12 =				\$
3. 1 bdrm	x	x	12 =				\$
4. 2 bdrm	12 x	\$1,125 x	12 =	162,000	162,000		\$324,000
5. 3 bdrm	x	x	12 =				\$
6. 4 bdrm	x	x	12 =				\$
7. 5 bdrm	x	x	12 =				\$
8. 6 bdrm	x	x	12 =				\$
9. Other	x	x	12 =				\$
10. Totals				\$162,000	\$162,000	\$	\$324,000

Technical

Project Number: CA0665B9D080800  
 Project Identifier: \_\_\_\_\_



**Submission**

**Exhibit 3: Real Property Leasing**  
(all new projects requesting leasing funds)

**B. Leased Unit(s) Structure(s) – No Applicable FMR**

If leasing a structure or portion of a structure that will be converted into space for housing and/or services, fill out Chart B below using a monthly leasing cost that is comparable to and no more than the rents being charged for similar space in the area. **If the project has more than one structure, reproduce Chart B and fill it out starting with structure 2.**

Multiply the monthly leasing costs by 12 months and enter the result in the Year 1 column. If a multi-year lease (e.g., the grant term is for 2 or 3 years), enter the Years 2 and 3 costs, as applicable, and then total.

**Chart B:**

Structure 1	Monthly Leasing Cost	No. of Mos.	Year 1 (a)	Year 2 (b)	Year 3 (c)	Total (d)
	\$	x 12 =	\$	\$	\$	\$

Address:

	Year 1 (a)	Year 2 (b)	Year 3 (c)	Total (d)
<b>Totals</b>	\$	\$	\$	\$

**C. SHP Leasing Request**

Transfer the Year 1, 2, 3, (as applicable, depending on the grant term) and total figures from Tables A and/or B to the chart below.

	Year 1 (a)	Year 2 (b)	Year 3 (c)	Total (d)
<b>1. Total Budget</b>	\$162,000	\$162,000	\$	\$324,000
<b>2. SHP Request</b>	\$162,000	\$162,000	\$	\$324,000

Please ensure that the dollar amounts entered in 1(d) and 2(d) match those entered in the project Summary Budget in Exhibit I, as applicable.

**Technical**

**Project Number:** CA0665B9D080800  
**Project Identifier:** \_\_\_\_\_

Submission

**Exhibit 3: Real Property Leasing**  
(all new projects requesting leasing funds)

**D. Site Control**

A project sponsor is not required to document site control if: (1) during the grant term, the lease will be given to the project participants (e.g., the homeless persons will eventually control the units); and/or (2) the SHP request is just for leasing (e.g., the request is not also for other SHP-related activities for which site control is needed). If one or both of these situations is applicable to the project, check the "N/A" (i.e., not applicable) box in #1 below and proceed to the next Exhibit.

1. Does the project sponsor have site control at this time?       Yes       No       N/A

If the answer to this question is "yes", complete question 2 below.

If the answer to this question is "no", the project sponsor has one year from the date of HUD's conditional award letter to the selectee to obtain site control.

2. Check the appropriate box below to indicate the form of site control that the project sponsor has now and attach a copy of the document. These are the acceptable forms of site control:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Executed lease agreement  | <input type="checkbox"/> Deed or other proof of ownership |
| <input type="checkbox"/> Executed option to purchase or lease | <input type="checkbox"/> Executed contract of sale        |

Technical  
Submission

Project Number: CA0665B9D080800  
Project Identifier: \_\_\_\_\_  
Exhibit 4: Supportive Services

(all new projects requesting service funds)

---

Supportive services are designed to address the special needs of the homeless persons to be served by the project. Services may be provided directly by the project sponsor and/or through arrangement with public or private service providers, including the selectee. SHP supportive service funds may be used to pay for the actual costs of supportive services and other costs directly associated with providing such services (see SHP rule at Section 583.120).

By law, SHP funds may be used to pay for up to 80% of the total supportive services budget for each year of the grant term. This means that the selectee must make a cash payment for 20% of the project's total supportive services budget annually. For Year 1 of the grant term, documentation of firm commitments of the cash resources must be submitted as an attachment to Exhibit 4. The form and content requirements of these commitments are explained in Section D of this Exhibit. For Years 2 and 3, a selectee needs only to certify that cash resources will be provided using the certification in Section E of this Exhibit. This certification must be completed and submitted as an attachment to this Exhibit. **Please note that, although selectees are not required to have the firm commitment for the cash resources for Year 2 and Year 3 at this time, the match requirement for Year 2 and Year 3 must be met by the end of each of those years and identified at the time of submission of the APRs for those years.**

Technical Submission  
Submission

Project Number: CA0665B9D080800  
Project Identifier: \_\_\_\_\_  
Exhibit 4: Supportive Services

**A. Supportive Services Budget**

Please complete the chart below for the project's total supportive services budget. If additional space is needed to indicate more services, reproduce this chart and label it Exhibit 4A.

In the first column, fill in the supportive service expenses. For staff positions, please include the job title and quantity (or FTE-full time equivalent); for supportive services, such as transportation services, please include the type (e.g., bus tokens) and quantity. In the Year 1 column, enter the amount needed to pay for the service in the first year. If the grant is multi-year, enter the funds needed for Year 2, and if applicable, Year 3. In the last column, total the amount of funds needed for the full grant term. **Please ensure that the total supportive services request on Line 11, column (d) below, matches the amount entered in the project's Summary Budget in Exhibit 1 of this document.**

Example:

Supportive Service Expense	Year 1 (a)	Year 2 (b)	Year 3 (c)	Total (d)
Service Activity: Mental Health Counseling Quantity: 0.25 FTE	\$10,000	\$10,300	\$10,609	\$30,909
Service Activity: Transportation (Bus Tokens) Quantity: 500/mo. @\$2.00 ea.	12,000	12,360	12,731	37,091
<b>SHP Request</b>	17,600	18,128	18,672	54,400
<b>Total Supportive Services Costs</b>	<b>\$22,000</b>	<b>\$22,660</b>	<b>\$23,340</b>	<b>\$68,000</b>

**Chart 4A:**

Supportive Service Expense	Year 1 (a)	Year 2 (b)	Year 3 (c)	Total (d)
1. Service Activity: Case Management Services Quantity: 1 FTE Case Manager serving 12 clients	\$26,000	\$26,000		\$52,000
2. Service Activity: Mental Health Counseling Quantity: .60 FTE Clinician I serving 12 clients	\$28,375	\$28,375		\$56,750
3. Service Activity: Quantity:				
4. Service Activity: Quantity:				
5. Service Activity: Quantity:				
6. Service Activity: Quantity:				
7. Service Activity: Quantity:				
8. Service Activity: Quantity:				
9. <b>SHP REQUEST*</b>	\$43,500	\$43,500		\$87,000
10. <b>Selectee's Match (Line 11 minus Line 9)</b>	\$10,875	\$10,875		\$21,750
<b>11. Total Supportive Services Budget</b>	<b>\$54,375</b>	<b>\$54,375</b>		<b>\$108,750</b>

\*The SHP request cannot be more than 80% of the total supportive services budget in Line 11.

Technical  
Submission

**Project Number:** CA0665B9D080800

**Project Identifier:** \_\_\_\_\_

**Exhibit 4: Supportive Services**

(all new projects requesting service funds)

## B. Job Descriptions

Attach to Exhibit 4 narrative statement(s) indicating the job title(s) for each position to be funded. For each position describe the job responsibilities as they relate to the project.

See Attachment at end of this Section for Job Descriptions (Pages 37-38)  
.60 FTE Clinician I (Mental Health Counseling)  
1 FTE Case Manager (Case Management)

## C. Site Control

A project sponsor must have site control when SHP funds are requested for supportive services at a site operated by the project sponsor. If the project sponsor does not operate this site (e.g., another organization does), check the "N/A" (i.e., not applicable) box in #1 below and proceed to the next applicable Exhibit.

1. Does the project sponsor have site control at this time?  Yes  No  N/A  
(See note at end of this section regarding site change)

If the answer to this question is "yes", complete question 2.

If the answer to this question is "no", the project sponsor has one year from the date of HUD's conditional award letter to the selectee to obtain site control.

2. Check the appropriate box below to indicate the form of site control that the project sponsor has now and attach a copy of the document. These are the acceptable forms of site control:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Executed lease agreement  | <input type="checkbox"/> Deed or other proof of ownership |
| <input type="checkbox"/> Executed option to purchase or lease | <input type="checkbox"/> Executed contract of sale        |

**Technical  
Submission**

**Project Number:** CA0665B9D080800

**Project Identifier:** \_\_\_\_\_

**Exhibit 4: Supportive Services**

(all new projects requesting service funds)

**D. Documentation of Match for Year 1**

A selectee must currently have firm commitments for its cash resources for Year 1 and must submit documentation of those resources as an attachment to this Exhibit. These firm commitments must be documented on letterhead stationery, signed and dated by an authorized representative, and attached to this Exhibit. Each letter must, at a minimum, contain the following elements:

1. The name of the organization providing the cash resource;
2. The amount;
3. The type of activity for which the funds will be used (e.g., case management, child care, education);
5. The name of the project sponsor organization to which the cash will be contributed and/or the name of the project;
6. The date the funds will be available.

See Attached Letter from Family Service Association – Match/Leverage for Supportive Services and Operations.

**E. Certification of Match for Year 2 and Year 3, if applicable**

The following certification must be completed for Year 2, and Year 3 if applicable, of the grant term to certify that non-SHP cash resources will be used to meet the supportive services match requirement in each of these years. The amount specified in this certification must match the amount shown in Chart 4A, Line 10, of this Exhibit. No other documentation regarding the supportive services match requirement for Year 2 and Year 3 of the grant term is required at this time. However, match commitment for Years 2 and 3 will be identified at time of submission of Annual Progress Reports for those years.

The Family Service Association of Western Riverside County (selectee organization) certifies that it will provide cash resources in the amount of \$17,500 from non-SHP funding sources for Year(s) 1 and 2 of this grant term to be used to provide services to homeless persons under HUD's grant number CA0665B9D080800

Signature of authorized representative: \_\_\_\_\_

Name (Print): Dom Betto

Title: President/CEO

Date: June 17, 2010

**Technical  
Submission**

**Project Number:** CA0665B9D080800

**Project Identifier:** \_\_\_\_\_

**Exhibit 5: Operations**

(all new projects requesting operating funds)

Operating costs are those costs associated with the day-to-day operation of supportive housing and for which cash payment is needed. Operating costs differ from supportive service costs in that operating costs support the function and the operation of the housing project.

If requesting SHP operating funds, only the portion of the costs directly related to the operation of the housing project are eligible. For example, if a project sponsor's executive director will spend 10% of his/her time providing management to the housing project, then (up to) 10% of his/her salary can be charged as an SHP operating expense. Additionally, for example, in cases of shared utilities, SHP operating funds may only pay for the portion of the utilities associated with the housing project based on the square footage of the project's space. If the housing project occupies 25% of the building's space, then (up to) 25% of the monthly utility bill can be paid for using SHP operating funds. If the building to be used is new, the project sponsor should contact its local utility company for an estimate of the monthly bill.

Relocation expenses are also eligible SHP operating costs. Because relocation requirements are complex, selectees should contact their local HUD Field Office as soon as possible to determine if the relocation requirements are triggered and if so, the procedures to follow and the cost of the relocation assistance.

SHP operating funds may not be used to pay for the following costs:

- a. Operating costs of a supportive services only facility;
- b. Administrative expenses such as audits and preparing HUD reports (see Exhibit 7: Administration);
- c. Rent of space for supportive housing and/or supportive services (see Exhibit 3: Real Property Leasing);
- d. The payment of principal and interest on a loan on a facility not currently being used as supportive housing and/or for the delivery of services (see Exhibit 2: Acquisition, Rehabilitation, New Construction, and Project Feasibility); and
- e. Depreciation because it does not constitute an incurred cost that requires a cash outlay.

SHP funds can be used to pay up to 75% of the total operations budget for the housing project in Years 1, 2 and 3. This means that the project sponsor must make a cash payment for 25% of the project's operating budget annually. For Year 1 of the grant term, documentation of firm commitments of the cash resources must be submitted as an attachment to this Exhibit. The form and content requirements of these commitments are explained in Section D of this Exhibit. However, if there is more than one year in the grant term, a selectee needs only to certify that cash resources will be provided in Year 2 and Year 3 using the certification in Section E of this Exhibit. This certification must be completed and submitted as an attachment to this Exhibit. **Please note that, although selectees are not required to have the firm commitment for the cash resources for Year 2 and Year 3 at this time, the match requirement for Year 2 and Year 3 must be met by the end of each of those years.**

As part of the grantee's annual progress report, a project sponsor must report the amount of SHP operating funds received during the operating year and the sources of project sponsor cash used during the year to meet the match requirement. The operating year begins after development activities of acquisition, rehabilitation and new construction are complete. An operating start date should be established by the grantee in LOCCS\* when the first draw down is made for leasing, supportive services, or operating costs. The operating start date should be the date costs are first incurred for one of these activities. The operating start date may NOT precede the SHP grant agreement execution date.

**\*Line of Credit Control System: the HUD accounting system from which SHP grantees withdraw awarded funds.**

Technical  
Submission  
(cont.)

Project Number: CA0665B9D080800  
 Project Identifier: \_\_\_\_\_  
**Exhibit 5: Operations**  
 (all new projects requesting operating funds)

**A. Operations Budget**

Complete the chart below or reproduce it using available spreadsheet software. Only operating expenses for which a cash payment will be required for this project may be entered. Do not include the value of non-cash contributions, such as donated supplies.

In the first column under operating costs, enter the requested information including type of expense and other information where indicated (see example in chart below). In the Year 1 column, enter the total amount of funds to be used to pay for the expense the first year. If the grant is multi-year, enter the total funds to be used for the second and third years. In the last column, total the amount of funds needed to help pay for the identified operating expense for the grant term. **Please ensure that the total operations request on Line 13, column (d) below, matches the amount entered in the project's Summary Budget in Exhibit 1.**

Operating Costs	Year 1 (a)	Year 2 (b)	Year 3 (c)	Total (d)
<b>EXAMPLE: Grounds maintenance contract; \$75/mos, x no. of mos.</b>				
1. Maintenance/Repair				
2. Staff (position, % time, fringe benefits, salary)				
3. Utilities	\$	\$		\$
4. Equipment (lease/buy)				
5. Supplies (quantity) Program supplies and materials @ \$19.67/mo x 12 participants x 12 mos.	\$2,833	\$2,834		\$5,667
6. Insurance				
7. Furnishings (quantity)				
8. Relocation (no. of persons)				
9. Food (perishable/non-perishable, quantity)				
10. Other Operating Costs (amounts/quantities)				
<b>11. SHP REQUEST**</b>	\$2,125	\$2,125		\$4,250
<b>12. Selectee's Match *** (Line 13 minus line 11)</b>	\$ 708	\$ 709		\$1,417
<b>13. Total Operating Budget</b>	\$2,833	\$2,834		\$5,667

\*\* The SHP request for Years 1, 2, and 3 cannot be more than 75% of the total operating budget for those years.



\*\*\*See page 33 for information regarding documenting match.

Technical  
Submission  
(cont.)

Project Number: CA0665B9D080800

Project Identifier: \_\_\_\_\_

Exhibit 5: **Operations**

(all new projects requesting operating funds)

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### B. Job Descriptions

Attach to this Exhibit narrative statement(s) indicating the job title(s) for each position to be funded. For each position describe the job responsibilities as they relate to the project for each position.

Not Applicable

### C. Site Control

A project sponsor must have site control when SHP funds are requested for operating costs for supportive housing. If already responded to site control requirements in Exhibits 2, 3, and/or 4, skip this section and proceed to the next Exhibit.

1. Does the project sponsor have site control at this time?  Yes  No

If the answer to this question is "yes", complete question 2.

If the answer to this question is "no", the project sponsor has one year from the date of HUD's conditional award letter to the selectee to obtain site control.

**Family Service Association may file a grant amendment for a change of site (See documentation letter from FSA)**

2. Check the appropriate box below to indicate the form of site control that the project sponsor has now and attach a copy of the document. These are the acceptable forms of site control:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Executed lease agreement  | <input type="checkbox"/> Deed or other proof of ownership |
| <input type="checkbox"/> Executed option to purchase or lease | <input type="checkbox"/> Executed contract of sale        |

Technical  
Submission  
(cont.)

Project Number: CA0665B9D080800  
Project Identifier: \_\_\_\_\_  
Exhibit 5: Operations  
(all new projects requesting operating funds)

**D. Documentation of Match for Year 1**

A selectee must currently have firm commitments for its cash resources for Year 1 and must submit documentation of those resources as an attachment to this Exhibit. These firm commitments must be documented on letterhead stationery, signed and dated by an authorized representative, and attached to this Exhibit. Each letter must, at a minimum, contain the following elements:

1. The name of the organization providing the cash resource;
2. The amount;
3. The type of activity for which the funds will be used (e.g., case management, child care, education);
5. The name of the project sponsor organization to which the cash will be contributed and/or the name of the project;
6. The date the funds will be available.

See Attached Letter from Family Service Association - Match/Leverage for Supportive Services and Operations.

**E. Certification of Match for Year 2 and Year 3, if applicable**

The following certification must be completed for Year 2, and Year 3 if applicable, of the grant term to certify that non-SHP cash resources will be used to meet the operating costs match requirement in each of these years. The amount specified in this certification must match the amount shown in Section A, Line 12, of this Exhibit. No other documentation regarding the operating costs match requirement for Year 2 and Year 3 of the grant term is required at this time. However, match commitment for Years 2 and 3 will be identified at time of submission of Annual Progress Reports for those years.

The Family Service Association of Western Riverside County (selectee organization) certifies that it will provide cash resources in the amount of \$875 from non-SHP funding sources for Year(s) 2 of this grant term to be used for operating costs of housing for homeless persons under HUD's grant number CA0665B9D080800

Signature of authorized representative: \_\_\_\_\_

Name (Print): Dom Betro

Title: President/CEO

Date: June 17, 2010

**Technical  
Submission****Project Number:** CA0665B9D080800**Project Identifier:** \_\_\_\_\_**Exhibit 6: HMIS Dedicated Projects****(all new HMIS dedicated projects)**

SHP funds may be used to pay for up to 80% of the total HMIS budget for each year of the grant term. This means that the selectee must make a cash payment for 20% of the project's total HMIS budget annually. For Year 1 of the grant term, documentation of firm commitments of the cash resources must be submitted as an attachment to this Exhibit. The format and requirements for these commitments are explained in Section B of this Exhibit. For Years 2 and 3, if applicable, a selectee needs only to certify that cash resources will be provided using the certification in Section C of this Exhibit. This certification must be completed and submitted as an attachment to this Exhibit. **Please note that, although selectees are not required to have the firm commitment for the cash resources for Years 2 and 3 at this time, the cash match requirement for Years 2 and 3 must be met by the end of each of those years and identified at time of submission of Annual Reports for those years.**

The 2001 HUD Appropriations Act added homeless management information systems as a new eligible activity. Section 423 (a)(7) of the McKinney-Vento Act provides that HUD may make .... "a grant for the costs of implementing and operating management information systems for purposes of collecting unduplicated counts of homeless people and analyzing patterns of use of assistance funded under this Act." The Technical Submission breaks these costs into 5 major cost categories: Equipment, Software, Services, Personnel, and Space/Operations.

If a project sponsor's staff will perform an HMIS function, only the staff time directly related to the delivery of that HMIS function for the project is eligible for SHP funding. For example, the project sponsor - Harmony House - will use 25% of 1 FTE staff for a HMIS task and the remainder of the staff's time will be spent conducting non-HMIS tasks. Using this example, only 25% of the staff's salary may be paid for with SHP HMIS funds. Likewise, where the HMIS system serves non-homeless clients and provides reporting on those clients, a proration of costs must be made.

**A. HMIS Dedicated Project: Narratives and Budget Chart****1. List of Continuum of Care Shelter Resources and Schedule for Participation**

List by category all emergency and transitional shelters and McKinney-Vento-assisted permanent housing projects that were identified in the 2008 Exhibit 1 Continuum of Care Plan. Shelters not included in the Continuum of Care Plan may also be included. Indicate next to each shelter or site:

1. The beds/unit capacity.
2. Schedule of participation in the HMIS. If shelter or site is currently participating, list as (C), if planned enter (P-1/08), or if it does not plan on entering the system use (NP) and state the reason.

**2. HMIS Software**

List the name/vendor of the software program, system type (i.e., web-based client/server, other), and types of activities that can be performed. Potential types of activities include: Intake and Exit (IE); Assessment and Goals Setting (AS); Service Planning (SP); Tracking Supportive Services and Outcomes (TS); Information & Referral (IR); Outreach (OU).

Technical  
Submission  
(cont.)

Project Number: CA0665B9D080800

Project Identifier: \_\_\_\_\_

Exhibit 6: HMIS Dedicated Project

(all new HMIS dedicated projects)

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### 3. HMIS Budget Narrative

Briefly describe each category of costs that apply to the project. Applicants may benefit from reviewing a HUD-funded Technical Assistance document entitled, Homeless Management Information Systems (HMIS) Cost Estimation Guidelines: Cost Framework and Submission Recommendations. The document can be viewed and down loaded from: <http://www.hud.gov/offices/cpd/homeless/hmis/index.cfm>

Please complete the HMIS Budget Chart on the next page for the project's *total* HMIS budget. Include both SHP funds and selectee's match when completing HMIS Budget.

In the first column, fill in the HMIS expenses (Cost Item) that apply to the project. In the Year 1 column, enter the amount needed to pay for the HMIS in the first year. If the grant is multi-year, enter the funds needed for Year 2, and if applicable, Year 3. In the last column, total the amount of funds needed for the full grant term. **Please ensure that the Total SHP Request from the chart on the next page is equal to the amount entered in the project's Summary Budget in Exhibit. (This is identified by asterisks on the chart.)**

Please note that the selectee's match for the first year of the grant term must be documented as described in the introduction to this Exhibit; for projects with grant terms exceeding one year, the certification at Section C of this Exhibit must be completed for Year 2 and Year 3 of the grant term.

Technical  
Submission

Project Number: CA0665B9D080800  
 Project Identifier: \_\_\_\_\_  
**Exhibit 6: HMIS Dedicated and Shared Projects**  
 (all new HMIS Dedicated and Shared projects)

**HMIS BUDGET**

Cost Item	Year 1	Year 2	Year 3	Total
<b>Equipment</b>				
Central Server(s)				
Personal Computers and Printers				
Networking				
Security				
<b>Subtotal</b>				
<b>Software</b>				
Software / User Licensing				
Software Installation				
Support and Maintenance				
Supporting Software Tools				
<b>Subtotal</b>				
<b>Services</b>				
Training by Third Parties				
Hosting / Technical Services				
Programming: Customization				
Programming: System Interface				
Programming: Data Conversion				
Security Assessment and Setup				
On-line Connectivity (Internet Access)				
Facilitation				
Disaster and Recovery				
<b>Subtotal</b>				
<b>Personnel</b>				
Project Management / Coordination				
Data Analysis				
Programming				
Technical Assistance and Training				
Administrative Support Staff				
<b>Subtotal</b>				
<b>HMIS Space and Operations</b>				
Space Costs				
Operational Costs				
<b>Subtotal</b>				
<b>SHP Request*</b>				
<b>Selectee's Match</b>				
<b>Total HMIS Budget</b>				

\*The SHP request cannot be more than 80% of the Total HMIS Budget.

Technical  
Submission

Project Number: CA0665B9D080800  
Project Identifier: \_\_\_\_\_  
Exhibit 6: **HMIS Dedicated and Shared Projects**  
(all new HMIS Dedicated and Shared projects)

**A. Documentation of Match for Year 1**

A selectee must currently have firm commitments for its cash resources for Year 1 and must submit documentation of those resources as an attachment to this Exhibit. These firm commitments must be documented on letterhead stationery, signed and dated by an authorized representative, and attached to this Exhibit. Each letter must, at a minimum, contain the following elements:

1. The name of the organization providing the cash resource;
2. The amount;
3. The type of activity for which the funds will be used (e.g., equipment, software, services, personnel and HMIS space and operations);
4. The name of the project sponsor organization to which the cash will be contributed and/or the name of the project; and
5. The date the funds will be available.

**B. Certification of Match for Year 2 and Year 3, if applicable**

The following certification must be completed for Year 2 and Year 3, if applicable, of the grant term to certify that non-SHP cash resources will be used to meet the supportive services match requirement in each of these years. The amount specified in this certification must match the amount shown in the selectee's match on page 28 of this Exhibit. No other documentation regarding the supportive services match requirement for Years 2 and 3 of the grant term is required at this time. However, match commitment for Years 2 and 3 will be identified at time of submission of Annual Progress Reports for those years.

The \_\_\_\_\_ (selectee organization) certifies that it will provide cash resources in the amount of \$ \_\_\_\_\_ from non-SHP funding sources for Year(s) \_\_\_\_\_ of this grant term to be used to provide services to homeless persons under HUD's grant number \_\_\_\_\_.

Signature of authorized representative: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Technical  
Submission**

**Project Number:** CA0665B9D080800  
**Project Identifier:** \_\_\_\_\_  
**Exhibit 7: Administration**  
(all new projects requesting administration funds)

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The selectee should work in partnership with its project sponsor(s) (if a different organization than the selectee) in responding to Section A, and provide a narrative description of how this was done in Section B.

Up to 5% of each project award may be used for administrative costs. Eligible administrative costs include accounting for the use of the grant funds, preparing HUD reports, obtaining audits and similar administrative costs (see the SHP rule at Section 583.135).

For projects in which the project sponsor is not the same organization as the grantee, the project sponsor performs administrative functions necessary for the proper management of the grant. For example, though a grantee is responsible for ensuring the completion and submission of an Annual Progress Report to HUD, the project sponsor will, in many cases, complete the report itself. It is prudent, therefore, for the grantee to pass-through administrative funds to the project sponsor to cover the reporting costs.

As required by the Congressional committees' report accompanying the FY2003 HUD Appropriations Act, if SHP funds for administrative costs are awarded to a State or unit of local government where the projects will be operated by nonprofit organizations, some of these funds must be passed on to the nonprofit organization(s). These funds should be split with the nonprofit organization(s) in proportion to the administrative burden borne by them for the SHP project(s). HUD will consider States and units of general local government that pass on at least 50 percent of the administrative funds as having met this Congressionally-mandated requirement.

Technical  
Submission  
(cont.)

Project Number: CA.0665B9D080800  
 Project Identifier: \_\_\_\_\_  
**Exhibit 7: Administration**  
 (all new projects requesting administration funds)

**A. Administrative Costs –**

Please complete the chart below for the administrative costs budget. If the selectee will also be the project sponsor, complete Lines 1 through 6. If the selectee and a different organization will be the project sponsor, complete lines 1 through 8.

In the first column, fill in the administrative activity to be paid for using SHP funds. In the Year 1 column, enter the amount of SHP funds to be used to pay administrative costs in the first year. If the grant is multi-year, enter the amount of SHP funds to be used for Year 2, and if applicable, Year 3. In the last column, (d), total the amount of SHP funds requested for the full grant term. **Please ensure that the total requested for administrative costs for the entire grant term, Line 6, column (d), matches the amount entered in the project's Summary Budget in Exhibit 1.**

Administrative Costs	Year 1 (a)	Year 2 (b)	Year 3 (c)	Total (d)
1. Administrative Activity: Fiscal Accounting and Reporting, Administrative Oversight of Project	\$10,375	\$10,375		\$20,750
2. Administrative Activity:				
3. Administrative Activity:				
4. Administrative Activity:				
5. Administrative Activity:				
<b>6. SHP REQUEST FOR ADMINISTRATIVE COSTS</b>				
7. Amount for Selectee	\$10,375	\$10,375		\$20,750
8. Amount for Project Sponsor				

**C. Plan for Distribution of Administration Funds**

If the selectee is not the same organization as the project sponsor, attach a description of the selectee's plan for distributing its administrative funding to address all, or a portion of the project sponsor's administrative needs. Include a description of how the project sponsor was consulted in formulating the plan.



**Project Number:** CA0665B9D080800

**Technical  
Submission**

**Project Identifier:** \_\_\_\_\_  
**Exhibit 8: Leveraging**

If this project was identified as a project that will leverage resources (outside of SHP) in the selectee's original application to HUD, the selectee is required to submit documentation of the leveraged commitment(s) during the Technical Submission phase. As described in the NOFA, **page 39851, project leveraging includes funds requested under the 2008 NOFA** with other resources, including private, other public and mainstream services, and housing programs for proposed projects and ongoing efforts. Please submit a copy of the written leveraging agreement in place at the time of application submission. The agreement must indicate:

If this project was identified as a project that will leverage resources, please submit:

- a) copy of a written leveraging agreement in place at the time of application submission that indicates;
- b) the type and value of the contribution;
- c) the name of the project sponsor organization and;
- d) the name of the project for which the resource will be contributed.

Acceptable documentation includes signed and dated letters, memorandums of agreement and similar documents.

CDE – Approximately \$105,000 (child care services) – calculated as follows:  
6 children x \$35 per day x 500 days (2 years)

These in-kind funds will be provided once the children are enrolled and attending subsidized child care. FSA has a current contract with CDE for subsidized child care at the Hemet facility. Documentation cannot be provided by CDE until the child(ren) are actually enrolled and receiving subsidized child care.

EXHIBIT 4: SUPPORTIVE SERVICES ATTACHMENT:

**B. Job Descriptions**

See Attached Job Description for:

- Mental Health Counselor (Clinician I)
- Case Manager

**Family Service Association of Western Riverside County**  
**Job Description**

**Title:** Clinician I (Pre-Licensed)

**Qualifications:**

- Post master's, pre-licensed, MFT intern, MSW associate
- Clinical and program experience
- Valid CA Driver's License and proof of auto insurance
- Background Clearance
- Completion of formal or informal education sufficient to assure the ability to read and write English and to communicate at the level required for successful job performance.

**Duties/Responsibilities:**

1. Direct service treatment, including diagnostic (intakes), crisis intervention, and on-going treatment (individual, family and group.) Annual DSH quota of 1200 hours required.
2. Caseload management: information/referral advocacy
3. Community outreach, presentation, parent education training as necessary to facilitate individual case and program goals.
4. Administration of pre and post testing activities.
5. Team accountability and responsibilities along with project supervisors, students, other divisions and administrative staff.
6. Generation and implementation of Treatment Plans, Utilization Review and other case planning activities.
7. Participation and presentation at case review/disposition, case consultation and peer support meetings.
8. Assisting in program start-up activities and subsequent (on-going) statistical and recording.
9. Twenty-four hour telephone crisis consultation availability. Available some Saturdays (presentations, emergency case situations).
10. Available a minimum of two late evenings until clinic closing and possibly three (certain weeks) and some Saturdays (presentations, emergency case situations), unless authorized by Clinic Director
11. Other duties as assigned and necessary.

**Report to:** Clinic Operations Director

**Salary:** \$18.03 -- \$21.12

**Family Service Association of Western Riverside County**  
**Job Description**

**Title:** Case Manager – Housing Programs

**Qualifications:**

- Bachelor's Degree
- Affordable housing or homeless services program experience
- Valid CA Driver's License and proof of auto insurance
- Background Clearance
- Completion of formal or informal education sufficient to assure the ability to read and write English and to communicate at the level required for successful job performance

**Duties/Responsibilities:**

- 1) Direct service with clients (disabled women with children) including diagnostic (intake and assessments), crisis intervention, development of Individualized Service Plan and monitoring progress
- 2) Caseload management: information/referral advocacy.
- 3) Community outreach, presentation, as necessary to facilitate individual case and program goals.
- 4) Coordination of various types of benefits (i.e. food stamps, disability, TANF, state disability, etc.)
- 5) Team accountability and responsibilities along with project supervisors, mental health counselors and other divisions and administrative staff.
- 6) Generation and implementation of Treatment Plans, Utilization Review and other case planning activities.
- 7) Assisting in program start-up activities and subsequent (on-going) statistical and recording.
- 8) Twenty-four hour telephone crisis consultation availability.
- 9) Other duties as assigned and necessary.

**Report to:** Housing Program Manager

**Salary:** \$27,080 - \$30,000 per annum

# Executed Leases

## AGREEMENT FOR RENTAL OF MULTIPLE APARTMENTS

THIS AGREEMENT is made and entered into as of the date hereinafter set forth, by and between MORENO VALLEY APARTMENTS ONE, a California limited partnership, and M. TIMM DEVELOPMENT, INC., a California corporation, doing business as "LA PACIFICA APARTMENTS" ("Owner) and FAMILY SERVICE ASSOCIATION, a California nonprofit corporation ("FSA").

### RECITALS

A. Owner is the owner of an apartment complex known as La Pacifica Apartments, 23400 Hemlock Avenue, Moreno Valley, California (the "Apartment Complex"). Included in the apartment complex are the twelve (12) apartment units listed on Exhibit "A" attached hereto. For purposes of this Agreement, the term "Apartments" or "Apartment" shall mean the apartments listed on Exhibit "A", as well as any other apartment designated by Owner as a substitute apartment for one of the apartments listed on Exhibit "A", all as provided in Section 1(b) below.

B. FSA's mission is to provide quality human services, including housing for homeless, disabled women with children (the "Clients").

C. FSA desires to reserve the Apartments for FSA's Clients for a period of twenty-four (24) months and Owner is willing to reserve the Apartments on the terms and conditions set forth in this Agreement.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

#### 1. Reservation of Apartments.

(a) Owner hereby agrees to reserve four (4) of the Apartments for the Clients referred to Owner by FSA for the period commencing August 1, 2010, and ending July 31, 2012, four (4) of the Apartments for the period commencing September 1, 2010, and ending August 31, 2012; and the remaining four (4) Apartments for the period commencing October 1, 2010, and ending September 30, 2012 (the "Term").

(b) Owner shall have the right to substitute any comparable apartment in the Apartment Complex for an apartment listed on Exhibit "A" that is not occupied by a Client. FSA agrees to provide Owner with not less than thirty-five (35) days written notice of any vacancy anticipated for an Apartment then occupied by a Client. If that particular Apartment is not occupied by another Client within five (5) days of the end of such thirty-five (35)-day period, Owner shall have the right to rent such Apartment and will designate a substitute comparable Apartment in the Apartment Complex for FSA's Client.

2. Payment of Rent and Other Charges. FSA agrees to pay rent, water, trash and sewer charges during the Term for the Apartments which are occupied by Clients in the amount of (i) \$950.00 for monthly rent, \$0 for washer/dryer, \$0 for parking space and \$45.00 monthly for water, trash and sewer for a one-bedroom apartment; (ii) \$1,045.00 for monthly rent, \$0 for washer/dryer, \$0 for parking space and \$55.00 monthly for water, trash and sewer for a two-bedroom unit; and (iii) \$1,350.00 for monthly rent, \$0 for washer/dryer, \$0 for parking space and \$65.00 monthly for water, trash and sewer for a three-bedroom apartment. Neither Owner nor FSA shall have any responsibility for electric, gas, or other utilities not specifically identified above. Rent and such other charges shall be due and payable on the first day of each month and shall be subject to a late charge of six percent (6%) of base monthly rental, if not received by the close of business on the third day of the month. It is further acknowledged that, absent a further agreement between FSA and Owner, no term of a Lease for an Apartment shall extend beyond the end of the Term, unless Owner and the Client otherwise agree in writing to extend the Term of such Lease.

3. Form of Lease Agreement. Owner and FSA acknowledge and agree that Owner and each Client will execute and deliver a Lease Agreement for an Apartment in the form of the Lease Agreement attached hereto as Exhibit "B", subject to modification to fit a particular Client or Apartment and such other modifications as may be required by law or reasonably requested by Owner from time to time that do not affect the economic terms of the Lease Agreement (the "Lease Agreement"). The Lease Agreement will provide that (i) rent, water, trash and sewer charges and the security deposit will be the sole responsibility of FSA and (ii) in the event FSA fails to pay the rent, water, trash and sewer charges and make the security deposit with respect to that Client's apartment, Client will be deemed in default of any of such charges and Owner shall have all legal rights against such Client under the Lease Agreement and applicable law.

4. Security Deposit. FSA shall pay the security deposits for the Apartments in the total amount of \$5,100 with the rent for the first month. The security deposits shall be deemed allocated \$425.00 per Apartment. If Owner uses any of the security deposit for a particular Apartment, FSA shall replenish the security deposit for that Apartment immediately upon demand by Owner. In addition, FSA shall be responsible for any costs of care, cleaning and maintenance of an Apartment rented to a Client in excess of such security deposit but only to the extent FSA is reimbursed such costs by the U.S. Department of Housing and Urban Development ("HUD").

5. Lease Term. Unless otherwise agreed by Owner in writing, the lease term for an Apartment shall be month-to-month.

6. Qualification of Tenants. All Clients referred by FSA to Owner will be subject to the normal and customary tenant qualification requirements and screening by Owner for the apartment complex. Owner shall determine the suitability of a Client in its reasonable judgment based upon the results of such qualification and screening process. Each accepted Client shall execute a Lease Agreement and shall comply with all the terms and conditions of the Lease Agreement imposed upon tenant. Owner shall have all of the rights against Client under the Lease Agreement and applicable law, including the right to evict such Client for failure to comply with the Lease Agreement, or any other lawful grounds for eviction.

7. Insurance. Owner covenants and agrees to obtain and maintain throughout the Term public liability insurance insuring Owner and FSA in an amount not less than One Million Dollars (\$1,000,000) per occurrence and in the aggregate, with FSA being named as an additional insured, from an insurer reasonably acceptable to FSA. In addition, Owner covenants and agrees to obtain and maintain throughout the Term fire and casualty insurance insuring the Apartment Complex. Owner will provide certificates of such insurance to FSA upon execution of this Agreement and upon any renewal or replacement of such insurance.

8. Default by FSA. In the event FSA shall default in any of its obligations under this Agreement and fail to cure such default within ten (10) days following written notice of default from Owner, Owner shall have the right to refuse to accept any further Clients referred by FSA. In addition, Owner shall have the right to recover damages on account of FSA's breach of this Agreement.

9. Default by Owner. In the event Owner shall default in its obligations under this Agreement and fail to cure such default within ten (10) days following written notice of default from FSA, FSA shall have the right to terminate this Agreement and to recover damages on account of Owner's breach of this Agreement.

10. Limitation on FSA Liability. The parties agree that in no circumstance whatsoever, except for failure of FSA to give Owner the requisite thirty-five (35) days notice provided in Section 1(b) hereinabove) shall FSA have any liability or responsibility beyond the specific terms of this Agreement, and in no circumstance whatsoever shall FSA have any duty or liability to pay Owner any amount in excess of that paid to FSA by HUD with respect to benefits for Clients occupying the Apartments. This Agreement shall become effective only upon HUD's approval of this Agreement, the form of Lease Agreement and the Apartment Complex itself. This Agreement will be of no further force or effect if such approval is not obtained within \_\_\_\_\_ ( ) days from the date hereof.

11. Disputes. In the event any action or proceeding is instituted to enforce or interpret this Agreement, the party prevailing in such action or proceeding shall be entitled to recover its reasonable attorney's fees and costs. Any action to enforce or interpret this Agreement shall be instituted and maintained in the Superior Court of Riverside County, California. Each of the parties hereby consents to the jurisdiction of said Court and waives any objections to such jurisdiction.

12. Waiver, Modification or Amendment. No waiver, modification or amendment (collectively, a "Change") hercof shall be valid or enforceable unless in writing and duly executed by the party charged therewith (as to a waiver) or by the parties hereto (as to any other Changes).

13. Binding Effect. This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors and assigns. This Agreement may not be assigned by FSA without the prior written consent of Owner. This Agreement may be assigned by Owner to any party acquiring the Apartments.



14. Governing Law. This Agreement shall be governed and construed in accordance with the internal laws of the State of California.

15. No Third Party Beneficiaries. Nothing in this Agreement, express or implied, is intended to or shall confer upon any other person or entity any legal or equitable right, benefit or remedy of any nature under or by reason of this Agreement.

16. Notices. All notices and other communications hereunder shall be in writing and shall be deemed duly given (a) on the date of delivery, if delivered personally or (b) on the first business day following the date of dispatch, if delivered by a recognized next-day courier service or (c) on the earlier of confirmed receipt or the fifth business day following the date of mailing, if delivered by registered or certified mail, return receipt requested, postage pre-paid. All notices shall be delivered to the address set forth below, or pursuant to such instructions as may be designated in writing by the party to receive such notice:

(a) If to Owner:

M. Timm Development, Inc.  
233 East Carrillo Street, Suite D  
Santa Barbara, CA 93101  
Attn: Matthew J. Easter

(b) If to FSA:

Family Service Association  
21250 Box Springs Road, Suite 212  
Moreno Valley, CA 92557  
Attn: Dem Petro, CEO

17. Entire Agreement. This Agreement and the exhibits hereto constitute the entire agreement of the parties with respect to the subject matter hereof and supercede all prior written agreements, arrangements, communications and understandings, and all prior and contemporaneous oral agreements, arrangements, communications and understandings between the parties.

18. Counterparts; Signatures. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original and all of which, taken together, shall be deemed one and the same instrument. This Agreement may be executed by facsimile signature or electronic pdf signature.

19. Time of Essence. Time is of the essence with regard to all dates and time periods set forth or referred to in this Agreement.

IN WITNESS WHEREOF, Owner and FSA have caused this Agreement to be executed  
as of the 21 day of June, 2010.

M. TIMM DEVELOPMENT, INC., a  
California corporation

By [Signature]  
Title: Vice President

FAMILY SERVICE ASSOCIATION, a  
California nonprofit corporation

By [Signature]  
Title: President/CEO

MORENO VALLEY APARTMENTS ONE

By [Signature]  
Title: Vice President

**EXHIBIT "A"**

**LIST OF APARTMENTS**

1. 23396 Hemlock Ave #302 Moreno Valley Ca 92557
2. 23394 Hemlock Ave #202 Moreno valley Ca 92557
3. 23396 Hemlock Ave #202 Moreno Valley Ca 92557
4. 23420 Hemlock Ave #302 Moreno Valley Ca 92557
5. 23402 Hemlock Ave #101 Moreno Valley Ca 92557
6. 23390 Hemlock Ave #101 Moreno Valley Ca 92557
7. 23394 Hemlock Ave #208 Moreno Valley Ca 92557
8. 23412 Hemlock Ave #202 Moreno Valley Ca 92557
9. 23380 Hemlock Ave #201 Moreno Valley Ca 92557
10. 23380 Hemlock Ave #202 Moreno Valley Ca 92557
11. 23410 Hemlock Ave #102 Moreno Valley Ca 92557
12. 23410 Hemlock Ave #201 Moreno Valley Ca 92557

**EXHIBIT "B"**

**LEASE AGREEMENT**

---

**LEASE AGREEMENT**  
**(FSA Tenant)**

THIS AGREEMENT is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, between La Pacifica Apartments "Owner/Agent", whose address and phone number are 23400 Hemlock Avenue, Moreno Valley, CA 92557 (951) 243-7271, and \_\_\_\_\_ "Resident". THE PARTIES AGREE AS FOLLOWS:

**RENTAL UNIT:** Subject to the terms and conditions of the Agreement, Owner rents to Resident and Resident rents from Owner, for residential use only, the premises located at: \_\_\_\_\_ Moreno Valley, CA, 92557.

1. **RENT:** Rent is due in advance on the first day of each and every month, at \$999.00 per month; Washer/Dryer Rental at \$0; Garage Rental at \$0.00; Water, Trash, Sewer Charge at \$55.00; Total Monthly Charges \$1,054.00, beginning the month of \_\_\_\_\_, payable at 23400 Hemlock Avenue Moreno Valley, CA 92557. Payments made in person may be delivered to Owner/Agent between the hours of 9:00 AM to 6:00 PM on the following days of the week: Monday, Tuesday, Wednesday, Thursday, Friday and Saturday. Sunday 12:00 PM to 5:00 PM.

Acceptable methods of payment: Personal Check, Cashier's Check, Money Order, and Credit Card (See Owner/Agent for details) **NO CASH ACCEPTED**

If rent is paid after the **THIRD** of the month, a late charge of \$59.94 will be assessed on the fourth. Pursuant to California law, if Resident passes a check on insufficient funds, Resident will be liable to Owner/Agent for the amount of the check and a service charge of \$50.00. After one personal check is returned, Owner/Agent will only accept payments from Tenant in the form of either a cashier's check, credit card or a money order. In the event that Owner/Agent has to initiate the eviction process after a three (3) day to pay or quit period expires, Tenant agrees to pay a fee of \$750.00 to compensate Owner/Agent for their time and expense relating to the initiation of the eviction process. **THIS IS IN ADDITION TO ANY ATTORNEY'S FEES THAT WILL BE INCURRED.** If any Resident has any balance due that carries forward into current month, all money paid will be applied to the previous month's balance.

**NOTWITHSTANDING THE FOREGOING, RENT, WATER, TRASH, AND SEWER CHARGES SHALL BE PAID BY FAMILY SERVICE ASSOCIATION, A CALIFORNIA NONPROFIT CORPORATION ("FSA"). FSA SHALL FURTHER BE RESPONSIBLE FOR PLACEMENT OF THE SECURITY DEPOSIT. IN THE EVENT FSA FAILS TO PAY RENT, WATER, TRASH AND SEWER CHARGES OR COMPLY WITH THE SECURITY DEPOSIT PROVISIONS OF THIS LEASE, RESIDENT SHALL BE DEEMED IN DEFAULT UNDER THIS LEASE AND LANDLORD SHALL HAVE ALL LEGAL RIGHTS AGAINST RESIDENT, EXCEPT THE RIGHT TO COLLECT UNPAID RENT, WATER, TRASH AND SEWER CHARGES, INCLUDING, WITHOUT LIMITATION, THE RIGHT TO TERMINATE THIS LEASE, INSTITUTE AN UNLAWFUL DETAINER ACTION AGAINST RESIDENT, AND EXERCISE SUCH OTHER RIGHTS AND REMEDIES AS SHALL BE PROVIDED IN THIS LEASE OR BY APPLICABLE LAW.**

ABSENT A FURTHER WRITTEN AGREEMENT BETWEEN RESIDENT AND OWNER AND NOTWITHSTANDING ANY OTHER PROVISION OF THIS LEASE, THIS LEASE SHALL TERMINATE ON THE TERMINATION DATE SET FORTH ABOVE OR \_\_\_\_\_, 2012, WHICHEVER FIRST OCCURS. RESIDENT ACKNOWLEDGES AND AGREES THAT EXCEPT FOR PAYMENT OF THE RENT, SECURITY DEPOSIT, WATER, TRASH AND SEWER CHARGES, RESIDENT ALONE IS LIABLE TO OWNER/AGENT FOR AMOUNTS OWED AND OTHER OBLIGATIONS UNDERTAKEN IN THIS LEASE. IN ADDITION TO AND NOT IN LIMITATION OF THE FOREGOING, RESIDENT SHALL HAVE NO CLAIM AGAINST FSA WHATSOEVER IN THE EVENT THAT FSA FAILS TO TIMELY PAY OR EVER PAY ANY ONE OR MORE OF THE RENT, SECURITY DEPOSIT, WATER, TRASH AND/OR SEWER CHARGES ON BEHALF OF RESIDENT.

2. **SECURITY DEPOSIT:** Resident shall deposit with Owner/Agent, as a security deposit, the sum of \$425.00 prior to taking possession of the unit and Total Deposit \$425.00.

**SET UP FEES:** Washer/dryer deposit \$0.00 Garage Deposit \$0.00

Resident shall not use the security deposit to pay any month's rent. Owner/Agent may withhold from the security deposit only such amounts as are reasonably necessary to remedy Resident defaults including, but not limited to, the following:

- (a) Defaults in the payment of rent.
- (b) To repair damages to the premises caused by Resident, exclusive of ordinary wear and tear.
- (c) To clean the premises, if necessary, upon termination of the tenancy in order to return the unit to the same level of cleanliness it was in at the inception of the tenancy.
- (d) To restore, replace, or return personal property or appurtenances, exclusive of ordinary wear and tear.
- (e) Tenant agrees to forfeit deposit as a penalty in the event they do not complete their lease term.

No later than twenty-one (21) calendar days after Owner/Agent has regained possession of the premises, Owner/Agent shall return any remaining portion of such security deposit to Resident.

3. **TERM:** The term of this Agreement is for twelve (12) months beginning on \_\_\_\_\_ and ending on \_\_\_\_\_, at which time this lease shall terminate without further notice. Any holding over thereafter shall result in Resident being liable to Owner/Agent for daily rental damages equal to the current market value of the unit, divided by thirty (30). A "month-to-month" tenancy subject to the terms and conditions of this Agreement shall be created only if Owner/Agent accepts rent from Resident thereafter, and if so accepted, tenancy may be terminated by Resident after service upon the Owner/Agent by service upon the Resident of a written thirty (30)-day notice of termination upon lease expiring or the month-to-month tenancy may be terminated thereafter by the Owner/Agent. Any other term the Resident shall pay through the end of their lease term.

4. **CASH PAYMENT (Money Order or Cashier's Check only):** The Owner/Agent may demand or require a money order or cashier's check as the exclusive form of payment of rent or deposit of security if the Tenant has previously attempted to pay the Owner/Agent with

a check drawn on insufficient funds or the Tenant has instructed the drawee to stop payment on a check, draft, or order of the payment of money. If the Owner/Agent chooses to demand or require a money order or cashier's check for payment under these circumstances, the Owner/Agent shall give the Resident a written notice stating that the payment instrument was dishonored and informing the Resident that the Resident shall pay with a money order or cashier's check for a period determined by Owner/Agent and attach a copy of the dishonored instrument to the notice.

5. **OCCUPANTS:** Premises shall be occupied only by the following named person(s)

_____ <i>Name</i>	_____ <i>Birth date</i>	_____ <i>Name</i>	_____ <i>Birth date</i>
_____ <i>Name</i>	_____ <i>Birth date</i>	_____ <i>Name</i>	_____ <i>Birth date</i>
_____ <i>Name</i>	_____ <i>Birth date</i>	_____ <i>Name</i>	_____ <i>Birth date</i>

6. **PROHIBITIONS:** Without Owner/Agent's prior written permission as an addendum to this Agreement, no pets, no water beds or liquid-filled furniture or per decision of criminal check shall be kept or allowed in or about the premises.

7. **QUIET ENJOYMENT:** Resident shall not violate any criminal or civil law, ordinance or statute in the use and occupancy of the premises, commit waste or nuisance, annoy, molest or interfere with any other Resident or neighbor. Any such action may result in the immediate termination of this Agreement as provided herein and by law.

8. **REPAIRS AND ALTERATIONS:** Except as provided by law, no repairs, decorating or alterations shall be done by Resident without Owner/Agent's prior written consent. Resident shall notify Owner/Agent in writing of any repairs or alterations contemplated. Decorations include, but are not limited to, painting and wallpapering. Resident shall hold Owner/Agent harmless and indemnify Owner/Agent as to any mechanics lien recordation or proceeding caused by Resident. Resident may not make any alterations to cable or telephone inside wiring (such as may occur when changing telecommunications providers or adding phone lines) without prior written consent of the Owner/Agent. The notice shall include the name, address, and telephone number of any new telecommunication provider. Resident agrees to pay all costs resulting from the alteration and agrees to pay the Owner/Agent any costs associated with restoring the inside wiring to the condition at the time of move-in, except for reasonable wear and tear.

9. **ACCEPTANCE OF PREMISES:** Resident has inspected the premises, furnishings and equipment, and has found them to be satisfactory. All plumbing, heating and electrical systems are operative and deemed satisfactory.

10. **CARE, CLEANING, MAINTENANCE AND INSURANCE:** Resident agrees to leave the premises in the same condition as it was received, subject to normal wear and tear.

Except as prohibited by law, Resident shall keep the premises and furniture, furnishings and appliances, and fixtures, which are rented for Resident's exclusive use, in good order and condition. Upon move-out, Resident agrees to return the unit to the same level of cleanliness it was in at the inception of the tenancy. Resident is not responsible for the upkeep of the yard and landscaping. Resident shall pay Owner/Agent for costs to repair, replace or rebuild any portion of the premises damaged by the Resident, Resident's guests or invitees. Resident's property is not insured by Owner/Agent. Resident is not a co-insured and is expressly excluded from any insurance policy held by Owner/Agent which is now in effect or becomes effective during the term of this Agreement. Resident agrees to have only Owner/Agent clean the carpets at time of move out. The cost of the carpet cleaning is specified on the attached cleaning addendum.

11. **UTILITIES:** Resident shall pay for all utilities, services and charges, if any, made payable by or predicated upon occupancy of Resident. Trash, water and sewer charges will be billed monthly at the rate of \$45.00 per month for a 1 bedroom apartment, \$55.00 per month for a 2 bedroom apartment, and \$65.00 per month for a 3 bedroom apartment. Resident agrees to pay \$15 per day for every day the electricity is left in the Owner's name. Resident agrees to pay \$15 per day for every day the gas is left in the Owner's name. \_\_\_\_\_  
Initial(s)

12. **WAIVER OF BREACH:** The waiver of either party of any breach shall not be construed to be a continuing waiver of any subsequent breach. The receipt by Owner/Agent of the rent with the knowledge of any violation of a covenant or condition hereto shall not be deemed a waiver of such breach. No waiver by either party of the provisions herein shall be deemed to have been made unless expressed in writing and signed by all parties to this Rental Agreement.

13. **JOINT AND SEVERAL LIABILITY:** The undersigned Resident(s), whether or not in actual possession of the premises, are jointly and severally liable for all obligations under this Rental Agreement and shall indemnify Owner/Agent for liability arising prior to the termination of the Rental Agreement for personal injuries or property damage caused or permitted by Resident(s), their guests and invitees. This does not waive "Owner/Agent's duty of care" to prevent personal injury or property damage where that duty is imposed by law.

14. **ENTRY:** California law allows Owner/Agent or his/her employee(s) to enter the premises for certain purposes during business hours. Owner/Agent will provide written notice to the Resident prior to the entry of the dwelling unit whenever required by state law. (Civil Code Section 1954) Resident's non-compliance with Owner/Agent's lawful request for entry is a material breach of this Agreement that may be cause for immediate termination as provided herein and by law.

15. **SUBLETTING AND ASSIGNMENT:** No portion of the premises shall be sublet nor this Agreement assigned. Any attempted subletting or assignment by Resident shall, at the election of Owner/Agent, be an irremediable breach of this Agreement and cause for immediate termination as provided herein and by law.

16. **BREACH OF LEASE:** In the event that Resident breaches this Lease Agreement, Owner/Agent shall be allowed, at Owner/Agent's discretion, but not by way of limitation, to exercise any or all remedies provided Owner/Agent by California Civil Code Section 1951.2



and 1951.4. Damages Owner/Agent "may recover" include the worth at the time of the award of the amount by which the unpaid rent for the balance of the term after the time of award, or for any shorter period of time specified in the Lease Agreement, exceeds the amount of such rental loss for the same period that the Resident proves could be reasonably avoided.

17. **SALE OF PROPERTY:** In the event of the sale or refinance of the property: If Owner/Agent presents to Resident a "Resident's Certification of Terms-Estoppel Certification," or other similar Estoppel Certification form, Resident agrees to execute and deliver the certificate acknowledging that this Lease Agreement is unmodified and in full force and effect, or in full force and effect as modified with the consent of Owner/Agent, and stating the modifications, within ten (10) days of written notice. Failure to comply shall be deemed Resident's acknowledgement that the certificate is submitted by Owner/Agent is true and correct and may be relied upon by any lender or purchaser.

18. **SMOKE DETECTION DEVICE:** The premises are equipped with a functioning smoke detection device(s), and Resident shall be responsible for testing the device weekly and immediately reporting any problems, maintenance or need for repairs to Owner/Agent. If battery-operated, Resident is responsible for changing the detector's battery as necessary. Owner/Agent shall have a right to enter the premises to check and maintain the smoke detection device as provided by law.

X \_\_\_\_\_ Resident Initials X \_\_\_\_\_ Resident Initials

19. **NOTICE:** The California Department of Justice, sheriff's departments, police departments serving jurisdictions of 200,000 or more and many other local law enforcement authorities maintain for public access a data base of the locations of persons required to register pursuant to paragraph (1) of subdivision (a) of Section 290.4 of the Penal Code. The data base is updated on a quarterly basis and a source of information about the presence of these individuals in any neighborhood. The Department of Justice also maintains a Sex Offender Identification Line through which inquiries about individuals may be made. This is a "900" telephone service. Callers must have specific information about individuals they are checking. Information regarding neighborhoods is not available through the "900" telephone service.

20. **ADDENDA:** By initialing as provided, Resident acknowledges receipt of the following applicable addenda, as indicated, copies of which are attached hereto, and are incorporated as part of this Agreement.

<input type="checkbox"/> Water Sub-metering 2.0	<input type="checkbox"/> Drug Free Housing 2.0 e
<input type="checkbox"/> Pool Rules 2.0 a	<input type="checkbox"/> Construction Addendum 2.0 f
<input type="checkbox"/> Insurance Addendum 3.0	<input type="checkbox"/> Pet Addendum 4.0 a
<input type="checkbox"/> Resident Policies & Rules 2.0 c	<input type="checkbox"/> Disaster Preparedness 3.0 a
<input type="checkbox"/> Tobacco Addendum 2.0 d	<input type="checkbox"/> Home Fire Prevention 3.0 b
<input type="checkbox"/> Delivery Release Addendum 3.0 c	<input type="checkbox"/> M.I/M.O Inspection/Orientation 5.0 b
<input type="checkbox"/> Satellite Addendum 3.0 d	<input type="checkbox"/> W/D Addendum 4.0
<input type="checkbox"/> Mold Addendum 2.0 b	<input type="checkbox"/> Parking/Garage/Key Addendum 5.0
<input type="checkbox"/> Cleaning Addendum 5.0 a	<input type="checkbox"/> Other

21. **ENTIRE AGREEMENT:** This Agreement, which includes all attachments referred to above, constitutes the entire agreement between the parties and cannot be modified except in writing and signed by all parties. Neither Owner/Agent, nor an agent or employee of Owner/Agent, has made any representations or promises other than those set forth herein.

22. **CREDIT REPORTS:** A negative credit report reflecting on your credit history may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations. Resident expressly authorizes Owner/Agent (including a collection agency) to obtain Resident's consumer credit report, which Owner/Agent may use if attempting to collect past due rent payments, late fees, or other charges from Resident, both during the terms of the Agreement and thereafter.

23. **ATTORNEY'S FEES:** If any legal action or proceeding is brought by either party to enforce any part of this Agreement, the prevailing party shall recover, in addition to all other relief, reasonable attorney's fees and court costs.

24. **ATTORNMEN:** Tenant covenants and agrees to \_\_\_\_\_ to the transferee of Landlord's interest in the real property by foreclosure, deed in lieu of foreclosure, exercise of any remedy provided in any encumbrance or underlying Lease, or operation of law (without any deductions or setoffs) except as expressly provided in this Lease or in any non-disturbance agreement, if requested to do so by the transferee, and to recognize the transferee as the lessor under this Lease. The transferee shall not be liable for any acts, omissions, or defaults of Landlord that occurred before the sale or conveyance, or the return of any security deposit except for deposits actually paid to the transferee and except as expressly provided in this Lease or in any non-disturbance agreement.

The undersigned Resident(s) acknowledge(s) having read and understood the foregoing, and receipt of a duplicate original

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Agent

Apartment

866.752.4606

[Home](#) | [Floor Plans](#) | [Feedback](#) | [Gallery](#) | [Contact](#)



**Address**

23400 Hemlock Ave  
Moreno Valley  
CA 92557

**Contact Info**

Phone: (866) 752-4606

**Office Hours:**

Mon-Sat 9am-6pm  
Sun 12pm-5pm

BOOKMARK

Submit Comment

Email Business

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La Pacifica Apartment Homes Photo Gallery



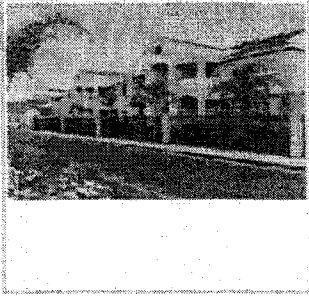
Weekly Ad

**LA PACIFICA APARTMENTS**

Affordable! New apartments! 1, 2 and 3 bedroom apartment homes! Call now!

**AFFORDABLE!**  
**La Pacifica**  
New Apartments  
1, 2 & 3 bedrooms apt  
homes  
Español  
**(951) 243-7271**  
23400 Hemlock Ave.  
Moreno Valley

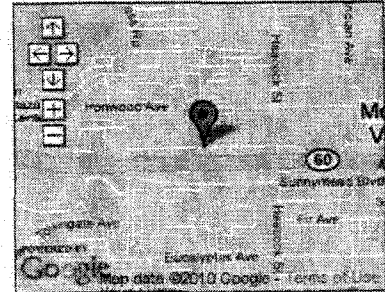
(951) 240-1211  
23400 Hemlock Ave  
Moreno Valley



[View All](#)

#### Map

**Address**  
23400 Hemlock Ave  
Moreno Valley  
CA 92557



#### La Pacifica Apartment Homes Business Description

##### About La Pacifica Apartment Homes

Welcome home to **La Pacifica Apartment Homes**, where you will enjoy luxury living at affordable prices. Completed in 2005 (Phase 1), **La Pacifica Apartment Homes** stands out in the Moreno Valley area because of our wonderful location, included amenities, and top-notch service. Located at 23400 Hemlock Avenue, **La Pacifica Apartment Homes** is close to everywhere you want to be in Moreno Valley. It is an ideal place to live and a great place to call home. Take a tour around the community and enjoy lush landscaping and our tranquil fish pond. For the more active, jump into the beautiful pool, or relax after a hard day in the hot tub. Get your body in tune with our state of the art fitness center or hit the sports court for some friendly competition. Take the little ones to our playground for a little play time. No matter what your lifestyle is you will find something to indulge yourself at **La Pacifica Apartment Homes**.

# Cash Match



Executive Headquarters  
 21250 Box Springs Road, Suite 212, Moreno Valley, CA 92557  
 Phone 951-686-1096 / Fax 951-686-5382  
 www.fsaca.org

*Family Strength is Community Strength*

*Building Better Lives*

February 16, 2010

**Board of Directors**

**Chair**  
 Carla Lidner

**Vice Chair**  
 Kitty Huang

**Vice Chair**  
 Lugena Wahlquist

**Treasurer**  
 Tim Streeter

**Secretary**  
 Jeff Rajcic

**Members**  
 Ellie Bennett  
 Jane Block  
 Dave Demers  
 Susan Divine  
 Irving Hendrick  
 Paul Jensen  
 Hilda Kennedy  
 Michael Ocasio  
 John Thomas  
 Lugena Wahlquist  
 Margaret Wild  
 Linda Wray  
 Paul Zellerbach

**Executive Officers**

**Chief Executive Officer**  
 Dom Betro

**Chief Operating Officer**  
 Veronica Dover

**Chief Financial Officer**  
 Deborah Starbuck

Susan Loew  
 Director  
 Riverside County DPSS  
 4060 County Circle Drive  
 Riverside, CA 92503

Subject: Supportive Housing Project – Documentation of Match and Leveraging

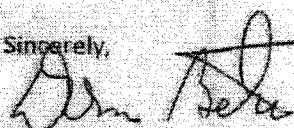
Dear Ms. Loew:

Family Service Association will be responsible for securing matching funds for Supportive Services and Operating support for the HUD Permanent Housing for Women with Disabilities. These amounts will be \$11,583 per year, for a two year total of \$23,167 (\$10,875 per year for Supportive Services Match and \$708 per year for Operational Match).

FSA will provide these matching funds primarily from client rent/occupancy fees. FSA also has a long and successful history in securing local government funding (i.e. CDBG, CSBG and discretionary funds). FSA will also secure any available funding under the Mental Health Services Act funding for Riverside County, in addition to private foundation and corporate giving programs.

This information is being provided to comply with the Technical Submission. If you should have any questions, please feel free to contact me personally.

Thank you for your consideration.

Sincerely,  
  
 Dom Betro  
 President/CEO

encl

RECEIVED DPSS  
 HOMELESS PROGRAMS UNIT  
 2010 MAR -8 AM 10:21



# **Environmental Review**



U.S. Department of Housing and Urban Development  
Los Angeles Field Office  
611 W. 6<sup>th</sup> Street, Suite 1000  
Los Angeles, CA 90017

## ENVIRONMENTAL REVIEW FOR HOMELESS RESIDENTIAL LEASING ACTIVITIES

According to HUD OCV Policy Memorandum of 3/21/97 and SNAPshots Policy Newsletter of 11/17/2000, the leasing of residential units is a categorically excluded activity subject only to the three Federal laws and authorities listed below. HUD grantees may not enter into long term lease contracts for specific dwelling units until the responsible entity has completed the following environmental review and approved, in writing, the specific subject sites. These requirements do not apply to tenant-based leasing. Do not use this review form for rehabilitation activities.

Property Address: 23394 Hemlock, Moreno Valley Ca 92557 Units 202,208

### 1. COASTAL BARRIERS RESOURCES ACT

The Coastal Barriers Resources Act has **not** designated any coastal barrier islands on the West Coast. Therefore, all leasing activity in the West Coast is in compliance with the CBRA prohibition of federal assistance in the coastal barrier islands system.

### 2. FLOODPLAINS MANAGEMENT

Does the project involve leasing of five or more housing units located in a FEMA-identified Special Flood Hazard Area?  
 No; Attach copy of FEMA map for this area or state number of units. (This element is completed).  
 Yes; (Complete Eight Step Decision-Making Process per 24 CFR 55.20 to determine if there are any practicable alternatives to locating the project in the floodplain). Proceed.

Are any of the leases located in the floodway section of the floodplain or in a coastal high hazard area for housing not designed for such hazards?

No; Attach copy of FEMA map for this area and identify subject site.  
(This element is completed).  
 Yes; HUD assistance may not be provided here.

### 3. TOXIC SUBSTANCES AND HAZARDOUS MATERIALS

Is the property free of hazardous materials, contamination, toxic chemicals, gasses and radioactive substances, where these hazards could affect the health or safety of occupants?

No. HUD Assistance may not be provided here.

Yes; Document the following two items

1) list of federal, state and local databases researched:

EPA Website Attached

### 2) Field observations:

Premises are clean and well maintained. This property shows no evidence of environmental or health hazards

Susan Larkin  
Preparer Signature

Susan Larkin, Program Specialist II  
Name/Title (print)

6-22-10  
Date

J. Mueda, Fiscal Mgr  
Responsible Entity Certifying Official Name & Title (please print)

[Signature]  
Responsible Entity Certifying Official Signature

Date

6-22-10





U.S. Department of Housing and Urban Development  
 Los Angeles Field Office  
 511 W. 6<sup>th</sup> Street, Suite 1000  
 Los Angeles, CA 90017

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According to HUD OCV Policy Memorandum of 3/21/97 and SNAPshots Policy Newsletter of 11/17/2000, the leasing of residential units is a categorically excluded activity subject only to the three Federal laws and authorities listed below. HUD grantees may not enter into long term lease contracts for specific dwelling units until the responsible entity has completed the following environmental review and approved, in writing, the specific subject sites. These requirements do not apply to tenant-based leasing. Do not use this review form for rehabilitation activities.

**Property Address:** 23420 Hemlock, Moreno Valley Ca 92557 Units 302

#### 1. COASTAL BARRIERS RESOURCES ACT

The Coastal Barriers Resources Act has **not** designated any coastal barrier islands on the West Coast. Therefore, all leasing activity in the West Coast is in compliance with the CBRA prohibition of federal assistance in the coastal barrier islands system.

#### 2. FLOODPLAINS MANAGEMENT

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 No; Attach copy of FEMA map for this area or state number of units. (This element is completed).  
 Yes; (Complete Eight Step Decision-Making Process per 24 CFR 55.20 to determine if there are any practicable alternatives to locating the project in the floodplain). Proceed.

Are any of the leases located in the floodway section of the floodplain or in a coastal high hazard area for housing not designed for such hazards?

No; Attach copy of FEMA map for this area and identify subject site.  
 (This element is completed).  
 Yes; HUD assistance may **not** be provided here.

#### 3. TOXIC SUBSTANCES AND HAZARDOUS MATERIALS

Is the property free of hazardous materials, contamination, toxic chemicals, gasses and radioactive substances, where these hazards could affect the health or safety of occupants?

No. HUD Assistance may **not** be provided here.  
 Yes; Document the following two items  
 1) list of federal, state and local databases researched:  
EPA Website

#### 2) Field observations:

Premises are clean and well maintained. This property shows no evidence of environmental or health hazards

Susan Larkin  
 Preparer Signature

Susan Larkin, Program Specialist II  
 Name/Title (print)

6-22-10  
 Date

J.A. Muredock, Fiscal Mgr  
 Responsible Entity Certifying Official Name & Title (please print)

[Signature]  
 Responsible Entity Certifying Official Signature

6-22-10  
 Date



U.S. Department of Housing and Urban Development  
 Los Angeles Field Office  
 511 W. 6<sup>th</sup> Street, Suite 1000  
 Los Angeles, CA 90017

### ENVIRONMENTAL REVIEW FOR HOMELESS RESIDENTIAL LEASING ACTIVITIES

According to HUD OCV Policy Memorandum of 3/21/97 and SNAPshots Policy Newsletter of 11/17/2000, the leasing of residential units is a categorically excluded activity subject only to the three Federal laws and authorities listed below. HUD grantees may not enter into long term lease contracts for specific dwelling units until the responsible entity has completed the following environmental review and approved, in writing, the specific subject sites. These requirements do not apply to tenant-based leasing. Do not use this review form for rehabilitation activities.

**Property Address:** 23402 Hemlock, Moreno Valley Ca 92557 Units 101

#### 1. COASTAL BARRIERS RESOURCES ACT

The Coastal Barriers Resources Act has **not** designated any coastal barrier islands on the West Coast. Therefore, all leasing activity in the West Coast is in compliance with the CBRA prohibition of federal assistance in the coastal barrier islands system.

#### 2. FLOODPLAINS MANAGEMENT

Does the project involve leasing of five or more housing units located in a FEMA-identified Special Flood Hazard Area?  
 No; Attach copy of FEMA map for this area or state number of units. (This element is completed).  
 Yes; (Complete Eight Step Decision-Making Process per 24 CFR 55.20 to determine if there are any practicable alternatives to locating the project in the floodplain). Proceed.

Are any of the leases located in the floodway section of the floodplain or in a coastal high hazard area for housing not designed for such hazards?

No; Attach copy of FEMA map for this area and identify subject site.  
 (This element is completed).  
 Yes; HUD assistance may not be provided here.

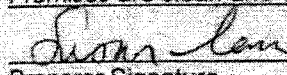
#### 3. TOXIC SUBSTANCES AND HAZARDOUS MATERIALS

Is the property free of hazardous materials, contamination, toxic chemicals, gasses and radioactive substances, where these hazards could affect the health or safety of occupants?

No; HUD Assistance may not be provided here.  
 Yes; Document the following two items  
 1) list of federal, state and local databases researched:  
     EPA Website Attached


#### 2) Field observations:

Premises are clean and well maintained. This property shows no evidence of environmental or health hazards

	Susan Larkin, Program Specialist II	<u>6-22-10</u>
Preparer Signature	Name/Title (print)	Date

JAMUEDOCK, Fiscal MGR

Responsible Entity Certifying Official Name & Title (please print)

	<u>6-22-10</u>
Responsible Entity Certifying Official Signature	Date



U.S. Department of Housing and Urban Development  
Los Angeles Field Office  
511 W. 6<sup>th</sup> Street, Suite 1000  
Los Angeles, CA 90017

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**Property Address:** 23390 Hemlock, Moreno Valley Ca 92557 Units 101

#### 1. COASTAL BARRIERS RESOURCES ACT

The Coastal Barriers Resources Act has **not** designated any coastal barrier islands on the West Coast. Therefore, all leasing activity in the West Coast is in compliance with the CBRA prohibition of federal assistance in the coastal barrier islands system.

#### 2. FLOODPLAINS MANAGEMENT

Does the project involve leasing of five or more housing units located in a FEMA-identified Special Flood Hazard Area?  
 **No**; Attach copy of FEMA map for this area or state number of units. (This element is completed).  
 **Yes**; (Complete Eight Step Decision-Making Process per 24 CFR 55.20 to determine if there are any practicable alternatives to locating the project in the floodplain). Proceed.

Are any of the leases located in the floodway section of the floodplain or in a coastal high hazard area for housing not designed for such hazards?

**No**; Attach copy of FEMA map for this area and identify subject site.  
(This element is completed).  
 **Yes**; HUD assistance may **not** be provided here.

#### 3. TOXIC SUBSTANCES AND HAZARDOUS MATERIALS

Is the property free of hazardous materials, contamination, toxic chemicals, gasses and radioactive substances, where these hazards could affect the health or safety of occupants?

**No**. HUD Assistance may **not** be provided here.  
 **Yes**; Document the following two items  
1) list of federal, state and local databases researched:  
EPA Website Attached

#### 2) Field observations:

Premises are clean and well maintained. This property shows no evidence of environmental or health hazards

Susan Larkin                      Susan Larkin, Program Specialist II                      6-22-10  
Preparer Signature                      Name/Title (print)                      Date

JAMURDOCK FISCAL MGR  
Responsible Entity Certifying Official Name & Title (please print)

[Signature]                      Date 6-22-10  
Responsible Entity Certifying Official Signature                      Date



U.S. Department of Housing and Urban Development  
 Los Angeles Field Office  
 611 W. 6<sup>th</sup> Street, Suite 1000  
 Los Angeles, CA 90017

**ENVIRONMENTAL REVIEW FOR HOMELESS RESIDENTIAL LEASING ACTIVITIES**

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**Property Address:** 23412 Hemlock, Moreno Valley Ca 92557 Units 202

**1. COASTAL BARRIERS RESOURCES ACT**

The Coastal Barriers Resources Act has **not** designated any coastal barrier islands on the West Coast. Therefore, all leasing activity in the West Coast is in compliance with the CBRA prohibition of federal assistance in the coastal barrier islands system.

**2. FLOODPLAINS MANAGEMENT**

Does the project involve leasing of five or more housing units located in a FEMA-identified Special Flood Hazard Area?  
 No; Attach copy of FEMA map for this area or state number of units. (This element is completed).  
 Yes; (Complete Eight Step Decision-Making Process per 24 CFR 55.20 to determine if there are any practicable alternatives to locating the project in the floodplain). Proceed.

Are any of the leases located in the floodway section of the floodplain or in a coastal high hazard area for housing not designed for such hazards?

No; Attach copy of FEMA map for this area and identify subject site.  
 (This element is completed).  
 Yes; HUD assistance may **not** be provided here.

**3. TOXIC SUBSTANCES AND HAZARDOUS MATERIALS**

Is the property free of hazardous materials, contamination, toxic chemicals, gasses and radioactive substances, where these hazards could affect the health or safety of occupants?

No. HUD Assistance may **not** be provided here.

Yes; Document the following two items

1) list of federal, state and local databases researched:  
 EPA Website  Attached

**2) Field observations:**

Premises are clean and well maintained. This property shows no evidence of environmental or health hazards

*Susan Larkin*                                      Susan Larkin, Program Specialist II                                      6-22-10  
 Preparer Signature                                      Name/Title (print)                                      Date

JA MURDOCK, FISCAL MGR  
 Responsible Entity Certifying Official Name & Title (please print)

*JA Murdock*                                      Date 6-22-10  
 Responsible Entity Certifying Official Signature



U.S. Department of Housing and Urban Development  
 Los Angeles Field Office  
 611 W. 6<sup>th</sup> Street, Suite 1000  
 Los Angeles, CA 90017

**ENVIRONMENTAL REVIEW FOR HOMELESS RESIDENTIAL LEASING ACTIVITIES**

According to HUD OCV Policy Memorandum of 3/21/97 and SNAPshots Policy Newsletter of 11/17/2000, the leasing of residential units is a categorically excluded activity subject only to the three Federal laws and authorities listed below. HUD grantees may not enter into long term lease contracts for specific dwelling units until the responsible entity has completed the following environmental review and approved, in writing, the specific subject sites. These requirements do not apply to tenant-based leasing. Do not use this review form for rehabilitation activities.

**Property Address:** 23380 Hemlock, Moreno Valley Ca 92557 Units 201,202

**1. COASTAL BARRIERS RESOURCES ACT**

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**2. FLOODPLAINS MANAGEMENT**

Does the project involve leasing of five or more housing units located in a FEMA-identified Special Flood Hazard Area?  
 No; Attach copy of FEMA map for this area or state number of units. (This element is completed).  
 Yes; (Complete Eight Step Decision-Making Process per 24 CFR 55.20 to determine if there are any practicable alternatives to locating the project in the floodplain). Proceed.

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No; Attach copy of FEMA map for this area and identify subject site.  
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No. HUD Assistance may **not** be provided here.  
 Yes; Document the following two items  
 1) list of federal, state and local databases researched:  
EPA Website Attached

**2) Field observations:**

Premises are clean and well maintained. This property shows no evidence of environmental or health hazards

Susan Larkin Name/Title (print) Susan Larkin, Program Specialist II Date 6-22-10  
 Preparer Signature

J Amurdock, Fiscal MGR  
 Responsible Entity Certifying Official Name & Title (please print)

[Signature] Date 6-22-10  
 Responsible Entity Certifying Official Signature



U.S. Department of Housing and Urban Development  
Los Angeles Field Office  
611 W. 6<sup>th</sup> Street, Suite 1000  
Los Angeles, CA 90017

### ENVIRONMENTAL REVIEW FOR HOMELESS RESIDENTIAL LEASING ACTIVITIES

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**Property Address:** 23410 Hemlock, Moreno Valley Ca 92557 Units 102,201

#### 1. COASTAL BARRIERS RESOURCES ACT

The Coastal Barriers Resources Act has **not** designated any coastal barrier islands on the West Coast. Therefore, all leasing activity in the West Coast is in compliance with the CBRA prohibition of federal assistance in the coastal barrier islands system.

#### 2. FLOODPLAINS MANAGEMENT

Does the project involve leasing of five or more housing units located in a FEMA-identified Special Flood Hazard Area?  
 No; Attach copy of FEMA map for this area or state number of units. (This element is completed).  
 Yes. (Complete Eight Step Decision-Making Process per 24 CFR 55.20 to determine if there are any practicable alternatives to locating the project in the floodplain). Proceed.

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No; Attach copy of FEMA map for this area and identify subject site.  
(This element is completed).  
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#### 3. TOXIC SUBSTANCES AND HAZARDOUS MATERIALS

Is the property free of hazardous materials, contamination, toxic chemicals, gasses and radioactive substances, where these hazards could affect the health or safety of occupants?

No. HUD Assistance may not be provided here.  
 Yes; Document the following two items:  
1) list of federal, state and local databases researched:  
EPA Website Attached

#### 2) Field observations:

Premises are clean and well maintained. This property shows no evidence of environmental or health hazards

Susan Larkin Name/Title (print) Susan Larkin, Program Specialist II Date 6-22-10  
Preparer Signature

JA MURDOCK FISCAL MGR  
Responsible Entity Certifying Official Name & Title (please print)

[Signature] Date 6-22-10  
Responsible Entity Certifying Official Signature



U.S. Department of Housing and Urban Development  
 Los Angeles Field Office  
 611 W. 6<sup>th</sup> Street, Suite 1000  
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**ENVIRONMENTAL REVIEW FOR HOMELESS RESIDENTIAL LEASING ACTIVITIES**

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**Property Address:** 23396 Hemlock, Moreno Valley Ca 92557 Units 202,302

**1. COASTAL BARRIERS RESOURCES ACT**

The Coastal Barriers Resources Act has **not** designated any coastal barrier islands on the West Coast. Therefore, all leasing activity in the West Coast is in compliance with the CBRA prohibition of federal assistance in the coastal barrier islands system.

**2. FLOODPLAINS MANAGEMENT**

Does the project involve leasing of five or more housing units located in a FEMA-identified Special Flood Hazard Area?  
 No; Attach copy of FEMA map for this area or state number of units. (This element is completed).  
 Yes; (Complete Eight Step Decision-Making Process per 24 CFR 55.20 to determine if there are any practicable alternatives to locating the project in the floodplain). Proceed.

Are any of the leases located in the floodway section of the floodplain or in a coastal high hazard area for housing not designed for such hazards?

No; Attach copy of FEMA map for this area and identify subject site.  
 (This element is completed).  
 Yes; HUD assistance may not be provided here.

**3. TOXIC SUBSTANCES AND HAZARDOUS MATERIALS**

Is the property free of hazardous materials, contamination, toxic chemicals, gasses and radioactive substances, where these hazards could affect the health or safety of occupants?

No. HUD Assistance may not be provided here.

Yes; Document the following two items

1) list of federal, state and local databases researched:  
EPA Website Attached

**2) Field observations:**

Premises are clean and well maintained. This property shows no evidence of environmental or health hazards

Susan Larkin Name/Title (print) Susan Larkin, Program Specialist II Date 6-22-00  
 Preparer Signature

JA Murdock, Fiscal MGR  
 Responsible Entity Certifying Official Name & Title (please print)

[Signature] Date 6-22-00  
 Responsible Entity Certifying Official Signature

**From:** Tracy, Don  
**To:** Garcia, David, Murdock, Judith [Judi]  
**Date:** 6/21/2010 10:13 AM  
**Subject:** RE: FEMA Flood Maps

Hello Judith,

The list of properties on Hemlock Avenue west of Graham are all in FEMA Zone X according to Panel 06065C-0734G (8/28/2008). However, panel 734G is not a printed sheet. It is shown on the Index Sheet as having three asterisks that the footing note defines as "unincorporated areas are Zone D; all other areas are Zone X" - your properties fall into the "all other areas". Zone X means the site is outside of the 500-year floodplain. Zone X is the best zone for insurance purposes meaning the purchase is optional but if you choose to buy the insurance then it is available at the lowest rate. There may be some local drainage problem that is not officially mapped for flood insurance in which case it might be wise to purchase insurance at a zone X rate. Please check with local residents about history of drainage at the site.

Buy Flood Insurance - call and ask us about it.  
Don Tracy, Associate Civil Engineer  
Riverside County Flood Control District  
1995 Market Street  
Riverside, California 92501

ph: 951-955-1271  
email: [dtracy@rcflood.org](mailto:dtracy@rcflood.org)

Internet web sites for additional information:  
Riverside County Flood Control and Water Conservation District  
Riverside County Land Information System  
County Ordinance 458.13 (Regulating Flood Hazards)  
FEMA Floodplain Management

-----Original Message-----

**From:** Garcia, David  
**Sent:** Thursday, June 17, 2010 4:44 PM  
**To:** Tracy, Don  
**Subject:** FW: FEMA Flood Maps

-----Original Message-----

**From:** Murdock, Judith (Judi)  
**Sent:** Thursday, June 17, 2010 4:37 PM  
**To:** Garcia, David  
**Subject:** FEMA Flood Maps

Hi David,

Per our conversation, here are the addresses of the sites for the FEMA Flood maps that we need. They are all located in one Apartment complex on Hemlock Ave. I have also attached what I was able to get from the FEMA web site. But it does not look like what we have sent HUD in the past. Any help you could provide would be very much appreciated.



Search Place: 2380H Hemlock Ave, Moreno Valley, CA 92557-2039

Select an option to map:  
 Air (0)  
 Water (0)  
 Waste (6)  
 Land (6)  
 Toxic (0)  
 Radiation (0)

View:  
 All 20 per page  
 Single facility  
 Facility cluster

Permit System:  
 Aesthetics  
 Industry

Map showing streets: Hemlock Ave, Moreno Valley Fwy, Sunnymead Blvd, Olive Wood Place Dr, Yarrow St, Fight St, Hemlock St, Gay St, York St, Zerk St, David Ln, Hemlock Ave, Sunnymead Blvd, Olive Wood Place Dr, Yarrow St, Fight St, Hemlock St, Gay St, York St, Zerk St, David Ln, Hemlock Ave.

Facility Name	Address	View	Report
ALCO FACILITY NO 00555	23145 HEMLOCK, MORENO VALLEY, CA 92557	View	Report
CELESTE TRUCKING	43088 WEBB ST, MORENO VALLEY, CA 92557	View	Report
MORENO VALLEY CLAYERS	23779 SUITE A SUNNYMEAD, MORENO VALLEY, CA 92553	View	Report
PER-KOYS #123	12460 GRAHAM ST, MORENO VALLEY, CA 92554	View	Report
SCHER TIRE #24	23135 HEMLOCK AVE, MORENO VALLEY, CA 92557	View	Report
SHELL SERVICE STATION	23050 SUNNYMEAD, MORENO VALLEY, CA 92553	View	Report

Novell Print Client

**SEARCH RESULTS**

Select an option to map:

- Air (0)
- Water (0)
- Waste (5)
- Land (5)
- Toxics (0)
- Radiation (0)

Views:

- All
- 20 per page
- Single facility
- Facility cluster

Program System:

Home:

Print:

Search Results: 29306 Hemlock Ave, Moreno Valley, CA 92557-6823

Search on map:

Moreno Valley Hwy

EnviroMapper

Share | StreetView | GeoRSS | KML | Metadata | Where Can I Get the Data?

Facility Name	Address	City	State	Zip	View	Report
ARCO FACILITY	23145 HEMLOCK	MORENO VALLEY	CA	92557	<a href="#">View</a>	<a href="#">Report</a>
DELGADO TRUCKING	12088 WEBB ST	MORENO VALLEY	CA	92557	<a href="#">View</a>	<a href="#">Report</a>
MORENO VALLEY CLEANERS	23779 SUITE A SUNNYMEAD	MORENO VALLEY	CA	92558	<a href="#">View</a>	<a href="#">Report</a>
EEF PAINTS #129	12460 GRAMAM ST	MORENO VALLEY	CA	92553	<a href="#">View</a>	<a href="#">Report</a>
SCHER TIRE #14	23156 HEMLOCK AVE	MORENO VALLEY	CA	92557	<a href="#">View</a>	<a href="#">Report</a>
SMITH SERVICE STATION	23050 SUNNYMEAD	MORENO VALLEY	CA	92553	<a href="#">View</a>	<a href="#">Report</a>



**Select an option to map:**  
 Air (0)  
 Water (0)  
 Waste (6)  
 Land (6)  
 Toxics (0)  
 Radiation (0)

**View:**  
 All  20 per page  
 Single facility  
 Facility cluster

Program status  
 Treatment  
 Industry

EnviroMapper  
 Shapefile | Spreadsheet | GeoRSS | KMZ | Metadata | Where Can I Get the Data?

Facility Name	Address	City	State	Zip	View	Report
ALCO FACILITY NO 00555	23145 HEMLOCK	MORENO VALLEY, CA	92557		<a href="#">View</a>	<a href="#">Report</a>
DELSADO TRUCKING	12086 WEBB ST	MORENO VALLEY, CA	92557		<a href="#">View</a>	<a href="#">Report</a>
MORENO VALLEY CLEANERS	23779 SUITE A SUNNYMEAD	MORENO VALLEY, CA	92553		<a href="#">View</a>	<a href="#">Report</a>
REP RONS FINE	12460 GRAHAM ST	MORENO VALLEY, CA	92553		<a href="#">View</a>	<a href="#">Report</a>
STARR TIRE #14	23135 HEMLOCK AVE,	MORENO VALLEY, CA	92557		<a href="#">View</a>	<a href="#">Report</a>
SHELL SERVICE STATION	23550 SUNNYMEAD	MORENO VALLEY, CA	92553		<a href="#">View</a>	<a href="#">Report</a>

Water, Wastes

Select an option to map:

- Air (0)
- Water (0)
- Waste (0)
- Land (0)
- Traffic (0)
- Roadway (0)

View:

- All
- 20 per page
- Single facility
- Facility cluster

Map controls: Home, Back, Forward, Stop, Full Screen, Print, Refresh, Layers, Info, Scale, 300 yds

Search on map: Enter facility name

Map Title: SPatch Trace: 23400 Hemlock Ave, Moreno Valley, CA 92557-2053

Map Content: Aerial map showing streets like Hemlock Ave, Moreno Valley Hwy, and various local streets. A red location pin is placed on the map.

Map Tools: Show/Hide, Download, Geocode, URL, Metadata, Where Can I Get the Data?

Facility Name	Address	City	State	Zip	View	Report
ARCO FACILITY NO. 0088	23145 HEMLOCK	MORENO VALLEY, CA	92557		View	Report
DELEAUX TRUCKING	12088 WEBB ST	MORENO VALLEY, CA	92557		View	Report
MORENO VALLEY CLEANERS	23174 SUITE A SUNNYMEAD	MORENO VALLEY, CA	92553		View	Report
TEEN BOYS #124	12460 GRAHAM ST	MORENO VALLEY, CA	92553		View	Report
RCHES TIRE #14	23135 HEMLOCK AVE	MORENO VALLEY, CA	92557		View	Report
SHELL SERVICE STATION	23050 SUNNYMEAD	MORENO VALLEY, CA	92553		View	Report

# **Sponsor Request for Amendment**



Executive Headquarters

21250 Box Springs Road, Suite 212, Moreno Valley, CA 92557

Phone 951-686-1096 / Fax 951-686-5382

www.fsaca.org

*Family Strength is Community Strength*

*Seating Room 1458*

**Board of Directors**

June 17, 2010

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Carla Lidner

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Kitty Huang

**Vice Chair**

Lugena Wahlquist

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Dave Demers

Susan Divine

Irving Hendrick

Paul Jensen

Hilda Kennedy

Michael Ocasio

John Thomas

Lugena Wahlquist

Margaret Wild

Linda Wray

Paul Zellerbach

Judith Murdock

Riverside County

Department of Public Social Services

4060 County Circle Drive

Riverside, CA 92507

**RE: Grant Amendment - Change of Location**

Dear Judith:

We would like the location of our project be changed from the City of Hemet, CA to the City of Moreno Valley, CA. The reason for this change is as follows:

1. The Moreno Valley location is more conducive a location and is in close proximity to Family Service Association Hemlock Childcare Center offering greater integration of support services
2. These units will be available immediately, providing much needed housing within the approved rates to meet the housing needs our surrounding community.
3. Utilizing the HUD current funding for immediate leasing of housing in the City of Moreno Valley will enable us to offer increase housing and support services needed within the city.

Please refer to the enclosed revised technical submission for site details.

Thank you for your consideration of this request.

Sincerely,

DOM BETRO  
CEO/President  
Family Service Association

**Executive Officers**

**Chief Executive Officer**

Dom Betro

**Chief Operating Officer**

Veronica Dover

**Chief Financial Officer**

Deborah Starbuck



**From:** Tracy, Don  
**To:** Garcia, David, Murdock, Judith [Judith]  
**Date:** 6/21/2010 10:13 AM  
**Subject:** RE: FEMA Flood Maps

Hello Judith,

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Buy Flood Insurance - call and ask us about it.  
Don Tracy, Associate Civil Engineer  
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1995 Market Street  
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ph: 951-955-1271  
email: dtracy@rcflood.org

Internet web sites for additional information:  
Riverside County Flood Control and Water Conservation District  
Riverside County Land Information System  
County Ordinance 458.13 (Regulating Flood Hazards)  
FEMA Floodplain Management

-----Original Message-----

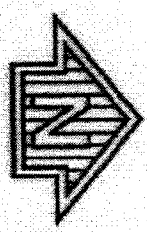
**From:** Garcia, David  
**Sent:** Thursday, June 17, 2010 4:44 PM  
**To:** Tracy, Don  
**Subject:** FW: FEMA Flood Maps

-----Original Message-----

**From:** Murdock, Judith (Judith)  
**Sent:** Thursday, June 17, 2010 4:37 PM  
**To:** Garcia, David  
**Subject:** FEMA Flood Maps

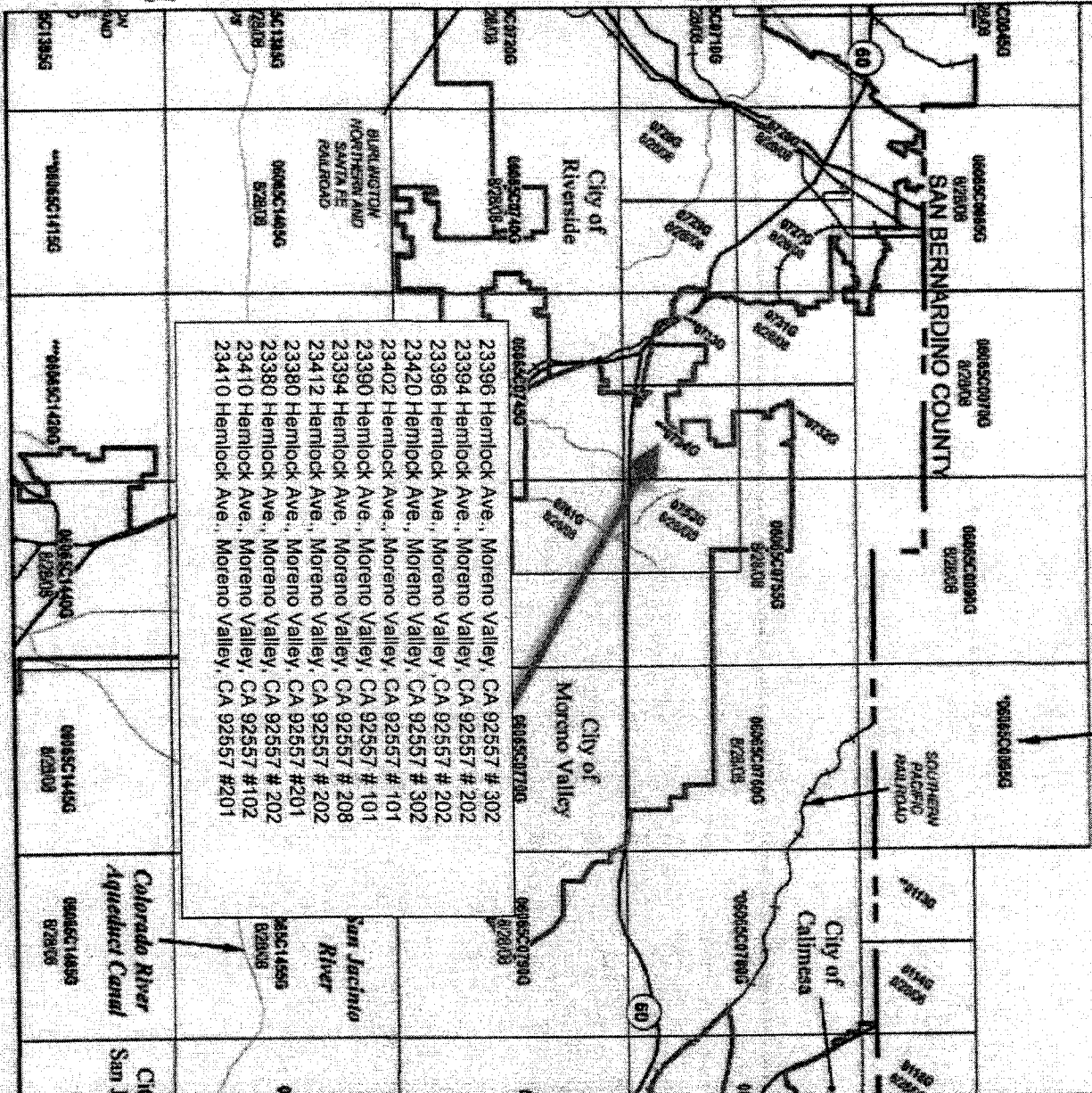
Hi David,

Per our Conversation, here are the addresses of the sites for the FEMA Flood maps that we need. They are all located in one Apartment complex on Hemlock Ave. I have also attached what I was able to get from the FEMA web site. But it does not look like what we have sent HUD in the past. Any help you could provide would be very much appreciated.



MAP NUMBER

- 23306 Hemlock Ave., Moreno Valley, CA 92557 # 302
- 23394 Hemlock Ave., Moreno Valley, CA 92557 # 202
- 23386 Hemlock Ave., Moreno Valley, CA 92557 # 202
- 23420 Hemlock Ave., Moreno Valley, CA 92557 # 302
- 23402 Hemlock Ave., Moreno Valley, CA 92557 # 101
- 23390 Hemlock Ave., Moreno Valley, CA 92557 # 101
- 23394 Hemlock Ave., Moreno Valley, CA 92557 # 208
- 23412 Hemlock Ave., Moreno Valley, CA 92557 # 202
- 23380 Hemlock Ave., Moreno Valley, CA 92557 # 201
- 23410 Hemlock Ave., Moreno Valley, CA 92557 # 102
- 23410 Hemlock Ave., Moreno Valley, CA 92557 # 201



**NIP NATIONAL FLOOD INSURANCE PROGRAM**

MAP INDEX

**FIRM**  
**FLOOD INSURANCE RATE MAP**  
**RIVERSIDE COUNTY,**  
**CALIFORNIA**  
 AND INCORPORATED AREAS  
 (SEE LISTING OF COMMUNITIES TABLE)  
**MAP INDEX**  
**SHEET 1 OF 2**

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**EFFECTIVE DATE**  
**AUGUST 29, 2008**

**MAP NUMBER**  
**00085CIND1A**

This is an online copy of a portion of the above referenced flood map. It was extracted using FIRM On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information, please visit the National Flood Insurance Program flood maps website: [www.fema.gov](http://www.fema.gov)





Submitted/Updated by: _____	Date: _____
Approved by: _____	Date: _____
Entered by: _____	Date: _____
Reviewed by: _____	Date: _____

**Riverside County Community Services Directory**  
**AGENCY INFORMATION FORM**  
 Information on this form should pertain to the agency only.  
 Please use the Program Information form to add or change program details.

Agency Name: \_\_\_\_\_

List Aliases/ known abbreviations/ other names: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Confidential location:  Yes  No

Handicap accessible?  Yes  No

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ TDD/TYY: \_\_\_\_\_

Hotline: \_\_\_\_\_ Other: \_\_\_\_\_

Website: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Legal Status**

- Private, non-profit     
  Public-County     
  Public-State     
  Public-Federal  
 Faith Based     
  For Profit     
  Other \_\_\_\_\_

**Tax Classification:**

Year of Incorporation: \_\_\_\_\_

Office Days and Hours: \_\_\_\_\_

Eligibility/ Target Population:

Agency Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Languages spoken other than English: \_\_\_\_\_

Fees

- No Cost
- Vary
- Low Cost
- Other \_\_\_\_\_
- Sliding Fee
- Donation

Method of Payment

- Medi-Cal
- Cash
- Credit Cards
- Personal Check

Personnel

Agency Director: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Any additional Information you would like us to be aware of?

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Submitted by: \_\_\_\_\_

Phone: \_\_\_\_\_

Date : \_\_\_\_\_



Volunteer Center of Riverside

Please enclose your brochure and return to  
 2-1-1 Riverside County  
 P.O Box 5376  
 Riverside, CA 92517-5376  
 Phone: (800) 464-1123  
 or (951) 686-4402 Ext. 751  
 Fax: (951) 686-7417

Submitted/Updated by: _____	Date: _____
Approved by: _____	Date: _____
Entered by: _____	Date: _____
Reviewed by: _____	Date: _____



**Riverside County Community Services Directory  
PROGRAM INFORMATION FORM**

This form is to submit the program's details, additions or changes.  
Please submit a separate form for each program.  
Additional copies can be made of this form as needed.

Agency Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

List Aliases/ known abbreviations/ other names: \_\_\_\_\_

Program Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Confidential location:       Yes       No

Handicap accessible?       Yes       No

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Program Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ TDD/TYY: \_\_\_\_\_

Hotline: \_\_\_\_\_ Other: \_\_\_\_\_

Website: \_\_\_\_\_

E-mail: \_\_\_\_\_

Program Days and Hours: \_\_\_\_\_

Program Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Eligibility/Target Population: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Intake/Application Procedure:

- Phone       Appointment required       Walk-in       Referral needed
- Mail       Other \_\_\_\_\_

Documents Required: \_\_\_\_\_

Areas Served: (Please indicate specific areas program services)

Regions

- All Riverside County     West County       Central County     Southwest County
- East County       Coachella Valley     Other

Cities: \_\_\_\_\_

Zip Codes: \_\_\_\_\_

Fees:

- No Cost       Low Cost       Sliding Fee       Donation
- Vary       Other \_\_\_\_\_

Method of Payment

- Medi-Cal     Cash       Credit Cards     Personal Check

Languages spoken other than English: \_\_\_\_\_

Personnel

Program Director: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Any additional Information you would like us to be aware of?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submitted by: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_



Please enclose your brochure and return to  
 2-1-1 Riverside County  
 P.O Box 5376  
 Riverside, CA 92517-5376  
 Phone: (800) 464-1123  
 or (951) 686-4402 Ext. 160  
 Fax: (951) 686-7417

**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	
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:	
State:	

**Income and Source – Program-Specific Data Element**

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

**Non-Cash Benefit – Program-Specific Data Element**

<b>Non-Cash Benefit</b>	<b>Non-Cash benefit received from any source in past 30 days?</b>	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>
		Don't Know	<input type="checkbox"/>
		Refused	<input type="checkbox"/>
<b>Source of Non-Cash Benefit</b>		<b>Receiving Benefit</b>	
	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**

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

**Developmental Disability – Program-Specific Data Element**

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

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

**HIV / AIDS– Program-Specific Data Element**

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

**Mental Health – Program-Specific Data Element**

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

**Substance Abuse – Program-Specific Data Element**

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

**Domestic Violence – Program-Specific Data Element**

<b>Domestic Violence Victim/Survivor</b>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>

<b>(If yes) When experience occurred?</b>	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)**

<b>Date of Contact</b>	<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>month</td><td>day</td><td></td><td>year</td><td>hour</td><td>minute</td><td colspan="7"></td> </tr> </table>			/			/						:			month	day		year	hour	minute							
		/			/						:																	
month	day		year	hour	minute																							
<b>Location of Contact</b>	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)**

<b>Date of Engagement</b>	<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>month</td><td>day</td><td></td><td>year</td><td colspan="5"></td> </tr> </table>			/			/				month	day		year					
		/			/														
month	day		year																

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

<b>Income Domain</b>	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"/>
<b>Employment Domain</b>	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"/>
Refused	<input type="checkbox"/>	
<b>Housing Domain</b>	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"/>
	Refused	<input type="checkbox"/>
<b>Food Domain</b>	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"/>
Refused	<input type="checkbox"/>	
<b>Childcare Domain</b>	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"/>
<b>Children's Education Domain</b>	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"/>
<b>Adult Education Domain</b>	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"/>
<b>Legal Domain</b>	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"/>
<b>Health Care Domain</b>	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"/>
<b>Life Skills Domain</b>	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"/>
	Refused	<input type="checkbox"/>
<b>Mental Health Domain</b>	Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to psychological problems	<input type="checkbox"/>

	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"/>
<b>Substance Abuse Domain</b>	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"/>
<b>Family Relations Domain</b>	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"/>
<b>Mobility Domain</b>	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"/>
<b>Community Involvement Domain</b>	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"/>

	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
<b>Safety Domain</b>	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"/>
<b>Parenting Skills Domain</b>	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"/>
<b>Credit History Domain</b>	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

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)

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"/>

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**

<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: \_\_\_\_\_



**CERTIFICATION OF TENANT ROLL**

Riverside County Department of Public Social Services

MONTH OF:  MONTH OF:  SPONSOR NAME:  GRANT #:

	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
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
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17.											
18.											
19.											
20.											

**CERTIFICATION**

I certify this is true and correct

X \_\_\_\_\_ DATE

SIGNATURE

DPSS 4013 (8/09) CERTIFICATION OF TENANT ROLL