

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

367



**FROM: DEPARTMENT OF PUBLIC SOCIAL SERVICES**

**SUBMITTAL DATE:**  
July 12, 2011

**SUBJECT: U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT NEW  
DPSS PROJECT SPONSOR AGREEMENT—HO-02159**

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

1. Authorize the Chairman of the Board to sign the attached renewal Project Sponsor Agreement [HO-02159] between DPSS and the United States Veterans Initiative, in the amount of \$792,383 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 the United States Veterans Initiative.

FORM APPROVED COUNTY COUNSEL  
BY: *Lakisa R. McKenna* 6/16/11  
DATE: \_\_\_\_\_  
LAKISA R. MCKENNA  
Departmental Concurrence

Purchasing: *Mark Seiler*  
Mark Seiler, Assistant Director

*Susan Loew*

(CONTINUED – 2 pages in total)

Susan Loew, Director

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ 396,192	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0	For Fiscal Year:	2011-12

<b>SOURCE OF FUNDS:</b> 100% Federal Funds—HUD Supportive Housing Program	<b>APPROVE</b>	<b>Positions To Be Deleted Per A-30</b>	<input type="checkbox"/>
		<b>Requires 4/5 Vote</b>	<input type="checkbox"/>

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

BY: *Debra Cournoyer*  
Debra Cournoyer

County Executive Office Signature

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

Prev. Agn. Ref.:

District: 5

Agenda Number:

ATTACHMENTS FILED  
WITH THE CLERK OF THE BOARD

3.37

**TO: BOARD OF SUPERVISORS**

**DATE: July 12, 2011**

**SUBJECT: U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
NEW PROJECT SPONSOR AGREEMENT—HO-02159**

**BACKGROUND:**

On November 23, 2009, DPSS submitted an application for Homeless Assistance funds to the U.S. Department of Housing and Urban Development (HUD). July 7, 2010, HUD announced the approval of two (2) new renewal grants for Riverside County's homeless projects, which included the new Supportive Housing Program (SHP) for homeless veterans.

The United States Veterans Initiative (U.S. Vets) applied for funding to operate a new Permanent Supportive Housing Program (SHP-PH) entitled Riverside Permanent Housing that will provide twenty-five (25) units of housing for single, adult veterans with a history of homelessness and who have experience significant long-term disabilities that impair their ability to afford housing with a long-term subsidy. This project will provide a stable living environment in which the population can address these issues and achieve a level of stability that will allow them to reach their highest level of functioning.

The program will be located in Riverside at March Air Reserve Base and will be coordinated with the medical, psychiatric and substance abuse services (both on and off site) provided.

Supportive services delivered by the project will include, but not be limited to, outreach and engagement, substance abuse treatment, mental health services, job readiness and employment placement, case management, peer mentoring, legal assistance, benefits assistance, life skills training, and other necessary supportive services coordinated with other community-based providers.

Currently, U.S. VETS projects serve over 400 veterans per year. The project will draw from these populations.

**FINANCIAL DATA:** No County General Funds are required. Funding is 100% Federal funds. The full Grant amount is \$792,383; however, it is estimated that the United States Veterans Initiative will expend \$396,192 in FY 2011-12, leaving \$396,191 to be expended in FY 2012-13.

**CONCUR/EXECUTE:** County Purchasing

**ATTACHMENTS:**

1. Project Sponsor Agreement (3 copies) between DPSS and the United States Veterans Initiative.

SL: mr

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

**CONTRACT:** HO-02159

**PROJECT SPONSOR:** UNITED STATES VETERANS INITIATIVE

**ACTIVITIES:** PERMANENT HOUSING FOR CHRONICALLY HOMELESS VETERANS

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

**AGREEMENT AMOUNT:** \$792,383

**HUD PROJECT NUMBER:** CA0875B9D080900

**RECITALS**

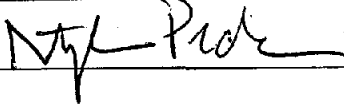
This Agreement is made and entered into by and between the County of Riverside, hereinafter referred to as "County," and United States Veterans Initiative, hereinafter referred to as the "Project Sponsor."

**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>
	
<b>Printed Name of Person Signing:</b>	<b>Printed Name of Person Signing:</b>
Bob Buster	Stephen J. Peck
<b>Title:</b> Chairman, Board of Supervisors	<b>Title:</b> President & Chief Executive Officer
<b>Address:</b> 4080 Lemon Street Riverside, CA 92501	<b>Address:</b> 800 West 6 <sup>th</sup> Street, #1505 Los Angeles, CA 90017
<b>Date Signed:</b>	<b>Date Signed:</b> 6/27/11

FORM APPROVED COUNTY COUNSEL  
BY:   
LANISA R. MCKENNA DATE







**UNITED STATES VETERANS INITIATIVE**

**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 – Tenant Change Notice Form
- EXHIBIT G – 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 United States Veterans Initiative, 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).

## 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, in the jurisdiction of the Project Sponsor. The Project Sponsor will also provide client linkages to other sources of support for chronically homeless veterans. 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**, respectively, and incorporated herein by this reference.
- 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, by faxing 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.

For general inquiries regarding agency and/or program registration, Project Sponsors may contact 2-1-1 by one of the following methods:

<b>Telephone</b>	(800) 464-1123 or (951) 686-4402 Monday through Friday - 8:00 am to 5:00 pm
<b>U.S. Postal Service</b>	P.O. 5376, Riverside, CA 92517-5376
<b>E-mail</b>	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 to participate in the Homeless Management Information System (HMIS). Participation is defined by HMIS training attendance, complying with Riverside County HMIS security policies and procedures, and entering required client data on a regular basis.

DPSS retains the rights to the HMIS and case management software application used in the operations of this property. 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

all required data fields, as set forth in the Housing and Homeless Coalition for Riverside County's HMIS Policies and Procedures Manual, which is located on the DPSS Homeless Programs Unit website (<http://riversidehomeless.org/pef/PolProc.pdf>).

#### IV. FISCAL PROVISIONS

##### A. OBLIGATION

The Project Sponsor shall be reimbursed by HUD, utilizing a draw down process, for an amount not to exceed \$773,517. The County shall be reimbursed by HUD for an amount not to exceed \$18,866. Said funds shall be spent according to the budget shown below.

Budget Category	Total
LEASING	\$107,508
OPERATING COSTS	\$415,991
SUPPORTIVE SERVICES	\$150,932
HOMELESS MANAGEMENT INFORMATION SYSTEM	\$80,220
ADMINISTRATIVE COSTS (PROJECT SPONSOR)	\$18,866
ADMINISTRATIVE COSTS (COUNTY)	\$18,866
<b>Total</b>	<b>\$792,383</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 (**Exhibits A and B**).

##### 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, the Project Application, and the Technical Submission, attached hereto as **Exhibits A and 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 thirty (30) days after the end of the grant period.

- 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 forty-five (45) days prior to the end of the grant period.

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, no later than forty-five (45) days prior to the end of the grant period, 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 (multi-year grants only)

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, no later than forty-five (45) days prior to the end of the grant period, 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 (2) 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 Tail Coverage); or 2) Prior Dates Coverage from a new insurer with at retroactive date back to the date of, or prior to, the inception of this Agreement; or, 3) demonstrate through Certificate of Insurance that Consultant has maintained continuous coverage with the same or original insurer.

Coverage provided under items: Workers' Compensation, Commercial General Liability or Professional Liability will continue for a period of five (5) years beyond the termination of this Agreement.

Vehicle Liability:

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

General Insurance Provisions – All lines:

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

***furnished original Certificate (s) of Insurance and certified original copies of endorsements and if requested, certified original policies of insurance including all endorsements and any and all other attachments as required in this Section. An individual authorized by the insurance carrier to do so on its behalf shall sign the original endorsements for each policy and the Certificate of Insurance.***

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

#### H. INDEPENDENT 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), **Appendix 6 of 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 F** [Tenant Change Notice Form] and incorporated herein by this reference, shall be

faxed to (951) 358-7755 or scanned and sent by e-mail to the DPSS SHP/HUD Program Specialist. 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 form 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 provide 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.

Project Sponsor may use a unique client identifier on the Tenant Change Notice and Certification of Tenant Roll as long as all other required information is provided. The Tenant Change Notice and Certification of Tenant Roll are for DPSS program monitoring purposes and Housing Quality Standard inspections only and will remain secured in order to safeguard protected client information.

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 G** [Certification of Tenant Roll] and incorporated herein by this reference. The residential log is due, by fax or scanned and sent by e-mail to the DPSS SHP/HUD Program Specialist, on or before the 10<sup>th</sup> (tenth) business day following the reporting month, regardless of the means by which the report is sent to DPSS. Both the fax number and e-mail address of the Homeless Programs Unit are provided above (reference 3).
5. The Sponsor agrees to collect and maintain records of participants for required federal, state, and county reports. Authorized representatives shall have the right at all reasonable times to access, inspect, or otherwise evaluate the work performed under this Agreement. Maintenance of records and access to them by authorized representatives is required for five (5) years after final payment is made under this program, or until all pending County, State, and Federal audits are completed, whichever is 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 immediately 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. DPSS may also terminate or suspend this agreement without cause. 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: United States Veterans Initiative  
Attn: President & Chief Executive Officer  
800 West 6<sup>th</sup> Street, #1505  
Los Angeles, CA 90017

#### 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. CLIENT CIVIL RIGHTS COMPLIANCE

##### 1. Assurance of Compliance

The Contractor assures it will comply with Title VI of the Civil Rights Act of 1964 as amended; Section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975 as amended; the Food Stamp Act of 1977, as amended, and in particular Section 272.6; Title II of the Americans with Disabilities Act of 1990; Government Code (GC) Section 11135, as amended; California Code of Regulations (CCR) Title 22 Section 98000-98413; Title 24 of the California Code of Regulations, Section 3105A(e); the Dymally-Alatorre Bilingual Services Act; Section 1808 Removal of Barriers to Inter Ethnic Adoption Act of 1996 and other applicable federal and state laws, as well as their implementing regulations [including 45 Code of Federal Regulations (CFR) Parts 80, 84, and 91, 7 CFR Part 15, and 28 CFR Part 42], by ensuring that employment practices and the administration of public assistance and social services programs are nondiscriminatory, to the effect that no person shall because of race, color, national origin, political affiliation, religion, marital status, sex, age, or disability be excluded from participation in or be denied the benefits of, or be otherwise subject to discrimination under any program or activity receiving federal or state assistance; and give assurance it will immediately take any measures necessary to effectuate this agreement.

This assurance is given in consideration of and for the purpose of obtaining any and all federal and state assistance; and the Contractor gives assurance that administrative methods/procedures which have the effect of subjecting individuals to discrimination or defeating the objectives of the California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Chapter 21, will be prohibited.

By accepting this assurance the contractor agrees to compile data, maintain records, and submit reports as required to permit effective enforcement of the aforementioned laws, rules and regulations and permit authorized CDSS and/or federal government personnel, during normal working hours, to review such records, books and accounts as needed to ascertain compliance. If there are any violations of this assurance, CDSS shall have the right to invoke fiscal sanctions or other legal remedies in accordance with Welfare and Institutions Code Section 10605, or Government Code Section 11135-39, or any other laws, or the issue may be referred to the appropriate federal agency for further compliance action and enforcement of this assurance.

This assurance is binding on the Contractor directly or through contract, license, or other provider services, as long as it receives federal or state assistance.

## 2. Client Complaints

The Contractor shall further establish and maintain written referral procedures under which any person, applying for or receiving services hereunder, may seek resolution from Riverside County DPSS Civil Rights Coordinator of a complaint with respect to any alleged discrimination in the provision of services by Contractor's personnel. The Contractor must distribute to social service clients that apply for and receive services, "Your Rights Under California Welfare Programs" brochure (Publication 13). For a copy of this brochure, visit the following website at:

<http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/pub13.pdf>

### **Civil Rights Complaints should be referred to:**

Civil Rights Coordinator  
Riverside County Department of Public Social Services  
10281 Kidd Street  
Riverside, CA 92503  
(951) 358-3030

## 3. Services, Benefits and Facilities

Contractor shall not discriminate in the provision of services, the allocation of benefits, or in the accommodation in facilities on the basis of color, race, religion, national origin, sex, age, sexual preference, physical or mental handicap in accordance with Title VI of the Civil Rights Act of 1964, 42 U.S.C. Section 2000d and all other pertinent rules and regulations promulgated pursuant thereto, and as otherwise provided by State law and regulations, as all may now exist or be hereafter amended or changed.

For the purpose of this Section, discrimination means denying a participant or potential participant any service, benefit, or accommodation that would be provided to another and includes, but is not limited to, the following:

- (a) Denying a participant any service or benefit or availability of a facility.
- (b) Providing any service or benefit to a participant which is different, or is provided in a different manner, or at a different time or place from that provided to other participants on the basis of race, color, creed or national origin.
- (c) Restricting a participant in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit. Treating a participant differently from others in satisfying any admission requirement or condition, or eligibility requirement or condition, which individuals must meet in order to be provided any service or benefit.

## 4. Cultural Competency

Contractor shall cause to be available bilingual professional staff or qualified interpreter to ensure adequate communication between clients and staff. Any individual with limited English language capability or other communicative barriers shall have equal access to services.

For the purpose of this Section, a qualified interpreter is defined as someone who is fluent in English and in the necessary second language, can accurately speak, read and readily interpret the necessary second language and/or accurately sign and read sign language. A qualified interpreter must be able to translate in linguistically appropriate terminology necessary to convey information such as symptoms or instructions to the client in both languages.

#### 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.

Applicant: Riverside City &amp; County CoC

CA-608

Project: Riverside Permanent Housing

EX2\_016087

## Before Starting the Exhibit 2 (Project) Application

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

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

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

## Project Information - Page 1

### Instructions:

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

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

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

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

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

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

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

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

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

Additional resources:

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

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

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

**Expiring Grant Number**

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



**Project Name** Riverside Permanant Housing

**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-044  
(for multiple selections hold CTRL + Key)

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

The United States Veterans Initiative (U.S. VETS) is proposing a new Permanent Supportive Housing Program (SHP-PH) entitled Permanent Supportive Housing for Chronically Homeless Veterans that will provide 25 units of housing for single, adult veterans with a history of chronic homelessness and who have experience significant long-term disabilities that impair their ability to afford housing with a long-term subsidy. This project will provide a stable living environment in which the population can address these issues and achieve a level of stability that will allow them to reach their highest level of functioning. The program will be located in Riverside at March Air Reserve Base and will be coordinated with the medical, psychiatric and substance abuse services (both on and off site) provided by the US Veterans Initiative and Loma Linda VA Medical Center.

The proposal is for 2 years and requests a total of \$792,383 in Permanent Housing Bonus funds.

Supportive services delivered by the project will include, but not be limited to, outreach and engagement, substance abuse treatment, mental health services, job readiness and employment placement, case management, peer mentoring, legal assistance, benefits assistance, life skills training, and other necessary supportive services coordinated with other community-based providers.

Currently, U.S. VETS projects serve over 400 veterans per year. The project will draw from these populations. Funds have been requested to support staffing of .25 FTE Site Director, 1 FTE Case Manager and 2 FTE Veterans Service Coordinators 24 hour staff.

Project funds will be matched by U.S. VETS funding from program income and other foundation sources. It is expected that all leverage resources from all collateral government, partnering non-profit agencies and other private resources received by the household will represent 150% of SHP funds.

U.S. VETS has a strong and experienced management team. It is expected that the project will be at 80% capacity within 6 months and 100% capacity by the end of the first year.

## Project Information - Page 2

### Instructions:

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

#### NEW PROJECTS:

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

#### RENEWAL PROJECTS:

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

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

#### NEW AND RENEWAL PROJECTS:

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

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

#### Additional resources:

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

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

**Is the project requesting special housing funding?** Yes

If yes, click on the "Save" button to identify the project as a Permanent Housing Bonus

**Special Initiative Applicable:** Permanent Housing Bonus

**Grant Term** 2 Years

**Note: the 1 year grant term option is permitted for new HMIS and renewal applications only.**

**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) 069065 RIVERSIDE COUNTY

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

## Project Location(s)

The following list summarizes the location of each site in the project. To add a site location, select the  icon. To view or update a site location already listed, select the appropriate  option.

Location Name	Ownership	Street Address 1	Street Address 2	City	State	Zip
United States Ve...	Lease	15105 6th Street	--	Riverside	California	92518

## Project Location Detail

### Instructions:

**Location Name** (required for SRA only) - identify the name of the location that is or will be used for housing project participants.

**Project Ownership** (required for all projects) - indicate whether each location is or will be owned or leased by the applicant, sponsor, or a parent organization. For projects other than SRA with multiple site locations, group each site as leased or owned, and identify each group in this field. Please remember that SHP policy prohibits the use of leasing funds as payment for units or structures owned by the grantee (the applicant), the project sponsor, or the parent organization(s) of either entity.

**Location Address** (required for SRA only) - indicate the Street Address, City, State, and Zip Code of the SRA project location. Locations that serve domestic violence victims covered under the VAWA may indicate an administrative office or P.O. Box address.

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

**An SRA project must complete or update the fields below, for each site that will be used to house project participants. However, all other projects need only indicate or update the ownership of all site locations.**

**Location Name** United States Veterans Initiative- Riverside  
**Property Ownership** Lease  
**Street Address 1** 15105 6th Street  
**Street Address 2**  
**City** Riverside  
**State** California  
**Zip Code** 92518  
**Format: (12345 or 12345-1234)**

## Project Expansion Information

### Instructions:

Expanding an existing housing facility or supportive service (required) - select Yes or No from the drop-down menu to denote if the applicant is proposing to expand one or more existing housing facilities or supportive service activities. If Yes, click on the "Save" button below to identify the specific expansion activities. If No, click on the "Save & Next" button below to advance to the next form.

One or more of the following five(5) activities may constitute an expansion project:

- 1) Bring existing facilities up to state or local government health and safety standards
- 2) Replace the loss of nonrenewable funding
- 3) Increase HMIS capacity and/or functionality
- 4) Increase the number of homeless persons served
- 5) Provide additional supportive services to homeless persons

Additional resources:

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

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

[www.hud.gov/offices/cpd/about/staff/fodirectors](http://www.hud.gov/offices/cpd/about/staff/fodirectors)

**Complete the form fields below to indicate whether or not the project will expand one or more existing housing facilities or service activities.**

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

## Project Sponsor Information

### Instructions:

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

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

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

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

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

City (required) - enter the location city.

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

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

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

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

Additional resources:

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

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

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

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

**Organization Name** United States Veterans Initiative-Riverside

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

If "Other" specify:

<b>DUNS Number</b> Format: xxxxxxxxx or xxxxxxxxxxxxxx	867054967	<b>PLU</b> S 4	
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**Tax ID or EIN** 95-4382752  
**Format:** 12-3456789  
**Street Address 1** 15105 6th Street  
**Street Address 2**  
**City** Riverside  
**State** California  
**Zip Code** 92518  
**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	non profit US Vets	10/21/2009

## Non-Profit Documentation Attachment Detail

**Document Description:** non profit US Vets

## Project Sponsor Contact Information

### Instructions:

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

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

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

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

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

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

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

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

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

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

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

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

**Prefix** Mrs.  
**First Name** Gina  
**Middle Name**  
**Last Name** Vaughn Mays  
**Suffix**  
**Title** Site Director  
**E-mail Address** gvaughn@usvetsinc.org  
**Confirm E-mail Address** gvaughn@usvetsinc.org  
**Phone Number** 951-656-6891  
**Format: 123-456-7890**  
**Extension**  
**Fax Number** 951-656-6890  
**Format: 123-456-7890**

## Experience of Project Applicant, Sponsor, and Partners

### Instructions:

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

Experience Narrative(s) (required) - each narrative must address 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, the narratives must describe the experience of all entities, as it relates to working with homeless persons, and the experience directly related to the proposed activities being carried out, including: housing development, housing management, construction, rehabilitation, service delivery, and HMIS activities (for new HMIS projects).

#### Additional Resources:

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

**Describe the experience of the project applicant, sponsor, and partners, as it relates to providing supportive services and housing for homeless persons, and carrying-out the activities of the project.**

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

The United States Veterans Initiative-Riversides Experience: The United States Veterans Initiative (USVI) is a private nonprofit corporation established in 1992 to address the unmet needs of homeless veterans across the nation. We are the largest organization in the country dedicated to helping homeless veterans, and a nationally recognized leader in the field of service delivery to veterans. Our Board of Directors as well as our founder, Ninth Circuit court of Appeals Judge Harry Pregerson, has extensive leadership experience in veteran service organizations and agencies. As a result of expansion, our agency has grown from our flagship site in Inglewood, California to include sites in Long Beach, Phoenix, Houston, Washington D.C., Las Vegas and our sites at March Air Reserve Base (Serving the Inland Empire) and Compton, CA. Over the last six years United States Veterans Initiative-Riverside has developed and maintained a well respected relationship with the Riverside Continuum of Care. Under this Continuum we have been awarded two grants totaling 1,049,800.00 to facilitate Transitional Housing programs and supportive services. United States Veterans Initiative's continuum of care approach to service delivery draws on the collective experience and expertise of its community partners to accomplish its mission: The successful reintegration of the greatest number of homeless veterans to their highest level of independence as rapidly as possible. This mission is accomplished through the provision of housing, employment assistance, and supportive services with a particular effort emphasis on the clinical treatment (clinical counseling, substance abuse, and psychiatric) of this challenging population.

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

## Special Housing Project

**Indicate how the project applicant, sponsor, and partners will operate and meet the Permanent Housing Bonus requirements as outlined in the Notice of Funding Availability.**

**Describe how the project will address the specific case management needs of the persons to be served by the Permanent Housing Bonus project.**

The project will use a combination of request SHP funds and matched and leverage funds to provide and assign sufficient case management services to project participants. Total Case Management services delivered is expected to be an estimated total 1.00 FTE during the first year and 0.75 FTE during year two. Experience shows that after stabilization (6 months or greater), single adult veterans living in Permanent Housing can be retained in housing with low-intensity case management services. For veterans, case management will be delivered by staff located within the Permanent Housing facility allowing for easy access for both clients and staff. Each household will develop a Household Service Plan which will identify client-driven short-term and long-term goals that will help household remain stable in housing, increase self-determination, and increase overall quality of life. Case managers will also oversee monthly drug tests to ensure sobriety compliance is met or needs services are addressed. The United States Veterans Initiative-Riverside was awarded a Department of Labor, Workforce Grant for employment services. For households with working adults, the workforce coordinator will also ensure appropriate services are delivered to participants to help them gain and retain employment. Clients will be required to attend twice monthly case management meetings where progress towards service plan goals will be reviewed. For households with fixed income clients will be assessed in an effort to maximize benefits due them by utilizing mainstream resources. Currently United States Veterans Initiative-Riverside has seasoned relationships with Social Security, Riverside DPSS, Veterans Administration and the Employment Development Department.

## Type and Scale of Housing

The following list summarizes each type of housing configuration in the project. To add a housing type to the list, click on the icon below. To view or update a housing type already listed, click on the icon below.

Housing Type	Units	Bedrooms	Beds
Barracks	25	25	25

## **Type and Scale of Housing Detail**

### **Instructions:**

Housing type (required) - select or update the appropriate housing type from the drop-down menu. Refer to the detailed instructions document for a definition of each housing type.

Units (required) - enter or update the total number of units available at a point-in-time in the selected housing type and used for housing project participants.

Bedrooms (required) - enter or update the total number of bedrooms available at a point-in-time in the selected housing type and used for housing project participants.

Beds (required) - enter or update the total number of beds available at a point-in-time in the selected housing type and used for housing project participants.

Additional resources:

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

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

**The information entered into the form fields below should record the number of units, bedrooms, and beds for each housing type in the project.**

**Housing Type: Barracks**

### **Total for Selected Housing Type**

**Units: 25**

**Bedrooms: 25**

**Beds: 25**

## Project Participants - Households with Dependent Children

### Instructions:

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

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

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

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

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

Total persons (calculated row)  $\zeta$  all fields are automatically calculated.

Total number of adults (calculated row)  $\zeta$  all fields are automatically calculated.

Total number of children (calculated row)  $\zeta$  all fields are automatically calculated.

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

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

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

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



Total Number of Children (click on "Save" to auto-calculate)	0
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## Project Participants - Households without Dependent Children

### Instructions:

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

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

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

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

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

Total persons (calculated row)  $\zeta$  all fields are automatically calculated.

Total number of adults (calculated row)  $\zeta$  all fields are automatically calculated.

Total number of unaccompanied youth (calculated row)  $\zeta$  all fields are automatically calculated.

#### Additional Resources:

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

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

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

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

### Instructions:

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

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

Chronic Substance Abuse may not constitute a disability on its own

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

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

Total Number of Households	25						
	<b>Total Persons</b>	<b>Chronically Homeless</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	25	25			25		
Non-Disabled Adults							
Disabled Unaccompanied Youth							
Non-Disabled Unaccompanied Youth							
<b>Total Persons (click on "Save" to auto-calculate)</b>	<b>25</b>	<b>25</b>	<b>0</b>	<b>0</b>	<b>25</b>	<b>0</b>	<b>0</b>
<b>Total Number of Adults (click on "Save" to auto-calculate)</b>	<b>25</b>						
<b>Total Number of Unaccompanied Youth (click on "Save" to auto-calculate)</b>	<b>0</b>						

## Supportive Services for Participants

### Instructions:

Obtain and remain in permanent housing (required for new projects) - describe the supportive services that will be provided to help project participants locate and stabilize in permanent housing, access mainstream resources, and/or obtain employment.

Maximizing employment, income, and independent living (required for new projects) - describe the supportive services that will be provided to help project participants locate employment and access mainstream resources for independent living.

Supportive Services (no input required) - lists each basic supportive service (outreach, case management, life skills, job training, alcohol and drug abuse services, mental health and counseling, HIV/AIDS services, health/home health services, education and instruction, employment services, child care, transportation, and other) that may be provided to participants.

Frequency (required for new projects) - select the frequency (daily, weekly, bi-weekly, monthly, bi-monthly, quarterly, does not apply) at which each basic supportive service is provided to participants.

Accessibility of community amenities (required for new projects) - select the level of accessibility of basic community amenities for project participants. Basic community amenities should be accessible to participants via walking, public transportation, driving, or transportation provided by the project.

Additional resources:

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

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

**The information entered into the form fields below should record the capacity of the project to provide supportive services or access to services that participants require.**

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

All households will have successfully completed requirements of the U.S. VETS transitional programs which will ensure that clients have gained sobriety, addressed medical problems, completed job readiness and placement curriculum, obtained benefits/income, and completed life skills training classes that will help improve their chances of long-term permanent housing retention. Upon placement, case management staff will develop a client-centered, strengths-based Household Treatment Plan. After placement, clients will be required to meet with case management staff a minimum of two times per month, or more as necessary, to monitor progress on their treatment plan. U.S. VETS will also collect the household's rental portion and ensure all payments to landlord in order to maintain rental unit.

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

For adult individuals with significant disabilities and reviewed as appropriate for the Permanent Supportive Housing program, the initial emphasis will focus on applying for and receiving all eligible income benefits including Social Security Disability Income (SSDI), Supplemental Security Income (SSI), VA benefits, and any additional pensions or disability-related benefits. Participants with fixed income benefits will also be encouraged to return to work, full or part-time - and will be encouraged to participate in job readiness services. Special emphasis will be placed on ensuring that clients with disability benefits understand the impact of employment wages on their fixed benefits. All adult participants interested in obtaining employment will be required to complete job readiness and placement services available at U.S. VETS transitional housing facilities. Job Readiness services include a week-long (20 hrs) curriculum that covers interviewing skills, job application assistance, resume development, job search and career strategy, co-worker and on-the-job interpersonal training and selected activities that will improve the chances of finding a job and maintaining employment. Once placed, employment will be monitor by workforce and case management staff. Working adults will be required to submit copies of all pay stubs to verify employment and ensure compliance to employment goals. As part of the job readiness curriculum, each adult will also complete an Individualized Employment Plan that will help identify barriers to employment placement and a career path to increasing income over the long-term including enrollment in formal education or job training programs.

Supportive Services	Select frequency
Outreach	Weekly
Case Management	Monthly
Life Skills	Daily
Job Training	Daily
Alcohol and Drug Abuse Services	Daily
Mental Health and Counseling	Daily
HIV/AIDS Services	Quarterly
Health/Home Health Services	Weekly
Education and Instruction	Weekly
Employment Services	Weekly
Child Care	Does not apply
Transportation	Daily
Other (Specify Below)	
Benefits Assistants	Weekly
Other (Specify Below)	
Legal Assistance	Monthly
Other (Specify Below)	
Peer Mentoring	Bi-monthly

**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:**

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

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

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

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

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

Additional resources:

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

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

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

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

	Persons who came from the street or other locations not meant for human habitation.
50%	Person who came from Emergency Shelters.
	Persons who came from Safe Havens.
50%	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.**

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

Individuals eligible for the proposed project served will be encountered through U.S. VETS transitional housing facilities and Emergency Shelters. For single adult veterans, clinical staff will identify transitional program clients that are in need of long-term housing subsidy and supportive case management services to ensure they do not return to homelessness. Additionally, participants of the program will be located through collaborative outreach coordination between USVIs outreach team, The City of Riverside Homeless Outreach team, Path of Life Ministries Emergency Shelter program and the Loma Linda VA. This includes veterans who are completing a primary care program with the VA Medical Center. Outreach staff speaks with people in groups or individually, and visits agencies and locations that serve the homeless on a regular basis. In addition, U.S. VETS has established working relationships with community-based agencies that also refer potential program participants.

**Describe the contingency plan that the applicant/sponsor will implement if the project experiences difficulty in meeting the Bonus requirements to serve exclusively homeless and disabled individuals and families. The contingency plan may include re-evaluating the intake assessment procedures or outreach plan.**

U.S. VETS currently operates a 122 bed supportive housing program that serves over 300 individuals annually that meet strict HUD requirements that meet the federal definition of homelessness. In addition, a large proportion of its single adult has one or more disabilities, a large percent of whom self-identify as chronically homeless at project entry. U.S. VETS constantly reviews its outreach service strategy to ensure engagement of its target population. If needed, U.S. VETS would certainly re-evaluate its intake and outreach procedure and consult with the Continuum of Care representatives and our lead agency Riverside Department of Social Services to ensure that it enrolls households that meet the project criteria, and/or ensure referrals for eligible individuals from other agencies in need of Permanent Supportive Housing.

## Housing for Participants

### Instructions:

Maximum length of stay (required for new SHP-TH projects) & indicate the maximum allowable length of stay for participants.

Housing selection (required for new SHP-PH, S+C-TRA, and S+C-SRA projects) & if participants are required to live in one particular structure or area, describe the reason for selecting the housing structure or location.

Rehabilitation activities (required for new S+C-PRAR, S+C-SRO, Section 8 SRO projects and SHP projects that are requesting funds for rehabilitation) & describe the rehabilitation activities that will be undertaken for housing the participants in the project.

Additional resources:

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

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

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

**Will more than 16 persons reside in a structure? Yes**

**(If yes, click on the "Save" button below to enter additional information.)**

**Describe local market conditions that necessitate a project of this size.**

There are large number of chronically homeless veterans residing within Riverside city and county. Currently U.S. Vets is the only veteran specific program within the city of Riverside.

**Describe how the project will be integrated into the neighborhood.**

The United States Veterans Initiative-Riverside currently operates a 72 unit 122 bed facility on March Air Reserve Base, on land designated to the McKinney Vento Act. This closed barracks facility is conveniently located within one block to bus stops, eateries and shopping. There is also the local base Commissary and Base Exchange for those veterans deem 100% disabled or retired for local shopping needs.



## 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?

Yes

## Project Leveraging

The following list summarizes the funds that will be used as leverage for the project. To add a leveraging source to the list, click on the icon below. To view or update a leveraging source already listed, click on the icon below.

Total value of written commitment \$1,190,000

Contributor	Source	Date of Commitment	Value of Commitments
Workforce Develop...	Government	11/18/2009	\$250,000
Department Of Vet...	Government	11/19/2009	\$20,000
SER-Jobs For Prog...	Government	11/18/2009	\$400,000
Flanagan West	Private	11/18/2009	\$250,000
US Veterans Initi...	Private	11/18/2009	\$270,000

## Project Leveraging Detail

### Instructions:

If a written commitment is not in-hand at the time of application, 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.

Type of Contribution (required)  $\lambda$  select Cash or In-kind to denote the type of contribution being used as leveraging for this project.

Name of Contributor (required)  $\lambda$  enter or update the name of the contribution.

Type of Leveraging source (required)  $\lambda$  select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP), HUD-VASH (VA Supportive Housing program), and the American Reinvestment and Recovery (ARRA) Act funds may be considered Government sources. Applicants are encouraged to leverage the funds from these sources, whenever possible. Applicants that identify NSP funds as a source of leveraging may receive extra points during the project threshold review process.

Date of written commitment (required)  $\lambda$  enter or update the date of the written contribution.

Value of written commitment (required)  $\lambda$  enter or update the total numeric value (\$) of the contribution.

Additional resources:

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

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

**Select the Type of Contribution** In Kind  
**Name the Source of the Contribution** Workforce Development Center  
**Select Type of Source** Government  
**Date of Written Commitment** 11/18/2009  
**Value of Written Commitments** \$250,000

## Project Leveraging Detail

### Instructions:

If a written commitment is not in-hand at the time of application, 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.

Type of Contribution (required)  $\zeta$  select Cash or In-kind to denote the type of contribution being used as leveraging for this project.

Name of Contributor (required)  $\zeta$  enter or update the name of the contribution.

Type of Leveraging source (required)  $\zeta$  select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP), HUD-VASH (VA Supportive Housing program), and the American Reinvestment and Recovery (ARRA) Act funds may be considered Government sources. Applicants are encouraged to leverage the funds from these sources, whenever possible. Applicants that identify NSP funds as a source of leveraging may receive extra points during the project threshold review process.

Date of written commitment (required)  $\zeta$  enter or update the date of the written contribution.

Value of written commitment (required)  $\zeta$  enter or update the total numeric value (\$) of the contribution.

Additional resources:

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

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

**Select the Type of Contribution** In Kind

**Name the Source of the Contribution** Department Of Veterans Service

**Select Type of Source** Government

**Date of Written Commitment** 11/19/2009

**Value of Written Commitments** \$20,000

## Project Leveraging Detail

### Instructions:

If a written commitment is not in-hand at the time of application, 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.

Type of Contribution (required)  select Cash or In-kind to denote the type of contribution being used as leveraging for this project.

Name of Contributor (required)  enter or update the name of the contribution.

Type of Leveraging source (required)  select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP), HUD-VASH (VA Supportive Housing program), and the American Reinvestment and Recovery (ARRA) Act funds may be considered Government sources. Applicants are encouraged to leverage the funds from these sources, whenever possible. Applicants that identify NSP funds as a source of leveraging may receive extra points during the project threshold review process.

Date of written commitment (required)  enter or update the date of the written contribution.

Value of written commitment (required)  enter or update the total numeric value (\$) of the contribution.

Additional resources:

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

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

**Select the Type of Contribution** In Kind

**Name the Source of the Contribution** SER-Jobs For Progress, Inc

**Select Type of Source** Government

**Date of Written Commitment** 11/18/2009

**Value of Written Commitments** \$400,000

## Project Leveraging Detail

### Instructions:

If a written commitment is not in-hand at the time of application, 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.

Type of Contribution (required)  $\zeta$  select Cash or In-kind to denote the type of contribution being used as leveraging for this project.

Name of Contributor (required)  $\zeta$  enter or update the name of the contribution.

Type of Leveraging source (required)  $\zeta$  select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP), HUD-VASH (VA Supportive Housing program), and the American Reinvestment and Recovery (ARRA) Act funds may be considered Government sources. Applicants are encouraged to leverage the funds from these sources, whenever possible. Applicants that identify NSP funds as a source of leveraging may receive extra points during the project threshold review process.

Date of written commitment (required)  $\zeta$  enter or update the date of the written contribution.

Value of written commitment (required)  $\zeta$  enter or update the total numeric value (\$) of the contribution.

Additional resources:

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

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

**Select the Type of Contribution** In Kind

**Name the Source of the Contribution** Flanagan West

**Select Type of Source** Private

**Date of Written Commitment** 11/18/2009

**Value of Written Commitments** \$250,000

## Project Leveraging Detail

### Instructions:

If a written commitment is not in-hand at the time of application, 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.

Type of Contribution (required)  select Cash or In-kind to denote the type of contribution being used as leveraging for this project.

Name of Contributor (required)  enter or update the name of the contribution.

Type of Leveraging source (required)  select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP), HUD-VASH (VA Supportive Housing program), and the American Reinvestment and Recovery (ARRA) Act funds may be considered Government sources. Applicants are encouraged to leverage the funds from these sources, whenever possible. Applicants that identify NSP funds as a source of leveraging may receive extra points during the project threshold review process.

Date of written commitment (required)  enter or update the date of the written contribution.

Value of written commitment (required)  enter or update the total numeric value (\$) of the contribution.

Additional resources:

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

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

**Select the Type of Contribution** Cash  
**Name the Source of the Contribution** US Veterans Initiative-Rents  
**Select Type of Source** Private  
**Date of Written Commitment** 11/18/2009  
**Value of Written Commitments** \$270,000

## Homeless Management Information System (HMIS) Participation

### Instructions:

Participation in the CoC's HMIS (required)  indicate whether or not annual data regarding project participants are reported in the CoC's HMIS. Click on the "Save" button below to indicate the reported data percentages or reason(s) for non-participation.

If the project is providing participant data in the HMIS  indicate the total number of participants served by the project, and the total number of clients reported in the HMIS. Also, for those participant records that were reported in the HMIS, indicate the percentage of values that were missing ("Null or Missing Values") and/or unknown ("Don't Know or Refused"). If there were no unknown values, enter a "0" value in any field within the chart, and click on the "Save and Next" button below to move on to the next page of the form.

If the project is not providing participant data in the HMIS  indicate one or more of the four (4) reason(s) for non-participation:

- Federal law prohibits (please cite specific law)
- State law prohibits (please cite specific law)
- New project not yet in operation
- Other (please specify prohibition)

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

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

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

**Click on the "Save" button below 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:**

Eligible operating (populated) - the system populates a list of eligible operating activities for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible activities, which are not listed. Refer to the SHP Desk Guide for details on eligible operations activities.

Quantity (required) - enter or update the quantity (eg. FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each operating activity for which SHP funding is being requested.

SHP Request (required) - for each grant year, enter or update the amount (\$) requested for each activity that is DIRECTLY related to operating the housing or supportive services facility. The SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

Total (calculated) - the total SHP funding (\$) requested for each activity will automatically calculate in the Total column.

Total SHP dollars requested (calculated) - the total SHP funding (\$) requested for each grant year will automatically calculate in the Total SHP dollars requested row.

Cash Match (required) - for each grant year, enter or update the cash amount (\$) available to support the SHP request. By law, the grantee or project sponsor must make cash payment for at least 25% of the project's total Operations budget for each grant year.

Total SHP Operations Budget (calculated) - the Total Operations Budget will automatically calculate.

Other Resources (optional) - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount (\$) available per grant year.

Additional resources:

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

**For each year of the grant term, enter the quantity and total budget request for each operating activity. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please make sure that the budget requests for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

Eligible Costs	Quantity (limit 400 characters)	SHP Request Year 1	SHP Request Year 2	Total
1.Maintenance/Repair		\$0	\$0	\$0
2.Staff	2 FTE Veteran Services Coordinator	\$63,442	\$63,442	\$126,884
3.Utilities	Telephone	\$3,969	\$3,969	\$7,938
4.Equipment (lease/buy)	Computer	\$600	\$600	\$1,200
5.Supplies	Office	\$1,200	\$1,200	\$2,400
6.Insurance		\$1,414	\$1,414	\$2,828
7.Furnishings		\$31,500	\$6,500	\$38,000
8.Relocation		\$0	\$0	\$0
9.Other (must specify *)				
Exhibit 2	Page 35	11/19/2009		

Food	(perishable/non-perishable, quantity)	\$103,223	\$103,223	\$206,446
		\$0	\$0	\$0
<b>10.Total SHP Request</b>		<b>\$205,348</b>	<b>\$180,348</b>	<b>\$385,696</b>
<b>11.Cash Match</b>		<b>\$68,450</b>	<b>\$60,116</b>	<b>\$128,566</b>
<b>12.Total SHP Operating Budget</b>		<b>\$273,798</b>	<b>\$240,464</b>	<b>\$514,262</b>
<b>13.Other Resources (cash and in-kind)</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**\* 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 Leasing Budget**

**The following information summarizes the SHP leasing request for the project.**

**To add information to this list, click on the icon and enter the requested information.**

**Summary SHP Leased Budgets \$0**

## SHP Leasing Budget Detail

**Instructions:**

Name of metropolitan or non-metropolitan fair market rent area (required) - select or update the FMR area in which the project is located. The list is sorted by state abbreviation.

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

Number of units/structures (required) - for each unit size or structure, enter or update the number of units or structures for which funding is being requested.

HUD Paid Rent (required) - for each unit size of new project, enter or update the monthly leasing amount. The amount entered must not exceed the FMR or comparable unit amount for the project, whichever is less. The FMRs are available online at <http://www.huduser.org/datasets/fmr.html>. For renewal project, the HUD rent amount is the SHP Leasing amount, which must not exceed the amount listed on the Grant Inventory Worksheet.

Number of months (populated for new projects) - these fields appear for new projects only and are populated once the required fields have been completed and saved.

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

Additional resources:

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

**Complete the following fields related to the SHP leasing request.**

**Metropolitan or non-metropolitan fair market rent area** CA - Riverside-San Bernardino-Ontario, CA MSA (0606599999)

Unit Size	Number of Units	HUD Paid Rent	Number of Months	Total Rent (per unit size)
SRO			24	\$0
0 Bedroom	0	\$0	24	\$0
1 Bedroom			24	\$0
2 Bedroom			24	\$0
3 Bedroom			24	\$0
4 Bedroom			24	\$0
5 Bedroom			24	\$0
6 Bedroom			24	\$0
7 Bedroom			24	\$0
8 Bedroom			24	\$0
<b>Totals</b>	0			\$0

**Enter the appropriate values in the "Number of Units" and "HUD Paid Rent" fields, before clicking on the "Save" button to auto-populate the "Number of Months" and "Total Rent" columns.**

## SHP Leased Structures Budget

The following information summarizes the SHP funds being requested for one or more structures leased for operating the project.  
To add information to this list, click on the icon and enter the requested information.

Structure Name	Paid Amount	Number of Months	Total
United States Ve...	\$5,939	24	\$142,536

## SHP Leased Structure(s) Budget Detail

### Instructions:

Structure Name (required) - indicate the name of the structure for which SHP funds are requested.

Structure Location (required) - indicate the location of the structure.

Paid Amount (required) - enter the monthly leasing amount. The amount entered must not exceed the monthly rent for comparable structures.

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

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

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

**Complete the following fields related to the SHP funds being requested to lease one or more structures for operating the project.**

<b>Structure Name</b>	United States Veteran Initiative-Riverside
<b>Example: Structure 1</b>	
<b>Street Address 1</b>	15105 6th Street
<b>Street Address 2</b>	
<b>City</b>	March ARB
<b>State</b>	California
<b>Zip Code</b>	92518
<b>HUD Paid Rent</b>	\$5,939
<b>Number of Months</b>	24
<b>Total Calculated</b>	\$142,536

Select the "Save" button to auto-fill the "Number of Months" and "Total" fields.

## SHP Supportive Services Budget

**Instructions:**

Eligible supportive services (populated) - the system populates a list of eligible supportive services for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible activities, which are not listed. Refer to the SHP Desk Guide for details on eligible supportive services activities.

Quantity (required) - enter or update the quantity (eg. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which SHP funding is being requested.

SHP Request (required) - for each grant year, enter or update the amount (\$) requested for each activity that is DIRECTLY related to providing supportive services to homeless participants. The SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

Total (calculated) - the total SHP funding (\$) requested for each activity will automatically calculate in the Total column.

Cash Match (required) - for each grant year, enter or update the cash amount (\$) available to support the SHP request. By law, the grantee or project sponsor must make cash payment for at least 20% of the project's total Supportive Service annual budget.

Total SHP Supportive Services Budget (calculated) - the Total Supportive Services Budget will automatically calculate.

Other Resources (optional) - if there are in-kind or additional cash resources above the requested cash match requirement, enter or update the total amount (\$) available per grant year.

Additional resources:

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

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

**For each year of the grant term, enter the quantity and total budget request for each supportive service activity. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please make sure that the budget requests for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

Supportive Services Costs	Quantity (limit 400 characters)	SHP Request Year 1	SHP Request Year 2	Total
1. Outreach		\$0	\$0	\$0
2. Case Management	.25 FTE Site Director, 1 FTE Case Manager	\$61,554	\$61,554	\$123,108
3. Life Skills (outside of case management)		\$0	\$0	\$0
4. Alcohol and Drug Abuse Services	Drug Testing	\$1,950	\$1,950	\$3,900
5. Mental Health and Counseling Services		\$0	\$0	\$0
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	\$0	\$0
11. Transportation	Client and Case Management	\$3,951	\$3,951	\$7,902

<b>13. Other (must specify)</b>				
Cell Phones		\$1,800	\$1,800	\$3,600
Supplies, Equip & Maintenance		\$3,850	\$3,850	\$7,700
		\$0	\$0	\$0
<b>14. Total SHP dollars requested</b>		\$73,105	\$73,105	\$146,210
<b>15. Cash Match</b>		\$18,277	\$18,277	\$36,554
<b>16. Total SHP Supportive Services Budget</b>		\$91,382	\$91,382	\$182,764
<b>17. Other resources (cash and in-kind)</b>			\$0	\$0



## HMIS Budget - Equipment

**Instructions:**

HMIS costs (populated) - the system populates a list of eligible activities associated with the implementation of an HMIS and for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible cost activities, which are *not* listed.

SHP Request (required) - for each grant year, enter or update the amount (\$) requested for each cost activity that is DIRECTLY related to implementing the HMIS, and eligible for SHP funding. For renewal projects, the SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

Total (calculated) - the total SHP funding (\$) requested for each cost activity will automatically calculate in the Total column.

Cash Match (required) - for each grant year, enter or update the cash amount (\$) available to support the SHP request. By law, the grantee or project sponsor must make cash payment for at least 20% of the project's total HMIS annual budget.

Other Resources (optional) - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount (\$) available per grant year.

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

**For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please make sure that the budget request for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

	SHP Request Year 1	SHP Request Year 2	Total
<b>Equipment</b>			
1. Central Server(s)		\$0	\$0
2. Personal Computers and Printers	\$800	\$800	\$1,600
3. Networking		\$0	\$0
4. Security		\$0	\$0
<b>Subtotal Equipment Request</b>	<b>\$800</b>	<b>\$800</b>	<b>\$1,600</b>
<b>Cash Match</b>	<b>\$200</b>	<b>\$200</b>	<b>\$400</b>
<b>Total Equipment Budget</b>	<b>\$1,000</b>	<b>\$1,000</b>	<b>\$2,000</b>
<b>Other Resources (cash and in-kind)</b>		\$0	\$0

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

## HMIS Budget - Software

**Instructions:**

HMIS costs (populated) - the system populates a list of eligible activities associated with the implementation of an HMIS and for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible cost activities, which are not listed.

SHP Request (required) - for each grant year, enter or update the amount (\$) requested for each cost activity that is DIRECTLY related to implementing the HMIS, and eligible for SHP funding. For renewal projects, the SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

Total (calculated) - the total SHP funding (\$) requested for each cost activity will automatically calculate in the Total column.

Cash Match (required) - for each grant year, enter or update the cash amount (\$) available to support the SHP request. By law, the grantee or project sponsor must make cash payment for at least 20% of the project's total HMIS annual budget.

Other Resources (optional) - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount (\$) available per grant year.

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

**For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please make sure that the budget request for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

	Year 1 SHP Request	Year 2 SHP Request	Total
<b>Software</b>			
5. Software/User Licensng		\$0	\$0
6. Software Installation		\$0	\$0
7. Support and Maintenance		\$0	\$0
8. Supporting Software Tools		\$0	\$0
<b>Subtotal Software Request</b>		\$0	\$0
<b>Cash Match</b>		\$0	\$0
<b>Total Software Budget</b>	\$0	\$0	\$0
<b>Other Resources (cash and in-kind)</b>		\$0	\$0

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

## HMIS Budget - Services

**Instructions:**

HMIS costs (populated) - the system populates a list of eligible activities associated with the implementation of an HMIS and for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible cost activities, which are not listed.

SHP Request (required) - for each grant year, enter or update the amount (\$) requested for each cost activity that is DIRECTLY related to implementing the HMIS, and eligible for SHP funding. For renewal projects, the SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

Total (calculated) - the total SHP funding (\$) requested for each cost activity will automatically calculate in the Total column.

Cash Match (required) - for each grant year, enter or update the cash amount (\$) available to support the SHP request. By law, the grantee or project sponsor must make cash payment for at least 20% of the project's total HMIS annual budget.

Other Resources (optional) - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount (\$) available per grant year.

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

**For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please make sure that the budget request for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

	Year 1 SHP Request	Year 2 SHP Request	Total
<b>Services</b>			
9. Training by Third Parties		\$0	\$0
10. Hosting/Technical Services		\$0	\$0
11. Programming: Customization		\$0	\$0
12. Programming: System Interface		\$0	\$0
13. Programming: Data Conversion		\$0	\$0
14. Security Assessment and Setup		\$0	\$0
15. On-line Connectivity (Internet Access)		\$0	\$0
16. Facilitation		\$0	\$0
17. Disaster and Recovery		\$0	\$0
Other (must specify *)			
		\$0	\$0
<b>Subtotal HMIS Services Request</b>		\$0	\$0
<b>Cash Match</b>		\$0	\$0
<b>Total HMIS Services Budget</b>	\$0	\$0	\$0

Other Resources (cash and in-kind)		\$0	\$0
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The Total values are automatically calculated by the system when you click the "Save" button.

## HMIS Budget - Personnel

**Instructions:**

HMIS costs (populated) - the system populates a list of eligible activities associated with the implementation of an HMIS and for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible cost activities, which are not listed.

SHP Request (required) - for each grant year, enter or update the amount (\$) requested for each cost activity that is DIRECTLY related to implementing the HMIS, and eligible for SHP funding. For renewal projects, the SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

Total (calculated) - the total SHP funding (\$) requested for each cost activity will automatically calculate in the Total column.

Cash Match (required) - for each grant year, enter or update the cash amount (\$) available to support the SHP request. By law, the grantee or project sponsor must make cash payment for at least 20% of the project's total HMIS annual budget.

Other Resources (optional) - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount (\$) available per grant year.

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

**For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please make sure that the budget request for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

	Year 1 SHP Request	Year 2 SHP Request	Total
<b>Personnel</b>			
18. Project Management/Coordination		\$0	\$0
19. Data Analysis		\$0	\$0
20. Programming		\$0	\$0
21. Technical Assistance and Training		\$0	\$0
22. Administrative Support Staff	\$39,310	\$39,310	\$78,620
<b>Subtotal Personnel Request</b>	<b>\$39,310</b>	<b>\$39,310</b>	<b>\$78,620</b>
<b>Cash Match</b>	<b>\$9,828</b>	<b>\$9,828</b>	<b>\$19,656</b>
<b>Total Personnel Budget</b>	<b>\$49,138</b>	<b>\$49,138</b>	<b>\$98,276</b>
<b>Other Resources (cash and in-kind)</b>		\$0	\$0

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

## HMIS Budget - Space & Operations

**Instructions:**

HMIS costs (populated) - the system populates a list of eligible activities associated with the implementation of an HMIS and for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible cost activities, which are not listed.

SHP Request (required) - for each grant year, enter or update the amount (\$) requested for each cost activity that is DIRECTLY related to implementing the HMIS, and eligible for SHP funding. For renewal projects, the SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

Total (calculated) - the total SHP funding (\$) requested for each cost activity will automatically calculate in the Total column.

Cash Match (required) - for each grant year, enter or update the cash amount (\$) available to support the SHP request. By law, the grantee or project sponsor must make cash payment for at least 20% of the project's total HMIS annual budget.

Other Resources (optional) - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount (\$) available per grant year.

Additional resources:

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

**For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please make sure that the budget request for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

	Year 1 SHP Request	Year 2 SHP Request	Total
HMIS Space and Operations			
23. Space Costs		\$0	\$0
24. Operational Costs		\$0	\$0
Subtotal Space & Operations Request	\$0	\$0	\$0
Cash Match		\$0	\$0
Total Space & Operations Budget	\$0	\$0	\$0
Other Resources (cash and in-kind)		\$0	\$0

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

## HMIS Budget Summary

The following information summarizes the total HMIS funding request for each year of the grant term.

	Year 1	Year 2
25. Total SHP HMIS Request	\$40,110	\$40,110
26. Total Cash Match	\$10,028	\$10,028
27. Total HMIS Costs	\$50,138	\$50,138

## Supportive Housing Program (SHP) Summary Budget

The following information summarizes the SHP funding request and the available cash match for the total term of the project. However, the appropriate amount of administrative costs must be entered in the field below. Please make sure that the budget amounts requested for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.

Selected Grant Term 2 Years

SHP Activities	SHP Dollars Request	Cash Match	Totals
1. Acquisition	\$0	\$0	\$0
2. Rehabilitation	\$0	\$0	\$0
3. New Construction	\$0	\$0	\$0
4. Subtotal (Lines 1 - 3)	\$0	\$0	\$0
5. Real Property Leasing From Leasing Budget Chart	\$142,536		\$142,536
6. Supportive Services From Supportive Services Budget Chart	\$146,210	\$36,554	\$182,764
7. Operations From Operating Budget Chart	\$385,896	\$128,566	\$514,262
8. HMIS From HMIS Budget Chart	\$80,220	\$20,056	\$100,276
9. SHP Request (Subtotal lines 4-8)	\$754,662		
10. Administrative Costs (Up to 5% of line 9)	\$37,731		
	<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>
	\$792,393	\$185,176	\$977,569



## Program Outcome Logic Model (HUD 96010) Attachment

Document Type	Required?	Document Description	Date Attached
Logic Model for Program Outcome (HUD 96010)	Yes	US Vets PH Logic ...	10/21/2009

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

**Document Description:** US Vets PH Logic Model

Technical  
Submission

Project Number: CA0875B9D080900  
Project Identifier: CA-608

Cover Page

Recipient's Name: United States Veterans Initiative

HUD Project Number: CA0875B9D080900

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)

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- 65 Exhibit 7 Administration
- 67 Exhibit 8 Leveraging

Certification:

Name & Title of the Person who can answer questions about this document:  
Nicole Ward, Regional Operations Coordinator

Phone (include area code):  
310-261-9755

Address: 15105 6<sup>th</sup> Street, Riverside, CA 92518

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:  
Nicole Ward, Regional Operations Coordinator

Signature & Date:  
*Nicole Ward* 2/26/11

Technical  
Submission

Project Number: CA0875B9D080900

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	County of Riverside, DPSS	Sponsor Name	United States Veterans Initiative
Contact Person	Susan Larkin	Contact Person	Nicole Ward
Phone	951-358-5638	Phone	310-348-7600
FAX Number	951-358-7755	FAX Number	310-645-2605
E-Mail Address	slarkin@riversidedpss.org	E-Mail Address	nward@usvetsinc.org
Street Address	4060 County Circle Drive	Street Address	15105 6 <sup>th</sup> street
City, State, Zip	Riverside, CA 92503	City, State, Zip	Riverside, CA 92518
HMIS Lead	County of Riverside DPSS	Contact Person	Alex Apodoca
Street Address	4060 County Circle Drive	Phone	951-358-3925
City, State, Zip	Riverside, CA 92503	E-Mail Address	aapodoca@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 3, as appropriate.

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

**Chart 1 - Summary Project Budget**

	SHP Request	Applicant Cash	Total Project Budget
1. Acquisition	0	0	0
2. Rehabilitation	0	0	0
3. New Construction	0	0	0
4. Subtotal (lines 1 thru 3)*	0	0	0
5. Real Property Leasing	\$107,508		\$107,508
6. Supportive Services**	\$150,932	\$37,734	\$188,666
7. Operations***	\$415,991	\$138,664	\$554,655
8. HMIS**	\$80,220	\$20,056	\$100,276
9. SHP Request (subtotal lines 4 thru 8)	\$754,651	\$196,454	\$951,105
10. Administration (up to 5% of line 9)	\$37,732	0	\$37,732
11. Total SHP Request (total lines 9 and 10)	\$792,383	\$196,454	\$988,837

\* 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: CA0875B9D080900  
Project Identifier: CA-608  
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 selector'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 2009 NOFA located at: <http://www.hudhre.info/documents/FY2009CoCNOFA.pdf>.

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

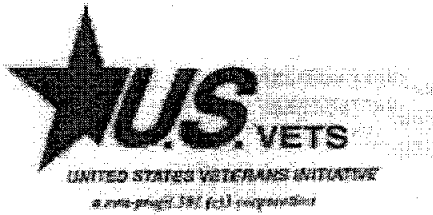
	Days from Execution of Grant Agreement Structure			
	A	B	C	D
1. Closing on purchase of land, structure, or execution of lease	N/A	N/A	N/A	N/A
2. Last unit leased, if leasing scattered units	N/A	N/A	N/A	N/A
3. Rehabilitation started	N/A	N/A	N/A	N/A
4. Rehabilitation completed	N/A	N/A	N/A	N/A
5. New construction started	N/A	N/A	N/A	N/A
6. New construction completed	N/A	N/A	N/A	N/A
7. Operations staff hired	15			
8. Residents begin to occupy	15			
9. Supportive services begin	180			
10. Facility near 100% occupied	180			
11. Enrollment in supportive services near 100% capacity	180			
12. Implementation of the HMIS project	30			

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.



**"SERVING THOSE WHO SERVED"**

**Project Number: CA087589D080900**

**Project Identifier: CA-608**

**Exhibit 1: Project Summary**

**Obtain and remain in permanent housing**

- 65% or 16 individuals will remain in permanent housing for at least six months.

**Increase skills and/or income**

- 50% of individuals will maintain or increase their total income from all sources as of the end of the operating year or at program exit.

**Achieve greater self-determination**

- Of the 25 new participants, 50% will meet more than one goal on their individual Service Plans within six months of program entry.

Technical  
Submission

Project Number: CA0875B9D080900

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 checked="" 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: 15105 6 <sup>th</sup> Street, Riverside, CA 92518	
Identify the units, bedrooms and beds for the type of housing listed above.	
Units	25
Bedrooms	25
Beds	25

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  
Submission

Project Number: CA0875B9D080900  
 Project Identifier: CA-608  
 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 e-snaps in the original application or use this form to indicate any changes since the project was conditionally-selected.

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

	Total Persons	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
Disabled Adults	N/A	0	0	0	0	0
Non-Disabled Adults	N/A					
Disabled Children	N/A					
Non-Disabled Children	N/A					
Total Persons	N/A					
Total Number of Adults	N/A					
Total Number of Children	N/A					



Technical  
Submission

Project Number: CA0875B9D080900  
 Project Identifier: CA-608  
 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	25
----------------------------	----

	Total Persons	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
<b>Disabled Adults</b>	25	13			25		0
<b>Non-Disabled Adults</b>	0						
<b>Disabled Unaccompanied Youth</b>	0						
<b>Non-Disabled Unaccompanied Youth</b>	0						
<b>Total Persons</b>	25						0
<b>Total Number of Adults</b>	25						
<b>Total Number of Children</b>	0						

Technical  
Submission

Project Number: CA0875B9D080900  
Project Identifier: CA-608  
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.A.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.

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: CA0875B9D080900**  
**Project Identifier: CA-608**  
**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 estimator: \$ \_\_\_\_\_

- 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): \$ \_\_\_\_\_

Technical  
Submission

Project Number: CA0875B9D080900  
 Project Identifier: CA-808  
 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:  
 \$ \_\_\_\_\_ (Please ensure that this amount matches project summary budget amounts in Exhibit 1, 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 1.

**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 \$	HUD 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.)		

- e. 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: CA0875B9D080900  
Project Identifier: CA-608  
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, complete 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 selector, 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 completed 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 (a) 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. Complete 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: CA0875B9D080900  
 Project Identifier: CA608  
**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: San Bernardino/riverside

Address (if scattered site, indicate so):

15105 6<sup>th</sup> Street, building 976, Riverside, CA 92518

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	25x	34.6*	12 =	\$10,380	\$10,380		\$20,760
3. 1 bdrm	x	x	12 =				\$
4. 2 bdrm	x	x	12 =				\$
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				\$	\$	\$	\$20,760

\*cost based on building cost per sq foot and program square footage usage (see attached spreadsheets)

Technical  
Submission

Project Number: \_\_\_\_\_  
 Project Identifier: \_\_\_\_\_  
**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.

Address: 15105 6<sup>th</sup> St, Bldg 962, Riverside CA 92518

Chart B:

Structure 1 (# 962 dining hall)	Monthly Leasing Cost	No. of Mos.	Year 1 (a)	Year 2 (b)	Year 3 (c)	Total (d)
	\$ 968.47* x	12 =	\$ 11,622	\$11,622	\$	\$23,244

\*cost based on building cost per sq foot and program square footage usage (see attached spreadsheets)

Address: 15105 6<sup>th</sup> St, Bldg 962, Riverside CA 92518

Chart B:

Structure 2 (# 976) Office/supp ortive services space & Common areas	Monthly Leasing Cost	No. of Mos.	Year 1 (a)	Year 2 (b)	Year 3 (c)	Total (d)
	\$ 548* x	12 =	\$ 6,576	\$6,576	\$	\$13,152

\*cost based on building cost per sq foot and program square footage usage (see attached spreadsheets)

Chart B Entire campus Maintenanc & utilities	Monthly Cost	No. of Mos.	Year 1 (a)	Year 2 (b)	Year 3 (c)	Total (d)
	\$ 2098* x	12 =	\$ 25,176	\$25,176	\$	\$50,352

\*cost based on 22 % of \$8035 monthly utilities and \$1500 monthly maintenance for entire campus ( both buildings and grounds)



**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>	\$53,754	\$53,754	\$	\$107,508
<b>2. SHP Request</b>	\$53,754	\$53,754	\$	\$107,508

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.

14a

SITE: RIVERSIDE DATE: New Project 2011		LEASING ALLOCATION Worksheet										
LOCATION	Sq. Ft.	COST PER SQ. FT.	# OF BEDS	COST PER BED OR ROOM	TOTAL COST	ACCOUNTING CODE	COST ALLOCATION	NOTES	B978 Total	B982 Total	Grand Total	Beds
OFFICE SPACE Site Program Director	176	\$ 0.25		\$ 43.90		VIP Program Workforce Program LTH Program SHP PH Program	\$ 17.22 (37.45%) \$ 5.72 13% \$ 12.26 (27.93%) \$ 8.80 (20.23%)					
Case Management Office	190	\$ 0.25		\$ 47.49		VIP Program Workforce Program LTH Program SHP PH Program	\$ 21.37 45% \$ 0% \$ 15.43 32% \$ 10.69 23%					
VSC Office 1st Floor	176	\$ 0.25		\$ 43.90		VIP Program Workforce Program LTH Program SHP PH Program	\$ 19.81 45% \$ 0% \$ 14.27 32% \$ 0.81 23%					
Workforce Case Mng Office	112	\$ 0.25		\$ 27.99		VIP Program Workforce Program LTH Program SHP PH Program	\$ 0% \$ 27.99 100% \$ 0% \$ 0%					
Meeting Area - 3rd floor Groups and Classes	382	\$ 0.25		\$ 95.47		VIP Program Workforce Program LTH Program SHP PH Program	\$ 43.00 45% \$ 0% \$ 30.96 32% \$ 21.50 23%					
Case Management Office 2nd Floor	112	\$ 0.25		\$ 27.99		VIP Program Workforce Program LTH Program SHP PH Program	\$ 12.81 45% \$ 0% \$ 9.08 32% \$ 6.30 23%					
Career Center	488	\$ 0.25		\$ 121.96		VIP Program Workforce Program LTH Program SHP PH Program	\$ 13.72 (25% 45%) \$ 91.47 75% \$ 9.76 (23% 32%) \$ 7.01 (25% 23%)					
<b>SUB-TOTAL</b>	<b>1,638</b>			<b>\$ 409</b>			<b>\$ 409</b>					
<b>TOTAL</b>	<b>1,638</b>			<b>\$ 409</b>			<b>\$ 409</b>					
Common Area Sq. Ft. per Space												
			Vip Beds	PH Beds	LTH Beds	PH Beds	B978 Total	B982 Total	Grand Total	B978 Total	B982 Total	Grand Total
SHP PH VIP Program	\$ 966	\$ 129	\$ 1,731	\$	\$	\$	\$ 2,828	\$ 1,937	\$ 4,765	\$ 44%	\$ 45%	45%
Workforce Program	\$ 607	\$ 02	\$	\$	\$	\$	\$ 125	\$	\$ 125	\$ 3%	\$ 0%	1%
LTH Program	\$ 494	\$ 64	\$	\$	\$ 1,246	\$	\$ 2,035	\$ 1,995	\$ 3,429	\$ 37%	\$ 35%	32%
New PH Program	\$ 2,149	\$ 408	\$ 1,731	\$ 1,246	\$	\$ 565	\$ 1,414	\$ 968	\$ 2,382	\$ 22%	\$ 25%	21%
			\$ 408	\$ 1,246	\$	\$ 965	\$ 5,400	\$ 4,900	\$ 10,708	\$ 100%	\$ 100%	100%

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LEASING ALLOCATION Worksheet

LOCATION	SQ. FT.	COST PER SQ. FT.	# OF BEDS	COST PER BED OR ROOM	TOTAL COST	ACCOUNTING CODE	COST ALLOCATION	NOTES
<b>SITE: RIVERSIDE</b> <b>DATE: New Project 2011</b>								
OFFICE SPACE Common Area	8,599	\$ 0.25			\$ 2,149.08	SHP-TH VIP Program	\$ 968.05	45%
						Workforce Program	\$	0%
						LTH Program	\$ 697.00	32%
						SHP-PH Program	\$ 484.03	23%
<b>SUB-TOTAL</b>	<b>8,599</b>				<b>\$ 2,149.08</b>		<b>\$ 2,149.08</b>	
<b>TOTAL</b>	<b>8,599</b>				<b>\$ 2,149.08</b>		<b>\$ 2,149.08</b>	

\*common area includes non-class group areas, laundry rooms, hallways, bathrooms, and all other common areas

LEASING ALLOCATION Worksheet

SITE : RIVERSIDE DATE: New Project 2011													
LOCATION	Sq. Ft.	COST PER SQ. FT.	# OF BEDS	# OF ROOMS	COST PER BED OR ROOM	TOTAL COST	ACCOUNTING CODE	COST ALLOCATION	NOTES				
SHIP TH VIP per room per bed	6,925	\$ 0.26	50		\$ 1,730.85	\$ 1,730.85	VIP Program	\$ 1,730.85					
<b>SUB-TOTAL</b>	<b>6,925</b>		<b>50</b>	<b>0</b>	<b>\$ 1,730.85</b>	<b>\$ 1,730.85</b>		<b>\$ 1,730.85</b>					
<b>TOTAL</b>	<b>6,925</b>		<b>50</b>	<b>0</b>	<b>\$ 1,730.85</b>	<b>\$ 1,730.85</b>		<b>\$ 1,730.85</b>					

LEASING ALLOCATION Worksheet

LOCATION	Sq. Ft.	COST PER SQ. Ft.	# OF BEDS	# OF ROOMS	COST PER BED OR ROOM	TOTAL COST	ACCOUNTING CODE	COST ALLOCATION	NOTES
JPA per room	4,986	\$ 0.25	36	27		\$ 1,246.07	LTH Program	\$ 1,246.07	
<b>SUB-TOTAL</b>	<b>4,986</b>		<b>36</b>			<b>\$ 1,246.07</b>		<b>\$ 1,246.07</b>	
<b>TOTAL</b>	<b>4,986</b>		<b>36</b>			<b>1,246.07</b>		<b>1,246.07</b>	

LTH Units

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LEASING ALLOCATION  
Worksheet

SITE : RIVERSIDE DATE: Nov Project 2011													
LOCATION	Sq. Ft.	COST PER SQ. FT.	# OF BEDS	# OF ROOMS	COST PER BED OR ROOM	TOTAL COST	ACCOUNTING CODE	COST ALLOCATION	NOTES				
SHP PH per room	3,482 0	\$ 0.25		25	\$ 865.33	\$ 865.33	SHP PH Program	\$ 865.33					
<b>SUB-TOTAL</b>	<b>3,482</b>		<b>0</b>		<b>\$ 865.33</b>	<b>\$ 865.33</b>		<b>\$ 865.33</b>					
<b>TOTAL</b>	<b>3,482</b>		<b>0</b>		<b>\$ 865.33</b>	<b>\$ 865.33</b>		<b>\$ 865.33</b>					

149

LEASING ALLOCATION Worksheet

SITE : RIVERSIDE DATE: New Project 2011		Sq. Ft.	COST PER Sq. Ft.	# OF BEDS	# OF ROOMS	COST PER BED OR ROOM	TOTAL COST	ACCOUNTING CODE	COST ALLOCATION	NOTES
Dining Hall		2,098	\$ 2.05				\$ 4,300.00	SHP TH VIP Program	\$ 1,935.94	45% VIP
								New PH Program	\$ 968.47	23% PHRNDM
								LTH Program	\$ 1,394.59	32% LHRNDM
<b>SUB-TOTAL</b>		<b>2,098</b>		<b>0</b>	<b>0</b>		<b>4,300.00</b>		<b>4,300.00</b>	
<b>TOTAL</b>		<b>2,098</b>		<b>0</b>	<b>0</b>		<b>4,300.00</b>		<b>4,300.00</b>	

*deminghall*



Technical  
Submission

Project Number: CA0875B9D080900  
Project Identifier: CA-608  
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:

- Executed lease agreement  
 Executed option to lease

**LEASE  
(U. S. VETS - BUILDING 962)**

**between**

**MARCH JOINT POWERS AUTHORITY  
a California joint powers public agency**

**and**

**UNITED STATES VETERANS INITIATIVE  
a California non-profit corporation**

**[Dated as of March 1, 2009 for reference purposes only]**

**HYBUS:WELCH:10415**

## 1. PARTIES AND EFFECTIVE DATE.

1.1 Parties. This Lease Agreement ("Agreement"), dated as of March 1, 2009 for reference purposes only, is entered into by and between (i) the March Joint Powers Authority ("Authority"), a California joint powers public agency, and (ii) United States Veterans Initiative, ("Lessee"), a California non-profit corporation. Authority and Lessee are sometimes referred to herein as a "Party" or collectively as the "Parties."

1.2 Effective Date. This Agreement will not become effective until the date ("Effective Date") on which all of the following are true:

- (i) This Agreement has been approved by Lessee, executed by Lessee's authorized representatives, and delivered to Authority.
- (ii) Following all legally required notices, reports and hearings, this Agreement has been approved by Authority's governing board and executed by Authority's authorized representative.
- (iii) Following all legally required notices, reports and hearings, the Authority has, pursuant to its land use regulatory police powers, approved a general plan amendment, zoning code amendment, and such other land use approvals and entitlements (collectively, "Entitlements") required for the legal operation of the activities at the Premises as described in Section 3.4 of this Agreement.
- (iv) The Authority has approved the "Management Plan" described in Section 3.4.2 of this Agreement.
- (v) Lessee has delivered to Authority the insurance endorsements required by Section 3.1.2 of this Agreement.

If all of the foregoing conditions precedent have not occurred on or before June 30, 2009, then this Agreement may not thereafter become effective and any prior approvals and signatures of the Parties will be deemed rescinded without need of further act by any Party.

Nothing in this Agreement shall be deemed a guarantee, commitment, representation or warranty that, with respect to any matter as to which the Authority is entitled by law to exercise discretion, the Authority shall exercise its discretion in any particular fashion. Without limiting the generality of the foregoing statement, nothing herein is a representation, warranty or commitment that the Authority will approve the Entitlements or that the Authority will condition those approvals (if any) in a particular way. Lessee agrees that the Authority shall not suffer any liability, cost or expense under or arising out of this Agreement should the Authority fail to approve the Entitlements or the Management Plan. The Authority reserves to itself the full discretion afforded by law to the Authority with respect to such matters.

## 2. RECITALS.

2.1 On or about September 18, 2006, Authority acquired a fee simple interest in the Premises (as defined in Section 3.1) by quitclaim deed from The United States of America, acting by and through the Secretary of the Air Force, under and pursuant to the powers and authority contained in the Defense Base Closure and Realignment Act of 1990, as amended (10 U.S.C. § 2687 note), and delegations and regulations promulgated thereunder. This deed was recorded in the official records of the County of Riverside on October 25, 2006.

2.2 The Governing Board of the Authority and March Joint Powers Redevelopment Agency ("Agency") have approved and adopted a Redevelopment Plan for March Air Force Base Redevelopment Project Area by its adoption of Ordinance No. 96-02, as amended. This Agreement is subject to the provisions of the Redevelopment Plan as it now exists and as it may be subsequently amended. The Redevelopment Plan is incorporated herein by this reference. The Project Area is located within the Authority's jurisdictional limits and its boundaries are specifically described in the Redevelopment Plan.

2.3 Lessee desires to lease the property commonly referred to as 15125 Sixth Street, Riverside, California, 92518, and more particularly described in Section 3.1 ("Premises"). Lessee (or its program operator) intends to operate a kitchen where meals will be provided for homeless veterans of the United States Armed Forces on the Premises.

2.4 Lessee and Authority are concurrently entering into another lease, of even date herewith, providing for Lessee's lease from the Authority of certain property adjacent to the Premises for the purposes of providing residential accommodations for homeless veterans of the United States Armed Forces ("Residential Lease").

2.5 This Agreement is made in consideration for the terms, conditions and mutual covenants contained herein, the sufficiency of which are hereby acknowledged.

## 3. TERMS

3.1 **Description of Premises.** Authority hereby leases to Lessee, and Lessee hereby leases from Authority, that certain structure commonly referred to as "Building 962" which comprises Seventeen Thousand One Hundred Seventy Seven (17,177) square feet and is owned in fee simple by Authority. The exact location of the Premises is detailed in Exhibit A to this Agreement, which is attached hereto and incorporated herein by this reference.

3.2 **Authority's Right to Relocate Lessee.** Authority shall have the right to relocate Lessee to a Relocation Space (as defined herein). "Relocation Space" shall mean space of comparable quality and size to the Premises. In the event that Authority elects to relocate Lessee, Authority shall provide Lessee with prior written notice of such election ("Relocation Notice"), which shall describe the Relocation Space.

3.2.1 **Relocation Notice.** Lessee shall have ten (10) days following the delivery of the Relocation Notice to accept in writing the Relocation Space. In the event that Lessee fails to so accept the Relocation Space within such ten-day period, this Agreement shall terminate sixty (60) days following the delivery of the Relocation Notice. Should Lessee accept the

Relocation Space within such ten-day period, Lessee shall have sixty (60) days following the delivery by Authority to Lessee of the Relocation Notice to complete the move to the Relocation Space.

**3.2.2 Terms Following Relocation.** Upon Lessee's taking possession of the Relocation Space, such space (i) shall be deemed to be the "Premises" for purposes of this Agreement, (ii) shall be leased to Lessee at the same rental rate as set forth in this Lease, and (iii) shall be subject to each of the terms, covenants, and conditions contained herein. A revised Exhibit A shall become part of this Agreement describing the location of the new premises.

**3.2.3 Relocation Expenses.** In the event of relocation, Authority shall pay all reasonable expenses of preparing the Relocation Space. Authority shall also pay the expenses of moving Lessee's furniture and equipment to the Relocation Space.

**3.2.4 Release and Waiver.** Lessee hereby releases Authority from any and all losses, claims, injuries, damages, or other liability, including, but not limited to, consequential damages, whether to persons or property, no matter how caused, resulting from or in any way connected with or incidental to the relocation of the Premises pursuant to this Section 3.2. Lessee expressly waives any claim for abatement of rent, constructive eviction, or for termination of the Agreement as a result of such relocation.

**3.3 Lessee's Waiver of Relocation Right.** Lessee waives any right to relocate, including, but not limited to, rights that Lessee may assert resulting from redevelopment activities that directly, or indirectly, affect the Premises.

**3.3.1 Non-Eligibility for Relocation Benefits.** Lessee hereby acknowledges that Lessee was not an occupant of the Premises at the time the Premises were acquired by Authority. Lessee further understands and agrees that as a 'post-acquisition tenant,' as that term is defined in Cal. Code Regs., tit. 25 § 6034(b)(1), Lessee is not eligible and furthermore waives all claims for relocation assistance and benefits under federal, state or local law. For purposes of this section 'relocation assistance and benefits' shall mean the payment of relocation expenses and payment of just compensation, severance damages, unlawful pre-condemnation conduct, inverse condemnation and any other compensation, benefits and reimbursements.

  
Lessee's Initials

**3.3.2 Owner Participation Rights.** Lessee acknowledges the Premises are located within the March Air Force Base Redevelopment Project Redevelopment Plan ("Redevelopment Plan") for the March Air Force Base Project Area (the "Project Area"). Lessee also acknowledges that pursuant to California Health and Safety Code Sections 33339, 33345 and 33380, each redevelopment plan must provide for the opportunity for participation of operators of businesses and business tenants in the redevelopment of the property if those parties agree to participate in conformity with the terms of the redevelopment plan. The Redevelopment Plan contains Rules Governing Participation and Reentry Preferences for Property Owners, Operators and Businesses, and Business Tenants for Project Area ("Owner Participation Rights"). Lessee hereby waives any Owner Participation Rights pursuant to the Redevelopment Plan and the Community Redevelopment Law (California Health and Safety Code Sections

33000-34160) to participate in the redevelopment of the property surrounding, adjacent to, or near the Premises. In lieu of exercising said Owner Participation Rights and participating in the redevelopment of Project Arca, Lessee desires to lease from Authority the Premises pursuant to the terms and conditions of this Agreement.

 Lessee's Initials

**3.4 Nature of Rights Granted.** By this Agreement, Authority leases to Lessee the Premises for the narrow, limited, sole and specific purpose of operating a kitchen where meals will be served to homeless veterans of the United States Armed Forces, in strict accordance with this Agreement and the Management Plan. The interest, rights and privileges granted Lessee hereunder are subject to all exceptions, easements, rights, rights-of-way and other matters of record.

**3.4.1 Assignment.** Except as expressly provided for herein, the permission, rights and privileges granted hereunder are nontransferable. Lessee shall not, either voluntarily or by action of law, sublet, mortgage, pledge, assign or transfer this Agreement or any obligation, right, title or interest assumed by Lessee herein, without Authority's prior written consent, which may be given, withheld or conditioned in Authority's sole and absolute discretion. If Lessee attempts an unauthorized assignment or transfer of this Agreement or any obligation, right, interest, or title herein, such action or attempted action shall constitute an immediate and incurable default hereunder and Authority may, at its option, terminate this Agreement and Lessee's rights hereunder and in the Premises.

**3.4.2 Management Plan.** Within thirty (30) days following the Authority's approval of this Agreement as set forth in Section 1.2, Lessee shall prepare and submit to the Authority for its review and approval a detailed operations and management plan ("Management Plan") setting forth a detailed description of Lessee's plans, policies and objectives and the residential housing, food service and other services described in this Agreement and in the Residential Lease. Lessee and the Authority shall meet and confer as often as reasonably necessary during such thirty (30) day period to discuss the Management Plan and any changes required by Authority's staff. Without limiting the generality of the foregoing, the Management Plan shall include a detailed description of Lessee's plans for staffing, security and maintenance. The security element of the Management Plan shall be subject to the approval of the Riverside County Sheriff's Department.

Upon completion of the Management Plan, Lessee shall submit it to the Authority's governing board for its review and approval, which shall not be unreasonably withheld, conditioned or delayed. Authority may withhold its consent to the Management Plan if the Management Plan, in Authority's reasonable discretion, fails to adequately address security and staffing issues. Failure by Lessee to timely obtain the approval of the Management Plan by the Authority's governing board in accordance with this Section 3.4.2 shall constitute a failure of a condition precedent as set forth in Section 1.2 above.

The Management Plan, including its security element, shall be subject to review and modification by Authority, in its sole but reasonable discretion, at any time during the Term.

Lessee shall strictly comply, at its sole cost and expense, with the Management Plan, including any revisions thereto.

**3.5 Lease Term.** The initial term ("Initial Term") of this Agreement shall commence on the Effective Date and shall terminate on the fifth (5th) anniversary thereof, unless earlier terminated as provided herein. The Initial Term may be extended upon the mutual agreement of the Authority and Lessee, as more specifically provided in Section 3.6 below. As used in this Agreement, the term "Term" shall mean the Initial Term and any Authority-approved Extended Term.

**3.6 Option to Extend.** Provided Lessee is not then in default and this Agreement is in full force and effect, Lessee shall have the option, subject to the Authority's consent, to extend the Initial Term for no more than two (2) additional terms of five (5) years each (each such extension, an "Extended Term") upon written notice given in accordance with this Section 3.6. Lessee shall give written notice of exercising its option to extend ("Extension Notice") to Authority at least One Hundred and Twenty (120) calendar days prior to, as applicable, the expiration of the Initial Term or the first Extended Term. The Authority shall have the right, in its sole and absolute discretion, to approve or deny any Extension Notice, and upon such disapproval, this Agreement shall terminate upon the expiration of the Initial Term or first Extended Term, as applicable. Authority's approval of an Extended Term shall be evidenced by a written amendment to this Agreement.

### **3.7 Rent.**

**3.7.1 Initial Term Rent.** During the first year of the Initial Term, Lessee shall pay to Authority a monthly rental payment ("Rent") of Four Thousand Three Hundred Dollars (\$4,300). The Rent shall be increased commencing upon the first anniversary of the Effective Date, and again on each subsequent anniversary thereof during the Initial Term, by a percentage equal to the increase, if any, in the Consumer Price Index (All Urban Consumers) above the previous year's Index, as reported by the United States Bureau of Labor Statistics, for the Riverside/San Bernardino County, California, Primary Metropolitan Statistical Area ("CPI Annual Increase"). Authority shall notify Lessee in writing of the amount of the CPI Annual Increase at least thirty (30) calendar days in advance of each anniversary of the Effective Date during the Initial Term. The monthly Rent for any year during the Term shall never be less than the monthly Rent during the immediately previous year. Rent shall be paid to the Authority in advance on the first day of each month at the address listed in Section 3.22 hereof.

**3.7.2 Extended Term Rent.** Upon receipt of Lessee's Extension Request, Authority and Lessee shall commence negotiations to determine the Rent for the Extended Term. The Extended Term Rent shall be in an amount as determined by the Parties and shall be subject to CPI Annual Increases for the duration of the Extended Term.

### **3.8 Protection, Maintenance and Professional Operation of Premises.**

**3.8.1 Protection, Duty to Notify.** Lessee for itself, its employees, officers, agents, invitees, customers, program operators, licensees, volunteers and contractors agrees to take all prudent action to protect the Premises from any damage or injury caused by the exercise

of the rights granted under this Agreement. Lessee shall immediately notify the Authority of any damage or injury to the Premises or adjacent property, and without in any way limiting the obligations of Lessee under this Agreement, shall pay to the Authority upon demand all costs incurred by the Authority for the repair of such damage or injury.

**3.8.2 Maintenance and Operation.** The Premises is to be kept clean and orderly and must be maintained and operated in a safe and professional manner, as more specifically set forth in the Management Plan. In addition, the Authority reserves the right to exclude and prohibit any activities it deems within its reasonably exercised discretion to be inimical to the public health, safety and welfare. Lessee shall immediately cease such activities upon written notice from the Authority informing Lessee of those activities Authority has elected to prohibit. Failure to do so shall constitute a breach of this Agreement.

Lessee shall insure that neither it, nor its employees, officers, agents, invitees, customers, program operators, licensees, volunteers and contractors commit waste upon the Premises. Lessee's breach of the foregoing obligation shall constitute Lessee's default under this Agreement. In addition, Lessee shall insure that its employees, officers, agents, invitees, customers, program operators, licensees, volunteers and contractors comply with the Management Plan, and, further, that the foregoing do not commit any act upon the Premises which would constitute a public or private nuisance. Lessee's breach of the foregoing obligation shall constitute Lessee's default under this Agreement.

**3.8.3 Signage.** Upon obtaining Authority's written consent, Lessee shall have the right to place on the Premises, at locations selected by Lessee, any signs which are permitted by applicable zoning ordinances, the Entitlements, and Authority restrictions. Authority may refuse consent to any proposed signage that is in sole discretion of Authority, too large, deceptive, unattractive or otherwise inconsistent or inappropriate to Premises or use of neighboring properties. Lessee shall repair all damage to the Premises resulting from the removal of signs installed by Lessee.

### **3.9 Rights of Access.**

**3.9.1 Lessee's Rights of Access.** So long as Lessee is not in default under any of the terms of this Agreement and the Agreement is in full force and effect, Lessee shall have and enjoy the right of ingress and egress in and to the Premises with a nonexclusive revocable license to the common areas of Authority's adjacent property, including parking areas.

### **3.9.2 Authority's Rights.**

**3.9.2.1** Authority and its employees, agents and contractors shall have the right, but not the responsibility, to enter the Premises without notice for any and all purposes, including, but not limited to (i) enforcing the terms of this Agreement, (ii) maintaining and repairing the Premises, (iii) performing or allowing necessary inspections, and (iv) investigating complaints by users or neighbors of the Premises. When entering the Premises, Authority shall minimize the intrusion and avoid any unnecessary interference with Lessee's use and occupancy of the Premises.

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3.9.2.2 Authority reserves the right to change the entrances, exits, traffic lanes, boundaries and locations in and around the Premises.

### 3.10 Utilities and Services.

3.10.1 Utilities. The Premises are metered separately for utilities. Lessee shall be responsible for all installation and connection fees, as well as all costs and charges assessed in connection with utility usage on the Premises. Lessee shall promptly pay any and all invoices for accrued charges and shall indemnify and protect Authority from and against any and all liability for such costs or charges.

3.10.2 Telephone. Lessee may, at its sole cost and expense install a separate line and establish a telephone services account. Lessee shall be responsible for any installation and connection fees, as well as costs and charges assessed in connection with telephone usage on the Premises. Lessee shall promptly pay any and all invoices for accrued charges and shall indemnify and protect Authority from and against any and all liability for such costs or charges.

3.11 Indemnification. Lessee shall indemnify, defend and hold Authority and its officials, officers, employees, agents, volunteers, contractors and constituent agencies free and harmless from and against any and all losses, claims, damages, fees (including actual attorneys' fees and costs), injuries to persons or property (including wrongful death) to the extent arising out of or incident to Lessee's or its employees', agents', licensees', invitees', customers', consultants', volunteers', contractors' or program operators' acts, omissions or willful misconduct. This indemnification provision shall survive termination of this Agreement.

3.12 Lessee's Insurance. Lessee shall not engage in activity authorized by this Agreement until it has provided evidence satisfactory to the Authority that it has secured all insurance required under this Section.

3.12.1 Liability Insurance. Lessee shall, at its expense, procure and maintain for the Term insurance against claims for injuries to persons or damages to property that may arise from or in connection with the activities conducted by Lessee, its agents, representatives, licensees, program operators, volunteers and employees in an amount not less than Two Million Dollars (\$2,000,000) per occurrence. Such policies shall be endorsed to name the Authority, its officials, officers, employees, agents, representatives and volunteers as additional insureds.

Lessee shall maintain workers compensation and employer's liability insurance coverage in statutorily required amounts, with such policies endorsed to name the Authority, its officials, officers, employees, agents, representatives and volunteers as additional insureds.

3.12.2 Casualty Insurance. Lessee shall, at its expense, procure and maintain for the duration of this Agreement fire and property damage insurance insuring the Premises and the personal property, inventory, fixtures or improvements within the Premises.

3.12.3 Acceptable Insurers. All insurance policies maintained by Lessee pursuant to this Section 3.12 shall be written by insurance companies admitted to do business in the State of California and holding a then-current Best rating of B+XII. Such policy shall be

occurrence, not claims made, based, and shall be primary and noncontributing within any insurance or self-insurance that the Authority may elect, but shall not be obligated, to maintain.

**3.13 Lessee Improvements.** Subject to Lessee obtaining the Authority's prior written consent, Lessee may construct and/or install any improvements which do not affect the structural parts or exterior of the Premises. Any other improvements may be made only after obtaining written approval from the Authority. Lessee shall, at its sole cost, expense and liability, obtain all permits and approvals required for any such improvements. All improvements installed by Lessee shall remain property of the Lessee during the Term. Upon the expiration or earlier termination of the Term, all such improvements shall, without compensation to Lessee, become the sole and exclusive property of the Authority. Lessee shall execute such documents as may be required, in the opinion of Authority's legal counsel, to effectuate transfer of title to such improvements from Lessee to Authority.

Lessee shall defend, indemnify and hold the Authority and the Premises harmless from and against all claims, liens, or other liabilities arising out of or related to any work of improvement undertaken by Lessee upon the Premises.

**3.14 Damage, Destruction, Maintenance and Repair.**

**3.14.1 Damage and Destruction.** If the Premises, or any part thereof is so damaged by fire, casualty or structural defects that it cannot be used for Lessee's purposes, and provided further that such damage and/or destruction was not caused by Lessee's actions and/or negligence, Lessee shall have the right within ninety (90) days following the damage to elect by written notice to Authority to terminate this Agreement as of the date of such notice. In the event of minor damage to any part of the Premises, Lessee shall promptly repair such damage at the sole and exclusive cost of Lessee.

**3.14.2 Maintenance and Repair.** Lessee shall maintain the Premises in good repair, including, but not limited to, the heating, ventilation and cooling system, plumbing and electrical systems, exterior walls, windows, roof, sidewalks and other like portions of the Premises for the Term at Lessee's sole cost, expense, and liability.

**3.15 Holding Over.** In the event the Lessee holds over after the expiration of the Term, Authority may at its sole option: (i) allow Lessee to remain on the Premises as a month to month tenant subject to an upward adjustment of rent as determined by Authority, or (ii) Authority may commence an action in unlawful detainer to remove Lessee and all persons or entities claiming under or through Lessee from the Premises.

**3.16 Termination.** Lessee shall be in default of this Agreement if Lessee fails to cure any breach of its obligations under this Agreement or the Residential Lease within ten (10) days following written notice of breach from Authority. Upon such default, the Authority may terminate this Agreement and Lessee shall, within thirty (30) days thereafter, vacate and surrender the Premises. Upon such surrender, Lessee shall return the Premises to Authority in a "broom-clean" condition and in substantially the same condition as of the Effective Date, reasonable wear and tear excepted.

**3.17 Abandonment.** The Lessee shall not vacate or abandon the Premises at any time during the Term without providing thirty (30) days prior written notice to Authority.

**3.18 Waste and Nuisance.** The Lessee shall not commit, or allow to be committed, any waste upon the Premises, or any public or private nuisance.

**3.19 Condemnation.** If any legally constituted authority condemns the Premises, thereby making the Premises unsuitable for leasing, this Agreement shall terminate when the public authority takes possession, and Authority and Lessee shall account for rental as of that date. All condemnation proceeds shall be the sole and exclusive property of Authority.

**3.20 Compliance with Law.** The Parties shall comply with all local, state and federal laws, rules and regulations pertaining to the use and maintenance of the Premises.

**3.21 Entire Agreement/Modification.** This Agreement contains the entire agreement of the parties with respect to the subject matter hereof, and supersedes all prior negotiations, understandings or agreements. The terms and conditions of this Agreement may be altered, modified or amended only by written agreement signed by both parties.

**3.22 Notices.** All notices to be given hereunder shall be in writing and may be made either by personal delivery or by registered or certified mail, postage prepaid, return receipt requested. Mailed notices shall be addressed to the parties at the addresses listed below, but each party may change the address by written notice in accordance with this paragraph. Notices delivered personally will be deemed communicated as of actual receipt; mailed notices will be deemed communicated as of two (2) business days after mailing.

Authority: March Joint Powers Authority  
23555 Meyer Drive  
Riverside, California 92518  
Telephone: (951) 636-7000  
Facsimile: (951) 653-5558

With a copy to: Best Best & Krieger LLP  
3500 Porsche Way, Suite 200  
Ontario, California 91764  
Attn: March Joint Powers Authority Counsel  
Facsimile: (909) 944-1441

Lessee: United States Veterans Initiative  
800 West Sixth Street, Suite 1505  
Los Angeles, California 90017  
Telephone: (213) 542-2600  
Facsimile: (213) 542-5195

**3.23 Governing Law; Venue.** This Agreement shall be governed by the laws of the State of California. Any legal action or proceeding concerning this Agreement shall be filed and prosecuted in the appropriate California state court in the County of Riverside, California. Each Party hereto irrevocably consents to the personal jurisdiction of that court. Authority and Lessee

each hereby expressly waives the benefit of any provision of federal or state law or judicial decision providing for the filing, removal, or change of venue to any other court or jurisdiction, including, without implied limitation, federal district court, due to any diversity of citizenship between the Authority and Lessee, due to the fact that the Authority is a party to such action or proceeding or due to the fact that a federal question or federal right is involved or alleged to be involved. Without limiting the generality of the foregoing, the Authority and Lessee specifically waive any rights provided to them pursuant to California Code of Civil Procedure Section 394. Lessee acknowledges that the provisions of this Section 3.23 are material consideration to the Authority for their entry into this Agreement, in that the Authority will avoid the potential cost, expense and inconvenience of litigating in a distant forum.

**3.24 Counterparts.** This Agreement may be executed in counterparts, each of which shall constitute an original.

**3.25 Successors.** The Parties do for themselves, their heirs, executors, administrators, successors, and assigns agree to the full performance of all the provisions contained in this Agreement.

**3.26 Attorneys Fees.** If either Party commences an action against the other Party, either legal, administrative or otherwise, arising out of or in connection with this Agreement, the prevailing Party in such action shall be entitled to have and recover from the losing Party actual attorneys' fees, fees of experts, and all other costs of such action.

**3.27 Authority to Enter Agreement.** Lessee has all requisite power and authority to conduct its business and to execute, deliver and perform this Agreement. The individuals who have signed this Agreement warrant that they have the legal power, right and authority to make this Agreement bind the Party on whose behalf they execute this Agreement.

IN WITNESS WHEREOF, each of the Parties has caused this Agreement to be executed on the day and year first above written.

[Signatures on following page]

26

SIGNATURE PAGE TO  
LEASE  
(U.S. VETS - BUILDING 962)

MARCH JOINT POWERS AUTHORITY

a California joint powers public agency

By: Leri M. Stone

Its: Lezi M. Stone  
Executive Director

Dated: \_\_\_\_\_

ATTEST:

\_\_\_\_\_

UNITED STATES VETERANS  
INITIATIVE

a California non-profit corporation

By: Dwight Redcliff

Its: Dwight Redcliff  
President and CEO

Dated: 5/29/09

ATTEST:

\_\_\_\_\_

APPROVED AS TO LEGAL FORM  
FOR THE AUTHORITY:

BEST BEST & KRIEGER LLP

By: Michael Grant, Esq.

EXHIBIT A TO  
LEASE  
(U.S. VETS - BUILDING 962)

Description of Premises

**[Attached behind this page]**

RVBUSWELCIN739446

28

**LEASE  
(U. S. VETS - BUILDING 976)**

**between**

**MARCH JOINT POWERS AUTHORITY  
a California joint powers public agency**

**and**

**UNITED STATES VETERANS INITIATIVE  
a California non-profit corporation**

**[Dated as of March 1, 2009 for reference purposes only.]**

RV8USWELCNV3047.3

29

## 1. PARTIES AND EFFECTIVE DATE.

1.1 Parties. This Lease Agreement ("Agreement"), dated as of March 1, 2009 for reference purposes only, is entered into by and between (i) the March Joint Powers Authority ("Authority"), a California joint powers public agency, and (ii) United States Veterans Initiative, ("Lessee"), a California non-profit corporation. Authority and Lessee are sometimes referred to herein as a "Party" or collectively as the "Parties."

1.2 Effective Date. This Agreement will not become effective until the date ("Effective Date") on which all of the following are true:

- (i) This Agreement has been approved by Lessee, executed by Lessee's authorized representatives, and delivered to Authority.
- (ii) Following all legally required notices, reports and hearings, this Agreement has been approved by Authority's governing board and executed by Authority's authorized representative.
- (iii) Following all legally required notices, reports and hearings, the Authority has, pursuant to its land use regulatory police powers, approved a general plan amendment, zoning code amendment, and such other land use approvals and entitlements (collectively, "Entitlements") required for the legal operation of the activities at the Premises as described in Section 3.3 of this Agreement.
- (iv) The Authority has approved the "Management Plan" described in Section 3.3.2 of this Agreement.
- (v) Lessee has delivered to Authority the insurance endorsements required by Section 3.10 of this Agreement.

If all of the foregoing conditions precedent have not occurred on or before June 30, 2009, then this Agreement may not thereafter become effective and any prior approvals and signatures of the Parties will be deemed rescinded without need of further act by any Party.

Nothing in this Agreement shall be deemed a guarantee, commitment, representation or warranty that, with respect to any matter as to which the Authority is entitled by law to exercise discretion, the Authority shall exercise its discretion in any particular fashion. Without limiting the generality of the foregoing statement, nothing herein is a representation, warranty or commitment that the Authority will approve the Entitlements or that the Authority will condition those approvals (if any) in a particular way. Lessee agrees that the Authority shall not suffer any liability, cost or expense under or arising out of this Agreement should the Authority fail to approve the Entitlements or the Management Plan. The Authority reserves to itself the full discretion afforded by law to the Authority with respect to such matters.



## 2. RECITALS.

2.1 On or about September 18, 2006, Authority acquired a fee simple interest in the Premises (as defined in Section 3.1) by quitclaim deed from The United States of America, acting by and through the Secretary of the Air Force, under and pursuant to the powers and authority contained in the Defense Base Closure and Realignment Act of 1990, as amended (10 U.S.C. § 2687 note), and delegations and regulations promulgated thereunder. This deed was recorded in the official records of the County of Riverside on October 25, 2006.

2.2 The Governing Board of the Authority and March Joint Powers Redevelopment Agency ("Agency") have approved and adopted a Redevelopment Plan for March Air Force Base Redevelopment Project Area by its adoption of Ordinance No. 96-02, as amended. This Agreement is subject to the provisions of the Redevelopment Plan as it now exists and as it may be subsequently amended. The Redevelopment Plan is incorporated herein by this reference. The Project Area is located within the Authority's jurisdictional limits and its boundaries are specifically described in the Redevelopment Plan.

2.3 Lessee desires to lease the property commonly referred to as Building 976, and more particularly described in Section 3.1 ("Premises"). Lessee (or its program operator) intends to provide temporary housing and related services for homeless veterans of the United States Armed Forces on the Premises.

2.4 Lessee and Authority are concurrently entering into another lease, of even date herewith, providing for Lessee's lease from the Authority of certain property adjacent to the Premises for the purposes of providing meals to homeless veterans of the United States Armed Forces ("Dining Lease").

2.5 Lessee and Authority acknowledge and agree that the purpose of this Lease is to provide for the temporary housing and related ancillary services to homeless veterans of the United States Armed Forces.

2.6 This Agreement is made in consideration for the terms, conditions and mutual covenants contained herein, the sufficiency of which are hereby acknowledged.

## 3. TERMS

3.1 **Description of Premises.** Authority hereby leases to Lessee, and Lessee hereby leases from Authority, that certain structure commonly referred to as "Building 976" which comprises twenty-five thousand six hundred eight (25,608) square feet and is owned in fee simple by Authority. The exact location of the Premises is detailed in Exhibit A to this Agreement, which is attached hereto and incorporated herein by this reference.

3.2 **Authority's Right to Relocate Lessee.** Authority shall have the right to relocate Lessee to a Relocation Space (as defined herein). "Relocation Space" shall mean space of comparable quality and size to the Premises. In the event that Authority elects to relocate Lessee, Authority shall provide Lessee with prior written notice of such election ("Relocation Notice"), which shall describe the Relocation Space.

3.2.1 Relocation Notice. Lessee shall have ten (10) days following the delivery of the Relocation Notice to accept in writing the Relocation Space. In the event that Lessee fails to so accept the Relocation Space within such ten-day period, this Agreement shall terminate sixty (60) days following the delivery of the Relocation Notice. Should Lessee accept the Relocation Space within such ten-day period, Lessee shall have sixty (60) days following the delivery by Authority to Lessee of the Relocation Notice to complete the move to the Relocation Space.

3.2.2 Terms Following Relocation. Upon Lessee's taking possession of the Relocation Space, such space (i) shall be deemed to be the "Premises" for purposes of this Agreement, (ii) shall be leased to Lessee at the same rental rate as set forth in this Lease, and (iii) shall be subject to each of the terms, covenants, and conditions contained herein. A revised Exhibit A shall become part of this Agreement describing the location of the new premises.

3.2.3 Relocation Expenses. In the event of relocation, Authority shall pay all reasonable expenses of preparing the Relocation Space. Authority shall also pay the expenses of moving Lessee's furniture and equipment to the Relocation Space.

3.2.4 Release and Waiver. Lessee hereby releases Authority from any and all losses, claims, injuries, damages, or other liability, including, but not limited to, consequential damages, whether to persons or property, no matter how caused, resulting from or in any way connected with or incidental to the relocation of the Premises pursuant to this Section 3.2. Lessee expressly waives any claim for abatement of rent, constructive eviction, or for termination of the Agreement as a result of such relocation.

3.3 Nature of Rights Granted. By this Agreement, Authority leases to Lessee the Premises for the narrow, limited, sole and specific purpose of providing housing and related services to homeless veterans of the United States Armed Forces, in strict accordance with this Agreement and the Management Plan. Lessee shall be permitted to provide housing and related services to one hundred nineteen (119) residents or the maximum number of residents permitted by applicable state or federal law, whichever is less. The interest, rights and privileges granted Lessee hereunder are subject to all exceptions, easements, rights, rights-of-way and other matters of record.

3.3.1 Assignment. Except as expressly provided for herein, the permission, rights and privileges granted hereunder are nontransferable. Lessee shall not, either voluntarily or by action of law, sublet, mortgage, pledge, assign or transfer this Agreement or any obligation, right, title or interest assumed by Lessee herein, without Authority's prior written consent, which may be given, withheld or conditioned in Authority's sole and absolute discretion. If Lessee attempts an unauthorized assignment or transfer of this Agreement or any obligation, right, interest, or title herein, such action or attempted action shall constitute an immediate and incurable default hereunder and Authority may, at its option, terminate this Agreement and Lessee's rights hereunder and in the Premises.

3.3.2 Management Plan. Within thirty (30) days following the Authority's approval of this Agreement as set forth in Section 1.2, Lessee shall prepare and submit to the Authority for its review and approval a detailed operations and management plan ("Management

Plan") setting forth a detailed description of Lessee's plans, policies and objectives and the residential housing, food service and other services described in this Agreement and in the Dining Sublease. Lessee and the Authority shall meet and confer as often as reasonably necessary during such thirty (30) day period to discuss the Management Plan and any changes required by Authority's staff. Without limiting the generality of the foregoing, the Management Plan shall include a detailed description of Lessee's plans for staffing, security and maintenance. The security element of the Management Plan shall be subject to the approval of the Riverside County Sheriff's Department.

Upon completion of the Management Plan, Lessee shall submit it to the Authority's governing board for its review and approval, which shall not be unreasonably withheld, conditioned or delayed. Authority may withhold its consent to the Management Plan if the Management Plan, in Authority's reasonable discretion, fails to adequately address security and staffing issues. Failure by Lessee to timely obtain the approval of the Management Plan by the Authority's governing board in accordance with this Section 3.3.2 shall constitute a failure of a condition precedent as set forth in Section 1.2 above.

The Management Plan, including its security element, shall be subject to review and modification by Authority, in its sole but reasonable discretion, at any time during the Term. Lessee shall strictly comply, at its sole cost and expense, with the Management Plan, including any revisions thereto.

**3.4 Lease Term.** The term of this Agreement shall commence on the Effective Date and shall terminate on October 31, 2013, unless earlier terminated as provided herein.

**3.5 Rent.** Lessee shall pay to Authority a monthly rental payment ("Rent") of Six Thousand Four Hundred Dollars (\$6,400). Rent shall be paid to the Authority in advance on the first day of each month at the address listed in 3.19 hereof.

**3.6 Protection, Maintenance and Professional Operation of Premises.**

**3.6.1 Protection, Duty to Notify.** Lessee for itself, its employees, officers, agents, invitees, customers, program operators, licensees, volunteers and contractors agrees to take all prudent action to protect the Premises from any damage or injury caused by the exercise of the rights granted under this Agreement. Lessee shall immediately notify the Authority of any damage or injury to the Premises or adjacent property, and without in any way limiting the obligations of Lessee under this Agreement, shall pay to the Authority upon demand all costs incurred by the Authority for the repair of such damage or injury.

**3.6.2 Maintenance and Operation.** The Premises are to be kept clean and orderly and must be maintained and operated in a safe and professional manner, as more specifically set forth in the Management Plan. In addition, the Authority reserves the right to exclude and prohibit any activities it deems within its reasonably exercised discretion to be inimical to the public health, safety and welfare. Lessee shall immediately cease such activities upon written notice from the Authority informing Lessee of those activities Authority has elected to prohibit. Failure to do so shall constitute a breach of this Agreement.

Lessee shall insure that neither it, nor its employees, officers, agents, invitees, customers, program operators, licensees, volunteers and contractors commit waste upon the Premises. Lessee's breach of the foregoing obligation shall constitute Lessee's default under this Agreement. In addition, Lessee shall insure that its employees, officers, agents, invitees, customers, program operators, licensees, volunteers and contractors comply with the Management Plan, and, further, that the foregoing do not commit any act upon the Premises which would constitute a public or private nuisance. Lessee's breach of the foregoing obligation shall constitute Lessee's default under this Agreement.

3.6.3 **Signage.** Upon obtaining Authority's written consent, Lessee shall have the right to place on the Premises, at locations selected by Lessee, any signs which are permitted by applicable zoning ordinances, the Entitlements, and Authority restrictions. Authority may refuse consent to any proposed signage that is in sole discretion of Authority, too large, deceptive, unattractive or otherwise inconsistent or inappropriate to Premises or use of neighboring properties. Lessee shall repair all damage to the Premises resulting from the removal of signs installed by Lessee.

### 3.7 Rights of Access.

3.7.1 **Lessee's Rights of Access.** So long as Lessee is not in default under any of the terms of this Agreement and the Agreement is in full force and effect, Lessee shall have and enjoy the right of ingress and egress in and to the Premises with a nonexclusive revocable license to the common areas of Authority's adjacent property, including parking areas.

### 3.7.2 Authority's Rights.

3.7.2.1 Authority and its employees, agents and contractors, shall have the right, but not the responsibility, to enter the Premises without notice for any and all purposes, including, but not limited to (i) enforcing the terms of this Agreement, (ii) maintaining and repairing the Premises, (iii) performing or allowing necessary inspections, and (iv) investigating complaints by users or neighbors of the Premises. When entering the Premises, Authority shall minimize the intrusion and avoid any unnecessary interference with Lessee's use and occupancy of the Premises.

3.7.2.2 Authority reserves the right to change the entrances, exits, traffic lanes, boundaries and locations in and around the Premises.

### 3.8 Utilities and Services.

3.8.1 **Utilities.** The Premises are metered separately for utilities. Lessee shall be responsible for all installation and connection fees, as well as all costs and charges assessed in connection with utility usage on the Premises. Lessee shall promptly pay any and all invoices for accrued charges and shall indemnify and protect Authority from and against any and all liability for such costs or charges.

3.8.2 **Telephone.** Lessee may, at its sole cost and expense install a separate line and establish a telephone services account. Lessee shall be responsible for any installation and connection fees, as well as costs and charges assessed in connection with telephone usage on the

Premises. Lessee shall promptly pay any and all invoices for accrued charges and shall indemnify and protect Authority from and against any and all liability for such costs or charges.

**3.9 Indemnification.** Lessee shall indemnify, defend and hold Authority and its officials, officers, employees, agents, volunteers, contractors and constituent agencies free and harmless from and against any and all losses, claims, damages, fees (including actual attorneys' fees and costs), injuries to persons or property (including wrongful death) to the extent arising out of or incident to Lessee's or its employees', agents', licensees', invitees', customers', consultants', volunteers', contractors' or program operators' acts, omissions or willful misconduct. This indemnification provision shall survive termination of this Agreement.

**3.10 Lessee's Insurance.** Lessee shall not engage in activity authorized by this Agreement until it has provided evidence satisfactory to the Authority that it has secured all insurance required under this Section.

**3.10.1 Liability Insurance.** Lessee shall, at its expense, procure and maintain for the Term insurance against claims for injuries to persons or damages to property that may arise from or in connection with the activities conducted by Lessee, its agents, representatives, licensees, program operators, volunteers and employees in an amount not less than Two Million Dollars (\$2,000,000) per occurrence. Such policies shall be endorsed to name the Authority, its officials, officers, employees, agents, representatives and volunteers as additional insureds.

Lessee shall maintain workers compensation and employer's liability insurance coverage in statutorily required amounts, with such policies endorsed to name the Authority, its officials, officers, employees, agents, representatives and volunteers as additional insureds.

**3.10.2 Casualty Insurance.** Lessee shall, at its expense, procure and maintain for the duration of this Agreement fire and property damage insurance insuring the Premises and the personal property, inventory, fixtures or improvements within the Premises.

**3.10.3 Acceptable Insurers.** All insurance policies maintained by Lessee pursuant to this Section 3.10 shall be written by insurance companies admitted to do business in the State of California and holding a then-current Best rating of B+XII. Such policy shall be occurrence, not claims made, based, and shall be primary and noncontributing within any insurance or self-insurance that the Authority may elect, but shall not be obligated, to maintain.

### **3.11 Damage, Destruction, Maintenance and Repair.**

**3.11.1 Damage and Destruction.** If the Premises, or any part thereof is so damaged by fire, casualty or structural defects that it cannot be used for Lessee's purposes, and provided further that such damage and/or destruction was not caused by Lessee's actions and/or negligence, Lessee shall have the right within ninety (90) days following the damage to elect by written notice to Authority to terminate this Agreement as of the date of such notice. In the event of minor damage to any part of the Premises, Lessee shall promptly repair such damage at the sole and exclusive cost of Lessee.

3.11.2 Maintenance and Repair. Lessee shall maintain the Premises in good repair, including, but not limited to, the heating, ventilation and cooling system, plumbing and electrical systems, exterior walls, windows, roof, sidewalks and other like portions of the Premises for the Term at Lessee's sole cost, expense, and liability.

3.12 Holding Over. In the event the Lessee holds over after the expiration of the Term, Authority may at its sole option: (i) allow Lessee to remain on the Premises as a month to month tenant subject to an upward adjustment of rent as determined by Authority, or (ii) Authority may commence an action in unlawful detainer to remove Lessee and all persons or entities claiming under or through Lessee from the Premises.

3.13 Termination. Lessee shall be in default of this Agreement if Lessee fails to cure any breach of its obligations under this Agreement or the Dining Sublease within ten (10) days following written notice of breach from Authority. Upon such default, the Authority may terminate this Agreement and Lessee shall, within thirty (30) days thereafter, vacate and surrender the Premises. Upon such surrender, Lessee shall return the Premises to Authority in a "broom-clean" condition and in substantially the same condition as of the Effective Date, reasonable wear and tear excepted.

3.14 Abandonment. The Lessee shall not vacate or abandon the Premises at any time during the Term without providing thirty (30) days prior written notice to Authority.

3.15 Waste and Nuisance. The Lessee shall not commit, or allow to be committed, any waste upon the Premises, or any public or private nuisance.

3.16 Condemnation. If any legally constituted authority condemns the Premises, thereby making the Premises unsuitable for leasing, this Agreement shall terminate when the public authority takes possession, and Authority and Lessee shall account for rental as of that date. All condemnation proceeds shall be the sole and exclusive property of Authority.

3.17 Compliance with Law. The Parties shall comply with all local, state and federal laws, rules and regulations pertaining to the use and maintenance of the Premises.

3.18 Entire Agreement/Modification. This Agreement contains the entire agreement of the parties with respect to the subject matter hereof, and supersedes all prior negotiations, understandings or agreements. The terms and conditions of this Agreement may be altered, modified or amended only by written agreement signed by both parties.

3.19 Notices. All notices to be given hereunder shall be in writing and may be made either by personal delivery or by registered or certified mail, postage prepaid, return receipt requested. Mailed notices shall be addressed to the parties at the addresses listed below, but each party may change the address by written notice in accordance with this paragraph. Notices delivered personally will be deemed communicated as of actual receipt, mailed notices will be deemed communicated as of two (2) business days after mailing.

Authority: March Joint Powers Authority  
23555 Meyer Drive  
Riverside, California 92518

Telephone: (951) 656-7000  
Facsimile: (951) 653-5558

With a copy to: Best Best & Krieger LLP  
3500 Porsche Way, Suite 200  
Ontario, California 91764  
Attn: March Joint Powers Authority Counsel  
Facsimile: (909) 944-1441

Lessee: United States Veterans Initiative  
800 West Sixth Street, Suite 1505  
Los Angeles, California 90017  
Telephone: (213) 542-2600  
Facsimile: (213) 542-5195

**3.20 Governing Law; Venue.** This Agreement shall be governed by the laws of the State of California. Any legal action or proceeding concerning this Agreement shall be filed and prosecuted in the appropriate California state court in the County of Riverside, California. Each Party hereto irrevocably consents to the personal jurisdiction of that court. Authority and Lessee each hereby expressly waives the benefit of any provision of federal or state law or judicial decision providing for the filing, removal, or change of venue to any other court or jurisdiction, including, without implied limitation, federal district court, due to any diversity of citizenship between the Authority and Lessee, due to the fact that the Authority is a party to such action or proceeding or due to the fact that a federal question or federal right is involved or alleged to be involved. Without limiting the generality of the foregoing, the Authority and Lessee specifically waive any rights provided to them pursuant to California Code of Civil Procedure Section 394. Lessee acknowledges that the provisions of this Section 3.20 are material consideration to the Authority for their entry into this Agreement, in that the Authority will avoid the potential cost, expense and inconvenience of litigating in a distant forum.

**3.21 Counterparts.** This Agreement may be executed in counterparts, each of which shall constitute an original.

**3.22 Successors.** The Parties do for themselves, their heirs, executors, administrators, successors, and assigns agree to the full performance of all the provisions contained in this Agreement.

**3.23 Attorneys Fees.** If either Party commences an action against the other Party, either legal, administrative or otherwise, arising out of or in connection with this Agreement, the prevailing Party in such action shall be entitled to have and recover from the losing Party actual attorneys' fees, fees of experts, and all other costs of such action.

**3.24 Authority to Enter Agreement.** Lessee has all requisite power and authority to conduct its business and to execute, deliver and perform this Agreement. The individuals who have signed this Agreement warrant that they have the legal power, right and authority to make this Agreement bind the Party on whose behalf they execute this Agreement.

IN WITNESS WHEREOF, each of the Parties has caused this Agreement to be executed  
on the day and year first above written.

[Signatures on following page]

3



SIGNATURE PAGE TO  
LEASE  
(U.S. VETS - BUILDING 976)

MARCH JOINT POWERS AUTHORITY  
a California joint powers public agency

UNITED STATES VETERANS  
INITIATIVE  
a California non-profit corporation

By: Lori M. Stone  
Lori M. Stone  
Its: Executive Director  
Dated: \_\_\_\_\_

By: [Signature]  
Ewight Radcliff  
Its: President and CEO  
Dated: 5/29/09

ATTEST:

ATTEST:

APPROVED AS TO LEGAL FORM  
FOR THE AUTHORITY:

BEST BEST & KRIEGER LLP

By: \_\_\_\_\_  
Michael Grant, Esq.

**EXHIBIT A TO  
LEASE  
(U.S. VETS - BUILDING 976)**

**Description of Premises**

RVRUSJWELCH000473

240

**MARCH JOINT POWERS AUTHORITY  
SECOND AMENDMENT TO LEASE  
AGREEMENT OF U.S. VETS BUILDING 976**

**1. PARTIES AND DATE.**

This Second Amendment to the Lease Agreement for the U.S. Vets Building 976 ("Second Amendment") is made and entered into this 15<sup>th</sup> day of September, 2010 by and between the March Joint Powers Authority ("Authority"), a California joint powers public agency, and United States Veterans Initiative ("Lessee"), a California limited liability company. Authority and Lessee are sometimes individually referred herein as "Party" or collectively as "Parties."

**2. RECITALS**

**2.1 Agreement.** Authority and Lessee entered into a Lease Agreement ("Agreement") to lease to Lessee a portion of the March AFB Property commonly referred to as Building 962, dated March 1, 2009 for reference purposes only, for purposes of providing temporary housing and related services for homeless veterans of the United States Armed Forces.

**2.2 Amendment Purpose.**

**2.2.1** Authority and Lessee now desire to amend the Agreement to incorporate a permanent housing as an authorized service under the Lease for Building 976.

**2.3 Amendment Authority.** This Second Amendment is authorized pursuant to Section 3.18 of the Agreement.

**3. TERMS**

**3.1 Section 2.3.** Section 2.3 shall be revised to read as follows: "Lessee desires to lease the property commonly referred to as Building 976, and more particularly described in Section 3.1 ("Premises"). Lessee (or its program operator) intends to provide temporary housing and permanent housing and related services for homeless veterans of the United States Armed Forces on the Premises."

**3.2 Continuing Effect of Agreement.** Except as amended by this Second Amendment, all provisions of the Agreement shall remain unchanged and in full force and effect. From and after the date of this Second Amendment, whenever the term "Agreement" appears in the Agreement, it shall mean the Agreement as amended by this Second Amendment.

**3.3 Adequate Consideration.** The Parties hereto irrevocably stipulate and agree that they have each received adequate and independent consideration for the performance of the obligations they have undertaken pursuant to this Second Amendment.

3.4 Counterparts. This Second Amendment may be executed in duplicate originals, each of which is deemed to be an original, but when taken together shall constitute but one and the same instrument.

**MARCH JOINT POWERS  
AUTHORITY,**  
a California joint powers agency

By: *Lori M. Stone*  
Lori M. Stone  
Executive Director

Dated: *September 16, 2010*

**UNITED STATES VETERANS  
INITIATIVE**  
a California non-profit corporation

By: *Stephen J. Peck*  
Stephen J. Peck  
President

Dated: *9-21-10*

Technical  
Submission

Project Number: CA0875B9D080900  
Project Identifier: CA-608  
Exhibit 4: Supportive Services  
(all new projects requesting service funds)

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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.

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Technical Submission  
Submission

Project Number: CA0875B9D080900  
Project Identifier: CA-608  
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, complete 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	\$10,600	\$30,900
Service Activity: Transportation (Bus Tokens) Quantity: 500/mo. @ \$2.00 ea.	12,000	12,360	12,731	37,091
SHP Request	17,600	18,128	18,672	54,400
<b>Total Supportive Services Costs</b>	<b>\$22,000</b>	<b>\$22,688</b>	<b>\$23,343</b>	<b>\$68,031</b>

**Chart 4A:**

Supportive Service Expense	Year 1 (a)	Year 2 (b)	Year 3 (c)	Total (d)
1. Service Activity: Case Management Quantity: 1.50 Case Manager @ \$38,000 per year and 20.47% benefits	64,870	64,871		129,741
2. Service Activity: Case Management Quantity: Life Skills Supplies	3,000	3,000		6,000
3. Service Activity: Case Management Quantity: Case Manager Supplies	3,755	3,756		7,511
4. Service Activity: Case Management Quantity: Cell phone for Case Manager	1,200	1,200		2,400
5. Service Activity: Case Management Quantity: Gas for CM to transport clients	2,640	2,640		5,280
9. SHP REQUEST*	75,465	75,467		150,932
10. Selectee's Match (Line 11 minus Line 9)	18,867	18,867		37,734
<b>11. Total Supportive Services Budget</b>	<b>94,332</b>	<b>94,334</b>		<b>188,666</b>

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

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Technical  
Submission

Project Number: CA0875B9D080900  
Project Identifier: CA-608  
Exhibit 4: Supportive Services  
(all new projects requesting service funds)

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**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.

**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

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        |



UNITED STATES VETERANS INITIATIVE  
"SERVING THOSE WHO SERVED"

**Permanent Housing Case Manager**

This position reports directly to the Lead Case Manager and Site Director. The Transitional Housing Case Manager is responsible for providing guidance to formerly homeless veterans to achieve their highest level of independence. Case Management is a collaborative process which assesses, plans, implements, coordinates, monitors, and evaluates the selection of services to optimally meet each individual homeless veterans needs.

**Responsibilities:**

- Assesses the appropriateness of veterans referred to the program. This assessment includes any problems, needs, or barriers identified in the following areas: Employment, Housing, Financial, Sobriety, Legal, Family/Social, and Medical/Psychiatric
- Facilitate intake process
- Collaborates with veterans to complete Benchmarks (goals and objectives) and an Individual Action Plan to plan for the veteran's goals and transition
- Assists veterans with transition to permanent or long-term housing
- Ensures all required documents are present, complete, signed by the veteran and case manager, and placed in the correct order in his/her file
- Meets with each veteran in caseload regularly to review progress and documents whenever outcomes of Benchmarks are achieved, reassessed, or ongoing and revises plan accordingly
- Completes discharge summaries documenting all progress toward Benchmarks, date of discharge, and disposition of the veteran
- Assists in quality management activities, data collection, and preparing reports
- Facilitates groups or classes, i.e., Substance Abuse Education, Group Process, Money Management, SILS, Transition, etc., in at least one of the Benchmark areas
- Help conduct random drug and alcohol screenings
- Maintain confidential and thorough client records
- Performs other duties as required

**Requirements:**

- Bachelors Degree in Social Service or related field preferred; experience can be substituted for education
- Strong oral and written communication skills
- Professional manner and appearance

United States Veterans Initiative, a 501(c)(3) non-profit corporation  
15105 8<sup>th</sup> Street, Riverside CA 92516  
Tel: (951) 656-6882 Fax: (951) 656-6880  
[www.usvetsinc.org](http://www.usvetsinc.org)



- Experience working with homeless and/or veterans a plus
- Ability to work independently and within a team
- Ability to take direction
- Ability to work effectively with diverse group of clients, staff, and community members

*United States Veterans Initiative is a non-profit organization whose mission is the successful transition of military veterans by providing housing, counseling, career development and comprehensive support.*

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February 28, 2011

Susan Larkin  
DPSS Homeless Programs Unit  
4060 County Circle Drive  
Riverside, CA 925003

Subject: United States Veterans Initiative  
Project Number CA0875B9D080900

The United States Veterans Initiative certifies that it will provide cash resources in the amount of \$18,867 from non SHP funding sources for year 1 of this grant term to be used to provide services to homeless persons under HUD's grant number CA0875B9D080900. These funds will be used to match supportive services. Funds will be available on the first day of operations.

Signature of authorized representative:

Name: Nicole Ward  
Title: Regional Operations Coordinator  
Date: February 28, 2011

Phone: 213.542.2600  
Fax: 213.542.5195  
800 West 6th Street  
Suite 1905  
Los Angeles, CA 90017  
www.usvetsinc.org

Tax ID# 95-4382752

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Technical  
Submission

Project Number: CA0875B9D080900  
Project Identifier: CA-608  
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:

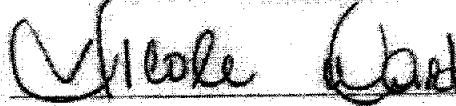
1. The name of the organization providing the cash resource;
2. The amount;
3. The type of activity for which the funds will be used (e.g., case management, child care, education);
4. The name of the project sponsor organization to which the cash will be contributed and/or the name of the project; and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

**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 United States Veterans Initiative (selectee organization) certifies that it will provide cash resources in the amount of \$18,867 from non-SHP funding sources for Year(s) 2 of this grant term to be used to provide services to homeless persons under HUD's grant number CA0875B9D080900.


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



Name (Print): Nicole Ward

Title: Regional Operations Coordinator

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



**Technical  
Submission**

**Project Number: CA0875B9D080900**  
**Project Identifier: CA-608**  
**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: \_\_\_\_\_  
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 3 FTE VSC salaries @ \$12 hr for 24 months & 20.47% benefits	\$90,209	\$90,208		\$180,417
3. Staff .50 FTE Program manager @ \$60,000 per year & 20.47% benefits salaries @ \$12 hr for 24 months & 20.47% benefits	\$34,515	\$34,515		\$69,030
4. Equipment (Computer/printer purchase for staff use; copy machine lease)	\$2,000	\$2,000		\$4,000
5. Supplies (Drug Testing Supplies @ \$8 per test, 25 tests per month)	\$2,400	\$2,400		\$4,800
6. Supplies (general office, \$293 month)	\$3,518	\$3,519		\$7,037
7. Insurance	\$1,414	\$1,414		\$2,828
8. Furnishings (25 units)	\$31,500	\$3,817		\$35,317
9. Food				
10. Other Operating Costs-Telephone	\$1,531	\$1,531		\$3,062
11. Other Operating Costs: mass feeding costs	\$54,750	\$54,750		\$109,500
12. SHP REQUEST**	\$221,837	\$194,154		\$415,991
13. Selectee's Match *** (Line 13 minus line 11)	\$73,946	\$64,718		\$138,664
14. Total Operating Budget	\$295,783	\$258,872		\$554,655

Technical  
Submission  
(cont.)

Project Number: CA0875B9D080900  
Project Identifier: CA-608  
Exhibit 5: Operations  
(all new projects requesting operating funds)

### 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.

### 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.

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        |



**UNITED STATES VETERANS INITIATIVE**  
"SERVING THOSE WHO SERVED"

**Veterans Service Coordinator**

This position reports directly to the Lead Veterans Service Coordinator. The Veterans Service Coordinator assists in the daily implementation of day to day basic residential services.

**Responsibilities:**

- Assists in the delivery of basic services (shelter, food, hygiene) to veteran served at the facility. Assist in the delivery/handling of client mail
- Helps organize and delivery daily client services and support functions
- Assists clients to maximize quality of living in the facility including assistance in both the move-in and move-out from the facility
- Ensures harmonious atmosphere at facility
- Responsible for preventing or de-escalating any verbal and physical altercations at facility including submitting written report to Lead Veterans Service Coordinator and Veterans Service Manager concerning these events.
- Responsible for implementing and take necessary action to ensure fluidity of services.
- Conveying needs to Lead Veterans Service Coordinator or Veterans Service Manager to maintain supply inventory of supplies and meals coordination
- Assist in the implementation UA testing to promote a sober environment.
- Responsible for implementation of all safety and emergency procedures
- Responsible for attending to all administration needs related to tracking all residential services provided at the facility
- Other duties as assigned by the Lead Veterans Service Coordinator.

**Qualifications:**

- Good communication and interpersonal skills.
- Ability to work collaboratively with residential staff
- Must promote client-centered philosophy and skilled in creating and implementing a sober environment
- Must be energetic, dedicated to the mission and flexible.
- Experience with client population or similar populations or other equivalent experience.
- Preference for military veterans with specific experience receiving homeless services and living in a shelter/shared living situation.

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15105 6<sup>th</sup> Street, Fiversite CA 92518  
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[www.usvetsinc.org](http://www.usvetsinc.org)



**UNITED STATES VETERANS INITIATIVE**  
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**Program Manager**

This position reports directly to the Site Director of the United States Veterans Initiative - Riverside. This position will provide direct leadership and management of client services operating within the site. In addition, it will work collaboratively with other Department Directors to provide fluidity and consistency in service delivery to homeless veterans. The Program Manager is the lead role in organizing and coordinating the day to day operations of veterans from point of entry into the Program. The Program Manager will also play a key role in establishing a Therapeutic Community throughout all phases of the program by creating and organizing community service areas and work stations as well as residential assistance services.

**Responsibilities:**

- Organize and coordinate community service areas and work station
- Implement structure for homeless veterans entering the program and providing direct services
- Supervise and manager Veterans Service Coordinator positions and Case Managers
- Provide support, one-one training and supervision to staff who provide direct services to homeless veterans
- Responsible for working in creating a Therapeutic Community for residents through crisis interventions
- Serve as a liaison between case managers and homeless veterans in the program
- Supervise and manage the Veteran Services Office personnel (VSC's)
- Responsible to implement and make necessary provisions to the fluidity of services offered at the VSO
- Responsible to coordinate daily van runs to community agencies such as DMV, Social Security Office, CBOC (VA Agencies), etc.
- The Program Manager will work collaboratively with the Site Director to ensure that operational needs are being met
- Program Manager will work collaboratively with Property to properly store donated items from the community and other property issues as they arise
- Responsible for room checks, General Inspections to ensure a safe and hazardless environment
- Responsible for overseeing and observing UA testing to ensure a sober and clean environment
- Other duties as assigned by the Site Director

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**UNITED STATES VETERANS INITIATIVE**  
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**Requirements:**

- Good communication and interpersonal skills
- Proven leader
- Must be efficient in client-centered philosophy and skilled in creating and implementing a Therapeutic Community
- Must be energetic, dedicated to the mission and flexible
- Must have at least two years of leadership experience in the non-profit industry

*United States Veterans Initiative is a non-profit organization whose mission is the successful reintegration of homeless veterans to their highest level of independence. We provide supportive services to homeless veterans throughout the country.*

Rev 10/10

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Technical  
Submission  
(cont.)

Project Number: CA0875B9D080900  
Project Identifier: CA-608  
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);
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.

**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 U.S. VETS-Riverside (selectee organization) certifies that it will provide cash resources in the amount of \$49,214 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: CA8759D080900.

Signature of authorized representative: Nicole Ward

Name (Print): Nicole Ward

Title: Regional Operations Coordinator

Date: 2/25/11



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Linda Miles-Collison

Adam Siegler

Matthew S. Thompson

April 27, 2011

Susan Larkin  
DPSS Homeless Programs Unit  
4060 County Circle Drive  
Riverside, CA 925003

Subject: United States Veterans Initiative  
Project Number CA0875B9D080900

The United States Veterans Initiative certifies that it will provide cash resources in the amount of \$73,946 from non SHP funding sources for year 1 of this grant term to be used to provide services to homeless persons under HUD's grant number CA0875B9D080900. These funds will be used to match operations. Funds will be available on the first day of operations.

Signature of authorized representative.

Name Nicole Ward  
Title Regional Operations Coordinator  
Date April 27, 2011

Phone: 213-542-2600  
Fax: 213-542-5105  
800 West 6th Street  
Suite 1505  
Los Angeles, CA 90017  
www.usvetsinc.org

Fax (LA) 95-4382752

**Technical  
Submission**

**Project Number: CA0875B9D080900**  
**Project Identifier: CA-608**  
**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 those 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 2009 Exhibit I 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- 1/10), 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

Project Number: CA0875B9D080900  
Project Identifier: CA-608\_  
Exhibit 6: HMIS Dedicated Projects  
(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 downloaded 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, indicate 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.



**"SERVING THOSE WHO SERVED"**

**HMIS Narrative**

**Equipment**

**Personal Computers and Printers**

- Cost of 1 computer, printer and shredder for administrative support staff responsible for HMIS data entry.

**Personnel**

**Administrative Support Staff**

- 1 FTE staff at \$32,600 per year and 20.47% benefits responsible for HMIS input, reporting, and program compliance.

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Technical  
Submission

Project Number: CA0875B9D080900  
 Project Identifier: CA-608  
 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	1,600	0	0	1,600
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	39,310	39,310		78,620
<b>Subtotal</b>	39,310	39,310		78,620
<b>HMIS Space and Operations</b>				
Space Costs				
Operational Costs				
<b>Subtotal</b>	40,910	39,310		80,220
<b>SHP Request*</b>	40,910	39,310		80,220
<b>Selectee's Match</b>	10,228	9,828		20,056
<b>Total HMIS Budget</b>	51,138	49,138		100,276

\*The SHP request cannot be more than 30% of the Total HMIS Budget.

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**UNITED STATES VETERANS INITIATIVE**  
"SERVING THOSE WHO SERVED"

**PROGRAM ASSISTANT - Office**

*Under the direction of the Operation Coordinator, the Office Assistant shall offer administrative support to the Operations Coordinator, i.e. the Administrative Team, through performance of the following tasks:*

**Responsibilities:**

- Provide new hire orientation and training for newly hired employees.
- Handle any and all personnel corrective action with staff.
- Program office management and maintenance including maintaining the client data base, personnel records, procurement of office supplies, communication systems, and various information systems
- Responsible for collecting, calculating and forwarding timesheets to the Corporate office in a timely manner
- Formulate and maintain various personnel documents including employee rosters, etc.
- Inform supervisors when staffs need initial and updated evaluations.
- Track inventory such as cell phones, laptops, air cards, etc. through monthly updates.
- Organizes, audits and maintains personnel files making sure that all policies and procedures are being followed.
- Post open positions, schedule interviews and perform follow-up correspondence.
- Update and maintain job descriptions and organization chart.
- Tracks employees who are promoted to different positions.
- Processes timesheets in a timely manner to ensure corporate receives them on time.
- Maintains medical and dental benefit information for staff.
- Distribute employee checks to all employees upon payday.
- Provide on-going updates of employees TB screenings.
- Assist in the purchasing and retrieving of necessary supplies and office equipment.
- Other duties as assigned.

**Requirements:**

- Effective communications skills
- Work well with diverse populations.
- Have knowledge of Microsoft Office software such as Word and Excel.
- Ability to work independently with minimal supervision.
- Good oral and written communication skills.
- Detail oriented with effective organization skills.

United States Veterans Initiative, a 501(c)(3) non-profit corporation  
15105 8<sup>th</sup> Street, Riverdale CA 92518  
Tel: (951) 856-8892 Fax: (951) 856-8890  
[www.usvetsinc.org](http://www.usvetsinc.org)





**UNITED STATES VETERANS INITIATIVE**  
"SERVING THOSE WHO SERVED"

- Familiarity with normal office equipment such as copiers, fax machines, computers, printers, shredders and phones.
- Preferred AA degree or 2 years experience as administrative assistant.

*United States Veterans Initiative is a non-profit organization whose mission is the successful reintegration of homeless veterans to their highest level of independence. We provide supportive services to homeless veterans throughout the country including the state of Hawaii, with offices based on the former Barber's Point Naval Air Station now known as Kaneohe.*

REV 01/09

United States Veterans Initiative, a 501(c)(3) non-profit corporation  
15105 6<sup>th</sup> Street, Riverside CA 92518  
Tel: (951) 656-8892 Fax: (951) 656-8690  
[www.usvetsinc.org](http://www.usvetsinc.org)

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Technical  
Submission

Project Number: CA0875B9D080900  
Project Identifier: CA-608  
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 United States Veterans Initiative (selectee organization) certifies that it will provide cash resources in the amount of \$9,828 from non-SHP funding sources for Year(s) 2 of this grant term to be used to provide services to homeless persons under HUD's grant number CA0875B9D080900.

Signature of authorized representative: Nicole Ward

Name (Print): Nicole Ward

Title: Regional Operations Coordinator

Date: 2/28/11



"SERVING THOSE WHO SERVED"

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Bruce McDonald

Linda Miles-Celistan

Robert J. Price

Adam Siegler

February 28, 2011

Susan Larkin  
DPSS Homeless Programs Unit  
4060 County Circle Drive  
Riverside, CA 92503

Subject: United States Veterans Initiative  
Project Number CA0875B9D080900

The United States Veterans Initiative certifies that it will provide cash resources in the amount of ~~\$10,228~~ from non SHP funding sources for year 1 of this grant term to be used to match HMIS services to homeless persons under HUD's grant number CA0875B9D080900. These funds will be used to match HMIS. Funds will be available on the first day of operations.

Signature of authorized representative:

Name Nicole Ward  
Title Regional Operations Coordinator  
Date February 28, 2011

Phone: 213.542.2600  
Fax: 213.542.5105  
800 West 6th Street  
Suite 1505  
Los Angeles, CA 90017  
www.usvetsinc.org

Tax ID# 95-4382752

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**Technical  
Submission**

**Project Number: CA0875B9D080900**  
**Project Identifier: CA-608**  
**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:** \_\_\_\_\_  
**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: Claims, monitoring, reporting, auditing, accounting for use of grant funds	\$16,541	\$16,540		
2. Administrative Activity:				
3. Administrative Activity:				
4. Administrative Activity:				
5. Administrative Activity:				
6. <b>SHP REQUEST FOR ADMINISTRATIVE COSTS</b>	\$19,598	\$18,134		
7. Amount for Selectee	\$9,799	\$9,067		
8. Amount for Project Sponsor	\$9,799	\$9,067		

**B. 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.

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**Technical  
Submission**

**Project Number: CA0875B9D080900**

**Project Identifier: CA-608**

**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, located at: <http://www.hudhre.info/documents/FY2009CoCNOFA.pdf>, project leveraging includes other resources: 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.

**FlanaganWest.com**  
Homeless Veterans Outreach

*The Few. The Proud. The Homeless.*

November 18, 2009

Gina Vaughn-Mays  
Site Director  
U.S. Veterans Initiative, Riverside  
15105 Sixth Street  
Moreno Valley, CA 92518

*Re: In Kind Services*

Dear Mrs. Vaughn-Mays:

Flanagan West, Inc. has worked for many years with our area's homeless veterans and with initiatives serving that population. Accordingly, we continue to support the good work being done by the U.S. Vets at their service center adjacent to the March ARB. Since the inception of that facility, Inland Empire homeless veterans have received stabilization, education and training, claim assistance referral benefits a substance abuse program and a permanently disables housing program unavailable elsewhere in this area. Through partnerships with agencies such as the Loma Linda VA Medical Center, the Riverside County Economic Development Agency and Department of Public Social Services and my department, US Vets is definitely filling an Inland Empire service gap.

I pledge to continue to support the service center with janitorial services for US Vets's facility, transportation services for the veterans, food distribution, and Rapid Transit Authority tickets for the veterans. I estimate the monetary value of such services to total approximately \$125,000 per year to total \$250,000 over a 2-year grant cycle.

Please feel free to contact me should you have any questions,

  
Edward M. Summers  
Chief Executive Officer

FLANAGAN WEST, INC.  
14934 BLUEBERRY RD.  
MORENO VALLEY, CA 92553  
TEL: 951.924.1738

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**SER-JOBS FOR PROGRESS, INC.**  
Cultivating America's Greatest Resource: People®

---

November 18, 2008

U.S. VETS Riverside  
March Air Force Base  
15105 Sixth Street  
Moreno Valley, CA 92518

Dear Ms. Vaughn,

SER Jobs For Progress, Inc. proposes to enter a partnership with U.S. VETS and will provide case managers, participant payroll, job counseling and job placement.

The allocated budget is \$200,000.00 annually over the next three years. This agreement with the U.S. VETS became effective March 03, 2007.

Thank you in advance for your valuable assistance and cooperation.

Sincerely,

Henry Gutierrez  
Assistant SER Project Coordinator





**UNITED STATES VETERANS INITIATIVE**  
"SERVING THOSE WHO SERVED"

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November 18, 2009

Riverside County Homeless Services Unit

RE: 2009 Supernova

United States Veterans Initiative-Riverside commits to make available \$270,000.00 over the next two years from rents towards leveraging. These funds will be available at the beginning of the grant term if awarded.

We are looking forward to our continued partnership, where we are able to provide this valuable service to the veterans in the Inland Empire. If you are in need of additional information please feel free to contact me.

Sincerely,

  
Gina Vaughn Mays  
Riverside Director



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- Steve Stessel
- Dr. Stuart
- Edward Walsh

November 18, 2009

Gina Vaughn-Mays, Director of Programs  
United States Veterans Initiative  
15105 Sixth Street  
Moreno Valley, CA 92518

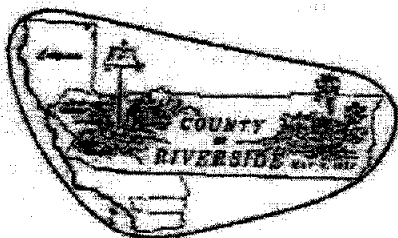
Dear Ms. Vaughn-Mays:

This letter confirms the Riverside County Workforce Investment Board's (WIB) support of the United States Veterans Initiative, Inc. HUD application for March Air Reserve Base, Moreno Valley, California. The WIB and the Workforce Development Centers commit to joining the United States Veterans Initiative, Inc. in a partnership to serve homeless veterans located at March Air Reserve Base, California.

The Workforce Development Centers plan to serve approximately 236 veterans with a variety of core services such as skill assessments, career counseling, and job readiness workshops. The estimated value of these services is \$175,000 during each of the two years of program operations. If eligible, Veterans and their spouses may be qualified for intensive services such as job search assistance and training options. The WIB looks forward to this partnership in order to develop and implement innovative workforce development programs that enhance the quality of life for residents of Riverside County.

Sincerely,

Felicia Flournoy  
Director, Riverside County Workforce Investment Board



COUNTY OF RIVERSIDE  
 DEPARTMENT OF VETERANS' SERVICES  
 WILLIAM J. EARL, DIRECTOR

MAIN OFFICE  
 1155A SPRUCE STREET  
 RIVERSIDE, CALIFORNIA 92507-5403  
 TELEPHONE: (951) 955-6861  
 FAX: (951) 955-6861  
 TTY: (951) 955-6861  
 TOLL FREE: 1-800-481-2101

BRANCH OFFICE  
 1076 N. STATE STREET  
 HEMET, CA 92343  
 TELEPHONE: (951) 766-1554  
 FAX: (951) 766-1557  
 TTY: (951) 955-6899  
 TOLL FREE: 1-800-481-2101

BRANCH OFFICE  
 44 1/2 N. MONROE STREET  
 INDIO, CA 92201  
 TELEPHONE: (760) 769-0244  
 FAX: (760) 863-8474  
 TTY: (951) 955-6899  
 TOLL FREE: 1-800-481-2101

To: Gina Vaughn  
 Program Director  
 U.S. VETS - Riverside

From:   
 William J. Earl

Date: November 18, 2009

Subject: Support for Application of Riverside Permanent Housing By U.S.  
 Veterans Initiative

The Riverside County Department of Veterans' Services has worked for many years with our area's homeless veterans and with initiatives serving that population. Most recently, we coordinated a Homeless Veterans' Care Faire and I continue to sit on the City of Riverside's Homeless Task Force and the county's Emergency Food and Shelter Committee. Accordingly, we continue to support the good work being done by the US Vets at their service center adjacent to the March ARB. Since the inception of that facility, Inland Empire homeless veterans have received stabilization, education and training, claim assistance referral benefits a substance abuse program and a permanently disabled housing program unavailable else where in this area. Through partnerships with agencies such as the Loma Linda VA Medical Center, the Riverside County Economic Development Agency and Department of Public Social Services, and my department, US Vets is definitely filling an Inland Empire service gap.

I pledge to continue to support the service center with veterans' benefit counseling and claims assistance services, to be supplied on-site on an as-needed basis by our staff Senior Veterans' Representative. I estimate the monetary value of such service to total approximately \$10,000 per year, to total \$30,000 over a 3-year grant cycle.

Please contact me if you have any questions.

WJE:eyg

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### Determination of Categorical Exclusion (not subject to 58.5)

Determination of activities per 24 CFR 58.35(b)  
May be subject to provisions of Sec 58.6, as applicable

Project Name: OTAC STATE WELFARE SERVICES - Community Development  
 Project Description: Supportive Housing Program (SHP) Transitional Housing Project - The project proposes 11 new transitional beds. The program will provide an intensive transitional housing program to move homeless veterans into employment and residential stability.  
 Address: 15105 6<sup>th</sup> Street, Moreno Valley CA 92518  
 Funding Source: CDBG HOME ESG HOPWA EDI Other SHP  
 Funding Amount: \$792,393  
 Grant Number: GA0875B9C080900

I hereby certify that the abovementioned project has been reviewed and determined to be a Categorical Excluded activity (not subject to 58.5) per 24 CFR 58.35(b) as follows:

	1. Tenant-based rental assistance;
X	2. Supportive services including, but not limited to, health care, housing services, permanent housing placement, day care, nutritional services, short-term payments for rent/mortgage/utility costs, and assistance in gaining access to local, State, and Federal government benefits and services;
X	3. Operating costs including maintenance, security, operation, utilities, furnishings, equipment, supplies, staff training and recruitment and other incidental costs;
	4. Economic development activities, including but not limited to, equipment purchase, inventory financing, interest subsidy, operating expenses and similar costs not associated with construction or expansion of existing operations;
	5. Activities to assist homebuyers to purchase existing dwelling units or dwelling units under construction, including closing costs and down payment assistance, interest buydowns, and similar activities that result in the transfer of title;
	6. Affordable housing pre-development costs including legal, consulting, developer and other costs related to obtaining site options, project financing, administrative costs and fees for loan commitments, zoning approvals, and other related activities which do not have a physical impact;
	7. Approval of supplemental assistance (including insurance or guarantee) to a project previously approved under this part, if the approval is made by the same responsible entity that conducted the environmental review on the original project and re-evaluation of the environmental findings is not required under Sec. 58.47.

If your project falls into any of the above categories, you do not have to submit a Request for Release of Funds (RROF), and no further approval from HUD is needed for the draw-down of funds. However, the Responsible Entity must still document in writing its compliance with and/or applicability of "other requirements" per 24CFR58.6 (included with this document).

By signing below the Responsible Entity certifies in writing that each activity or project is Categorical Excluded (not subject to 58.5) and meets the conditions specified for such determination per section 24 CFR 58.35(b). Please keep a copy of this determination in your project files.

Susan Larkin, Program Specialist II, Riverside County Department of Public Social Services  
Responsible Entity Certifying Official Name & Title (please print)

Responsible Entity Certifying Official Signature

2/10/11  
Date



**Compliance Documentation Checklist  
(Categorical Exclusion (not subject to 58.5))  
24 CFR 58.6**

**PROJECT NAME / DESCRIPTION:** United States Veterans Initiative Veterans in Distress Program (VSDP) Housing Program, SoFi Transitional Housing Project. The project proposes to provide transitional housing and support will provide an intensive transitional housing program to move homeless veterans into employment and residential stability.

**Level of Environmental Review Determination:** Categorically Excluded not subject to statutes per § 58.35(b)  
(Select One: Exempt per 24 CFR 58.34, or Categorically Excluded not subject to statutes per § 58.35(b), or Categorically Excluded subject to statutes per § 58.35(a), or Environmental Assessment per § 58.36, or EIS per 40 CFR 1500)

**STATUTES and REGULATIONS listed at 24 CFR 58.6**

**FLOOD DISASTER PROTECTION ACT**

1. Does the project involve acquisition, construction or rehabilitation of structures located in a FEMA-identified Special Flood Hazard?

No; Cite Source Document (please include FEMA map number as applicable):  
This project does not involve acquisition, construction or rehabilitation of structures.

Yes; Source Document: \_\_\_\_\_

2. Is the community participating in the National Insurance Program (or has less than one year passed since FEMA notification of Special Flood Hazards)?

Yes (Flood Insurance under the National Flood Insurance Program must be obtained and maintained for the economic life of the project, in the amount of the total project cost. A copy of the flood insurance policy declaration must be kept on file).

No (Federal assistance may not be used in the Special Flood Hazards Area).

**COASTAL BARRIERS RESOURCES ACT**

1. Is the project located in a coastal barrier resource area?

No; Cite Source Documentation: There are no Coastal Barriers in the State of California  
(This element is completed).

Yes - Federal assistance may not be used in such an area.

**AIRPORT RUNWAY CLEAR ZONES AND CLEAR ZONES DISCLOSURES**

1. Does the project involve the sale or acquisition of existing property within a Civil Airport's Runway Clear Zone or a Military Installation's Clear Zone?

No; Source Documentation: \_\_\_\_\_

This project does not involve the sale or acquisition of existing property.

Project complies with 24 CFR 58.500(a)(3).

Yes; Disclosure statement must be provided to buyer and a copy of the signed disclosure must be maintained in this Environmental Review Record.

Prepared by (name and title, please print):

Susan Larkin, Program Specialist II, Riverside County DPSS

Signature: \_\_\_\_\_

Date:

2/10/11



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
- Low Cost
- Sliding Fee
- Donation
- Vary
- Other \_\_\_\_\_

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?

\_\_\_\_\_

\_\_\_\_\_

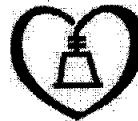
\_\_\_\_\_

\_\_\_\_\_

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



**COUNTY OF RIVERSIDE  
DEPARTMENT OF PUBLIC SOCIAL SERVICES (DPSS)  
HOMELESS PROGRAMS**

**CONTRACT ACCOUNTING AND ADMINISTRATIVE HANDBOOK  
FOR HUD FUNDED  
SUPPORTIVE HOUSING PROGRAMS**

**A GUIDE FOR  
DPSS HUD PROJECT SPONSORS**

*Revised September 8, 2006*

## CONTRACT ACCOUNTING AND ADMINISTRATIVE HANDBOOK

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## Introduction

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### **Purpose**

This handbook provides project administration guidelines and financial reporting requirements for Project Sponsors under contract with Riverside County Department of Public Social Services to operate Housing and Urban Development grant-funded homeless assistance programs. These programs include, but are not limited to, Supportive Housing, Shelter Plus Care, and Section 8 Moderate Rehab, which are all included in HUD Super Notice of Funding Availability (NOFA) Application Process. This handbook does not supersede any law, regulation, or policy issued by the U.S. Government or the Department of Housing and Urban Development with regard to these programs. You will find some of these requirements as issued by the U.S. Government in the Appendices of this handbook.

### **Background**

Assistance to homeless individuals was authorized by the McKinney-Vento Homeless Assistance Act of 1987 as amended by the Housing and Community Development Act of 1992, approved October 28, 1992. The Act established numerous programs to promote the development of housing and supportive services to assist homeless persons in the transition from streets and shelters to permanent housing and to achieve maximum self-sufficiency.

Additionally, the 2001 HUD Appropriations Act added Homeless Management Information System (HMIS) as a new eligible activity. The Act permits HUD to make "a grant for the costs of implementing and operating HMIS for the purposes of collecting unduplicated counts of homeless people and analyzing patterns of use of assistance funded under this Act. Project Sponsors will participate in HMIS when it is available. DPSS will establish separate HMIS Agreements with HUD Project Sponsors and other homeless service providers.

HUD believes the best approach for alleviating homelessness is through a community-based process that provides a comprehensive response to the different needs of homeless individuals and families. To this end, HUD has developed a concept to enable communities to shape a comprehensive and coordinated housing and service delivery system called a Continuum of Care. HUD incorporated the basic tenets of Continuum of Care in the distribution of its homeless assistance funding beginning in 1994. Since that time, many communities have developed partnerships and continued to develop local Continuum of Care systems.

DPSS, a HUD Grantee, has partnered with your organization through a contract to bring homeless housing and services to help alleviate all homeless sub-populations within Riverside County.

## DPSS Contacts

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<b>Program Questions</b>	<b>Homeless Programs Unit</b>	
	Homeless Programs Analyst	951-358-5638
<b>Contract Questions</b>	<b>Contracts Unit</b>	
	Contracts Analyst	951-358-3293

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<b>Fiscal Questions</b>	<b>DPSS MRU (Management Reporting Unit)</b>	
	Cindy Hoback	951-358-6656
	Irene Garay	951-358-7758
	Lan Bishop	951-358-6548

## HUD Regulations and Reference Materials

Project Sponsors may view, download, or print HUD regulations by visiting the following Web Site: <http://www.hud.gov/offices/cpd/homeless/library>.

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## Accounting System

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### Standards and Controls

The Sponsor will need to demonstrate accountability and proper stewardship of the funds entrusted to you to provide services. The Sponsor's financial system must comply with:

- Generally Accepted Accounting Principles (GAAP)
- Industry standards
- Specific standards and requirements by grantors and investors

The Sponsor must :

- implement internal financial controls
- provide adequate reporting by staff and Board members
- provide independent audit reports to the public (as applicable)

## Billing Claims

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### Submitting Claims

After setting up your accounting system, implement a method by which you can receive reimbursement for your expenditures. Ensure that what you are claiming meets the requirements of the regulations. It is important that you retain a copy of the regulations provided to you when you originally applied for your grant. Although regulations may change during the course of your grant, the regulations that were in effect at the time your grant was approved will usually apply until your grant expires or is renewed.

### Claim Form

Expense claims should be submitted no later than 30 days after the end of the month in which services were provided on the ***DPSS 3106 HUD Programs Claim Form, Appendix 1*** with the required supporting documentation.

### Reimbursements

Expense reimbursements should be itemized on the claim form to the extent that a line item number identifies them.

- Example: Any costs identified as Supportive Services should be totaled and entered on line item 1050.

### Reimbursement Time Frame

Generally, reimbursement payments (warrants) are sent to you within thirty (30) days after receipt of your claim unless your claim(s) contains errors. If your claim(s) contains errors, someone will contact you. We will send you back a letter indicating the differences. Please make the corrections within thirty (30) days. However, we ask that you return corrections to DPSS as soon as possible to expedite payment.

### Reimbursement Delays

The most common cause for a delay in reimbursement is lack of clarity in the documentation submitted with the Claim Form. If we need to contact you because your claim is not clear, there will be a delay in your reimbursement. Please contact the fiscal staff member assigned to your grant if you have any questions about how to assure clarity

in your completion of the Claim Form and supporting documentation.

### **Cash Match**

You are required to document the cash match required by HUD (20 % of the total budget for Supportive Services, 25% of the total budget for Operations, and dollar for dollar match for construction, acquisition, or rehabilitation. However, the Sponsor's match commitments, if higher than the minimum required, indicated in the Technical Submission will be binding and must be documented as well.

#### **Supportive Housing Program Only**

Cash match documentation may be submitted with monthly billing claims, however, documentation must be submitted to DPSS 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:

- Project Sponsor
- Federal Government
- State and local government (subject to maintenance of effort requirements)
- Private resources

### **Ineligible Match**

Non-cash resources such as in-kind contributions of goods or services cannot be used to fulfill matching fund requirements.

#### **Supportive Services Match (Shelter Plus Care Only)**

The applicant must match the aggregate amount of Shelter Plus Care rental assistance with an equal amount of supportive services. The documentation requirement for Supportive Services match is the same as for any expense that is part of the project.

- The match is overall, not year-by-year.
- The match is not component-by-component, but overall.
- Each participant need not receive the same amount of services as rental assistance.
- Costs that already have been reimbursed by the grant may not be used as match.

### **Supporting Documentation**

The general rule for supporting documentation is that for any program cost that is to be reimbursed (or used as match), provide the invoice which documents that a cost was incurred, and a receipt, or a copy of a check, or a check stub to substantiate the amount paid. Supporting documentation must be **legible, clear, and organized**. DPSS must be able to tie your request to the amounts claimed after each line item on the Claim Form. Costs can only be reimbursed if they have been included in the Technical Submission.

- Documentation for like line items should be clipped together and identified with a summary sheet or label identifying the Line Item Number or the Activity as listed on the Claim Form.

**Examples of  
Supporting  
Documentation**

- A spreadsheet itemizing the expenses, or at a minimum, an adding machine tape showing the expenses with a matching amount on the claim form is helpful. The clearer the information is that you provide, the quicker we will be able to process the claim.

Utility Cost:

- The Invoice is the utility bill.
- Proof of payment is a check, or a receipt from the utility company.

Salaries:

- The Invoice is the time sheet/card signed by the employee and the supervisor, and a record of employee activities (**Sample Activity Sheet, Appendix 2**) that documents the hours attributed to the grant. HUD has informed us that a straight percentage of time allocated is not acceptable documentation of salary charged to the grant.
- Proof of payment is the payroll register, or copies of the employee's pay check.

Employee Benefits:

- The Invoice is the premium notice from the health, dental, vision, or workers' compensation insurance company that documents the coverage period for the employees.
- Proof of payment is the check, or if paid in cash, a copy of the receipt.

Groceries:

- The Invoice is the receipt.
- Proof of payment is a copy of the check.

For receipts containing both grant and non-grant items, subtract all items not covered by the grant and the sales tax associated with those items. Groceries that are not consumed by residents in the facility are generally covered under Supportive Services. However, sometimes staff will pick up items at the grocery store that should be funded through Operations. If non-grocery items are purchased note which line item the items(s) are to be charged.



**Indirect Costs**

DPSS, with HUD's approval, has elected to allow Direct Costs only. If your current contract with DPSS includes an allowance for Indirect Costs, it will be allowed until the end of the term of your organization's contract if:

- DPSS has been provided a copy of the approval of the cognizant agency for the indirect cost allocation, which meets the requirements under OMB Circular A-122.
- The items in the allocation are approved line items in the most recent Technical Submission.

**Identifying Line Items**

Most of the line items are self-descriptive, but sometimes it is difficult to figure out where to claim an expense. Here are some explanations of the line items that usually cause the greatest difficulty. If after you have checked the **Desk Guide, Appendix 3** and still have questions about a line item that does not appear here, please call Fiscal or the DPSS Homeless Program Unit.

**1030 Operating Cost**

Operating costs are those costs associated with the day-to-day operation of supportive housing and for which a cash payment is needed. Operating costs differ from supportive service costs in that operating costs support the function and the operation of the project. They do not support the operation of organization except as related to the HUD-funded project. Examples are:

- Utilities
- Repairs (Repairs covered in the lease are not reimbursable)
- Maintenance
- Furnishings
- Fuel for transporting participants
- Salaries for staff not delivering services, such as a project manager or executive director.

**1050 Supportive Services Costs**

Supportive Services costs are those cost associated with providing direct services to the client, which include, but are not limited to the following:

- Childcare
- Salaries of employees providing direct services to clients
- Employment assistance and counseling
- Outpatient health services
- Case management
- Food
- Housing
- Placement assistance
- Nutritional counseling
- Assistance in applying for and securing benefits
- Transportation associated with the delivery of supportive services

Examples: Money for bus tokens to go to mental health counseling or the purchase of a van to transport homeless children to daycare.

It is the policy of Riverside County that tobacco and alcohol products will not be a covered expense.

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## Record Keeping

**Files** Following are recommended files that your organization should keep to facilitate HUD project monitoring and to help meet OMB Circular requirements.

**Monitoring File**

- Copies of monitoring correspondence
- Related correspondence from DPSS
- Annual Progress Reports
- Semi-annual Reports (if applicable)
- Monitoring concerns, findings, and responses
- Evidence of corrective action

**Financial File**

- Requests for advances or reimbursement
- Copies of audited financial statements
- Requests vouchers for homeless grant payments
- Line item budgets
- Certified cost allocation plan (if applicable)

**Rehabilitation,  
New  
Construction,  
Acquisition File  
(if applicable)**

- Rehabilitation contract
- Plans and specifications
- Development plans
- Work write-ups
- Cost estimates
- Competitive bids
- Environmental report

**Maintenance  
File**

- Any property inspection reports, i.e., fire inspections, code enforcement
- Related documentation
- Correspondence regarding follow-up to any local, federal, or station inspection.

**Resident/Client/  
Tenant File**

(Note: This information must be completed for **each** program client enrolled in a HUD homeless program).

- Application for program participation
- Beneficiary data
- Initial assessment/case history
- Service plan
- Residential rent computation, if applicable
- Reassessment(s)
- Program changes/date of release from program (including initial location or address)
- Date of release from program (including initial location or address)
- Documentation of termination or appeals
- Follow-up documentation on program residents (to determined program success)

**Program  
Procedure File**

Program regulations  
Program guidance and procedures  
Resident intake and discharge procedures  
Procedures for resident rent calculation  
Procedures relative to resident supervision  
Procurement procedures  
Other information and directives received from DPSS

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## Homeless Certification Criteria

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**Homeless  
Certification  
Requirements**

One of the requirements for funding under the Supportive Housing, Shelter Plus Care, and Section 8 Moderate Rehab program is that recipients of housing services, transitional or permanent, must be homeless. For the purposes of the three programs addressed in this handbook, a person is considered homeless only when he or she resides in one of the places described below:

1. Places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings;
  - Supportive services only projects provide services such as outreach, food, health care, clothing to persons who reside on the streets. In most cases, it is not feasible to require the homeless persons to document that they reside on the street. It is sufficient for the project sponsor's staff to certify that the persons served, indeed, reside on the street. The outreach or service worker should sign and date a general certification verifying that services are going to homeless persons and indicating where the persons reside.
  - The project sponsor should obtain information to indicate that a participant is coming from the street. This may include names of other organizations or outreach workers who have assisted them in the recent past who might provide documentation.
  - If you are unable to verify that the person is coming from residing on the street, have the participant prepare or you prepare a written statement about the participant's previous living place and have the participant sign the statement and date it. ***Merely obtaining a self-certification is not adequate.***
  - If the participant was referred by an outreach worker or social service agency, you must obtain written verification from the referring organization regarding where the person has been residing. This verification should be on agency letterhead, signed, and dated.

2. An emergency shelter;
  - The project sponsor should have written verification from the emergency shelter staff that the participant has been residing at the emergency shelter for homeless persons. The verification should be on agency letterhead, signed and dated.
3. Transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters;
  - The project sponsor should have written verification from the transitional housing facility staff that the participant has been residing in the transitional housing. The verification should be on agency letterhead, signed and dated.
  - **Additionally**, the project sponsor should have written verification that the participant was living on the streets or in an emergency shelter prior to living in the transitional facility or was discharged from an institution or evicted prior to living in the transitional housing facility and would have been homeless if not for the transitional housing.
4. Any of the above places, but is spending a short time (up to 30 consecutive days) in a hospital or other institution;
  - The project sponsor should have written verification from the institution's staff that the participant has been residing in the institution for 30 days or less. The verification should be signed and dated.
  - **Additionally**, the project sponsor should have written verification that the participant was residing on the street or in an emergency shelter prior to the short-term stay in the institution.
5. Within 1 week of being evicted from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing;
  - The project sponsor must have evidence of the formal eviction proceedings indicating that the participant is being evicted within the week before receiving SHP assistance.
  - If a person's family is evicting him or her, a statement describing the reason for eviction should be signed by the family member and dated. In other cases where there is no formal eviction process, persons are considered evicted when they are forced out of the dwelling unit by circumstances beyond their control. In those instances, the project sponsor must obtain a signed and dated statement from the participant describing the situation. The project sponsor must make efforts to confirm that these circumstances are true and have written verification describing the efforts and attesting to their validity. The verification should be signed and dated.

- The project sponsor must also have information on the income of the participant and what efforts were made to obtain housing and why, without the SHP assistance, the participant would be living on the street or in an emergency shelter.
6. Within a week from being discharged from an institution, such as a mental health or substance abuse treatment facility or a jail/prison, in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and he or she lacks the resources and support networks needed to obtain housing.
- The project sponsor must have evidence from the institution's staff that the participant is being discharged within the week before receiving SHP assistance. The project sponsor must also have information on the income of the participant and what efforts were made to obtain housing and why, without the SHP assistance, the participant would be living on the street or in an emergency shelter.
7. If fleeing a domestic violence housing situation and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.
- The project sponsor must have written verification from the participant that he/she is fleeing a domestic violence situation. If the participant is unable to prepare the verification, prepare a written statement about the participant's previous living situation and have the participant sign the statement and date it.

**Chronically Homelessness Certification**

HUD has established a category of "chronically homeless," which is defined as "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years." ***To be chronically homeless a person must have been on the streets or in an emergency shelter (i.e., not transitional housing) during these stays.*** Project Sponsors are required to track chronically homeless individuals and enter the number of participants in the Annual Progress Report (APR).

**Homeless Certification Requirements for Disability**

In addition to the requirement that clients be homeless, the Shelter Plus Care Program and the permanent housing component of the Supportive Housing Programs may only serve people who also have a disability. A disability may be physical or mental, including developmental, or an emotional impairment due solely to alcohol or drug abuse. Persons living with HIV/AIDS are considered disabled for the purposes of these programs. Persons who meet the above definitions of disability are eligible to participate in these programs as long as the disability:

- Is expected to be of long-continued and indefinite duration;
- Substantially impedes his or her ability to live independently; and
- Is of such a nature that the disability could be improved by more suitable housing

conditions.

Documentation of both the Homeless status and the Disability status are required. Acceptable documentation is as follows:

- Project sponsors are required to complete a **Homeless Status Documentation Worksheet, Appendix 4**, and return it with appropriate supporting documentation (see SHP Desk Guide) to the DPSS Homeless Programs Unit each month with your claims for every new client and/or family that receives Supportive Services or moves into a facility funded by the Supportive Housing, Shelter Plus Care, or Section 8 Moderate Rehab programs.
- Project sponsors must have written verification from a qualified source that the person has a disability

## Rental Assistance

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### Participant Rent Charges

Supportive Housing Program projects are not required to charge rent. However, if a local project receiving SHP funds decides to charge rent, specific federal guidelines apply.

### Rent Calculations

All Shelter Plus Care program recipients and Supportive Housing Program recipients who charge their participants rent must charge rent in accordance with Section 3(a) of the Housing Act of 1937. The **Resident Calculation Worksheet, Appendix 5** and the most current Housing Authority Utility Allowance must be used to determine the amount of rent that can be charged to program participants. Please refer to the Desk Guide for additional information.

### Participant Income Review

A regular review of participant income (at least annually) must be conducted for all residents being charged rent. If there is a change in family composition, or a decrease in resident income, the resident may request an interim review of income and the rent adjusted accordingly. Residents who receive an increase in income need not have their rent increased until the scheduled (annual) reexamination.

## Reporting

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- A. Reporting due dates are determined by a project's operating start date. Each year is funded separately, and funds cannot be automatically rolled over from one year to another. Additionally, funds may only be rolled over within the same multi-year grant contract; funds may not be rolled over from one contract to another. Sponsors must contact the DPSS Homeless Programs Unit if rollover from one year to another in multiple year grants is required. Please note that different programs have different operating start dates:

<b>Operating Start Date</b>	<ol style="list-style-type: none"> <li>1. Supportive Housing Program operating start date begins on the first of the month in which participants begin to receive services. Start dates begin after completion of acquisition, new construction, or rehabilitation activities. Please refer to the SHP Desk Guide.</li> <li>2. Shelter Plus Care Project Sponsor's contract "Agreement Term" date is the operating start date for the project. This date cannot precede the Grant Agreement date between the County of Riverside and HUD.</li> </ol>
<b>Annual Progress Report</b>	<p>B. All SHP, S+C, and SRO Sponsors are required to review their programs annually and report the outcomes to the DPSS Homeless Program. The standard format for this process is the <b>Annual Progress Report (APR), Appendix 6.</b></p> <ol style="list-style-type: none"> <li>1. Through the APR, Sponsors report on how their project has met its objectives for the following goals: <ol style="list-style-type: none"> <li>a. Increased residential stability;</li> <li>b. Increased skill level and/or income; and</li> <li>b. Greater self-determination</li> </ol> </li> <li>2. Specific performance measures for each of the three goals must be established based on the needs and characteristics of the homeless population to be served.</li> </ol>
<b>Semi-Annual Report</b>	<p>C. The Semi-Annual Statistical Report (SASR, also referred to as the Semi-annual Report) is no longer required by Project Sponsors unless requested in writing by DPSS. DPSS will provide appropriate forms if this report is requested.</p>

## Assessment and Monitoring

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- A. Riverside County is on record as the applicant and grantee for the HUD grant funds you receive. As such, the Riverside County DPSS is responsible for ensuring that the funds received by Project Sponsors are utilized according to federal law and policy, and that goals established in the Project Application, Technical Submission, and Contract are being met. To ensure that the County and Project Sponsors comply with HUD and all applicable policies, DPSS will conduct on-site program, financial, and contract compliance monitoring visits at least annually.
- B. DPSS requires Sponsors to submit supporting documentation related to fiscal claims prior to reimbursement. This requirement allows DPSS to validate the use of funds at the time of payment for nearly 100% of expenditures, thereby minimizing the need for corrective actions either as a result of monitoring or an annual audit.
- C. Reviews will be conducted, at least annually, by representatives from the Homeless Programs Unit (lead), the Sponsor's liaison from the Fiscal Unit, and the Contracts Administration Unit. The purpose of the monitoring visit is to assess how well the



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Sponsor is implementing its grant and/or to offer technical assistance in the following areas:

1. Documentation of homelessness
2. Contract compliance
3. Progress in achieving program goals
4. Client rent calculations
5. Documentation of services provided
6. Review of internal controls
7. Financial accounting
8. Reporting systems
9. Cash receipts
10. Expenditures of cash disbursements, and
11. HMIS implementation and documentation

- D. In preparation for the on-site monitoring visit, the monitoring team will contact the Sponsor to arrange a mutually convenient date for the visit, explain the purpose of the monitoring visit, and provide an advance copy of the monitoring tool.
- E. The County will follow a monitoring plan and conduct a Monitoring Visit Entrance Meeting and Exit Meeting. During the Entrance meeting, the monitoring team will meet Project Sponsor key personnel and provide an overview of the review process. At the Exit meeting, the County will review and comment on areas which might be a finding or a concern during the visit.
- F. DPSS will prepare Monitoring Report for the review not later than thirty (30) days after the visit. The Sponsor will be given, if appropriate, thirty (30) days to respond to the report, including a corrective action plan for review and approval by DPSS.
- Self-Monitoring Tools** G. The ***Supportive Housing Program Self-Monitoring Tools at Appendix 7*** are provided to assist your organization in maintaining or improving the effectiveness of its projects.

## Future Applications and Project Renewals

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If your organization wishes to renew its contract with Riverside County DPSS, you will need to apply through the HUD Super NOFA (Notice of Funding Availability) process during the final year of your active grant.

Your renewal application will be submitted as part of the County's Consolidated Application (unless there have been significant problems with your project). Problems that could prevent a program from being submitted for renewal, or receiving a low ranking score include, but are not limited to, failure to meet program goals, mismanagement of funds, or failure to serve the population targeted in the Technical Submission.

During the application process, all applications are evaluated and ranked by an established committee. The criteria for ranking projects is established annually based upon needs caused by gaps in the Continuum of Care. Renewal applications are generally ranked high in the evaluation process because failure to renew them would re-create gaps in service that the projects are intended to fill. However, if projects are not performing according to the commitments made in the Technical Submission or the contract with the County of Riverside, there may be justification on the part of the committee to lower the ranking.

The County, with the ranking committee's recommendation, reserves the right to reduce the length of time for which projects are funded. For example, the maximum length of time for a supportive housing program grant to be funded is three operating years. That may be reduced to one or two years to allow for the funding of other worthy projects.



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:  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.											
10.											
11.											
12.											
13.											
14.											
15.											
16.											
17.											
18.											
19.											
20.											

**CERTIFICATION**

I certify this is true and correct

X

\_\_\_\_\_  
SIGNATURE DATE

Page \_\_\_\_ of \_\_\_\_