

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

224



FROM: DEPARTMENT OF PUBLIC SOCIAL SERVICES

SUBMITTAL DATE:
September 27, 2011

**SUBJECT: REQUEST FOR SOLE SOURCE PROCUREMENT AND PROFESSIONAL SERVICE
CONTRACT WITH COACHELLA VALLEY RESCUE MISSION**

RECOMMENDED MOTION: That the Board of Supervisors ratify and:

1. Authorize the Chairman of the Board to sign the attached Professional Services Contract with Coachella Valley Rescue Mission (HO-02184) in the amount of \$104,809, for the period of August 17, 2011 through June 30, 2012, with two (2) one-year renewal options in the amount of \$129,698 per year, contingent upon funding availability;
2. Authorize the Purchasing Agent, in accordance with Ordinance No. 459, to sign amendments and exercise renewal options that do not change the substantive terms of the contract, including amendments to the compensation provision that do not exceed the maximum reimbursement amount of the contract; and
3. Authorize the Director of DPSS to administer the contracts with Coachella Valley Rescue Mission.

Susan Loew

Susan Loew, Director

(CONTINUED – 4 pages in total)

FINANCIAL DATA	Current F.Y. Total Cost:	\$104,809	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$104,809	Budget Adjustment:	No
	Annual Net County Cost:	\$129,698	For Fiscal Year:	2011-12

SOURCE OF FUNDS: 100% General County Funds	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION:

APPROVE

Debra Cournoyer
BY: Debra Cournoyer
Debra Cournoyer

County Executive Office Signature

Consent
 Policy
 Consent
 Policy

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

Prev. Agn. Ref.:

District: 4
 ATTACHMENTS FILED WITH THE CLERK OF THE BOARD
Agenda Number:

3.21

PURCHASING & FLEET SERVICES: Robert Howdyshell, Director
 FORM APPROVED COUNTY COUNSEL BY: [Signature] DATE: 2/11/11
 DEBRA R-MCKENNA
 Departmental Concurrence

TO: BOARD OF SUPERVISORS

DATE: September 27 2011

**SUBJECT: REQUEST FOR SOLE SOURCE PROCUREMENT AND
PROFESSIONAL SERVICE CONTRACT WITH COACHELLA
VALLEY RESCUE MISSION**

BACKGROUND:

DPSS developed and maintains an effective county-wide Continuum of Care for homeless persons in Riverside County by organizing and delivering supportive social services, including housing options, which meet the specific needs of homeless individuals and families, through contracts with local homeless shelter providers.

On August 16, 2011, the contract HO-02095 between DPSS and Coachella Valley Rescue Mission (CVRM), emergency shelter provider, termed.

Our experience has been that CVRM is the only agency that is prepared and interested in providing these services in District 4. As a result, prior to releasing a Request for Proposal (RFP) for emergency shelter services in the eastern and western regions of the County, DPSS conducted research as to potential shelter providers within the Continuum of Care to assess whether there would be any other agencies capable and interested in bidding for these services. We then issued a Request for Information (RFI) on County Purchasing's website to solicit feedback from the agencies about their interest in providing these services.

With regard to the eastern region, CVRM was the only respondent to the RFI and by our assessment is the provider in the eastern region that has the capacity to provide food, shelter, case management and supportive services to meet the current needs of the County. For this reason, the Director of DPSS requests that the Board approve the Request for Sole Source Procurement, and approve and execute the attached contracts between DPSS and Coachella Valley Rescue Mission.

CVRM is a community non-profit organization that under this contract will operate an emergency shelter to provide up to thirty-five (35) beds to men, women, and children who are homeless.

PRICE REASONABLENESS:

Purchasing released a Request for Information DPARC-238 on July 6, 2011, mailing solicitations to companies and advertising on the County's Internet. One response was received from Coachella Valley Rescue Mission, (CVRM).

From July 1, 2011 through August 16, 2011, CVRM provided services at the bed rate of \$15.13 and they are willing to continue providing homeless shelter services at \$15.13 per bed for thirty-five (35) beds, whether occupied or not, per day for a cost not to exceed \$129,698 annually.

Since the first year of the contract term will be for 318 days, rather than 365 days, the contract amount has been prorated to \$104,809, rather than \$129,698.

Price Comparison

In a report titled, "Destination Home: A Strategic Guide to the Development of Homeless Housing in Riverside County," Public Consulting Group, Inc. conducted a study of Riverside County's housing and supportive services for the homeless in FY 2006-07.

TO: BOARD OF SUPERVISORS

DATE: September 27, 2011

**SUBJECT: REQUEST FOR SOLE SOURCE PROCUREMENT AND
PROFESSIONAL SERVICE CONTRACTS WITH COACHELLA
VALLEY RESCUE MISSION**

BACKGROUND (continued):

Detailed in section 3 of the report are all-inclusive bed night rates that were developed using locally available information as well as interviews with DPSS, the Riverside County Department of Mental Health, Riverside County Economic Development Agency, and legislative team members for all five (5) districts, among others. A break down of all-inclusive bed night rates, based on homeless shelter capacity is below.

Number of Emergency Shelter Beds	20 beds/cots	40 bed/cots	80 beds/cots
Total Program Expenses	\$284,999	\$420,843	\$826,764
Cost per Bed/Unit/Daily	\$39.04	\$28.82	\$28.31

Based on the price comparisons referenced above, DPSS is confident that the pricing is reasonable and at fair market value for the services that would be provided by Coachella Valley Rescue Mission

FINANCIAL DATA: 100% County General Funds.

CONCUR/EXECUTE: County Purchasing

ATTACHMENTS:

1. Professional Services Contract (HO-02184) with Coachella Valley Rescue Mission

SL:cg

Date: August 9, 2011
 From: Susan Loew, Director of the Department of Public Social Services
 To: Board of Supervisors
 Via: Purchasing Agent
 Subject: Request for a Sole Source Procurement

The below information is provided in support of the Department of Public Social Services requesting approval for a sole source. Outside of a duly declared emergency, the time to develop a statement of work or specifications is not in itself justification for a sole source.

Supply/Service being requested:

DPSS is requesting year-around emergency shelter services (shelter, food, and case management) in supervisorial district 4 from a well-established shelter provider, with thirty-five (35) beds for men, women, and children.

Supplier being requested:

Coachella Valley Rescue Mission (CVRM) is a faith-based community non-profit organization, located in the City of Indio, which provides up to thirty-five (35) beds for homeless women with children, and single women and men.

Alternative suppliers that can or might be able to provide supply/service:

*The emergency shelter providers, listed in the tables below with corresponding numbers, are not viable alternatives for the following reasons:

1. Does not serve single men, single women, and families

District 4	City	Target Population	# of Beds Occupied	*Reason(s) Not Viable
ABC Recovery Center	Indio	Women and children	78	1
Shelter from the Storm	Palm Springs	Women and children	30	1

Extent of market search conducted:

In preparing to release a Request for Proposal (RFP) for emergency shelter services in the eastern and western regions of the County, DPSS conducted research as to potential shelter providers with the Continuum of Care, utilizing the following:

1. Riverside County Consolidated Plan (1999-2004)
2. Previous RFP responses (FY 2007-08)

3. City funding allocations for emergency shelters
4. Riverside County Homeless Count and Survey (2007 and 2009)
5. Riverside County 10-Year Plan to End Homelessness (2007-2017)
6. Coachella Valley's Association of Governments' (CVAG) Strategic Plan to End Homelessness (2007-2012)
7. Emergency Food and Shelter Program
8. California Care Network Database (www.calcarenet.ca.gov)
9. Riverside County Housing Inventory (2010)
10. 2-1-1 Riverside County Community Services Directory

Unique features of the supply/service being requested from this supplier, which no alternative supplier can provide:

For this project, the unique features to be provided to DPSS are:

Coachella Valley Rescue Mission

1. Houses 25-35 men, women and children on any given day;
2. Provides breakfast and dinner, along with the options of showers, hygiene and case management services;
3. Offers or directs individuals to an array of local programs, including job training and counseling services;
4. Offer classes required by agencies such as anger management and 12-step recovery;
5. Provides transportation to schools, jobs and medical facilities.
6. Has served as the overflow shelter to Martha's Village & Kitchen in the Coachella Valley for more than five (5) years.

Reasons why the Department of Public Social Services requires these unique features and what benefit will accrue to the county:

1. In October 16 2007, Agenda Item 3.40, the Riverside County Board of Supervisors adopted the Riverside County 10-Year Strategy to End Homelessness to reflect a Continuum of Care that works to meet the needs of all episodically, transitionally, and chronically homeless persons and to break the cycle of homelessness;
2. Emergency shelters provide an immediate and safe alternative to sleeping on the streets, especially for homeless families with children;
3. Emergency shelters are a gateway for a homeless person to reach self-sufficiency, as the goal of emergency shelters is to transition homeless individuals into transitional housing (up to 24 months) and eventually into more permanent housing;

4. According to the 2009 Riverside County Homeless Count, 618 (or 18%) of the County's homeless population (3,366) were found in emergency shelters;
5. According to the 2009 Riverside County Homeless Survey, the three (3) most commonly used services by homeless persons living in Riverside County are: meals, bus passes, and emergency shelter.

Price Reasonableness:

Purchasing released a Request for Information DPARC-238 on July 6, 2011, mailing solicitations to companies and advertising on the County's Internet. One response was received from Coachella Valley Rescue Mission. Focused on the needs of the County, CVRM, are willing to continue providing homeless shelter services for a cost not to exceed \$129,698.

Since the first year of the contract term will be for 318 days, rather than 365 days, the contract amount has been prorated to \$104,809, rather than \$129,698; however, all subsequent FY's will be \$129,698.

Price Comparison

In a report titled, "Destination Home: A Strategic Guide to the Development of Homeless Housing in Riverside County," Public Consulting Group, Inc. conducted a study of Riverside County's housing and supportive services for the homeless in FY 2006-07.

Detailed in section 3 of the report are all-inclusive bed night rates that were developed using locally available information as well as interviews with DPSS, the Riverside County Department of Mental Health, Riverside County Economic Development Agency, and legislative team members for all five (5) districts, among others. A break down of all-inclusive bed night rates, based on homeless shelter capacity is below.

Number of Emergency Shelter Beds	20 beds/cots	40 bed/cots	80 beds/cots
Total Program Expenses	\$284,999	\$420,843	\$826,764
Cost per Bed/Unit/Daily	\$39.04	\$28.82	\$28.31

CVRM is the only organization with the capacity to provide Thirty-five (35) beds in the greater Riverside area for \$129,698.

Based on the price comparisons referenced above, DPSS is confident that the pricing is reasonable and at fair market value for the services that would be provided by Coachella Valley Rescue Mission.

Does moving forward on this product or service further obligate the county to future similar contractual arrangements?

No, moving forward with this service does not further obligate the County to future similar contractual arrangements.

Period of Performance:

Provide a defined period of performance. Please note multi-year terms require Board approval, unless renewable in one year increments and the Purchasing Agent approves the terms.

The period of performance will be from August 17, 2011 through June 30, 2012, with two (2) one-year renewal options.

Susan Loew
Department Head Signature

8/25/11
Date

Purchasing Department Comments:

Approve

Approve with Condition/s

Disapprove

[Signature]
Purchasing Agent

9/12/11
Date

Riverside County Department of Public Social Services

Contracts Administration Unit
10281 Kidd Street
Riverside, CA 92503

PROFESSIONAL SERVICES AGREEMENT: **HO-02184**

CONTRACTOR: **COACHELLA VALLEY RESCUE MISSION**

ACTIVITY: **EMERGENCY SHELTER PROGRAM**

AGREEMENT TERM: **AUGUST 17, 2011 THROUGH JUNE 30, 2012**

MAXIMUM REIMBURSABLE AMOUNT: **\$104,809**

WHEREAS, the Department of Public Social Services, hereinafter referred to as DPSS, desires to provide emergency shelter, meals, case management, and outreach services to the homeless in the Coachella Valley of Riverside County;

WHEREAS, Coachella Valley Rescue Mission is qualified to provide emergency shelter, meals, case management, and outreach services to the homeless in the Coachella Valley of Riverside County; and

WHEREAS, DPSS desires Coachella Valley Rescue Mission, hereinafter referred to as Contractor, to perform these services in accordance with the CONTRACT TERMS and CONDITIONS, hereinafter referred to as CT&C, attached hereto and incorporated herein by this reference. The CT&C specify the responsibilities of DPSS and Contractor;

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

Authorized Signature for County:	Authorized Signature for Contractor:
Printed Name of Person Signing: Bob Buster	Printed Name of Person Signing: Darla Burkett
Title: Chairman, Board of Supervisors	Title: Executive Director
Address: 4080 Lemon Street Riverside, CA 92503	Address: 47518 Van Buren Street P.O. Box 10660 Indio, CA 92202-2564
Date Signed:	Date Signed:

COACHELLA VALLEY RESCUE MISSION

EMERGENCY SHELTER PROGRAM

PROFESSIONAL SERVICES AGREEMENT

TERMS AND CONDITIONS

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- Exhibit A – Daily Sign-In Sheet
- Exhibit B – ESG Homeless Eligibility Certification Form
- Exhibit C – 2-1-1 Riverside County Agency Registration Form
- Exhibit D – 2-1-1 Riverside County Program Registration Form
- Exhibit E – DPSS 2076A
- Exhibit F – Instructions for DPSS 2076A
- Exhibit G – Vendor Assurance of Compliance

CONTRACT TERMS AND CONDITIONS

I. ABBREVIATIONS AND DEFINITIONS

- A. "Bed Night" is one bed per Customer per night.
- B. "Case Management Services" refers to all of the following various categories of services:
- Mental Health
 - Substance Abuse
 - Housing
 - Employment
 - Children
 - Intake & assessment
- C. "County Risk Manager" refers to the individual currently holding that title within the Human Resources Department of the County of Riverside.
- D. "Critical Incident" refers to any event that jeopardizes the safety of clients, staff or facilities. Events may include, but are not limited to, physical altercations, fires, mandated reportable events (e.g. child abuse), etc.
- E. "Customer" shall mean any homeless person residing at the shelter at 47518 Van Buren Street, Indio, CA 92202.
- F. "DPSS" refers to the County of Riverside and its Department of Public Social Services, which has administrative responsibility for this Agreement.
- G. "Emergency Shelter" means that program designed to be the first step in a continuum of assistance to enable homeless individuals to become self-sufficient.
- H. "HMIS" refers to Homeless Management Information System, a computerized data collection system designed to capture client-level information over time on the characteristics and service needs of men, women and children experiencing homelessness.
- I. "HUD" refers to the United States Department of Housing and Urban Development.

II. DPSS RESPONSIBILITIES

- A. DPSS will assign Homeless Programs Unit personnel to be the liaison between the Contractor and DPSS.
- B. DPSS will monitor the performance of the Contractor in meeting the terms, conditions, and services in this Agreement. DPSS, at its sole discretion, may monitor the performance of the Contractor through any combination of the following methods: periodic on-site visits, annual inspections, evaluations, and Contractor self-monitoring.
- C. DPSS may, at its discretion, review and/or reduce the Agreement's maximum reimbursable amount, in the event the shelter receives funding by another entity/agency (e.g., desert cities), in accordance with the *Alteration or Changes to the Agreement* clause (paragraph X., under General Provisions). If the review results in a DPSS funding reduction, the financial adjustment may be a dollar-for-dollar match to the additional funding given by the other entity/agency.

III. CONTRACTOR RESPONSIBILITIES

The Contractor shall:

A. Assign a liaison between the Contractor and DPSS.

B. Provide the following shelter services:

1. Shelter

- a. Provide emergency shelter free of charge for up to thirty-five (35) homeless Customers in the Contractor's Van Buren Street shelter in Indio, California for up to ninety (90) days, consisting of a sixty (60) day initial stay with thirty (30) additional days of extended stay as needed and for good cause, which must be documented and available for DPSS' review. Customers seeking to reenter the shelter who have used their ninety (90) days within the previous six (6) calendar months shall not be served until all new Customers have been served.
- b. Make available for each Customer bed linens and towels for showering. Linens and towels shall be washed in hot water and laundry detergent no less than once a week and upon the Customer's exit from the shelter. "Hot water" is defined as 120 degrees Fahrenheit.
- c. Provide a sleeping space that is not less than two (2) feet in any direction from another Customer's sleeping space. Cots or beds with mattresses are preferable. Mats placed directly on the floor shall only be used as a bed of last resort. This condition may only be waived with prior DPSS approval and proper documentation indicating compliance with applicable code and/or fire restrictions.

2. Meals

- a. Provide a morning and evening meal on site to all interested Customers on a daily basis. Drinking water shall be made available at all times. A copy of each week's menu shall be maintained on site by Contractor for DPSS' review.
- b. The morning meal shall include, at a minimum, hot and cold beverages and cereal or pastry.
- c. The evening meal shall include, at a minimum, hot and cold beverages, meal and/or pasta, and vegetables and/or fruit.

3. Assist all interested Customers with referral or access to services such as health care, social services, employment services, mainstream benefit programs (e.g., General Relief; Social Security; Supplemental Security Income; the Women, Infants and Children nutrition program; etc.) vocational services, legal assistance, etc.
4. Maintain case files on each Customer that contain, at a minimum, detailed and legible case notes describing referrals made and progress gained during the Customer's stay at the shelter. If a Customer is not interested in receiving services, this must be documented.
5. Maintain written records on site of the following for DPSS' review:
 - a. Monthly drills to facilitate the evacuation of the shelter in case of fire or natural disaster.

- b. Weekly random safety checks to ensure weapons and contraband items are not in the shelter.
6. Post shelter rules and guidelines in English and Spanish in a conspicuous place.
7. Maintain and post, in a conspicuous place, a Customer grievance procedure.
8. Ensure that Customers do not loiter nor deposit their belongings outside the shelter or in the neighboring vicinity as to disturb neighbors or neighboring property.
9. Prohibit entry into the shelter when there is a reasonable suspicion that the Customer is intoxicated and/or under the influence of an illicit substance.
10. Clear all Customers through the California Sexual Offenders Registry, located on the California Office of the Attorney General website: (<http://www.meganslaw.ca.gov>).
11. Adequately staff the facility to administer the program. No less than two (2) staff members should be on any one work shift while Customers are inside the shelter. Staff shall be trained at least annually on emergency first aid.
12. Ensure that residents complete a daily sign-in sheet and intake, attached hereto and incorporated herein by this reference, as **Exhibit A**. The sign-in sheet includes the Customer's name, both printed and signature, their date of birth and the last four (4) digits of their Social Security Number, if available. All documents must be completed legibly and maintained by the Contractor in accordance with Section IV.E., "Records, Inspections, and Audits."
13. 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 Customer 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 Contractor an exclusive perpetual license to use the HMIS software for the term of this Agreement.
14. Ensure that employees using HMIS for Customer 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/pdf/PolProc.pdf>).
15. Complete and maintain in each Customer's paper case file the Emergency Shelter Grant Program Homeless Eligibility Certification Form, attached hereto as **Exhibit B** and incorporated herein by this reference.
16. Participate regularly in the Continuum of Care meetings.
17. Notify DPSS Homeless Programs Unit, within a reasonable amount of time, of any Critical Incidents.
18. Notify DPSS, in writing, if the number of beds and/or the quality or quantity of case management and supportive services is going to be altered anytime during the contract term. DPSS must be notified of these changes at least thirty (30) days in advance of implementing changes or enhancements.

19. 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 this 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.

The Contractor may contact 2-1-1 by one of the following methods:

Telephone	(800) 464-1123 or (951) 686-4402 Monday through Friday - 8:00 am to 5:00 pm
U.S. Postal Service	P.O. 5376, Riverside, CA 92517-5376
E-mail	211info@vcrivco.org

IV. FISCAL PROVISIONS

A. MAXIMUM AMOUNT

Total payment under this Agreement shall not exceed \$104,809 for FY 2011-12. Should the Parties agree to renew this agreement, the total payment shall not exceed \$129,698 for each subsequent fiscal year (FY 2012-13 and FY 2013-14).

B. BED NIGHT RATE

Contractor shall be paid a bed night rate of \$15.13 per bed for thirty-five (35) beds, regardless if the bed is occupied or not occupied.

C. METHOD, TIME, AND SCHEDULE/CONDITION OF PAYMENTS

1. All claims must be submitted on a monthly basis no later than twenty (20) calendar days after the end of each month in which the services were provided. All claims submitted in a timely manner and completed shall be processed within fifteen (15) working days of receipt by DPSS and forwarded to the Auditor-Controller's office for payment.
2. The Contractor shall submit the DPSS 2076A (**Exhibit E**) following instructions set forth on the "Instructions for DPSS 2076A" (**Exhibit F**) and the attached sign-in sheet (**Exhibit A**). Copies of these forms are attached hereto and incorporated herein by this reference for request of all payments.
3. Claims must be submitted each month. For months with no billing, a claim for zero dollars (\$0.00) must be submitted.
4. The Contractor may, under special circumstances, be required to submit actual receipts, in lieu of the attached sign-in sheet (**Exhibit A**).
5. Each claiming period shall consist of a calendar month claiming period. Contractor invoice estimates for May and June are due no later than the 6th of June. Actual Contractor invoices for May and June are due no later than the 30th of July.

D. FINANCIAL RESOURCES

The Contractor warrants that during the term of this Agreement, the Contractor shall retain sufficient financial resources necessary to perform all aspects of its obligations as described under this Agreement. Further, the Contractor warrants that there has been no adverse material change in the Contractor, parent, or subsidiary business entities, resulting in negative

impact to the financial condition and circumstances of the Contractor since the date of the most recent financial statements.

E. RECORDS, INSPECTIONS, AND AUDITS

1. The Contractor shall maintain actual receipts, auditable books, records, documents, and other evidence pertaining to costs and expenses in this Agreement. The Contractor shall maintain these records for three (3) years after final payment has been made or until all pending County, State, and Federal audits, if any, are completed, whichever is later.
2. Any authorized representative of the County of Riverside, the State of California, 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 at all reasonable times to inspect or otherwise evaluate the work performed, or being performed, under this Agreement and the premises in which it is being performed.
3. This access to records includes, but is not limited to, service delivery, referral, financial, and administrative documents for three (3) years after final payment is made, or until all pending County, State, and Federal audits are completed, whichever is later.
4. Should the Contractor disagree with any audit conducted by DPSS, the Contractor shall have the right to employ a licensed, Certified Public Accountant (CPA) to prepare and file with DPSS a certified financial and compliance audit that is in compliance with generally-accepted government accounting standards of related services provided during the term of this Agreement. The Contractor shall not be reimbursed by DPSS for such an audit.
5. In the event the Contractor does not make available its books and financial records at the location where they are normally maintained, the Contractor agrees to pay all necessary and reasonable expenses, including legal fees, incurred by DPSS in conducting such an audit.

F. AVAILABILITY OF FUNDING

DPSS' obligation for payment of any agreement is contingent upon the availability of funds from which payment can be made.

G. APPLYING FOR AVAILABLE FUNDING

The Contractor shall apply for and provide documentation to the Homeless Programs Unit of any additional funding that is available from any public or private source.

H. SUPPLANTATION

The Contractor shall not supplant any Federal, State, or County funds intended for the purpose of this Agreement with any funds made available under any other agreement. The Contractor shall not claim reimbursement from DPSS for, or apply sums received from DPSS, with respect to the portion of its obligations, which have been paid by another source of revenue. The Contractor agrees that it will not use funds received pursuant to this Agreement, either directly or indirectly, as a contribution or compensation for purposes of obtaining State funds under any other State program or County funds under any other County program without prior approval of DPSS.

I. DISALLOWANCE

In the event the Contractor receives payment for services under this Agreement which is later disallowed for nonconformance with the terms and conditions herein by DPSS, the Contractor shall promptly refund the disallowed amount to DPSS on request, or at its option, DPSS may offset the amount disallowed from any payment due to the Contractor under any agreement with DPSS.

V. GENERAL PROVISIONS

A. EFFECTIVE PERIOD

This Agreement is effective from August 17, 2011 through June 30, 2012, with two (2) one-year renewal options.

B. CONFLICT OF INTEREST

The Contractor, Contractor's employees and agents shall have no interest, and shall not acquire any interest, direct or indirect, which shall conflict in any manner or degree with the performance of services required under this Agreement.

C. NOTICES

All notices, claims, correspondence, and/or statements, including invoices and other financial documents, authorized or required by this Agreement shall be addressed as follows:

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

CONTRACTOR: Coachella Valley Rescue Mission
47518 Van Buren Street
P.O. Box 10660
Indio, CA 92202-2564

All reports shall be addressed as follows: contractreporting@riversidedpss.org. If the Contractor does not have access to e-mailing, then the Contractor shall mail all reports to the physical address listed above.

All mailed notices shall be deemed effective when they are made in writing, addressed as indicated above, and deposited in the United States mail. Any notices, correspondence, reports and/or statements authorized or required by this Agreement addressed in any other fashion will not be acceptable.

D. CONFIDENTIALITY

1. The Contractor shall ensure to the greatest extent possible that the confidentiality of all Customers is maintained.
2. The Contractor shall provide written instructions to all personnel regarding these confidentiality requirements.

E. EMPLOYMENT PRACTICES

1. The Contractor shall not discriminate in its recruiting, hiring, promoting, demoting, or terminating practices on the basis of race, religious creed, color, national origin, ancestry, physical handicap, medical condition, marital status, age, or sex in the performance of this Agreement, and to the extent they shall apply, with the provisions of the Fair Employment and Housing Act (FEHA), and the Federal Civil Rights Act of 1964 (P. L. 88-352).
2. In the provision of benefits, the Contractor shall certify and comply with Public Contract Code 10295.3, to not discriminate between employees with spouses and employees with domestic partners, or discriminate between the domestic partners and spouses of those employees.
3. For the purpose of this section, "Domestic Partner" means one of two persons who has filed a declaration of domestic partnership with the Secretary of State pursuant to Division 2.5 (commencing with Section 297) of the Family Code.

F. RELIGIOUS PROHIBITION

There shall be no religious worship, instruction, or presentation as part of, or in connection with, the performance of this Agreement, including, but not limited to, requiring a Customer to attend any religious activity or instruction as a condition for receiving any services provided any this Agreement. This prohibition does not prohibit the Customers from initiating expressions of reasonable, personal religious freedoms.

G. DISCLOSURE OF INFORMATION RELEVANT TO CUSTOMER SAFETY

As stipulated in Penal Code Section 11105.3, the Contractor agrees to notify DPSS of any Contractor employee or volunteer staff who has been convicted of any crimes involving sex, drugs or violence, or who is known to have a substantiated report of child abuse, as defined in Penal Code Section 11165.12, who occupies supervisory or disciplinary power over minors, or who occupies supervisory or teaching positions over adult Customers. The procedures for notification are as follows:

- When such information becomes known to the Contractor, the Contractor shall immediately notify the DPSS liaison concerning any arrests or convictions for anything other than minor traffic offenses or unsubstantiated allegations of child abuse of any paid employee or volunteer staff.
- In the event that notification is made, DPSS will make the necessary contractual changes, up to and including termination of this Agreement.

Failure to notify DPSS of the above is grounds for termination of this Agreement.

H. CHILD ABUSE REPORTING

If the Contractor is a mandated reporter under Penal Code Sections 11165 – 11174.3, 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 the Penal Code.

I. ELDER AND DEPENDENT ADULT ABUSE REPORTING

The Contractor shall provide documentation of a policy and procedure acceptable to DPSS to ensure that all employees, volunteers, consultants, subcontractors, or agents performing services under this Agreement report elder and dependent adult abuse pursuant to Welfare & Institutions Code (WIC) Sections 15600 et seq. Suspected incidents of abuse should be immediately reported to DPSS, followed by a written report within two (2) working days.

J. CLIENT CIVIL RIGHTS COMPLIANCE

1. Vendor Assurance of Compliance

The Contractor shall complete the Vendor Assurance of Compliance with Riverside County Department of Public Social Services Non-Discrimination in State and Federally Assisted Programs, attached hereto as **Exhibit G** and incorporated herein by this reference. The Contractor will sign and date **Exhibit G** and return it to DPSS along with the executed Contract. The Contractor shall ensure that the administration of public assistance and social service programs are non-discriminatory. To the effect that no person shall because of ethnic group identification, age, sex, color, disability, medical condition, national origin, race, ancestry, marital status, religion, religious creed or political belief 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 financial 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 www.dss.cahwnet.gov/pdf/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.

K. INSURANCE

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

1. **Worker's Compensation**

If Contractor has employees as defined by the State of California, Contractor shall maintain statutory Worker's 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.

2. **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 the 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.

3. **Vehicle Liability**

If the 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, however, the Contractor transports children in either owned, non-owned or hired vehicles then the Contractor shall maintain an amount not less than \$2,000,000 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, employees, elected or appointed officials, agents or representatives as Additional Insureds."

4. 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 Contractor'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 Contractor 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 a retroactive date back to the date of, or prior to, the inception of this Agreement; or, 3) demonstrate through Certificates of Insurance that Contractor has maintained continuous coverage with the same or original insurer. Coverage provided under items 1), 2) or 3) will continue for a period of five (5) years beyond the termination of this Agreement.

5. General Insurance Provisions

- a. 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 (A8) 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.
- b. The Contractor's insurance carrier(s) must declare its insurance self-insured retentions. If such self insured retentions exceed \$500,000 per occurrence such 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 retentions unacceptable to the County, and at the election of the County 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.
- c. The Contractor shall cause Contractor's 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; or (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 DPSS 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.

- d. It is understood and agreed to by the parties hereto that 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.
- e. If, during the term of this Agreement or any extension thereof, there is a material change in the scope of services or performance of work; 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 coverages 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.
- f. Contractor shall pass down the insurance obligations contained herein to all tiers of subcontractors working under this Agreement.
- g. The insurance requirements contained in this Agreement may be met with a program(s) of self-insurance acceptable to the County.
- h. Contractor agrees to notify 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.

L. LICENSES AND PERMITS

In accordance with the provisions of the Business and Professions Code concerning the licensing of contractors, all contractors shall be licensed, if required, in accordance with the laws of this State and any contractor not so licensed is subject to the penalties imposed by such laws.

The Contractor warrants that it has all necessary permits, approvals, certificates, waivers, and exemptions necessary for the provision of services hereunder and required by the laws and regulations of the United States, the State of California, the County of Riverside, and all other appropriate governmental agencies, and shall maintain these throughout the term of this Agreement.

M. INDEPENDENT CONTRACTOR

It is understood and agreed that the Contractor is an independent contractor and that no relationship of employer-employee exists between the parties hereto. Contractor and/or Contractor's employees shall not be entitled to any benefits payable to employees of the County including, but not limited to, County Worker's Compensation benefits. County shall not

be required to make any deductions for employees of Contractor from the compensation payable to Contractor under the provision of this Agreement.

As an independent contractor, Contractor hereby holds County harmless from any and all claims that may be made against County based upon any contention by any third party that an employer-employee relationship exists by reason of this Agreement. As part of the foregoing indemnity, the Contractor agrees to protect and defend at its own expense, including attorney's fees, the County, its officers, agents and employees in any legal action based upon any such alleged existence of an employer-employee relationship by reason of this Agreement.

N. HOLD HARMLESS/INDEMNIFICATION

Contractor shall indemnify and hold harmless 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 (individually and collectively hereinafter referred to as Indemnitees) 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 and resulting from any reason whatsoever arising from the performance of Contractor, its officers, agents, employees, subcontractors, agents or representatives Indemnitors 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 Indemnitees in any claim or action based upon such alleged acts or omissions.

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 Indemnitees herein from third party claims.

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

O. SUBCONTRACT FOR SERVICES

No agreement shall be made by the Contractor with any party to furnish any of the services herein contained without the prior written approval of DPSS. This provision shall not require the approval of agreements of employment between the Contractor and personnel assigned for services thereunder.

P. ASSIGNMENT

The Contractor shall not assign any interest in this Agreement, and shall not transfer any interest in the same, whether by assignment or novation, without the prior written consent of

DPSS. Any attempt to assign or delegate any interest hereunder without said consent shall be deemed void and of no force or effect.

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

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

R. 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.

All social service privacy complaints should be referred to:

Department of Public Social Services
HR/Administrative Compliance Services Unit
10281 Kidd Street
Riverside, CA 92503
(951) 358-3030

S. DISPUTES

Except as otherwise provided in this Agreement, any dispute concerning a question of fact arising under this Agreement, which is not disposed by agreement, shall be disposed by DPSS which 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 Contractor shall proceed diligently with the performance of this Agreement pending DPSS' decision.

T. TERMINATION

This Agreement may be terminated without cause by either party by giving thirty (30) days written notification to the other party. In the event DPSS elects to abandon, indefinitely postpone, or terminate this Agreement, DPSS shall make payment for all services performed up to the date that written notice was given in a prorated amount.

U. GOVERNING LAW

This Agreement shall be construed and interpreted according to the laws of the State of California. Any legal action related to the interpretation or performance of this Agreement shall be filed only in the appropriate courts located in the County of Riverside, State of California.

V. SANCTIONS

Failure by the Contractor 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 and may take any other remedies available by law, or otherwise specified in this Agreement. DPSS may also:

1. Afford the Contractor a time period within which to cure the breach, the period of which shall be established at the sole discretion of DPSS; and/or
2. Discontinue reimbursement to the Contractor for, and during the period in which the Contractor is in breach, the reimbursement of which the Contractor shall not be entitled to recover later; and/or
3. Withhold funds pending a cure of the breach; and/or
4. Offset against any monies billed by the Contractor but yet unpaid by DPSS. DPSS shall give the Contractor notice of any action pursuant to this paragraph, the notice of which shall be effective when given.

W. CONTRACT TRANSITION PERIOD

The Contractor agrees:

1. To provide in a timely manner all information deemed necessary by DPSS for use in subsequent contracting activities upon termination of this Agreement for any reason;
2. To cooperate with DPSS during a transition period to ensure an orderly and seamless delivery of service to the homeless; and
3. To make available to DPSS in a timely manner all file information regarding the homeless persons served, without additional cost to DPSS or the new vendor, to ensure an orderly and seamless delivery of service to the homeless.

X. ALTERATION OR CHANGES TO THE AGREEMENT

The Board of Supervisors and the County Purchasing Agent and/or his designee are the only authorized County representatives who may at any time, by written order, make alterations to this Agreement. If any such alteration causes an increase or decrease in the cost of, or the time required for the performance under this Agreement, an equitable adjustment shall be made in the Agreement price or delivery schedule, or both, and the Agreement shall be modified by written amendment accordingly.

Any claim by the Contractor for additional payment related to this Agreement shall be made in writing by the Contractor within thirty (30) calendar days of when the Contractor has or should have notice of any actual or claimed change in the work which results in additional and unanticipated cost to the Contractor. If the County Purchasing Agent decides that the facts provide sufficient justification, he may authorize additional payment to the Contractor pursuant to the claim. Nothing in this section shall excuse the Contractor from proceeding with performance of the Agreement even if there has been a change.

Y. MODIFICATION OF TERMS

No addition to or alteration of the terms of this Contract, whether by written or verbal understanding of the parties, their officers, agents, or employees shall be valid unless made in

writing and formally approved and executed by both parties. Requests to modify fiscal provisions shall be submitted no later than April 1.

Z. 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.

Homeless Shelter Program

SHELTER:

The information contained herein is important to the continued funding of this program. It is an important source of information about the homeless. Please help us by obtaining complete information. **THIS FORM** or a **COPY** must be turned in with your request for reimbursement of this program expenses.

	First Name	Last Name	Signature	Date	Social Security Number
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

Project Name: _____

File No.: _____

**EMERGENCY SHELTER GRANT PROGRAM
HOMELESSNESS ELIGIBILITY CERTIFICATION**

Project Year _____

Please Print

Name: _____

Address
or Mailing Address: _____

City & State: _____ Zip _____

1) **CATEGORY:** I certify that [I am/ my family is] homeless under 42 U.S.C. § 11302 guidelines.

____ Homeless

or

____ Domestic Violence

2) **FAMILY SIZE** (check ONLY one): 1 2 3 4 5 6 7 8

3) **ETHNICITY:** (Select ONLY one out of the Single-race or Multi-race categories).

Single race category

- White American Indian/Alaskan Native
- Black/African American Native Hawaiian/Other Pacific Islander
- Asian

Multi-race category

- American Indian/Alaskan Native & White Asian & White
- Black/African American & White Hispanic/White
- Hispanic/Black/African American Hispanic/Asian
- Hispanic/American Indian/Alaskan Native Hispanic/Asian & White
- Hispanic/Native Hawaiian/Other Pacific Islander Hispanic/Black/African American & White
- Hispanic/American Indian/Alaskan Native & White
- American Indian/Alaskan Native & Black/African American
- Hispanic/American Indian/Alaskan Native & Black/African American
- Other Multi-race (ONLY if, non-of-the-above categories identifies you).

4) **CERTIFICATION:**

I, _____, on _____ (Date), hereby acknowledge that qualification for assistance funded under the ESG program is based upon actual homelessness or Homelessness Prevention assistance under 42 U.S.C. § 11302 or 42 U.S.C. § 11374(a), respectively. If I am seeking Homelessness Prevention assistance, I further hereby certify that I have a qualifying family income, and the income level that I have certified to in this self-certification is current as of the date signed and may be subject to further verification by the ESG sub-recipient, the County of Riverside, or HUD. I hereby authorize such verification and will provide supporting documentation if requested.

Project Name: _____

File No.: _____

**CERTIFICACION de ELEGIBILIDAD de FALTA DE VIVIENDA
de PROGRAMA de BECA de REFUGIO de EMERGENCIA
Proyecte Año _____**

Nombre: _____

Direccion o la Dirección Postal: _____

Ciudad y Estado: _____ Codigo Postal _____

1) **CATEGORIA:** Certifico eso [soy/mi familia es] sin hogar bajo 42 U. S. C. 11302 pautas, o necesitan ayuda de prevenir la falta de vivienda de acuerdo con 42 U. S. C. (Un).

- ___ Sin Hogar
- or
- ___ Violencia doméstica

2) **NUMERO DE FAMILIA** (solamente uno): 1 2 3 4 5 6 7 8

3) **ETNECIDAD:** (Solamente seleccione una de las categorías de razas/multi-razas la cual lo describe a usted).

Categoría de raza individual

- White American Indian/Alaskan Native
- Black/African American Native Hawaiian/Other Pacific Islander
- Asian

Categoría de Multi-raza

- American Indian/Alaskan Native & White Asian & White
- Black/African American & White Hispanic/White
- Hispanic/Black/African American Hispanic/Asian
- Hispanic/American Indian/Alaskan Native Hispanic/Asian & White
- Hispanic/Native Hawaiian/Other Pacific Islander Hispanic/Black/African American & White
- Hispanic/American Indian/Alaskan Native & White
- American Indian/Alaskan Native & Black/African American
- Hispanic/American Indian/Alaskan Native & Black/African American
- Otro (solamente seleccione si ninguna de las categorías mencionadas se idenfican con su itnicidad)

4) **BENEFICIARIO:**

Yo, _____, en _____ (la Fecha), por la presente reconoce que ese requisito para la ayuda financió bajo el programa de ESG es basado sobre la falta de vivienda verdadera o ayuda de Prevención de Falta de vivienda bajo 42 U. S. C. 11302 o 42 U. S. C. 11374(a), respectivamente. Si busco ayuda de Prevención de Falta de vivienda, yo aún más por la presente certifico que tengo un ingresos calificativos de la familia, y el nivel de ingresos que he certificado a en esta auto-certificación es actual al la fecha firmada y puede ser susceptible a la comprobación adicional por el sub-recipiente de ESG, el Condado de Ribera, o de HUD. Yo por la presente autorizo tal comprobación y proporcionaré sosteniendo la documentación si solicitado.

Project Name: _____

File No.: _____

ESG Desk Guide Glossary

Homeless means as the term is defined in 42 U.S.C. 11302. "

- a. IN GENERAL. - For purposes of this Act, the term "homeless" or "homeless individual or homeless person" includes:
 - (1) an individual who lacks a fixed, regular, and adequate nighttime residence; and
 - (2) an individual who has a primary nighttime residence that is:
 - A) supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
 - B) a institution that provides a temporary residence for individuals intended to be institutionalized; or
 - C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodations for human beings.
- b. INCOME ELIGIBILITY.- (1) IN GENERAL.-A homeless individual shall be eligible for assistance under any program provided by this Act, only if the individual complies with the income eligibility requirements otherwise applicable to such program
- c. EXCLUSION.- For purposes of this Act, the term "homeless" or "homeless individuals" does not include any individual imprisoned or otherwise detained under an Act of the Congress or a State law." (42 U.S.C. 11302)

<http://www.hud.gov/offices/cpd/homeless/library/esg/esgdeskguide/glossary.cfm>



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

- | | | | |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> Private, non-profit | <input type="checkbox"/> Public-County | <input type="checkbox"/> Public-State | <input type="checkbox"/> Public-Federal |
| <input type="checkbox"/> Faith Based | <input type="checkbox"/> For Profit | <input type="checkbox"/> 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?

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

CONTRACTOR PAYMENT REQUEST

EXHIBIT E

DPSS 2076A (Rev: APRIL, 2003)

TO: **Riverside County**
Department of Public Social Services
Attn: Management Reporting Unit
4060 County Circle Drive
Riverside, CA 92503

FROM: _____
Remit to Name _____
Address _____
City : _____ State _____ Zip Code _____
Contractor Name _____
Contract Number _____

Total amount requested _____ for the period of _____ 20 _____.

Select Payment Type(s) Below

Advance Payment \$ _____
(If allowed by Contract/MOU)

Actual Payment \$ _____
(Same amount as 2076B if required)

Unit of Service Payment \$ _____
_____ (# of Units) x (\$) _____
_____ (# of Units) x (\$) _____
_____ (# of Units) x (\$) _____

_____ (# of Units) x (\$) _____
_____ (# of Units) x (\$) _____
_____ (# of Units) x (\$) _____

Any questions regarding this request should be directed to: _____
Name Phone #

I hereby certify under penalty of perjury that to the best of my knowledge the above is true and correct.

Authorized Signature _____ Title _____ Date _____

FOR DPSS USE ONLY (DO NOT WRITE BELOW THIS LINE)

Business Unit (5) _____

Purchase Order # (10) _____

Invoice # _____

Account (6) _____

Amount Authorized _____

Comments
if amount _____
authorized _____
is different _____
from amount _____
requested _____

Fund (10) _____

Dept ID (10) _____

Program (5) _____

Program (If applicable) _____ Date _____

Class (10) _____

Management Reporting Unit _____ Date _____

Project/Grant (15) _____

Contracts Administration Unit _____ Date _____

Vendor Code (10) _____

General Accounting Section _____ Date _____

DEPARTMENT OF PUBLIC SOCIAL SERVICES FORMS
Instructions for Form 2076A

EXHIBIT F

Mailing Instructions: When completed, these forms will summarize all of your claims for payment. Your Claims Packet will include **Form 2076A, 2076B** (if required), invoices, payroll verification, and copies of canceled checks attached, receipts, bank statements, sign-in sheets, daily logs, mileage logs, and other back-up documentation needed to comply with Contract/MOU.

Mail Claims Packet to address shown on upper left corner of Form 2076A.
[see method, time, and schedule/condition of payments].
(Please type or print information on all DPSS Forms.)

FORM DPSS 2076A
CONTRACTOR PAYMENT REQUEST

"Remit to Name"

The legal name of your agency.

"Address"

The remit to address used when this contract was established for your agency. **All address changes must be submitted for processing prior to use.**

"Contractor Name"

Business name, if different than legal name *(if not leave blank)*.

"Contract Number"

Can be found on the first page of your contract.

"Amount Requested"

Fill in the total amount and billing period you are requesting payment for.

"Payment Type"

Check the box and enter the dollar amount for the type(s) of payment(s) you are requesting payment for.

"Any questions regarding..."

Fill in the name and phone number of the person to be contacted should any questions arise regarding your request for payment.

"Authorized Signature, Title, and Date (Contractor's)"

Self-explanatory (required). **Original Signature needed for payment.**

EVERYTHING BELOW THE THICK SOLID LINE IS FOR DPSS USE ONLY AND SHOULD BE LEFT BLANK.

**CONTRACTOR, SUBCONTRACTOR, AND/OR VENDOR
ASSURANCE OF COMPLIANCE
WITH
RIVERSIDE COUNTY DEPARTMENT OF PUBLIC SOCIAL SERVICES
NON-DISCRIMINATION
IN
STATE AND FEDERALLY ASSISTED PROGRAMS
COACHELLA VALLEY RESCUE MISSION**

NAME OF VENDOR/RECIPIENT

HEREBY AGREES THAT 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, martial 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 HEREBY GIVE ASSURANCE THAT 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 VENDOR/RECIPIENT HEREBY 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 vendor/recipient 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 vendor/recipient directly or through contract, license, or other provider services, as long as it receives federal or state assistance; and shall be submitted annually with the required Civil Rights Plan Update.

_____ Date

_____ Executive Director's Signature

47518 Van Buren Street
Indio, CA 92202-2564

Address of Vendor/Recipient