

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

b35



**FROM: DEPARTMENT OF PUBLIC SOCIAL SERVICES**

**SUBMITTAL DATE:**  
November 1, 2011

**SUBJECT: U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT NEW  
PROJECT SPONSOR AGREEMENT—HO-02156**

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

1. Authorize the Chairman of the Board to sign the attached new project Sponsor Agreement [HO-02156] between DPSS and the Housing Authority of the County of Riverside, in the amount of \$349,200 for five (5) 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 Housing Authority of the County of Riverside.

*Susan Loew*

Susan Loew, Director

|                       |                               |           |                         |         |
|-----------------------|-------------------------------|-----------|-------------------------|---------|
| <b>FINANCIAL DATA</b> | Current F.Y. Total Cost:      | \$ 69,840 | 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>         |                           |                            | <b>Positions To Be Deleted Per A-30</b> | <input type="checkbox"/> |
| <b>Federal Funding:</b> 100%    | <b>State Funding:</b> 0%; | <b>County Funding:</b> 0%; | <b>Requires 4/5 Vote</b>                | <input type="checkbox"/> |
| <b>Realignment Funding:</b> 0%; | <b>Other Funding:</b> 0%  |                            |   |                          |

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

*Debra Cournoyer*  
BY: Debra Cournoyer  
Debra Cournoyer

**County Executive Office Signature**

FORM APPROVED COUNTY COUNSEL  
 BY: *Marshall Victor*  
 DATE: 10/17/11  
 PURCHASING: *Mark Seiler*  
 Departmental Consultant, Assistant Director

Policy  
 Consent  
 Policy  
 Consent

Dept't Recomm.:  
 Per Exec. Ofc.:  
 Prev. Agn. Ref.:  
 District: 4  
 Agenda Number:

ATTACHMENTS FILED  
WITH THE CLERK OF THE BOARD

3.27

TO: BOARD OF SUPERVISORS

DATE: November 1, 2011

SUBJECT: U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
NEW PROJECT SPONSOR AGREEMENT—HO-02156

**BACKGROUND:**

On November 16, 2010, DPSS submitted an application for Homeless Assistance funds to the U.S. Department of Housing and Urban Development (HUD). On January 10, 2011, HUD announced the approval of twenty (20) renewal grants for Riverside County's homeless projects. On April 28, 2011, HUD announced the approval of two (2) new grants, which includes a Shelter Plus Care (S+C) project in District 4.

The Housing Authority of the County of Riverside, in partnership with Operation SafeHouse, is proposing to establish six (6) units of permanent supportive housing to serve homeless and chronically homeless transition age youth (18-23) in the Coachella Valley. These units will be funded through Project Based Shelter Plus Care rental certificates and will be located at Operation SafeHouse's comprehensive services campus, SafeHouse of the Desert, located in Thousand Palms, CA. The Housing Authority will serve as the official Project Sponsor and will directly administer the project based rental assistance. Operation SafeHouse will be the provider and coordinator of supportive services provided to project participants.

This project has been reviewed and approved by Supervisor Benoit's office and is fully supported by the local community.

**FINANCIAL:**

No County General Funds are required. Funding is 100% Federal funds. The full Grant amount is \$349,200; however, it is estimated that the Housing Authority of the County of Riverside will expend \$69,840 in FY 2011-12 leaving \$279,360 to be expended in FY's 2012-16.

**ATTACHMENT(S):**

Project Sponsor Agreement [HO-02156] between DPSS and the Housing Authority of the County of Riverside [3 copies]

**CONCUR/EXECUTE –**

County Purchasing

SL:mr

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

**CONTRACT:** HO-02156

**PROJECT SPONSOR:** HOUSING AUTHORITY OF THE COUNTY OF RIVERSIDE

**ACTIVITIES:** PROJECT-BASED RENTAL ASSISTANCE FOR CHRONICALLY HOMELESS TRANSITION AGE YOUTH

**AGREEMENT TERM:** OPERATION START DATE THROUGH FIVE YEARS THEREAFTER

**AGREEMENT AMOUNT:** \$349,200

**HUD PROJECT NUMBER:** CA1017C9D081000

**RECITALS**

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

**WITNESSETH**

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

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

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

|  |   |
|--|---|
| <b>Authorized Signature for the Riverside County Board of Supervisors:</b> | <b>Authorized Signature for the Housing Authority Board of Commissioners:</b> |
| <br>   | <br>  |
| Printed Name of Person Signing:  | Printed Name of Person Signing:   |
| Bob Buster   | Bob Buster  |
| Title:<br>Chairman, Board of Supervisors                                   | Title:<br>Chairman, Board of Commissioners                                    |
| Address:<br>4080 Lemon Street<br>Riverside, CA 92501                       | Address:<br>5555 Arlington Avenue<br>Riverside, CA 92504                      |
| Date:  | Date:   |

APPROVED COUNTY COUNSEL  
BY: *[Signature]* 10/17/11  
MARSHAL L. VICTOR

**HOUSING AUTHORITY OF THE COUNTY OF RIVERSIDE**

**SHELTER PLUS CARE PROGRAM – WITH OPERATION SAFEHOUSE**

**TERMS AND CONDITIONS**

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**LIST OF EXHIBITS**

- EXHIBIT A** – Project Application
- EXHIBIT B** – 2-1-1 Riverside County Agency Registration Form
- EXHIBIT C** – 2-1-1 Riverside County Program Registration Form
- EXHIBIT D** – Contract Accounting and Administrative Handbook for HUD Funded Programs
- EXHIBIT E** – Tenant Change Notice Form
- EXHIBIT F** – 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 human service agencies.
- B. "Application" refers to the approved application and its submissions prepared by the Project Sponsor that is the basis on which HUD approved the grant.
- C. "Draw Down" refers to the wire transfer system called Line of Credit Control System - Voice Response System (LOCCS – VRS).
- D. "Homeless" refers to someone who is sleeping a place not meant for human habitation, such as cars, parks, sidewalks and abandoned or condemned buildings, or in an emergency shelter, or a person in transitional housing. This may include a person who ordinarily sleeps in one or more of the above places but is spending a short time (30 days or less) in a hospital or other institution.
- E. "HMIS" refers to the Riverside County Homeless Management Information System
- F. "Participants" refers to someone who has a disability with severe mental illness that is expected to be of long-continued and indefinite duration, which substantially impedes his or her ability to live independently, and is of such a nature that the disability could be improved by more suitable housing conditions
- G. "Project" refers to permanent housing and supportive services for the purpose of facilitating the stability of homeless individuals.
- H. "Project Sponsor" or "Contractor" refers to the Housing Authority of Riverside County, the entity under agreement with DPSS to operate the project on a daily basis.
- I. "Shelter Plus Care Program" refers to the HUD grants program to promote the provision of permanent housing through tenant-based (or project-based) rental assistance and supportive services to homeless individuals.

## II. DPSS RESPONSIBILITIES

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

- (2) evaluations of the quantity or level and quality of services provided by the Project Sponsor;
- (3) annual inspection of all available fiscal statements and other records maintained by the Project Sponsor; and
- (4) annual statements which the Project Sponsor is required to complete with respect to this Agreement.

**III. PROJECT SPONSOR RESPONSIBILITIES**

- A. The Project Sponsor shall provide services as set forth in the Project Application, attached hereto as Exhibit A and incorporated herein by these references.
- B. The Project Sponsor shall be responsible for the overall administration of the Project, including providing permanent supportive housing for homeless and chronically homeless transition age youth (18-23), overseeing all subcontracts, and keeping records and reports established for the purpose of carrying out the program in an effective and efficient manner. These records and reports must include racial and ethnic data on participants for program monitoring and evaluation.
- C. The Project Sponsor shall comply with all requirements of this Agreement and accept responsibility for such compliance by any entities to which the Project Sponsor makes this grant funding available.
- D. The Project Sponsor shall 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 B and C, 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,<br>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 shall assume responsibility for assuring that persons served under the terms of this Agreement meet the criteria specified in federal law for participants served under the Shelter Plus Care Program.
- F. The Project Sponsor shall comply with the policies and procedures in the DPSS Administrative Handbook for HUD Funded Programs, attached hereto as EXHIBIT D, and incorporated herein by this reference, and any and all laws applicable to the provision of services under this program. If required, this Agreement will be amended to reflect any additional requirements detailed in the Handbook
- G. The Project Sponsor shall provide housing vouchers that are in compliance with all applicable state, federal, and local housing codes, licensing and/or permit requirements, and any other requirement under which the project is located.
- H. The Project Sponsor shall provide six (6) units of project-based rental assistance to homeless and chronically homeless youth, in Coachella Valley, who are living on the street or in emergency shelters, as permitted by the U.S. Department of Housing and Urban Development.

- I. If funded for Transitional Housing or Permanent Housing, excluding Shelter Plus Care, the Project Sponsor shall only authorize program participants to inhabit a housing unit after DPSS has conducted an official Housing Quality Standard (HQS) Inspection.
- J. 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.
- K. DPSS retains the rights to the HMIS and case management software application used in the operations of this property.
- L. 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**

- 1. The Project Sponsor shall be reimbursed by the United States Department of Housing and Urban Development through the County, utilizing a draw down process, for an amount not to exceed \$349,200. Of this amount, up to 8% may be used for Shelter Plus Care administrative activities.
- 2. Administration of housing assistance includes processing rental payments to landlords, examining participant income, inspecting units for compliance with housing quality standards, and receiving participants into the program. These costs must be paid out of the original grant amount. No additional funds will be provided to administer the housing assistance. The payment shall constitute full and complete compensation for the Project Sponsor's services under this Agreement. Said funds shall be handled according to the budget shown below.

| Budgetary Category                          | Total            |
|---|------------------|
| RENTAL ASSISTANCE                           | \$321,264        |
| SHELTER PLUS CARE ADMINISTRATIVE ACTIVITIES | \$27,936         |
| <b>TOTAL</b>                                | <b>\$349,200</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 D**.
- 2. The Project Sponsor shall ensure that funds provided under this Agreement are not used to pay developer's fees, to establish working capital, or to operate deficit funds.
- 3. Match Documentation:



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

#### C. DISBURSEMENT OF FUNDS

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

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

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

1. The Project Sponsor shall complete all necessary closeout procedures required by DPSS within a period of not more than forty-five (45) calendar days from the expiration date of this Agreement. This time period will be referred to as the financial closeout period. After the expiration of the financial closeout period, those funds not paid to the Project Sponsor under this Agreement shall be recaptured by HUD. DPSS is not liable for any expenses or costs associated with this Agreement after the expiration of the financial closeout period.
2. The Project Sponsor shall provide a final financial audit for activities performed under this Agreement at the expiration of the financial closeout period as required by OMB Circular A-133.

## E. INSPECTION AND AUDITS

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

## F. WITHHELD PAYMENTS

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

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

#### G. FISCAL ACCOUNTABILITY

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

#### H. AVAILABILITY OF FUNDING

The County's obligation for payment of the Agreement beyond the term of the Agreement is contingent upon the availability of funding from the U.S. Department of Housing and Urban Development. No legal liability on the part of the County shall arise for payment beyond the term of the grant unless funds are made available for such performance.

### V. GENERAL PROVISIONS

#### A. TERM OF AGREEMENT

The Agreement shall be effective at the start of project operation and shall run through five (5) years after the start of project operation.

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

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

#### C. CONFLICT OF INTEREST

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

#### D. DEFAULT

1. A default shall consist of any use of grant funds for a purpose other than as authorized by this Agreement or failure in the Project Sponsor's duty to provide the supportive housing

for the minimum term in accordance with the requirements of the provisions of the Shelter Plus Care Rule, the Application, or this Agreement. In the event of an occurrence of default, DPSS and HUD may take one or more of the following actions:

- a. Issue a letter of warning advising the Project Sponsor of the default that establishes a date by which corrective actions must be completed and puts the Project Sponsor on notice that more serious actions will be taken if the default is not corrected or is repeated;
  - b. Direct the Project Sponsor to submit progress schedules for completing the approved activities;
  - c. Direct the Project Sponsor to establish and maintain a management plan that assigns responsibilities for carrying out remedial actions;
  - d. Direct the Project Sponsor to reimburse the program accounts for costs inappropriately charged to the program; or
  - e. Make recommendations to HUD to reduce or recapture the grant.
2. No Delay or omission by the County in exercising any right or remedy available to it under this Agreement shall impair any such right or remedy or constitute a waiver of acquiescence in any Project Sponsor default.

#### E. ASSIGNMENT

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

#### F. HOLD HARMLESS/INDEMNIFICATION

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

With respect to any action or claim subject to indemnification herein by Project Sponsor, Project Sponsor shall, at their sole cost, have the right to use counsel of their own choice and shall have the right to adjust, settle, or compromise any such action or claim without the prior consent of County; provided, however, that any such adjustment, settlement or compromise in

no manner whatsoever limits or circumscribes Project Sponsor's indemnification to County as set forth herein.

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

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

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

## G. INSURANCE

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

### **Workers' Compensation:**

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

### **Commercial General Liability:**

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

### **Professional Liability:**

**If, at any time during the duration of this Agreement and any renewal or extension thereof, the Contractor, its employees, agents or subcontractors provide professional counseling for issues of medical diagnosis, medical treatment, mental health, dispute resolution or any other services for which it is the usual and customary practice to maintain Professional Liability Insurance, the Contractor shall procure and maintain Professional Liability Insurance (Errors & Omissions), providing coverage for performance of work included within this Agreement, with a limit of liability of not less than \$1,000,000 per occurrence and \$2,000,000 annual aggregate. If Consultant's Professional Liability Insurance is written on a claims made basis rather than an**

occurrence basis, such insurance shall continue through the term of this Agreement. Upon termination of this Agreement or the expiration or cancellation of the claims made insurance policy Consultant shall purchase at his sole expense either 1) an Extended Reporting Endorsement (also known as Tail Coverage); or 2) Prior Dates Coverage from a new insurer with at retroactive date back to the date of, or prior to, the inception of this Agreement; or, 3) demonstrate through Certificate of Insurance that Consultant has maintained continuous coverage with the same or original insurer. Coverage provided under items: Workers' Compensation, Commercial General Liability or Professional Liability will continue for a period of five (5) years beyond the termination of this Agreement.

**Vehicle Liability:**

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

**General Insurance Provisions – All lines:**

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

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

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

#### H. INDEPENDENT PROJECT SPONSOR

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

#### I. SUBCONTRACTING

1. The Project Sponsor may not delegate his duties or obligations nor assign his rights hereunder, either in whole or in part, without prior written consent of DPSS. Any such attempt at delegation of assignment without prior written consent shall be void. Any change whatsoever in the corporate structure of the Project Sponsor, the governing body of the Project Sponsor, the management of the Project Sponsor, or the transfer of assets in excess of ten percent of the total assets of the Project Sponsor shall be an assignment of benefits under the terms of this Agreement requiring DPSS approval. All subcontracts

shall be made in writing and copies provided to DPSS. No subcontracts shall alter, in any way, any legal responsibility of the Project Sponsor to DPSS.

2. DPSS has the right to refuse reimbursement for obligations incurred under any subcontract that does not comply with the terms of this Agreement.
3. The Project Sponsor shall include in each subcontract all provisions that DPSS may require. These provisions will be made available to the Project Sponsor by DPSS.
4. Every subcontract shall specify:
  - a. The time period within which the subcontractor is to perform the subcontract. Subcontractor performance shall not begin prior to, nor extend beyond the time period of the contract between the Project Sponsor and DPSS;
  - b. The maximum dollar amount of the subcontract;
  - c. The responsibilities of each party under the subcontract;
  - d. A statement that the subcontractor and agents and employees of the subcontractor in the performance of the subcontract are acting in an independent capacity and not as officers, employees or agents of the State of California;
  - e. A statement that modification of the subcontract shall be in writing. Prior written DPSS approval is required;
  - f. Authorized representatives of DPSS and the federal government shall have access to any books, documents, papers, electronic data, and other records which these representatives may determine to be pertinent to this Agreement for the purpose of performing an audit, evaluation, inspection, review, assessment, or examination. These representatives are authorized to obtain excerpts, transcripts, and copies, as they deem necessary. Further, these authorized representatives shall have the right, upon request, to inspect or otherwise evaluate the work performed under this Agreement and the premises in which it is being performed;
  - g. This access to records includes, but is not limited to, service delivery, referrals, and financial and administrative documents for five (5) years after final payment was made, or until all pending county, state, and federal audits are completed, whichever is later;
  - h. A statement that the subcontract is the complete and exclusive statement of the mutual understanding of the parties, and that the subcontract supersedes and cancels all previous written and oral agreements and communications relating to the subject matter of the subcontract; and
  - i. A statement regarding default in case of subcontractor is in breach of the subcontract.

#### J. REPORTS AND RECORD KEEPING

1. The Project Sponsor agrees to submit an Annual Performance Report (APR), **Appendix 6 of Exhibit D**, 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, excluding Shelter Plus Care, 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 E** [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 F** [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 (as further specified in the TERMINATION Clause below) and may take any other remedies available by law, or otherwise specified in this Agreement. DPSS may also:

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

## L. TERMINATION

1. DPSS may 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. Project Sponsor will provide ninety (90) days written notification stating the extent and effective date of termination. The ninety-day period begins when notice is deposited in the U.S. Mail, postage paid.
4. Upon termination of this Agreement, the Project Sponsor shall not incur any obligations after any effective date of such termination, unless expressly authorized in writing by DPSS.
5. In the event the funding from HUD is reduced, terminated or otherwise becomes unavailable, DPSS shall provide written notice to the Project Sponsor within five (5) working days from the date that HUD reduces, suspends or terminates the grant funding. This Agreement shall be either terminated or amended to reflect said reduction in funds. DPSS shall make payments for all services performed up to the effective date of termination.

## M. USE OF FACILITY

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

#### N. SHELTER PLUS CARE PROGRAM COMPLIANCE

1. By executing this Agreement, the Project Sponsor hereby certifies that it will adhere to and comply with the following as they may be applicable to a recipient of funds granted pursuant to the Shelter Plus Care Program; the Application; and Shelter Plus Care Rule (24 CFR 582).
  - a. Section 92.350 Equal Opportunity and Fair Housing;
  - b. Section 92.351 Affirmative Marketing;
  - c. Section 92.352 Environmental Review;
  - d. Section 92.353 Displacement, relocation, and acquisition; the relocation requirements of Title II and the acquisition requirements of Title III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, and the implementing regulations at 24 CFR Part 42;
  - e. Section 92.354 Labor;
  - f. Section 92.355 Lead-based paint; the lead-based paint requirements of 24 CFR Part 35 issued pursuant to the Lead-based Poisoning Prevention Act (42 USC 4801, et seq.);
  - g. Section 92.356 Conflict of Interest;
  - h. Section 92.357 Debarment and Suspension;
  - i. The regulations, policies, guidelines, and requirements of 24 CFR Part 85.
2. The Project Sponsor shall comply with all federal, state and local laws and regulations pertinent to its operation and services to be performed hereunder, and shall keep in effect any and all licenses, permits, notices, and certificates as are required thereby. The Project Sponsor shall further comply with all laws applicable to wages and hours of employment, occupational safety and to fire, safety, health, and sanitation.

#### O. CHILD ABUSE REPORTING

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

**P. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

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

**Q. ELDER AND DEPENDENT ADULT ABUSE REPORTING**

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

**R. 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.

#### S. AUTHORITY

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

#### T. NOTICES

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

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

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

|                  |   |
|------------------|---|
| Project Sponsor: | Housing Authority of Riverside County<br>Heidi Marshall, Asst. Dir. Housing Authority/EDA<br>5555 Arlington Avenue<br>Riverside, CA 92504 |
|------------------|---|

#### U. ENTIRE AGREEMENT

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

## Before Starting the Exhibit 2 (Project) Application

This is the 2010 Exhibit 2 application required to be submitted for requesting funding for the Supportive Housing Program, Shelter Plus Care Program, and Section 8 Moderate Rehabilitation of Single Room Occupancy Program. HUD strongly encourages ALL applicants to review the following information BEFORE beginning the application.

Training resources are available online at: [www.hudhre.info/esnaps](http://www.hudhre.info/esnaps)

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

### Things to Remember

- Review the 2010 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program for specific application and program requirements.
  - All applicants, new and returning, must complete the SF-424 in e-snaps for 2010 before submitting the Exhibit 2 application.
  - Renewal applications - carefully review and update all 2010 Exhibit 2 applications that include data from the 2009 application. Questions may have been changed or removed, and the imported information may or may not be relevant.
  - The Exhibit 2 application for first-time renewal and new projects must not include data imported from the 2009 competition.
  - The total budget request for all renewal applications under SHP must be consistent with the total amounts listed on the CoC's 2010 SHP Grant Inventory Worksheet -- except for renewal projects reduced or eliminated through the CoC's HHN reallocation process.
  - The number of S+C units requested for each unit size in the project must be consistent with the number of units indicated on the CoC's 2010 S+C Grant Inventory Worksheet, as approved by HUD.
  - HUD will announce the 2010 conditional awards for renewal applications within 30-60 days of the closing of the CoC competition. Conditional awards for new applications will be announced after HUD has completed the project threshold review and the scoring of the CoC applications.
  - Use the instructions at the top of each form of the Exhibit 2 application to help complete the questions on that form.
  - The total budget request for each new project created through the CoC's HHN reallocation process must not exceed the amount transferred from the renewal projects. HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to the reallocation requirements. Applicants are strongly encouraged to double-check with the CoC Lead Agency to confirm total budget amounts.

## Project Information - Page 1

### Instructions:

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

1. Expiring Grant Number (no input required) - this field will populate with the grant number from the 2009 project that has been imported. This field can not be edited.
2. CoC Number and Name (required) - select the appropriate Continuum of Care (CoC) name and number from the drop-down menu.
3. Project Name (no input required) - 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.
4. Project Type (required) - 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.
5. Program Type (required) - 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).
6. Component Type (required) - each homeless assistance program features several components to help homeless people achieve independence. Select the one component that appropriately identifies the application being submitted.
7. In which state is the project located (required) - of the available states listed, select the state(s) in which the project is located. For new projects indicate the expected state location(s). The selected state(s) will be used to populate the available geography codes on the next form (Project Information - Page 2) of this application.
8. In which Congressional District(s) is the project located (required) - of the available congressional districts listed, select the district(s) in which the project is located. For new projects indicate the district(s) for proposed location(s). The selected district(s) will be used to send correspondence to the appropriate Congressional Representative(s).
9. Project Description (required) - 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 2009 application submission, if applicable. Please verify the accuracy of all populated fields.**



**1. Expiring Grant Number**

Field will appear blank unless populated with imported 2009 data.

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

**3. Project Name** Shelter Plus Care Project Based w/ OSH

**4. Project Type** New Project

**5. Program Type** S+C  
Content depends on "Project Type" selection

**6. Component Type** PRA  
Content depends on "Program Type" selection

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

**8. In which Congressional District(s) is the project located?** CA-045  
(for multiple selections hold CTRL + Key)

**9. Provide a general description of the project. The description must identify the target population and address the specific service and housing activities, including any housing development activities. (Max 3000 characters)**

The Housing Authority of Riverside County in partnership with Operation SafeHouse is proposing to establish six units of permanent supportive housing to serve chronically homeless transition age youth (18-23) in the Coachella Valley. These units will be funded through Project Based Shelter Plus Care rental certificates and will be located at Operation SafeHouse's comprehensive services campus, SafeHouse of the Desert, located in Thousand Palms, CA. The Housing Authority will serve as the official Project Sponsor and will directly administer the project based rental assistance. Operation SafeHouse will be the provider and coordinator of supportive services provided to project participants. This project has been reviewed and approved by Supervisor Benoit's office and is fully supported by the local community.

## 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 Project Information - Page 1.

#### NEW PROJECTS:

1. 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:

1a. Previous Samaritan Housing /Chronic Homeless Initiative funding (required) - if the project previously received funds under the Samaritan Housing or Chronic Homeless Initiatives, the project must continue to meet the requirements of either initiative for the life of the project.

1b. 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.

#### NEW AND RENEWAL PROJECTS:

A response to the following fields is required by both new and renewal projects - 2. Grant term (required) - the available terms will vary depending on the project and program types; 3. Use of energy star (required); 4. Serving persons in a rural area (required) - refer to the 2010 CoC NOFA for the definition of a rural area and a list of the counties that qualify; 5. Located on land previously owned by the military (required); and 6. Select the geographic code(s) that will be primarily served by the project (required) - all projects must identify the specific geographic code(s) that will be served by this project.

7. 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. Renewal projects may indicate only those activities listed on the 2010 SHP GIW.

#### 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 2009 application submission, if applicable. Please verify the accuracy of all populated fields.**

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

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

**1a. Special Initiative Applicable:** Permanent Housing Bonus

**2. Grant Term:** 5 Years

**3. Does the project use Energy Star?** Yes

**4. Is the project serving persons in a rural area?** No

Refer to the 2010 CoC NOFA for the definition of a rural area and a list of the counties that qualify.

5. Is the project located on land previously owned by the military? No
6. Select the geographic code(s) for area(s) served by the project, at the time of application. For new projects, select the code(s) for the area(s) that will be served. (for multiple selections hold CTRL + Key) 069065 RIVERSIDE COUNTY

**Project Location(s)**

The following list summarizes the project locations. To add a site location, select the "Add" option. To view or update a site location already listed, select the "Edit" option.

| Location Name | Ownership | Street Address |
|---------------|-----------|----------------|
| --            | Own       | --             |

The following list summarizes the project locations. To add a site location, select the "Add" option. To view or update a site location already listed, select the "Edit" option.

| Street Address 2 | City | State | Zip |
|------------------|------|-------|-----|
| --               | --   | --    | --  |

## 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  
Property Ownership    Own  
Street Address 1  
Street Address 2  
City  
State  
Zip Code  
Format: (12345 or 12345-1234)

## Project Sponsor Information

### Instructions:

1. 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.
2. Organization Name (required) - enter or update the legal name of the organization that will serve as the project sponsor.
3. Organization Type (required) - enter or update the type of business organization of the project sponsor.
4. DUNS Number (required) - enter or update DUNS Number in the proper format.
5. Tax ID or EIN (required) - enter or update the sponsor's ID or EIN in the proper format.
6. Street Address 1 (required) - enter or update the number and street name.
7. Street Address 2 (no input required) - enter the unit, suite, or floor if applicable.
8. City (required) - enter the location city.
9. State (required) - select or update the location State abbreviation from the drop-down menu.
10. Zip Code (required) - enter the location Zip Code in the proper format.
11. Faith Based Organization (required) - select Yes or No from the drop-down menu to denote if the sponsor is a faith based organization.
12. Prior Federal Grant Recipient (required) - select the appropriate answer that applies to the sponsor organization for this project.
13. Identify source documentation for sponsor's nonprofit status (required for nonprofit sponsors) - select from the dropdown menu the documentation that supports the sponsor's nonprofit status. The documentation indicated must be attached and submitted with the application.

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 2009 application submission, if applicable, and the SF-424, if the applicant is the same entity as the sponsor. Please verify the accuracy of all populated fields.**

**1. Is the project applicant the same as the project sponsor?** No

(If yes click on the "Save" button to auto-fill the fields below)

**2. Organization Name** Housing Authority of Riverside County

**3. Organization Type** L. Public/Indian Housing Authority

If "Other" specify:

|   |           |                    |  |
|---|-----------|--------------------|--|
| <b>4. DUNS Number</b><br>Format: xxxxxxxx of xxxxxxxxxxxx | 055022305 | <b>PLU<br/>S 4</b> |  |
|---|-----------|--------------------|--|

**5. Tax ID or EIN** 96-6001631  
Format: 12-3456789

**6. Street Address 1** 5555 Arlongton

**7. Street Address 2**

**8. City** Riverside

**9. State** California

**10. Zip Code** 92504  
Format: 12345 or 12345-1234

**11. Is the sponsor a Faith-Based Organization?** No

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

## Project Sponsor Contact Information

### Instructions:

1. Prefix (no input required) select Dr., Mr., Mrs., Ms., Miss, Rev ... from dropdown menu.
2. First Name (required) enter or update the First Name of the primary sponsor representative.
3. Middle Name (required) enter or update the Middle Name of the primary sponsor representative.
4. Last Name (required) enter or update the Last Name of the primary sponsor representative.
5. Suffix (no input required) select Jr., Sr., M.D., D.D.S., Ph.D, Esq from dropdown menu.
6. Title (required) enter or update the Title of the primary sponsor representative.
7. E-mail Address (required) enter or update the e-mail address of the primary sponsor representative.
8. Confirm E-mail Address (required) re-enter or update the sponsor e-mail address.
9. Phone Number (required) enter or update the sponsor's 10-digit Phone Number in prescribed format XXX-XXX-XXXX.
10. Extension (no input required) enter or update the Extension associated with the sponsor's Phone Number.
11. 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 2009 application submission, if applicable, and the SF-424, if the applicant is the same entity as the sponsor. Please verify the accuracy of all populated fields.**

1. Prefix Ms.
2. First Name Carrie
3. Middle Name
4. Last Name Harmon
5. Suffix
6. Title Principal Development Specialist
7. E-mail Address charmon@rivcoeda.org
8. Confirm E-mail Address charmon@rivcoeda.org
9. Phone Number 951-343-5461  
Format: 123-456-7890
10. Extension



**11. Fax Number** 951-688-6873  
**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).

Unresolved monitoring or audit findings on HUD McKinney-Vento Act grants, excluding ESG (required) - select Yes or No from the dropdown menu to indicate whether or not the sponsor has open OIG audit findings; poor or non-compliance with applicable Civil Rights Laws and/or Executive Orders; or open SNAPS related monitoring finding(s). The question is related to those projects for which the sponsor organization is either a direct grantee or a sponsor.

#### 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.**

Since 1990, Operation SafeHouse has been a respected service provider for homeless resident in Riverside County. SafeHouse runs two emergency shelters for homeless youth ages 12 - 17 and a Transitional Living Program located in downtown Riverside, CA. Established in 2000, the HUD sponsored Main Street TLP has the capacity to serve 20 homeless young adults, including those pregnant and/or parenting, in an independent, supportive living environment for up to 24 months. The TLP provides a safe alternative to life on the streets and chronic homelessness by providing the support and tools young people need to leave successful, independent lives.

Case management, employment assistance, life skills, transportation, financial assistance and counseling by a mental health therapist ensures that residents receive assistance and develop Individualized Living Plans that guide attainment to healthy lifestyles.

Having served this vulnerable population for the past decade, Operation SafeHouse continues to provide:

• A stable, safe, independent living environment, Individualized Living Plans based on the assessment of the residents needs, Improvements in life skills, an elevated sense of self-efficacy and self-esteem through supportive services. Services and referrals to prepare residents for obtaining secondary education and post-secondary education/vocational training, to prepare residents for obtaining employment and to access to medical and mental health treatment.

The approach utilized in reaching these objectives focuses on holistic development and their meaningful involvement in planning and delivering services; a continuum of services that includes a federally funded Street Outreach program; coordination within the county-wide collaborative efforts to reduce homelessness, such as the Continuum of Care; collaboration with numerous public and private agencies to ensure that the needs of homeless and runaway resident and families are addressed; and the continued attainment of various public and private resources to support program maintenance and quality of services.

**Describe applicable experience relating to the administration of rental assistance.**

The Housing Authority has been responsible for the acquisition, development, and operation of low income housing and the administration of assisted housing programs throughout Riverside County since 1944. The mission of the Housing Authority is to provide affordable, decent, safe, and sanitary housing for low income households including those who are homeless. This has been accomplished through the following programs: the Section 8 Housing Choice Voucher Program, Moderate Rehabilitation Program, the Public Housing Program, the Capital Fund Program, Housing Opportunities for Persons with AIDS (HOPWA), the Family Self Sufficiency Program (FSS), and targeted supportive housing programs for special needs populations. Housing owned and managed by the Housing Authority includes: 469 units of HUD funded public housing, 17 units of bond financed rental housing, a newly renovated farm worker community with 76 units of permanent housing, and one homeless shelter (Nightengale Manor) that is managed by a local non-profit. The Housing Authority has a staff of over 100 including administrators, accounting staff, supervisory personnel, housing specialists, maintenance workers, and clerical staff for over 900 years of combined service.

At present time, our direct service programs include the Family Self Sufficiency (FSS), the Resident Opportunity and Self-Sufficiency (ROSS) at El Dorado, and Homeownership programs. In addition to direct services, the Housing Authority also acts as a lead agency to facilitate community collaborations for the following special needs programs: Shelter Plus Care, Housing Opportunities for Persons With AIDS (HOPWA), our Foster Care Youth program, the Family Unification Program (FUP), and the new Homelessness Prevention and Rapid Re-Housing Program (HPRP). This partnering experience will ensure an effective partnership with Operation SafeHouse to address the needs to chronically homeless transition age youth.

**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.**

SafeHouse of the Desert is centrally located to local bus stops, shopping centers, educational facilities, and Interstate 10 (4 miles). The design of the program allows our residents to create their own individualized Plan, find employment and move on to independent living. Included in the Case Management plan is counseling, employment assistance, education assistance, transportation, financial assistance and life skills assistance. SafeHouse has been offering these services to their residents who live at the existing Main Street Transitional Living Program since 2000.

In order to ensure their success residents of Operation SafeHouse of the Desert will have access to several classes that will be offered on a weekly, bi-weekly, or monthly basis. Topics covered will be: Basic Life Skills and Information Independent Living Skills Training: Financial Education: Mental Health Counseling

Operation SafeHouse realizes that securing and maintaining permanent employment is an integral part of the resident making the transition to successful independent living. To this end, we offer several services to assist resident in their search for and their maintenance of employment. These include: Job search assistance, Help filling out applications, How to dress appropriately, Mock interviews, Assistance with job related conflict resolution, Job etiquette and Employer/Employee Roles and Responsibilities

In addition to the wide variety of services provided directly by SafeHouse, we also plan to work closely with a number of Service Providers including: Rabobank, N.A. (to provide Financial Education Services), Palm Springs Unified School District (to provide credit accumulation and/or GED preparation services) and Inland Counties Legal Services (to provide assistance with legal services).

Operation SafeHouse will utilize our longstanding relationships with many of the Desert's social service providers to supplement services already being provided. These include College of the Desert (college certificate programs), Riverside County Office of Education (job placement and training), Coachella Valley Sexual Assault Services (self-defense classes and education about sexual assault), Desert AIDS Project (education about AIDS and sexually transmitted diseases), Department of Public Social Services (obtaining birth certificates and other documentation for foster resident), Summer Resident Employment Training Program (employment), Incight (services for disabled resident).

Although residents do not have to leave the Permanent Supportive Housing program an exit plan will be formulated jointly by support services staff and the resident at the eighteen month mark.

Through services offered by the program, every effort will be made to give the resident the tools he/she needs to leave supportive housing and live independently including employment/education and life skills

## 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 |
|----------------------|-------|----------|------|
| Clustered apartments | 6     | 6        | 6    |

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

### **Instructions:**

1. 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.
2. 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.
3. 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.
4. 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.**

1. Housing Type: Clustered apartments

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

2. Units: 6
3. Bedrooms: 6
4. Beds: 6



## Project Participants - Households with Dependent Children

### Instructions:

1. Total number of households - (required) enter or update the total number of households served at a point in time.
2. Disabled adults - (in this row) 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).
3. Non-disabled adults - (in this row) 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).
4. Disabled children - (in this row) 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).
5. Non-disabled children - (in this row) 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).
6. Total persons - (calculated row) all fields are automatically calculated.
7. Total number of adults - (calculated row) all fields are automatically calculated.
8. Total number of children - (calculated row) all fields are automatically calculated.

**Additional Resources: Point in time - PIT (definition)** 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>

### Instructions - Subpopulations:

Chronically Homeless - must be disabled adults in households with or 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)

| 1. Total Number of Households                                      | 0 | Total Persons | Chronically Homeless | Severely Mentally Ill | Chronic Substance Abuse | Veterans | Persons with HIV/AIDS | Victims of Domestic Violence |
|--|---|---------------|----------------------|-----------------------|-------------------------|----------|-----------------------|------------------------------|
| 2. Disabled Adults   |   |               |                      |                       |                         |          |                       |                              |
| 3. Non-Disabled Adults   |   |               |                      |                       |                         |          |                       |                              |
| 4. Disabled Children   |   |               |                      |                       |                         |          |                       |                              |
| 5. Non-Disabled Children   |   |               |                      |                       |                         |          |                       |                              |
| 6. Total Persons<br>(click on "Save" to auto-calculate)            | 0 | 0             | 0                    | 0                     | 0                       | 0        | 0                     | 0                            |
| 7. Total Number of Adults<br>(click on "Save" to auto-calculate)   | 0 |               |                      |                       |                         |          |                       |                              |
| 8. Total Number of Children<br>(click on "Save" to auto-calculate) | 0 |               |                      |                       |                         |          |                       |                              |

## Project Participants - Households without Dependent Children

### Instructions:

1. Total number of households - (required) enter the total number of households with or served at a point in time.
2. Disabled adults - (in this row) 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).
3. Non-disabled adults - (in this row) 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).
4. Disabled unaccompanied youth - (in this row) 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).
5. Non-disabled unaccompanied youth - (in this row) 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).
6. Total persons - (calculated row) all fields are automatically calculated.
7. Total number of adults - (calculated row) all fields are automatically calculated.
8. Total number of unaccompanied youth - (calculated row) all fields are automatically calculated.

### Additional Resources:

Point in time - PIT (definition) 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>

### Instructions - Subpopulations:

Chronically Homeless must be disabled adults in households with or 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)

**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).**

| 1. Total Number of Households  | 6 | Total Persons | Chronically Homeless | Severely Mentally Ill | Chronic Substance Abuse | Veterans | Persons with HIV/AIDS | Victims of Domestic Violence |
|--|---|---------------|----------------------|-----------------------|-------------------------|----------|-----------------------|------------------------------|
| 2. Disabled Adults   | 6 | 2             |                      |                       |                         |          |                       |                              |
| 3. Non-Disabled Adults   |   |               |                      |                       |                         |          |                       |                              |
| 4. Disabled Unaccompanied Youth  |   |               |                      |                       |                         |          |                       |                              |
| 5. Non-Disabled Unaccompanied Youth  |   |               |                      |                       |                         |          |                       |                              |
| 6. Total Persons (click on "Save" to auto-calculate)                       | 6 | 2             | 0                    | 0                     | 0                       | 0        | 0                     | 0                            |
| 7. Total Number of Adults (click on "Save" to auto-calculate)              | 6 |               |                      |                       |                         |          |                       |                              |
| 8. Total Number of Unaccompanied Youth (click on "Save" to auto-calculate) | 0 |               |                      |                       |                         |          |                       |                              |

## Supportive Services for Participants

### Instructions:

1. Policies and practices consistent with the educational laws (required) - select Yes or No from the dropdown menu to denote if the applicant/sponsor has policies consistent with educational laws, including the McKinney-Vento Act, relating to the provision of educational and related services to individuals and families experiencing homelessness.

2. Designated staff person to ensure the homeless children receive educational needs (required) - select Yes or No from the dropdown menu to denote if the applicant/sponsor has a designated staff person responsible for ensuring that children are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services.

3. 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.

4. 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.

5a. 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.

5b. 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.

6. 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.**

1. For projects serving families, does the applicant/sponsor have policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness? Not Applicable

**2. For projects serving families, does the applicant/sponsor have a designated staff person responsible for ensuring that children are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services?** Not Applicable

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

An exit plan will be formulated by support services staff and the resident at the 18 month mark. Every effort will be made to give residents the tools they need to leave supportive housing and live independently including employment/education and life skills, including working with residents to enhance financial literacy skills, budgeting and utilizing public services, applying for section 8 housing or low income subsidies so that residents will be successful in maintaining permanent housing following their transition from the program. An updated list of affordable housing in the area will be kept on site. Staff will provide residents a range of housing types including PSH, affordable housing and private market rate housing so that each resident can transition into housing that is appropriate to their needs and will act as a guide for clients, helping them secure housing that is suitable to them upon exit and negotiating the process of applying for and securing permanent

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

Operation SafeHouse realizes that securing and maintaining permanent employment is an integral part of the resident making the transition to successful independent living. To this end, we offer several services to assist resident in their search for and their maintenance of employment. These include: Job search assistance, Help filling out applications, How to dress appropriately, Mock interviews, Assistance with job related conflict resolution, Job etiquette, Employer/Employee Roles and Responsibilities

**5. Specify the frequency of supportive services to be provided to project participants.**

| Supportive Services             | Select frequency |
|---------------------------------|------------------|
| Outreach                        | Monthly          |
| Case Management                 | Weekly           |
| Life Skills                     | Weekly           |
| Job Training                    | Monthly          |
| Alcohol and Drug Abuse Services |                  |
| Mental Health and Counseling    | Monthly          |
| HIV/AIDS Services               |                  |
| Health/Home Health Services     |                  |
| Education and Instruction       | Daily            |
| Employment Services             | Monthly          |

|                         |
|-------------------------|
| Child Care              |
| Transportation          |
| Other (Specify Below)   |
| Mainstream Benefit Asst |
| Other (Specify Below)   |
|                         |
| Other (Specify Below)   |
|                         |

|         |
|---------|
|         |
| Daily   |
|         |
| Monthly |
|         |
|         |
|         |

**6. 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:**

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

2. If total is less than 100% - indicate the other places from which homeless persons enter the project, in the text box provided.

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

4. 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 2009 application submission, if applicable. Please verify the accuracy of all populated fields.**

**1. 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.**

|      |  |
|------|--|
| 25%  | Persons who came from the street or other locations not meant for human habitation.  |
| 25%  | 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   |

**2. 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.**



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

The project plans to reach potential residents by using the SafeHouse Street Outreach Program, which is designed to attract individuals that meet the eligibility guidelines for project participation. Residents will be referred to SafeHouse through several community sources these agencies include: Riverside County Department of Social Services; Foster Resident Emancipation; the SafeHouse After Care Program; Incight; Resident Opportunity Center; Path of Life Shelter; Circle of Hope Shelter; Hemet Valley Restart Shelter; former residents, current residents; school counselors and teachers; foster parents & parents. SafeHouse will also advertise in the local papers and online.

**4. 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.**

If the project experiences difficulty in meeting the bonus requirements we will re-evaluate our intake procedures, expand our outreach plan and step up our net-working within our CoC to ensure the availability and referral of appropriate participants.

## Discharge Planning Policy

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

1. 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 \$349,000**

| Contributor         | Source  | Date of Commitment | Value of Commitments |
|---------------------|---------|--------------------|----------------------|
| Operation SafeHouse | Private | 10/27/2010         | \$349,000            |

## 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.

1. Type of Contribution (required) - select Cash or In-kind to denote the type of contribution being used as leveraging for this project.
2. Name of Contributor (required) - enter or update the name of the contribution.
3. 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.
4. Date of written commitment (required) - enter or update the date of the written contribution.
5. 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>

1. **Select the Type of Contribution** In Kind
2. **Name the Source of the Contribution** Operation SafeHouse
3. **Select Type of Source** Private
4. **Date of Written Commitment** 10/27/2010
5. **Value of Written Commitments** \$349,000

## Homeless Management Information System (HMIS) Participation

### Instructions:

1. 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.

2. 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.

3. 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.**

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

Click on the "Save" button below to enter additional information.

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

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

## Standard Performance Measures

**Instructions:**

For each applicable question on this form, the Applicant must establish performance measurement goals for this project. All applicants are required to set a housing stability goal and to select at least one other performance measure on which the grantee will report performance in the Annual Performance Report (APR). The "Universe" column specifies the total number of persons about whom the measure is expected to be reported. In the "Target #" column, applicants should specify the number of applicable clients (e.g., the number of persons for whom the goal is relevant) who are expected to achieve the measure within the operating year. The system will calculate a percentage in the "Target %" column. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be 80%.

- 1. Specify the universe and target numbers for the following required performance measure(s).  
Click 'Save' to calculate the target percent (%).**

| Housing Measure   | Universe (#) | Target (#) | Target (%) |
|---|--------------|------------|------------|
| a. Persons remaining in permanent housing as of the end of the operating year.                  | 6            | 4          | 67%        |
| b. Persons exiting to permanent housing (subsidized or unsubsidized) during the operating year. | 1            | 1          | 100%       |

- 2. Choose one income-related performance measure from below, and specify the universe and target numbers for the goal.  
Click 'Save' to calculate the target percent (%).**

| Housing Measure  | Universe (#) | Target (#) | Target (%) |
|--|--------------|------------|------------|
| a. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit. | 6            | 3          | 50%        |
| OR   |              |            |            |
| b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit.                  |              |            | 0%         |

## **Additional Performance Measures**

**Specify up to three additional measures on which the project will report performance in the Annual Performance Report (APR).**

## Shelter Plus Care Rental Assistance Budget

**Instructions:**

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

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

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

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

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

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

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

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

Additional resources:

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

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

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

In the budget chart below, enter or update the number of units for which funding is being requested. For renewal applications, the fields will populate with information from the 2009 application submission, if applicable. The number of units entered for each unit size should correspond to the units indicated on the Grant Inventory Worksheet. The remaining fields will populate once all required information is completed and saved.

| Size of Units | Number of Units |   | FMR   |   | Number of Months | = | Total     |
|---------------|-----------------|---|-------|---|------------------|---|-----------|
| SRO           |                 | X | \$641 | X | 60               | = | \$0       |
| 0 Bedroom     |                 | X | \$854 | X | 60               | = | \$0       |
| 1 Bedroom     | 6               | X | \$940 | X | 60               | = | \$338,400 |



**Applicant:** Riverside City & County CoC  
**Project:** Shelter Plus Care Project Based w/ OSH

CA-608  
 EX2\_029703

|            |  |   |         |   |    |   |     |           |
|------------|--|---|---------|---|----|---|-----|-----------|
| 2 Bedrooms |  | X | \$1,108 | X | 60 | = | \$0 |           |
| 3 Bedrooms |  | X | \$1,559 | X | 60 | = | \$0 |           |
| 4 Bedrooms |  | X | \$1,818 | X | 60 | = | \$0 |           |
| 5 Bedrooms |  | X | \$2,091 | X | 60 | = | \$0 |           |
| 6 Bedrooms |  | X | \$2,363 | X | 60 | = | \$0 |           |
| 7 Bedrooms |  | X | \$2,636 | X | 60 | = | \$0 |           |
| 8 Bedrooms |  | X | \$2,909 | X | 60 | = | \$0 |           |
| 9 Bedrooms |  | X | \$3,182 | X | 60 | = | \$0 |           |
| Total 6    |  |   |         |   |    |   |     | \$338,400 |

## Attachments

### Instructions

Logic Model - A template for the logic model can be downloaded from the documents menu (see left hand side of screen), modified, saved and uploaded here for the Exhibit 2 submission.

Nonprofit Documentation - Documentation of the sponsor's nonprofit status must be uploaded, if the applicant and project sponsor are different entities, and the sponsor is a nonprofit organization.

Rural Worksheet - Complete and attach the Rural worksheet located under the 'Reference Room' section of the esnaps training site - <http://esnaps.hudhre.info>

PHA Certification - Non-PHA Applicants for S+C SRO and Section 8 SRO projects must submit a signed and dated letter from an authorized representative of the local PHA certify that the Applicant is authorized to act on behalf of the PHA.

| Document Type                   | Required? | Document Description | Date Attached |
|---------------------------------|-----------|----------------------|---------------|
| Logic Model                     | Yes       | S+C PBRA OSH         | 11/08/2010    |
| Sponsor Nonprofit Documentation | No        |                      |               |
| Rural Housing Units Worksheet   | No        |                      |               |
| PHA Certification Letter        | No        |                      |               |

## **Attachment Details**

**Document Description:** S+C PBRA OSH

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**



|                             |             |
|-----------------------------|-------------|
| 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?

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

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

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



Community  
Connect

Please enclose your brochure and return to  
 2-1-1 Riverside County  
 P.O Box 5376  
 Riverside, CA 92517-5376  
 Phone: (951) 328-8290  
 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: \_\_\_\_\_

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Eligibility/Target Population: \_\_\_\_\_

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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: \_\_\_\_\_



Community  
Connect

Please enclose your procnure and return to  
 2-1-1 Riverside County  
 P.O Box 5376  
 Riverside, CA 92517-5376  
 (951) 328-8290  
 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

### **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

---

|                           |                               |              |
|---------------------------|-------------------------------|--------------|
| <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 |

---

|                         |   |              |
|-------------------------|---|--------------|
| <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

### 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

### 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.

---



## 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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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.

Participant  
Rent Charges

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.

Rent  
Calculations

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.

Participant  
Income Review

## 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:

**Operating Start Date**

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.
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.

**Annual Progress Report**

- 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 **Annual Progress Report (APR), Appendix 6**.
1. Through the APR, Sponsors report on how their project has met its objectives for the following goals:
    - a. Increased residential stability;
    - b. Increased skill level and/or income; and
    - b. Greater self-determination
  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.

**Semi-Annual Report**

- 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.

## **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.
- 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.

**Self-Monitoring  
Tools**

## 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.





**CERTIFICATION OF TENANT ROLL**

Riverside County Department of Public Social Services

MONTH OF:  SPONSOR NAME:  GRANT #:

|     | TENANT NAME<br>(Last, First) | UNIT TYPE<br>(# 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 \_\_\_\_\_ DATE