

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

511



**FROM: DEPARTMENT OF PUBLIC SOCIAL SERVICES**

**SUBMITTAL DATE:**  
February 22, 2011

**SUBJECT: U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT RENEWAL  
DPSS PROJECT SPONSOR AGREEMENTS—HO-02004, HO-02005, & HO-02006**

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

1. Authorize the Chairman of the Board to sign the attached renewal Project Sponsor Agreements [HO-02004, HO-02005, and HO-02006] between DPSS and Jewish Family Service of San Diego dba Desert SOS, Operation SafeHouse, and Path of Life Ministries, respectively.
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 Agreements, including amendments to the compensation provision that do not exceed the maximum reimbursable amounts of the Agreements (\$1,107,880); and
3. Authorize the Director of DPSS to administer the Project Sponsor Agreement with Jewish Family Service of San Diego dba Desert SOS, Operation SafeHouse, and Path of Life Ministries.

*Susan Loew*

Susan Loew, Director

(CONTINUED – 3 pages in total)

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ 143,854	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0	For Fiscal Year:	2010-11
<b>SOURCE OF FUNDS: 100% Federal Funds—HUD Supportive Housing Program</b>				Positions To Be Deleted Per A-30 <input type="checkbox"/>
				Requires 4/5 Vote <input type="checkbox"/>

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

APPROVE

*Debra Courmoyer*  
Debra Courmoyer

**County Executive Office Signature**

**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Tavaglione, seconded by Supervisor Ashley and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Buster, Tavaglione, Stone, Benoit and Ashley  
 Nays: None  
 Absent: None  
 Date: February 15, 2011  
 xc: DPSS, Auditor, Purchasing

Kecia Harper-Jhem  
Clerk of the Board  
By: *[Signature]*  
Deputy

**Prev. Agn. Ref.:** (DPSS 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100) **District:** 1, 4, 5 **Agenda Number:**

**3.25**

ATTACHMENTS FILED WITH  
THE CLERK OF THE BOARD

FORM APPROVED COUNTY COUNSEL BY *[Signature]* 1/11/11  
Purchasing: *[Signature]* Mark Seifer, Assistant Director  
Departmental Concurrence

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

**TO: BOARD OF SUPERVISORS**

**DATE: February 22, 2011**

**SUBJECT: U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
RENEWAL DPSS PROJECT SPONSOR AGREEMENTS—HO-02004,  
HO-02005, & HO-02006**

**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 which will include the renewal of Desert Vista Permanent Supportive Housing Program, Main Street Transitional Living Program, and King Hall Transitional Housing Program. Historically, there has been a delay (up to nine months) by HUD's Los Angeles Field Office in processing the Grant Agreements and Project Sponsors have continued to deliver services in advance of receiving funding. DPSS will use Fund Balance to cover these agreements and will be reimbursed by HUD when Grant Agreements are executed. In order for homeless persons to be serviced without interruption, DPSS requests that the Board execute the attached three (3) contracts that are due to expire. HUD's Grant Agreement will be presented to the Board for execution upon receipt. Following are descriptions of the three (3) renewal projects:

**Jewish Family Service of San Diego dba Desert SOS (JFSSD)** is a nonprofit organization located in the Coachella Valley. On June 3, 2010 Episcopal Community Services (ECS) notified DPSS they would no longer service the Desert Vista Grant. DPSS solicited for a replacement provider and JFSSD was selected as the most responsive. JFSSD will be assuming operational responsibility for the Desert Vista Permanent Supportive Housing program, as of March 1, 2011, from ECS. Desert Vista serves forty (40) homeless individuals living with chronic substance abuse, severe mental illness, veterans, and/or HIV/AIDS with Permanent Supportive Housing. The contract with ECS is due to expire on February 28, 2011. The renewal Grant with JFSSD will be from March 1, 2011 through February 28, 2012 in the amount of \$646,847. During the most recent reporting period ending February 28, 2010, ECS assisted fifty-four (54) persons. Services offered include housing, case management, life skills, and education and transportation assistance. Seventy two percent (72%; or 39 out of 54) of participants remained in the program for 6 months or more. Seventy-six percent (76%; or 16 out of 21) left the program for other permanent housing. There is no change to the population served, service site or mode of service delivery.

**Operation SafeHouse (OSH)**, a nonprofit organization, provides transitional housing to twenty Riverside County youths (ages 18-21). The facility is located in the city of Riverside and is known as Main Street Transitional Housing. The previous contract with OSH is due to expire on February 28, 2011. The renewal Grant will be from March 1, 2011 through February 28, 2012, in the amount of \$135,756. Services offered include case management, life skills, employment, transportation, education and health care assistance. During the most recent reporting period ending February 28, 2010, OSH reports that thirty-three (33) youth entered the program and thirty-seven (37) transitioned away from the program. Of those that transitioned away, forty six percent (46%; or 17 out of 37) left with employment income and ninety two percent (92%; or 34 out of 37) entered into permanent housing. There is no change to the population served, service site or mode of service delivery.

**TO: BOARD OF SUPERVISORS**

**DATE: February 22, 2011**

**SUBJECT: U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
RENEWAL DPSS PROJECT SPONSOR AGREEMENTS—HO-02004,  
HO-02005, & HO-02006**

**BACKGROUND (continued):**

**Path of Life Ministries (POLM)**, a nonprofit organization, provides transitional housing for thirty-five (35) families with children and fifteen (15) individuals. The facility is located on the March Air Reserve Base and is known as King Hall Transitional Housing. The current year contract with POLM is due to expire on March 31, 2011. The renewal Grant will be from April 1, 2011 through March 31, 2012 in the amount of \$325,277. Services offered include housing, case management, life skills, transportation, child care and employment assistance. During the most recent reporting period ending March 31, 2010, POLM reports that forty-one (41) families and seven (7) individuals entered the program. Forty-one (41) families and seven (7) individuals transitioned away from the program. Of those that transitioned away, seventy five percent (75%; or 36 out of 48) obtained permanent housing and fifty eight percent (28/48) of them had income. There is no change to the population served, service site or mode of service delivery.

**FINANCIAL DATA:** No County General Funds are required. Funding is 100% Federal funds. The full Grant amounts will be \$1,107,880; however, it is estimated that JFSSD, OSH, and POLM will expend \$143,854 in FY 2010-11, leaving \$964,026 to be expended in FY 2011-12.

**CONCUR/EXECUTE:** County Purchasing

**ATTACHMENTS:**

1. Project Sponsor Agreement (3 copies) between DPSS and Jewish Family Service of San Diego, dba Desert SOS
2. Project Sponsor Agreement (3 copies) between DPSS and Operation SafeHouse.
3. Project Sponsor Agreement (3 copies) between DPSS and Path of Life Ministries.

SL: mr

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

CONTRACT: **HO-02004**

PROJECT SPONSOR: **JEWISH FAMILY SERVICE OF SAN DIEGO dba  
DESERT SOS**

ACTIVITIES: **DESERT VISTA PERMANENT SUPPORTIVE HOUSING  
PROJECT**

AGREEMENT TERM: **MARCH 1, 2011 THROUGH FEBRUARY 28, 2012**

AGREEMENT AMOUNT: **\$646,847**

HUD PROJECT NUMBER: **CA0670B9D080803**

**RECITALS**


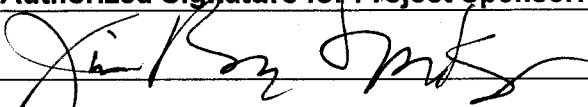
This Agreement is made and entered into by and between the County of Riverside, hereinafter referred to as "County," and Jewish Family Service of San Diego dba Desert SOS, hereinafter referred to as the "Project Sponsor."

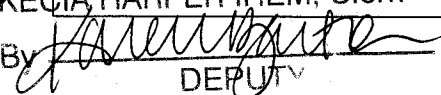
**WITNESSETH**

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

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

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

<b>Authorized Signature for the Board:</b>	<b>Authorized Signature for Project Sponsor:</b>
	
Printed Name of Person Signing:	Printed Name of Person Signing:
Bob Buster	Jill Borg Spitzer
Title: Chairman, Board of Supervisors	Title: Executive Officer
Address: 4080 Lemon Street Riverside, CA 92501	Address: 8804 Balboa Avenue San Diego, CA 92123
Date Signed:	Date Signed:
KECIA HARPER-IHEM, Clerk      FEB 15 2011	

ATTEST:  
By   
DEPUTY

FORM APPROVED COUNTY COUNSEL  
BY  1/4/11  
JANICE R-MCKENNA DATE

FEB 15 2011 3.25



**JEWISH FAMILY SERVICE OF SAN DIEGO dba DESERT SOS**

**SUPPORTIVE HOUSING PROGRAM**

**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 – Client Intake Form
- EXHIBIT F – Tenant Change Notice Form
- EXHIBIT G – Certification of Tenant Roll Form

## I. DEFINITIONS

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

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

## II. DPSS RESPONSIBILITIES

- A. DPSS shall assure that the services provided by the Project Sponsor comply with all applicable federal, state, county, and local government laws, rules, regulations, policies and procedures.
- B. DPSS shall assign staff to serve as liaison and program coordinator between DPSS and the Project Sponsor. This staff will provide the Project Sponsor programmatic consultation and advise the Project Sponsor of all-pertinent existing guidelines and regulations. Additionally, the staff will provide or arrange for consultation and technical assistance to the Project Sponsor as needed.
- C. DPSS will assign staff to monitor the performance of the Project Sponsor in performing the terms, conditions, and specifications of this Agreement. DPSS, at its sole discretion, may monitor the performance of the Project Sponsor through any combination of the following methods which may include, but are not limited to: 1) periodic reviews, including on-site visits; (2) evaluations of the quantity or level and quality of services provided by the Project Sponsor; (3) annual inspection of all available fiscal statements and other records maintained by the Project Sponsor; and (4) annual statements that the Project Sponsor is required to complete under this Agreement.

### III. PROJECT SPONSOR RESPONSIBILITIES

- A. The Project Sponsor shall be responsible for the overall administration of the Project, including overseeing all subcontractors, client services, and case management, medical care, social services support, and legal support, in the jurisdiction of the Project Sponsor. The Project Sponsor will also provide client link ages to other sources of support for homeless people (including veterans) living with chronic substance abuse, severe mental illness, and/or HIV/AIDS. The Project Sponsor will keep records and reports established to carry out the program in an effective and efficient manner. These records and reports must include racial and ethnic data on participants for program monitoring and evaluation.
- B. The Project Sponsor shall provide services as set forth in the Project Application, attached hereto as **Exhibit A**, and incorporated herein by this reference.
- C. The Project Sponsor shall comply with all requirements of this Agreement and accept responsibility for such compliance by any entities to which the Project Sponsor makes this grant funding available.
- D. The Project Sponsor shall register its agency and/or program, as funded by DPSS, with 2-1-1 Riverside County, by faxing the 2-1-1 registration forms attached hereto as **Exhibits 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.

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

- **Telephone:** (800) 464-1123 or at (951) 686-4402,  
Monday through Friday - 8:00 am to 5:00 pm;
  - **U.S. Postal Service:** P.O. 5376, Riverside, CA 92517-5376; or
  - **E-mail:** 211info@vcrivco.org
- E. The Project Sponsor will be responsible for assuring that persons served under the terms of this Agreement meet the criteria specified in federal law for participants served under the Supportive Housing Program.
  - F. The Project Sponsor shall comply with the policies and procedures in the DPSS Administrative Handbook for HUD Funded Programs, attached hereto as **Exhibit D** and incorporated herein by this reference, and all laws applicable to the provision of services under this program. If required, this Agreement will be amended to reflect any additional requirements detailed in the Handbook.
  - G. The Project Sponsor agrees to participate in the Homeless Management Information System (HMIS). Participation is defined by HMIS training attendance, complying with Riverside County HMIS security policies and procedures, and entering required client data on a regular basis.

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

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

The Required Universal Data Elements are:

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

Other Required Data Elements:

- 1 Housing Check-In
- 2 Housing Check-Out

In addition to the above data elements, programs that receive HUD homeless assistance funding through the annual Continuum of Care (CoC) competition and complete APRs will be required to report clients' progress on all Program-Specific Data Elements below.

The Program-Specific Data Elements are:

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

Additional Program-Specific Data Elements are (Optional):

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

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

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

#### IV. FISCAL PROVISIONS

##### A. OBLIGATION

The Project Sponsor shall be reimbursed by HUD, utilizing a draw down process, for an amount not to exceed \$631,720. The County shall be reimbursed by HUD for an amount not to exceed \$15,127. Said funds shall be spent according to the budget shown below.

Budget Category	Total
PROPERTY LEASING	\$298,771
OPERATING COSTS	\$111,230
SUPPORTIVE SERVICES	\$190,202
HOMELESS MANAGEMENT INFORMATION SYSTEM	\$16,390
ADMINISTRATIVE COSTS (PROJECT SPONSOR)	\$15,127
ADMINISTRATIVE COSTS (COUNTY)	\$15,127
<b>Total</b>	<b>\$646,847</b>

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

##### B. METHOD, TIME, AND CONDITION OF PAYMENTS

1. The Project Sponsor shall submit to DPSS a monthly claim in accordance with the Administrative Handbook, **Exhibit 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 operate deficit funds.
  - a. Cash Match Documentation

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

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

### C. BUDGET MODIFICATIONS

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

a. Changes within a Budget Category

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

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

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

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

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

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

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

a. Conditions for Approval

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

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

b. Requests for Approval

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

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

c. Budget Rollover of unused funds

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

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

#### D. DISBURSEMENT OF FUNDS

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

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

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

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



**F. INSPECTION AND AUDITS**

1. The Project Sponsor shall manage monies received through DPSS in accordance with sound accounting policies; incur and claim only eligible costs for reimbursement; and adhere to accounting standards established in OMB Circulars A-110, A-122 and A-133.
2. The Project Sponsor shall maintain auditable books, records, documents, and other evidence pertaining to costs and expenses in this Agreement. The Project Sponsor shall maintain these records for five (5) years after final payment has been made or until all pending DPSS, state, and federal audits, if any, are completed, whichever is later.
3. Authorized representatives of DPSS and the federal government shall have access to any books, documents, papers, electronic data, and other records, which these representatives may determine to be pertinent to this Agreement for the purpose of performing an audit, evaluation, inspection, review, assessment, or examination. These representatives are authorized to obtain excerpts, transcripts, and copies, as they deem necessary. Further, these authorized representatives shall have the right, upon request, to inspect or otherwise evaluate the work performed under this Agreement and the premises in which it is being performed.
4. This access to records includes, but is not limited to, service delivery, referrals, and financial and administrative documents for five (5) years after final payment was made, or until all pending county, state, and federal audits are completed, whichever is later.
5. Should the Project Sponsor disagree with any audit conducted by DPSS, the Project Sponsor shall have the right to employ a licensed, Certified Public Account (CPA) to prepare and file with DPSS a certified financial and compliance audit (in compliance with generally accepted government auditing standards) of related services provided during the term of this Agreement. The Project Sponsor will not be reimbursed by DPSS for such an audit.
6. In the event the Project Sponsor does not make available its books and financial records at the location where they are normally maintained, the Project Sponsor agrees to pay all necessary and reasonable expenses, including legal fees, incurred by DPSS in conducting any audit.
7. All contract deliverables and equipment furnished or utilized in the performance of this Agreement shall be subject to inspection by DPSS at all times during the term of this Agreement. The Project Sponsor shall provide adequate cooperation to any employee assigned by DPSS in order to permit their determination of the Project Sponsor's conformity with specifications and adequacy of performance and services being provided in accordance with this Agreement.

**G. WITHHELD PAYMENTS**

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

final determination by DPSS of disallowed expenditures or indebtedness, DPSS may deduct and retain the amount of the disallowed or indebtedness from the amount of the withheld funds.

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

#### H. FISCAL ACCOUNTABILITY

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

#### I. AVAILABILITY OF FUNDING

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

### V. GENERAL PROVISIONS

#### A. TERM OF AGREEMENT

The Agreement shall be effective from March 1, 2011 through February 28, 2012.

#### B. INDEPENDENT CAPACITY

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

#### C. SUPPORTIVE HOUSING PROGRAM COMPLIANCE

By executing this Agreement, the Project Sponsor hereby certifies that it will adhere to and comply with the following as they may be applicable to a recipient of funds granted pursuant to the Supportive Housing Program, including; HUD Application, Technical Submission; Supportive Housing Program Rule (24 CFR 583); this Agreement, and the applicable Notice of Funding Availability (NOFA).

#### D. CONFLICT OF INTEREST

The Project Sponsor covenants that it presently has no interest in, including but not limited to, other projects or independent agreements, and shall not acquire any such interest, direct or indirect, which is, or which the Project Sponsor believes to be, incompatible in any manner or degree with the performance of services required to be performed under this Agreement. The Project Sponsor further covenants that in the performance of this Agreement, no person having any such interest shall be employed

or retained by the Project Sponsor under this agreement. The Project Sponsor agrees to inform DPSS of all of the Project Sponsor's interests, if any, which are or which the Project Sponsor believes to be incompatible with any interest of DPSS. The County will make final determination of any dispute about conflict(s) of interest.

#### E. DEFAULT

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

#### F. HOLD HARMLESS/INDEMNIFICATION

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

With respect to any action or claim subject to indemnification herein by Contractor, Contractor shall, at their sole cost, have the right to use counsel of their own choice and shall have the right to adjust, settle, or compromise any such action or claim

without the prior consent of County; provided, however, that any such adjustment, settlement or compromise in no manner whatsoever limits or circumscribes Contractor's indemnification to County as set forth herein.

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

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

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

#### G. INSURANCE

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

##### Workers' Compensation:

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

##### Commercial General Liability:

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

##### Professional Liability:

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

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

Vehicle Liability:

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

General Insurance Provisions – All lines:

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

**CONTRACTOR shall not commence operations until the COUNTY has been furnished original Certificate (s) of Insurance and certified original copies of endorsements and if requested, certified original policies of insurance including all endorsements and any and all other attachments as required in this Section. An individual authorized by the insurance carrier to do so on its behalf shall sign the original endorsements for each policy and the Certificate of Insurance.**

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

#### H. INDEPENDENT CONTRACTOR

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

#### I. SUBCONTRACTING

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

Sponsor shall be an assignment of benefits under the terms of this Agreement requiring DPSS approval. All subcontracts shall be made in writing and copies provided to DPSS. No subcontracts shall alter, in any way, any legal responsibility of the Project Sponsor to DPSS.

2. DPSS has the right to refuse reimbursement for obligations incurred under any subcontract that does not comply with the terms of this Agreement.
3. The Project Sponsor shall include in each subcontract all provisions that DPSS may require. These provisions will be made available to the Project Sponsor by DPSS.
4. Every subcontract shall specify:
  - a. The time period within which the subcontractor is to perform the subcontract. Subcontractor performance shall not begin prior to, nor extend beyond the time of the contract between the Project Sponsor and DPSS.
  - b. The maximum dollar amount of the subcontract.
  - c. The responsibilities of each party under the subcontract.
  - d. A statement that the subcontractor, agents, and employees of the subcontractor in the performance of the subcontract are acting in an independent capacity and not as officers, employees, or agents of the State of California.
  - e. A statement that modification of the subcontract shall be in writing. Prior written DPSS approval is required.
  - f. A statement that the subcontract is the complete and exclusive statement of the mutual understanding of the parties and that the subcontract supersedes and cancels all previous written and oral agreements and communications relating to the subject matter of the subcontract.
  - g. A statement regarding default in case of subcontractor is breach of subcontract.

#### J. REPORTS AND RECORD KEEPING

1. The Project Sponsor agrees to submit an Annual Progress Report (APR), **Appendix 6 of Exhibit 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, the Project Sponsor agrees to notify DPSS immediately upon knowledge of a participant entering and exiting a housing unit. The notification document, attached hereto as **Exhibit F**

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

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

4. If funded for Transitional Housing, Permanent Housing, or Shelter Plus Care, the Project Sponsor agrees to provide DPSS with a monthly residential log of participants, attached hereto as **Exhibit G** [Certification of Tenant Roll] and incorporated herein by this reference. The residential log is due, by fax or scanned and sent by e-mail to the DPSS SHP/HUD Program Specialist, on or before the 10<sup>th</sup> (tenth) business day following the reporting month, regardless of the means by which the report is sent to DPSS. Both the fax number and e-mail address of the Homeless Programs Unit are provided above (reference 3).
5. The Sponsor agrees to collect and maintain records of participants for required federal, state, and county reports. Authorized representatives shall have the right at all reasonable times to access, inspect, or otherwise evaluate the work performed under this Agreement. Maintenance of records and access to them by authorized representatives is required for five (5) years after final payment is made under this program, or until all pending County, State, and Federal audits are completed, whichever is later.

#### K. SANCTIONS

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

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



**L. TERMINATION**

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

**M. COMPLIANCE WITH LAW**

1. By executing this Agreement, the Project Sponsor hereby certifies that it will adhere to and comply with the following as they may be applicable to a the Project Sponsor of funds granted pursuant to the Supportive Housing Program; the Application and Technical Submission; Supportive Housing Rule (24 CFR 583); and the Notice of Funding Availability (NOFA), published at 63 FR 23997, on February 26, 1999.
  - a. Section 92.350 Equal Opportunity and Fair Housing;
  - b. Section 92.351 Affirmative Marketing;
  - c. Section 92.352 Environmental Review;
  - d. Section 92.353 Displacement, relocation, and acquisition; the relocation requirements of Title II and the acquisition requirements of Title III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, and the implementing regulations at 24 CFR Part 42;
  - e. Section 92.354 Labor;
  - f. Section 92.356 Conflict of Interest;

- g. Section 92.357 Debarment and Suspension;
- h. The regulations, policies, guidelines, and requirements of 24 CFR Part 85.
2. The Project Sponsor shall comply with all federal, state, and local laws and regulations pertinent to its operation and services to be performed hereunder, and shall keep in effect all licenses, permits, notices, and certificates as are required thereby. The Project Sponsor shall further comply with all laws applicable to wages and hours of employment, occupational safety and to fire, safety, health, and sanitation.

#### N. NOTICES

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

DPSS: Department of Public Social Services  
(Contract Issues) Contracts Administration Unit  
10281 Kidd Street, 1<sup>st</sup> Floor  
Riverside, CA 92503

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

Project Sponsor: Jewish Family Service of San Diego  
dba Desert SOS  
Attn: Executive Officer  
8804 Balboa Avenue  
San Diego, CA 92123

#### O. ASSIGNMENTS

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

#### P. DISPUTES

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

#### Q. CHILD ABUSE REPORTING

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

#### R. ELDER AND DEPENDENT ABUSE REPORTING

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

#### S. EMPLOYMENT PRACTICES

1. The Contractor shall not discriminate in its recruiting, hiring, promoting, demoting, or terminating practices on the basis of race, religious creed, color, national origin, ancestry, physical handicap, medical condition, marital status, age, or sex in the performance of this Agreement, and to the extent they shall apply, with the provisions of the California Fair Employment and Housing Act (commencing with Gov. Code section 12900 et. seq.), and the Federal Civil Rights Act of 1964 (P. L. 88-352).
2. In the provision of benefits, the Contractor shall certify and comply with Public Contract Code 10295.3, to not discriminate between employees with spouses and employees with domestic partners, or discriminate between the domestic partners and spouses of those employees.

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

#### T. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

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

#### U. CLEAN AIR/WATER ACTS

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

**V. LEAD-BASED PAINT**

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

**W. AUTHORITY**

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

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

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

**Y. ENTIRE AGREEMENT**

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

## 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** CA0670B9D080802

Field will appear blank unless populated with imported 2009 data.

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

**3. Project Name** Desert Vista Permanent Housing

**4. Project Type** Renewal Project

**5. Program Type** SHP

Content depends on "Project Type" selection

**6. Component Type** PH

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-041, CA-044, CA-045, CA-049  
(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)**

Desert Vista is a permanent supportive housing program providing 40 beds for homeless persons with a physical and/or mental health disability. The program conducts extensive outreach and provides intensive case management as well as an array of supportive services to assist residents in obtaining and maintaining permanent housing and maximizing their autonomy and independence.

## 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.**

**1a. Was the original project awarded as a Samaritan Housing project?** No

**1b. Were one or more projects consolidated with this project?** No

**2. Grant Term** 1 Year

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



**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

Leasing	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operations	<input checked="" type="checkbox"/>
HMIS	<input checked="" type="checkbox"/>

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

If "Other" specify:

<b>4. DUNS Number</b> Format: xxxxxxxx or xxxxxxxxxxxxxx	072946086	<b>PLU S 4</b>	
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**5. Tax ID or EIN** 95-1644024  
Format: 12-3456789

**6. Street Address 1** 8804 Balboa Ave

**7. Street Address 2**

**8. City** San Diego

**9. State** California

**10. Zip Code** 92123  
Format: 12345 or 12345-1234

**11. Is the sponsor a Faith-Based Organization?** Yes

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

Documentation of the sponsor's nonprofit status is required with the submission of this application

## 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 Mrs.
2. First Name Linda
3. Middle Name
4. Last Name Barrack
5. Suffix
6. Title Director
7. E-mail Address lindab@jfssd.org
8. Confirm E-mail Address lindab@jfssd.org
9. Phone Number 760-877-0322  
Format: 123-456-7890
10. Extension

**11. Fax Number** 760-327-4516  
**Format:** 123-456-7890

## 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
Shared housing	6	18	18
Scattered-site apartments (...)	22	22	22

## 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:** Shared housing

### Total for Selected Housing Type

2. Units: 6
3. Bedrooms: 18
4. Beds: 18

## 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:** Scattered-site apartments (including efficiencies)

**Total for Selected Housing Type**

**2. Units:** 22

**3. Bedrooms:** 22

**4. Beds:** 22



## 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 (click on "Save" to auto-calculate)	0	0	0	0	0	0	0	0
7. Total Number of Adults (click on "Save" to auto-calculate)	0							
8. Total Number of Children (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	40						
	Total Persons	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
2. Disabled Adults	40	28	16	10	1	4	0
3. Non-Disabled Adults	0						0
4. Disabled Unaccompanied Youth			0			0	
5. Non-Disabled Unaccompanied Youth	0						0
6. Total Persons (click on "Save" to auto-calculate)	40	28	16	10	1	4	0
7. Total Number of Adults (click on "Save" to auto-calculate)	40						
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

## 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.**

70%	Persons who came from the street or other locations not meant for human habitation.
30%	Person who came from Emergency Shelters.
0%	Persons who came from Safe Havens.
0%	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.**

## 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.	40	26	65%
b. Persons exiting to permanent housing (subsidized or unsubsidized) during the operating year.			0%

**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.	40	20	50%
<b>OR</b>			
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).**

## SHP Operating Budget

**Instructions:**

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

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

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

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

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

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

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

Other Resources (no input required) - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount (\$) available per grant year.

Additional resources:

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

**For each year of the grant term, enter the quantity and total budget request for each operating activity. For renewal applications, the fields will populate with information from the 2009 application submission, if applicable. Please make sure that the budget requests for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

Eligible Costs	Quantity (limit 400 characters)	SHP Request Year 1	Total
1.Maintenance/Repair	\$833.33 x 12 mos @ 75%	\$7,500	\$7,500
2.Staff	Total 2.2 FTEs + FB/Taxes @ 75%	\$68,765	\$68,765
3.Utilities	\$785/mo x 12 @ 75%	\$7,065	\$7,065
4.Equipment (lease/buy)	\$350 x 12 @ 75%	\$3,150	\$3,150
5.Supplies	\$1250 x 12 @ 75%	\$11,250	\$11,250
6.Insurance	Total cost = \$5000 @ 75%	\$3,750	\$3,750
7.Furnishings	\$1000 x 12 @ 75%	\$9,000	\$9,000
8.Relocation	none	\$0	\$0

<b>9. Other (must specify *)</b>			
<b>Legal Direct (evictions)</b>	Total cost = \$1000 @ 75%	\$750	\$750
		\$0	\$0
<b>10. Total SHP Request</b>		\$111,230	\$111,230
<b>11. Cash Match</b>		\$37,077	\$37,077
<b>12. Total SHP Operating Budget</b>		\$148,307	\$148,307
<b>13. Other Resources* (cash and in-kind)</b>		\$0	\$0

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

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

## **SHP Leasing Budget**

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

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

**Summary SHP Leased Budgets \$298,771**

## SHP Leasing Budget Detail

**Instructions:**

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

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

Number of units/structures (required) - for each unit size or structure, enter or update the number of units or structures for which funding is being requested. For new projects requesting funds for leasing one or more structure, enter zero in any one of the fields.

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

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

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

Additional resources:

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

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

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

	Number of Units/Structures	Funds Requested
Leased Units	2	\$22,316
Leased Structures	0	\$0

## SHP Leasing Budget Detail

**Instructions:**

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

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

Number of units/structures (required) - for each unit size or structure, enter or update the number of units or structures for which funding is being requested. For new projects requesting funds for leasing one or more structure, enter zero in any one of the fields.

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

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

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

Additional resources:

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

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

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

	Number of Units/Structures	Funds Requested
Leased Units	2	\$29,110
Leased Structures	0	\$0

## SHP Leasing Budget Detail

**Instructions:**

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

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

Number of units/structures (required) - for each unit size or structure, enter or update the number of units or structures for which funding is being requested. For new projects requesting funds for leasing one or more structure, enter zero in any one of the fields.

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

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

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

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

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

	Number of Units/Structures	Funds Requested
Leased Units	2	\$13,008
Leased Structures	0	\$0

## SHP Leasing Budget Detail

### Instructions:

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

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

Number of units/structures (required) - for each unit size or structure, enter or update the number of units or structures for which funding is being requested. For new projects requesting funds for leasing one or more structure, enter zero in any one of the fields.

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

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

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

	Number of Units/Structures	Funds Requested
Leased Units	1	\$6,504
Leased Structures	0	\$0

## SHP Leasing Budget Detail

### Instructions:



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

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

Number of units/structures (required) - for each unit size or structure, enter or update the number of units or structures for which funding is being requested. For new projects requesting funds for leasing one or more structure, enter zero in any one of the fields.

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

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

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

	Number of Units/Structures	Funds Requested
Leased Units	3	\$19,512
Leased Structures	0	\$0

## SHP Leasing Budget Detail

### Instructions:

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

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

Number of units/structures (required) - for each unit size or structure, enter or update the number of units or structures for which funding is being requested. For new projects requesting funds for leasing one or more structure, enter zero in any one of the fields.

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

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

	Number of Units/Structures	Funds Requested
Leased Units	2	\$13,800
Leased Structures	0	\$0

## SHP Leasing Budget Detail

### Instructions:

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

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

Number of units/structures (required) - for each unit size or structure, enter or update the number of units or structures for which funding is being requested. For new projects requesting funds for leasing one or more structure, enter zero in any one of the fields.

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

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

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

	Number of Units/Structures	Funds Requested
Leased Units	1	\$11,158
Leased Structures	0	\$0

## SHP Leasing Budget Detail

### Instructions:

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

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

Number of units/structures (required) - for each unit size or structure, enter or update the number of units or structures for which funding is being requested. For new projects requesting funds for leasing one or more structure, enter zero in any one of the fields.

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

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

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

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

	Number of Units/Structures	Funds Requested
Leased Units	1	\$11,158
Leased Structures	0	\$0

## SHP Leasing Budget Detail

**Instructions:**

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

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

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

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

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

	Number of Units/Structures	Funds Requested
Leased Units	2	\$22,316
Leased Structures	0	\$0

## SHP Leasing Budget Detail

**Instructions:**

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

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

Number of units/structures (required) - for each unit size or structure, enter or update the number of units or structures for which funding is being requested. For new projects requesting funds for leasing one or more structure, enter zero in any one of the fields.

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

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

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

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

	Number of Units/Structures	Funds Requested
Leased Units	2	\$14,400
Leased Structures	0	\$0

## SHP Leasing Budget Detail

### Instructions:

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

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

Number of units/structures (required) - for each unit size or structure, enter or update the number of units or structures for which funding is being requested. For new projects requesting funds for leasing one or more structure, enter zero in any one of the fields.

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

	Number of Units/Structures	Funds Requested
Leased Units	1	\$18,706
Leased Structures	0	\$0

## SHP Leasing Budget Detail

**Instructions:**

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

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

Number of units/structures (required) - for each unit size or structure, enter or update the number of units or structures for which funding is being requested. For new projects requesting funds for leasing one or more structure, enter zero in any one of the fields.

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

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

	Number of Units/Structures	Funds Requested
Leased Units	1	\$18,706
Leased Structures	0	\$0

## SHP Leasing Budget Detail

### Instructions:



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

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

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

	Number of Units/Structures	Funds Requested
Leased Units	1	\$18,707
Leased Structures	0	\$0

## SHP Leasing Budget Detail

**Instructions:**

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

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

	Number of Units/Structures	Funds Requested
Leased Units	1	\$28,800
Leased Structures	0	\$0

## SHP Leasing Budget Detail

### Instructions:

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

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

	Number of Units/Structures	Funds Requested
Leased Units	5	\$50,570
Leased Structures	0	\$0

## SHP Leasing Budget Detail

### Instructions:

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

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

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

	Number of Units/Structures	Funds Requested
Leased Units		
Leased Structures	0	\$0

## SHP Leasing Budget Detail

**Instructions:**

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

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

	Number of Units/Structures	Funds Requested
Leased Units		
Leased Structures	0	\$0

## SHP Leasing Budget Detail

### Instructions:

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

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

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

	Number of Units/Structures	Funds Requested
Leased Units		
Leased Structures	0	\$0

## SHP Leasing Budget Detail

### Instructions:

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

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

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

	Number of Units/Structures	Funds Requested
Leased Units		
Leased Structures	0	\$0

## SHP Leasing Budget Detail

### Instructions:

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

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

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

	Number of Units/Structures	Funds Requested
Leased Units		
Leased Structures	0	\$0



## SHP Supportive Services Budget

### Instructions:

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

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

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

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

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

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

Other Resources (no input required) - if there are in-kind or additional cash resources above the requested cash match requirement, enter or update the total amount (\$) available per grant year.

Additional resources:

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

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

**For each year of the grant term, enter the quantity and total budget request for each supportive service activity. For renewal applications, the fields will populate with information from the 2009 application submission, if applicable. Please make sure that the budget requests for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

Supportive Services Costs	Quantity (limit 400 characters)	SHP Request Year 1	Total
1. Outreach	1.0 FTE + FB/Taxes @ 80% + staff mileage	\$35,977	\$35,977
2. Case Management	3.28 FTEs + FB/Taxes @ 80%; phone; mileage	\$117,746	\$117,746
3. Life Skills (outside of case management)	n/a	\$0	\$0
4. Alcohol and Drug Abuse Services	n/a	\$0	\$0
5. Mental Health and Counseling Services	n/a	\$0	\$0
6. HIV/AIDS Services	n/a	\$0	\$0
7. Health Related and Home Health Services	n/a	\$0	\$0
8. Education and Instruction	n/a	\$0	\$0
9. Employment Services	n/a	\$0	\$0
10. Child Care	n/a	\$0	\$0
Exhibit 2	Page 45	11/17/2010	

<b>11. Transportation</b>	Client Transport	\$4,400	\$4,400
<b>13. Other (must specify )</b>			
Client Assistance:	Emergency Food	\$4,000	\$4,000
MH Clinician		\$21,632	\$21,632
Other	Educ, Life Skills, etc	\$6,447	\$6,447
<b>14. Total SHP dollars requested</b>		\$190,202	\$190,202
<b>15. Cash Match</b>		\$47,551	\$47,551
<b>16. Total SHP Supportive Services Budget</b>		\$237,753	\$237,753
<b>17. Other resources (cash and in-kind)</b>		\$0	\$0

## HMIS Budget - Equipment

**Instructions:**

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

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

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

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

Other Resources (no input required) - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount (\$) available per grant year.

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

**For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity. For renewal applications, the fields will populate with information from the 2009 application submission, if applicable. Please make sure that the budget request for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

	SHP Request Year 1	Total
<b>Equipment</b>		
1. Central Server(s)	\$0	\$0
2. Personal Computers and Printers	\$0	\$0
3. Networking	\$0	\$0
4. Security	\$0	\$0
<b>Subtotal Equipment Request</b>	<b>\$0</b>	<b>\$0</b>
<b>Cash Match</b>	<b>\$385</b>	<b>\$385</b>
<b>Total Equipment Budget</b>	<b>\$385</b>	<b>\$385</b>
<b>Other Resources (cash and in-kind)</b>	<b>\$0</b>	<b>\$0</b>

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

## HMIS Budget - Software

**Instructions:**

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

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

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

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

Other Resources (no input required) - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount (\$) available per grant year.

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

**For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity. For renewal applications, the fields will populate with information from the 2009 application submission, if applicable. Please make sure that the budget request for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

	Year 1 SHP Request	Total
<b>Software</b>		
5. Software/User Licensing	\$0	\$0
6. Software Installation	\$0	\$0
7. Support and Maintenance	\$950	\$950
8. Supporting Software Tools	\$0	\$0
<b>Subtotal Software Request</b>	<b>\$950</b>	<b>\$950</b>
<b>Cash Match</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Software Budget</b>	<b>\$950</b>	<b>\$950</b>
<b>Other Resources (cash and in-kind)</b>	<b>\$0</b>	<b>\$0</b>

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

## HMIS Budget - Services

**Instructions:**

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

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

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

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

Other Resources (no input required) - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount (\$) available per grant year.

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

**For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity. For renewal applications, the fields will populate with information from the 2009 application submission, if applicable. Please make sure that the budget request for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

	Year 1 SHP Request	Total
<b>Services</b>		
9. Training by Third Parties	\$0	\$0
10. Hosting/Technical Services	\$0	\$0
11. Programming: Customization	\$0	\$0
12. Programming: System Interface	\$0	\$0
13. Programming: Data Conversion	\$0	\$0
14. Security Assessment and Setup	\$0	\$0
15. On-line Connectivity (Internet Access)	\$583	\$583
16. Facilitation	\$0	\$0
17. Disaster and Recovery	\$0	\$0
Other (must specify *)	\$0	\$0
<b>Subtotal HMIS Services Request</b>	<b>\$583</b>	<b>\$583</b>
<b>Cash Match</b>		<b>\$0</b>
<b>Total HMIS Services Budget</b>	<b>\$583</b>	<b>\$583</b>

Other Resources (cash and in-kind)	\$0	\$0
---------------------------------------	-----	-----

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

## HMIS Budget - Personnel

**Instructions:**

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

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

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

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

Other Resources (no input required) - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount (\$) available per grant year.

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

**For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity. For renewal applications, the fields will populate with information from the 2009 application submission, if applicable. Please make sure that the budget request for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

	Year 1 SHP Request	Total
<b>Personnel</b>		
18. Project Management/Coordination	\$893	\$893
19. Data Analysis	\$0	\$0
20. Programming	\$0	\$0
21. Technical Assistance and Training	\$0	\$0
22. Administrative Support Staff	\$13,964	\$13,964
<b>Subtotal Personnel Request</b>	<b>\$14,857</b>	<b>\$14,857</b>
<b>Cash Match</b>	<b>\$3,715</b>	<b>\$3,715</b>
<b>Total Personnel Budget</b>	<b>\$18,572</b>	<b>\$18,572</b>
<b>Other Resources (cash and in-kind)</b>	<b>\$0</b>	<b>\$0</b>

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



## HMIS Budget - Space & Operations

**Instructions:**

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

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

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

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

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

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

**For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity. For renewal applications, the fields will populate with information from the 2009 application submission, if applicable. Please make sure that the budget request for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

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

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

## HMIS Budget Summary

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

	Year 1
25. Total SHP HMIS Request	\$16,390
26. Total Cash Match	\$4,100
27. Total HMIS Costs	\$20,490

## Supportive Housing Program (SHP) Summary Budget

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

Selected Grant Term 1 Year

SHP Activities	SHP Dollars Request	Cash Match	Totals
1. Acquisition	\$0	\$0	\$0
2. Rehabilitation	\$0	\$0	\$0
3. New Construction	\$0	\$0	\$0
4. Subtotal (Lines 1 - 3)	\$0	\$0	\$0
5. Real Property Leasing From Leasing Budget Chart	\$298,771		\$298,771
6. Supportive Services From Supportive Services Budget Chart	\$190,202	\$47,551	\$237,753
7. Operations From Operating Budget Chart	\$111,230	\$37,077	\$148,307
8. HMIS From HMIS Budget Chart	\$16,390	\$4,100	\$20,490
9. SHP Request (Subtotal lines 4-8)	\$616,593		
10. Administrative Costs (Up to 5% of line 9)	\$30,254		
	<b>Total SHP Request (Total lines 9 and 10)</b>	<b>Total Cash Match</b>	<b>Total Budget (Total SHP Request + Total Cash Match)</b>
	\$646,847	\$88,728	\$735,575

## 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	Desert Vista2010 ...	10/21/2010
Sponsor Nonprofit Documentation	No		
Rural Housing Units Worksheet	No		
PHA Certification Letter	No		

## **Attachment Details**

**Document Description:** Desert Vista2010 Logic Model

## **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**

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

**Tax Classification:**

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

Fees

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

Method of Payment

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

Personnel

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

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

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

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

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

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

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

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



Volunteer Center of Riverside

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



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

**Riverside County Community Services Directory  
PROGRAM INFORMATION FORM**

This form is to submit the program's details, additions or changes.  
Please submit a separate form for each program.  
Additional copies can be made of this form as needed.

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

Program Name: \_\_\_\_\_

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

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

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

Confidential location:  Yes  No

Handicap accessible?  Yes  No

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

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

Program Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

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

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

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

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

Program Days and Hours: \_\_\_\_\_

Program Description: \_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_



Intake/Application Procedure:

- Phone       Appointment required       Walk-in       Referral needed
- Mail       Other \_\_\_\_\_

Documents Required: \_\_\_\_\_

Areas Served: (Please indicate specific areas program services)

Regions

- All Riverside County     West County       Central County     Southwest County
- East County       Coachella Valley     Other

Cities: \_\_\_\_\_

Zip Codes: \_\_\_\_\_

Fees:

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

Method of Payment

- Medi-Cal     Cash       Credit Cards     Personal Check

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

Personnel

Program Director: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

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

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

\_\_\_\_\_

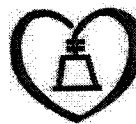
\_\_\_\_\_

\_\_\_\_\_

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

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

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



Please enclose your brochure and return to  
 2-1-1 Riverside County  
 P.O. Box 5376  
 Riverside, CA 92517-5376  
 Phone: (800) 464-1123  
 or (951) 686-4402 Ext. 160  
 Fax: (951) 686-7417

**Client Intake Form - HUD SHP Programs**

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

**Enrollment Entry Date**

		/			/				
month			day			year			

**Client Bed Check-In**

Client Bed-entry Date: \_\_\_/\_\_\_/\_\_\_  
 Facility Client will be housed in: \_\_\_\_\_  
 Room Client will be housed in: \_\_\_\_\_  
 Bed Client will be assigned: \_\_\_\_\_

**Name**

Current Name (first, middle, last name, suffix)	Don't Know	N/A	Refused
First name			
Middle name			
Last name			
Suffix			

**Social Security Number**

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

Full SSN Reported		Don't know	
Partial SSN Reported		Refused	

**Date of Birth**

		/			/				
month			day			year			

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

--	--

Age

**Gender**

Female	
Male	
Transgender Male to Female	
Transgender Female to Male	
Other	
Don't Know	
Refused	

**Ethnicity**

Non-Hispanic/Non-Latino	
Hispanic/Latino	
Don't know	
Refused	

**Race**

American Indian or Alaskan Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Don't know	
Refused	

**Disabling Condition**

No	
Yes	
Don't know	
Refused	

**Veteran Status**

No	
Yes	
Don't know	
Refused	

**Residence Prior to Program Entry**

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

**Length of Stay in Previous Place**

One week or less	
More than one week, but less than one month	
one to three months	
More than one week but less then one month	
One to three months	
More then three months, but less then one year	
One year or longer	
Don't know	
Refused	

**Housing Status**

Literally homeless	
Housed and at imminent risk of losing housing	
Housed and at-risk of losing housing	
Stably housed	
Don't know	
Refused	

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

Zip code						
Full or partial zip code reported						
Don't know						
Refused						

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

City:																				
State:																				

**Income and Source – Program-Specific Data Element**

<b>Financial Resources</b>	<b>Income received from any source in the past 30 days?</b>	No		
		Yes		
		Don't Know		
		Refused		
<b>Source and Amount of Income</b>	<b>Source of Income</b>	<b>Receiving Income Source</b>	<b>Amount From Source</b>	
	Earned Income	No		
		Yes		\$_____00
	Unemployment Insurance	No		
		Yes		\$_____00
	Supplement Security Income (SSI)	No		
		Yes		\$_____00
	Social Security Disability Income (SSDI)	No		
		Yes		\$_____00
	Veteran's Disability Payment	No		
		Yes		\$_____00
	Private Disability Insurance	No		
		Yes		\$_____00
	Workers Compensation	No		
		Yes		\$_____00
	Temporary Assistance for Needy Families (TANF)	No		
		Yes		\$_____00
	General Assistance (GA)	No		
		Yes		\$_____00
	Retirement income from Social Security	No		
		Yes		\$_____00
	Veteran's Pension	No		
		Yes		\$_____00
	Pension from former job	No		
		Yes		\$_____00
Child Support	No			
	Yes		\$_____00	
Alimony or other spousal support	No			
	Yes		\$_____00	
Other source	No			
	Yes		\$_____00	
<b>Total Monthly Income</b>	Monthly income from all sources			\$_____00

**Non-Cash Benefit – Program-Specific Data Element**

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

**Physical Disability – Program-Specific Data Element**

<b>Physical Disability</b>	No	
	Yes	
	Don't Know	
	Refused	
<b>(If yes) Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program?</b>	No	
	Yes	
	Don't Know	
	Refused	

**Developmental Disability – Program-Specific Data Element**

<b>Developmental disability</b>	No	
	Yes	
	Don't Know	
	Refused	
<b>(If yes) Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program?</b>	No	
	Yes	
	Don't Know	
	Refused	

**Chronic Health Condition – Program-Specific Data Element**

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

**HIV / AIDS– Program-Specific Data Element**

<b>HIV / AIDS</b>	No	
	Yes	
	Don't Know	
	Refused	
<b>(If yes) Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program?</b>	No	
	Yes	
	Don't Know	
	Refused	

**Mental Health – Program-Specific Data Element**

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

**Substance Abuse – Program-Specific Data Element**

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

**Domestic Violence – Program-Specific Data Element**

<b>Domestic Violence Victim/Survivor</b>	No	
	Yes	
	Don't Know	
	Refused	

<b>(If yes) When experience occurred?</b>	No	
	Yes	
	Don't Know	
	Refused	

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

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

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

<b>Date of Engagement</b>	<table border="1"> <tr> <td> </td><td> </td><td>/</td><td> </td><td> </td><td>/</td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>month</td><td>day</td><td></td><td>year</td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			/			/					month	day		year						
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month	day		year																		

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

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



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

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

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

**Services Provided**

Outreach	
Case Management	
Life Skills (Outside of Case Management)	
Alcohol or drug abuse services	
Mental health services	
HIV / AIDS - related services	
Other health care services	
Education	
Housing placement	
Employment assistance	
Child care	
Transportation	
Legal	
Deceased	
Other (Describe)	
Don't know	
Refused	

**Destination (At Exit)**

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

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

**Enrollment Exit Date**

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





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

CONTRACT: **HO-02005**

PROJECT SPONSOR: **OPERATION SAFEHOUSE**

ACTIVITIES: **MAIN STREET TRANSITIONAL LIVING PROGRAM**

AGREEMENT TERM: **MARCH 1, 2011 THROUGH FEBRUARY 28, 2012**

AGREEMENT AMOUNT: **\$135,756**

HUD PROJECT NUMBER: **CA0676B9D080803**

**RECITALS**

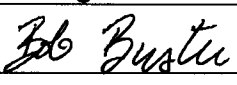
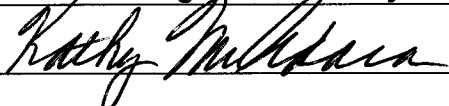
This Agreement is made and entered into by and between the County of Riverside, hereinafter referred to as "County," and Operation SafeHouse, hereinafter referred to as the "Project Sponsor."


**WITNESSETH**

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

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

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

<b>Authorized Signature for the Board:</b>	<b>Authorized Signature for Project Sponsor:</b>
	
Printed Name of Person Signing:	Printed Name of Person Signing:
Bob Buster	Kathy McAdra
Title: Chairman, Board of Supervisors	Title: Executive Director
Address: 4080 Lemon Street Riverside, CA 92501	Address: 9685 Hayes Street Riverside, CA 92503
Date Signed: <b>FEB 15 2011</b>	Date Signed: <b>1-20-11</b>

ATTEST:  
KECIA HARPER-HEM, Clerk  
By   
DEPUTY

FORM APPROVED COUNTY COUNSEL  
BY  1/4/11  
SARAH K. MCNEIL, CLERK

FEB 15 2011 3:25

**OPERATION SAFEHOUSE**

**SUPPORTIVE HOUSING PROGRAM**

**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 – Client Intake Form
- EXHIBIT F – Tenant Change Notice Form
- EXHIBIT G – Certification of Tenant Roll Form

## I. DEFINITIONS

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

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

## II. DPSS RESPONSIBILITIES

- A. DPSS shall assure that the services provided by the Project Sponsor comply with all applicable federal, state, county, and local government laws, rules, regulations, policies and procedures.
- B. DPSS shall assign staff to serve as liaison and program coordinator between DPSS and the Project Sponsor. This staff will provide the Project Sponsor programmatic consultation and advise the Project Sponsor of all-pertinent existing guidelines and regulations. Additionally, the staff will provide or arrange for consultation and technical assistance to the Project Sponsor as needed.
- C. DPSS will assign staff to monitor the performance of the Project Sponsor in performing the terms, conditions, and specifications of this Agreement. DPSS, at its sole discretion, may monitor the performance of the Project Sponsor through any combination of the following methods which may include, but are not limited to: 1) periodic reviews, including on-site visits; (2) evaluations of the quantity or level and quality of services provided by the Project Sponsor; (3) annual inspection of all available fiscal statements and other records maintained by the Project Sponsor; and (4) annual statements that the Project Sponsor is required to complete under this Agreement.

### III. PROJECT SPONSOR RESPONSIBILITIES

- A. The Project Sponsor shall be responsible for the overall administration of the Project, including overseeing all subcontractors, client services, and case management, medical care, social services support, and legal support, in the jurisdiction of the Project Sponsor. The Project Sponsor will also provide client linkages to other sources of support for homeless youth, ages 18-21. The Project Sponsor will keep records and reports established to carry out the program in an effective and efficient manner. These records and reports must include racial and ethnic data on participants for program monitoring and evaluation.
- B. The Project Sponsor shall provide services as set forth in the Project Application, attached hereto as **Exhibit A**, and incorporated herein by this reference.
- C. The Project Sponsor shall comply with all requirements of this Agreement and accept responsibility for such compliance by any entities to which the Project Sponsor makes this grant funding available.
- D. The Project Sponsor shall register its agency and/or program, as funded by DPSS, with 2-1-1 Riverside County, by faxing the 2-1-1 registration forms attached hereto as **Exhibits 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.

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

- **Telephone:** (800) 464-1123 or at (951) 686-4402  
Monday through Friday - 8:00 am to 5:00 pm;
  - **U.S. Postal Service:** P.O. 5376, Riverside, CA 92517-5376; or
  - **E-mail:** 211info@vcrivco.org
- E. The Project Sponsor will be responsible for assuring that persons served under the terms of this Agreement meet the criteria specified in federal law for participants served under the Supportive Housing Program.
- F. The Project Sponsor shall comply with the policies and procedures in the DPSS Administrative Handbook for HUD Funded Programs, attached hereto as **Exhibit D** and incorporated herein by this reference, and all laws applicable to the provision of services under this program. If required, this Agreement will be amended to reflect any additional requirements detailed in the Handbook.
- G. The Project Sponsor agrees to participate in the Homeless Management Information System (HMIS). Participation is defined by HMIS training attendance, complying with Riverside County HMIS security policies and procedures, and entering required client data on a regular basis.

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

- H. The Project Sponsor shall ensure that employees using HMIS for client intake, capture

the following data:

The Required Universal Data Elements are:

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

Other Required Data Elements:

- 1 Housing Check-In
- 2 Housing Check-Out

In addition to the above data elements, programs that receive HUD homeless assistance funding through the annual Continuum of Care (CoC) competition and complete APRs will be required to report clients' progress on all Program-Specific Data Elements below.

The Program-Specific Data Elements are:

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

Additional Program-Specific Data Elements are (Optional):

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

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

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

#### IV. FISCAL PROVISIONS

##### A. OBLIGATION

The Project Sponsor shall be reimbursed by HUD, utilizing a draw down process, for an amount not to exceed \$132,524. The County shall be reimbursed by HUD for an amount not to exceed \$3,232. Said funds shall be spent according to the budget shown below.

Budget Category	Total
OPERATING COSTS	\$62,625
SUPPORTIVE SERVICES	\$66,667
ADMINISTRATIVE COSTS (PROJECT SPONSOR)	\$3,232
ADMINISTRATIVE COSTS (COUNTY)	\$3,232
<b>Total</b>	<b>\$135,756</b>

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

##### B. METHOD, TIME, AND CONDITION OF PAYMENTS

1. The Project Sponsor shall submit to DPSS a monthly claim in accordance with the Administrative Handbook, **Exhibit 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 operate deficit funds.
  - a. Cash Match Documentation

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

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

### C. BUDGET MODIFICATIONS

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

- a. Changes within a Budget Category

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

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

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

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

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

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

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

- a. Conditions for Approval

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

- The Project Sponsor delivers a written request to DPSS and adequately documents the need for change; and

- approval is received by HUD.

b. Requests for Approval

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

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

c. Budget Rollover of unused funds

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

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

D. DISBURSEMENT OF FUNDS

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

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

E. UNEXPENDED FUNDS AND CLOSE-OUTS

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

**F. INSPECTION AND AUDITS**

1. The Project Sponsor shall manage monies received through DPSS in accordance with sound accounting policies; incur and claim only eligible costs for reimbursement; and adhere to accounting standards established in OMB Circulars A-110, A-122 and A-133.
2. The Project Sponsor shall maintain auditable books, records, documents, and other evidence pertaining to costs and expenses in this Agreement. The Project Sponsor shall maintain these records for five (5) years after final payment has been made or until all pending DPSS, state, and federal audits, if any, are completed, whichever is later.
3. Authorized representatives of DPSS and the federal government shall have access to any books, documents, papers, electronic data, and other records, which these representatives may determine to be pertinent to this Agreement for the purpose of performing an audit, evaluation, inspection, review, assessment, or examination. These representatives are authorized to obtain excerpts, transcripts, and copies, as they deem necessary. Further, these authorized representatives shall have the right, upon request, to inspect or otherwise evaluate the work performed under this Agreement and the premises in which it is being performed.
4. This access to records includes, but is not limited to, service delivery, referrals, and financial and administrative documents for five (5) years after final payment was made, or until all pending county, state, and federal audits are completed, whichever is later.
5. Should the Project Sponsor disagree with any audit conducted by DPSS, the Project Sponsor shall have the right to employ a licensed, Certified Public Account (CPA) to prepare and file with DPSS a certified financial and compliance audit (in compliance with generally accepted government auditing standards) of related services provided during the term of this Agreement. The Project Sponsor will not be reimbursed by DPSS for such an audit.
6. In the event the Project Sponsor does not make available its books and financial records at the location where they are normally maintained, the Project Sponsor agrees to pay all necessary and reasonable expenses, including legal fees, incurred by DPSS in conducting any audit.
7. All contract deliverables and equipment furnished or utilized in the performance of this Agreement shall be subject to inspection by DPSS at all times during the term of this Agreement. The Project Sponsor shall provide adequate cooperation to any employee assigned by DPSS in order to permit their determination of the Project Sponsor's conformity with specifications and adequacy of performance and services being provided in accordance with this Agreement.

**G. WITHHELD PAYMENTS**

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



from past or present agreements between DPSS and the Project Sponsor. Upon final determination by DPSS of disallowed expenditures or indebtedness, DPSS may deduct and retain the amount of the disallowed or indebtedness from the amount of the withheld funds.

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

#### H. FISCAL ACCOUNTABILITY

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

#### I. AVAILABILITY OF FUNDING

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

### V. GENERAL PROVISIONS

#### A. TERM OF AGREEMENT

The Agreement shall be effective from March 1, 2011 through February 28, 2012.

#### B. INDEPENDENT CAPACITY

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

#### C. SUPPORTIVE HOUSING PROGRAM COMPLIANCE

By executing this Agreement, the Project Sponsor hereby certifies that it will adhere to and comply with the following as they may be applicable to a recipient of funds granted pursuant to the Supportive Housing Program, including; HUD Application, Technical Submission; Supportive Housing Program Rule (24 CFR 583); this Agreement, and the applicable Notice of Funding Availability (NOFA).

#### D. CONFLICT OF INTEREST

The Project Sponsor covenants that it presently has no interest in, including but not limited to, other projects or independent agreements, and shall not acquire any such interest, direct or indirect, which is, or which the Project Sponsor believes to be, incompatible in any manner or degree with the performance of services required to be

performed under this Agreement. The Project Sponsor further covenants that in the performance of this Agreement, no person having any such interest shall be employed or retained by the Project Sponsor under this agreement. The Project Sponsor agrees to inform DPSS of all of the Project Sponsor's interests, if any, which are or which the Project Sponsor believes to be incompatible with any interest of DPSS. The County will make final determination of any dispute about conflict(s) of interest.

#### E. DEFAULT

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

#### F. HOLD HARMLESS/INDEMNIFICATION

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

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

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

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

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

#### G. INSURANCE

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

##### Workers' Compensation:

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

##### Commercial General Liability:

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

##### Professional Liability:

**If, at any time during the duration of this Agreement and any renewal or extension thereof, the Contractor, its employees, agents or subcontractors provide professional counseling for issues of medical diagnosis, medical treatment, mental health, dispute resolution or any other services for which it is the usual and customary practice to**

maintain Professional Liability Insurance, the Contractor shall procure and maintain Professional Liability Insurance (Errors & Omissions), providing coverage for performance of work included within this Agreement, with a limit of liability of not less than \$1,000,000 per occurrence and \$2,000,000 annual aggregate. If Consultant's Professional Liability Insurance is written on a claims made basis rather than an occurrence basis, such insurance shall continue through the term of this Agreement. Upon termination of this Agreement or the expiration or cancellation of the claims made insurance policy Consultant shall purchase at his sole expense either 1) an Extended Reporting Endorsement (also known as Tail Coverage); or 2) Prior Dates Coverage from a new insurer with at retroactive date back to the date of, or prior to, the inception of this Agreement; or, 3) demonstrate through Certificate of Insurance that Consultant has maintained continuous coverage with the same or original insurer. Coverage provided under items: Workers' Compensation, Commercial General Liability or Professional Liability will continue for a period of five (5) years beyond the termination of this Agreement.

Vehicle Liability:

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

General Insurance Provisions – All lines:

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

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

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

#### H. INDEPENDENT CONTRACTOR

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

## I. SUBCONTRACTING

1. The Project Sponsor may not delegate its duties, or obligations, nor assign its rights hereunder, either in whole or in part, without prior written consent of DPSS. Any such attempt at delegation of assignment without prior written consent shall be void. Any change whatsoever in the corporate structure of the Project Sponsor, the governing body of the Project Sponsor, the management of the Project Sponsor, or the transfer of assets in excess of ten percent of the total assets of the Project Sponsor shall be an assignment of benefits under the terms of this Agreement requiring DPSS approval. All subcontracts shall be made in writing and copies provided to DPSS. No subcontracts shall alter, in any way, any legal responsibility of the Project Sponsor to DPSS.
2. DPSS has the right to refuse reimbursement for obligations incurred under any subcontract that does not comply with the terms of this Agreement.
3. The Project Sponsor shall include in each subcontract all provisions that DPSS may require. These provisions will be made available to the Project Sponsor by DPSS.
4. Every subcontract shall specify:
  - a. The time period within which the subcontractor is to perform the subcontract. Subcontractor performance shall not begin prior to, nor extend beyond the time of the contract between the Project Sponsor and DPSS.
  - b. The maximum dollar amount of the subcontract.
  - c. The responsibilities of each party under the subcontract.
  - d. A statement that the subcontractor, agents, and employees of the subcontractor in the performance of the subcontract are acting in an independent capacity and not as officers, employees, or agents of the State of California.
  - e. A statement that modification of the subcontract shall be in writing. Prior written DPSS approval is required.
  - f. A statement that the subcontract is the complete and exclusive statement of the mutual understanding of the parties and that the subcontract supersedes and cancels all previous written and oral agreements and communications relating to the subject matter of the subcontract.
  - g. A statement regarding default in case of subcontractor is breach of subcontract.

## J. REPORTS AND RECORD KEEPING

1. The Project Sponsor agrees to submit an Annual Progress Report (APR), **Appendix 6 of Exhibit 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, the Project Sponsor agrees to notify DPSS immediately upon knowledge of a participant entering and exiting a housing unit. The notification document, attached hereto as **Exhibit F** [Tenant Change Notice Form] and incorporated herein by this reference, shall be faxed to (951) 358-7755 or scanned and sent by e-mail to the DPSS SHP/HUD Program Specialist. It is also strongly encouraged that the Project Sponsor follow-up with a telephone call to the Program Specialist at (951) 358-5638 to verify receipt of the faxed Tenant Change Notice Form. If the Tenant Change Notice is for a new client entering the facility, the form should be accompanied by the following: (a) the Verification of Homelessness, (b) the rent calculation, and (c) verification of disability (if applicable). If it is not possible to provide this documentation with the Tenant Change Notice form, the Project Sponsor must have a copy available at the time the HQS is performed by DPSS. Upon receipt of the Tenant Change Notice Form, DPSS will, within two (2) business days, contact the Project Sponsor to arrange a HUD Habitability Quality Standard [HQS] Inspection of the housing unit being vacated. HQS Inspections are required by HUD in (24 CFR 583.300(b)). If a vacancy occurs in which the Project Sponsor cannot notify DPSS in the timeframe set forth above, or if DPSS cannot perform the HQS Inspection in the timeframe set forth above, the Project Sponsor has the authority to fill the vacancy with a client from their waiting list. Upon such an occurrence, the Project Sponsor is to notify DPSS immediately whereas DPSS will perform the HQS inspection after the fact.

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

4. If funded for Transitional Housing, Permanent Housing, or Shelter Plus Care, the Project Sponsor agrees to provide DPSS with a monthly residential log of participants, attached hereto as **Exhibit G** [Certification of Tenant Roll] and incorporated herein by this reference. The residential log is due, by fax or scanned and sent by e-mail to the DPSS SHP/HUD Program Specialist, on or before the 10<sup>th</sup> (tenth) business day following the reporting month, regardless of the means by which the report is sent to DPSS. Both the fax number and e-mail address of the Homeless Programs Unit are provided above (reference 3).
5. The Sponsor agrees to collect and maintain records of participants for required federal, state, and county reports. Authorized representatives shall have the right at all reasonable times to access, inspect, or otherwise evaluate the work performed under this Agreement. Maintenance of records and access to them by authorized representatives is required for five (5) years after final payment is made under this program, or until all pending County, State, and Federal audits are completed, whichever is later.

## K. SANCTIONS

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

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

## L. TERMINATION

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

## M. COMPLIANCE WITH LAW

1. By executing this Agreement, the Project Sponsor hereby certifies that it will adhere to and comply with the following as they may be applicable to a the Project Sponsor of funds granted pursuant to the Supportive Housing Program; the Application and Technical Submission; Supportive Housing Rule (24 CFR 583); and the Notice of Funding Availability (NOFA), published at 63 FR 23997, on February 26, 1999.



- a. Section 92.350 Equal Opportunity and Fair Housing;
  - b. Section 92.351 Affirmative Marketing;
  - c. Section 92.352 Environmental Review;
  - d. Section 92.353 Displacement, relocation, and acquisition; the relocation requirements of Title II and the acquisition requirements of Title III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, and the implementing regulations at 24 CFR Part 42;
  - e. Section 92.354 Labor;
  - f. Section 92.356 Conflict of Interest;
  - g. Section 92.357 Debarment and Suspension;
  - h. The regulations, policies, guidelines, and requirements of 24 CFR Part 85.
2. The Project Sponsor shall comply with all federal, state, and local laws and regulations pertinent to its operation and services to be performed hereunder, and shall keep in effect all licenses, permits, notices, and certificates as are required thereby. The Project Sponsor shall further comply with all laws applicable to wages and hours of employment, occupational safety and to fire, safety, health, and sanitation.

**N. NOTICES**

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

DPSS: Department of Public Social Services  
 (Contract Issues) Contracts Administration Unit  
 10281 Kidd Street, 1<sup>st</sup> Floor  
 Riverside, CA 92503

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

Project Sponsor: Operation SafeHouse  
 Attn: Executive Director  
 9685 Hayes Street  
 Riverside, CA 92503

**O. ASSIGNMENTS**

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

P. DISPUTES

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

Q. CHILD ABUSE REPORTING

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

R. ELDER AND DEPENDENT ABUSE REPORTING

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

S. EMPLOYMENT PRACTICES

1. The Contractor shall not discriminate in its recruiting, hiring, promoting, demoting, or terminating practices on the basis of race, religious creed, color, national origin, ancestry, physical handicap, medical condition, marital status, age, or sex in the performance of this Agreement, and to the extent they shall apply, with the provisions of the California Fair Employment and Housing Act (commencing with Gov. Code section 12900 et. seq.), and the Federal Civil Rights Act of 1964 (P. L. 88-352).
2. In the provision of benefits, the Contractor shall certify and comply with Public Contract Code 10295.3, to not discriminate between employees with spouses and employees with domestic partners, or discriminate between the domestic partners and spouses of those employees.

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

T. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

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

compliance, and shall remain in compliance with the requirements of HIPAA, and the laws and regulations promulgated subsequent hereto, as may be amended from time to time.

#### U. CLEAN AIR/WATER ACTS

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

#### V. LEAD-BASED PAINT

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

#### W. AUTHORITY

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

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

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

#### Y. ENTIRE AGREEMENT

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

## 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** CA0676B9D080802

Field will appear blank unless populated with imported 2009 data.

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

**3. Project Name** Operation SafeHouse - Main Street Transitional Living Program

**4. Project Type** Renewal Project

**5. Program Type** SHP

Content depends on "Project Type" selection

**6. Component Type** TH  
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-044  
(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 Main Street Transitional Living Program provides a 24-month program in an apartment like setting for older homeless youth ages 18 through 21. Participants live independently in one or two bedroom apartments and receive daily support provided by Case Managers. Clients work one-on-one with a counselor to resolve any mental health issues they may have. A Job Skills Coordinator is provided to assist youth in filling out applications, writing resumes, seeking employment and job etiquette. Life Skills Education is given to our residents to teach them how to cook, clean, hygiene, grocery shopping and how to live within their means. A financial education is also provided by volunteers from a local bank. They instruct our youth on the importance of good credit, how to open a bank account, how to maintain a savings account and how to pay bills. SafeHouse is also teaching youth about giving back and community responsibility by involving them in five community service projects a year.

SafeHouse provides clients with an apartment, food, electricity, gas, water, trash, books for school, baby supplies for their children (if any), all household goods (bedding, towels, kitchen and bathroom necessities) and some clothing. In exchange for providing these items, we require that clients save a minimum of 50% of their income. This means that at the end of 24 months they will have the means to secure and maintain permanent housing for themselves and their dependents.

The target population:

- oYoung adults ages 18- 21 and their children, if any.
- oOlder youth transitioning out of the foster care system.
- oHomeless youth who are in dangerous living situations such as streets, cars, flop houses.

The required program components include:

- oDemonstrate motivation to succeed in obtaining education / employment skills permanent housing (work toward the goal of self-sufficiency).
- oAssist with the development of their own case management plans, including individual/group counseling.
- oWhen employed, agreeable to development of savings plan.
- oAttend required life skill classes to develop healthy independent living.

Program Goals:

- oOffer safe transitional living for homeless youth for up to 24 months.
- oTo move young people into ¿living wage¿ jobs by assisting with job training and education.
- oTo improve mental health and self esteem through on going counseling and support.
- oTo transition youth into fully functioning ¿adults¿ through life skills training, financial assistance and education assistance, medical and dental assistance, and daily interaction in society.

The ultimate goal of the Main Street Transitional Living Program is to break the cycle of homelessness and move youth to permanent and safe living situations.

## 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.**

1b. Were one or more projects consolidated with this project? No

2. Grant Term 1 Year

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

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)** 063048 RIVERSIDE

Leasing	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operations	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

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

If "Other" specify:

<b>4. DUNS Number</b> Format: xxxxxxxx or xxxxxxxxxxxxxx	795391234	<b>PLU</b> <b>S 4</b>	
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- 5. Tax ID or EIN** 33-0326090  
Format: 12-3456789

**6. Street Address 1** 9685 Hayes Street

**7. Street Address 2**

**8. City** Riverside

**9. State** California

**10. Zip Code** 92503  
Format: 12345 or 12345-1234

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

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

Documentation of the sponsor's nonprofit status is required with the submission of this application

## 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 Kathy
3. Middle Name
4. Last Name McAdara
5. Suffix
6. Title Executive Director
7. E-mail Address safehouse9@aol.com
8. Confirm E-mail Address safehouse9@aol.com
9. Phone Number 951-351-4418  
Format: 123-456-7890
10. Extension 18

**11. Fax Number** 951-351-4265  
**Format:** 123-456-7890

## 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	15	22	20

## 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:** 15  
**3. Bedrooms:** 22  
**4. Beds:** 20

## 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)



<b>1. Total Number of Households</b>	0						
	<b>Total Persons</b>	<b>Chronically Homeless</b>	<b>Severely Mentally Ill</b>	<b>Chronic Substance Abuse</b>	<b>Veterans</b>	<b>Persons with HIV/AIDS</b>	<b>Victims of Domestic Violence</b>
<b>2. Disabled Adults</b>							
<b>3. Non-Disabled Adults</b>							
<b>4. Disabled Children</b>							
<b>5. Non-Disabled Children</b>							
<b>6. Total Persons</b> (click on "Save" to auto-calculate)	0	0	0	0	0	0	0
<b>7. Total Number of Adults</b> (click on "Save" to auto-calculate)	0						
<b>8. Total Number of Children</b> (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	20	Total Persons	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
2. Disabled Adults		0						
3. Non-Disabled Adults	20							
4. Disabled Unaccompanied Youth								
5. Non-Disabled Unaccompanied Youth								
6. Total Persons (click on "Save" to auto-calculate)	20	0	0	0	0	0	0	0
7. Total Number of Adults (click on "Save" to auto-calculate)	20							
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?** Yes

**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?** Yes

## 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.**

98%	Persons who came from the street or other locations not meant for human habitation.
2%	Person who came from Emergency Shelters.
	Persons who came from Safe Havens.
	Persons in TH who came directly from the street, Emergency Shelters, or Safe Havens.
100%	Total of above percentages

**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.**

## 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.	0	0	0%
b. Persons exiting to permanent housing (subsidized or unsubsidized) during the operating year.	40	26	65%

- 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.	40	10	25%
<b>OR</b>			
b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit.	40	10	25%

## **Additional Performance Measures**

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



## SHP Operating Budget

**Instructions:**

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

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

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

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

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

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

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

Other Resources (no input required) - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount (\$) available per grant year.

Additional resources:

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

**For each year of the grant term, enter the quantity and total budget request for each operating activity. For renewal applications, the fields will populate with information from the 2009 application submission, if applicable. Please make sure that the budget requests for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

Eligible Costs	Quantity (limit 400 characters)	SHP Request Year 1	Total
1.Maintenance/Repair		\$7,795	\$7,795
2.Staff		\$6,125	\$6,125
3.Utilities		\$13,432	\$13,432
4.Equipment (lease/buy)		\$778	\$778
5.Supplies		\$19,837	\$19,837
6.Insurance		\$1,625	\$1,625
7.Furnishings		\$8,664	\$8,664
8.Relocation		\$0	\$0
9.Other (must specify *)			

Food		\$4,369	\$4,369
		\$0	\$0
<b>10.Total SHP Request</b>		\$62,625	\$62,625
<b>11.Cash Match</b>		\$20,875	\$20,875
<b>12.Total SHP Operating Budget</b>		\$83,500	\$83,500
<b>13.Other Resources* (cash and in-kind)</b>		\$0	\$0

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

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

## SHP Supportive Services Budget

**Instructions:**

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

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

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

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

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

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

Other Resources (no input required) - if there are in-kind or additional cash resources above the requested cash match requirement, enter or update the total amount (\$) available per grant year.

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

**For each year of the grant term, enter the quantity and total budget request for each supportive service activity. For renewal applications, the fields will populate with information from the 2009 application submission, if applicable. Please make sure that the budget requests for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

Supportive Services Costs	Quantity (limit 400 characters)	SHP Request Year 1	Total
1. Outreach		\$0	\$0
2. Case Management	Ind Living Skills Counselor	\$24,293	\$24,293
3. Life Skills (outside of case management)		\$0	\$0
4. Alcohol and Drug Abuse Services		\$0	\$0
5. Mental Health and Counseling Services	Counselor	\$19,121	\$19,121
6. HIV/AIDS Services		\$0	\$0
7. Health Related and Home Health Services		\$0	\$0
8. Education and Instruction		\$0	\$0
9. Employment Services	Job Coach Tutor	\$16,905	\$16,905
10. Child Care		\$0	\$0
11. Transportation		\$113	\$113

<b>13. Other (must specify )</b>			
Program Director		\$6,235	\$6,235
		\$0	\$0
		\$0	\$0
<b>14. Total SHP dollars requested</b>		\$66,667	\$66,667
<b>15. Cash Match</b>		\$16,667	\$16,667
<b>16. Total SHP Supportive Services Budget</b>		\$83,334	\$83,334
<b>17. Other resources (cash and in-kind)</b>		\$0	\$0

## Supportive Housing Program (SHP) Summary Budget

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

Selected Grant Term 1 Year

SHP Activities	SHP Dollars Request	Cash Match	Totals
1. Acquisition	\$0	\$0	\$0
2. Rehabilitation	\$0	\$0	\$0
3. New Construction	\$0	\$0	\$0
4. Subtotal (Lines 1 - 3)	\$0	\$0	\$0
5. Real Property Leasing From Leasing Budget Chart	\$0		\$0
6. Supportive Services From Supportive Services Budget Chart	\$66,667	\$16,667	\$83,334
7. Operations From Operating Budget Chart	\$62,625	\$20,875	\$83,500
8. HMIS From HMIS Budget Chart	\$0	\$0	\$0
9. SHP Request (Subtotal lines 4-8)	\$129,292		
10. Administrative Costs (Up to 5% of line 9)	\$6,464		
	<b>Total SHP Request (Total lines 9 and 10)</b>	<b>Total Cash Match</b>	<b>Total Budget (Total SHP Request + Total Cash Match)</b>
	\$135,756	\$37,542	\$173,298

## 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	Logic Model TH Op...	10/12/2010
Sponsor Nonprofit Documentation	No		
Rural Housing Units Worksheet	No		
PHA Certification Letter	No		

## **Attachment Details**

**Document Description:** Logic Model TH Operation SafeHouse

## **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**

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

**Tax Classification:**

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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



Fees

No Cost

Low Cost

Sliding Fee

Donation

Vary

Other \_\_\_\_\_

Method of Payment

Medi-Cal

Cash

Credit Cards

Personal Check

Personnel

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

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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



Volunteer Center of Riverside

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



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

**Riverside County Community Services Directory  
PROGRAM INFORMATION FORM**

This form is to submit the program's details, additions or changes.  
Please submit a separate form for each program.  
Additional copies can be made of this form as needed.

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

Program Name: \_\_\_\_\_

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

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

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

Confidential location:  Yes  No

Handicap accessible?  Yes  No

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

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

Program Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

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

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

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

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

Program Days and Hours: \_\_\_\_\_

Program Description: \_\_\_\_\_

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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: \_\_\_\_\_



Please enclose your brochure and return to  
 2-1-1 Riverside County  
 P.O Box 5376  
 Riverside, CA 92517-5376  
 Phone: (800) 464-1123  
 or (951) 686-4402 Ext. 160  
 Fax: (951) 686-7417

## Client Intake Form – HUD SHP Programs

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

**Enrollment Entry Date**

		/			/				
month			day			year			

**Client Bed Check-In**

Client Bed-entry Date: \_\_\_/\_\_\_/\_\_\_

Facility Client will be housed in: \_\_\_\_\_

Room Client will be housed in: \_\_\_\_\_

Bed Client will be assigned: \_\_\_\_\_

**Name**

Current Name (first, middle, last name, suffix)	Don't Know	N/A	Refused
First name			
Middle name			
Last name			
Suffix			

**Social Security Number**

			-			-			
--	--	--	---	--	--	---	--	--	--

Full SSN Reported		Don't know	
Partial SSN Reported		Refused	

**Date of Birth**

		/			/				
month			day			year			

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

--	--

Age

**Gender**

Female	
Male	
Transgender Male to Female	
Transgender Female to Male	
Other	
Don't Know	
Refused	

**Ethnicity**

Non-Hispanic/Non-Latino	
Hispanic/Latino	
Don't know	
Refused	

**Race**

American Indian or Alaskan Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Don't know	
Refused	

**Disabling Condition**

No	
Yes	
Don't know	
Refused	

**Veteran Status**

No	
Yes	
Don't know	
Refused	

**Residence Prior to Program Entry**

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

**Length of Stay in Previous Place**

One week or less	
More than one week, but less than one month	
one to three months	
More than one week but less then one month	
One to three months	
More then three months, but less then one year	
One year or longer	
Don't know	
Refused	

**Housing Status**

Literally homeless	
Housed and at imminent risk of losing housing	
Housed and at-risk of losing housing	
Stably housed	
Don't know	
Refused	

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

Zip code							
Full or partial zip code reported							
Don't know							
Refused							

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

City:																				
State:																				

**Income and Source - Program-Specific Data Element**

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

**Non-Cash Benefit – Program-Specific Data Element**

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

**Physical Disability – Program-Specific Data Element**

<b>Physical Disability</b>	No	
	Yes	
	Don't Know	
	Refused	
<b>(If yes) Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program?</b>	No	
	Yes	
	Don't Know	
	Refused	

**Developmental Disability – Program-Specific Data Element**

<b>Developmental disability</b>	No	
	Yes	
	Don't Know	
	Refused	
<b>(If yes) Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program?</b>	No	
	Yes	
	Don't Know	
	Refused	

**Chronic Health Condition – Program-Specific Data Element**

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

**HIV / AIDS– Program-Specific Data Element**

<b>HIV / AIDS</b>	No	
	Yes	
	Don't Know	
	Refused	
<b>(If yes) Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program?</b>	No	
	Yes	
	Don't Know	
	Refused	

**Mental Health – Program-Specific Data Element**

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

**Substance Abuse – Program-Specific Data Element**

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

**Domestic Violence – Program-Specific Data Element**

<b>Domestic Violence Victim/Survivor</b>	No	
	Yes	
	Don't Know	
	Refused	



<b>(If yes) When experience occurred?</b>	No	
	Yes	
	Don't Know	
	Refused	

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

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

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

<b>Date of Engagement</b>	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>month</td><td>/</td><td>day</td><td>/</td><td>year</td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>											month	/	day	/	year					
month	/	day	/	year																	

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

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

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

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

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

**Services Provided**

Outreach	
Case Management	
Life Skills (Outside of Case Management)	
Alcohol or drug abuse services	
Mental health services	
HIV / AIDS - related services	
Other health care services	
Education	
Housing placement	
Employment assistance	
Child care	
Transportation	
Legal	
Deceased	
Other (Describe)	
Don't know	
Refused	

**Destination (At Exit)**

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

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

**Enrollment Exit Date**

		/			/				
--	--	---	--	--	---	--	--	--	--

month      day      year



**CERTIFICATION OF TENANT ROLL**

Riverside County Department of Public Social Services

MONTH OF:  GRANT #:

SPONSOR NAME:

1.	TENANT NAME (Last, First)	UNIT TYPE (# of bedrooms)	ADDRESS	UNIT #	TENANT MOVE IN DATE	TENANT MOVE OUT DATE	LEASE START	LEASE END	LEASE AMOUNT	Utilities Included in lease (WTR, SWR, TRA, GAS, ELE)	TENANT PAID PORTION
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 \_\_\_\_\_ SIGNATURE \_\_\_\_\_



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

**CONTRACT:** HO-02006

**PROJECT SPONSOR:** PATH OF LIFE MINISTRIES

**ACTIVITIES:** KING HALL TRANSITIONAL HOUSING PROGRAM

**AGREEMENT TERM:** APRIL 1, 2011 THROUGH MARCH 31, 2012

**AGREEMENT AMOUNT:** \$325,277

**HUD PROJECT NUMBER:** CA0678B9D080803

**RECITALS**

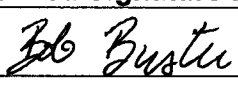
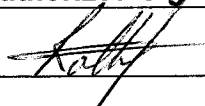
This Agreement is made and entered into by and between the County of Riverside, hereinafter referred to as "County," and Path of Life Ministries, hereinafter referred to as the "Project Sponsor."

**WITNESSETH**

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

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

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

<b>Authorized Signature for the Board:</b>	<b>Authorized Signature for Project Sponsor:</b>
	
Printed Name of Person Signing:	Printed Name of Person Signing:
Bob Buster	Raul Diaz
Title: Chairman, Board of Supervisors	Title: Executive Director
Address: 4080 Lemon Street Riverside, CA 92501	Address: 4495 Magnolia Avenue Riverside, CA 92501
Date Signed: FEB 15 2011	Date Signed: 1/31/2011

ATTEST:

KECIA HARPER-IHEM, Clerk

By   
DEPUTY

FEB 15 2011 3.25

FORM APPROVED COUNTY COUNSEL

BY:  1/4/11  
ARISA R-MCKENNA DATE

**PATH OF LIFE MINISTRIES**

**SUPPORTIVE HOUSING PROGRAM**

**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 – Client Intake Form
- EXHIBIT F – Tenant Change Notice Form
- EXHIBIT G – Certification of Tenant Roll Form

## I. DEFINITIONS

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

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

## II. DPSS RESPONSIBILITIES

- A. DPSS shall assure that the services provided by the Project Sponsor comply with all applicable federal, state, county, and local government laws, rules, regulations, policies and procedures.
- B. DPSS shall assign staff to serve as liaison and program coordinator between DPSS and the Project Sponsor. This staff will provide the Project Sponsor programmatic consultation and advise the Project Sponsor of all-pertinent existing guidelines and regulations. Additionally, the staff will provide or arrange for consultation and technical assistance to the Project Sponsor as needed.
- C. DPSS will assign staff to monitor the performance of the Project Sponsor in performing the terms, conditions, and specifications of this Agreement. DPSS, at its sole discretion, may monitor the performance of the Project Sponsor through any combination of the following methods which may include, but are not limited to: 1) periodic reviews, including on-site visits; (2) evaluations of the quantity or level and quality of services provided by the Project Sponsor; (3) annual inspection of all available fiscal statements and other records maintained by the Project Sponsor; and (4) annual statements that the Project Sponsor is required to complete under this Agreement.

### III. PROJECT SPONSOR RESPONSIBILITIES

- A. The Project Sponsor shall be responsible for the overall administration of the Project, including overseeing all subcontractors, client services, and case management, medical care, social services support, and legal support, in the jurisdiction of the Project Sponsor. The Project Sponsor will also provide client linkages to other sources of support for homeless families. The Project Sponsor will keep records and reports established to carry out the program in an effective and efficient manner. These records and reports must include racial and ethnic data on participants for program monitoring and evaluation.
- B. The Project Sponsor shall provide services as set forth in the Project Application, attached hereto as **Exhibit A**, and incorporated herein by this reference.
- C. The Project Sponsor shall comply with all requirements of this Agreement and accept responsibility for such compliance by any entities to which the Project Sponsor makes this grant funding available.
- D. The Project Sponsor shall register its agency and/or program, as funded by DPSS, with 2-1-1 Riverside County, by faxing the 2-1-1 registration forms attached hereto as **Exhibits 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.

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

- **Telephone:** (800) 464-1123 or at (951) 686-4402  
Monday through Friday - 8:00 am to 5:00 pm;
  - **U.S. Postal Service:** P.O. 5376, Riverside, CA 92517-5376; or
  - **E-mail:** 211info@vcrivco.org
- E. The Project Sponsor will be responsible for assuring that persons served under the terms of this Agreement meet the criteria specified in federal law for participants served under the Supportive Housing Program.
- F. The Project Sponsor shall comply with the policies and procedures in the DPSS Administrative Handbook for HUD Funded Programs, attached hereto as **Exhibit D** and incorporated herein by this reference, and all laws applicable to the provision of services under this program. If required, this Agreement will be amended to reflect any additional requirements detailed in the Handbook.
- G. The Project Sponsor agrees to participate in the Homeless Management Information System (HMIS). Participation is defined by HMIS training attendance, complying with Riverside County HMIS security policies and procedures, and entering required client data on a regular basis.

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

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

The Required Universal Data Elements are:

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

Other Required Data Elements:

- 1 Housing Check-In
- 2 Housing Check-Out

In addition to the above data elements, programs that receive HUD homeless assistance funding through the annual Continuum of Care (CoC) competition and complete APRs will be required to report clients' progress on all Program-Specific Data Elements below.

The Program-Specific Data Elements are:

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

Additional Program-Specific Data Elements are (Optional):

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

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

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

#### IV. FISCAL PROVISIONS

##### A. OBLIGATION

The Project Sponsor shall be reimbursed by HUD, utilizing a draw down process, for an amount not to exceed \$317,533. The County shall be reimbursed by HUD for an amount not to exceed \$7,744. Said funds shall be spent according to the budget shown below.

Budget Category	Total
OPERATING COSTS	\$214,688
SUPPORTIVE SERVICES	\$92,317
HOMELESS MANAGEMENT INFORMATION SYSTEM	\$2,783
ADMINISTRATIVE COSTS (PROJECT SPONSOR)	\$7,745
ADMINISTRATIVE COSTS (COUNTY)	\$7,744
<b>Total</b>	<b>\$325,277</b>

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

##### B. METHOD, TIME, AND CONDITION OF PAYMENTS

1. The Project Sponsor shall submit to DPSS a monthly claim in accordance with the Administrative Handbook, **Exhibit 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 operate deficit funds.

###### a. Cash Match Documentation

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

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

## C. BUDGET MODIFICATIONS

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

- a. Changes within a Budget Category

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

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

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

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

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

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

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

- a. Conditions for Approval

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

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



## b. Requests for Approval

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

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

## c. Budget Rollover of unused funds

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

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

## D. DISBURSEMENT OF FUNDS

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

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

## E. UNEXPENDED FUNDS AND CLOSE-OUTS

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

## F. INSPECTION AND AUDITS

1. The Project Sponsor shall manage monies received through DPSS in accordance with sound accounting policies; incur and claim only eligible costs for reimbursement;

and adhere to accounting standards established in OMB Circulars A-110, A-122 and A-133.

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

#### G. WITHHELD PAYMENTS

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

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

#### H. FISCAL ACCOUNTABILITY

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

#### I. AVAILABILITY OF FUNDING

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

### V. GENERAL PROVISIONS

#### A. TERM OF AGREEMENT

The Agreement shall be effective from April 1, 2011 through March 31, 2012.

#### B. INDEPENDENT CAPACITY

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

#### C. SUPPORTIVE HOUSING PROGRAM COMPLIANCE

By executing this Agreement, the Project Sponsor hereby certifies that it will adhere to and comply with the following as they may be applicable to a recipient of funds granted pursuant to the Supportive Housing Program, including; HUD Application, Technical Submission; Supportive Housing Program Rule (24 CFR 583); this Agreement, and the applicable Notice of Funding Availability (NOFA).

#### D. CONFLICT OF INTEREST

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

**E. DEFAULT**

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

**F. HOLD HARMLESS/INDEMNIFICATION**

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

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

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

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

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

## G. INSURANCE

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

### Workers' Compensation:

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

### Commercial General Liability:

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

### Professional Liability:

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

Extended Reporting Endorsement (also known as Tall Coverage); or 2) Prior Dates Coverage from a new insurer with at retroactive date back to the date of, or prior to, the inception of this Agreement; or, 3) demonstrate through Certificate of Insurance that Consultant has maintained continuous coverage with the same or original insurer. Coverage provided under items: Workers' Compensation, Commercial General Liability or Professional Liability will continue for a period of five (5) years beyond the termination of this Agreement.

Vehicle Liability:

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

General Insurance Provisions – All lines:

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

***this Section. An individual authorized by the insurance carrier to do so on its behalf shall sign the original endorsements for each policy and the Certificate of Insurance.***

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

#### H. INDEPENDENT CONTRACTOR

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

#### I. SUBCONTRACTING

1. The Project Sponsor may not delegate its duties, or obligations, nor assign its rights hereunder, either in whole or in part, without prior written consent of DPSS. Any such attempt at delegation of assignment without prior written consent shall be void. Any change whatsoever in the corporate structure of the Project Sponsor, the governing body of the Project Sponsor, the management of the Project Sponsor, or the transfer of assets in excess of ten percent of the total assets of the Project Sponsor shall be an assignment of benefits under the terms of this Agreement requiring DPSS approval. All subcontracts shall be made in writing and copies provided to DPSS. No subcontracts shall alter, in any way, any legal responsibility of the Project Sponsor to DPSS.

2. DPSS has the right to refuse reimbursement for obligations incurred under any subcontract that does not comply with the terms of this Agreement.
3. The Project Sponsor shall include in each subcontract all provisions that DPSS may require. These provisions will be made available to the Project Sponsor by DPSS.
4. Every subcontract shall specify:
  - a. The time period within which the subcontractor is to perform the subcontract. Subcontractor performance shall not begin prior to, nor extend beyond the time of the contract between the Project Sponsor and DPSS.
  - b. The maximum dollar amount of the subcontract.
  - c. The responsibilities of each party under the subcontract.
  - d. A statement that the subcontractor, agents, and employees of the subcontractor in the performance of the subcontract are acting in an independent capacity and not as officers, employees, or agents of the State of California.
  - e. A statement that modification of the subcontract shall be in writing. Prior written DPSS approval is required.
  - f. A statement that the subcontract is the complete and exclusive statement of the mutual understanding of the parties and that the subcontract supersedes and cancels all previous written and oral agreements and communications relating to the subject matter of the subcontract.
  - g. A statement regarding default in case of subcontractor is breach of subcontract.

#### J. REPORTS AND RECORD KEEPING

1. The Project Sponsor agrees to submit an Annual Progress Report (APR), **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, the Project Sponsor agrees to notify DPSS immediately upon knowledge of a participant entering and exiting a housing unit. The notification document, attached hereto as **Exhibit F** [Tenant Change Notice Form] and incorporated herein by this reference, shall be faxed to (951) 358-7755 or scanned and sent by e-mail to the DPSS SHP/HUD Program Specialist. It is also strongly encouraged that the Project Sponsor follow-up with a telephone call to the Program Specialist at (951) 358-5638 to verify receipt of



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

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

4. If funded for Transitional Housing, Permanent Housing, or Shelter Plus Care, the Project Sponsor agrees to provide DPSS with a monthly residential log of participants, attached hereto as **Exhibit G** [Certification of Tenant Roll] and incorporated herein by this reference. The residential log is due, by fax or scanned and sent by e-mail to the DPSS SHP/HUD Program Specialist, on or before the 10<sup>th</sup> (tenth) business day following the reporting month, regardless of the means by which the report is sent to DPSS. Both the fax number and e-mail address of the Homeless Programs Unit are provided above (reference 3).
5. The Sponsor agrees to collect and maintain records of participants for required federal, state, and county reports. Authorized representatives shall have the right at all reasonable times to access, inspect, or otherwise evaluate the work performed under this Agreement. Maintenance of records and access to them by authorized representatives is required for five (5) years after final payment is made under this program, or until all pending County, State, and Federal audits are completed, whichever is later.

#### K. SANCTIONS

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

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

**L. TERMINATION**

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

**M. COMPLIANCE WITH LAW**

1. By executing this Agreement, the Project Sponsor hereby certifies that it will adhere to and comply with the following as they may be applicable to a the Project Sponsor of funds granted pursuant to the Supportive Housing Program; the Application and Technical Submission; Supportive Housing Rule (24 CFR 583); and the Notice of Funding Availability (NOFA), published at 63 FR 23997, on February 26, 1999.
  - a. Section 92.350 Equal Opportunity and Fair Housing;
  - b. Section 92.351 Affirmative Marketing;
  - c. Section 92.352 Environmental Review;
  - d. Section 92.353 Displacement, relocation, and acquisition; the relocation requirements of Title II and the acquisition requirements of Title III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, and the implementing regulations at 24 CFR Part 42;
  - e. Section 92.354 Labor;
  - f. Section 92.356 Conflict of Interest;

- g. Section 92.357 Debarment and Suspension;
  - h. The regulations, policies, guidelines, and requirements of 24 CFR Part 85.
2. The Project Sponsor shall comply with all federal, state, and local laws and regulations pertinent to its operation and services to be performed hereunder, and shall keep in effect all licenses, permits, notices, and certificates as are required thereby. The Project Sponsor shall further comply with all laws applicable to wages and hours of employment, occupational safety and to fire, safety, health, and sanitation.

#### N. NOTICES

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

DPSS: Department of Public Social Services  
(Contract Issues) Contracts Administration Unit  
10281 Kidd Street, 1<sup>st</sup> Floor  
Riverside, CA 92503

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

Project Sponsor: Path of Life Ministries  
Attn: Executive Director  
4495 Magnolia Avenue  
Riverside, CA 92501

#### O. ASSIGNMENTS

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

#### P. DISPUTES

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

#### Q. CHILD ABUSE REPORTING

The Contractor shall establish a procedure acceptable to DPSS to ensure that all employees, volunteers, consultants, subcontractors or agents performing services under

this Agreement report child abuse on neglect to a child protective agency as defined in Penal Code, Section 11166.

#### R. ELDER AND DEPENDENT ABUSE REPORTING

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

#### S. EMPLOYMENT PRACTICES

1. The Contractor shall not discriminate in its recruiting, hiring, promoting, demoting, or terminating practices on the basis of race, religious creed, color, national origin, ancestry, physical handicap, medical condition, marital status, age, or sex in the performance of this Agreement, and to the extent they shall apply, with the provisions of the California Fair Employment and Housing Act (commencing with Gov. Code section 12900 et. seq.), and the Federal Civil Rights Act of 1964 (P. L. 88-352).
2. In the provision of benefits, the Contractor shall certify and comply with Public Contract Code 10295.3, to not discriminate between employees with spouses and employees with domestic partners, or discriminate between the domestic partners and spouses of those employees.

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

#### T. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

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

#### U. CLEAN AIR/WATER ACTS

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

#### V. LEAD-BASED PAINT

The Project Sponsor and all subcontractors, if any, shall comply with the requirements,

as applicable, of the Lead-Based Paint Poisoning Prevention Act (42 U.S.C 4821-4846) and implementing regulations issued pursuant thereto (24 CFR Part 35).

W. AUTHORITY

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

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

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

Y. ENTIRE AGREEMENT

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

Applicant: Riverside City &amp; County CoC

CA-608

Project: Path of Life Ministries Transitional Housing Program

EX2\_022626

## 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** CA0678B9D080802

Field will appear blank unless populated with imported 2009 data.

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

**3. Project Name** Path of Life Ministries Transitional Housing Program

**4. Project Type** Renewal Project

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

**6. Component Type** TH  
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-043  
(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 Path of Life Ministries Transitional Housing Program is a 54 unit, 142 bed facility serving homeless families with children and single, chronically homeless women desiring to permanently break the cycle of homelessness. The program length is 12-24 months.

Program participants receive individualized case plans that help them focus on setting goals and overcoming obstacles in their lives. Case Managers conduct individual/group sessions to help participants attain self-sufficiency and achieve the ultimate goal of acquiring permanent housing for their family.



## 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.**

**1b. Were one or more projects consolidated with this project?** No

**2. Grant Term** 1 Year

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

**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?** Yes

**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)** 063048 RIVERSIDE

Leasing	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operations	<input checked="" type="checkbox"/>
HMIS	<input checked="" type="checkbox"/>

## 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** Path of Life Ministries, Inc.  
**3. Organization Type** M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:

<b>4. DUNS Number</b> Format: xxxxxxxx or xxxxxxxxxxxxxx	003364176	<b>PLU</b> <b>S 4</b>
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**5. Tax ID or EIN** 33-0724945  
Format: 12-3456789

**6. Street Address 1** 4495 Magnolia Ave

**7. Street Address 2**

**8. City** Riverside

**9. State** California

**10. Zip Code** 92501  
Format: 12345 or 12345-1234

**11. Is the sponsor a Faith-Based Organization?** Yes

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

Documentation of the sponsor's nonprofit status is required with the submission of this application

## 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** Mr.  
**2. First Name** Leonard  
**3. Middle Name** Ray  
**4. Last Name** Jarman  
**5. Suffix**  
**6. Title** Transitional Housing Program Manager  
**7. E-mail Address** ljarman@polministries.net  
**8. Confirm E-mail Address** ljarman@polministries.net  
**9. Phone Number** 951-697-4195  
**Format: 123-456-7890**  
**10. Extension**

**11. Fax Number** 951-697-4197  
**Format:** 123-456-7890

## 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
Dormitory, shared or privat...	54	54	142

## **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:** Dormitory, shared or private rooms

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

2. **Units:** 54
3. **Bedrooms:** 54
4. **Beds:** 142



## 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	46						
	Total Persons	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
2. Disabled Adults	10			5	1		
3. Non-Disabled Adults	36			15			6
4. Disabled Children	2						
5. Non-Disabled Children	85						
6. Total Persons (click on "Save" to auto-calculate)	133	0	0	20	1	0	6
7. Total Number of Adults (click on "Save" to auto-calculate)	46						
8. Total Number of Children (click on "Save" to auto-calculate)	87						

## 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=vieweHomelessAndHousingProgramInfo>  
<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	4						
	Total Persons	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
2. Disabled Adults	4	4	2	2			
3. Non-Disabled Adults	0						
4. Disabled Unaccompanied Youth						0	
5. Non-Disabled Unaccompanied Youth							
6. Total Persons (click on "Save" to auto-calculate)	4	4	2	2	0	0	0
7. Total Number of Adults (click on "Save" to auto-calculate)	4						
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? Yes

**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?** Yes

## 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.**

20%	Persons who came from the street or other locations not meant for human habitation.
80%	Person who came from Emergency Shelters.
0%	Persons who came from Safe Havens.
0%	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.**

## 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.			0%
b. Persons exiting to permanent housing (subsidized or unsubsidized) during the operating year.	50	33	66%

**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.	50	25	50%
<b>OR</b>			
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).**

## SHP Operating Budget

### Instructions:

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

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

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

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

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

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

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

Other Resources (no input required) - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount (\$) available per grant year.

Additional resources:

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

**For each year of the grant term, enter the quantity and total budget request for each operating activity. For renewal applications, the fields will populate with information from the 2009 application submission, if applicable. Please make sure that the budget requests for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

Eligible Costs	Quantity (limit 400 characters)	SHP Request Year 1	Total
1.Maintenance/Repair	Maintenance & repair of facility/grounds/equip (incl phone line) & janitorial/housekeeping/Gro unds Maint Equip & Pest Control	\$3,896	\$3,896
2.Staff	1 FTE THP Manager/Director; 1 FTE Residential Services Staff (Night Supervisor); 4.6 FTE Residential Services Staff	\$127,159	\$127,159
3.Utilities	Electricity, Gas, Water, Trash, Sewer	\$52,500	\$52,500
4.Equipment (lease/buy)	Lease Copier/Office or Program Equipment	\$1,620	\$1,620
Exhibit 2	Page 21	12/09/2010	

<b>5.Supplies</b>	Household, Office, Hygeine, First Aid, Janitorial, Diapers, Program Supplies	\$16,200	\$16,200
<b>6.Insurance</b>	Insurance Payments	\$4,265	\$4,265
<b>7.Furnishings</b>	Furniture for client units, common space, and office staff, appliances, bedding, shelving, furniture	\$1,500	\$1,500
<b>8.Relocation</b>		\$0	\$0
<b>9.Other (must specify *)</b>			
<b>Contract Service - Fire Alarm</b>		\$675	\$675
<b>Telephone (\$400/mo. x 12 mos) &amp; DSL Connectivity (non-HMIS) @ \$72/mo. x 12 mos.) Food (\$2625)</b>		\$6,873	\$6,873
<b>10.Total SHP Request</b>		\$214,688	\$214,688
<b>11.Cash Match</b>		\$71,563	\$71,563
<b>12.Total SHP Operating Budget</b>		\$286,251	\$286,251
<b>13.Other Resources* (cash and in-kind)</b>			\$0

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

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

## SHP Supportive Services Budget

**Instructions:**

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

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

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

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

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

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

Other Resources (no input required) - if there are in-kind or additional cash resources above the requested cash match requirement, enter or update the total amount (\$) available per grant year.

Additional resources:

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

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

**For each year of the grant term, enter the quantity and total budget request for each supportive service activity. For renewal applications, the fields will populate with information from the 2009 application submission, if applicable. Please make sure that the budget requests for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

Supportive Services Costs	Quantity (limit 400 characters)	SHP Request Year 1	Total
1. Outreach		\$0	\$0
2. Case Management	1 FTE Case Manager/Intake & Assessment; 1 FTE Case Manager/Employment Specialist; 1 FTE Case Manager/Housing Specialist	\$87,598	\$87,598
3. Life Skills (outside of case management)		\$0	\$0
4. Alcohol and Drug Abuse Services		\$0	\$0
5. Mental Health and Counseling Services		\$0	\$0
6. HIV/AIDS Services		\$0	\$0
7. Health Related and Home Health Services		\$0	\$0

<b>8. Education and Instruction</b>	Workshops, Software, Literature, etc	\$400	\$400
<b>9. Employment Services</b>		\$0	\$0
<b>10. Child Care</b>		\$0	\$0
<b>11. Transportation</b>		\$0	\$0
<b>13. Other (must specify )</b>			
Drug Testing Kits	900 kits @ 6.00 each	\$4,319	\$4,319
		\$0	\$0
		\$0	\$0
<b>14. Total SHP dollars requested</b>		\$92,317	\$92,317
<b>15. Cash Match</b>		\$23,080	\$23,080
<b>16. Total SHP Supportive Services Budget</b>		\$115,397	\$115,397
<b>17. Other resources (cash and in-kind)</b>		\$0	\$0

## HMIS Budget - Equipment

**Instructions:**

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

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

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

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

Other Resources (no input required) - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount (\$) available per grant year.

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

**For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity. For renewal applications, the fields will populate with information from the 2009 application submission, if applicable. Please make sure that the budget request for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

	SHP Request Year 1	Total
<b>Equipment</b>		
1. Central Server(s)	\$0	\$0
2. Personal Computers and Printers	\$2,092	\$2,092
3. Networking	\$0	\$0
4. Security	\$0	\$0
<b>Subtotal Equipment Request</b>	<b>\$2,092</b>	<b>\$2,092</b>
<b>Cash Match</b>	<b>\$523</b>	<b>\$523</b>
<b>Total Equipment Budget</b>	<b>\$2,615</b>	<b>\$2,615</b>
<b>Other Resources (cash and in-kind)</b>	<b>\$0</b>	<b>\$0</b>

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

## HMIS Budget - Software

**Instructions:**

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

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

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

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

Other Resources (no input required) - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount (\$) available per grant year.

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

**For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity. For renewal applications, the fields will populate with information from the 2009 application submission, if applicable. Please make sure that the budget request for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

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

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

## HMIS Budget - Services

**Instructions:**

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

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

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

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

Other Resources (no input required) - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount (\$) available per grant year.

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

**For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity. For renewal applications, the fields will populate with information from the 2009 application submission, if applicable. Please make sure that the budget request for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

	Year 1 SHP Request	Total
<b>Services</b>		
9. Training by Third Parties	\$0	\$0
10. Hosting/Technical Services	\$0	\$0
11. Programming: Customization	\$0	\$0
12. Programming: System Interface	\$0	\$0
13. Programming: Data Conversion	\$0	\$0
14. Security Assessment and Setup	\$0	\$0
15. On-line Connectivity (Internet Access)	\$691	\$691
16. Facilitation	\$0	\$0
17. Disaster and Recovery	\$0	\$0
Other (must specify *)		
	\$0	\$0
<b>Subtotal HMIS Services Request</b>	<b>\$691</b>	<b>\$691</b>
<b>Cash Match</b>	<b>\$173</b>	<b>\$173</b>
<b>Total HMIS Services Budget</b>	<b>\$864</b>	<b>\$864</b>



**Applicant:** Riverside City & County CoC  
**Project:** Path of Life Ministries Transitional Housing Program

CA-608  
EX2\_022626

Other Resources (cash and in-kind)	\$0	\$0
---------------------------------------	-----	-----

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

## HMIS Budget - Personnel

**Instructions:**

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

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

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

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

Other Resources (no input required) - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount (\$) available per grant year.

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

**For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity. For renewal applications, the fields will populate with information from the 2009 application submission, if applicable. Please make sure that the budget request for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

	Year 1 SHP Request	Total
<b>Personnel</b>		
18. Project Management/Coordination	\$0	\$0
19. Data Analysis	\$0	\$0
20. Programming	\$0	\$0
21. Technical Assistance and Training	\$0	\$0
22. Administrative Support Staff	\$0	\$0
<b>Subtotal Personnel Request</b>	\$0	\$0
<b>Cash Match</b>	\$0	\$0
<b>Total Personnel Budget</b>	\$0	\$0
<b>Other Resources (cash and in-kind)</b>	\$0	\$0

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

## HMIS Budget - Space & Operations

**Instructions:**

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

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

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

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

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

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

**For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity. For renewal applications, the fields will populate with information from the 2009 application submission, if applicable. Please make sure that the budget request for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

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

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

## HMIS Budget Summary

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

	Year 1
25. Total SHP HMIS Request	\$2,783
26. Total Cash Match	\$696
27. Total HMIS Costs	\$3,479

## Supportive Housing Program (SHP) Summary Budget

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

Selected Grant Term 1 Year

SHP Activities	SHP Dollars Request	Cash Match	Totals
1. Acquisition	\$0	\$0	\$0
2. Rehabilitation	\$0	\$0	\$0
3. New Construction	\$0	\$0	\$0
4. Subtotal (Lines 1 - 3)	\$0	\$0	\$0
5. Real Property Leasing From Leasing Budget Chart	\$0		\$0
6. Supportive Services From Supportive Services Budget Chart	\$92,317	\$23,080	\$115,397
7. Operations From Operating Budget Chart	\$214,688	\$71,563	\$286,251
8. HMIS From HMIS Budget Chart	\$2,783	\$696	\$3,479
9. SHP Request (Subtotal lines 4-8)	\$309,788		
10. Administrative Costs (Up to 5% of line 9)	\$15,489		
	<b>Total SHP Request (Total lines 9 and 10)</b>	<b>Total Cash Match</b>	<b>Total Budget (Total SHP Request + Total Cash Match)</b>
	\$325,277	\$95,339	\$420,616

## 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	Path of Life 2010...	10/20/2010
PHA Certification Letter	No		
Rural Housing Units Worksheet	No		
Sponsor Nonprofit Documentation	No		

## **Attachment Details**

**Document Description:** Path of Life 2010 Logic Model

## **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**

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

Tax Classification: \_\_\_\_\_

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

Fees

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

Method of Payment

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

Personnel

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

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

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

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

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

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

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

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



Volunteer Center of Riverside

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



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

**Riverside County Community Services Directory  
PROGRAM INFORMATION FORM**

This form is to submit the program's details, additions or changes.  
Please submit a separate form for each program.  
Additional copies can be made of this form as needed.

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

Program Name: \_\_\_\_\_

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

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

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

Confidential location:  Yes  No

Handicap accessible?  Yes  No

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

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

Program Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

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

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

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

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

Program Days and Hours: \_\_\_\_\_

Program Description: \_\_\_\_\_

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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?

\_\_\_\_\_

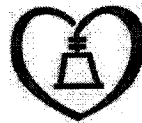
\_\_\_\_\_

\_\_\_\_\_

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

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

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



Please enclose your brochure and return to  
 2-1-1 Riverside County  
 P.O. Box 5376  
 Riverside, CA 92517-5376  
 Phone: (800) 464-1123  
 or (951) 686-4402 Ext. 160  
 Fax: (951) 686-7417

**Client Intake Form – HUD SHP Programs**

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

**Enrollment Entry Date**

		/			/				
month			day			year			

**Client Bed Check-In**

Client Bed-entry Date: \_\_\_/\_\_\_/\_\_\_  
 Facility Client will be housed in: \_\_\_\_\_  
 Room Client will be housed in: \_\_\_\_\_  
 Bed Client will be assigned: \_\_\_\_\_

**Name**

Current Name (first, middle, last name, suffix)	Don't Know	N/A	Refused
First name			
Middle name			
Last name			
Suffix			

**Social Security Number**

			-			-				
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Full SSN Reported		Don't know	
Partial SSN Reported		Refused	

**Date of Birth**

		/			/					
month			day			year				

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

--	--

Age

**Gender**

Female	
Male	
Transgender Male to Female	
Transgender Female to Male	
Other	
Don't Know	
Refused	

**Ethnicity**

Non-Hispanic/Non-Latino	
Hispanic/Latino	
Don't know	
Refused	

**Race**

American Indian or Alaskan Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Don't know	
Refused	

**Disabling Condition**

No	
Yes	
Don't know	
Refused	

**Veteran Status**

No	
Yes	
Don't know	
Refused	

**Residence Prior to Program Entry**

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

**Length of Stay in Previous Place**

One week or less	
More than one week, but less than one month	
one to three months	
More than one week but less then one month	
One to three months	
More then three months, but less then one year	
One year or longer	
Don't know	
Refused	

**Housing Status**

Literally homeless	
Housed and at imminent risk of losing housing	
Housed and at-risk of losing housing	
Stably housed	
Don't know	
Refused	

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

Zip code							
Full or partial zip code reported							
Don't know							
Refused							

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

City:																				
State:																				

**Income and Source - Program-Specific Data Element**

Financial Resources	Income received from any source in the past 30 days?	No		Yes		Don't Know		Refused	
Source and Amount of Income	Source of Income	Receiving Income Source		Amount From Source					
	Earned Income	No							
		Yes			\$_____00				
	Unemployment Insurance	No							
		Yes			\$_____00				
	Supplement Security Income (SSI)	No							
		Yes			\$_____00				
	Social Security Disability Income (SSDI)	No							
		Yes			\$_____00				
	Veteran's Disability Payment	No							
		Yes			\$_____00				
	Private Disability Insurance	No							
		Yes			\$_____00				
	Workers Compensation	No							
		Yes			\$_____00				
	Temporary Assistance for Needy Families (TANF)	No							
		Yes			\$_____00				
	General Assistance (GA)	No							
		Yes			\$_____00				
	Retirement income from Social Security	No							
		Yes			\$_____00				
	Veteran's Pension	No							
		Yes			\$_____00				
	Pension from former job	No							
		Yes			\$_____00				
Child Support	No								
	Yes			\$_____00					
Alimony or other spousal support	No								
	Yes			\$_____00					
Other source	No								
	Yes			\$_____00					
<b>Total Monthly Income</b>	Monthly income from all sources				\$_____00				

**Non-Cash Benefit – Program-Specific Data Element**

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

**Physical Disability – Program-Specific Data Element**

<b>Physical Disability</b>	No	
	Yes	
	Don't Know	
	Refused	
<b>(If yes) Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program?</b>	No	
	Yes	
	Don't Know	
	Refused	

**Developmental Disability – Program-Specific Data Element**

<b>Developmental disability</b>	No	
	Yes	
	Don't Know	
	Refused	
<b>(If yes) Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program?</b>	No	
	Yes	
	Don't Know	
	Refused	



**Chronic Health Condition – Program-Specific Data Element**

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

**HIV / AIDS– Program-Specific Data Element**

<b>HIV / AIDS</b>	No	
	Yes	
	Don't Know	
	Refused	
<b>(If yes) Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program?</b>	No	
	Yes	
	Don't Know	
	Refused	

**Mental Health – Program-Specific Data Element**

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

**Substance Abuse – Program-Specific Data Element**

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

**Domestic Violence – Program-Specific Data Element**

<b>Domestic Violence Victim/Survivor</b>	No	
	Yes	
	Don't Know	
	Refused	

<b>(If yes) When experience occurred?</b>	No	
	Yes	
	Don't Know	
	Refused	

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

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

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

<b>Date of Engagement</b>	<table border="1"> <tr> <td> </td><td> </td><td>/</td><td> </td><td> </td><td>/</td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>month</td><td>day</td><td></td><td>year</td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			/			/					month	day		year						
		/			/																
month	day		year																		

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

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

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

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

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

**Services Provided**

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

**Destination (At Exit)**

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

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

**Enrollment Exit Date**

		/			/				
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month    day    year



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

**TENANT MOVE OUT**

Tenant Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Last Date of Occupancy: \_\_\_\_\_

**TENANT MOVE IN**

Tenant Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of Initial Occupancy: \_\_\_\_\_

**Attached:**

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

X

\_\_\_\_\_ *Signature* \_\_\_\_\_ *Date*

\_\_\_\_\_ *Title & Organization*

Grant #: \_\_\_\_\_

**FOR COUNTY USE ONLY:**

Date Received: \_\_\_\_\_  
 HQS Date Completed: \_\_\_\_\_



