

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

508



**FROM:** Community Action Partnership of Riverside County

**SUBMITTAL DATE:**  
February 27, 2014

**SUBJECT:** Request Approval for Professional Services Agreement #CAP-14-001 with Habitat for Humanity – Helping Hands Project. [\$50,000] Federal Funding.

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

1. Authorize the Chairman of the Board to sign the attached Agreement #CAP-14-001 between Community Action Partnership of Riverside County and Habitat for Humanity – Riverside for the Helping Hands Project, not to exceed \$50,000 per program year; and
2. Authorize the Purchasing Agent to sign any ministerial amendments and exercise the option to renew for up to one (1) additional one-year period for a total of two (2) years, not to exceed the Board authorized amount.

*[Signature]*  
Name: Maria Y. Juarez, CCAP  
Title: Executive Director

FORM APPROVED COUNTY COUNSEL  
BY: *[Signature]* DATE: \_\_\_\_\_  
NEAL R. KIPNIS

Purchasing: *[Signature]*  
Mark Seiler, Assistant Director

| FINANCIAL DATA                             | Current Fiscal Year: | Next Fiscal Year: | Total Cost: | Ongoing Cost:                 | POLICY/CONSENT<br>(per Exec. Office)  |
|--|----------------------|-------------------|-------------|-------------------------------|---|
| COST                                       | \$ 50,000            | \$ 0              | \$ 50,000   | \$ 0                          | Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/> |
| NET COUNTY COST                            | \$ 0                 | \$ 0              | \$ 0        | \$ 0                          |   |
| <b>SOURCE OF FUNDS:</b> 100% Federal Funds |                      |                   |             | <b>Budget Adjustment:</b> No  |   |
|  |                      |                   |             | <b>For Fiscal Year:</b> 13/14 |   |

**C.E.O. RECOMMENDATION:** **APPROVE**  
BY: *[Signature]*  
Donna Shaw  
County Executive Office Signature

**MINUTES OF THE BOARD OF SUPERVISORS**

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

Ayes: Jeffries, Tavaglione, Stone, Benoit and Ashley  
Nays: None  
Absent: None  
Date: March 11, 2014  
xc: CAP, Purchasing

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

- A-30
- Positions Added
- 4/5 Vote
- Change Order

Prev. Agn. Ref.: 1/10/12 (#3.11) | District: | Agenda Number:

**3-7**

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

**FORM 11: Request Approval for Professional Services Agreement #CAP-14-001 with Habitat for Humanity – Helping Hands Project. [\$50,000] Federal Funding.**

**DATE: February 27, 2014**

**PAGE: Page 2 of 2**

**BACKGROUND:**

**Summary (continued)**

The Helping Hands Project will rehabilitate the exterior of 40 mobile homes in Western Riverside County for low and fixed income households living in mobile home communities. Emphasis will be placed on servicing seniors, disabled and veterans. Most mobile home communities maintain strictly enforced community standards in order to maintain the housing quality and safety of its residents. When households do not comply with maintenance regulations they often face penalties, which if not addressed may lead to eviction. This project assists households for whom compliance is not possible due to insufficient funds (low-income) and/or disability. This project helps prevent homelessness before it starts.

Exterior rehabilitation will include: minor exterior repairs, yard clean-up, exterior painting, and landscaping. Funding is to support a Project Manager who will coordinate all activities for this project including but not limited to: management of the project, project promotion/awareness, prepare initial assessments on mobile homes, recruit volunteers to complete the project, supervise volunteer workforce, generate in-kind support/supplies, inspect completed work, assist in the preparation of grants, coordinate acquisition and delivery of materials, prepare reports, etc.

**Impact on Citizens and Businesses**

The Helping Hands Project will assist eligible households in improving the exterior condition of their mobile home to ensure compliance with community standards related to quality and safety, thereby avoiding penalties and possible eviction.

**SUPPLEMENTAL:**

**Additional Fiscal Information**

No County General Funds would be required.

**Contract History and Price Reasonableness**

Since 2012 CAP Riverside has partnered with Habitat for Humanity-Riverside through the Helping Hands Program to rehabilitate the exterior of Mobile Homes for low and fixed income seniors, disabled and veterans. On January 10, 2012, Agreement #3.11, the Board of Supervisors approved the Agreement with Habitat for Humanity. This Agreement #CAP-14-001 establishes funding for a maximum of two (2) years, not to exceed \$50,000 per program year. Habitat for Humanity leverages in-kind donations, donated labor and support to provide an average of \$500 in Rehabilitation costs per Mobile Home.

**DATE:** February 10, 2014  
**TO:** Board of Supervisors  
**VIA:** Purchasing Agent  
**FROM:** Maria Y. Juarez, CCAP  
Executive Director

**DEPARTMENT:** Community Action Partnership of Riverside County

**SUBJECT: Request for Sole Source Procurement**

**1. Supply/Service requested:**

Exterior rehabilitation of mobile homes owned or rented in mobile home communities by low and fixed income households in Western Riverside County. Households who qualify are typically veterans, seniors, and the disabled. Exterior rehabilitation includes minor exterior repair, yard clean-up, exterior painting, and landscaping.

**2. Supplier being requested:**

Habitat for Humanity Riverside (HFH Riverside) – Helping Hands Mobile Home Rehabilitation Program

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

- Habitat for Humanity – Riverside County Affiliates (Banning, San Jacinto, and Temecula)
- Coachella Valley Housing Commission

**4. Extent of market search conducted (conducted 2014):**

- HFH Riverside is the only non-profit affordable home building entity for low to fixed income families that serves Western Riverside County.
- The Helping Hands Program is a unique program of national Habitat for Humanity. The program is designed specifically for mobile home communities. Local affiliates must have approval of the national organization to implement the program. There are currently (2014) four (4) affiliates in Riverside County: 1) Riverside; 2) Inland Valley (Temecula); 3) San Geronio (Banning); and 4) Hemet-San Jacinto. The Palm Desert (East County) is no longer in business. Only Riverside and Inland Valley have the capacity to run the Helping Hands Program. HFH Riverside has approval from national to operate the program. Inland Valley elected not to participate in their national program.
- CAP Riverside assessed Coachella Valley Housing Commission (CVHC), a Habitat-like agency in East County. CVHC serves only East County and only builds or renovates homes; they do not work with mobile homes.

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

- HFH Riverside is an expert in constructing homes and rehabilitating homes and mobile homes.
- HFH Riverside is a part of a nationwide brand.
- HFH Riverside is the only non-profit affordable home building entity for low to fixed income families that serves Western Riverside County.
- CAP Riverside has a historical partnership with HFH Riverside, who has a proven track record of meeting contractual and programmatic requirements.
- HFH Riverside currently operates a Helping Hands Program and has leveraged in-kind support of building materials, supplies, and additional expertise advice from local

building suppliers (Home Depot, Lowe's, and Sears), plant nurseries, and paint companies to reduce costs.

- HFH Riverside has the ability to coordinate and manage the rehabilitation of an entire mobile park.
- Habitat's mission is to eliminate substandard housing and homelessness and to make adequate affordable shelter a matter of action. This is accomplished through volunteer labor and donations of money, material and land.

**6. Reasons why my department requires these unique features and what benefit will accrue to the county:**

- Often the safest, highest quality mobile home communities owe their quality and safety to strictly enforced community standards. When households do not comply with maintenance regulations, they often face penalties even leading up to eviction. HFH Riverside's Helping Hands Program assists households for whom compliance is not possible due to low income or disability. Helping Hands supports HFH Riverside's greater social mission by preventing homelessness before it starts. This is consistent with CAP Riverside's mission and vision.

**7. Price Reasonableness:**

- HFH Riverside has leveraged in-kind donations and support from local building, paint, and nursery supplies to average rehabilitation costs at \$500 per mobile home. This is an exceptionally reasonable cost for this type of dwelling rehabilitation.
- There are no direct or administrative (indirect) costs; 100% of funding is for personnel and benefits. HFH Riverside covers their administrative costs from the proceeds of their ReStore shop and direct costs are covered by private sector donors.
- Maximum Contract amount is \$50,000 per year.

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

No

**9. Period of Performance:**

January 1, 2014 through December 31, 2014, renewable in one-year increments.

Department Head Signature

Date

2-11-14

Purchasing Department Comments:

*Requires Form-11 before implementing*

Approve

Approve with Condition/s

Disapprove

Not to exceed: \$ 50,000

One time

Annual Amount *Through Form-11 Approval*

through \_\_\_\_\_

Purchasing Agent

Date

Approval Number

(Reference on Purchasing Documents)

2-14-14

14-356

**Community Action Partnership of Riverside County**

2038 Iowa Avenue, Suite B-102  
 Riverside, CA 92507

PROFESSIONAL SERVICES AGREEMENT: CAP-14-001  
 CONTRACTOR: Habitat for Humanity Riverside  
 CONTRACT TERM: January 1, 2014 through December 31, 2014  
 MAXIMUM REIMBURSABLE AMOUNT: \$50,000

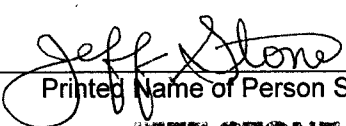
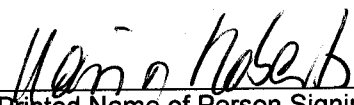
**WHEREAS**, the Community Action Partnership of Riverside County, hereinafter referred to as CAP Riverside, desires to reduce the risk of low to fixed income households in Western Riverside County from becoming homeless as a result of non-compliance with the maintenance standards of mobile home communities.

**WHEREAS**, Habitat for Humanity Riverside is qualified to provide exterior mobile home rehabilitation;

**WHEREAS**, CAP Riverside desires Habitat for Humanity Riverside hereinafter referred to as the CONTRACTOR, to perform these services in accordance with the TERMS and CONDITIONS (T&C) attached hereto and incorporated herein by this reference. The T&C specify the responsibilities of CAP Riverside and the CONTRACTOR;

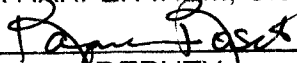
**NOW THEREFORE**, CAP Riverside and the CONTRACTOR do hereby covenant and agree that the CONTRACTOR shall provide said services in return for monetary compensation, all in accordance with the terms and conditions contained herein, of this Agreement.

FORM APPROVED COUNTY COUNSEL  
 BY: NEAL R. KIPNIS DATE: 2/26/14

|   |  |
|---|--|
| Authorized Signature for the County   | Authorized Signature for CONTRACTOR:   |
|  |  |
| Printed Name of Person Signing:<br><b>JEFF STONE</b>                                | Printed Name of Person Signing:<br>Karin Roberts                                     |
| Title:<br><b>CHAIRMAN, BOARD OF SUPERVISORS</b>                                     | Title:<br>Executive Director   |
| Address:<br>2980 Washington Street<br>Riverside, CA 92504                           | Address:<br>2180 Iowa Avenue<br>Riverside, CA 92507                                  |
| Date Signed:<br>MAR 11 2014   | Date Signed:<br>2/20/14  |

ATTEST:

KECIA HARPER-IHEM, Clerk

By   
 DEPUTY

**HABITAT FOR HUMANITY RIVERSIDE  
PROFESSIONAL SERVICES AGREEMENT  
TERMS AND CONDITIONS**

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### LIST OF EXHIBITS AND ATTACHMENTS

Attachment A – Scope of Work

Exhibit A – CSBG Reimbursement Request (Revised 4-10)

Exhibit B – CSBG Contractor Expenditure Report (Revised 4-10)

Exhibit C – Instructions for CSBG Reimbursement Request and CSBG Contractor Expenditure Report (Revised 4-10)

Exhibit D – Monthly Program Performance Report (Revised 4-10)

Exhibit E – CSBG Programmatic Data – Client Characteristic Report (CSD 295)

Exhibit F – Drug-Free Workplace Certification

Exhibit G – Certification Regarding Lobbying

Exhibit H – Certification Regarding Debarment, Suspension and Related Matters

## CONTRACT TERMS AND CONDITIONS

### I. CAP RIVERSIDE RESPONSIBILITIES

- A. CAP Riverside will assign staff to act as liaison between the CONTRACTOR and CAP Riverside.
- B. CAP Riverside will monitor the performance of the CONTRACTOR in meeting the terms, conditions, and services in this Agreement. CAP Riverside, at its sole discretion, may monitor the performance of the CONTRACTOR through any combination of the following methods: periodic on-site visits, annual inspections, evaluations, and CONTRACTOR self-monitoring.

### II. CONTRACTOR RESPONSIBILITIES

- A. Assign staff to act as liaison to CAP RIVERSIDE.
- B. Provide services as described in the Scope of Work attached hereto and incorporated herein as "Attachment A".

### III. FISCAL PROVISIONS

#### A. MAXIMUM AMOUNT

Total payment under this Contract shall not exceed \$50,000

#### B. LINE ITEM BUDGET

|                                    |                 |
|------------------------------------|-----------------|
| Personnel: Salaries/Wages/Benefits | \$50,000        |
| Direct Program Costs               | \$0             |
| Indirect Costs                     | \$0             |
| <b>Total Grant:</b>                | <b>\$50,000</b> |

#### C. METHOD, TIME, AND SCHEDULE/CONDITION OF PAYMENT

1. CAP Riverside will reimburse the CONTRACTOR for services provided in accordance with the terms and conditions contained herein, in this Agreement.
2. The Contractor shall submit the "CSBG Reimbursement Request" (Exhibit A – Revised 4-10) and "CSBG Contractor Expenditure Report" (Exhibit B – Revised 4-10) on a calendar month basis, following the instructions in "Instructions for CSBG Reimbursement Request and CSBG Contractor Expenditure Report (Exhibit C – Revised 4-10). Contract Expenditure Report is due on a monthly basis regardless of activity. Supporting documentation such as pay stubs must accompany the Reimbursement Request. Exhibits A, B, and C are attached hereto and incorporated herein by this reference.
3. Each claiming period shall consist of a calendar month claiming period. Contractor invoices are due no later than the 5th day of the month after which services were rendered. Any invoice not received within the time period indicated above may be rejected by CAP Riverside in its entirety if it is not feasible for CAP Riverside to make payment.
4. All invoices submitted in a timely manner shall be processed by CAP Riverside within ten (10) working days of receipt by CAP Riverside and forwarded to the Auditor-Controller's Office for payment.



5. If the CONTRACTOR ceases operation for any period, then no payment will apply for that period.

#### D. ADVANCE PAYMENT

Upon written request by the CONTRACTOR via the CSBG Reimbursement Request, CAP Riverside may issue an advance payment to the CONTRACTOR in the amount not to exceed 25% of the available amount of this Agreement. Advance payment will be recaptured by deduction from each of the first four (4) monthly billings at the rate of 25% of the total advance amount. If a claim during this period does not support the full repayment amount, its remaining balance will roll forward and be added to the next month's repayment dollar amount.

#### E. RECORDS, INSPECTIONS, AND AUDITS

The CONTRACTOR shall maintain auditable books, records, documents, and other evidence pertaining to costs and expenses in this Agreement. The CONTRACTOR shall maintain these records for three (3) years after final payment has been made or until all pending county, state, and federal audits, if any, are completed, whichever is later.

1. Any authorized representative of the County of Riverside, the State of California, and the federal government shall have access to any books, documents, papers, electronic data, and other records, which these representatives may determine to be pertinent to this Agreement, for the purpose of performing an audit, evaluation, inspection, review, assessment, or examination. These representatives are authorized to obtain excerpts, transcripts, and copies, as they deem necessary. Further, these authorized representatives shall have the right at all reasonable times to inspect or otherwise evaluate the work performed, or being performed, under this Agreement and the premises in which it is being performed.
2. This access to records includes, but is not limited to, service delivery, referral, financial, and administrative documents for three (3) years after final payment is made, or until all pending county, state, and federal audits are completed, whichever is later.
3. Should the CONTRACTOR disagree with any audit conducted by CAP Riverside, the CONTRACTOR shall have the right to employ a licensed, Certified Public Accountant (CPA) to prepare and file with CAP Riverside a certified financial and compliance audit that is in compliance with generally-accepted government accounting standards of related services provided during the term of this Agreement. The CONTRACTOR shall not be reimbursed by CAP Riverside for such an audit.
4. In the event the CONTRACTOR does not make available its books and financial records at the location where they are normally maintained, the CONTRACTOR agrees to pay all necessary and reasonable expenses, including legal fees, incurred by CAP Riverside in conducting such an audit.
5. All records maintained by Contractor shall meet the OMB requirements contained in the following Circulars: A-102, Subpart C, ("Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments") or A-110, Subpart C, Nonprofit Organizations, whichever is applicable.
6. Contractor assures that employee and applicant records shall be maintained in a confidential manner to assure compliance with the Information Practices Act of 1977, as amended, and the Federal Privacy Act of 1974, as amended.

**F. SUPPLANTATION**

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

**G. DISALLOWANCE**

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

**H. FINANCIAL RESOURCES**

The CONTRACTOR warrants that during the term of this Agreement, the CONTRACTOR shall retain sufficient financial resources necessary to perform all aspects of its obligations, as described under this Agreement. Further, the CONTRACTOR warrants that there has been no adverse material change in the CONTRACTOR, Parent, or Subsidiary business entities, resulting in negative impact to the financial condition and circumstances of the CONTRACTOR since the date of the most recent financial statements.

**I. AVAILABILITY OF FUNDING**

CAP Riverside's obligation for payment of any Agreement is contingent upon the availability of funds from which payment can be made.

**IV. GENERAL PROVISIONS****A. PERIOD OF PERFORMANCE**

This Agreement is effective January 1, 2014 through December 31, 2014

**B. CONFLICT OF INTEREST**

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

The CONTRACTOR agrees to inform CAP Riverside of all of the CONTRACTOR'S interests, if any, which are or which the CONTRACTOR believes to be incompatible with any interest with CAP Riverside.

#### C. NOTICES

All notices, reports, claims, correspondence, and/or statements authorized or required by this Agreement shall be addressed as follows:

CAP Riverside:  
County of Riverside  
Community Action Partnership  
of Riverside County  
2038 Iowa Avenue, Suite B-102  
Riverside, CA 92507-2412  
(951) 955-4900

CONTRACTOR:  
Habitat for Humanity Riverside  
2180 Iowa Avenue  
Riverside, CA 92507  
Attention: Karin Roberts  
951-787-6754

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

#### D. CONFIDENTIALITY

The CONTRACTOR shall maintain the confidentiality of all information and records and comply with all other statutory laws and regulations relating to privacy and confidentiality.

#### E. CHILD ABUSE REPORTING

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

#### F. PRO CHILDREN ACT OF 1994

CONTRACTOR must comply with Public Law 103-227, Part C – Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act). This Act requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State and local governments. Federal programs include grants, cooperative Agreements, loans or loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.

Contractor further agrees that the above language will be included in any subcontracts that contain provisions for children's services and that all subcontractors shall certify compliance accordingly. For detailed explanation, see [www.csd.ca.gov](http://www.csd.ca.gov).

This Agreement incorporates by reference all provisions set forth in the Child Support Services and Referrals (Section 678 (b) 1998 CSBG Reauthorization Act)." For detailed explanation, see [www.csd.ca.gov](http://www.csd.ca.gov).

#### G. CHILD SUPPORT COMPLIANCE ACT

For any agreement in excess of \$100,000 the contractor acknowledges in accordance with Public Contract code 7100, that:

1. The CONTRACTOR recognizes the importance of child and family support obligations and shall fully comply with all applicable state and federal laws relating to child and family support enforcement, included but not limited to, disclosure of information and compliance with earnings assignment orders, as provided in Chapter 8 (commencing with section 5200) of Part 5 of Division 9 of the Family Code; and
2. The CONTRACTOR, to the best of its knowledge is fully complying with the earnings assignment orders of all employees and is providing the names of all new employees to the New Hire Registry maintained by the California Employment Development Department.

#### H. TRAFFICKING IN PERSON

CONTRACTOR must comply with the Trafficking Victims Protection Act of 2000 (Sec. 106(g), as amended (22 U.S.C. 7104).

1. As a recipient of this award, CONTRACTOR assures that its employees, sub-recipients and sub-recipients' employees shall not:
  - a. Engage in severe forms of trafficking in persons during the period of time that this award is in effect;
  - b. Procure a commercial sex act during the period of time the award is in effect; or
  - c. Use forced labor in performance of the award or sub-awards under this award.
2. CONTRACTOR must inform CAP Riverside immediately of any information received from any source alleging a violation of a prohibition of the Act.
3. CONTRACTOR must include the requirements of Paragraph 1. a., b., c, in any sub-awards made.
4. CAP Riverside may unilaterally terminate this award if CONTRACTOR is found to have violated a provision of this Act.

#### I. PERSONNEL DISCLOSURE

The CONTRACTOR agrees to maintain and make available to CAP Riverside a current list of personnel that are providing services under this Agreement who have contact with children or adult clients. The list shall include:

1. All staff who work full or part-time positions by title, including volunteer positions;
2. A brief description of the functions of each position and hours each position worked; and
3. The professional degree, if applicable and experience required for each position.

CAP Riverside has the sole discretion to approve or not approve any person on the Contractor's list that has been convicted of any crimes involving sex, drugs, or violence, or who is known to have a substantiated report of child abuse, as defined in Penal Code 11165.12, who have direct contact with minors or adult clients. CAP Riverside shall notify the Contractor in writing of any person not approved, but to protect client confidentiality, may not be able to disclose the reason(s) for non-approval. Upon notification, the Contractor shall immediately remove that person from providing services under this agreement.

#### J. 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 (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.
3. 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.

#### K. HOLD HARMLESS/INDEMNIFICATION

CONTRACTOR shall indemnify and hold harmless all Agencies, Districts, Special Districts and Departments of the County of Riverside, 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 and resulting from any reason 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 all Agencies, Districts, Special Districts and Departments of the County of Riverside, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives in any claim or action based upon such alleged acts or omissions.

With respect to any action or claim subject to indemnification herein by CONTRACTOR, CONTRACTOR shall, at their sole cost, have the right to use counsel of their own choice and shall have the right to adjust, settle, or compromise any such action or claim without the prior consent of County; provided, however, that any such adjustment, settlement or compromise in no manner whatsoever limits or circumscribes CONTRACTOR'S indemnification to County as set forth herein. CONTRACTOR'S obligation to defend, indemnify and hold harmless County shall be subject to County having given CONTRACTOR written notice within a reasonable period of time of the claim or of the commencement of the related action, as the case may be, and information and reasonable assistance, at CONTRACTOR'S expense, for the defense or settlement thereof. 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 the 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 clause and California Civil Code Section 2782, this clause shall be interpreted to comply with Civil Code 2782. Such interpretation shall not relieve the CONTRACTOR from indemnifying the County to the fullest extent allowed by law.

#### L. INSURANCE

1. 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.

a. Workers' Compensation:

If CONTRACTOR has employees as defined by the State of California, CONTRACTOR shall maintain 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.

b. 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, and employment practices liability covering claims which may arise from or out of CONTRACTOR'S performance of its obligations hereunder. Policy shall name 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 Insured. 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.

c. 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 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 Insured.

2. General Insurance Provisions – All lines:

- a. Any insurance carrier providing insurance coverage hereunder shall be admitted to the State of California and have an A.M. BEST rating of not less than an A:VIII(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.
- b. The CONTRACTOR'S insurance carrier(s) must declare its insurance deductibles or self-insured retentions. If such deductibles or self insured retentions exceed \$500,000 per occurrence such deductibles and/or retentions shall have the prior written consent of the County Risk Manager before the commencement of operations under this Agreement. Upon notification of deductibles or 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 deductibles or self-insured retentions as respects this

Agreement with the County, or 2) procure a bond which guarantees payment of losses and related investigations, claims administration, defense costs and expenses.

- c. The CONTRACTOR shall cause their insurance carrier(s) to furnish the County of Riverside with 1) a properly executed original Certificate(s) of Insurance and original copies of Endorsements effecting coverage as required herein; or, 2) if requested to do so orally or in writing by the County Risk Manager, provide original 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 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 original policies, including all endorsements and attachments thereto evidencing coverage's set forth herein and the insurance required herein is in full force and effect.
- d. It is understood and agreed by the parties hereto and the insurance company(s), that the Certificate(s) of Insurance and policies shall so covenant and shall be construed as primary insurance, and the County's insurance and/or deductibles and/or self-insured retentions or self-insured programs shall not be construed as contributory.
- e. The County of Riverside's Reserved Rights for Insurance: If, during the term of this Agreement or any extension thereof, there is a material change in the scope of services or performance of work; or, there is a material change in the equipment to be used in the performance of the scope of work, the County of Riverside reserves the right to adjust the types of insurance required under this Agreement and the monetary limits of liability for the insurance coverage's required herein, if, in the County Risk Manager's reasonable judgment, the amount or type of insurance carried by the CONTRACTOR has become inadequate.
- f. CONTRACTOR shall pass down the insurance obligations contained herein to all tiers of subcontractors working under this Agreement.
- g. The insurance requirements contained in this Agreement may be met with program(s) of self-insurance acceptable to the County's Risk Manager.

#### M. LICENSES AND PERMITS

In accordance with the provisions of Chapter 9 of Division 3 of the Business and Professions Code concerning the licensing of contractors, all Contractors shall be licensed, if required, in accordance with the laws of this State and any Contractor not so licensed is subject to the penalties imposed by such laws.

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

#### N. INDEPENDENT CONTRACTOR

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

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

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

#### O. ASSIGNMENT

The CONTRACTOR shall not assign any interest in this Agreement, and shall not transfer any interest in the same, whether by assignment or novation, without the prior written consent of CAP Riverside. Any attempt to assign or delegate any interest herein without said consent shall be deemed void and of no force or effect.

#### P. REPORTING

The following reports shall be submitted to CAP Riverside no later than the due dates indicated, including periods where there is no activity. Exhibit D and E are attached hereto and incorporated herein by this reference.

| EXHIBIT# | TITLE OF REPORT   | DUE DATE              |
|----------|---|-----------------------|
| D        | Monthly Program Performance Report                            | 5th day of each month |
| E        | CSBG Programmatic Data Client Characteristic Report (CSD 295) | 5th day of each month |

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

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

#### R. DRUG FREE WORKPLACE CERTIFICATION

CONTRACTOR shall review, sign, and return the Drug Free Workplace Certification Form, Exhibit F, which is attached hereto and incorporated herein by this reference.

#### S. CERTIFICATION REGARDING LOBBYING

CONTRACTOR shall review, sign, and return the Certification Regarding Lobbying, Exhibit G, which is attached hereto and incorporated herein by this reference

#### T. FEDERAL CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND RELATED MATTERS

CONTRACTOR shall review, sign, and return the Certification Regarding Debarment, Suspension and Related Matters Form, Exhibit H, which is attached hereto and incorporated herein by this reference



#### U. DISPUTES

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

#### V. SANCTIONS

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

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

#### W. TERMINATION

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

#### X. GOVERNING LAW

This Agreement shall be interpreted according to the laws of the State of California. Services will be provided in full compliance with the Act and of Part 96 of Title 45 of the Code of Federal Regulations. Jurisdiction and venue shall be agreed upon in the appropriate courts in the County of Riverside, State of California. Should action be brought to enforce or interpret the provisions of this Agreement, the prevailing party shall be entitled to attorney's fees in addition to whatever other relief is granted.

#### Y. MODIFICATION OF TERMS

The Board of Supervisors and the COUNTY Purchasing Agent are the only authorized COUNTY representatives who may at any time, by written order, make alterations within the general scope of this contract, in the definition of services to be performed, and the time (i.e. hours of the day, days of the week, etc.) and place of performance thereof. If any such alteration causes an increase or decrease in the cost of, or the time required for the performance of any part of the work under this contract, an equitable adjustment shall be made in the contract price or delivery schedule, or both, and the contract shall be modified in writing accordingly. Any claim by the

CONTRACTOR for adjustment under this paragraph shall be assessed within 30 days of when the CONTRACTOR received notice of the alteration in the work. Notwithstanding the foregoing, if the COUNTY Purchasing Agent decides that the facts provide sufficient justification, he/she may receive and act upon any claim, which is asserted by the CONTRACTOR at any time prior to final payment under this agreement. Failure to agree to any adjustment shall be a dispute concerning a question of fact within the meaning of the clause of this contract entitled 'Disputes.' However, nothing in this clause shall excuse the CONTRACTOR from proceeding with the contract as changed.

#### Z. ENTIRE AGREEMENT

This Agreement constitutes the entire Agreement between the parties hereto with respect to the subject matter hereof, and all prior or contemporaneous Agreements of any kind or nature relating to the same shall be deemed to be merged herein.

**REIMBURSEMENT REQUEST**

Remit to:  
Community Action Partnership  
Attn: Fiscal Department  
2038 Iowa Avenue, Suite B102  
Riverside, CA 92507

CAARC Voucher # \_\_\_\_\_

Today's Date: \_\_\_\_\_

Vendor #: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Contract #: \_\_\_\_\_

Billing Period: \_\_\_\_\_

Payable To: \_\_\_\_\_

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

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**FISCAL USE ONLY**

Accounting String : \_\_\_\_\_ **21050** \_\_\_\_\_ **5200100000** \_\_\_\_\_

Invoice Number: \_\_\_\_\_

Authorized Amount: \_\_\_\_\_

Adjustments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Management Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contract Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Purchase Order #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fiscal Approval

\_\_\_\_\_  
Date

# CSBG

| <b>Community Action Partnership of Riverside County</b> |                          |                      |                         |                    |
|---|--------------------------|----------------------|-------------------------|--------------------|
| <b>CONTRACTOR EXPENDITURE REPORT</b>                    |                          |                      |                         |                    |
| CONTRACTOR:   |                          |                      | Contract #              |                    |
| REPORT MONTH:   |                          |                      |                         |                    |
|   |                          |                      |                         |                    |
| EXPENSE CATEGORY  | APPROVED BUDGETED AMOUNT | MONTHLY EXPENDITURES | CUMULATIVE EXPENDITURES | UNEXPENDED BALANCE |
|   |                          | BILLABLE AMOUNT      |                         |                    |

List each line item as outlined in contract budget.

|  |               |               |               |               |
|--|---------------|---------------|---------------|---------------|
| <b>Personnel:</b>  |               |               |               |               |
|  |               |               |               |               |
| <b>Fringe Benefits</b>   |               |               |               |               |
| Mandated P/R Taxes, Health Ins, Wrkrs Comp (Not to include Retirement or Life Ins) |               |               |               |               |
|  |               |               |               |               |
| <b>Personnel Subtotal:</b>   | <b>\$0.00</b> | <b>\$0.00</b> | <b>\$0.00</b> | <b>\$0.00</b> |
|  |               |               |               |               |
| <b>Direct Costs</b>  |               |               |               |               |
|  |               |               |               |               |
| <b>Direct Costs:Subtotal:</b>  | <b>\$0.00</b> | <b>\$0.00</b> | <b>\$0.00</b> | <b>\$0.00</b> |
|  |               |               |               |               |
| <b>Indirect Costs</b>  |               |               |               |               |
|  |               |               |               |               |
| <b>Indirect Costs Subtotal:</b>  | <b>\$0.00</b> | <b>\$0.00</b> | <b>\$0.00</b> | <b>\$0.00</b> |
|  |               |               |               |               |
| <b>TOTAL BUDGET/EXPENSES</b>   | <b>\$0.00</b> | <b>\$0.00</b> | <b>\$0.00</b> | <b>\$0.00</b> |

**COMMUNITY ACTION PARTNERSHIP OF RIVERSIDE COUNTY**  
**Instructions for CSBG Reimbursement Request**  
**and**  
**CSBG Contractor Expenditure Report**

**Mailing Instructions:**

When completed, these forms will summarize all of your claims for payment. Your Claims Packet will include CSBG Reimbursement Request Form invoices, payroll verification, and copies of cancelled checks attached (required). If cover letter is included (not required), attach to front of Claims Packet Mail Claims Packet to address shown on upper left corner CSBG Reimbursement Request [see method, time, and schedule/condition of payments]. (Please type or print information on all Forms.)

**CSBG REIMBURSEMENT REQUEST**

- "CAARC Voucher #" - Leave Blank
- "Today's Date" - The date the form is being prepared.
- "Vendor #" - Leave Blank
- "Amount Requested" - Fill in the total amount and billing period you are requesting payment for.
- "Contract Number" - Can be found on the first page of your contract.
- "Payable To" - Business name
- "Address" - The remit to address used when this contract was established for your agency. All address changes must be submitted for processing prior to use.
- "Program Manager Approval" - must be signed by the authorized personnel.

***EVERYTHING BELOW THE THICK SOLID LINE IS FOR CAP RIVERSIDE USE ONLY.***

**CSBG CONTRACTOR EXPENDITURE REPORT FORM**

When completed, this form is attached to the front of your invoices, and behind the CSBG Reimbursement Request (only if contract contains a line item budget, or you are to report match, or client fees collected).

- "Contractor " - Business name
- "Contract Number" - Can be found on the first page of your contract.
- "Report Month" - The billing period you are requesting payment for.
- "Approved Budget Amount" - Current itemized budget amount as approved (or amended) in accordance with the Fiscal Provisions of your executed agreement.
- "Monthly Expenditures" - Itemized expenditures incurred during the billing period.
- "Cumulative Expenditures" - Cumulative expenditures from previous billings plus current expenditures.
- "Unexpended Balance" - Approved budget amount less cumulative expenditures.



**Community Action Partnership of Riverside County  
MONTHLY PROGRAM PROGRESS REPORT (PPR)**

Agency / Organization: \_\_\_\_\_

Project Name: \_\_\_\_\_

Report Month: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Prepared By: \_\_\_\_\_ Phone Contact: \_\_\_\_\_

**PROGRAM OUTCOME NO. 1**

1.

**INDICATORS ACHIEVED TO DATE**

| Indicator | # Completed This Report Period | # Completed Contract Start to Date (aggregate) |
|-----------|--------------------------------|--|
| 1.        |                                |  |
| 2.        |                                |  |
| 3.        |                                |  |

**PROGRAM OUTCOME NO. 2**

2.

**INDICATORS ACHIEVED TO DATE**

| Indicator | # Completed This Report Period | # Completed Contract Start to Date (aggregate) |
|-----------|--------------------------------|--|
| 1.        |                                |  |
| 2.        |                                |  |
| 3.        |                                |  |

1. **PROGRAM OUTCOME(S):** ((use as much space as needed))
  - A. What accomplishments have you made in meeting your program outcomes? [Include any challenges from the previous reporting month]
  - B. What outcomes are not on target? [Include challenges you have encountered]
  - C. What steps will you take to meet these outcome challenges?
2. **PROGRAM OUTPUTS:**
  - A. What accomplishments have you made in meeting your program indicators? [Include any challenges from the previous reporting month]
  - B. What indicators are not on target? [Include challenges you have encountered]
  - C. What steps will you take to meet these indicator challenges?
3. **HOW HAVE YOU MARKETED THIS PROGRAM AS A CSBG FUNDED PROGRAM ?**
4. **DESCRIBE PARTICIPANTS' SUCCESS STORIES**

Remember to include All Other ARRA Data

Please use the CSD 295 Client Characteristic Report Instructions and Helpful Hints to complete this form.

|                     |                      |                |                      |
|---------------------|----------------------|----------------|----------------------|
| 1 Contractor Name:  | <input type="text"/> | Contract #:    | <input type="text"/> |
| Prepared By (name): | <input type="text"/> | Report Period: | <input type="text"/> |
| Phone Number:       | <input type="text"/> | Email address: | <input type="text"/> |

Demographic data should be collected on ALL clients receiving services under any program administered by the designated Community Action Agency.

|  |  |                                |   |
|--|--|--------------------------------|---|
| <b>Yellow Highlighted Sections represent demographics collected on INDIVIDUALS</b> |  |                                |   |
| 2  | Total unduplicated number of persons about whom one or more characteristics were obtained  |                                |   |
| 3  | Total unduplicated number of persons about whom no characteristics were obtained           |                                |   |
| <b>Blue Highlighted Sections represent demographics collected on FAMILIES</b>      |  |                                |   |
| 4  | Total unduplicated number of families about whom one or more characteristics were obtained |                                |   |
| 5  | Total unduplicated number of families about whom no characteristics were obtained          |                                |   |
| <b>6. Gender</b>   |  | <b>Number of Persons*</b>      | <b>12. Family Size</b>  |
| a. Male  | <input type="text"/>   |                                | a. One  |
| b. Female  | <input type="text"/>   |                                | b. Two  |
|  |  |                                | c. Three  |
|  |  |                                | d. Four   |
|  |  |                                | e. Five   |
|  |  |                                | f. Six  |
|  |  |                                | g. Seven  |
|  |  |                                | h. Eight or more  |
|  | <b>*Total</b>  | <b>0</b>                       | <b>***Total</b>   |
|  |  |                                | <b>0</b>  |
| <b>7. Age</b>  |  | <b>Number of Persons*</b>      | <b>13. Source of Family Income</b>  |
| a. 0-5   | <input type="text"/>   |                                | a. Unduplicated # of Families Reporting One or More Sources of Income***                              |
| b. 6-11  | <input type="text"/>   |                                | b. Unduplicated # of Families Reporting No Income   |
| c. 12-17   | <input type="text"/>   |                                |   |
| d. 18-23   | <input type="text"/>   |                                | <b>Total UNDUP Families who responded as either having a source of income or having no income ***</b> |
| e. 24-44   | <input type="text"/>   |                                | <b>0</b>  |
| f. 45-54   | <input type="text"/>   |                                | <b>Record the sources of each family income as reported in 13a above:</b>                             |
| g. 55-69   | <input type="text"/>   |                                | c. TANF   |
| h. 70+   | <input type="text"/>   |                                | d. SSI  |
|  | <b>Sum of 7e thru 7h =</b>   | <b>0</b>                       | e. Social Security  |
|  |  |                                | f. Pension  |
|  |  |                                | g. General Assistance   |
|  |  |                                | h. Unemployment Insurance   |
|  |  |                                | i. Employment + Other Source  |
|  |  |                                | j. Employment only  |
|  |  |                                | k. Other:   |
|  | <b>*Total</b>  | <b>0</b>                       | <b>****Total (c. through k.)</b>  |
|  |  |                                | <b>0</b>  |
| <b>8. Ethnicity/Race</b>   |  |                                | <b>14. Level of Family Income % of HHS guideline</b>  |
| <b>i. Ethnicity</b>  |  |                                | a. Up to 50%  |
| a. Hispanic, Latino or Spanish Origin  | <input type="text"/>   |                                | b. 51% to 75%   |
| b. Not Hispanic, Latino or Spanish Origin  | <input type="text"/>   |                                | c. 76% to 100%  |
|  | <b>*Total</b>  | <b>0</b>                       | d. 101% to 125% *****   |
|  |  |                                | e. 126% to 150% *****   |
| <b>ii. Race</b>  |  |                                | f. 151% to 175% *****   |
| a. White   | <input type="text"/>   |                                | g. 176% to 200% *****   |
| b. Black or African American   | <input type="text"/>   |                                | h. 201% and over *****  |
| c. American Indian and Alaskan Native  | <input type="text"/>   |                                | <b>***Total</b>   |
| d. Asian   | <input type="text"/>   |                                | <b>0</b>  |
| e. Native Hawaiian and Other Pacific Islander                                      | <input type="text"/>   |                                | <b>15. Housing</b>  |
| f. Other   | <input type="text"/>   |                                | a. Own  |
| g. Multi-Race (any 2 or more of the above)   | <input type="text"/>   |                                | b. Rent   |
|  | <b>*Total</b>  | <b>0</b>                       | c. Homeless   |
|  |  |                                | d. Other  |
|  |  |                                | <b>***Total</b>   |
|  |  |                                | <b>0</b>  |
| <b>9. Education Level of Adults</b>  |  | <b>Number of Persons 24+**</b> | <b>16. Other family characteristics</b>   |
| a. 0-8   | <input type="text"/>   |                                | a. Farmer   |
| b. 9-12/Non-Graduate   | <input type="text"/>   |                                | b. Migrant Farmworker   |
| c. High School Graduate/GED  | <input type="text"/>   |                                | c. Seasonal Farmworker  |
| d. 12+ Some Post Secondary   | <input type="text"/>   |                                |   |
| e. 2 or 4 yr. College Graduates  | <input type="text"/>   |                                |   |
|  | <b>** Total</b>  | <b>0</b>                       |   |
|  |  |                                |   |
| <b>10. Other Characteristics</b>   |  | <b>Number of Persons*</b>      |   |
|  | <b>Yes</b>   | <b>No</b>                      | <b>Total *</b>  |
| a. Health Insurance  | <input type="text"/>   | <input type="text"/>           | <b>0</b>  |
| b. Disabled  | <input type="text"/>   | <input type="text"/>           | <b>0</b>  |
| <b>11. Family Type</b>   |  | <b>Number of Families***</b>   |   |
| a. Single Parent/Female  | <input type="text"/>   |                                |   |
| b. Single Parent/Male  | <input type="text"/>   |                                |   |
| c. Two-Parent Household  | <input type="text"/>   |                                |   |
| d. Single Person   | <input type="text"/>   |                                |   |
| e. Two Adults - No Children  | <input type="text"/>   |                                |   |
| f. Other   | <input type="text"/>   |                                |   |
|  | <b>***Total</b>  | <b>0</b>                       |   |

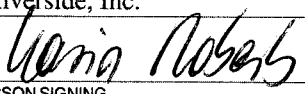
\* The sum in this category should not exceed the value of Section 2.  
 \*\* The sum in this category should not exceed the value of Section 7.e-h.  
 \*\*\* The sum in this category should not exceed the value of Section 4.  
 \*\*\*\* The sum in this category should be greater than or equal to Section 13.a.  
 \*\*\*\*\* Reminder, September 30, 2010 was the cutoff date for reporting CSBG clients served up to 200% of the Federal Poverty Guidelines.

**DRUG-FREE WORKPLACE CERTIFICATION**

STD. 21 (REV. 12-93)

**Exhibit F****CERTIFICATION**

*I, the official named below, hereby swear that I am duly authorized legally to bind the contractor or grant recipient to the certification described below. I am fully aware that this certification, executed on the date below, is made under penalty of perjury under the laws of the State of California.*

|  |  |  |
|--|--|--|
| CONTRACTOR/BIDDER FIRM NAME<br>Habitat for Humanity Riverside, Inc.  |  | FEDERAL ID NUMBER<br>33-0288930                          |
| BY (Authorized Signature)<br> |  | DATE EXECUTED  |
| PRINTED NAME AND TITLE OF PERSON SIGNING<br>Karin Roberts, Executive Director                                  |  | TELEPHONE NUMBER (Include Area Code)<br>( 951 ) 787-6754 |
| TITLE<br>Executive Director  |  |  |
| CONTRACTOR/BIDDER FIRM'S MAILING ADDRESS<br>2180 Iowa Ave., Riverside, CA 92507                                |  |  |

The contractor or grant recipient named above hereby certifies compliance with Government Code Section 8355 in matters relating to providing a drug-free workplace. The above named contractor or grant recipient will:

1. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations, as required by Government Code Section 8355(a).
2. Establish a Drug-Free Awareness Program as required by Government Code Section 8355(b), to inform employees about all of the following:
  - (a) The dangers of drug abuse in the workplace,
  - (b) The person's or organization's policy of maintaining a drug-free workplace,
  - (c) Any available counseling, rehabilitation and employee assistance programs, and
  - (d) Penalties that may be imposed upon employees for drug abuse violations.
3. Provide as required by Government Code Section 8355(c), that every employee who works on the proposed contract or grant:
  - (a) Will receive a copy of the company's drug-free workplace policy statement, and
  - (b) Will agree to abide by the terms of the company's statement as a condition of employment on the contract or grant.
4. At the election of the contractor or grantee, from and after the "Date Executed" and until \_\_\_\_\_<sup>(DATE)</sup> (NOT TO EXCEED 36 MONTHS), the state will regard this certificate as valid for all contracts or grants entered into between the contractor or grantee and this state agency without requiring the contractor or grantee to provide a new and individual certificate for each contract or grant. If the contractor or grantee elects to fill in the blank date, then the terms and conditions of this certificate shall have the same force, meaning, effect and enforceability as if a certificate were separately, specifically, and individually provided for each contract or grant between the contractor or grantee and this state agency.



**CERTIFICATION REGARDING LOBBYING  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**FAMILY SUPPORT ADMINISTRATION**

**Program: Community Services Block Grant**

**Period: January 1, 2014 through December 31, 2014**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

|                                 |                       |
|---------------------------------|-----------------------|
| <i>Wynn Roberts</i>             | <i>Exec. Director</i> |
| _____<br>Signature              | _____<br>Title        |
| <i>Habitat for Humanity NW.</i> | <i>2/20/14</i>        |
| _____<br>Agency/Organizations   | _____<br>Date         |



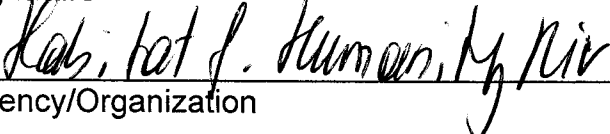
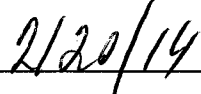
**CERTIFICATION REGARDING DEBARMENT,  
SUSPENSION AND RELATED MATTERS**

**Program: Community Services Block Grant**

**Period: January 1, 2014 through December 31, 2014**

CONTRACTOR hereby certifies to the best of its knowledge that it or any of its officers:

- (1) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (2) Have not within a three (3) year period preceding this AGREEMENT been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (3) Are not presently indicted for or otherwise criminally- or civilly- charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (2) of this certification; and
- (4) Have not had, within a three (3) year period preceding this AGREEMENT, one or more public (Federal, State, or local) transactions terminated for cause or default.

|  |  |
|--|--|
| <br><hr/> Signature           | <br><hr/> Title |
| <br><hr/> Agency/Organization | <br><hr/> Date  |