

## 8B. Applicant Certification

### A. For all projects:

#### Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**  
**15-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.**

**Name of Authorized Certifying Official:** Susan von Zabern

**Date:** 11/13/2015

**Title:** Director

**Applicant Organization:** County of Riverside

**PHA Number (For PHA Applicants Only):**

**I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).**

## 9B. Submission Summary

Page	Last Updated
<b>1A. Application Type</b>	No Input Required
<b>1B. Legal Applicant</b>	No Input Required
<b>1C. Application Details</b>	No Input Required
<b>1D. Congressional District(s)</b>	10/30/2015
<b>1E. Compliance</b>	10/30/2015
<b>1F. Declaration</b>	10/30/2015
<b>2A. Subrecipients</b>	11/03/2015
<b>2B. Experience</b>	11/10/2015
<b>3A. Project Detail</b>	11/03/2015
<b>3B. Description</b>	11/10/2015
<b>3C. Expansion</b>	11/02/2015
<b>4A. Services</b>	11/09/2015
<b>4B. Housing Type</b>	11/03/2015
<b>5A. Households</b>	11/03/2015
<b>5B. Subpopulations</b>	11/04/2015
<b>5C. Outreach</b>	11/03/2015
<b>5D. Discharge Policy</b>	11/02/2015
<b>6A. Standard</b>	11/04/2015
<b>6B. Additional Performance Measures</b>	No Input Required
<b>7A. Funding Request</b>	11/02/2015
<b>7E. Rental Assistance</b>	11/11/2015
<b>7F. Supp Srvcs Budget</b>	11/03/2015
<b>7H. HMIS Budget</b>	11/12/2015
<b>7I. Match/Leverage</b>	11/03/2015
<b>7J. Summary Budget</b>	No Input Required
<b>8A. Attachment(s)</b>	11/05/2015

<b>8B. Certification</b>	11/13/2015
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INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: SEP 25 1998

Employer Identification Number:  
33-0724945

DLN:  
17053240030008

Contact Person:  
D. A. DOWNING  
Contact Telephone Number:  
(513) 241-5199

Accounting Period Ending:  
December 31

Form 990 Required:  
No

Addendum Applies:  
No

Path of Life Ministries  
3340 Durahart St  
Riverside, CA 92507  
c/o Eduardo G Sanchez  
500 Citadel Ste. 200  
Los Angeles, CA 90040

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(i).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. This does not apply, however, if you make or have made a timely election under section 3121(w) of the Code to be exempt from such tax. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, if you are involved in an excess benefit transaction, that transaction might be subject to the excise taxes of section 4958. Additionally, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please contact your key district office.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or

Letter 947 (DO/CG)

PATH OF LIFE MINISTRIES

she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of Code sections 2055, 2106, and 2522.

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete, so be sure your return is complete before you file it.

You are required to make your annual return available for public inspection for three years after the return is due. You are also required to make available a copy of your exemption application, any supporting documents, and this exemption letter. Failure to make these documents available for public inspection may subject you to a penalty of \$20 per day for each day there is a failure to comply (up to a maximum of \$10,000 in the case of an annual return).

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unre-

PATH OF LIFE MINISTRIES

lated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

A handwritten signature in cursive script that reads "C. Ashley Bullard".

District Director



Path of Life Match & Leverage		Rapid Rehousing		Remaining Pledges to be used for other grants
		Required Match	Required Leverage	
	Pledged			Remaining Pledges
First 6 Riverside	Child Care	\$ 279,956	\$ 30,000	\$ 249,956
Sen Manuel	Employment Pipeline	\$ 85,000	\$ 16,500	\$ 68,500
Springboard	Financial Literacy In-kind	\$ 16,000	\$ 5,000	\$ 10,000
The Grove Church	Counseling In-Kind	\$ 247,250	\$ 190,000	\$ 57,250
The Grove Church	Financial Support	\$ 57,800	\$ 14,000	\$ 43,800
E.T. O'Farrell	Copywrite and Landlord negotiation	\$ 276,000	\$ 36,800	\$ 239,200
BBBSIE	Child mentor project	\$ 19,500	\$ 5,000	\$ 14,500
GAR Laboratories	Cash	\$ 25,000	\$ 8,000	\$ 17,000
Family Service Association	Parenting Ed & Mental Health Svcs	\$ 25,000	\$ 6,000	\$ 19,000
Workforce Investment Board	Employment Svcs, In-kind	\$ 254,813	\$ 54,813	\$ 200,000
Van Daele Family Foundation	Financial Support	\$ 100,000	\$ 25,000	\$ 75,000
Rick Engineering Co.	Financial Review & Strategic Planning	\$ 12,500	\$ 12,500	\$ -
OctoClean Franchising	Guest Training & Dev, In-kind	\$ 232,500	\$ 32,292	\$ 200,208
Health to Hope	Medical Services	\$ 138,500	\$ 18,958	\$ 117,542
Mental Health	Mental Health	\$ 825,000	\$ 114,583	\$ 710,417
PSOMAS	Financial consultation, In-kind	\$ 80,000	\$ 80,000	\$ -
<b>Total Pledge Used</b>		<b>\$ 83,500</b>	<b>\$ 555,945</b>	<b>\$ 2,022,173</b>

## Match Letters

RIVERSIDE COUNTY CHILDREN AND FAMILIES COMMISSION  
CONTRACT  
INVESTMENT OF FUNDS  
FOURTH AMENDMENT

CONTRACTOR: Path of Life Ministries  
RCCFC Award: 13201 FC  
Address: P.O. Box 1445, Riverside, CA 92506

WHEREAS, the Riverside County Children and Families Commission, also known as "First 5 Riverside" ("RCCFC") and Path of Life Ministries ("Contractor") entered into an Investment of Funds Contract, RCCFC Award No. 13201 FC (the "Contract") for the provision of services, and both parties now agree to amend the Contract to be effective as of July 1, 2015 ("Fourth Amendment").

Now, therefore, the parties agree to amend the Contract as follows:

- A. The first page of the Contract shall be amended to reflect the revised budget amounts:

Initial budget period: 07/01/12 – 06/30/13 <sup>1</sup>	\$ 68,587.00
Second budget period: 07/01/13 -- 06/30/14 <sup>1</sup>	\$184,898.00
Third budget period: 07/01/14 – 06/30/15 <sup>1</sup>	\$200,387.00
<del>Fourth budget period: 07/01/15 – 06/30/16</del>	<del>\$279,956.00</del>
<b>Maximum Reimbursable Amount:</b>	<b>\$733,828.00</b>

<sup>1</sup>Actual expenses for FY 12/13, 13/14 and 14/15

- A. Attachment A-4. Scope of Work for July 1, 2015 -- June 30, 2016 is added as outlined in Attachment A-4, and attached hereto. Attachment A, A-2 and A-3 remain part of the contract.

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B. Attachment B-4. Budget for July 1, 2015 – June 30, 2016 is added as outlined in Attachment B-4, and attached hereto. Attachment B, B-2 and B-3 remain part of the contract.

C. All other terms and conditions of the Contract, as amended, shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have caused their duly authorized representative to execute this Fourth Amendment to the Contract.

CONTRACTOR:

Riverside County Children and Families Commission:

By: D. Zell

By: \_\_\_\_\_  
Tammi Graham, Executive Director

Date: 10/14/15

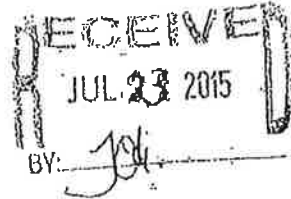
Attest:  
By: \_\_\_\_\_  
Lynn M. Stephens, Commission Secretary

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

# San Manuel Band of Mission Indians

July 9, 2015

Mr. Damien O'Farrell  
CEO  
Path of Life Ministries  
6216 Brockton Ave. Ste. 211  
Riverside, CA 92506



Re: Charitable Donation

Dear Mr. O'Farrell,

On behalf of San Manuel Band of Mission Indians ("Tribe"), we want to thank you and your organization for the programs and services you provide to our community.

We are pleased to inform you that a donation in the amount of \$85,000.00 has been approved to support your efforts. By accepting this charitable donation ("Grant") from the Tribe, Path of Life Ministries ("Grantee") agrees to abide by the following terms and conditions:

## I. GRANTEE'S STATUS

The Grantee warrants and represents that it is a public school, Tribal or other government entity, or tax-exempt organization under Section 501(c) (3) of the Internal Revenue Code of 1986, as amended (the "Code"), and is not a private foundation as defined in Section 509(a) of the Code. The Grantee has provided the Tribe with a copy of IRS determination letter(s) evidencing its status as an eligible recipient and warrants and represents that such determination letter(s) are currently in full force and effect. Regardless of the Grantee's current tax status, the Grantee will notify the Tribe immediately of any actual or proposed change in tax status.

## II. PURPOSE AND AMOUNT OF GRANT

The Tribe's donation is made only for the specific charitable purposes requested by you in your proposal to us and as described in this letter. The Grant may not be used for any other purpose without prior written approval from the Tribe.

Full payment of the \$85,000.00 is enclosed for the following purpose(s):

1. Eighty-Five Thousand Dollars (\$85,000.00) to support the Employment Pipeline for the Homeless Program with the cost of program coordinators, employment specialist/navigator, licensed counselor for social work, marriage and family therapist and employment assessment tools.

During the Execution Period (as defined below), the Grantee will accomplish the following:

1. Expand employment pipeline for homeless program:
  - a. Hire one full time program coordinator with a primary concentration on the employment pipeline;

- b. Hire one full time employment navigator with a primary concentration on the employment pipeline;
- c. Formalize a minimum of one employer partnership;
- d. Expand employment workshops from an as needed basis to a 4 week/ 60 hours employment readiness course with established curriculum and professional trainers from community partners;
- e. Enroll a minimum of eight housing clients in each 4 week employment course;
- f. Ensure that up to four graduates from each training module are placed into employment with a community partner and/or other employment opportunity;
- g. Track graduates employment achievements for at least six months.

### III. PERIOD OF GRANT

The Grant will be applied for projects executed during the 12-month period following this date of this letter ("Execution Period"), unless otherwise agreed upon in writing by the Tribe. No applications for new support will be accepted from the Grantee until the conclusion of the Execution Period in compliance with Section II above.

### IV. EXPENDITURE OF GRANT FUNDS

1. Use of Funds. Grantee will spend the Grant only for the purposes described in this letter.
2. Prohibited Uses. Grantee will not use any of the Grant in a manner inconsistent with Section 501(c)(3) of the Code, including:
  - a. carrying on propaganda, or otherwise attempting to influence legislation;
  - b. influencing the outcome of any specific public election;
  - c. carrying on, directly or indirectly, any voter registration drive;
  - d. inducing or encouraging violations of law or public policy, or
  - e. causing any private inurement or improper private benefit to occur.
3. Payment of Funds to Related Parties of the Tribe. No part of this Grant may be paid to any director, officer, employee or citizen (or their family members) of the Tribe for any purpose.

V. RECORDS, AUDITS, SITE VISITS. The Grant will be accounted for separately in the Grantee's books and records. A systematic accounting record shall be kept by the Grantee of the receipt and disbursement of the Grant. The Grantee will retain original substantiating documents related to restricted Grant expenditures and make these records available for the Tribe's review upon request. Grantee will be responsible for maintaining adequate financial records pertaining to the Grant. The Tribe, or its designated representative, reserves the right to conduct a site visit and/or audit Grantee's books and records relating to the expenditure of the Grant.

VI. REPORTS. The Grantee will submit a written final report to the Tribe at the conclusion of the Execution Period or more frequently if the Tribe so desires. Such written reports will describe in detail the expenditures and the use of the Grant, compliance with the terms of the Grant, and the progress made by the Grantee toward achieving the purposes for which the Grant was made. **Please do not complete or submit a report until you have received the report template from our office.** This template will be emailed to the Primary Contact listed in your grant application. Should this contact information change during the course of the Execution Period, please notify our office immediately.

VII. LICENSING AND CREDENTIALS. The Grantee will maintain, in full force and effect, all required governmental or professional licenses and credentials for itself, its facilities, and for its employees and all other persons engaged in work in conjunction with the Grant.

VIII. MANAGEMENT AND ORGANIZATIONAL CHANGES. The Grantee will provide immediate written notice to the Tribe if significant changes or events occur during the Execution Period which could potentially impact the progress or outcome of the Grant, including, without limitation, changes in the Grantee's management personnel or losses of funding from any other sources.

IX. TRIBE LETTERHEAD AND LOGO.

1. If the Tribe consents in writing to the Grantee's use of the Tribe's name or logo (collectively, its "Marks"), the Grantee acknowledges and agrees that the Tribe is the owner of all right, title and interest in and to the Tribe's Marks and that the Grantee's use of the Marks pursuant to this letter inures to the benefit of the Tribe. Such written consent by the Tribe, if actually given, would constitute a non-exclusive and non-transferable license, without the right to sublicense, to use the Marks solely in connection with providing recognition of the Grant pursuant to this letter. The Grantee will have no rights in or to the Marks, except as expressly granted herein. The Tribe expressly reserves to itself all rights in and to the Marks not expressly granted to the Grantee pursuant to this letter. The manner and use of the Marks will comply with all federal and state laws pertaining to trade names, trademarks and service marks in force at any time and will clearly indicate the Tribe's ownership of the Marks as requested and approved by the Tribe.

2. All uses of the Marks by the Grantee are subject to the prior written approval of the Tribe through its Executive Director of the Office of Public Affairs. The Grantee will submit to Tribe for approval, at least ten (10) business days prior to its intended first use, all materials which contain the Marks (whether in print media, direct mail, television, radio, internet, email, billboard or in any other form, media or channel). The Tribe will have the right to review and approve any copy containing reference to the Tribe or including the Marks prior to its use by the Grantee. The Tribe will use its reasonable efforts to promptly review materials sent by the Grantee for approval and will not unreasonably withhold or delay its approval. In no event will the Grantee make any unapproved changes to the Marks.

X. SELECTION OF SUBGRANTEES. With regard to the selection of any subgrantees to carry out the purposes of this Grant, the Grantee retains full discretion and control over the selection process, acting completely independently of the Tribe. There is no agreement, written or oral, by which Tribe may cause Grantee to choose any particular subgrantee.

XI. NO AGENCY. The Grantee is solely responsible for all activities supported by the Grant, the content of any product created with the Grant, and the manner in which any such product may be disseminated. This letter will not create any agency relationship, partnership, or joint venture between the parties, and the Grantee will make no such representation to anyone.

XII. NO WAIVERS. The failure of the Tribe to exercise any of its rights hereunder will not be deemed to be a waiver of such rights.

XIII. NO FURTHER OBLIGATIONS BY THE TRIBE. The Grant is made with the understanding that the Tribe has no obligation to provide other or additional support or grants to the Grantee.

XIV. REMEDIES. If the Tribe determines, in its reasonable discretion, that the Grantee has substantially violated or failed to carry out any provision hereof, including but not limited to failure to submit reports when due, the Tribe may, in addition to any other legal remedies it may have, refuse to make any further grant payments to the Grantee hereunder or any other grant agreement, and the Tribe may demand the return of all or part of the Grant funds not properly spent or committed to third parties, which the Grantee will immediately repay to the Tribe. The Tribe may also avail itself of any other remedies available at law.

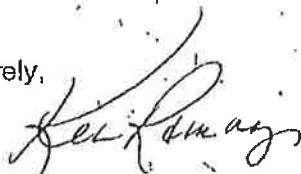
XV. WAIVER OF CLAIMS AND INDEMNIFICATION. The Grantee waives any and all claims and recourse against the Tribe, including the right of contribution for loss or damages to persons or property arising from, growing out of, or in any way connected with or incidental to fulfillment of the terms and conditions specified herein. Additionally, the Grantee will indemnify, defend, protect and hold the Tribe and its officers, managers, members, employees, agents and representatives, harmless from any cost, expense, claim, demand, liability and/or damage, including reasonable attorney's fees and costs, by any third party arising out of or in connection with, in whole or in part, performance of the Tribe's obligations pursuant to this letter.

XVI. ENTIRE AGREEMENT: This letter is the entire agreement between the parties hereto with respect to the subject matter hereof and supersedes all prior and contemporaneous oral, written and other agreements between the parties. Nothing contained herein will be construed as a waiver of the Tribe's immunity from unconsented suit.

As noted, our charitable giving guidelines require that we receive a final report from your organization. At the end of the Execution Period, you will receive notification detailing the instructions for submitting your report. If you have any questions regarding the Grant, or do not receive this notification, please contact your assigned Program Officer, Lynn Osorio, at (909) 864-8933.

The Tribe is pleased to have the opportunity to support your valuable work. We extend our best wishes to you for continued success and look forward to hearing about your accomplishments in the coming year.

Sincerely,



Ken Ramirez  
Business Committee Secretary

KR: lo

Enclosure: donation check



Statement of Support and Intent  
for Partnership and service with  
Path of Life Ministries

This statement of support and intent shall stand as evidence that The Grove Community Church (The Grove) agrees to work with the Path of Life Ministries (POLM) for the collaborative mission of providing support and supportive services to individuals and families exiting homelessness into permanent housing options.

The Grove has worked with POLM for 10 years, as POLM has provided Emergency Shelter, Transitional Housing, Permanent Housing, and Supportive Services for families with children and individuals who find themselves in a homeless crisis or stuck in the cycle of homelessness and poverty. Throughout the period of time that we have collaborated with POLM, we have known them to serve as an excellent service provider for those they serve.

The Grove has historically collaborated with POLM in providing financial support to POLM for the services they provide.

The Grove's amount of support has totaled \$3,600 per month in past years end with total \$4,800 per month this coming year.

In addition to this financial support, The Grove has provided the following services and support to those who POLM staff connect us with.

- Counseling through our On Site Counseling Center
- Meals four times each month (increasing to 6 times each month in 2015)

These services are provided at no cost to POLM, but hold an approximate total fair market value of \$247,250.00 in addition to the financial support we provide assuming that they are provided in connection with the 75 permanent supportive housing clients POLM will be serving this year.

The Grove has been pleased to collaborate with POLM in the past and we are pleased to continue in this collaboration for the coming year.

Please contact Pastor Aaron Foor with any questions at (951) 571-9090, ext. 2129.



Aaron Foor, Local Outreach Coordinator  
The Grove Community Church

September 9, 2015

**Statement of Support and Intent  
for partnership and service with  
Path of Life Ministries**

This statement of support and intent shall stand as evidence that GAR Laboratories, Inc. agrees to work with the Path of Life Ministries (POLM) for the collaborative mission of providing support and supportive services to individuals and families exiting homelessness into permanent housing options.

GAR Laboratories, Inc. has worked with POLM for 2 years, as POLM has provided Emergency Shelter, Transitional Housing, Permanent Housing, and Supportive Services for families with children and individuals who find themselves in a homeless crisis or stuck in the cycles of homelessness and poverty. Throughout the period of time that we have collaborated with POLM, we have known them to serve as an excellent service provider for those they serve.

GAR Laboratories, Inc. has collaborated with POLM in providing financial support to POLM for the services they provide.

GAR Laboratories, Inc. the annual amount of support this year will total at least \$ 25,000.00

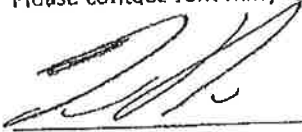
In addition to this financial support GAR Laboratories, Inc. has provided the following supplies to those who POLM serves.

- Specially packaged Shampoo and Conditioner.

These services are provided at no cost to POLM, but hold an approximate total fair market value of \$5,343.85 each year.

GAR Laboratories, Inc. has been pleased to collaborate with POLM in the past and we are pleased to continue in this collaboration for the coming year.

Please contact Tom Raffy with any questions at 951-788-0700.



Signature

Tom Raffy

GAR Laboratories, Inc.

President

9/15/15

Name

Agency

Position

Date

**Statement of Support and Intent  
for partnership and service with  
Path of Life Ministries**

This statement of support and intent shall stand as evidence that Mike and Linda Van Daele Family Foundation agrees to work with the Path of Life Ministries (POLM) for the collaborative mission of providing support and supportive services to individuals and families exiting homelessness into permanent housing options.

Mike and Linda Van Daele Family Foundation has worked with POLM for 6 years, as POLM has provided Emergency Shelter, Transitional Housing, Permanent Housing, and Supportive Services for families with children and individuals who find themselves in a homeless crisis or stuck in the cycles of homelessness and poverty. Throughout the period of time that we have collaborated with POLM, we have known them to serve as an excellent service provider for those they serve.

Mike and Linda Van Daele Family Foundation has historically collaborated with POLM in providing financial support to POLM for the services they provide.

The annual amount of support has totaled approximately \$100,000.

Mike and Linda Van Daele Family Foundation has been pleased to collaborate with POLM in the past and we are pleased to continue in this collaboration for the coming year.

Please contact Linda Van Daele with any questions at 951-354-2121.

Date: September 10, 2015



Linda J. Van Daele, Chief Financial Officer  
Mike and Linda Van Daele Family Foundation

## Leverage Letters



4351 Latham Street  
Riverside, CA 92501

800.947.3752

September 9, 2015

Dear Mr. O'Farrell,

This statement of support and intent shall stand as evidence that Springboard Nonprofit Consumer Credit Management, Inc. (Springboard) agrees to work with the Path of Life Ministries (POLM) for the collaborative mission of providing support and supportive services to individuals and families exiting homelessness into permanent housing options.

Established in 1974, Springboard is a 501(c)(3) nonprofit community service organization that works to strengthen communities and improve the lives of consumers. Springboard offers personal financial education and assistance with credit counseling, housing counseling, debt and money management through educational programs and confidential counseling in both English and Spanish. We are members of the National Foundation for Credit Counseling (NFCC), established in 1951. NFCC membership and our Council of Accreditation (COA) guarantees that we will adhere to high standards of service delivery, counselor certification, fiscal integrity, and volunteer Board governance.

Springboard has worked with POLM for many years, as POLM has provided Emergency Shelter, Transitional Housing, Permanent Housing, and Supportive Services for families with children and individuals who find themselves in a homeless crisis or stuck in the cycles of homelessness and poverty. Throughout the period of time that we have collaborated with POLM, we have known them to serve as an excellent service provider for those they serve.

Springboard has historically collaborated with POLM in providing the following services to POLM clients referred or directly connected to us by POLM staff:

- Springboard offers budget and credit counseling, housing counseling, credit report reviews, and financial literacy workshops. Springboard has accepted referrals of approximately 100 or more residents receiving services.
- These services are provided at no cost to POLM, but hold an approximate total fair market value of \$15,000.00 annually.

Springboard has been pleased to collaborate with POLM in the past and we are pleased to continue in this collaboration for the coming year. Please feel free to contact me directly with any questions. Thank you.

Most Respectfully,

Melinda Opperman  
Sr. Vice President of Community Outreach and Industry Relations  
800.947.3752 ext 7888 | fax 951.328.7799 | [melinda.opperman@springboard.org](mailto:melinda.opperman@springboard.org)

SL

SpringboardCounseling	SpringboardSolutions	SpringboardHousing	SpringboardEducation
Financial Counseling	Centralized Processing	Multifamily Housing	Financial Education

Statement of Support and Intent  
for Partnership and service with  
Path of Life Ministries

This statement of support and intent shall stand as evidence that The Grove Community Church (The Grove) agrees to work with the Path of Life Ministries (POLM) for the collaborative mission of providing support and supportive services to individuals and families exiting homelessness into permanent housing options.

The Grove has worked with POLM for 10 years, as POLM has provided Emergency Shelter, Transitional Housing, Permanent Housing, and Supportive Services for families with children and individuals who find themselves in a homeless crisis or stuck in the cycle of homelessness and poverty. Throughout the period of time that we have collaborated with POLM, we have known them to serve as an excellent service provider for those they serve.

The Grove has historically collaborated with POLM in providing financial support to POLM for the services they provide.

The Grove's amount of support has totaled \$3,600 per month in past years end with total \$4,800 per month this coming year.

In addition to this financial support, The Grove has provided the following services and support to those who POLM staff connect us with.

- Counseling through our On Site Counseling Center
- Meals four times each month (Increasing to 6 times each month in 2015)

These services are provided at no cost to POLM, but hold an approximate total fair market value of \$247,250.00 in addition to the financial support we provide assuming that they are provided in connection with the 75 permanent supportive housing clients POLM will be serving this year.

The Grove has been pleased to collaborate with POLM in the past and we are pleased to continue in this collaboration for the coming year.

Please contact Pastor Aaron Foor with any questions at (951) 571-9090, ext. 2129.



Aaron Foor, Local Outreach Coordinator  
The Grove Community Church

September 9, 2015

JK

**Statement of Support and Intent  
for partnership and service with  
Path of Life Ministries**

This statement of support and intent shall stand as evidence that E.T. O'Farrell, Freelance Copywriter and Ret. Real Estate Attorney, agrees to work with the Path of Life Ministries (POLM) for the collaborative mission of providing support and supportive services to individuals and families exiting homelessness into permanent housing options.

E.T. O'Farrell, Freelance Copywriter and Ret. Real Estate Attorney, has worked with POLM for 1 year, as POLM has provided Emergency Shelter, Transitional Housing, Permanent Housing, and Supportive Services for families with children and individuals who find themselves in a homeless crisis or stuck in the cycles of homelessness and poverty. Throughout the period of time that I have collaborated with POLM, I have known them to serve as an excellent service provider for those they serve.

I will be collaborating with POLM in providing the following services to POLM clients referred or directly connected to me by POLM staff:

- Copywrite, Landlord Negotiation, and Lease Review (Consulting)

These services are provided at no cost to POLM, but hold a fair market value of approximately \$3,000.00 for each person for whom I provide them. I have committed to POLM to help them with all 93 of their Permanent Supportive Housing and Rapid Rehousing households, bringing the total fair market value to \$279,000.00

Please contact me with any questions at 951-684-6609.

E.T. O'Farrell  
Signature

<u>Earl Thomas O'Farrell</u>	<u>ET. O'Farrell</u>	<u>Copy Writer/Attorney Ret.</u>	<u>9/11/15</u>
Name	Agency	Position	Date

**Statement of Support and Intent  
for partnership and service with  
Path of Life Ministries**

This statement of support and intent shall stand as evidence that Big Brothers and Big Sisters of the Inland Empire (BBBSIE) agrees to work with the Path of Life Ministries (POLM) for the collaborative mission of providing support and supportive services to individuals and families exiting homelessness into permanent housing options.

BBBSIE has worked with POLM for 1 year, as POLM has provided Emergency Shelter, Transitional Housing, Permanent Housing, and Supportive Services for families with children and individuals who find themselves in a homeless crisis or stuck in the cycles of homelessness and poverty. Throughout the period of time that we have collaborated with POLM, we have known them to serve as an excellent service provider for those they serve.

BBBSIE has recently collaborated with POLM to provide mentoring services to the children of their housing families.

These services are provided at no cost to POLM, but hold a fair market value of approximately \$1500.00 for each person for whom we provide them. Assuming that we will mentor all projected children served by POLM's new Permanent Supportive Housing Program, the value of this for the year will be \$19,500.00.

BBBSIE has been pleased to collaborate with POLM and we are pleased to continue in this collaboration for the coming year.

Please contact Jennifer O'Farrell with any questions at 909-763-5956 or [jofarrell@blgbroie.org](mailto:jofarrell@blgbroie.org)

  
Signature

Jennifer O'Farrell

Big Brothers and Big Sisters  
of the Inland Empire

Executive Director

9/9/15

\_\_\_\_\_  
Name

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

82





Family Service Association  
 21250 Box Springs Road, Suite 212  
 Moreno Valley, CA 92557  
 Phone 951.686.1096 / Fax 951.276.9542  
 Web: www.fsaca.org

"Family Strength is Community Strength"

Serving Since 1953

**Statement of Support and Intent  
 For partnership and services with  
 Path of Life Ministries**

This statement of support and intent shall stand as evidence that Family Service Association agrees to work with the Path of Life Ministries (POLM) for the collaborative mission of providing support and supportive services to individuals and families exiting homelessness into permanent housing options.

Family Service Association has worked with POLM for 5 years, as POLM has provided Emergency Shelter, Transitional Housing, Permanent Housing, and Supportive Services for families with children and individuals who find themselves in a homeless crisis or stuck in the cycles of homelessness and poverty. Throughout the period of time that we have collaborated with POLM, we have known them to serve as an excellent service provider for those they serve.

Family Service Association has historically collaborated with POLM in providing the following services to POLM clients referred or directly connected to us by POLM staff:

- Parenting Education Classes
- Individual and Family Counseling (Mental Health Services)

Clients referred to services must meet eligibility criteria. These services are provided at no cost to POLM, but hold an approximate total fair market value of \$25,000 each year.

Family Service Association has been pleased to collaborate with POLM in the past and we are pleased to continue in this collaboration for the coming year. If you have any questions please feel free to contact me at 951-686-1096.

*Veronica Dover*

Veronica Dover, Chief Operating Officer

Family Service Association

September 9, 2015

Name/Title

Agency

Date



Child Development Services    Mental Health Services    Community Center Services  
 Supportive Housing    Senior Specialty Services    Senior Nutrition Services    Social Enterprise

8-P



Morris Myers  
Chair

Members

Layne Arthur  
Michael Burke  
Jamil Dada  
Juan De Lara  
Sharon Duffy  
Angelov Farooq  
Mirna Flores  
Duane Priel  
Rick Glasmann  
Cheri Greenlee  
Francisca Hernandez  
Barbara Howison  
Peter Hubbard  
Joyce Johnson  
Deanna Margaritha  
Charles Martin  
Debra Martin  
Chuck McDaniel  
Sonia Nunez  
Ken Orr  
Lea Petersen  
Mary Jo Ramirez  
Susan Senior  
Tina Sewell  
Laurie Stalnaker  
Diane Strand  
Jeffery Van Wagenen  
Ron Vito

October 13, 2015

Damien O'Farrell, Chief Operations Officer  
Path of Life Ministries  
6216 Brockton Avenue  
Riverside, CA 92506

Dear Mr. O'Farrell,

The Riverside County Workforce Development Board (WDB) is pleased to support the Path of Life Ministries' submission to the Riverside County Continuum of Care 2015 Housing for Urban Development (HUD) Permanent Supportive Housing Program. It is imperative that there are a myriad of resources available to address critical issues, such as mental illness and unemployment, all which impact homeless families.

The Riverside County WDB is one of approximately 600 private-sector led WDBs in the Country. WDBs are transforming the nation's workforce system to be responsive to the demand of a global economy. Through strong strategic partnerships with private-sector businesses, local government, community based organizations, institutions of higher education and K-12 education; WDBs remain in a prime position to serve as the pipeline for a skilled-labor workforce necessary for economic recovery and long-term growth.

The Riverside County WDB and the Path of Life Ministries will continue to collaborate to offer employment and housing services to support homeless families. In support of this project, the Riverside County WDB commits to the following:

- Determine Workforce Innovation and Opportunity Act (WIOA) eligibility and program enrollment\*
- Offer comprehensive workforce preparation opportunities and career development to participants for enrolled customers\*
- Provide Individual Career Coaches to each enrolled homeless adult family member\*
- Promote programs at recruitment or outreach events\*
- Provide supportive services for homeless family members attending training\*
- Referral to stabilization and community resources\*

\*as appropriate and as funds are available

Damien O'Farrell, Chief Operations Officer  
Path of Life Ministries  
October 13, 2015  
Page 2

We estimate a total of \$254,813 in-kind services (depending upon availability of funds) will be provided over a 12-month grant period for 75 homeless families. The Workforce Development Center programs will serve individuals 18 and older and the Youth Opportunity Centers of Riverside County will serve youth 16 to 21 years old.

The Riverside County WDB looks forward to bringing additional opportunities to homeless families that lead to self-sufficiency. Should you have any questions, please do not hesitate to contact me.

Sincerely,



Heidi Marshall  
Executive Director



Statement of Support and Intent  
for partnership and service with  
Path of Life Ministries

This statement of support and intent shall stand as evidence that Rick Engineering Company agrees to work with the Path of Life Ministries (POLM) for the collaborative mission of providing support and supportive services to individuals and families exiting homelessness into permanent housing options.

Rick Engineering Company has worked with POLM for 3 years, as POLM has provided Emergency Shelter, Transitional Housing, Permanent Housing, and Supportive Services for families with children and individuals who find themselves in a homeless crisis or stuck in the cycles of homelessness and poverty. Throughout the period of time that we have collaborated with POLM, we have known them to serve as an excellent service provider for those they serve.


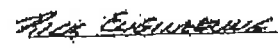
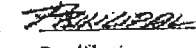
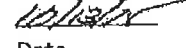
Rick Engineering Company has historically collaborated with POLM in providing the following services to POLM clients referred or directly connected to us by POLM staff:

- Financial Review and Strategic Planning

These services are provided at no cost to POLM, but hold a fairmarket value of approximately \$12,500.00 in value each year.

We are pleased to continue our partnership with Path of Life Ministries this year.

  
\_\_\_\_\_  
Signature

			
Name	Agency	Position	Date

**Statement of Support and Intent  
for partnership and service with  
Path of Life Ministries**

This statement of support and intent shall stand as evidence that OctoClean Franchising Systems Inc. (OFS) agrees to work with the Path of Life Ministries (POLM) for the collaborative mission of providing support and supportive services to individuals and families exiting homelessness into permanent housing options.

OFS has worked with POLM for 2 years, as POLM has provided Emergency Shelter, Transitional Housing, Permanent Housing, and Supportive Services for families with children and individuals who find themselves in a homeless crisis or stuck in the cycles of homelessness and poverty. Throughout the period of time that we have collaborated with POLM, we have known them to serve as an excellent service provider for those they serve.

OFS has historically collaborated with POLM in providing the following services to POLM clients referred or directly connected to us by POLM staff:

Training and Development of guests to include:

- Janitorial Services Training
- Floor Care Specialist
- Business Development

These services are provided at no cost to POLM, but hold a fair market value of approximately \$2500.00 for each person for whom we provide them for a total of \$232,500.00 in total possible value for 93 households.

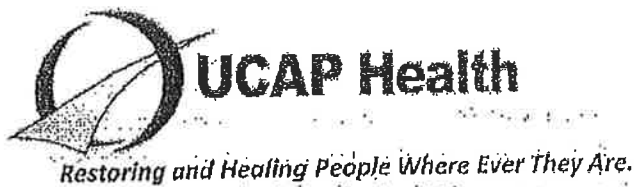
  
\_\_\_\_\_  
Signature

Matthew Stone  
Name

OctoClean  
Agency

COO  
Position

10-5-15  
Date



HEALTH to  
**H+OPE**  
CLINICS

October 12, 2015

Damien O'Farrell  
Path of Life Ministries  
6216 Brockton Ave.  
Riverside, CA 92506

Dear Damien:

Please use this letter to document our support and collaboration of Path of Life Ministries in its effort to provide Permanent Supportive Housing to the homeless population of Riverside County. In our mutual efforts to deliver services, Health to Hope Clinics (Urban Community Action Projects dba) has had the pleasure of a positive relationship.

Health to Hope Clinics is a Federally Qualified Health Center (FQHC) that been in operation providing health care to the homeless population since 2009 with a permanent clinic located next door to the Riverside Community Shelter operated by Path of Life Ministries and a mobile clinic van that provides care to the homeless in and around the City of Riverside in parks and locations where the homeless congregate. Health to Hope Clinics receives federal funding through the Health Resources Services Administration (HRSA) 330 HCH Community Health Center program focused on Health Care for the Homeless.

We are aware that Path of Life Ministries is applying for funding to operate a Permanent Supportive Housing in Riverside and we support this project completely. If funded, we will sign a memorandum of understanding that describes our collaboration with Path of Life Ministries to provide transportation to and from their PSH housing sites each day for residents to access healthcare services at our clinics. This transportation service will be rolled into our current bus route that operates Monday through Friday and picks up any homeless persons in need of medical services at various bus stops and delivers them back after the clinic visit.

Health To Hope Clinics - a community project of Urban Community Action Projects  
Tel: 951.595.4444 • Fax: 951.715-3449 • [www.healthtohope.com](http://www.healthtohope.com)  
2880 Hulen Place • Riverside, CA 92507-2606

87

While at our clinic, residents will receive primary healthcare services along with access to mental health, substance abuse and referral to specialty care if needed. Additionally, they will receive comprehensive case management services to include: health insurance enrollment, job placement, access to feeding programs and other social services programs that may be available to them. Our connection to healthcare and support services is estimated to be approximately \$136,500 annually based on the primary care needs of people transitioning from homelessness to housed.

We are very pleased that Path of Life Ministries is expanding its efforts to provide much needed shelter and housing for the homeless of Riverside County and look forward to additional opportunities to collaborate in the future.

Sincerely,



Emmanuel S. Parakati  
Chief Executive Officer



JERRY A. WENGERD, DIRECTOR

Reply to: HHOPE Program  
RUHS - Behavioral Health  
1405 Spruce St., Ste A Riverside, CA 92507  
PH. (951) 715-5050 ~ Fax (951) 784-4986

September 17, 2015

Damien O'Farrell  
Path of Life Ministries  
Riverside, California

Dear Damien,

This letter of support and intent shall stand as evidence that the **Riverside University Health System - Behavioral Health (RUHS-BH - formerly known as Riverside County Mental Health)** works on a regular basis with the Path of Life Ministries (POLM), for the collaborative mission of providing support and supportive services to individuals and families who are moving from a housing crisis situation into permanent housing options.

**RUHS-BH** has worked closely with POLM for approximately eight years, as POLM has provided Emergency Shelter, Transitional Housing, Permanent Housing, and Supportive Services for individuals and families with children, who find themselves in a housing crisis situation or stuck in the cycles of poverty. Throughout our collaboration, we have known them to function as an excellent service provider for those individuals in their programs.

**RUHS-BH** has historically collaborated with POLM in providing services to POLM clients. The clients referred or directly connected to us by POLM staff, are currently in a housing crisis situation and suffer from a serious and disabling mental health condition. The services are provided at no cost to POLM. The services we provide to each individual referred to us carry a budgeted allocation of \$12,000 - \$15,000 per person, per year; exclusive of additional temporary or permanent rental subsidies they may receive.

**RUHS-BH** has been pleased to collaborate with POLM in the past and we are pleased to continue in this collaboration for the coming year.

Please feel free to contact me with any questions at 951.715.5050 or [lmbrockmeier@rcmhd.org](mailto:lmbrockmeier@rcmhd.org).

Sincerely,

Lynne M. Brockmeier  
Administrative Services Manager  
HHOPE Program

*"Wellness Begins with a Home"*

HHOPE

9/17/15

3:47 PM

Home and Housing Opportunities, Partnerships and Education Program



**Statement of Support and Intent  
for partnership and service with  
Path of Life Ministries**

This statement of support and intent shall stand as evidence that Psomas agrees to work with the Path of Life Ministries (POLM) for the collaborative mission of providing support and supportive services to individuals and families exiting homelessness into permanent housing options.

Psomas has worked with POLM for the last three years, as POLM has provided Emergency Shelter, Transitional Housing, Permanent Housing, and Supportive Services for families with children and individuals who find themselves in a homeless crisis or stuck in the cycles of homelessness and poverty. Throughout the period of time that we have collaborated with POLM, we have known them to serve as an excellent service provider for those they serve.

Psomas has historically collaborated with POLM in providing financial support to POLM for the services they provide;

Psomas has donated approximately \$5,000 to POLM via fundraisers and donations.

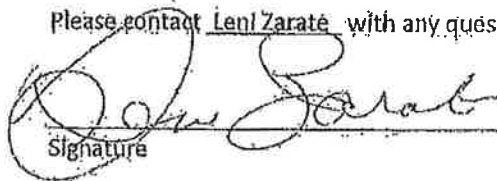
In addition to this financial support Psomas has provided the following services and support to POLM staff:

- Assisted POLM with logistics and supplies for the 2012, 2013 and 2015 Sheltering Hearts Fund Raising Event at the Riverside Arts Museum.
- Assisted POLM with professional land planning, civil engineering and land surveying services in reviewing and analyzing potential sites for supportive housing facilities;
- Assisted POLM with Governmental Relations at the City and County levels with key department staff and elected officials;
- Orchestrating a potential significant land deal with the City of Riverside's Housing Authority and a private developer to move and donate two single family residential units for POLM use.
- Expert Financial Advice regarding NMTC and Other Funding Opportunities
- Prepare tax bill data and research properties that might meet the critical needs for housing.

These services are provided at no cost to POLM, but hold an approximate total fair market value of \$75,000.00 each year.

Psomas has been pleased to collaborate with POLM in the past and we are pleased to continue in this collaboration for the coming year.

Please contact Leni Zarate with any questions at 951-205-8364.

  
Signature

Leni Zarate  
Name

PSOMAS  
Agency

Director of SDF  
Position

October 12, 2015  
Date

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Path of Life Ministries

Program/Activity Receiving Federal Grant Funding

Rapid Rehousing - HUD Continuum of Care

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

- (1) The dangers of drug abuse in the workplace;
- (2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

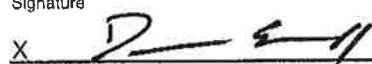
g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Scattered Sites in Riverside County

Check here  if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official Damien O'Farrell	Title CEO
Signature 	Date October 12, 2015



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/TTY: \_\_\_\_\_

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?

---



---



---



---

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

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

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



Volunteer Center of Riverside

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

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



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

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

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

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

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

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

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

Confidential location:  Yes  No

Handicap accessible?  Yes  No

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

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

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

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

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

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

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

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

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

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

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

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

Intake/Application Procedure:

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

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

Areas Served: (Please indicate specific areas program services)

Regions

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

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

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

Fees:

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

Method of Payment

- Medi-Cal     Cash       Credit Cards     Personal Check

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

Personnel

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

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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



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

# DEPARTMENT OF PUBLIC SOCIAL SERVICES

## ADMINISTRATIVE HANDBOOK FOR HUD FUNDED CONTINUUM OF CARE PROGRAM



**ADMINISTRATIVE HANDBOOK  
FOR HUD FUNDED  
CONTINUUM OF CARE PROGRAM  
TABLE OF CONTENTS**

Topic	Page
Introduction	3
DPSS Contacts	3
<b>A. Accounting Procedures</b>	4
<b>1. Claims</b>	4
<b>2. Claim Form</b>	4
<b>3. Reimbursements</b>	4
<b>4. Match</b>	4 – 5
<b>5. Supporting Documentation</b>	5
Required Claim Documentation	5
<b>6. Indirect Costs</b>	6
<b>7. Identifying Line Items</b>	6
<b>B. Record Keeping</b>	7
<b>C. Reporting</b>	7
<b>D. Assessment and Monitoring</b>	7
<b>E. Future Applications and Project Renewals</b>	7 - 8
CoC Program Reference Guide	9

**ATTACHMENTS**

DPSS 3106 (HUD Programs Claim Form)
HUD Continuum of Care Time/Activity Report



## INTRODUCTION

This handbook provides project administration guidelines and financial reporting requirements for Subrecipients under contract with Riverside County Department of Public Social Services to operate the Housing and Urban Development grant-funded Continuum of Care (CoC) Program. This program consolidates the Supportive Housing Program, Shelter Plus Care, and Section 8 Moderate Rehab. This handbook does not supersede any law, regulation, or policy issued by the U.S. Government or the Department of Housing and Urban Development with regard to this program.

Assistance to homeless individuals was authorized by the McKinney-Vento Homeless Assistance Act of 1987 as amended by the Housing and Community Development Act of 1992, approved October 28, 1992. The Act established numerous programs to promote the development of housing and supportive services to assist homeless persons in the transition from streets and shelters to permanent housing and to achieve maximum self-sufficiency. The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act), enacted into law on May 20, 2009, consolidates three of the separate homeless assistance programs administered by HUD under the McKinney-Vento Homeless Assistance Act into a single grant program known as the Continuum of Care Program (CoC). The HEARTH Act also codifies in law the Continuum of Care planning process, a longstanding part of HUD's application process to assist homeless persons by providing greater coordination in responding to their needs.

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

This handbook is intended to outline the DPSS procedures and also contains direction on where to find the federal codes and regulations for the HUD Continuum of Care Program.

## DPSS CONTACTS

<b>HOMELESS PROGRAM UNIT</b>	
Program Specialist II (All grants)	951-358-5694
<b>CONTRACT ADMINISTRATION UNIT</b>	
Contract Analyst	951-358-3081
<b>FISCAL</b>	
Administrative Services Analyst II (all grants)	951-358-6548 or 951-358-7758

## **A. ACCOUNTING PROCEDURES**

The Subrecipient's financial system must comply with:

- 24 CFR 84.21 if you are an institution of higher education, hospital, or other nonprofit organization
- 24 CFR 85.20 if you are a state, local government, or federally recognized Indian tribe
- 2 CFR Part 200

### **1. CLAIMS**

Although federal regulations affecting claiming may change during the course of your grant, the regulations that were in effect at the time your grant was approved will usually apply until your grant expires or is renewed.

### **2. CLAIM FORMS**

Claims should be received by DPSS no later than 30 days after the end of the month in which services were provided using the DPSS 3106 HUD Programs Claim Form (see attached) with the required supporting documentation (see Section 5 *Supporting Documentation*).

Time/Activity reports (see attached) are required for all staff (see Section 5 *Supporting Documentation*).

### **3. REIMBURSEMENTS**

Generally, reimbursement payments are sent to you within thirty (30) days after receipt of your claim.

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

Once your claim has been reviewed, we will send you back a letter indicating any differences. If you disagree with any disallowance, please request any correction within 30 days from the date of the letter.

### **4. MATCH**

All eligible funding costs, except leasing, must be matched with no less than a **25 percent cash or in-kind contribution**. No match is required for leasing. The match requirements apply to project administration funds, along with the traditional expenses—operations, rental assistance, supportive services, and HMIS. Match must be met for each operating year. Match must be submitted with each monthly claim.

For an in-kind match, the subrecipient may use the value of property, equipment, goods, or services contributed to the project, provided that, if the subrecipient had to pay for such items with grant funds, the costs would have been eligible. If third-party services are to be used as a match, the subrecipient

and the third-party service provider that will deliver the services must enter into a memorandum of understanding (MOU)—**before the grant is executed**—documenting that the third party will provide such services and value towards the project.

All match must be for eligible activities.

### 5. SUPPORTING DOCUMENTATION

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

Documentation for like line items should be clipped together and identified with a summary sheet or label identifying the Line Item Number or the Activity as listed on the Claim Form. A spreadsheet itemizing the expenses, or at a minimum, an adding machine tape showing the expenses with a matching amount on the claim form is helpful. The clearer the information is that you provide, the quicker we will be able to process the claim.

The Management Reporting Unit reviews each claim for expenses that are:

- Allowable
- Allocable
- Reasonable

#### CLAIM DOCUMENTATION REQUIRED BY DPSS

<b>LEASING / RENTAL ASSISTANCE</b>
● Lease agreement (does not need to be submitted with each claim. Must be submitted each time a lease expires or changes.)
● Invoice or documentation of rent amount and due date
● Proof of payment (cancelled check or check stub)
<b>STAFF (Operations, Supportive Services, HMIS and Admin)</b>
● Time Sheet
● Time and Activity Report
● Pay Stub or Payroll Report
<b>EXPENSES (Operations, Supportive Services, HMIS and Admin)</b>
● Invoice or receipt that is dated and has a detailed explanation of charges.
● Proof of payment (cancelled check or check stub)

## 6. INDIRECT COSTS

DPSS, with HUD's approval, has elected to allow Direct Costs only

## 7. IDENTIFYING LINE ITEMS

- Acquisition (24 CFR Part 578.43)
- Rehabilitation (24 CFR Part 578.45)
- New Construction (24 CFR Part 578.47)
- Leasing (24 CFR Part 578.49)
- Rental Assistance (24 CFR Part 578.51)
- Supportive Services (24 CFR Part 578.53)
  - Assessment of Service Needs
  - Assistance with moving costs
  - Case management
  - Child care
  - Education Services
  - Employment Assistance
  - Food
  - Housing/Counseling Services
  - Legal Services
  - Life Skills
  - Mental Health Services
  - Outpatient Health Services
  - Outreach Services
  - Substance Abuse Treatment Services
  - Transportation
  - Utility Deposits
- Operating Costs (24 CFR Part 578.55)
  - Maintenance/Repair
  - Property Taxes and Insurance
  - Replacement Reserve
  - Building Security
  - Electricity, Gas, and Water
  - Furniture
  - Equipment (lease, buy)
- HMIS (24 CFR Part 578.57)
  - Equipment
  - Software
  - Services
  - Personnel
  - Space & Operations
- Administration (24 CFR Part 578.59)
  - Administration

## **B. RECORDKEEPING**

See 24 CFR Part 578.103 (available at <http://www.ecfr.gov> )

## **C. REPORTING**

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

## **D. ASSESSMENT AND MONITORING**

Riverside County is on record as the applicant and grantee for the HUD grant funds you receive. As such, the Riverside County DPSS is responsible for ensuring that the funds received by Subrecipients are utilized according to federal law and policy, and that goals established in the Project Application, Technical Submission, and Contract are being met. To ensure that the County and Subrecipients comply with HUD and all applicable policies, DPSS will conduct on-site program, financial, and contract compliance monitoring visits at least annually.

Reviews will be conducted, at least annually, by representatives from the Homeless Programs Unit (lead), the Subrecipient's liaison from the Fiscal Unit, and the Contracts Administration Unit. The purpose of the monitoring visit is to assess how well the Subrecipient is implementing its grant and/or to offer technical assistance.

In preparation for the on-site monitoring visit, the monitoring team will contact the Subrecipient to arrange a mutually convenient date for the visit, explain the purpose of the monitoring visit, and provide an advance copy of the monitoring tool.

The County will follow a monitoring plan and conduct a Monitoring Visit Entrance Meeting and Exit Meeting. During the Entrance meeting, the monitoring team will meet Subrecipient key personnel and provide an overview of the review process. At the Exit meeting, the County will review and comment on areas which might be a finding or a concern during the visit.

DPSS will prepare Monitoring Report for the review not later than thirty (30) days after the visit. The Subrecipient will be given, if appropriate, thirty (30) days to respond to the report, including a corrective action plan for review and approval by DPSS.

## **E. FUTURE APPLICATIONS AND PROJECT RENEWALS**

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

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

meet program goals, mismanagement of funds, or failure to serve the population targeted in the Technical Submission.

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

## **CoC PROGRAM REFERENCE GUIDE**

1. 24 CFR Part 578  
[https://www.onecpd.info/resources/documents/CoCProgramInterimRule\\_FormattedVersion.pdf](https://www.onecpd.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf)
2. OMB Circular 2 CFR Part 200 (OFFICE OF MANAGEMENT AND BUDGET GUIDANCE FOR GRANTS AND AGREEMENTS)  
<http://www.gpo.gov/fdsys/pkg/FR-2013-12-26/pdf/2013-30465.pdf>
3. Homelessness Resource Exchange – CoC Program  
<http://www.hudhre.info/coc/index.cfm>
4. HUD Exchange  
<https://www.hudexchange.info/homelessness-assistance/>
5. Department of Public Social Services – Homeless Program  
<http://dpss.co.riverside.ca.us/homeless-programs>

# Certification of Tenant Roll

Month of: \_\_\_\_\_

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

Grant # \_\_\_\_\_

Tenant Name (last, first)	Address	Unit #	Tenant Move in date	Tenant Move out Date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

**Certification: I certify this is true and correct** (signature and date)

\*The Certification of Tenant Roll is due, by fax or email on or before the 10th business day following the reporting month.



ASSURANCE OF COMPLIANCE WITH  
THE RIVERSIDE COUNTY DEPARTMENT OF PUBLIC SOCIAL SERVICES  
NONDISCRIMINATION IN STATE AND FEDERALLY ASSISTED PROGRAMS

*PATH OF LIFE MINISTRIES*

NAME OF ORGANIZATION

HEREBY AGREES THAT it will comply with Title VI and VII of the Civil Rights Act of 1964 as amended; Section 504 of the Rehabilitation Act of 1973 as amended; the Age Discrimination Act of 1975 as amended; the Food Stamp Act of 1977, as amended and in particular section 272.6; Title II of the Americans with Disabilities Act of 1990; California Civil Code Section 51 et seq., as amended; California Government Code section 11135-11139.5, as amended; California Government Code section 12940 (c), (h) (1), (i), and (j); California Government Code section 4450; Title 22, California Code of Regulations section 98000 – 98413; Title 24 of the California Code of Regulations, Section 3105A(e); the Dymally-Alatorre Bilingual Services Act (California Government Code Section 7290-7299.8); Section 1808 of the Removal of Barriers to Interethnic Adoption Act of 1996; and other applicable federal and state laws, as well as their implementing regulations [including 45 Code of Federal Regulations (CFR) Parts 80, 84, and 91, 7 CFR Part 15, and 28 CFR Part 42], by ensuring that employment practices and the administration of public assistance and social services programs are nondiscriminatory, to the effect that no person shall because of ethnic group identification, age, sex, color, disability, medical condition, national origin, race, ancestry, marital status, religion, religious creed or political belief be excluded from participation in or be denied the benefits of, or be otherwise subject to discrimination under any program or activity receiving federal or state financial assistance; and HEREBY GIVE ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal and state assistance; and THE VENDOR/RECIPIENT HEREBY GIVES ASSURANCE THAT administrative methods/procedures which have the effect of subjecting individuals to discrimination or defeating the objectives of the California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Chapter 21, will be prohibited.

BY ACCEPTING THIS ASSURANCE, the vendor/recipient agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of the aforementioned laws, rules and regulations and permit authorized CDSS and/or federal government personnel, during normal working hours, to review such records, books and accounts as needed to ascertain compliance. If there are any violations of this assurance, CDSS shall have the right to invoke fiscal sanctions or other legal remedies in accordance with Welfare and Institutions Code section 10605, or Government Code section 11135-11139.5, or any other laws, or the issue may be referred to the appropriate federal agency for further compliance action and enforcement of this assurance.

THIS ASSURANCE is binding on the vendor/recipient directly or through contract, license, or other provider services, as long as it receives federal or state assistance.

*6-29-16*

Date



Director's Signature

*6216 Brockton Ave. #211, Riverside  
CA 92506*

Address of Vendor/Recipient

(08/13/01)

CR50-Vendor Assurance of Compliance

**COUNTY OF RIVERSIDE DEPARTMENT OF PUBLIC SOCIAL SERVICES**

U.S. Department of Housing and Urban Development  
Continuum of Care Homeless Assistance Programs

**Supportive Housing Program (SHP) and Shelter Plus Care Program (S+C)**

Grant No. \_\_\_\_\_ Claim No. \_\_\_\_\_

Prepared by: \_\_\_\_\_ Tel #/Ext. \_\_\_\_\_

Name of Payee: \_\_\_\_\_  
(Agency) (Tax ID or SSN)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Line <u>Item</u> <u>Activity</u>	Line <u>Item</u> <u>Activity</u>	Line <u>Item</u> <u>Activity</u>
1000 Sponsor Based Rental Assist (S+C)	1030 Operating Cost	1100 Leasing Assistance
1010 Purchase/Acquisition	1040 Rental Assistance (SHP)	1120 Other
1020 Rehabilitation	1050 Supportive Services	2000 Tenant Based Rental Asst (S+C)
1021 New Construction	1051 Supp. Svcs. - HMIS	3000 Project Based Rental Asst (S+C)
1023 Moderate Rehabilitation (SRO)	1060 Administrative Cost	3100 Non-Rehab Based Rental Asst (S+C)
	1090 Relocation	

Date of Service: \_\_\_\_\_

For DPSS Use Only

Line Item	Activity	Description	Cash Match	Amount Billed	Amount Paid
<b>TOTAL</b>					

PLEASE NOTE: All source documents and proof of payment have been attached. These source documents include invoices (not billing statements), payroll registers, receipts and contracts. Proof of payment is herein attached in the form of copies of checks or warrants.

I declare under penalty of perjury that the foregoing is true and correct.

Authorized Signature: \_\_\_\_\_ Date of Request: \_\_\_\_\_

For DPSS Use Only		
Business Unit: _____	Purchase Order #: _____	Invoice #: _____
Dept. ID: _____	If amount authorized is different from amount requested, please explain:	
Fund: _____	_____	
Account: _____	_____	
Program: _____	Program: _____	Date: _____
Project/Grant: _____	MRU: _____	Date: _____
Vendor Code: _____	Contracts: _____	Date: _____

**Riverside County Department of Public Social Services  
Contracts Administration Unit  
10281 Kidd Street  
Riverside, CA 92503**

**AGREEMENT:** HO-03308  
**CONTRACTOR:** Valley Restart Shelter  
**ACTIVITIES:** Rapid Re-housing  
**TERM:** July 1, 2016 - June 30, 2017  
**MAXIMUM REIMBURSABLE AMOUNT:** \$172,565.00  
**HUD PROJECT NUMBER:** CA1368L9D081501

**RECITALS**


This Agreement is made and entered into by and between the County of Riverside, hereinafter referred to as "County," and the Valley Restart Shelter, hereinafter referred to as the "Subrecipient."


**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 Continuum of Care Program Rule (CFDA 14.267), codified as 24 CFR 578 and Subtitle C of Title IV of the Stewart B. McKinney-Vento Homeless Assistance Act as amended by S. 896 the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, 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 Continuum of Care Program, as described in the County's grant agreement with the Grantor.

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

Authorized Signature for County: 	Authorized Signature for Valley Restart Shelter 
Printed Name of Person Signing: John J. Benoit	Printed Name of Person Signing: Linda Rogers
Title: Chairman, Board of Supervisors	Title: Executive Director
Address: 4080 Lemon Street Riverside, CA 92501	Address: 200 E Menlo Ave Hemet, CA 92543
Date Signed: <b>JUL 12 2016</b>	Date Signed:

ATTEST:  
 KECIA HARPER-IHEM, Clerk  
 BY   
 DEPUTY

FORM APPROVED COUNTY COUNSEL  
 BY:  ERIC STOPHER  
 DATE: 6/8/16

**JUL 12 2016** 328

TABLE OF CONTENTS

I. DEFINITIONS.....3

II. DPSS RESPONSIBILITIES .....3

III. SUBRECIPIENT RESPONSIBILITIES.....4

IV. FISCAL PROVISIONS.....5

    A. OBLIGATION.....5

    B. METHOD, TIME, AND CONDITION OF PAYMENTS .....5

    C. BUDGET MODIFICATIONS.....6

    D. DISBURSEMENT OF FUNDS .....7

    E. UNEXPENDED FUNDS AND CLOSE-OUTS .....8

    F. INSPECTION AND AUDITS .....8

    G. WITHHELD PAYMENTS.....9

    H. FISCAL ACCOUNTABILITY.....9

    I. AVAILABILITY OF FUNDING .....9

V. GENERAL PROVISIONS .....9

    A. TERM OF AGREEMENT .....9

    B. BACKGROUND CHECKS .....9

    C. CONFIDENTIALITY .....9

    D. CONTINUUM OF CARE PROGRAM COMPLIANCE.....10

    E. CONFLICT OF INTEREST .....10

    F. DEFAULT .....10

    G. HOLD HARMLESS/INDEMNIFICATION.....11

    H. INSURANCE.....12

    I. INDEPENDENT CONTRACTOR .....14

    J. SUBCONTRACT FOR SERVICES .....14

    K. REPORTS AND RECORD KEEPING.....15

    L. SANCTIONS.....15

    M. TERMINATION.....15

    N. GOVERNING LAW .....16

    O. NOTICES.....16

    P. ASSIGNMENTS.....16

    Q. DISPUTES.....17

    R. CHILD ABUSE REPORTING.....17

    S. ELDER AND DEPENDENT ABUSE REPORTING.....17

    T. CLIENTS CIVIL RIGHTS COMPLIANCE .....17

    U. EMPLOYMENT PRACTICES.....18

    V. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA).....19

    W. CLEAN AIR/WATER ACTS.....19

    X. LEAD-BASED PAINT.....19

    Y. AUTHORITY.....19

    Z. DEBARMENT AND SUSPENSION.....19

    AA.COMPLIANCE WITH RULES, REGULATIONS, REQUIREMENTS, AND DIRECTIVES .....19

    BB.ENTIRE AGREEMENT .....20

**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** – Administrative Handbook for HUD Funded Continuum of Care Programs
- EXHIBIT E** – Certification of Tenant Roll Form
- EXHIBIT F** – Assurance of Compliance

## I. DEFINITIONS

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

- A. The term "2-1-1" refers to 2-1-1 Riverside County—a designated 3-digit number that allows callers to receive up-to-date information and referrals to health and human service agencies.
- B. The term "Application" refers to the approved application and its submissions prepared by the Subrecipient, which is the basis on which HUD approved the grant.
- C. The term "APR" refers to the Annual Performance Report.
- D. The term "Draw Down" refers to the wire transfer system called Line of Credit Control System - Voice Response System (LOCCS – VRS).
- E. The term "DPSS" refers to the County of Riverside and its Department of Public Social Services, which has administrative responsibility for this Agreement.
- F. The term "HMIS" refers to the Riverside County Homeless Management Information System.
- G. The term "Participants" refers to individuals who utilize Supportive Housing Services, including referral services or individuals who are residents or former residents of the housing project.
- H. The term "Project" refers to housing and/or supportive services for facilitating the movement of homeless individuals through the Continuum of Care into independent permanent housing.
- I. The terms "Subrecipient" or "Contractor" refer to the Valley Restart Shelter, the entity under agreement with DPSS to operate the project on a daily basis.
- J. The term "Subcontract" refers to any contract, purchase order, or other purchase agreement, including modifications and change orders to the foregoing, entered into by the Contractor with a subcontractor to furnish supplies, materials, equipment, and services for the performance of any of the terms and conditions contained in this Agreement.
- K. The term "Subcontractor" means any supplier, vendor, or firm, that furnishes supplies, materials, equipment, or services to or for the Contractor or another subcontractor.
- L. The term "Continuum of Care Program (COC Program)" refers to the HUD grant program to promote transitional housing, permanent housing and supportive services to homeless individuals.
- M. The term "Technical Submission" refers to the approved documents prepared by the Subrecipient and submitted to HUD after the HUD grant award.

## II. DPSS RESPONSIBILITIES

- A. DPSS shall assure that the services provided by the Subrecipient 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 Subrecipient. This staff will provide the Subrecipient programmatic consultation and advise the Subrecipient of all-pertinent existing guidelines and regulations. Additionally, the staff will provide or arrange for consultation and technical assistance to the Subrecipient as needed.
- C. DPSS will assign staff to monitor the performance of the Subrecipient in performing the terms, conditions, and specifications of this Agreement. DPSS, at its sole discretion, may monitor the performance of the Subrecipient 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 Subrecipient; (3) annual inspection of all available fiscal statements and other records maintained by the Subrecipient; and (4) annual statements that the Subrecipient is required to complete under this Agreement.

**III. SUBRECIPIENT RESPONSIBILITIES**

- A. The Subrecipient 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. The Subrecipient will also provide client linkages to other sources of support. The Subrecipient 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 Subrecipient shall provide services as set forth in the Project Application, attached hereto as **Exhibit A**, and incorporated herein by these references.
- C. The Subrecipient shall register its agency and/or program, as funded by DPSS, with 2-1-1 Riverside County, by faxing the 2-1-1 registration forms attached hereto as **Exhibits B and C**, respectively, and incorporated herein by these references, to (951) 686-7417. Registration is to take place at the time of execution of this Agreement, and updated on a quarterly basis, at minimum, if agency and/or program changes occur through the term of this Agreement.

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

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

- D. The Subrecipient 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 Continuum of Care Program.
- E. The Subrecipient 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.

- F. The Subrecipient shall comply with the Educational Assurance requirements as stipulated in the McKinney-Vento Homeless Education Assistance Improvements Act.
- G. The Subrecipient agrees to participate in the Homeless Management Information System (HMIS).
1. 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.
  2. DPSS retains the rights to the HMIS and case management software application used in the operations of this property. DPSS grants the Subrecipient an exclusive perpetual license to use the HMIS software for the term of this Agreement.
  3. The Subrecipient shall ensure that employees using HMIS for client intake capture all required data fields, as set forth in the County of Riverside Continuum of Care 's HMIS Policies and Procedures Manual, which is located on the DPSS website: <http://dpss.co.riverside.ca.us/homeless-programs>.
  4. The Subrecipient must maintain a valid HMIS End User Agreement on file with DPSS, which is located on the DPSS website: <http://dpss.co.riverside.ca.us/homeless-programs>.

#### IV. FISCAL PROVISIONS

##### A. OBLIGATION

The Subrecipient shall be reimbursed by HUD, utilizing a draw down process, for an amount not to exceed \$169,265.00. The County shall be reimbursed by HUD for an amount not to exceed \$3882. Said funds shall be spent according to the budget shown below.

BUDGET CATEGORY	Total
LEASING	\$0
RENTAL ASSISTANCE	\$111,048
SUPPORTIVE SERVICES	\$48,896
OPERATING COSTS	\$0
HMIS -- SOFTWARE	\$1,750
ADMINISTRATIVE COSTS (SUBRECIPIENT)	\$6,989
<b>SUBRECIPIENT TOTAL</b>	<b>\$168,683</b>
ADMINISTRATIVE COSTS (COUNTY)	\$3,882
<b>GRANT TOTAL</b>	<b>\$172,565</b>

The Subrecipient must match all grant funds except for leasing funds with no less than 25% of funds or in kind contributions from other sources. Match must be used for the costs of eligible activities (**Exhibit A**).

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

1. The Subrecipient shall submit to DPSS a monthly claim in accordance with the Administrative Handbook (**Exhibit D**).
2. The Subrecipient 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 Subrecipient shall provide cash match documentation as set forth in this Agreement and the Project Application (**Exhibit A**). Cash match documentation must be submitted with monthly billing claims. DPSS will verify utilization of the cash match through a monthly desk review and on-site monitoring visits. Matching funds provided by the Subrecipient must be money provided to the project by one or more of the following: the Subrecipient, the federal government, state and local governments, and/or private resources. Non-cash resources such as in-kind contributions of goods or services may 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 Subrecipient does not meet the requirements in paragraph 2.a. above, DPSS reserves the right to suspend or terminate this Agreement.

### C. BUDGET MODIFICATIONS

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:

- i. The total amount of the Agreement does not change;
- ii. The Subrecipient delivers a written request to DPSS, that adequately documents the need for a change and specifically identifies the items to be reduced/increased;
- iii. The modification cannot remove any line item that was included in the original Application or Technical Submission (if applicable);
- iv. Modification requests (i.e., other than rollovers) must be submitted to DPSS no later than **thirty (30) days** after the end of the grant period.

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

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

- i. The total amount of the Agreement does not change;
- ii. The Subrecipient 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;
- iii. The modification cannot remove any line item that was included in the original Application or Technical Submission (if applicable);



- iv. Modification requests (i.e., other than rollovers) must be submitted to DPSS no later than **forty-five (45) days** prior to the end of the grant period.
1. 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:

    - i. The Subrecipient delivers a written request to DPSS, no later than **ninety (90) days** prior to the end of the grant, and adequately documents the need for change; and
    - ii. 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:

    - i. HUD will approve change as requested;
    - ii. HUD will approve change and reduce dollars;
    - iii. HUD will deny request.
  - c. Budget Rollover of unused funds (multi-year grants only)
 

The Subrecipient 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:

    - i. The total amount of the Agreement does not change;
    - ii. The Subrecipient delivers a written request to DPSS, no later than **forty-five (45) days** prior to the end of the grant period, and adequately documents the need for a change;
    - iii. The Subrecipient specifically identifies the categories, line items, and rolls the funds over to the same approved categories and line items for the following operating year;
    - iv. The Subrecipient 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 Subrecipient as follows:

1. The Subrecipient 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 Subrecipient shall complete all necessary closeout procedures, including the APR, required by DPSS within a period of not more than **sixty (60) 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 Subrecipient 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 Subrecipient, if required to have an A-133 audit, shall provide a final financial audit for activities performed under this Agreement within thirty (30) days from finalization of audit.

#### F. INSPECTION AND AUDITS

1. The Subrecipient shall maintain auditable books, records, documents, and other evidence pertaining to costs and expenses in this Agreement. The Subrecipient shall maintain these records for seven (7) years after final payment has been made or until all pending DPSS, state, and federal audits, if any, are completed, whichever is later. If a restrictive covenant is in effect, records shall be maintained until the covenant expires.
2. Authorized representatives of DPSS and the federal government shall have access to any books, documents, papers, electronic data, and other records, which these representatives may determine to be pertinent to this Agreement for the purpose of performing an audit, evaluation, inspection, review, assessment, or examination. These representatives are authorized to obtain excerpts, transcripts, and copies, as they deem necessary. Further, these authorized representatives shall have the right, upon request, to inspect or otherwise evaluate the work performed under this Agreement and the premises in which it is being performed.
3. This access to records includes, but is not limited to, service delivery, referrals, and financial and administrative documents for seven (7) years after final payment was made, or until all pending county, state, and federal audits are completed, whichever is later.
4. Should the Subrecipient disagree with any audit conducted by DPSS, the Subrecipient 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 Subrecipient will not be reimbursed by DPSS for such an audit.
5. In the event the Subrecipient does not make available its books and financial records at the location where they are normally maintained, the Subrecipient agrees to pay all necessary and reasonable expenses, including legal fees, incurred by DPSS in conducting any audit.
6. All Agreement 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 Subrecipient shall provide adequate cooperation to any employee assigned by DPSS in order to permit their determination of the Sub-recipient'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 Subrecipient 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 Subrecipient. 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 Sub-recipient may be withheld by DPSS if the Subrecipient fails to comply with the provisions of this Agreement.

#### H. FISCAL ACCOUNTABILITY

4. The Sub-recipient agrees to manage funds received through DPSS in accordance with sound accounting policies; incur and claim only eligible costs for reimbursement; and adhere to accounting standards established in OMB Circulars A-110, A-122, and A-133.
5. The Sub-recipient must establish and maintain on a current basis an accrual accounting system in accordance with generally accepted accounting principles and standards. Further, the Sub-recipient 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 Sub-recipient, 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 July 1, 2016 - June 30, 2017.

#### B. BACKGROUND CHECKS

Contractors providing services to minors (detailed in **Exhibit A-Project Application**) shall be required to conduct criminal background records checks on all employees, subcontractors, and volunteers providing services under this Agreement. Prior to these individuals providing services to clients, the Contractor shall have received a criminal records clearance from the State of California Department of Justice (DOJ). A signed certification of such clearance shall be retained in each individual's personnel file.

#### C. 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.

Each party shall ensure that case record information is kept confidential when it identifies an individual by name, address, or other information. Confidential information requires special precautions to protect it from loss, unauthorized use, access, disclosure, modification, and destruction.

The parties to this Agreement shall keep all information that is exchanged between them in the strictest confidence, in accordance with Federal Law. All records and information concerning any and all persons referred to the Contractor shall be considered and kept confidential by the Contractor, its staff, agents, employees and volunteers. The Contractor shall require all of its employees, agents, subcontractors and volunteer staff who may provide services under this Agreement with the Contractor before commencing the provision of any such services, to maintain the confidentiality of any and all materials and information with which they may come into contact, or the identities or any identifying characteristics or information with respect to any and all participants referred to the Contractor by Riverside County.

Contractor shall ensure that no person will publish, disclose, use, permit, or cause to be published, disclosed, or used, any confidential information pertaining to any applicant or recipient of services under this Agreement. The Contractor agrees to inform all persons directly or indirectly involved in administration of services provided under this Agreement of the above provisions and that any person deliberately violating these provisions is guilty of a misdemeanor.

#### D. CONTINUUM OF CARE PROGRAM COMPLIANCE

By executing this Agreement, the Subrecipient 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 Continuum of Care Program, including; HUD Application, Technical Submission; Continuum of Care Program Interim Rule (24 CFR 578); Administrative Requirement for Grants and Cooperative Agreements (24 CFR Part 85); this Agreement, and the applicable Notice of Funding Availability (NOFA).

#### E. CONFLICT OF INTEREST

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

#### F. 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 Subrecipient's duty to provide the supportive housing for the minimum term in accordance with the requirements of the provisions of the Continuum of Care Program 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 Subrecipient of the default that establishes a date by which corrective actions must be completed and puts the Subrecipient on notice that more serious actions will be taken if the default is not corrected or is repeated;
  - b. Direct the Subrecipient to submit progress schedules for completing the approved activities;
  - c. Direct the Subrecipient to establish and maintain a management plan that assigns responsibilities for carrying out remedial actions;
  - d. Direct the Subrecipient 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 Subrecipient default.

#### G. HOLD HARMLESS/INDEMNIFICATION

Contractor agrees to indemnify and hold harmless County, all Agencies, Districts, Special Districts and Departments of County, 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, 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, of County, all Agencies, Districts, Special Districts and Departments of County, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents or 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 choice, subject to the approval of County, which shall not be unreasonably withheld, 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 this Agreement shall in no way limit or circumscribe Contractor's obligations to indemnify and hold harmless County herein from third party claims.

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

## H. 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's during the term of this Agreement. As respects to the insurance section only, the COUNTY herein refers to the County of Riverside, its Agencies, Districts, Special Districts, and Departments, their respective directors, officers, Board of Supervisors, employees, elected or appointed officials, agents or representatives as Additional Insureds.

### 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 the COUNTY 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.

### 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 the COUNTY as additional Insured.

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.

#### I. INDEPENDENT CONTRACTOR

The Subrecipient 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 Subrecipient or any of the Sub-recipient's agents, employees, or volunteers. The Subrecipient 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 Subrecipient, 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.

#### J. SUBCONTRACT FOR SERVICES

1. The Contractor shall not enter into any subcontract with any subcontractor who:
  - a. is presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from covered transactions by a federal department or agency.
  - b. has within a 3-year period preceding this Agreement been convicted of or had a civil judgment rendered against them for the commission of fraud, or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction; violation of Federal or State anti-trust status or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - c. is presently indicated or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in the paragraph above; and
  - d. has within a 3-year period preceding this Agreement had one or more public transactions (Federal, State, or local) terminated for cause or default.
2. The Contractor shall be as fully responsible for the acts or omissions of its subcontractors, and of persons either directly or indirectly employed by them as for the acts or omissions of persons directly employed by the Contractor.
3. The Contractor shall insert appropriate clauses in all subcontracts to bind subcontractors to the terms and conditions of this Agreement insofar as they are applicable to the work of subcontractors.
4. The Contractor shall document, prior to grant execution, all services to be provided by a third party by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services, as per CFR 578.73, (c)(3).
5. Nothing contained in this Agreement shall create any contractual relationship between any subcontractor 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.

#### K. REPORTS AND RECORD KEEPING

1. The Subrecipient agrees to complete the Annual Performance Report (APR) in e-snaps and submit to DPSS an electronic copy within sixty (60) days after the end of each operating year. Failure to submit an APR may lead to a delay in receiving future grant funds. Upon review for completeness and accuracy, DPSS will submit the APR to HUD as required.
2. The Subrecipient agrees to submit a Semi-Annual Statistical Report upon a 30-day written notice by DPSS.
3. If funded for Transitional Housing, Permanent Housing, Rapid Re-Housing or Shelter Plus Care, the Subrecipient agrees to provide DPSS with a monthly residential log of participants, attached hereto as **Exhibit E** [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 CoC/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.
4. The Sponsor agrees to collect and maintain records of participants for required federal, state, and county reports.

#### L. SANCTIONS

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

1. Afford the Subrecipient 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.

#### M. TERMINATION

1. DPSS may immediately suspend or terminate this Agreement for cause upon written notice to the Subrecipient of the action being taken. Cause shall be established if:
  - a. The Subrecipient fails to perform the covenants herein contained at such time and in such manner as provided in this Agreement; or
  - b. There is a conflict with any federal, state or local laws, ordinance, regulation or rule rendering any provision of this Agreement invalid or untenable.
2. DPSS may also terminate or suspend this agreement without cause. DPSS will provide ninety (90) days written notification stating the extent and effective date of termination. The ninety-day period begins when notice is deposited in the U.S. Mail, postage paid.
3. The Subrecipient 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 Subrecipient 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 Subrecipient 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.

#### N. GOVERNING LAW

This Agreement shall be construed and interpreted according to the laws of the State of California. Any legal action related to the interpretation or performance of this Agreement shall be filed only in the appropriate courts located in the County of Riverside, State of California. Should action be brought to enforce or interpret the provisions of the Agreement, the prevailing party shall be entitled to attorney's fees in addition to whatever other relief are granted.

#### O. 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: (Agreement Issues)	Department of Public Social Services Contracts Administration Unit 10281 Kidd Street Riverside, CA 92503
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DPSS: (Program Issues)	Department of Public Social Services Homeless Program Unit 4060 County Circle Drive Riverside, CA 92503
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DPSS: (Fiscal Issues)	Department of Public Social Services Management Reporting Unit 4060 County Circle Drive Riverside, CA 92503
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SUBRECIPIENT:	Valley Restart Shelter Executive Director 200 E Menlo Ave Hemet, CA 92543
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#### P. ASSIGNMENTS

The Subrecipient 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.

## Q. 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 Subrecipient shall proceed diligently with the performance of the Agreement pending DPSS' decision.

## R. 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.

## S. 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.

## T. CLIENTS CIVIL RIGHTS COMPLIANCE

### 1. Assurance of Compliance

The Contractor shall complete the Vendor Assurance of Compliance with Riverside County Department of Public Social Services Non-Discrimination in State and Federally Assisted Programs, attached hereto as **Exhibit G** and incorporated herein by this reference. The Contractor will sign and date **Exhibit G** and return it to DPSS along with the executed Agreement. The Contractor shall ensure that the administration of public assistance and social service programs are non-discriminatory. To the effect that no person shall because of ethnic group identification, age, sex, color, disability, medical condition, national origin, race, ancestry, marital status, religion, religious creed or political belief be excluded from participation in or be denied the benefits of, or be otherwise subject to discrimination under any program or activity receiving federal or state financial assistance.

### 2. Client Complaints

The Contractor shall further establish and maintain written referral procedures under which any person, applying for or receiving services hereunder, may seek resolution from Riverside County DPSS Civil Rights Coordinator of a complaint with respect to any alleged discrimination in the provision of services by Contractor's personnel.

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

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

### 3. Services, Benefits and Facilities

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

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

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

### 4. Cultural Competency

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

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

## U. 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.

V. 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.

W. CLEAN AIR/WATER ACTS

As required in all contracts with an estimated total value in excess of \$100,000, the Subrecipient 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 Subrecipient not to use facilities on the EPA list of violating facilities and to report violations to the EPA.

X. LEAD-BASED PAINT

The Subrecipient 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).

Y. AUTHORITY

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

Z. DEBARMENT AND SUSPENSION

As a sub-grantee of federal funds under this Agreement, the Subrecipient certifies that it, and its principals:

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

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

The Subrecipient 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 Subrecipient as though made with the Subrecipient directly.

#### BB. 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 Subrecipient 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 Project Application

**To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.**

### Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2015 Continuum of Care (CoC) Program Competition. For more information see FY 2015 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2015 CoC Program NOFA and the FY 2015 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2014 Project Application will be imported into the FY 2015 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2014 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2015 CoC Program Competition NOFA.

## 1A. Application Type

### Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

### 1. Type of Submission:

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 11/18/2015

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: CA1368L9D081400

(e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:



## 1B. Legal Applicant

### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2015 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

### 8. Applicant

**a. Legal Name:** County of Riverside

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 95-6000930

	<b>c. Organizational DUNS:</b>	152240540	PL US 4	
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### d. Address

**Street 1:** 4060 County Circle Drive

**Street 2:**

**City:** Riverside

**County:** Riverside

**State:** California

**Country:** United States

**Zip / Postal Code:** 92503

### e. Organizational Unit (optional)

**Department Name:** Public Social Services

**Division Name:** Homeless Programs Unit

**f. Name and contact information of person to be contacted on matters involving this application**

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**Prefix:** Ms.  
**First Name:** Jill  
**Middle Name:**  
**Last Name:** Kowalski  
**Suffix:**  
**Title:** Administrative Services Manager II  
**Organizational Affiliation:** County of Riverside  
**Telephone Number:** (951) 358-5636  
**Extension:**  
**Fax Number:** (951) 358-7755  
**Email:** jkowalsk@riversidedpss.org

## 1C. Application Details

### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2015 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

**9. Type of Applicant:** B. County Government

If "Other" please specify:

**10. Name of Federal Agency:** Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Title:** CoC Program

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-5900-N-25

**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

**Title:**

## 1D. Congressional District(s)

### Instructions:

**Areas Affected By Project:** This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

**Descriptive Title of Applicant's Project:** This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

**Congressional District(s):**

a. **Applicant:** This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. **Project:** This field is required. Select the congressional district(s) in which the project operates.

**Proposed Project Start and End Dates:** In this required field, indicate the operating start date and end date for the project.

**Estimated Funding:** Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**14. Area(s) affected by the project (State(s) only):** California  
(for multiple selections hold CTRL key)

**15. Descriptive Title of Applicant's Project:** Valley Restart Shelter Rapid Rehousing

**16. Congressional District(s):**

a. **Applicant:** CA-041, CA-042, CA-050, CA-051, CA-036  
(for multiple selections hold CTRL key)

b. **Project:** CA-036  
(for multiple selections hold CTRL key)

**17. Proposed Project**

a. **Start Date:** 07/01/2016

b. **End Date:** 06/30/2017

**18. Estimated Funding (\$)**

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## 1E. Compliance

### Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: [http://www.whitehouse.gov/omb/grants\\_spoc](http://www.whitehouse.gov/omb/grants_spoc)

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.

**If "YES", enter the date this application was made available to the State for review:**

**20. Is the Applicant delinquent on any Federal debt?** No

**If "YES," provide an explanation:**

## 1F. Declaration

### Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2015 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

**Authorized Representative:** The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

**By signing and submitting this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE:

### 21. Authorized Representative

**Prefix:** Ms.

**First Name:** Susan

**Middle Name:**

**Last Name:** von Zabern

**Suffix:**

**Title:** Director

**Telephone Number:** (951) 358-3000  
**(Format: 123-456-7890)**

**Fax Number:** (951) 358-7755  
**(Format: 123-456-7890)**

**Applicant:** Riverside City & County Proj Applicant  
**Project:** Valley Restart Shelter Rapid Rehousing

CA-608  
123672


**Email:** SVONZABE@riversidedpss.org

**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.

**Date Signed:** 11/18/2015



## 2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

**Total Expected Sub-Awards: \$169,265**

Organization	Type	Sub-Award Amount
Valley Restart Shelter	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	\$169,265

## 2A. Project Subrecipients Detail

### Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

**Organization Name:** This field is required. Enter the legal name of the organization that will serve as the subrecipient.

**Organization Type:** This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

**If Other, please specify:** Enter the other type of business organization that best describes the subrecipient.

**Employer or Tax Identification Number:** This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

**Organizational DUNS:** This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at <http://www.dnb.com>.

**Physical Address:** Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

**Congressional District(s):** This field is required. Select the congressional district(s) in which the subrecipient is located.

**Faith Based Organization:** This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

**Prior Federal Grant Recipient:** This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

**Contact person:** Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**a. Organization Name:** Valley Restart Shelter

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

**If "Other" specify:**

**c. Employer or Tax Identification Number:** 33-0374224

	<b>* d. Organizational DUNS:</b>	867800138	PL US 4	
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**e. Physical Address**

**Street 1:** 200 E Menlo Ave.

**Street 2:**

**City:** Hemet

**State:** California

**Zip Code:** 92543

**f. Congressional District(s):** CA-036  
(for multiple selections hold CTRL key)

**g. Is the subrecipient a Faith-Based Organization?** No

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

**i. Expected Sub-Award Amount:** \$169,265

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Susan

**Middle Name:**

**Last Name:** Larkin

**Suffix:**

**Title:** Grants Administrator

**E-mail Address:** valleyrestart.susanl@yahoo.com

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**Confirm E-mail Address:** valleyrestart.susanl@yahoo.com  
**Phone Number:** 951-766-7476  
**Extension:**  
**Fax Number:** 951-925-0566

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

## 2B. Recipient Performance

### Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (\*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

**APR Submission:** Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

**HUD Monitoring Findings:** Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

**Quarterly Drawdowns:** Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

**Recaptured Funds:** Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

### 1. APR Submission

**Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** No

**Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.**

This is a first time renewal and the first operating year will not end until 6/30/2016 so an APR is not yet due.

### 2. HUD Monitoring Findings

**Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?** No

**3. Quarterly Drawdowns**

**Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?** Yes

**4. Recaptured Funds**

**Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** No

## 3A. Project Detail

### Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

**Expiring Grant Number:** This field is pre-populated with the expiring grant number entered on Screen "1A. Application Type."

**CoC Number and Name:** Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC."

**CoC Applicant Name:** Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application

**Project Name:** This is pre-populated from the "Project" Form and cannot be edited.

**Project Status:** The default selection is "Standard," indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2015 CoC Program competition. The selection should only be changed to "Appeal" in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2015 CoC Program Competition NOFA. A full explanation of the process is provided on Screen "9A. Notice of Intent to Appeal."

**Component Type:** This is a required field. Select the component type that identifies the renewal project application type.

**Title V:** This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. Expiring Grant Number:** CA1368L9D081400

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

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

**2b. CoC Collaborative Applicant Name:** County of Riverside

**3. Project Name:** Valley Restart Shelter Rapid Rehousing

**4. Project Status:** Standard

**5. Component Type:** PH

**6. Does this project use one or more properties that have been conveyed through the Title V process?** No



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## 3B. Project Description

**Instructions:**

#### ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project participate in a CoC Coordinated Entry Process: This is a required field. Select "Yes" if the project is currently participating in a coordinated entry process. If a coordinated entry process does not exist in the CoC or if the project does not participate, select "No" and the following question will be visible:

- Please explain why your project does not participate in a CoC Coordinated Entry Process as required by 24 CFR part 578

Does your project have a specific population focus: This is a required field. Select "Yes" if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If "Yes" is selected, select the relevant checkbox(s) to identify the project's population focus.

#### PH, TH and SSO PROJECTS ONLY

Does the project follow a "Housing First" approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select "none of the above" if the project does not follow a housing first approach.

- Does the project quickly move participants into permanent housing?: This is a required field. The applicant must select "Yes" or "No" from the dropdown.

- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.

- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.

- Does the project follow a "Housing First" approach? This is auto-scored based upon the responses to the questions above and "Yes" or "No" will indicate if the project is using the Housing First approach to house program participants.

#### PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select "PSH" if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select "RRH" if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

#### PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select "Yes" from the dropdown menu. If not requesting rental assistance in this project application, select "No".

#### RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or former SHP project that had been approved by HUD to revise the renewal project budget from leasing to rental assistance? (This change must have been listed on the final HUD-approved FY 2015 GIW. See 24 CFR 578.49(b)(8)): This is a required field. "Yes" should only be selected HUD approved a change from leasing to rental assistance during the FY 2015 GIW process.

Additional Resources can be found at the HUD Resource Exchange:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. Provide a description that addresses the entire scope of the proposed project.**

Valley Restart Shelter (VRS) has been providing services to the homeless and needy in our area since 1989 and has been a part of the CoC since its inception. Currently VRS holds a seat on the Board, is secretary of the CoC main body and is on the planning committee. VRS is also participating in the creation of the CoC's coordinated entry system. In addition VRS holds a seat on the Emergency Food and Shelter Program (EFSP) Local Board.

VRS is seeking a renewal of their Rapid Re-Housing grant, which is in its first year of operation. In FY 14-15 VRS's data shows that 62 % of persons in shelter locally were families and 61% of persons were experiencing homelessness for the first time. Rapid Re-Housing is a viable solution for many of those families. VRS requires the continued support of the CoC and HUD to house these families because the grant provides necessary additional funding and a level of assurance to landlords that support will be available to families in housing.

VRS rapid rehousing provides 8 units of short to medium term Rapid-Rehousing in a tenant based, scattered site model to families with children who are literally homeless, prioritizing families utilizing the F-VI-SPDAT to assess vulnerability and risks as well as the appropriateness of RRH as an intervention. VRS does everything possible to reduce barriers to the program. Ensuring that persons without adequate income, with issues such as substance abuse or criminal history, are screened "in" to eligibility for the program instead of being screened out.

The goal is to house a family within 30 days of their approval. The program assists with move-in costs and rent, but more than financial assistance the program provides continuous and essential case management to support and guide the families into self-sufficiency. During the period of rental assistance families work directly with their case manager to address issues and barriers such as: completing requirements to close out their CPS case, employment, legal issues, mainstream benefit assistance and identifying and accessing other available income. Case managers provide transportation to ensure they are able to get to medical and other essential appointments as well as ensuring children are enrolled in school and have access to the educational resources they may need. Other referral services include access to AA/NA, parenting and domestic violence classes, counseling and mental health. VRS also has written agreements with the landlord to ensure that VRS can assist if any housing issues come up which may jeopardize the participants' housing. Landlords agree to notify and work with staff to resolve issues proactively. Partners in our effort include Riverside County Child Protective Services and Riverside County Mental Health as well as other community service partners and local businesses.

VRS goals include 80% of families exiting to permanent housing destinations and 75% increasing total income from all sources.

**2. Does your project participate in a CoC Coordinated Entry Process?** Yes

**3. Does your project have a specific population focus?** Yes

**3a. Please identify the specific population focus. (Select ALL that apply)**

Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

**Other:**

**4. Housing First**

**a. Does the project quickly move participants into permanent housing?** Yes

**b. Does the project ensure that participants are not screened out based on the following items? Select all that apply. By checking all of the first four boxes, this project will be considered low barrier.**

Having too little or no income	<input checked="" type="checkbox"/>
Active or history of substance abuse	<input type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

**c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.**

Failure to participate in supportive services	<input type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Being a victim of domestic violence	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found in the project's geographic area.	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

**d. Does the project follow a "Housing First" approach?** No

**5. Does the PH project provide PSH or RRH?** RRH

**5a. Does the project request costs under the rental assistance budget line item?** Yes

**5b. Is this a CoC Program leasing or former SHP project that had been approved by HUD to revise the renewal project budget from leasing to rental assistance?** No

**(This change must have been listed on the final HUD-approved GIW. See 24 CFR 578.49(b)(8))**

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## 4A. Supportive Services for Participants

**Instructions:**

Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families: This is a required field. Select "Yes," "No," or "N/A" to indicate whether the project policies provide for educational and related services to individuals and families experiencing homelessness, and if the policies are consistent with local and federal educational laws, including the McKinney-Vento Act. Only projects that do not serve families with children or unaccompanied youth should select "N/A." If "No" is selected, the project applicant will be required to answer an additional question.

Does the proposed project have a designated staff person to ensure that children are enrolled in school and receive educational services, as appropriate: This is a required field. Select "Yes," "No," or "N/A" to indicate whether the project has a designated staff person responsible for ensuring that children and youth 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. Only projects that do not serve families with children or unaccompanied youth should select "N/A." If "No" is selected, the project applicant will be required to answer an additional question.

Describe the manner in which the project applicant will take into account the educational needs of children when children and/or families are placed in housing: This is a required field if a response of "No" is given for either one of the two preceding questions. Use this space to explain how the project will plan to meet the educational needs of children and youth participants according to the requirements specified under section 426.B.4 of the McKinney-Vento Act as amended by HEARTH.

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: "Applicant" to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; "Partner" to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, "Non-Partner" to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as "—select—" when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select "Yes" or "No" from the dropdown menu.

- Use of a single application form for four or more mainstream programs? Select "Yes" or "No" from the dropdown menu.

- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select "Yes" or "No" from the dropdown menu.

- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select "Yes" or "No" from the dropdown menu. If "Yes" is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select "Yes" or "No" from the dropdown menu.

Additional Resources can be found at the HUD Resource Exchange:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families?** Yes

**1b. Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate?** Yes

**2. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.**

Click 'Save' to update.

Supportive Services	Provider	Frequency
Assessment of Service Needs	Subrecipient	Weekly
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	Weekly
Child Care	Non-Partner	As needed
Education Services	Subrecipient	As needed
Employment Assistance and Job Training	Subrecipient	As needed
Food	Subrecipient	Daily
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Non-Partner	As needed
Mental Health Services	Partner	As needed
Outpatient Health Services	Non-Partner	As needed
Outreach Services	Subrecipient	Daily
Substance Abuse Treatment Services	Non-Partner	Daily
Transportation	Subrecipient	As needed
Utility Deposits	Subrecipient	As needed

**3. Please identify whether the project includes the following activities:**

**3a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?** Yes





**3b. Use of a single application form for four or more mainstream programs?** Yes

**3c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?** Yes

**4. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?** Yes

**4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.** Yes

## 4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

**Total Units:** 8

**Total Beds:** 20

Housing Type	Units	Beds	Dedicated CH Beds	Non-Dedicated CH Beds
Scattered-site apartments (...)	8	20		20

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## 4B. Housing Type and Location Detail

**Instructions:**

**ALL PROJECTS EXCEPT HMIS**

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

**Housing Type:** This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

**PH-PSH PROJECTS ONLY**

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field. Enter the total number of beds that are not dedicated to the chronically homeless. If none of the beds are not dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2015 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

How many of the beds listed in question "2c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

**ALL PROJECTS EXCEPT HMIS**

**Address:** This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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**1. Housing Type: Scattered-site apartments (including efficiencies)**