

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	As needed
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	Bi-weekly
Child Care	Partner	Weekly
Education Services	Partner	Daily
Employment Assistance and Job Training	Partner	As needed
Food	Subrecipient	As needed
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Partner	As needed
Life Skills Training	Subrecipient	As needed
Mental Health Services	Partner	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Subrecipient	As needed
Substance Abuse Treatment Services	Partner	As needed
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: 13

Total Beds: 38

Housing Type	Units	Beds	Dedicated CH Beds	Non-Dedicated CH Beds
Scattered-site apartments (...)	13	38		38

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.

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

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

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 13

b. Beds: 38

3. Address

Street 1: 6216 Brockton Ave.

Street 2:

City: Riverside

State: California

ZIP Code: 92506

**4. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

069065 Riverside County

5A. Project Participants - Households

Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the "Total Number..." and "Total Persons" rows will automatically calculate when the "Save" button is clicked.

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	13	0	0	13
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
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Adults over age 24	17	0		17
Adults ages 18-24	2	0		2
Accompanied Children under age 18	19		0	19
Unaccompanied Children under age 18			0	0
Total Persons	38	0	0	38

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen "5A. Project Participants – Households" has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the "Total Persons" rows will calculate automatically when the "Save" button is clicked. Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column "Persons not represented by listed subpopulations." Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										17
Adults ages 18-24										2
Children under age 18										19
Total Persons	0	0	0	0	0	0	0	0	0	38

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24										
Adults ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

Describe the unlisted subpopulations referred to above:

POLM will be serving homeless families with children and rapidly rehouse them.

5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the "Save" button is clicked. A warning message will appear if the total is greater than 100%.

If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements.

AND/OR

If "Persons at imminent risk..." is greater than 0 percent, identify the project as either an SSO or TH project and verify that persons served will be within 14 days of losing their housing and becoming literally homeless: This field is required if the total percentage calculated above is less than 100 percent or if a number greater than 0 was entered in the "Persons at imminent risk of losing their nighttime residence" field. If both apply, the project applicant must provide a response to both questions in this field.

If the total percentage calculated above is less than 100 percent, explain where the unaccounted for participants will come from. All participants served in CoC Program funded projects must meet eligibility criteria set forth in the CoC Program interim rule and the FY 2015 CoC Program NOFA.

If the field for "Persons at imminent risk of losing their nighttime residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing" contains a percentage greater than 0, the project applicant must indicate how these persons meet the eligibility criteria for the project component being requested (may only be TH or SSO).

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	Directly from the street or other locations not meant for human habitation.
50%	Directly from emergency shelters.
0%	Directly from safe havens.

50%	Directly from the street or other locations not meant for human habitation.
0%	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.
0%	Persons fleeing domestic violence.
100%	Total of above percentages

2. If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements

6A. Standard Performance Measures

Instructions:

ALL PROJECTS EXCEPT HMIS

Housing Measures: This is a required field. Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year: If permanent housing, count each participant who is still living in your units supported by your facility in addition to clients who have exited your units/project and moved into another permanent housing situation. If transitional housing or a safe haven, only count persons who have exited your units/project and moved into a permanent housing situation.

Income Measure: This is a required field where at least one option must be chosen by the project applicant.

a. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Total income can include all sources, public and private.

b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Earned income should only include income from wages and private investments, and not public benefits.

For each measure, enter a number in the blank cells according to the following instructions:

Universe (#): Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.

Target (#): Enter the number of applicable clients from the universe that are expected to achieve the measure within the operating year. The Target is the total number of persons from the pool that are affected.

Target (%): This field will be calculated automatically when all required fields are entered and saved. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be "80%."

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

**1. Specify the universe and target for the housing measure.
 Click 'Save' to calculate the target percent (%).**

Housing Measure	Target (#)	Universe (#)	Target (%)
1a. RRH: Persons exiting to permanent housing destinations (per data element 3.12 of the 2014 HMIS Data Standards) during the operating year.	32	38	84%
OR			
1b. RRH: Persons who were placed in permanent housing within 30 days of entry into project.			0%

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

Income Measure	Target (#)	Universe (#)	Target (%)
2a. Adults who increased their total income (from all sources) as of the end of the operating year or project exit.	15	19	78.95%
OR			
2b. Adults who increased their earned income as of the end of the operating year or project exit.			0%

6B. Additional Performance Measures

Instructions:

ALL PROJECTS EXCEPT HMIS; MANDATORY FOR SSO COORDINATED ENTRY

For each additional measure, fill in the blank cells according to the following instructions:

Performance Measure: Provide a name for the additional performance measure. This name will populate the list on the parent additional performance measures form.

Universe (#): Enter the total number of persons/units/items about whom/which the measure is expected to be reported. The Universe is the total pool of persons/units/items that could be affected.

Target (#): Enter the number of applicable persons/units/items from the universe who/that are expected to achieve the measure within the operating year. The Target is the total number of persons/units/items from the pool that are affected.

Target (%): This field will be calculated automatically when all required fields are entered and saved. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be "80%."

Data Source: (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results: This is a required field. Use the text box provided to provide as much detail concerning the data systems and methods as possible.

Specific data elements and formula proposed for calculating results: This is a required field. Use the text field provided and be specific.

Rationale for why the proposed measure is an appropriate indicator of performance for this program: This is a required field. Use the text field provided to describe the appropriateness of the measure given the nature of the program.

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

Proposed Measure
This list contains no items

7A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select "Yes" or "No" to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select "Yes" or "No" to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC's Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select 'Yes' or 'No' to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2015 NOFA and contact your local HUD office. The following questions become visible if "Yes" is selected:

- Please complete the indirect cost rate schedule below: Must complete at least one row.
 - Has this rate been approved by your cognizant agency?: Select "Yes" or "No" from the dropdown menu.
 - Do you plan to use the 10% de minimis rate? Select "Yes" or "No" from the dropdown menu.
- Select a grant term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen "3A Project Detail." The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC's final HUD-approved FY 2015 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen "3A. Project Detail" to review the "Component Type" and/or "3B. Project Description" to review the type of project selected. See the FY 2015 CoC Program NOFA for additional guidance.

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

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

4. Does this project propose to allocate funds according to an indirect cost rate? No

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:

Leased Units	<input type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operations	<input type="checkbox"/>
HMIS	<input checked="" type="checkbox"/>

7D. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Request for Grant Term:		\$245,580	
Total Units:		13	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	CA - Riverside-San Bernardino-Ontario...	13	\$245,580

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2015 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents: In the FY 2015 CoC Program Competition, eligible renewal projects requesting rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR). If the project applicant wants to request less than the FMR, select "Yes" from the dropdown for this question. The project applicant will then have the ability to enter an amount in the "HUD Paid Rent (applicant)" field that is less than the amount listed in the "FMR Area (applicant)" field. The following question is visible when PRA is selected:

Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA? This request is only available for PH PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.

Size of units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested. The number(s) listed should match the CoC's HUD-approved FY 2015 GIW.

FMR: These fields are populated with the FY 2015 FMRs based on the FMR area selected by the project applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

HUD Paid Rent: For each unit size, enter the rent to be paid by the CoC program grant. This rent cannot exceed the FMR amount in the previous column; however, project applicants may request less than the FMR. Once funds are awarded recipients must document compliance with the rent reasonableness requirement set forth in section 578.51(g) of the CoC Program interim rule. (If the applicants select "No" above, this column will not be available for edit)

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding "HUD Paid Rent" and by 12 months. If the applicant selected "No" above, the automatic calculation will be based on the FMR and not the "HUD Paid Rent."

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated with the value "1 Year" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

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

Type of Rental Assistance: TRA

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

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$591	\$591	x	12	=	\$0
0 Bedroom		x	\$788	\$788	x	12	=	\$0
1 Bedroom		x	\$908	\$908	x	12	=	\$0
2 Bedrooms	3	x	\$1,153	\$1,153	x	12	=	\$41,508
3 Bedrooms	8	x	\$1,629	\$1,629	x	12	=	\$156,384
4 Bedrooms	2	x	\$1,987	\$1,987	x	12	=	\$47,688
5 Bedrooms		x	\$2,285	\$2,285	x	12	=	\$0
6 Bedrooms		x	\$2,583	\$2,583	x	12	=	\$0
7 Bedrooms		x	\$2,881	\$2,881	x	12	=	\$0
8 Bedrooms		x	\$3,179	\$3,179	x	12	=	\$0
9 Bedrooms		x	\$3,477	\$3,477	x	12	=	\$0
Total Units and Annual Assistance Requested	13							\$245,580
Grant Term								1 Year
Total Request for Grant Term								\$245,580

Click the 'Save' button to automatically calculate totals.

7E. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. Enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants. The request should match the budget amounts identified on the CoC's HUD-approved FY 2015 GIW.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated with the value "1 Year" and will be read only.

Total Request for Grant Term: This field is automatically calculated based total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

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

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs	13 families x \$300 per move	\$3,900
3. Case Management	1 FTE Navigator x \$16/hr x 20809	\$39,270
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	\$150 x 13 families to start household as needed	\$1,950
8. Housing/Counseling Services	0.2 FTE Housing Director x \$22/hr x 2080 + 18% Fringe: sources & secures housng & all housing related services for clinet. Retnal applications: 13 x \$50.	\$11,459
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		

13. Outreach Services	1 cell phe: \$120 for phoe, 12 mos x \$60 for service	\$840
14. Substance Abuse Treatment Services		
15. Transportation	Buss passes: 13 x \$50/monthly pass. Mileage: 100/miles/wk x 52/wks x \$0.56 mileage allowance.	\$3,572
16. Utility Deposits	13 families x \$350/utility deposits	\$4,550
17. Operating Costs		
Total Annual Assistance Requested		\$65,541
Grant Term		1 Year
Total Request for Grant Term		\$65,541

Click the 'Save' button to automatically calculate totals.

7G. HMIS Budget

Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

Quantity Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g. .75 FTE hours and benefits for staff) for each HMIS cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. Enter the amount funds requested for each activity. The request should match the budget amounts identified on the CoC's HUD-approved FY 2015 GIW.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant term: This field is populated based on the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

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

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment		
2. Software		
3. Services		
4. Personnel	.10 FTE for data entry, reporting, tracking x \$24/hr x 2080 + 1.18 Fringe	\$5,735
5. Space & Operations		
Total Annual Assistance Requested		\$5,735
Grant Term		1 Year
Total Request for Grant Term		\$5,735

Click the 'Save' button to automatically calculate totals.

7H. Sources of Match/Leverage

The following list summarizes the funds that will be used as Match or Leverage for the project. To add a Matching/Leverage source to the list, select the icon. To view or update a Matching/Leverage source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	\$126,000
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$126,000

Summary for Leverage

Total Value of Cash Commitments:					\$313,631
Total Value of In-Kind Commitments:					\$211,208
Total Value of All Commitments:					\$524,839
Match/ Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments
Match	Cash	Government	City of Riverside...	07/01/2015	\$40,000
Match	Cash	Private	San Manuel Band O...	07/09/2015	\$41,000
Match	Cash	Private	Riverside Communi...	06/16/2015	\$35,000
Match	Cash	Private	Gar Laboratories Inc	09/15/2015	\$10,000
Leverage	Cash	Government	First 5 Riverside...	07/01/2015	\$249,956
Leverage	Cash	Government	Riverside County ...	05/21/2015	\$20,000
Leverage	Cash	Government	Riverside County ...	07/01/2015	\$43,675
Leverage	In-Kind	Private	The Grove Communi...	09/09/2015	\$10,000
Leverage	In-Kind	Private	E.T. O'Farrell Co...	09/11/2015	\$33,222
Leverage	In-Kind	Government	Riverside County ...	10/13/2015	\$25,000
Leverage	In-Kind	Private	OctoClean Franchi...	10/05/2015	\$27,986
Leverage	In-Kind	Private	Health to Hope Cl...	10/12/2015	\$16,000

Applicant: Riverside City & County Proj Applicant
Project: Path of Life Rapid Rehousing

CA-608
123668

Leverage	In-Kind	Government	Riverside Univers...	10/16/2015	\$99,000
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Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage screen will populate the Screen "71. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match or Leverage? Match
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: City of Riverside Housing Authority RRH
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 07/01/2015
6. Value of Written Commitment: \$40,000

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage screen will populate the Screen "71. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match or Leverage? Match
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: San Manuel Band of Mission Indians
(Be as specific as possible and include the office or grant program as applicable) Employment Pipeline
5. Date of Written Commitment: 07/09/2015
6. Value of Written Commitment: \$41,000

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage screen will populate the Screen "71. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match or Leverage? Match
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: Riverside Community Health Foundation Mobile
(Be as specific as possible and include the office or grant program as applicable) Mental Health
5. Date of Written Commitment: 06/16/2015
6. Value of Written Commitment: \$35,000

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage screen will populate the Screen "71. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match or Leverage? Match
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: Gar Laboratories Inc
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 09/15/2015
6. Value of Written Commitment: \$10,000

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage screen will populate the Screen "71. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match or Leverage? Leverage
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: First 5 Riverside Child Care
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 07/01/2015
6. Value of Written Commitment: \$249,956

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage screen will populate the Screen "71. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match or Leverage? Leverage
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: Riverside County Community Recidivism Reduction
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 05/21/2015
6. Value of Written Commitment: \$20,000

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage screen will populate the Screen "71. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match or Leverage? Leverage
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: Riverside County Public Safety Realignment
(Be as specific as possible and include the office or grant program as applicable) Emergency and Transitional Housing
5. Date of Written Commitment: 07/01/2015
6. Value of Written Commitment: \$43,675

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage screen will populate the Screen "71. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match or Leverage? Leverage
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: The Grove Community Church Counseling
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 09/09/2015
6. Value of Written Commitment: \$10,000

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage screen will populate the Screen "71. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

- | | |
|---|--|
| 1. Will this commitment be used towards Match or Leverage? | Leverage |
| 2. Type of Commitment: | In-Kind |
| 3. Type of Source: | Private |
| 4. Name the Source of the Commitment:
(Be as specific as possible and include the office or grant program as applicable) | E.T. O'Farrell Copywrite, Landlord Negotiation,
and Lease Review Retired Real Estate Atty |
| 5. Date of Written Commitment: | 09/11/2015 |
| 6. Value of Written Commitment: | \$33,222 |

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage screen will populate the Screen "71. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match or Leverage? Leverage
2. Type of Commitment: In-Kind
3. Type of Source: Government
4. Name the Source of the Commitment: Riverside County Workforce Development Board
(Be as specific as possible and include the office or grant program as applicable) Employment Services
5. Date of Written Commitment: 10/13/2015
6. Value of Written Commitment: \$25,000

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage screen will populate the Screen "71. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

- 1. Will this commitment be used towards Match or Leverage?** Leverage
- 2. Type of Commitment:** In-Kind
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** OctoClean Franchising Systems Inc Training and
(Be as specific as possible and include the office or grant program as applicable) Development
- 5. Date of Written Commitment:** 10/05/2015
- 6. Value of Written Commitment:** \$27,986

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage screen will populate the Screen "71. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match or Leverage? Leverage
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Health to Hope Clinics Healthcare Services
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 10/12/2015
6. Value of Written Commitment: \$16,000

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage screen will populate the Screen "71. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match or Leverage? Leverage
2. Type of Commitment: In-Kind
3. Type of Source: Government
4. Name the Source of the Commitment: Riverside University Health System-Behavioral Health
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 10/16/2015
6. Value of Written Commitment: \$99,000

7I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field "8. Admin (Up to 10%)."

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC's HUD-approved FY 2015 GIW. HUD will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is this is the total amount of funding the project applicant will request in the FY 2015 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen "7H. Sources of Match/Leverage" to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen "7H. Sources of Match/Leverage" to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen "7H. Sources of Match/Leverage" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$245,580
Renewal Project Application FY2015	Page 65
11/10/2015	

3. Supportive Services	\$65,541
4. Operating	\$0
5. HMIS	\$5,735
6. Sub-total Costs Requested	\$316,856
7. Admin (Up to 10%)	\$21,685
8. Total Assistance plus Admin Requested	\$338,541
9. Cash Match	\$126,000
10. In-Kind Match	\$0
11. Total Match	\$126,000
12. Total Budget	\$464,541

8A. Attachment(s)

Instructions:

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

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 8A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Nonprofit documen...	10/06/2015
2) Other Attachment	No	HUD 50070	10/12/2015
3) Other Attachment	No	POL RRH Match/Lev...	11/02/2015

Attachment Details

Document Description: Nonprofit documentation

Attachment Details

Document Description: HUD 50070

Attachment Details

Document Description: POL RRH Match/Leverage Documents

8B. 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.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 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.

C. Explanation.

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: 11/10/2015

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).

X

9B Submission Summary

Page	Last Updated
1A. Application Type	10/05/2015
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	10/05/2015
1E. Compliance	10/05/2015
1F. Declaration	10/05/2015
2A. Subrecipients	10/14/2015
2B. Recipient Performance	10/19/2015
3A. Project Detail	10/05/2015
3B. Description	10/18/2015
4A. Services	10/09/2015
4B. Housing Type	10/09/2015
5A. Households	10/06/2015
5B. Subpopulations	10/06/2015
5C. Outreach	10/06/2015
6A. Standard	10/06/2015
6B. Additional Performance Measures	No Input Required
7A. Funding Request	10/19/2015
7D. Rental Assistance	10/09/2015
7E. Supp. Svcs. Budget	10/09/2015
7G. HMIS Budget	10/18/2015
7H. Match/Leverage	10/27/2015
7I. Summary Budget	No Input Required
8A. Attachment(s)	11/02/2015
8B. Certification	11/10/2015

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.

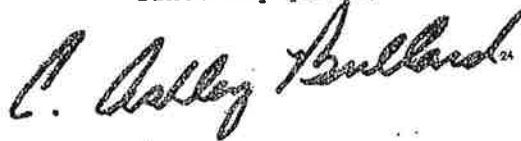
You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal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

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;

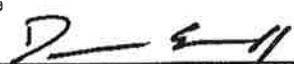
g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

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)

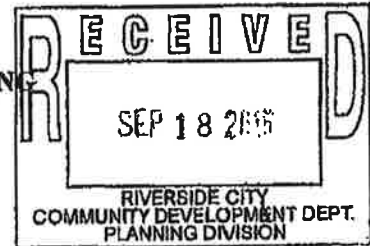
Name of Authorized Official Damien O'Farrell	Title CEO
Signature X 	Date October 12, 2015

Path of Life Ministries
Rapid Rehousing
MATCH Documents

RRA - Make

**RAPID RE-HOUSING AND SUPPORTIVE HOUSING
PROGRAMS AGREEMENT**

PATH OF LIFE MINISTRIES



THIS RAPID RE-HOUSING AND SUPPORTIVE HOUSING PROGRAMS AGREEMENT is made and entered into this _____ day of _____, 2015 ("Effective Date"), by and between the HOUSING AUTHORITY OF THE CITY OF RIVERSIDE, a public entity, corporate and politic, hereinafter referred to as "Authority", and the PATH OF LIFE MINISTRIES, a California non-profit corporation, hereinafter referred to as "PLM".

RECITALS

A. WHEREAS, Path of Life Ministries is implementing a Housing First Model through the support of its HUD Rapid Re-Housing and Supportive Housing Programs ("Programs"); and

B. WHEREAS, City desires to have PLM perform the services required to implement the Programs as set forth in specific detail on the attached Exhibit "A" entitled "Scope of Services".

NOW, THEREFORE, the parties hereto agree as follows:

1. **Scope of Services.** The Authority will contract with PLM to implement the Programs as set forth in the Scope of Services, attached hereto as Exhibit "A" and incorporated herein by this reference.

2. **Notices.** Any notices required to be given, hereunder shall be in writing and shall be personally served or given by mail. Any notice given by mail shall be deemed given when deposited in the United States Mail, certified and postage prepaid, addressed to the party to be served as follows:

To Authority
Housing Authority of the
City of Riverside
Community & Economic
Development Department
Attn: Michelle Davis
3900 Main Street, 3rd Floor
Riverside, CA. 92522

To PLM
Path of Life Ministries
Attn: Janice Rooths
P.O. Box 1445
Riverside, CA. 92502

3. **Worker's Compensation.** By executing this Agreement, PLM certifies that PLM is aware of and will comply with Section 3700 of the Labor Code of the State of California

requiring every employer to be insured against liability for workers' compensation, or to undertake self-insurance before commencing any of the work. PLM shall carry the insurance or provide for self-insurance required by California law to protect PLM from claims under the Workers' Compensation Act. Prior to Authority's execution of this Agreement, PLM shall file with Authority either (1) a certificate of insurance showing that such insurance is in effect, or that PLM is self-insured for such coverage, or (2) a certified statement that PLM has no employees, and acknowledging that if PLM does employ any person, the necessary certificate of insurance will immediately be filed with Authority. Any certificate filed with Authority shall provide that Authority will be given ten (10) days prior written notice before modification or cancellation thereof.

4. **Insurance.** Prior to Authority's execution of this Agreement, PLM shall obtain, and shall thereafter maintain during the term of this Agreement, commercial general liability insurance as required to insure PLM against damages for personal injury, including accidental death, as well as from claims for property damage which may arise from or which may concern operations by PLM, or by anyone directly or indirectly employed by, connected with, or acting for or on behalf of PLM.

All liability insurance shall be issued by insurance companies authorized to transact liability insurance business in the State of California, with a policy holder's rating of A or higher, and a Financial Class of VII or larger.

PLM's commercial general liability policy shall cover both bodily injury (including death) and property damage (including but not limited to premises-operations liability, products-completed operations liability, independent contractors liability, personal injury liability, and contractual liability), in an amount not less than \$1,000,000 per-occurrence limit/\$2,000,000 aggregate.

This minimum amount of coverage shall not constitute any limitation or cap on PLM's indemnification obligations stated in this section.

Prior to Authority's execution of this Agreement, insurance policies or original certificates and additional insured endorsements evidencing the coverage required by this Agreement, for commercial general liability, shall be filed with Authority and shall include Authority and the City of Riverside, its officers and employees as additional insureds. Said policies shall be in the usual form of commercial general liability insurance, but shall include the following provisions:

"Solely with respect to work done by and on behalf of the named insured for the Housing Authority of the City of Riverside and the City of Riverside, it is agreed that the Housing Authority and City and its officers and employees are added as additional insureds under this policy."

The policy shall not be cancelled unless thirty (30) days' prior written notification of intended cancellation has been given to Authority by certified or registered mail.

The Authority and City, its agents and employees make no representation that the limits of the insurance specified to be carried by PLM pursuant to this Agreement are adequate to protect PLM. If PLM believes that any required insurance coverage is inadequate, PLM will obtain such additional insurance coverage as PLM deems adequate, as PLM's sole expense.

The insurance requirements stated in this section may be satisfied by PLM by providing proof of self-insurance acceptable to the Authority.

5. **PLM Indemnification.** PLM agrees to indemnify, defend and hold harmless the Authority and the City, and their authorized agents, officers, and employees against any and all claims or actions arising from PLM's willful misconduct, negligent acts or omissions connected with the performance of work under this Agreement by PLM and for any costs or expenses incurred by PLM or Authority on account of any claim therefore.

6. **Authority Indemnification.** The Authority and City agrees to indemnify, defend and hold harmless PLM and their authorized agents, officers, and employees against any and all claims arising from the Authority's/City's willful misconduct, negligent acts or omissions connected with the performance of work under this Agreement by City/Authority and for any costs or expenses incurred by PLM on account of any claim therefore.

7. **Documentation.** PLM agrees to provide Authority with all the documentation required upon Authority's request. Authority agrees to provide PLM with all documentation required to fulfill their obligations under this agreement.

8. **Accounting Records.** PLM shall maintain complete and accurate records with respect to costs incurred under this Agreement. All such records shall be clearly identifiable. Consultant shall allow a representative of Authority during normal business hours to examine, audit, and make transcripts or copies of such records and any other documents created pursuant to this Agreement. PLM shall allow inspection of all work, data, documents, proceedings, and activities related to the Agreement for a period of three (3) years from the date of final payment under this Agreement.

9. **Term.** All terms and conditions in this Agreement shall commence on July 1, 2015, and shall terminate when all Programs funds have been expended, or no later than June 30, 2016.

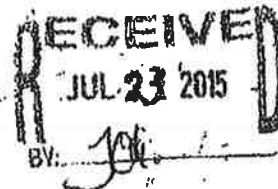
10. **Termination.** In the event PLM fails to provide services as set forth in this Agreement and its attached documents, the Authority may, upon thirty (30) days written notice to PLM, terminate this Agreement.

11. **Compensation.** The Authority agrees to compensate PLM for the activities identified in the Operations Budget, attached here to as Exhibit "B", in an amount not exceed the amount of One Hundred Ten Thousand Dollars (\$110,000). Said payment shall be made in accordance with the City of Riverside's usual accounting procedures upon receipt and approval of an itemized invoice setting forth the services performed. The invoices shall be delivered to the Authority at the address set forth in Section 2.

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

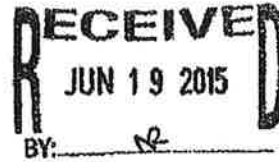
The Tribe's donation is made only for the specific charitable purposes requested by you in your proposal to us and as described in this letter. The Grant may not be used for any other purpose without prior written approval from the Tribe.

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;



June 16, 2015

Damien O'Farrell, Chief Executive Officer
Path of Life Ministries, Inc.
P.O. Box 1445
Riverside, CA 92502

Grant # 2015-13

Dear Mr. O'Farrell,

I am pleased to inform you that on June 1, 2015, Riverside Community Health Foundation's Board of Directors approved an outpatient grant in the amount of \$100,000 to provide funding for Path of Life Ministries' provision of mobile behavioral health care to individuals, families, and children throughout POLM homeless shelters and housing programs. It is our understanding the funds will be used for residents from the following Riverside zip codes: 92501 - 92509, 92518, 92521, 92522, and 91752.

In order for the grant award check to be released, the following documents must be completed, signed, and returned to our office by mail immediately:

- *Revised Program Budget*
- *Grant Contract (two original documents)*

Revised Program Budget

Because the \$100,000 awarded is less than your requested amount, we ask that you submit a revised budget. Please refer to the enclosed *Revised Program Budget*; the electronic version of this form will be emailed to you. In the "Total Awarded by RCHF" column of this form, enter the adjusted line item amounts such that the Grand Total of this column equals \$100,000. Please note the following: (1) Total Indirect Costs cannot exceed 15% of the combined total of Personnel and Operating Expenses; and (2) Cells in the "Total Projected Budget" and "Total Requested from RCHF" columns are locked.

If you have any questions about the Revised Program Budget, please contact Desirée Santos-Kho at desiree@rchf.org.

4445-A Magnolia Avenue
Riverside, CA 92501
T 951.788.3471
F 951.788.3589
www.rchf.org

Grant Contract

Enclosed you will find two (2) sets of the grant contract. Please sign both sets in blue ink and return them to our office. We will return a signed copy to you for your records.

Award Check

Following our receipt of the signed contract, you will receive a grant award check in the amount of \$100,000, accompanied by a form titled the *Recipient's Acknowledgement of Receipt of Grant*. Please sign the form and return it to our office within 30 days of receiving the check.

Report (s)

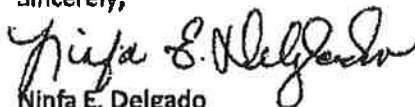
In order to learn about your program's accomplishments, changes, and challenges, Riverside Community Health Foundation will be requesting a Progress Report on January 29, 2016 (report period of July 1, 2015 – December 31, 2015) and a Final Report on July 29, 2016 (report period of January 1, 2016 – June 30, 2016).

Copies of these report forms have been provided for your convenience; electronic versions of the forms are available on our website at www.rchf.org. Please submit all reports by mail to:

Ninfa Delgado, Vice President/COO
Riverside Community Health Foundation
4445-A Magnolia Ave.
Riverside, CA 92501

Riverside Community Health Foundation wishes you continued success in providing this valuable service to our community. If you have any questions, please feel free to call Desirée Santos-Kho at (951) 788-3471.

Sincerely,



Ninfa E. Delgado
Vice President/COO

Enclosures

Cc: Janice Rooths, VP Finance and Administration

**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

Path of Life Ministries
Rapid Rehousing
LEVERAGE Documents

RRH Leverage

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

¹Actual 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-2-11

By: _____
Tammi Graham, Executive Director

Date: 10/14/15

Attest:
By: _____
Lynn M. Stephens, Commission Secretary

Date: _____

PROFESSIONAL SERVICE AGREEMENT

for

Community Recidivism Reduction Grant Program

between

COUNTY OF RIVERSIDE

and

Path of Life Ministries



This Agreement, made and entered into this ____ day of ____, 2015, by and between Path of Life Ministries, (herein referred to as "CONTRACTOR"), and the COUNTY OF RIVERSIDE, a political subdivision of the State of California, (herein referred to as "COUNTY"). The parties agree as follows:

1. Description of Services

1.1 CONTRACTOR shall provide all services as outlined and specified in Exhibit A, Scope of Services, consisting of two pages at the prices stated in Exhibit B, Budget, consisting of three pages, to the Agreement.

1.2 CONTRACTOR represents that it has the skills, experience, and knowledge necessary to perform under this Agreement and the COUNTY relies upon this representation. CONTRACTOR shall perform to the satisfaction of the COUNTY and in conformance to and consistent with the highest standards of firms/professionals in the same discipline in the State of California.

1.3 CONTRACTOR affirms this it is fully apprised of all of the work to be performed under this Agreement; and the CONTRACTOR agrees it can properly perform this work at the prices stated in Exhibit B. CONTRACTOR is not to perform services or provide products outside of the Agreement.

1.4 Acceptance by the COUNTY of the CONTRACTOR's performance under this Agreement does not operate as a release of CONTRACTOR's responsibility for full compliance with the terms of this Agreement.

2. Period of Performance

2.1 This Agreement shall be effective upon signature of this Agreement by both parties and continues in effect through 06/30/2018, unless terminated earlier. CONTRACTOR shall commence performance upon signature of this Agreement by both parties and shall diligently and continuously perform thereafter. The Riverside County Board of Supervisors is the only authority that may obligate the County for a non-cancelable multi-year agreement.

3. Compensation

3.1 The COUNTY shall pay the CONTRACTOR for services performed, products provided and expenses incurred in accordance with the terms of Exhibit B, Payment Provisions. Maximum payments by COUNTY to CONTRACTOR shall not exceed fifty thousand dollars (\$50,000) including all expenses. The COUNTY is not responsible for any fees or costs incurred above or beyond the contracted amount and shall have no obligation to purchase any specified amount of services or products. Unless otherwise specifically stated in Exhibit B, COUNTY shall not be responsible for payment of any of CONTRACTOR's expenses related to this Agreement.

**EXHIBIT B
BUDGET**

1. Path of Life Ministries (POLM) has 10-years of housing and supportive services to the many sub-populations of homelessness. Probation and Parolee clients are part of the sub-population mix of those service shelters in Riverside. The POLM has been a 501c3 nonprofit since 1998 and provides shelter housing for 1,400 a year. Two shelters offer 179-beds for families, single adults and couples without children. The shelter locations are:

Community Shelter
2840 Hulen Place
Riverside, CA 92507

Family Shelter
2830 Third Street
Riverside, CA 92507

2. Path of Life Ministries provides the following support and referral services through their housing and supportive services program.
 - a) Self-help groups such as behavioral health are offered at the shelters by Licensed Clinical Social Worker, Marriage and Family Therapist Intern. Plus referrals are made to community partners through case management and case plan activities such as alcohol and substance abuse, behavioral needs, etc.
 - b) Life skills classes are available weekly for all shelter clients lead by staff such as employment Specialist, Marriage and Family Therapist Intern and community partners like Springboard and BBV Compass. Some of the classes are: anger management, financial management, job readiness, housing rights, and more.
 - c) The POLM employment pipeline is expanding its mentoring and adding life coaching for all clients who desire to take advantage of this opportunity. The client's case manager does some of the mentoring weekly at case conferences and when possible connects a client to a volunteer for mentoring (all volunteers have background checks complied with Allied Information Resources). The Employment Pipeline is coordinated by program coordinator who runs a 4-week / 60-hour training program, connects with business partners in the community and pairs clients with mentors and life coaches.
 - d) Educational services are not directly provided at the POLM Shelters, but case managers make referrals for those seeking education of some type – GED, high school diploma, trade school, Department of Rehabilitation, etc. A METRO grant partnership with the Path of Life Church does provide some educational services too.
 - e) Job training is available through job readiness workshops and the expanding Employment Pipeline 4-week / 60-hour employment classes that will lead to employment placement with

community partners such as Octoclean and KN Filters. Some clients have the ability to enroll, upon eligibility, into the Angel Wings Bakery training program (a nonprofit incubate at POLM). Other clients have access to trade programs with assistance from their case managers. Clients are also encouraged to work with the Workforce Investment Office for employment readiness activities and placement into the workforce.

- f) POLM does not have truancy prevention programs, but has the ability to make referrals to such community programs like school districts through the client's case manager. In addition POLM has a METRO grant partnership with Path of Life Church which does provide some educational services.
- g) POLM does not have literacy programs, but has the ability to make referrals to such community programs like the library system through the client's case manager.
- h) POLM has a partnership with Path of Life Church for their Neighborhood College Program that provides educational support, employment placement, case management and other wrap around services for youth. This program is under a grant with METRO of San Diego and the U.S. Dept. of Labor.
- i) POLM has a small fleet of vehicles that can take clients to employment interviews, work, and other supportive services as necessary. The shelters are located near Riverside bus lines.
- j) POLM cannot have sexual offenders at the shelters because there are children at the family shelter and teens who volunteer at the community shelter for single adults and couples without children. In addition our Conditional Use Permits with the County and City of Riverside state we cannot have sexual offenders at the shelters.
- k) POLM has no programs for the mentally ill offenders. POLM does have a Licensed Clinical Social Worker and Marriage Family Therapist Intern that can do assessments and make the proper referrals and connections for those diagnosed as mentally ill.
- l) POLM is not a day reporting center and the nearest center is in San Bernardino. POLM does provide showers, meals, mail address, bed nights, life skill sessions and case management at all our shelters during shelter hours for clients once an intake is completed by staff using the County of Riverside Continuum of Care Coordinated Assessment.
- m) The only "kinda" day center at this time in the City of Riverside is the City of Riverside Homeless Access Center next to the POLM Community Shelter. The City of Riverside has explored the possibility of a day center and if they come up with funding POLM has considered applying to operate the day center.
- n) POLM is the largest provider of shelter beds and supportive services in Riverside. Every shelter guest receives case management and supportive services at the shelter for up to 90-days. In addition showers, hot meals, and a mail address is provided each guest at enrollment into the shelter. Some of the shelter guest will qualify for permanent supportive housing or rapid rehousing and will move from the shelter to obtain housing. When housing is obtained POLM continues to support those housed with supportive services such as mental health care and employment with the goal of the person being able to maintain housing.
- o) None

p) Offered at the POLM shelters: some mental health / behavioral counseling and groups' sessions with a Licensed Clinical Social Worker and a Marriage and Family Therapist Intern. There are educational referrals made for educational support, alcohol and drug treatment programs and other services. The POLM Employment Pipeline has a Program Coordinator as stated in sections "e & d". An employment pipeline that is expanding as part of holistic system of care.

Description	Amount	% of Grand Total
Salaries Subtotal	\$39,130.00	78.3%
Benefits Subtotal	\$7,165.00	14.3%
Program / Operational Total	\$3,705.00	7.4%
Administrative / Overhead Cost	\$0.00	0%
Grand Total	\$50,000.00	100%

Contract ID #

PROFESSIONAL SERVICE AGREEMENT

for

**PUBLIC SAFETY REALIGNMENT EMERGENCY AND TRANSITIONAL
HOUSING PROGRAMS**

between

COUNTY OF RIVERSIDE

and

PATH OF LIFE MINISTRIES



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This Agreement, made and entered into this 1st day of July, 2015, by and between **PATH OF LIFE MINISTRIES** (herein referred to as "CONTRACTOR"), and the **COUNTY OF RIVERSIDE**, a political subdivision of the State of California, (herein referred to as "COUNTY"). The parties agree as follows:

1. Description of Services

1.1 CONTRACTOR shall provide all services as outlined and specified in Exhibit A, Scope of Services, consisting of five (5) pages at the prices stated in Exhibit B, Payment Provisions, consisting of one (1) pages, and Attachment I, HIPAA Business Associate Attachment to the Agreement, consisting of twelve (12) pages.

1.2 CONTRACTOR represents that it has the skills, experience, and knowledge necessary to perform under this Agreement and the COUNTY relies upon this representation. CONTRACTOR shall perform to the satisfaction of the COUNTY and in conformance to and consistent with the highest standards of firms/professionals in the same discipline in the State of California.

1.3 CONTRACTOR affirms this it is fully apprised of all of the work to be performed under this Agreement; and the CONTRACTOR agrees it can properly perform this work at the prices stated in Exhibit B. CONTRACTOR is not to perform services or provide products outside of the Agreement.

1.4 Acceptance by the COUNTY of the CONTRACTOR's performance under this Agreement does not operate as a release of CONTRACTOR's responsibility for full compliance with the terms of this Agreement.

2. Period of Performance

2.1 This Agreement shall be effective upon signature of this Agreement by both parties and continue in effect through (June 30, 2016), with the option to renew for one (1) year, each year shall be renewable in one year increments by written amendment, unless terminated earlier. CONTRACTOR shall commence performance upon signature of this Agreement by both parties and shall diligently and continuously perform thereafter. The Riverside County Board of Supervisors is the only authority that may obligate the County for a non-cancelable multi-year agreement.

3. Compensation

3.1 The COUNTY shall pay the CONTRACTOR for services performed, products provided and expenses incurred in accordance with the terms of Exhibit B, Payment Provisions. Maximum payments by COUNTY to CONTRACTOR shall not exceed \$136,875 annually including all expenses. The COUNTY is not responsible for any fees or costs incurred above or beyond the contracted amount and shall have no obligation to purchase any specified amount of services or products. Unless otherwise

**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 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

Earl Thomas O'Farrell

Name

ET. O'Farrell

Agency

Copy Writer/Attorney Ret. 9/11/15

Position

Date



Morris Myers
Chair

Members

Layne Arthur

Michael Burke

Jamil Dada

Juan De Lam

Sharon Duffy

Angelov Farooq

Mirna Flores

Duane Friel

Rick Glasmann

October 13, 2015

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

Dear Mr. O'Farrell,

Cheri Greenlee

Francisca Hernandez

Barbara Howison

Peter Hubbard

Joyce Johnson

Deanna Margarittha

Charles Martin

Debra Martin

Chuck McDaniel

Sonia Nunez

Ken Orr

Lea Peterson

Mary Jo Ramirez

Susan Senior

Tina Sewell

Laurie Stalnaker

Diane Strand

Jeffery Van Wageningen

Ron Vito

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

Damlen 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 **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 Stowe
Name

Octoclean
Agency

COO
Position

10-5-15
Date



Restoring and Healing People Where Ever They Are.

HEALTH to
HOPE
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.

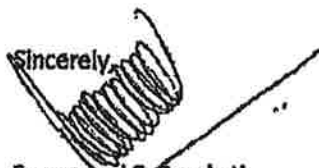
We are aware that Path of Life Ministries is applying for funding to operate a Permanent Supportive Housing in Riverside and we support this project completely. If funded, we will sign a memorandum of understanding that describes our collaboration with Path of Life Ministries to provide transportation 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: 951.593.4444 • Fax: 951.715-3449 • www.healthtohope.com
2880 Hulan Place • Riverside, CA 92507-2605

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,

A handwritten signature in black ink, appearing to read "Emmanuel S. Parakati", written over a horizontal line.

Emmanuel S. Parakati
Chief Executive Officer



JERRY A. WENGERD, DIRECTOR

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

October 16, 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.

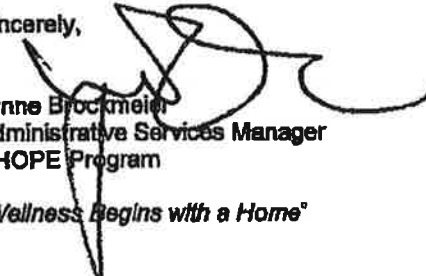
RUHS-BH has worked closely with **POLM**. As **POLM** has provided Emergency Shelter, Transitional Housing, Permanent Housing, and Supportive services for individuals and families with children, who find themselves in a housing crisis situation or stuck in the cycles of poverty. For 16 years throughout 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 expended this year were \$825,000.00, 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 the collaboration for the coming year.

Please feel free to contact me with any questions at 951.715.5050 or lmbrockmeyer@rcmhd.org.

Sincerely,



Lynne Brockmeyer
Administrative Services Manager
HHOPE Program

"Wellness Begins with a Home"



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

Riverside County Community Services Directory
AGENCY INFORMATION FORM

Information on this form should pertain to the agency only.
 Please use the Program Information form to add or change program details.

Agency Name: _____

List Aliases/ known abbreviations/ other names: _____

Physical Address: _____

City: _____ State: _____ Zip code: _____

Confidential location: Yes No

Handicap accessible? Yes No

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Main Phone: _____ Alternative Phone: _____

Fax: _____ TDD/TYY: _____

Hotline: _____ Other: _____

Website: _____

E-mail: _____

Legal Status

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

Tax Classification: _____

Year of Incorporation: _____

Office Days and Hours: _____

Eligibility/ Target Population: _____

Agency Description: _____

Languages spoken other than English: _____

Fees

- No Cost
- Vary
- Low Cost
- Other _____
- Sliding Fee
- Donation

Method of Payment

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

Personnel

Agency Director: _____ Title: _____

Phone: _____ Email: _____

Contact Name: _____ Title: _____

Phone: _____ Email: _____

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

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
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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

HOMELESS PROGRAM UNIT	
Program Specialist II (All grants)	951-358-5694
CONTRACT ADMINISTRATION UNIT	
Contract Analyst	951-358-3081
FISCAL	
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

LEASING / RENTAL ASSISTANCE
● 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)
STAFF (Operations, Supportive Services, HMIS and Admin)
● Time Sheet
● Time and Activity Report
● Pay Stub or Payroll Report
EXPENSES (Operations, Supportive Services, HMIS and Admin)
● 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
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**

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.

Date



Director's Signature

Address of Vendor/Recipient

(08/13/01)

CR50-Vendor Assurance of Compliance

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

AGREEMENT: HO-03298

CONTRACTOR: Jewish Family Service of ~~the Desert~~ **SAN DIEGO**

ACTIVITIES: Desert Vista Permanent Housing

TERM: April 1, 2016 - March 31, 2017

MAXIMUM REIMBURSABLE AMOUNT: \$684,148.00

HUD PROJECT NUMBER: CA0670L9D081508

RECITALS

This Agreement is made and entered into by and between the County of Riverside, hereinafter referred to as "County," and the Jewish Family Service of the Desert, 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 Jewish Family Service of the Desert SAN DIEGO 
Printed Name of Person Signing: John Benoit	Printed Name of Person Signing: Michelle Anstadt MICHAEL HOPKINS
Title: Chairman, Board of Supervisors	Title: CHIEF EXECUTIVE OFFICER Executive Director
Address: 4080 Lemon St. Riverside, Ca 92501	Address: 8804 BALBOA AVE 801 East Tahquitz Canyon Way, Suite 202 Palm Springs, CA 92262 SAN DIEGO, 92123
Date Signed: JUL 12 2016	Date Signed: 6/24/16

ATTEST:
 KECA HARPER-IHEM,
 CLERK
 DEPUTY

FORM APPROVED COUNTY COUNSEL

BY: ERIC STOPHER DATE: 6/8/16

JUL 12 2016 **3-28**

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LIST OF EXHIBITS

- EXHIBIT A** – Project Application
- EXHIBIT B** – 2-1-1 Riverside County Agency Registration Form
- EXHIBIT C** – 2-1-1 Riverside County Program Registration Form
- EXHIBIT D** – 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 Jewish Family Service of ~~the Desert~~ ^{SAN DIEGO}, 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:

Telephone	(800) 464-1123 or (951) 686-4402 Monday through Friday - 8:00 am to 5:00 pm
U.S. Postal Service	P.O. 5376, Riverside, CA 92517-5376
E-mail	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 \$656,352.00. The County shall be reimbursed by HUD for an amount not to exceed \$15,127. Said funds shall be spent according to the budget shown below.

BUDGET CATEGORY	Total
LEASING	\$238,550
SUPPORTIVE SERVICES	\$190,202
OPERATING COSTS	\$196,420
HMIS -- SOFTWARE	\$16,390
ADMINISTRATIVE COSTS (SUBRECIPIENT)	\$27,459
SUBRECIPIENT TOTAL	\$669,021
ADMINISTRATIVE COSTS (COUNTY)	\$15,127
GRANT TOTAL	\$684,148

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.