

2. Administrative costs are costs associated with accounting for the use of grant funds, preparing reports for submission to HUD, obtaining program audits, similar costs related to administering the grant after the award, and staff salaries associated with these administrative costs.

E. UNEXPENDED FUNDS AND CLOSE-OUTS

1. The Subrecipient shall complete all necessary closeout procedures, including the APR, required by DPSS within a period of not more than **sixty (60) calendar days** from the expiration date of this Agreement. This time period will be referred to as the financial closeout period. After the expiration of the financial closeout period, those funds not paid to the Subrecipient under this Agreement shall be recaptured by HUD. DPSS is not liable for any expenses or costs associated with this Agreement after the expiration of the financial closeout period.
2. The Subrecipient, if required to have an A-133 audit, shall provide a final financial audit for activities performed under this Agreement within thirty (30) days from finalization of audit.

F. INSPECTION AND AUDITS

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

conformity with specifications and adequacy of performance and services being provided in accordance with this Agreement.

G. WITHHELD PAYMENTS

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

H. FISCAL ACCOUNTABILITY

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

I. AVAILABILITY OF FUNDING

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

V. GENERAL PROVISIONS

A. TERM OF AGREEMENT

The Agreement shall be effective from April 1, 2016 - March 31, 2017.

B. BACKGROUND CHECKS

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

C. CONFIDENTIALITY

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

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

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

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

D. CONTINUUM OF CARE PROGRAM COMPLIANCE

By executing this Agreement, the Subrecipient hereby certifies that it will adhere to and comply with the following as they may be applicable to a recipient of funds granted pursuant to the Continuum of Care Program, including; HUD Application, Technical Submission; Continuum of Care Program Interim Rule (24 CFR 578); Administrative Requirement for Grants and Cooperative Agreements (24 CFR Part 85); this Agreement, and the applicable Notice of Funding Availability (NOFA).

E. CONFLICT OF INTEREST

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

F. DEFAULT

1. A default shall consist of any use of grant funds for a purpose other than as authorized by this Agreement or failure in the Subrecipient's duty to provide the supportive housing for the minimum term in accordance with the requirements of the provisions of the Continuum of Care Program Rule, the Application, the Technical Submission, or this

Agreement. In the event of an occurrence of default, DPSS and HUD may take one or more of the following actions:

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

G. HOLD HARMLESS/INDEMNIFICATION

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

With respect to any action or claim subject to indemnification herein by Contractor, Contractor shall, at their sole cost, have the right to use counsel of their choice, subject to the approval of County, which shall not be unreasonably withheld, and shall have the right to adjust, settle, or compromise any such action or claim without the prior consent of County; provided, however, that any such adjustment, settlement or compromise in no manner whatsoever limits or circumscribes Contractor's indemnification to County as set forth herein. Contractor's obligation to defend, indemnify and hold harmless County shall be subject to County having given Contractor written notice within a reasonable period of time of the claim or of the commencement of the related action, as the case may be, and information and reasonable assistance, at Contractor's expense, for the defense or settlement thereof. Contractor's obligation hereunder shall be satisfied when Contractor has provided to County the appropriate form of dismissal relieving County from any liability for the action or claim involved.

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

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

H. INSURANCE

Without limiting or diminishing the CONTRACTOR'S obligation to indemnify or hold the COUNTY harmless, CONTRACTOR shall procure and maintain or cause to be maintained, at its sole cost and expense, the following insurance coverage's during the term of this Agreement. As respects to the insurance section only, the COUNTY herein refers to the County of Riverside, its Agencies, Districts, Special Districts, and Departments, their respective directors, officers, Board of Supervisors, employees, elected or appointed officials, agents or representatives as Additional Insureds.

Workers' Compensation:

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

Commercial General Liability:

Commercial General Liability insurance coverage, including but not limited to, premises liability, contractual liability, products and completed operations liability, personal and advertising injury, cross liability coverage, covering claims which may arise from or out of Contractor's performance of its obligations hereunder. Policy shall name the COUNTY as additional Insured. Policy's limit of liability shall not be less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this Agreement or be no less than two (2) times the occurrence limit.

Professional Liability:

If, at any time during the duration of this Agreement and any renewal or extension thereof, the Contractor, its employees, agents or subcontractors provide professional counseling for issues of medical diagnosis, medical treatment, mental health, dispute resolution or any other services for which it is the usual and customary practice to maintain Professional Liability Insurance, the Contractor shall procure and maintain Professional Liability Insurance (Errors & Omissions), providing coverage for performance of work included within this Agreement, with a limit of liability of not less than \$1,000,000 per occurrence and \$2,000,000 annual aggregate. If Consultant's Professional Liability Insurance is written on a claims made basis rather than an occurrence basis, such insurance shall continue through the term of this Agreement. Upon termination of this Agreement or the expiration or cancellation of the claims made insurance policy Consultant shall purchase at his sole expense either 1) an Extended Reporting Endorsement (also known as Tail Coverage); or 2) Prior Dates Coverage from a new insurer with at retroactive date back to the date of, or prior to, the inception of this Agreement; or, 3) demonstrate through Certificate of Insurance that Consultant has maintained continuous coverage with the same or original insurer. Coverage provided under items: Workers' Compensation, Commercial General Liability or Professional Liability will continue for a period of five (5) years beyond the termination of this Agreement.

Vehicle Liability:

If Contractor's vehicles or mobile equipment are used in the performance of the obligations under this Agreement, Contractor shall maintain liability insurance for all owned, non-owned

or hired vehicles so used in an amount not less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this Agreement or be no less than two (2) times the occurrence limit. Policy shall name the COUNTY as additional Insured.

General Insurance Provisions – All lines:

1. Any insurance carrier providing insurance coverage hereunder shall be admitted to the State of California and have an A.M. BEST rating of not less than an A: VIII(A:8) unless such requirements are waived, in writing, by the County Risk Manager. If the County's Risk Manager waives a requirement for a particular insurer such waiver is only valid for that specific insurer and only for one policy term.
2. The Contractor's insurance carrier(s) must declare self-insured retentions. If such self insured retentions exceed \$500,000 per occurrence retentions shall have the prior written consent of the County Risk Manager before the commencement of operations under this Agreement. Upon notification of self insured retention's unacceptable to the County, and at the election of the County's Risk Manager, Contractor's carriers shall either; 1) reduce or eliminate such self-insured retentions as respects this Agreement with the County, or 2) procure a bond which guarantees payment of losses and related investigations, claims administration, defense costs and expenses.
3. The Contractor shall cause insurance carrier(s) to furnish the County of Riverside with either 1) a properly executed original Certificate(s) of Insurance and original copies of Endorsements effecting coverage as required herein; and 2) if requested to do so orally or in writing by the County Risk Manager, provide original Certified copies of policies including all Endorsements and all attachments thereto, showing such insurance is in full force and effect. Further, said Certificate(s) and policies of insurance shall contain the covenant of the insurance carrier(s) that thirty (30) days written notice shall be given to the County of Riverside prior to any material modification, cancellation, expiration or reduction in coverage of such insurance. In the event of a material modification, cancellation, expiration, or reduction in coverage, this Agreement shall terminate forthwith, unless the County of Riverside receives, prior to such effective date, another properly executed original Certificate of Insurance and original copies of endorsements or certified original policies, including all endorsements and attachments thereto evidencing coverages set forth herein and the insurance required herein is in full force and effect. CONTRACTOR shall not commence operations until the COUNTY has been furnished original Certificate (s) of Insurance and certified original copies of endorsements and if requested, certified original policies of insurance including all endorsements and any and all other attachments as required in this Section. An individual authorized by the insurance carrier to do so on its behalf shall sign the original endorsements for each policy and the Certificate of Insurance.
4. It is understood and agreed to by the parties hereto and the CONTRACTOR'S insurance shall be construed as primary insurance, and the County's insurance and/or deductibles and/or self-insured retentions or self-insured programs shall not be construed as contributory.
5. If, during the term of this Agreement or any extension thereof, there is a material change in the scope of services; or, there is a material change in the equipment to be used in the performance of the scope of work which will add additional exposures (such as the use of aircraft, watercraft, cranes, etc.); or, the term of this Agreement, including any extensions thereof, exceeds five (5) years the COUNTY reserves the right to adjust the types of insurance required under this Agreement and the monetary limits of liability for

the insurance coverage's currently required herein, if; in the County Risk Manager's reasonable judgment, the amount or type of insurance carried by the CONTRACTOR has become inadequate.

6. Contractor shall pass down the insurance obligations contained herein to all tiers of subcontractors working under this Agreement.
7. The insurance requirements contained in this Agreement may be met with a program(s) of self-insurance acceptable to the County.
8. Contractor agrees to notify the County of any claim by a third party or any incident or event that may give rise to a claim arising from the performance of this Agreement.

I. INDEPENDENT CONTRACTOR

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

J. SUBCONTRACT FOR SERVICES

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

and Departments, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives.

K. REPORTS AND RECORD KEEPING

1. The Subrecipient agrees to complete the Annual Performance Report (APR) in e-snaps and submit to DPSS an electronic copy within sixty (60) days after the end of each operating year. Failure to submit an APR may lead to a delay in receiving future grant funds. Upon review for completeness and accuracy, DPSS will submit the APR to HUD as required.
2. The Subrecipient agrees to submit a Semi-Annual Statistical Report upon a 30-day written notice by DPSS.
3. If funded for Transitional Housing, Permanent Housing, Rapid Re-Housing or Shelter Plus Care, the Subrecipient agrees to provide DPSS with a monthly residential log of participants, attached hereto as **Exhibit E** [Certification of Tenant Roll] and incorporated herein by this reference. The residential log is due, by fax or scanned and sent by e-mail to the DPSS CoC/HUD Program Specialist, on or before the 10th (tenth) business day following the reporting month, regardless of the means by which the report is sent to DPSS. The fax number of the Homeless Programs Unit is provided above (3.a).
4. The Sponsor agrees to collect and maintain records of participants for required federal, state, and county reports.

L. SANCTIONS

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

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

M. TERMINATION

1. DPSS may immediately suspend or terminate this Agreement for cause upon written notice to the Subrecipient of the action being taken. Cause shall be established if:
 - a. The Subrecipient fails to perform the covenants herein contained at such time and in such manner as provided in this Agreement; or
 - b. There is a conflict with any federal, state or local laws, ordinance, regulation or rule rendering any provision of this Agreement invalid or untenable.
2. DPSS may also terminate or suspend this agreement without cause. DPSS will provide ninety (90) days written notification stating the extent and effective date of termination. The ninety-day period begins when notice is deposited in the U.S. Mail, postage paid.
3. The Subrecipient may terminate this Agreement with cause upon written notice served upon DPSS stating the extent and effective date of termination. Contractor will provide ninety (90) days written notification stating the extent and effective date of termination. The ninety-day period begins when notice is deposited in the U.S. Mail, postage paid.
4. Upon termination of this Agreement, the Subrecipient shall not incur any obligations after any effective date of such termination, unless expressly authorized in writing by DPSS.

5. In the event the funding from HUD is reduced, terminated or otherwise becomes unavailable, DPSS shall provide written notice to the Subrecipient within five (5) working days from the date that HUD reduces, suspends or terminates the grant funding. This Agreement shall be either immediately terminated or amended to reflect said reduction in funds. DPSS shall make payments for all services performed up to the effective date of the termination.

N. GOVERNING LAW

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

O. NOTICES

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

DPSS: Department of Public Social Services
(Agreement Issues) Contracts Administration Unit
10281 Kidd Street
Riverside, CA 92503

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

DPSS: Department of Public Social Services
(Fiscal Issues) Management Reporting Unit
4060 County Circle Drive
Riverside, CA 92503

SUBRECIPIENT: ~~Jewish Family Service of the Desert~~ SANDIEGO
~~Executive Director~~ CHIEF EXECUTIVE OFFICER
~~801 East Tahquitz Canyon Way, Suite 202~~
~~Palm Springs, CA 92262~~
8804 BALBOA AVE
SAN DIEGO, CA 92123

P. ASSIGNMENTS

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

Q. DISPUTES

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

R. CHILD ABUSE REPORTING

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

S. ELDER AND DEPENDENT ABUSE REPORTING

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

T. CLIENTS CIVIL RIGHTS COMPLIANCE

1. Assurance of Compliance

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

2. Client Complaints

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

Civil Rights Complaints should be referred to:

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

3. Services, Benefits and Facilities

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

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

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

4. Cultural Competency

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

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

U. EMPLOYMENT PRACTICES

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

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

V. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

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

W. CLEAN AIR/WATER ACTS

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

X. LEAD-BASED PAINT

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

Y. AUTHORITY

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

Z. DEBARMENT AND SUSPENSION

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

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

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

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

BB. ENTIRE AGREEMENT

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

Before Starting the Project Application

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

Things to Remember

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

1A. Application Type

Instructions:

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

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

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

Applicant Identifier: Field intentionally left blank, cannot edit.

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

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

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

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

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

1. Type of Submission:

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 11/10/2015

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: CA0670L9D081407

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

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

6. Date Received by State:

7. State Application Identifier:

1B. Legal Applicant

Instructions:

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

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

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

8. Applicant

a. Legal Name: County of Riverside

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

| | | | | |
|--|--------------------------------|-----------|---------------|--|
| | c. Organizational DUNS: | 152240540 | PL US 4 | |
|--|--------------------------------|-----------|---------------|--|

d. Address

Street 1: 4060 County Circle Drive

Street 2:

City: Riverside

County: Riverside

State: California

Country: United States

Zip / Postal Code: 92503

e. Organizational Unit (optional)

Department Name: Public Social Services

Division Name: Homeless Programs Unit

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

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

1C. Application Details

Instructions:

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

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

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

9. Type of Applicant: B. County Government

If "Other" please specify:

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

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

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. Congressional District(s)

Instructions:

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

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

Congressional District(s):

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

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

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

Estimated Funding: Fields intentionally left blank, cannot edit.

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

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

15. Descriptive Title of Applicant's Project: JFS Desert Vista Permanent Housing

16. Congressional District(s):

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

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

17. Proposed Project

a. **Start Date:** 04/01/2016

b. **End Date:** 03/31/2017

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. Compliance

Instructions:

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

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

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

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

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

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

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

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

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

If "YES," provide an explanation:

1F. Declaration

Instructions:

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

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

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

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

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

I AGREE:

21. Authorized Representative

Prefix: Ms.

First Name: Susan

Middle Name:

Last Name: von Zabern

Suffix:

Title: Director

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

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

Applicant: Riverside City & County Proj Applicant
Project: JFS Desert Vista Permanent Housing

CA-608
123663

Email: SVONZABE@riversidedpss.org


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

Date Signed: 11/10/2015

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$671,479

| Organization | Type | Sub-Award Amount |
|--|---|------------------|
| Jewish Family Service  of San Diego | M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education) | \$671,479 |

2A. Project Subrecipients Detail

Instructions:

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

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

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

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

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

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

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

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

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

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

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

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

a. Organization Name: Jewish Family Service of San Diego

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

If "Other" specify:

c. Employer or Tax Identification Number: 95-1644024

| | | | | |
|--|----------------------------------|-----------|---------------|--|
| | * d. Organizational DUNS: | 072945066 | PL US 4 | |
|--|----------------------------------|-----------|---------------|--|

e. Physical Address

Street 1: 8804 Balboa Ave

Street 2:

City: San Diego

State: California

Zip Code: 92123

f. Congressional District(s): CA-041, CA-044, CA-045
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? Yes

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

i. Expected Sub-Award Amount: \$671,479

j. Contact Person

Prefix: Mrs. MS.

First Name: ~~Le~~ BECKY

Middle Name:

Last Name: ~~McClellan~~ RUIZ

Suffix:

Title: Director

E-mail Address: ~~lem@jfssd.org~~ BECKYR@JFSSD.ORG

Applicant: Riverside City & County Proj Applicant
Project: JFS Desert Vista Permanent Housing

CA-608
123663

Confirm E-mail Address: ~~lem@jfsd.org~~ *BECKYR@JFSSD.ORG*
Phone Number: ~~760-327-1483~~ *656-2220*
Extension:
Fax Number: 760-327-7890

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

2B. Recipient Performance

Instructions:

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

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

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

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

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

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

1. APR Submission

Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. HUD Monitoring Findings

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

3. Quarterly Drawdowns

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

4. Recaptured Funds

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

3A. Project Detail

Instructions:

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

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

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

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

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

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

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

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

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

1. Expiring Grant Number: CA0670L9D081407

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

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

2b. CoC Collaborative Applicant Name: County of Riverside

3. Project Name: JFS Desert Vista Permanent Housing

4. Project Status: Standard

5. Component Type: PH

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

3B. Project Description

Instructions:

ALL PROJECTS

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

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

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

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

PH, TH and SSO PROJECTS ONLY

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

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

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

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

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

PH PROJECTS ONLY

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

PH AND TH PROJECTS ONLY:

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

RENTAL ASSISTANCE PROJECTS ONLY

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

Additional Resources can be found at the HUD Resource Exchange:

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

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

DV will serve 40 eligible, chronically homeless and disabled individuals in Riverside County with permanent supportive housing. DV implements the national priority to end homelessness amongst the chronically homeless by strategically allocating PH housing inventory resources to prioritize the most in need population. Riverside Co Homeless Count 2015 identified that of the 1,032 unsheltered adults, 37% of them were chronically homeless. DV clients include persons with mental illness, substance abuse, physical disabilities, persons living with HIV/AIDS, veterans, and those with multiple diagnoses and special needs. DV clients are referred from shelters and directly from the street. DV offers a scattered-site residential component, which includes a combination of housing units with a total of 40 beds centrally located in the Coachella Valley. All housing units include private sleeping accommodations, kitchen facilities, dining areas, laundry facilities, living/recreation areas, and bathrooms. All housing units will be located in close proximity to public transportation lines, markets, libraries, medical care, post offices, and various other community amenities. The non-residential component will link clients with health care, transportation services, living skills and budgeting instruction, referrals, advocacy with medical and social service providers, development of local resource knowledge, mainstream benefit assistance, mental health services, substance abuse services, individualized housing plans, outpatient health services and food. Case Management meetings occur on a weekly basis. A van will be available to transport clients and conduct home visits. All client information are entered into the County's Homeless Management Information System (HMIS). DV employs a "housing first" model that emphasizes first providing stable, long-term housing for special needs residents as a necessary condition of their long-term case management. Desert Vista offers a permanent solution for those homeless men and women who, through traditional approaches, would almost certainly return to the streets. Projected outcomes include 80% of consumers will remain in permanent housing for 6 months or longer. Additionally a minimum of 55% will maintain or increase their income. CoC program support is required to implement a coordinated assessment. DV works with the cities of Palm Springs, Palm Desert, Indian Wells, Cathedral City, Rancho Mirage, Indio, Coachella, and Desert Hot Springs, and their law enforcement and emergency services providers. DV also works with Riverside County Mental Health, Public Health, CalWorks, Housing Authority, Workforce Development, APS, Board of Supervisors, and DPSS. Desert Vista collaborates with numerous other service providers, area synagogues, temples and churches. DV is an active member of the Riverside County Continuum of Care.

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

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

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

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

Other:

4. Housing First

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

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

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

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

| | |
|---|-------------------------------------|
| Failure to participate in supportive services | <input checked="" type="checkbox"/> |
| Failure to make progress on a service plan | <input checked="" type="checkbox"/> |
| Loss of income or failure to improve income | <input checked="" type="checkbox"/> |
| Being a victim of domestic violence | <input checked="" type="checkbox"/> |

| | |
|---|--|
| Any other activity not covered in a lease agreement typically found in the project's geographic area. | <input checked="checked" type="checkbox"/> |
| None of the above | <input type="checkbox"/> |

d. Does the project follow a "Housing First" approach? Yes

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

5a. Does the project request costs under the rental assistance budget line item? No

4A. Supportive Services for Participants

Instructions:

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

Does the proposed project have a designated staff person to ensure that children are enrolled in school and receive educational services, as appropriate: This is a required field. Select "Yes," "No," or "N/A" to indicate whether the project has a designated staff person responsible for ensuring that children and youth are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services. Only projects that do not serve families with children or unaccompanied youth should select "N/A." If "No" is selected, the project applicant will be required to answer an additional question.

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

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

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

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

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

Please identify whether the project includes the following activities:

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

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

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

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

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

Additional Resources can be found at the HUD Resource Exchange:

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

1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Not Applicable

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? Not Applicable

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

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: 33

Total Beds: 40

Total Dedicated CH Beds: 40

Total Prioritized CH Beds: 5

| Housing Type | Units | Beds | Dedicated CH Beds | Non-Dedicated CH Beds |
|---------------------------------|-------|------|-------------------|-----------------------|
| Scattered-site apartments (...) | 33 | 40 | 40 | 0 |

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: 33

b. Beds: 40

3. Beds for the Chronically Homeless

a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 40

b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 0

c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2015 operating year? 5

d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2015 operating year? 5

4. Address:

Street 1:

Street 2:

City:

State:

ZIP Code:

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

062676 Palm Springs, 060624 Cathedral City,
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 | 0 | 40 | 0 | 40 |

| 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 |
|-----------------|---|--|--|-------|
| | | | | |

| | | | | |
|--|---|----|---|----|
| Adults over age 24 | 0 | 40 | | 40 |
| Adults ages 18-24 | 0 | 0 | | 0 |
| Accompanied Children under age 18 | 0 | | 0 | 0 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 0 | 40 | 0 | 40 |

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 | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not repre sented by listed subpopu lations |
|-----------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|---|
| Adults over age 24 | | | | | | | | | | |
| Adults ages 18-24 | | | | | | | | | | |
| Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represe nted by listed subpopu lations |
|----------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Adults over age 24 | 35 | 5 | 0 | 15 | 6 | 20 | 3 | 30 | 3 | 0 |
| Adults ages 18-24 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Persons | 35 | 5 | 0 | 15 | 6 | 20 | 3 | 30 | 3 | 0 |

Click Save to automatically calculate totals

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/AID S | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not represe nted by listed subpopu lations |
|-------------------------------------|--|---|---|-----------------------------------|---------------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Accompanied Children under age 18 | | | | | | | | | | |
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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. |
| | Directly from safe havens. |

| | |
|------|---|
| 50% | Directly from the street or other locations not meant for human habitation. |
| | From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens. |
| | 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. PSH: Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing destinations (per data element 3.12 of the 2014 HMIS Data Standards) during the operating year. | 32 | 40 | 80% |

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 maintained or increased their total income (from all sources) as of the end of the operating year or project exit. | 22 | 40 | 55% |
| OR | | | |
| 2b. Adults who maintained or 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 checked="" type="checkbox"/> |
| Leased Structures | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operations | <input checked="" type="checkbox"/> |
| HMIS | <input checked="" type="checkbox"/> |

7B. Leased Units Budget

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

| Total Annual Assistance Requested: | | \$206,931 | |
|---|-----------------------|-------------------------------|------------------------|
| Grant Term: | | 1 Year | |
| Total Request for Grant Term: | | \$206,931 | |
| Total Units: | | 33 | |
| FMR Area | Total Units Requested | Total Annual Budget Requested | Total Budget Requested |
| CA - Riverside-Sa... | 33 | \$206,931 | \$206,931 |

Leased Units Budget Detail

Instructions:

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 FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

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) entered must match the HUD approved FY 2015 GIW.

Total Units and Annual Assistance Requested: This is a required field. Enter in the total leased units amount according to the CoC's HUD approved FY 2015 GIW.

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

Total Request for Grant Term: This field will equal the total leasing amount entered above.

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/>

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

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

Leased Units Annual Budget

| Size of Units | # of Units (Applicant) | Total Request (Applicant) |
|---------------|------------------------|---------------------------|
| SRO | | |
| 0 Bedroom | 22 | |
| 1 Bedroom | 4 | |
| 2 Bedroom | 7 | |
| 3 Bedroom | | |
| 4 Bedroom | | |
| 5 Bedroom | | |
| 6 Bedroom | | |
| 7 Bedroom | | |
| 8 Bedroom | | |

Applicant: Riverside City & County Proj Applicant
Project: JFS Desert Vista Permanent Housing

CA-608
123663

| | | |
|--|----|-----------|
| 9 Bedroom | | |
| Total Units and Annual Assistance Requested | 33 | \$206,931 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$206,931 |

Click the 'Save' button to automatically calculate totals.

7C. Leased Structures Budget

The following list summarizes the funds being requested for one or more structures leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

| | |
|---|----------|
| Total Annual Assistance Request: | \$24,671 |
| Grant Term: | 1 Year |
| Total Request for Grant Term: | \$24,671 |
| Total Structures: | 1 |
| Structure Name | |
| Office | |

Leased Structure(s) Budget Detail

Instructions:

Complete the following fields related to the funds being requested to lease one or more structures for operating the project.

Structure Name: This is a required field. Indicate the name of the structure for which funds are requested.

Address: Only 1 "Street Address..." field is required. Enter the actual street number and name in the first field. Do not list a PO Box or other mailing address. Use the second field for apartment or subsection numbers. Complete fields for City, State and Zip Code.

HUD Paid Rent (Annual): This is a required field. Enter the annual leasing amount. The amount entered cannot exceed the annual rent for comparable structures.

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

Total Request for Grant Term: This field will equal the total leasing amount entered above.

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/>

Structure Name: Office

Street Address 1: 400 South Farrell

Street Address 2: Suite 205B

City: Palm Springs

State: California

Zip Code: 92262

| | |
|--------------------------------------|----------|
| * HUD Paid Rent (Annual): | \$24,671 |
| Grant Term: | 1 Year |
| Total Request for Grant Term: | \$24,671 |

Click the 'Save' button to automatically calculate the Total Assistance Requested.

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 | | \$0 |
| 2. Assistance with Moving Costs | | \$0 |
| 3. Case Management | 2.5 fte w/ benefits | \$108,911 |
| 4. Child Care | | \$0 |
| 5. Education Services | | \$0 |
| 6. Employment Assistance | | \$0 |
| 7. Food | annually | \$7,000 |
| 8. Housing/Counseling Services | | \$0 |
| 9. Legal Services | annually | \$2,000 |
| 10. Life Skills | | \$0 |
| 11. Mental Health Services | annually | \$2,000 |
| 12. Outpatient Health Services | Outpatient services annually | \$2,000 |
| 13. Outreach Services | 1.0 fte w/ benefits | \$60,578 |

| | | |
|---|----------------------------|-----------|
| 14. Substance Abuse Treatment Services | | \$0 |
| 15. Transportation | Program van and bus passes | \$7,713 |
| 16. Utility Deposits | | \$0 |
| 17. Operating Costs | | \$0 |
| Total Annual Assistance Requested | | \$190,202 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$190,202 |

Click the 'Save' button to automatically calculate totals.

7F. Operating Budget

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND 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, utility types, and monthly allowance for supplies) for each operating 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 of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility. 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.

Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA? This request is only available for Operating Costs budget line items in projects in which the applicant owns the building and needs to provide maintenance. Only 1 year of funding is allowed according to the relevant section of the FY 2015 CoC Program Competition NOFA.

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 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. Maintenance/Repair | \$33975 quarterly | \$135,900 |
| 2. Property Taxes and Insurance | annual insurance | \$4,264 |
| 3. Replacement Reserve | | \$0 |
| 4. Building Security | | \$0 |
| 5. Electricity, Gas, and Water | annual cost | \$10,535 |
| 6. Furniture | annual cost | \$25,000 |
| 7. Equipment (lease, buy) | \$1,250 monthly | \$15,000 |
| Total Annual Assistance Requested | | \$190,699 |
| Grant Term | | 1 Year |

| | | |
|------------------------------|--|-----------|
| Total Request for Grant Term | | \$190,699 |
|------------------------------|--|-----------|

Click the 'Save' button to automatically calculate totals.

Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for projects with operating costs and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.

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 | Connectivity | \$2,160 |
| 4. Personnel | .75 fte w/ benefits | \$14,230 |
| 5. Space & Operations | | |
| Total Annual Assistance Requested | | \$16,390 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$16,390 |

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: | \$109,970 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$109,970 |

Summary for Leverage

| Total Value of Cash Commitments: | | | | | | \$0 |
|-------------------------------------|---------|------------|----------------------|-----------------------|-------------------------|-------------|
| Total Value of In-Kind Commitments: | | | | | | \$1,113,581 |
| Total Value of All Commitments: | | | | | | \$1,113,581 |
| Match/ Leverage | Type | Source | Contributor | Date of Commitment | Value of Commitments | |
| Match | Cash | Private | Jewish Family Ser... | 10/08/2015 | \$109,970 | |
| Leverage | In-Kind | Government | IROC | 10/14/2015 | \$162,000 | |
| Leverage | In-Kind | Private | Jewish Family Ser... | 10/08/2015 | \$250,000 | |
| Leverage | In-Kind | Private | Fresh and Easy Pa... | 10/08/2015 | \$120,161 | |
| Leverage | In-Kind | Private | ABC Recovery Center | 10/09/2015 | \$30,000 | |
| Leverage | In-Kind | Government | Riverside County ... | 10/14/2015 | \$68,752 | |
| Leverage | In-Kind | Government | Riverside County ... | 10/07/2015 | \$113,472 | |
| Leverage | In-Kind | Private | Radigan Company | 10/08/2015 | \$64,450 | |
| Leverage | In-Kind | Private | Panera Bread La Q... | 10/13/2015 | \$24,746 | |
| Leverage | In-Kind | Private | Desert Aids Project | 10/08/2015 | \$280,000 | |

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: Jewish Family Service of San Diego
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 10/08/2015
6. Value of Written Commitment: \$109,970

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: IROC
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 10/14/2015
6. Value of Written Commitment: \$162,000

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: Jewish Family Service (Roy's)
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 10/08/2015
6. Value of Written Commitment: \$250,000

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: Fresh and Easy Palm Springs
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 10/08/2015

6. Value of Written Commitment: \$120,161

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: ABC Recovery Center
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 10/09/2015

6. Value of Written Commitment: \$30,000

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 County Mental Health
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 10/14/2015

6. Value of Written Commitment: \$68,752

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 Housing Authority
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 10/07/2015
6. Value of Written Commitment: \$113,472

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: Radigan Company
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 10/08/2015
6. Value of Written Commitment: \$64,450

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: Panera Bread La Quinta
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 10/13/2015
6. Value of Written Commitment: \$24,746

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:** Desert Aids Project
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 10/08/2015
- 6. Value of Written Commitment:** \$280,000

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 | \$206,931 |
| 1b. Leased Structures | \$24,671 |
| 2. Rental Assistance | \$0 |
| Renewal Project Application FY2015 | Page 64 |
| | 11/10/2015 |

| | |
|---|-----------|
| 3. Supportive Services | \$190,202 |
| 4. Operating | \$190,699 |
| 5. HMIS | \$16,390 |
| 6. Sub-total Costs Requested | \$628,893 |
| 7. Admin (Up to 10%) | \$42,586 |
| 8. Total Assistance plus Admin Requested | \$671,479 |
| 9. Cash Match | \$109,970 |
| 10. In-Kind Match | \$0 |
| 11. Total Match | \$109,970 |
| 12. Total Budget | \$781,449 |

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... | 10/22/2015 |
| 2) Other Attachment | No | Drug Free Workplace | 10/22/2015 |
| 3) Other Attachment | No | Match/Leverage Do... | 10/22/2015 |

Attachment Details

Document Description: Nonprofit Documentation

Attachment Details

Document Description: Drug Free Workplace

Attachment Details

Document Description: Match/Leverage Documentation

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 | 09/29/2015 |
| 1B. Legal Applicant | No Input Required |
| 1C. Application Details | No Input Required |
| 1D. Congressional District(s) | 10/16/2015 |
| 1E. Compliance | 09/29/2015 |
| 1F. Declaration | 09/29/2015 |
| 2A. Subrecipients | 10/16/2015 |
| 2B. Recipient Performance | 10/16/2015 |
| 3A. Project Detail | 10/16/2015 |
| 3B. Description | 10/30/2015 |
| 4A. Services | 10/16/2015 |
| 4B. Housing Type | 11/08/2015 |
| 5A. Households | 09/29/2015 |
| 5B. Subpopulations | No Input Required |
| 5C. Outreach | 09/29/2015 |
| 6A. Standard | 09/29/2015 |
| 6B. Additional Performance Measures | No Input Required |
| 7A. Funding Request | 09/29/2015 |
| 7B. Leased Units | 10/16/2015 |
| 7C. Leased Structures | 10/16/2015 |
| 7E. Supp. Srvcs. Budget | 09/29/2015 |
| 7F. Operating | 10/16/2015 |
| 7G. HMIS Budget | 09/29/2015 |
| 7H. Match/Leverage | 10/16/2015 |
| 7I. Summary Budget | No Input Required |
| 8A. Attachment(s) | 10/22/2015 |

| | |
|--------------------------|------------|
| 8B. Certification | 11/10/2015 |
|--------------------------|------------|



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248132325
Nov. 20, 2008 LTR 4168C E0
95-1644024 000000 00 000
00013597
BODC: TE

JEWISH FAMILY SERVICE OF SAN DIEGO
8804 BALBOA AVE
SAN DIEGO CA 92123-1506047



035635

Employer Identification Number: 95-1644024
Person to Contact: Paul M Perry
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Nov. 10, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in October 1970, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

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 sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Jewish Family Service of San Diego

Program/Activity Receiving Federal Grant Funding

Desert Vista Permanent Supportive Housing

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.)

400 S. Farrell Ste. B205, Palm Springs, CA 92262 Riverside County
2951 N. De Anza Road, Palm Springs, CA 92262 Riverside County
19531 McLane Street, North Palm Springs, CA 92259 Riverside County

(See Attachment for additional addresses.)

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

Joel Craddock

Title

Divisional Director

Signature

X



Date

10/22/15

Desert Vista Client Units

| Address | | City | Zip | County |
|---------|--------------------------|--------------------|-------|-----------|
| 1 | 66725 12th Street #5 | Desert Hot Springs | 92240 | Riverside |
| 2 | 13336 Avenida Hermosa #C | Desert Hot Springs | 92240 | Riverside |
| 3 | 66665 First St. #1 | Desert Hot Springs | 92240 | Riverside |
| 4 | 66665 Frist St. #2 | Desert Hot Springs | 92240 | Riverside |
| 5 | 66800 First St. #3 | Desert Hot Springs | 92240 | Riverside |
| 6 | 66800 First St. #4 | Desert Hot Springs | 92240 | Riverside |
| 7 | 600 Cottonwood #1 | Palm Springs | 92262 | Riverside |
| 8 | 600 Cottonwood #2A | Palm Springs | 92262 | Riverside |
| 9 | 600 Cottonwood #3 | Palm Springs | 62262 | Riverside |
| 10 | 600 Cottonwood #6 | Palm Springs | 92262 | Riverside |
| 11 | 600 Cottonwood #8 | Palm Springs | 92262 | Riverside |
| 12 | 600 Cottonwood #9 | Palm Springs | 92262 | Riverside |
| 13 | 2295 N. Junipero #3 | Palm Springs | 92262 | Riverside |
| 14 | 2295 N. junipero #4 | Palm Springs | 92262 | Riverside |
| 15 | 720 Cottonwood #2 | Palm Springs | 92262 | Riverside |
| 16 | 720 Cottonwood #9 | Palm Springs | 92262 | Riverside |
| 17 | 2295 N. Junipero #5 | Palm Springs | 92262 | Riverside |
| 18 | 556 Chuckwalla #4 | Palm Springs | 92262 | Riverside |
| 19 | 594 Chuckwalla #1 | Palm Springs | 92262 | Riverside |
| 20 | 594 Chuckwalla #4 | Palm Springs | 92262 | Riverside |
| 21 | 32263 Rancho Vista #A | Cathedral City | 92234 | Riverside |
| 22 | 32263 Rancho Vista #B | Cathedral City | 92234 | Riverside |
| 23 | 36982 Bankside Dr #3 | Cathedral City | 92234 | Riverside |



Our Purpose

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October 8, 2015

County of Riverside Department of Social Services

Re: Leveraging Desert Vista Permanent Housing

To Whom It May Concern,

This letter is to demonstrate that Jewish Family Service of San Diego is committed to provide \$109,970, for operating year April 1, 2016 through March 31, 2017, to cover the required HUD cash match for Desert Vista Permanent Supportive Housing. These funds will be generated through agency cash, donations, and fundraising. The cash amount will be available on the first date of operations as required.

If you have any questions or need additional information, please call Joel Craddock, Divisional Director, at (858) 637-3015.

Sincerely,

Michael Hopkins
Chief Executive Officer
Jewish Family Service of San Diego

Chair

Meg Golan

1st Vice Chair

Deborah Buckstein

2nd Vice Chair

Adam Wolland

Treasurer

Sheryl L. Rowing

Secretary

Marcia Foster Huzar

Directors

Michael B. Altman

Loretta H. Adams

Edwin J. Gertler

Matthew Fink

Rita Finkenberg

Avi Finkelman

Steve Goldstein

Kate Kassar

Nadia Kruder

Michael Lees

Stewart J. Levine

Pat Lohy

Philip Lussier

Marie G. Rafferty

Rabbi Yael Rieberg

Eric Slavin

Elyse Solender

Karin Toronto

Immediate Past Chair

Jennifer Levti

Chief Executive Officer

Michael Hopkins, MSW





Jewish Family Service

Our Purpose

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October 13, 2015

County of Riverside Department of Social Services

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1st Vice Chair

Deborah Buckshaus

2nd Vice Chair

Agan Weiland

Treasurer

Sheryl L. Bowling

Secretary

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Directors

Michael B. Abramson

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Kara Finkenberg

Avi Frohbergman

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Kate Kassar

Nadja Kauder

Michael Lees

Steven J. Levine

Parvathy

Philip Linssen

Marie G. Rattery

Rabbi Yael Ridberg

Brent Slavin

Elyse Solender

Karin Toranzo

Re: Riverside County Mental Health Services (IROC)
Leveraging for Desert Vista PSH

To Whom It May Concern:

This letter is to establish the leveraging of Indio Recovery Opportunity Center (IROC) Riverside County Department of Mental Health services for Desert Vista Permanent Supportive Housing based on the projected usage by clients annually of \$162,000.

IROC services (see attachment): Calculated @ \$900 per month x 15 clients x 12 months = \$162,000.

If you have any questions or need additional information, please contact Joel Craddock, Divisional Director of Housing and Educational Services, Jewish Family Service of San Diego at (858) 637-3015.

Sincerely,

Joel Craddock
Joel Craddock

Divisional Director
Housing and Educational Services
Jewish Family Service of San Diego

Immediate Past Chair

Jennifer Levitt

Chief Executive Officer

Michael Hopkins, MSW





RIVERSIDE COUNTY DEPARTMENT OF MENTAL HEALTH

Judy A. Womper, Director

October 14, 2015

Re: Riverside County Mental Health Services (IROC) Leveraging

To Whom It May Concern:

The Riverside County Substance Abuse Program/Indio Recovery Opportunity Center is pleased to write this letter of support for Jewish Family Services of San Diego. The Riverside County Substance Abuse Program and Jewish Family Services of San Diego have worked together for several years toward the mutual goal of providing safe and sober housing for drug court participants engaged in treatment. Through grant funding, our agencies believe that financial support of Jewish Family Service of San Diego housing will further this plan.

The Indio Recovery Opportunity Center (IROC) provides a highly structured treatment environment for non-violent felony drug offenders. The program is a minimum of 18 months of treatment and divided into 4 "Phases" of intensity. As is often the case, our participants are homeless at admission (Phase 1) and are housed in local shelters until they are stable enough. After successfully completing the 2nd Phase of the program in which usually takes 5 to 6 months, our clients are then allowed to go on Job Search. The Goal is to have them transition into the community as sober, working individuals (Phase III & IV). The minimal cost per client for the transition phase in treatment is approximately \$900 per month.

Jewish Family Services of San Diego has been pivotal in providing safe and sober living facilities to support our clients in becoming responsible, productive and employed members of society. One of the reasons for the success of the Indio Recovery Opportunity Center (IROC) is due to the services provided by Jewish Family Services and their wonderful staff. We wholeheartedly support the efforts of Jewish Family Services to provide essential housing for our participants and will continue our collaborative efforts to return our participants to the community with the tools to lead a healthy and productive drug-free life.

Sincerely,

Gabriel Kason CATC

Gabriel Kason CATC/BHS III



Jewish Family Service

Our Purpose

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October 8, 2015

Re: Leveraging Desert Vista Permanent Supportive Housing

Chair

Meg Goldstein

1st Vice Chair

Deborah Buckstaum

2nd Vice Chair

Alan Welland

Treasurer

Sheryl L. Rowing

Secretary

Marcia Foster-Hazen

Directors

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Lorella H. Adams

Edward J. Camot

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Steve Goldstein

Kate Kaiser

Nadja Kauder

Michael Lees

Steven J. Levine

Pat Libby

Philip Linsen

Maria G. Rafferty

Robbi Yael Ribera

Erin Slavin

Elyse Soltander

Karin Toronto

To Whom It May Concern:

Jewish Family Service of San Diego is committing to provide \$250,000 of services to the Desert Vista Permanent Housing Program. These services will be made available through outreach, case management, client assessments and transportation, emergency services, management training, volunteer and donation services provided by Roy's Desert Resource Center. These benefits will be available on the date of the signed agreement as required and will be offered throughout the duration of the contract.

If you have any questions or need additional information, please call Joel Craddock, Divisional Director, at (858) 637-3015.

Sincerely,

Michael Hopkins
Chief Executive Officer
Jewish Family Service of San Diego

Immediate Past Chair

Jennifer Leeb

Chief Executive Officer

Michael Hopkins, MSW



Tim Radigan-Brophy
Managing Director



October 19, 2015

Ms. Le McClellan
Jewish Family Service of San Diego
400 S. Farrell Dr., Ste. B205
Palm Springs, CA 92262

Subject: Commitment to the Desert Vista Permanent Supportive Housing Program

Dear Ms. McClellan:


Radigan Company is proud to have been a partner with JFSSD for many years in the agency's efforts to provide clean and safe housing for their clients. This commitment is based on a formal lease agreements in which twenty-three (23) units located throughout the Coachella Valley are leased to Jewish Family Service of San Diego at or below Fair Market Rent by an average of \$200 per month. This provides a financial benefit of \$55,200 to Desert Vista based on the difference between the Fair Market Rent (FMR) and the current lease rates.

Additionally, we provide other support to the program in a variety of manners. Those efforts include:

1. Unbilled repairs of approximately \$4,000-\$6,000 annually.
2. Holiday support for additional foodstuffs for each site of \$500-\$750 yearly.
3. Extra household goods or merchandise when needed. Approximately \$1,000 yearly.
4. Forgiven rent of newly acquired units. This benefit varies but is approximately \$1500.00 in an average year with 4 to 5 new sites in a calendar year.

The total amount we anticipate being offered with these categories fully exercised yearly is \$64,450.

Sincerely,


Tim Radigan-Brophy
Radigan Company
760-251-9973
760-578-7284

P.O. Box 2806, Palm Springs, CA 92263 Phone 760.578.7284 / 760.251.9973
Fax 760.676.1721 E-mail: Radigancompany@aol.com



October 8, 2015

Re: Leveraging

To Whom It May Concern:

The Fresh & Easy Store number 1117 located at 102 S. Sunrise Way, Palm Springs, CA 92262 is committing upon funding of the Desert Vista Permanent Supportive Housing to provide at no cost, fresh and nutritious food products. This food will be picked up by Jewish Family Service of San Diego on a regular, scheduled basis, and distribute it to its disabled, homeless clients. The projected value of this commitment by store #1117 is \$120,161.00 annually.

The described items will be available on the first day of operation as required.

If you have any questions or need additional information, please contact Fresh & Easy at (760) 325-2128 or Joel Craddock at (858) 637-3015.

Sincerely,

A handwritten signature in black ink, appearing to be "J. Craddock", written over a horizontal line.

General Store Manager



October 9, 2015

Le McClellan, Director, Riverside County Operations
Jewish Family Services, San Diego
400 So. Farrell Drive, Suite B205
Palm Springs, CA 92262

Dear Ms. McClellan,

It is my pleasure to write a letter in support of Desert Vista Permanent Housing.

ABC Recovery Center provides a complete continuum of care for people who suffer from alcohol and drug addiction. We offer high quality, personal treatment plans that are both effective and financially accessible. Our treatment programs include: Detoxification, four types of Residential Treatment, which include Social Model, Clinical, Therapeutic Community and Perinatal, also Individualized day and evening Outpatient treatment programs. ABC Recovery Center is licensed and certified by the California Department of Healthcare Services.

Our professional staff and counselors have treated thousands of alcoholics and addicts helping them to achieve long term sobriety and to return to their families and communities as healthy and responsible individuals.

Upon funding to support this program, we are committed to:

- Providing Outpatient Substance Abuse treatment and private counseling sessions.
- Providing assessments, group meetings and volunteer services.

In conclusion, we fully support the efforts of Desert Vista PH, committing \$30,000 of services over a one year period.

These services will be available on the date of the signed agreement, as required.

Please contact me at (760) 342-6616 if we may be of any further assistance.

Sincerely,

J. David Likens, JD
Chief Executive Officer



Jewish Family Service

Our Purpose

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October 13, 2015

County of Riverside Department of Social Services

Re: Panera Bread—Leveraging for Desert Vista PSH

To Whom It May Concern:

The Panera Bread Store number 601254 located at 79124 Highway 111, La Quinta, CA 92253 is committing upon funding of the Desert Vista Permanent Supportive Housing to provide at no cost, fresh and nutritious food products. This food will be picked up by Jewish Family Service of San Diego on a regular, scheduled basis, and distribute it to its disabled, homeless clients. The projected value of this commitment by store #601254 is \$24,746.21 annually.

The described items will be available on the first day of operation as required.

If you have any questions or need additional information, please contact Panera Bread at 760-564-3750 or Le McClellan, Director of Riverside County Operations at 760-673-9667.

Sincerely,


Joel Craddock
Divisional Director
Health and Educational Services
Jewish Family Services of San Diego

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Jewish Family Service

Our Purpose

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October 14, 2015

County of Riverside Department of Social Services

Re: Riverside County Mental Health Leveraging for Desert Vista PSH

To Whom It May Concern,

This letter is to establish the leveraging of Riverside County Mental Health Services for Desert Vista Permanent Supportive Housing based upon the verified usage by clients annually of \$68,752.39 (see attachment). Based upon the projected usage at a verified value by Riverside County Mental Health (see attachment), the expected leveraging value of Riverside County Mental Health Services for Desert Vista Permanent Supportive Housing clients will remain \$68,752.39 for the grant period of April 1, 2016 – March 31, 2017.

If you have any questions or need additional information, please contact Le McClellan, Director of Riverside County Operations, at (760) 673-9667 or Becky Ruiz, Senior Program Manager, at (760) 774-5374.

Sincerely,

Joel Craddock
Divisional Director
Housing and Educational Services
Jewish Family Service of San Diego

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2nd Vice Chair

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JERRY A. WENGERD, DIRECTOR

Reply to: HHOPE Program
1405 Spruce St. Suite A
Riverside, CA 92507

Date: October 14, 2015

Desert Vista Permanent Supportive Housing
Jewish Family Service of San Diego
Attn: Becky Ruiz, Program Manager

RE: Riverside County Department of Mental Health
Desert Vista Permanent Supportive Housing

This letter is to indicate that the Riverside County Department of Mental Health has provided more than \$68,752.39 in mental health services to the individuals served by Desert Vista Permanent Housing over the last year.

Sincerely,

Lynne Brockmeier
Administrative Services Manager

HHOPE Program
"Wellness Begins with a Home"



Our Purpose

www.jfssd.org
858.637.3000
858.637.3001
www.jfssd.org

October 8, 2015

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Marie G. Ratten
Rabbi Yeel Richberg
Brad Slavin
Elyse Sotender
Kari Torante

Re: Housing Authority of Riverside County
Leveraging Desert Vista Permanent Housing

To Whom It May Concern:

This letter will serve to document Jewish Family Service of San Diego's commitment to provide the use of Nightengale Manor, located at 2951 De Anza Road, Palm Springs, CA, for clients of Desert Vista Permanent Supportive Housing program. The FMR rate for these units is \$788 monthly for twelve studio units resulting in an annual value of \$113,472. The use of this facility will be available on the date of the signed agreement as required and will be utilized throughout the duration of the contract.

If you have any questions or need additional information, please contact Le McClellan, Director of Riverside County Operations at 760-673-9667, or Becky Ruiz, Senior Program Manager at 760-774-5374.

Sincerely,

Joel Craddock
Divisional Director
Housing and Educational Services
Jewish Family Service of San Diego

Immediate Past Chair
Jennifer Lovitt
Chief Executive Officer
Michael Hopkins, MSW





HOUSING AUTHORITY of the County of Riverside

Main Office
5555 Arlington Avenue
Riverside, CA 92504-2506
(951) 351-0700
FAX (951) 354-6324
TDD (951) 351-9844

October 7, 2015

Indio Office
44-199 Monroe, Ste. B
Indio, CA 92201
(760) 863-2828
(760) 863-2838 FAX
TDD (760) 863-2830

Ms. Le McClellan
Jewish Family Service of San Diego
400 S. Farrell Dr., Ste. B205
Palm Springs, CA 92262

Website: harivco.org

Subject: Commitment to the Desert Vista Permanent Supportive Housing Program

Dear Ms. McClellan:

The Housing Authority of the County of Riverside commits to provide a leasing contribution valued at \$113,472 to Jewish Family Service of San Diego to support the Desert Vista Permanent Supportive Housing Program located in Palm Springs, California. This leasing contribution will be available beginning April 1, 2016 and will remain in effect throughout the program year (April 1, 2013 – March 31, 2017)

This commitment is based on a formal lease agreement in which twelve (12) studio units located at 2951 N. De Anza Rd., Palm Springs, CA 92262 are leased to Jewish Family Service of San Diego at or below market cost of \$1 per year. This provides a financial benefit of \$113,472 to JFSDS based on the difference between the Fair Market Rent (FMR) of a studio and the \$1 per year lease rate. This leveraged benefit calculation is provided below for your reference.

| FMR Rate for Studio | Number of Units | Annual Value per Unit (\$788 x 12 studios monthly) | Total Value - \$1 lease rate (\$9456 x 12 months) |
|---------------------|-----------------|--|---|
| \$788 | 12 | \$9,456 | \$113,472 |

The Housing Authority is pleased to partner with Jewish Family Service of San Diego on the Desert Vista Permanent Supportive Housing Project and is an active supporter of the Riverside City and County Continuum of Care. If you have any questions regarding this financial commitment or require any additional information, please contact, feel free to contact me directly at 951-343-5461 or by email at charmon@rivcoeda.org.

Sincerely,

Carrie Harmon
Acting Deputy Director