

EXHIBIT B

HUD CONTINUUM OF CARE TIME ACTIVITY REPORT
SUBRECIPIENT NAME - EMPLOYEE NAME

DATES: (dates for pay period)

GRANT #:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL				
SUPPORTIVE SERVICES																																				
Assessment of Client Needs																																				
Assessment and Referral Cases																																				
Case Management																																				
Crisis Care																																				
Educator Services																																				
Employment Assistance																																				
Food																																				
Housing/Community Services																																				
Legal Services																																				
Life Skills																																				
Mental Health Services																																				
Outpatient Health Services																																				
Outreach Services																																				
Substance Abuse Treatment Services																																				
Transportation																																				
Utility Deposits																																				
Client Protection of Data																																				
Total Supp. Svcs																																				
OPERATIONS																																				
Maintenance Repair																																				
Property Taxes and Insurance																																				
Utility Services																																				
Electric Gas & Water																																				
Furniture																																				
Equipment																																				
Total Operations																																				
HMIS																																				
Personnel																																				
Total HMIS																																				
ADMIN																																				
General Mgmt. Oversight & Coordinator																																				
Business Operations																																				
Developing Systems & Program Compliance																																				
Developing Client/Resident Agreements																																				
Monitoring for Program Compliance																																				
Preparing Program Records (Ex. APE)																																				
Preparing Audit/Working Papers																																				
Evaluating Form																																				
Managing Supervisory Activities																																				
Total Admin																																				
Non-Project																																				
Total Non-Project																																				
FRINGE																																				
Location																																				
Cell																																				
Phone																																				
Other Paid Time Off																																				
Total Fringe																																				
TOTALS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			

Total Hours	0.00
Total Fringe Hrs	0.00
Difference	0.00
Actual Hrs - Supp. Svcs.	0.00
Actual Hrs - Operations	0.00
Actual Hrs - HMIS	0.00
Actual Hrs - Admin	0.00
Non-Project Hours	0.00

I certify that this is a true and accurate report of my time and the activities were performed as shown.

Employee Signature _____ Date _____
Supervisor Signature _____ Date _____

HUD-2007-10-01-1

HUD CONTINUUM OF CARE TIME ACTIVITY REPORT

SUBRECIPIENT NAME - EMPLOYEE NAME

LEASING RENTAL ASSISTANCE ONLY

DATE: (dates for pay period)

GRANT #:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	01		
LEASING RENTAL ASSISTANCE																																		
Processing applications for the program																																		
Processing housing information and rental assistance																																		
Determining cost share and rent contributions																																		
Issuance of vouchers and rent housing quality standards																																		
Processing rent payments to landlords																																		
Total Leasing RA																																		
Non-Project																																		
Total Non-Project																																		
DIFFERENCE																																		
Total Fringe																																		
TOTALS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		

I certify that this is a true and accurate record of my time and the activities were performed as shown.

Total Hours	0.00
Total Fringe hrs	0.00
Difference	0.00
Actual hrs - Leasing RA	0.00
Non-Project Hours	0.00

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

EXHIBIT D

Inspection Checklist

Housing Choice Voucher Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169
Exp. 04/30/2018

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

Privacy Act Statement: The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

Name of Family		Tenant ID Number	Date of Request (mm/dd/yyyy)
Inspector		Neighborhood/Census Tract	Date of Inspection (mm/dd/yyyy)
Type of Inspection Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection <input type="checkbox"/>		Date of Last Inspection (mm/dd/yyyy)	PHA

A. General Information

Inspected Unit	Year Constructed (yyyy)	Housing Type (check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input type="checkbox"/> Low Rise: 3, 4 Stories, including Garden Apartment <input type="checkbox"/> High Rise: 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Full Address (including street, city, county, state, zip)		
Number of Children in Family Under 6		
Owner		
Name of Owner or Agent Authorized to Lease Unit Inspected		Phone Number
Address of Owner or Agent		

B. Summary Decision On Unit: To be completed after form has been filled out

<input type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
<input type="checkbox"/> Fail		
<input type="checkbox"/> Inconclusive		

Inspection Checklist

Item No.	Item	Yes Pass	No Fail	In-Cond.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present					
1.2	Electricity					
1.3	Electrical Hazards					
1.4	Security					
1.5	Window Condition					
1.6	Ceiling Condition					
1.7	Wall Condition					
1.8	Floor Condition					

Previous editions are obsolete

Page 1 of 2

form HUD-52580 (4/2015)
ref Handbook T420.5

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room); 2 = Dining Room or Dining Area
 3 = Second Living Room, Family Room, Den, Playroom, TV Room; 4 = Entrance Halls, Corridors, Halls, Staircases; 5 = Additional Bathroom; 6 = Other

Item No.		Yes Fol	No Fall	In- Cond.	Comment	Final Approval Date (mm/dd/yyyy)
1. Living Rooms (Continued)						
19	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				Not Applicable	
2. Kitchen						
21	Kitchen Area Present					
22	Electricity					
23	Electrical Hazards					
24	Security					
25	Window Condition					
26	Ceiling Condition					
27	Wall Condition					
28	Floor Condition					
29	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				Not Applicable	
210	Stove or Range with Oven					
211	Refrigerator					
212	Sink					
213	Space for Storage, Preparation, and Serving of Food					
3. Bathroom						
31	Bathroom Present					
32	Electricity					
33	Electrical Hazards					
34	Security					
35	Window Condition					
36	Ceiling Condition					
37	Wall Condition					
38	Floor Condition					
39	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				Not Applicable	
310	Flush Toilet in Enclosed Room in Unit					
311	Fixed Wash Basin or Lavatory in Unit					
312	Tub or Shower in Unit					
313	Ventilation					

Previous editions are obsolete

Page 2 of 2

Form HUD-52580 (4/2005)
 ref Handbook 742.2

Item 4. Other Rooms Used For Living and Halls Final Approval
Date (mm/dd/yyyy)

	Yes Pass	No Fail	In- conc.	Comment	
4.1 Room Code* and Room Location				(Circle One) Right/Center/Left	(Circle One) Front/Center/Rear ____ Floor Level
4.2 Electricity/Illumination					
4.3 Electrical Hazards					
4.4 Security					
4.5 Window Condition					
4.6 Ceiling Condition					
4.7 Wall Condition					
4.8 Floor Condition					
4.9 Lead-Based Paint				<input type="checkbox"/> Not Applicable	
<p>Are all painted surfaces free of deteriorated paint?</p> <p>If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?</p>					

4.10 Smoke Detectors

4.1 Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left	(Circle One) Front/Center/Rear ____ Floor Level
4.2 Electricity/Illumination					
4.3 Electrical Hazards					
4.4 Security					
4.5 Window Condition					
4.6 Ceiling Condition					
4.7 Wall Condition					
4.8 Floor Condition					
4.9 Lead-Based Paint				<input type="checkbox"/> Not Applicable	
<p>Are all painted surfaces free of deteriorated paint?</p> <p>If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?</p>					

4.10 Smoke Detectors

4.1 Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left	(Circle One) Front/Center/Rear ____ Floor Level
4.2 Electricity/Illumination					
4.3 Electrical Hazards					
4.4 Security					
4.5 Window Condition					
4.6 Ceiling Condition					
4.7 Wall Condition					
4.8 Floor Condition					
4.9 Lead-Based Paint				<input type="checkbox"/> Not Applicable	
<p>Are all painted surfaces free of deteriorated paint?</p> <p>If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?</p>					

Item No.	4. Other Rooms Used For Living and Halls	Yes F388	No Fail	In-Conn.	Comment	Final Approval Date (mm/dd/yyyy)
4.1	Room Code and Room Location	(Circle One) Right/Center/Left		(Circle One) Front/Center/Rear		Floor Level
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				Not Applicable	
4.10	Smoke Detectors					
4.1	Room Code and Room Location	(Circle One) Right/Center/Left		(Circle One) Front/Center/Rear		Floor Level
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				Not Applicable	
4.10	Smoke Detectors					
5. All Secondary Rooms (Rooms not used for living)						
5.1	None - Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					

Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation					
6.2	Condition of Stairs, Rails, and Porches					
6.3	Condition of Roof/Gutters					
6.4	Condition of Exterior Surfaces					
6.5	Condition of Chimney					
6.6	Lead Paint - Exterior Surfaces Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				Not Applicable	
6.7	Manufactured Homes: Tie Downs					
7. Heating and Plumbing						
7.1	Adequacy of Heating Equipment					
7.2	Safety of Heating Equipment					
7.3	Ventilation/Cooling					
7.4	Water Heater					
7.5	Approvable Water Supply					
7.6	Plumbing					
7.7	Sewer Connection					
8. General Health and Safety						
8.1	Access to Unit					
8.2	Fire Exits					
8.3	Evidence of Infestation					
8.4	Garbage and Debris					
8.5	Refuse Disposal					
8.6	Interior Stairs and Common Halls					
8.7	Other Interior Hazards					
8.8	Elevators					
8.9	Interior Air Quality					
8.10	Site and Neighborhood Conditions					
8.11	Lead-Based Paint: Owner's Certification				Not Applicable	

If the owner is required to correct any lead-based paint hazards at the property including deteriorated paint or other hazards identified by a visual assessor, a certified lead-based paint risk assessor, or certified lead-based paint inspector, the PHA must obtain certification that the work has been done in accordance with all applicable requirements of 24 CFR Part 35. The Lead-Based Paint Owner Certification must be received by the PHA before the execution of the HAP contract or within the time period stated by the PHA in the owner HQS violation notice. Receipt of the completed and signed Lead-Based Paint Owner Certification signifies that all HQS lead-based paint requirements have been met and no re-inspection by the HQS inspector is required.

C. Special Amenities (Optional)

This Section is for optional use of the HA. It is designed to collect additional information about other positive features of the unit that may be present. Although the features listed below are not included in the Housing Quality Standards, the tenant and HA may wish to take them into consideration in decisions about renting the unit and the reasonableness of the rent. Check list any positive features found in relation to the unit.

D. Questions to ask the Tenant (Optional)

1. Living Room

- High quality floors or wall coverings
- Working fireplace or stove
- Balcony, porch, deck, porch
- Special windows or doors
- Exceptional size relative to needs of family
- Other (Specify): _____

2. Kitchen

- Dishwasher
- Separate freezer
- Garbage disposal
- Eating counter/breakfast nook
- Pantry or abundant shelving or cabinets
- Double oven, self-cleaning oven, microwave
- Double sink
- High quality cabinets
- Abundant counter-top space
- Modern appliances
- Exceptional size relative to needs of family
- Other (Specify): _____

3. Other Rooms Used for Living

- High quality floors or wall coverings
- Working fireplace or stove
- Balcony, porch, deck, porch
- Special windows or doors
- Exceptional size relative to needs of family
- Other (Specify): _____

4. Bath

- Special feature shower head
- Built-in heat lamp
- Large mirrors
- Glass door on shower tub
- Separate dressing room
- Double sink or special lavatory
- Exceptional size relative to needs of family
- Other (Specify): _____

5. Overall Characteristics

- Storm windows and doors
- Other forms of weatherization (e.g., insulation, weather stripping)
- Screen doors or windows
- Good upkeep of grounds (i.e., site cleanliness, landscaping, condition of lawn)
- Garage or parking facilities
- Driveway
- Large yard
- Good maintenance of building exterior
- Other (Specify): _____

6. Disabled Accessibility

Unit is accessible to a particular disability Yes No
Disability _____

1. Does the owner make repairs when asked? Yes No
2. How many people live there?
3. How much money do you pay to the owner/agent for rent? \$ _____
4. Do you pay for anything else? (specify) _____
5. Who owns the range and refrigerator? (insert O = Owner or T = Tenant) Range _____ Refrigerator _____ Microwave
6. Is there anything else you want to tell us? (specify) Yes No

E. Inspection Summary/Comments (Optional)

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number	Inspector	Date of Inspection (mm/dd/yyyy) Address of Inspected Unit
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Type of Inspection	Initial	Special	Reinspection
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Item Number Reason for "Fail" or "Pass with Comments" Rating

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Continued on additional page Yes No

**ASSURANCE OF COMPLIANCE WITH
THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
NONDISCRIMINATION IN STATE AND FEDERALLY ASSISTED PROGRAMS**

NAME OF ORGANIZATION
(HEREINAFTER CALLED THE "CONTRACTOR")

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 as amended; Section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975 as amended; the Food Stamp Act of 1977, as amended, and in particular Section 272.6; Title II of the Americans with Disabilities Act of 1990: Government Code (GC) Section 11135, as amended; California Code of Regulations (CCR) Title 22 Section 98000 -- 98413; Title 24 of the California Code of Regulations, Section 3105A(e); the Dymally-Alatorre Bilingual Services Act; Section 1808 Removal of Barriers to Inter Ethnic Adoption Act of 1996 and other applicable federal and state laws, as well as their implementing regulations [including 45 Code of Federal Regulations (CFR) Parts 80, 84, and 91, 7 CFR Part 15, and 28 CFR Part 42], by ensuring that employment practices and the administration of public assistance and social services programs are nondiscriminatory, to the effect that no person shall 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 assistance; and HEREBY GIVE ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

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

BY ACCEPTING THIS ASSURANCE, the CONTRACTOR agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of the aforementioned laws, rules and regulations and permit authorized CDSS and/or federal government personnel, during normal working hours, to review such records, books and accounts as needed to ascertain compliance. If there are any violations of this assurance, CDSS shall have the right to invoke fiscal sanctions or other legal remedies in accordance with Welfare and Institutions Code Section 10605, or Government Code Section 11135-39, or any other laws, or the issue may be referred to the appropriate federal agency for further compliance action and enforcement of this assurance.

THIS ASSURANCE is binding on the CONTRACTOR directly or through contract, license, or other provider services, as long as it receives federal or state assistance; and shall be submitted with the required Civil Rights Plan Update.

Date

Director's Signature

Address of CONTRACTOR

FORM APPROVED COUNTY COUNSEL

BY: Jhaila R. Brown 10/17/18
JHAILA R. BROWN DATE

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

WHEN DOCUMENT IS FULLY EXECUTED RETURN
CLERK'S COPY
to Riverside County Clerk of the Board, Stop 1010
Post Office Box 1147, Riverside, Ca 92502-1147
Thank you.

SUBRECIPIENT AGREEMENT: DPSS-0000019

SUBRECIPIENT: Housing Authority of the County of Riverside

ACTIVITIES: Consolidated All County (ECON)

TERM: June 1, 2018 – May 31, 2019

MAXIMUM REIMBURSABLE AMOUNT: \$450,929.00

HUD PROJECT NUMBER: CA0683L9D081710

This Subrecipient Agreement ("Agreement") is made and entered into by and between the County of Riverside's Department of Public Social Services (hereinafter referred to as "County") and the **Housing Authority of the County of Riverside** (hereinafter referred to as the "Subrecipient").

RECITALS

WHEREAS, the County has entered into a grant agreement with the United States Department of Housing and Urban Development (HUD) (hereinafter referred to as the "Grantor"), pursuant to the Continuum of Care Program Rule (CFDA 14.267), codified as 24 CFR 578 and Subtitle C of Title IV of the Stewart B. McKinney-Vento Homeless Assistance Act as amended by S. 896 the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, 42 U.S.C. 11381 et seq.; and

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

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

Authorized Signature for County:	Authorized Signature for Subrecipient:	ATTEST: KECIA HARPER-IHEM, Clerk DEPUTY
Printed Name of Person Signing: Deneen Flemming	Printed Name of Person Signing: Chuck Washington	
Title: Procurement Contract Specialist	Title: Chairman, Board of Commissioners	
Address: 2980 Washington Street Riverside, CA 92503	Address: 5555 Arlington Ave. Riverside, CA 92504	
Date Signed:	Date Signed: OCT 30 2018	

OCT 30 2018 10.1

FORM APPROVED COUNTY COUNSEL
BY: Jhaila R. Brown 10/17/18
JHAILA R. BROWN DATE

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LIST OF EXHIBITS

- EXHIBIT A** – Project Application
- EXHIBIT B** – 2-1-1 Riverside County Agency Registration Form
- EXHIBIT C** – 2-1-1 Riverside County Program Registration Form
- EXHIBIT D** – Administrative Handbook for HUD Funded Continuum of Care Programs
- EXHIBIT E** – Assurance of Compliance

I. DEFINITIONS

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

- A. The term "2-1-1" refers to 2-1-1 Riverside County—a designated 3-digit number that allows callers to receive up-to-date information and referrals to health and human service agencies.
- B. The term "Application" refers to the approved application and its submissions prepared by the Subrecipient, which is the basis on which HUD approved the grant.
- C. The term "APR" refers to the Annual Performance Report.
- D. The term "Draw Down" refers to the wire transfer system called Line of Credit Control System (LOCCS).
- E. The term "DPSS" refers to the County of Riverside and its Department of Public Social Services, which has administrative responsibility for this Agreement.
- F. The term "HMIS" refers to the Riverside County Homeless Management Information System.
- G. The term "Participants" refers to individuals who utilize Supportive Housing Services, including referral services or individuals who are residents or former residents of the housing project.
- H. The term "Project" refers to housing and/or supportive services for facilitating the movement of homeless individuals through the CoC Program into independent permanent housing.
- I. The term "Subrecipient" refers to **Housing Authority of the County of Riverside**, the entity under agreement with DPSS to operate the Project on a daily basis.
- J. The term "Subcontract" refers to any contract, purchase order, or other purchase agreement, including modifications and change orders to the foregoing, entered into by the Subrecipient with a Subcontractor to furnish supplies, materials, equipment, and services for the performance of any of the terms and conditions contained in this Agreement.
- K. The term "Subcontractor" means any supplier, vendor, or firm, that furnishes supplies, materials, equipment, or services to or for the Subrecipient or another Subcontractor.
- L. The term "Continuum of Care Program (CoC Program)" refers to the HUD grant program designed to promote communitywide commitment to the goal of ending homelessness and provide funding for efforts by homeless service providers.
- M. The term "Technical Submission" refers to the second phase of the application process. Applicants who are conditionally selected for funding, are required to complete a detailed Project plan that contains technical information not described in the original Application.

II. DPSS RESPONSIBILITIES

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

III. SUBRECIPIENT RESPONSIBILITIES

- A. The Subrecipient shall be responsible for the overall administration of the Project, including overseeing all Subcontractors, client services, and case management, medical care, social services support, and legal support. The Subrecipient will also provide client linkages to other sources of support. The Subrecipient shall provide services as set forth in the Project Application, attached hereto as **Exhibit A**, and incorporated herein by this reference.
- B. The Subrecipient must ensure that all CoC Program Participants comply with the regulations applicable to the CoC Program as set forth in 24 CFR Part 578, and 2 CFR Part 200. In the event that any federal or state laws or regulations, including without limitation regulations by HUD add, delete, modify, or otherwise change any statutory or regulatory requirements concerning the use or administration of these funds, CoC Program Participants shall comply with such requirements, as amended.
- C. The Subrecipient shall register its agency and/or program, as funded by DPSS, with 2-1-1 Riverside County, by faxing the 2-1-1 Riverside County Agency Registration Form and 2-1-1 Riverside County Program Registration Form attached hereto as **Exhibits B and C**, respectively, and incorporated herein by these references, to (951) 686-7417. Registration is to take place at the time of execution of this Agreement, and updated on a quarterly basis, at minimum, if agency and/or program changes occur through the term of this Agreement.

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

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

- D. The Subrecipient will be responsible for assuring that persons served under the terms of this Agreement meet the criteria specified in federal law for Participants served under the CoC Program.

- E. The Subrecipient shall comply with the policies and procedures in the DPSS Administrative Handbook for HUD Funded Continuum of Care Programs, attached hereto as **Exhibit D** and incorporated herein by this reference, and all laws applicable to the provision of services under this program. The Subrecipient shall use the most current version of **Exhibit D**. Any subsequent changes to Exhibit D issued by DPSS shall automatically serve as Exhibit D to the contract.
- F. The Subrecipient shall comply with the Educational Assurance requirements as stipulated in the McKinney-Vento Homeless Education Assistance Improvements Act.
- G. The Subrecipient agrees to participate in the Homeless Management Information System (HMIS).
 - 1. Participation is defined by HMIS training attendance, complying with Riverside County HMIS security policies and procedures, and entering required client data on a regular and timely basis ensuring completeness and accuracy of data entered in HMIS.
 - 2. DPSS retains the rights to the HMIS and case management software application used in the operations of this property. DPSS grants the Subrecipient an exclusive perpetual license to use the HMIS software for the term of this Agreement.
 - 3. The Subrecipient shall ensure that employees using HMIS for client intake capture all required data fields, as set forth in the County of Riverside CoC Program's HMIS Policies and Procedures Manual, which is located on the DPSS website: <http://dpss.co.riverside.ca.us/homeless-programs>.
 - 4. The Subrecipient must maintain a valid HMIS End User Agreement on file with DPSS, which is located on the DPSS website: <http://dpss.co.riverside.ca.us/homeless-programs>.
- H. The Subrecipient agrees to participate in the County of Riverside CoC Program coordinated entry system. This coordinated assessment is a key step in assessing the needs of homeless individuals and families requesting assistance in prioritizing those household's for assistance. Establishment and operation of a coordinated assessment system is a requirement of 24 CFR part 578.

IV. FISCAL PROVISIONS

A. OBLIGATION

The Subrecipient shall be reimbursed by HUD, utilizing a Draw Down process, for an amount not to exceed \$436,269. The County shall be reimbursed by HUD for an amount not to exceed \$14,660. Said funds shall be spent according to the budget shown below.

BUDGET CATEGORY	Total
LEASING	\$0
RENTAL ASSISTANCE	\$421,608
SUPPORTIVE SERVICES	\$0
OPERATING COSTS	\$0
HMIS	\$0
ADMINISTRATIVE COSTS (SUBRECIPIENT)	\$14,661
SUBRECIPIENT TOTAL	\$436,269
ADMINISTRATIVE COSTS (COUNTY)	\$14,660
GRANT TOTAL	\$450,929

B. METHOD, TIME, AND CONDITION OF PAYMENTS

1. The Subrecipient shall submit to DPSS a monthly claim in accordance with the Administrative Handbook for HUD Funded Continuum of Care Programs (**Exhibit D**).
2. The Subrecipient shall ensure that funds provided under this Agreement are not used to pay developer's fees, to establish working capital, or operate deficit funds.

a. Cash Match Documentation

The Subrecipient shall provide cash match documentation as set forth in the Administrative Handbook for HUD Funded Continuum of Care Programs (**Exhibit D**) and the Project Application (**Exhibit A**).

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

C. REALLOCATION OF FUNDS

Reallocating funds is one of the most important tools by which CoC Programs can make strategic improvements to their homelessness system. Through reallocation, CoC Programs can create new, evidence-informed Projects by eliminating Projects that are underperforming or are more appropriately funded from other sources. Projects with returned/unspent funds in the last three years, regardless of the amount will be considered for reallocation by the CoC Program designated Independent Review Panel.

V. GENERAL PROVISIONS

A. TERM OF AGREEMENT

1. The Agreement shall be effective from June 1, 2018 – May 31, 2019.
2. All Program funds shall be expended by the Project operating ending period.
3. All Final funds requests shall be submitted within 30 days after the expenditure deadline.

B. BACKGROUND CHECKS

Subrecipients providing services to minors (detailed in **Exhibit A-Project Application**) shall be required to conduct criminal background checks on all employees, Subcontractors, and volunteers providing services under this Agreement. Prior to these individuals providing services to clients, the Subrecipient 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 Subrecipient 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 Subrecipient shall be considered and kept confidential by the Subrecipient, its staff, agents, employees and volunteers. The Subrecipient shall require all of its employees, agents, Subcontractors and volunteer staff who may provide services under this Agreement with the Subrecipient 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 Subrecipient by Riverside County.

Subrecipient 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 Subrecipient 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 CoC Program, including; HUD Application, Technical Submission; CoC Program Interim Rule (24 CFR Part 578); Administrative Requirement for Grants and Cooperative Agreements (2 CFR Part 200); 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.

A copy of the agency's Conflict of Interest policy should be submitted to DPSS upon execution of this Agreement.

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 CoC

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

Subrecipient 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 Subrecipient, 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 Subrecipient, its officers, agents, employees, Subcontractors, agents or representatives from this Agreement. Subrecipient 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 Subrecipient, Subrecipient 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 Subrecipient's indemnification to County as set forth herein. Subrecipient's obligation to defend, indemnify and hold harmless County shall be subject to County having given Subrecipient 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 Subrecipient's expense, for the defense or settlement thereof. Subrecipient's obligation hereunder shall be satisfied when Subrecipient 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 Subrecipient'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 Subrecipient from indemnifying County to the fullest extent allowed by law.

H. INSURANCE

Without limiting or diminishing the Subrecipient's obligation to indemnify or hold the County harmless, Subrecipient 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.

1. Workers' Compensation: If Subrecipient has employees as defined by the State of California, the Subrecipient 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.
2. 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 Subrecipient'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.
3. Professional Liability: If, at any time during the duration of this Agreement and any renewal or extension thereof, the Subrecipient, 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 Subrecipient 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 (1), (2), or (3) will continue for a period of five (5) years beyond the termination of this Agreement.
4. Vehicle Liability: If Subrecipient's vehicles or mobile equipment are used in the performance of the obligations under this Agreement, Subrecipient 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.

5. General Insurance Provisions – All lines:

- a. Any insurance carrier providing insurance coverage hereunder shall be admitted to the State of California and have an A.M. BEST rating of not less than an A: VIII(A:8) unless such requirements are waived, in writing, by the County Risk Manager. If the County's Risk Manager waives a requirement for a particular insurer such waiver is only valid for that specific insurer and only for one policy term.
- b. The Subrecipient'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, Subrecipient'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.
- c. The Subrecipient 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. Subrecipient 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.
- d. It is understood and agreed to by the parties hereto and the Subrecipient'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.
- e. 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 Subrecipient has become inadequate.

- f. Subrecipient shall pass down the insurance obligations contained herein to all tiers of Subcontractors working under this Agreement.
- g. The insurance requirements contained in this Agreement may be met with a program(s) of self-insurance acceptable to the County.
- h. Subrecipient 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 the County 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 Subrecipient 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 Subrecipient 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 Subrecipient.
3. The Subrecipient 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 Subrecipient shall document, prior to grant execution, all services to be provided by a third party by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services, as per CFR 578.73, (c)(3).
5. Nothing contained in this Agreement shall create any contractual relationship between any Subcontractor and the County of Riverside, its Agencies, Districts, Special Districts and Departments, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives.

K. TERMINATION

1. 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, and may take any other remedies available by law, or otherwise specified in this Agreement. DPSS may also:
 - a. 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
 - b. Withhold funds pending correction of the breach.
2. DPSS may immediately suspend or terminate if there is a conflict with any federal, state or local laws, ordinance, regulation or rule rendering any provision of this Agreement invalid or untenable.
3. 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.
4. The Subrecipient may terminate this Agreement with cause upon written notice served upon DPSS stating the extent and effective date of termination. Subrecipient 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.
5. 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.
6. 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.

L. 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 is granted.

M. 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: **Housing Authority of the County of Riverside**
5555 Arlington Ave.
Riverside, CA 92504

N. 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 County's written consent shall be void and of no further force or effect.

O. 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 unless 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.

P. CHILD ABUSE REPORTING

The Subrecipient 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 or neglect to a child protective agency as defined in Penal Code, Section 11166.

Q. ELDER AND DEPENDENT ABUSE REPORTING

The Subrecipient 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.

R. CLIENTS CIVIL RIGHTS COMPLIANCE

1. Assurance of Compliance

The Subrecipient 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 E** and incorporated herein by this reference. The Subrecipient will sign and date **Exhibit E** and return it to DPSS along with the executed Agreement. The Subrecipient 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 Subrecipient 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 Subrecipient'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

Subrecipient 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

Subrecipient 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.

S. EMPLOYMENT PRACTICES

1. The Subrecipient 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 Subrecipient shall certify and comply with Public Contract Code 10295.3, to not discriminate between employees with spouses and employees with domestic partners, or discriminate between the domestic partners and spouses of those employees.

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

T. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

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

U. CLEAN AIR/WATER ACTS

As required in all contracts with an estimated total value in excess of \$100,000, the 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.

V. 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).

W. 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.

X. 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 three-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.

Y. 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.

Z. ENTIRE AGREEMENT

This Agreement constitutes the entire agreement between the parties hereto with respect to the subject matter hereof and all prior or contemporaneous agreements of any kind or nature relating to the same shall be deemed to be merged herein. 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) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2016 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 2016 Project Application will be imported into the FY 2017 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 2016 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 2017 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 09/15/2017

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: CA0683

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of 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. SF-424 Legal Applicant

8. Applicant

a. Legal Name: County of Riverside

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

	c. Organizational DUNS:	152240540	PLUS 4	
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d. Address

Street 1: 4060 County Circle Drive

Street 2:

City: Riverside

County: Riverside

State: California

Country: United States

Zip / Postal Code: 92503

e. Organizational Unit (optional)

Department Name: Public Social Services

Division Name: Homeless Programs Unit

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

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

Applicant: Riverside City & County Proj Applicant
Project: Housing Authority Consolidated All County

CA-608
152540

Extension:

Fax Number: (951) 358-7755

Email: jkowalsk@rivco.org

1C. SF-424 Application Details

9. Type of Applicant: B. County Government

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

11. Catalog of Federal Domestic Assistance CoC Program
Title:

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6100-N-25

Title: Continuum of Care Homeless Assistance
Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: Housing Authority Consolidated All County

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: 06/01/2018

b. End Date: 05/31/2019

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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. SF-424 Declaration

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)

Email: SVONZABE@rivco.org

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

Date Signed: 09/15/2017

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: County of Riverside

Prefix: Ms.

First Name: Susan

Middle Name:

Last Name: von Zabern

Suffix:

Title: Director

Organizational Affiliation: County of Riverside

Telephone Number: (951) 358-3000

Extension:

Email: SVONZABE@rivco.org

City: Riverside

County: Riverside

State: California

Country: United States

Zip/Postal Code: 92503

2. Employer ID Number (EIN): 95-6000930

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$448,217.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Housing Authority Consolidated All County 4060 County Circle Drive Riverside California

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
 (For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? Yes
 For further information, see 24 CFR Sec. 4.9.

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
Behavioral Health - Coachella Valley Permanent Housing	Grant - Permanent Supportive Housing	\$498,468.00	Homeless Services
Behavioral Health - Men's Permanent Housing	Grant - Permanent Supportive Housing	129366.0	Homeless Services
Behavioral Health - Riverside Permanent Housing	Grant - Permanent Supportive Housing	\$359,743.00	Homeless Services
Behavioral Health HHOPE Consolidated Permanent Housing	Grant - Permanent Supportive Housing	\$495,415.00	Homeless Services
City of Riverside PSH Chronically Homeless	Grant - Permanent Supportive Housing	\$125,598.00	Homeless Services

Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in

the planning, development, or implementation of the project or activity and
 2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Susan von Zabern, Director

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

Date Signed: 08/28/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: County of Riverside

Program/Activity Receiving Federal Grant Funding: CoC Program

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.	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;
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.	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;
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.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
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;	

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.)
 Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and

X

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)

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)

Email: SVONZABE@rivco.org

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

Date Signed: 09/15/2017

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

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)

Applicant's Organization: County of Riverside

Name / Title of Authorized Official: Susan von Zabern, Director

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

Date Signed: 09/15/2017

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: County of Riverside

Street 1: 4060 County Circle Drive

Street 2:

City: Riverside

County: Riverside

State: California

Country: United States

Zip / Postal Code: 92503

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

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)

Email: SVONZABE@rivco.org

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

Date Signed: 09/15/2017

Additional Information



Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.

Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.

Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.

If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.

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: \$448,217

Organization	Type	Type	Sub-Award Amount
Housing Authority of the County of Riverside	La. Public Housing Authority	La. Public Housing Authority	\$448,217

2A. Project Subrecipients Detail

a. Organization Name: Housing Authority of the County of Riverside

b. Organization Type: La. Public Housing Authority

c. Employer or Tax Identification Number: 95-6000930

	* d. Organizational DUNS:	055022305	PLUS 4	
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e. Physical Address

Street 1: 5555 Arlington Ave

Street 2:

City: Riverside

State: California

Zip Code: 92504

f. Congressional District(s): CA-041, CA-042, CA-050, CA-051, CA-036
(for multiple selections hold CTRL key)

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

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

i. Expected Sub-Award Amount: \$448,217

j. Contact Person

Prefix: Ms.

First Name: Tanya

Middle Name:

Last Name: Torno

Suffix:

Title: Principal Development Specialist

E-mail Address: ttorno@rivco.org

Confirm E-mail Address: ttorno@rivco.org

Phone Number: 951-343-5421

Extension:

Fax Number: 951-688-6873

2B. Recipient Performance

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

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

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

The grant returned \$53,943.04 due to grant savings generated as a result of clients leasing up at rental rates below budgeted FMRs. Housing Authority has been working with the CoC to over-lease to spend down the grant savings.

3A. Project Detail

1. Expiring Grant Number: CA0683

(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: Housing Authority Consolidated All County

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

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

Housing Authority (HACR) proposes to renew the Housing Authority Consolidated All County project that serves individuals and families impacted by a mental health disability or other chronic health conditions with permanent supportive housing in scattered site, tenant-based rental housing. With a funding request of \$448,217 for rental assistance and administrative costs only, the project provides housing to a minimum of 41. In an effort to align with HUD's guidance to prioritize CH individuals with the longest lengths of homelessness and greatest service needs, HACR has fully adopted the Housing First approach at program enrollment, in supportive services delivery and with housing retention. The project is also fully committed to serving individuals identified and prioritized through the CoC's Coordinated Entry System. HACR is also a committed partner in supporting a countywide approach to developing common outcomes/indicators to measure success in ending homelessness. HACR partners with the Riverside University Health System-Behavioral Health (RUHS-BH) and other local community agencies to support participants in remaining in housing in a manner that fits their needs. The HACR PSH model offers meaningful opportunities for participants to achieve self-determined goals and integrate into the community in an infrastructure that supports harm-reduction, recovery and housing retention. HACR continues to look to the CoC, the homeless community and to trusted, long-standing partnerships to build on existing strategies to preserve participant housing and remain true to the guiding principles of client-choice in housing and strength-based, client-driven supportive services. California's rental market has proved challenging in this endeavor: participants are spending longer periods of time in the housing search phase while landlords have become unwilling to negotiate rents. In response to this significant challenge, HACR has partnered with the CoC to build a landlord recruitment and support network outside of the project. HACR has been a leader with coordinating "Landlord Fairs" that focus on recruitment and education, strengthening partnerships, preserving housing through early crisis intervention, and fostering win-win outcomes whenever possible. Although the project is at capacity and is, in fact, over-leasing households, HACR is committed to reinvesting grant savings to serve additional households as another key strategy to end homelessness. CoC funding is needed to maintain this project and this valuable resource for ending homelessness for CH persons and families.

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

2a. Please identify the specific population focus. (Select ALL that apply)

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

Other:

3. Housing First

3a. Does the project quickly move Yes
participants into permanent housing

3b. Does the project ensure that participants are not screened out based
on the following items? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3c. 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"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3d. Does the project follow a "Housing First" Yes
approach?

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

Is this an SHP Project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? No

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above. N/A

4A. Supportive Services for Participants

**1. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
 Click 'Save' to update.**

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

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? Yes

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

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

agency?

3a. 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: 41

Total Beds: 92

Total Dedicated CH Beds: 5

Housing Type	Units	Beds
Scattered-site apartments (...)	41	92

4B. Housing Type and Location Detail

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: 41

b. Beds: 92

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 5

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Street 1: 5555 Arlington Avenue

Street 2:

City: Riverside

State: California

ZIP Code: 92504

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

069065 Riverside County

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	21	20	0	41

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	36	25		61
Adults ages 18-24	0	0		0
Accompanied Children under age 18	31		0	31
Unaccompanied Children under age 18			0	0
Total Persons	67	25	0	92

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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 represe nted by listed subpopu lations
Adults over age 24	0	0	0	0	0	36	0	0	0	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Children under age 18	0			0	0	0	0	0	0	31
Total Persons	0	0	0	0	0	36	0	0	0	31

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/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	5	0	0	0	0	25	0	0	0	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	5	0	0	0	0	25	0	0	0	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

Describe the unlisted subpopulations referred to above:

The unlisted subpopulation are non disabled children under age 18 that are members of the households.

5C. Outreach for Participants

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

85%	Directly from the street or other locations not meant for human habitation.
15%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
0%	Directly from transitional housing.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

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

4. Renewal Grant Term: 1 Year

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

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

6C. Rental Assistance Budget

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

Total Request for Grant Term:		\$418,896	
Total Units:		41	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	CA - Riverside-San Bernardino-Ontario...	41	\$418,896

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

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

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? Yes

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$599	\$599	x		=	\$0
0 Bedroom	29	x	\$798	\$796	x		=	\$277,008
1 Bedroom	10	x	\$945	\$945	x		=	\$113,400
2 Bedrooms	2	x	\$1,187	\$1,187	x		=	\$28,488
3 Bedrooms		x	\$1,672	\$1,672	x		=	\$0
4 Bedrooms		x	\$2,056	\$2,056	x		=	\$0
5 Bedrooms		x	\$2,364	\$2,364	x		=	\$0
6 Bedrooms		x	\$2,673	\$2,673	x		=	\$0
7 Bedrooms		x	\$2,981	\$2,981	x		=	\$0
8 Bedrooms		x	\$3,290	\$3,290	x		=	\$0
9 Bedrooms		x	\$3,598	\$3,598	x		=	\$0
Total Units and Annual Assistance Requested	41							\$418,896
Grant Term								1 Year
Total Request for Grant Term								\$418,896

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$0
Total Value of In-Kind Commitments:	\$112,576
Total Value of All Commitments:	\$112,576

1. Does this project generate program income No
 as described in 24 CFR 578.97 that will be
 used as Match for this grant?

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Government	Riverside Univers...	08/23/2017	\$112,576

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** In-Kind
- 3. Type of Source:** Government
- 4. Name the Source of the Commitment:** Riverside University Behavioral Health System-
(Be as specific as possible and include the office or grant program as applicable) HHOPE Program
- 5. Date of Written Commitment:** 08/23/2017
- 6. Value of Written Commitment:** \$112,576

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$418,896
3. Supportive Services	\$0
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$418,896
7. Admin (Up to 10%)	\$29,321
8. Total Assistance plus Admin Requested	\$448,217
9. Cash Match	\$0
10. In-Kind Match	\$112,576
11. Total Match	\$112,576
12. Total Budget	\$560,793

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	Match Letter	09/01/2017
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: Match Letter

Attachment Details

Document Description: 2880 & 50070

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7B. 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: 09/15/2017

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

X

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).

Submission Without Changes

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

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2- Recipient and Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
2B. Recipient Performance	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
3C. Dedicated Plus	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input checked="" type="checkbox"/>
4B. Housing Type	<input checked="" type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
5C. Outreach	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>

6C. Rental Assistance	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7A. In-Kind Match MOU Attachment	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- Changes to:
- *Update Project Contact Information
 - *Update Match Award
 - *Update Project Description
 - *Certification
 - *3A
 - *DedicatedPlus section


The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/23/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

Renewal Project Application FY2017	Page 50	01/11/2018
------------------------------------	---------	------------

1D. SF-424 Congressional District(s)	08/23/2017
1E. SF-424 Compliance	08/23/2017
1F. SF-424 Declaration	08/23/2017
1G. HUD-2880	08/23/2017
1H. HUD-50070	08/23/2017
1I. Cert. Lobbying	08/23/2017
1J. SF-LLL	08/23/2017
2A. Subrecipients	09/13/2017
2B. Recipient Performance	09/13/2017
3A. Project Detail	08/28/2017
3B. Description	09/13/2017
3C. Dedicated Plus	08/28/2017
4A. Services	08/23/2017
4B. Housing Type	08/23/2017
5A. Households	08/23/2017
5B. Subpopulations	08/23/2017
5C. Outreach	08/23/2017
6A. Funding Request	08/23/2017
6C. Rental Assistance	08/23/2017
6D. Match	08/28/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/01/2017
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	08/28/2017
Submission Without Changes	08/28/2017

 **Riverside
University
HEALTH SYSTEM**
Behavioral Health

Reply to: H.H.O.P.E. Program
1405 Spruce Street, suite A
Riverside, CA 92507
LMBrockmeier@rcmhd.org

August 23, 2017

Housing Authority of the County of Riverside
555 Arlington Avenue
Riverside CA 92504
Attn: Tanya Torno

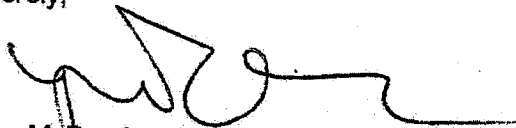
Re: Letter of Support for the Riverside County 2017 Continuum of Care
2017 HUD Consolidated Application-Housing Authority Consolidated All County /Econ
PSH program

Dear Ms. Torno:

The Riverside University Health System – Behavioral Health works regularly with Housing Authority programs. We support their program as a partner through many avenues, including that we collaborate in reporting on the services provided to their tenants through our various programs. The Behavioral Health program projects the amount of approximately \$112,576.00 for the cost of in kind services provided for the Housing Authority Consolidated All County /Econ PSH program project application for Permanent Supportive Housing services for individuals, families and unaccompanied youth. The time period is Sept 1, 2018 through Aug 31, 2019.

Our program will provide quarterly reports of funding expended to provide services that include, but are not limited to, case management, supportive services, outreach, food, utilities and other housing support services provided through our programs.

Sincerely,



Lynne M. Brockmeier
Administrative Services Manager,
Housing Crisis Response Team Manager
Riverside County CoC Coordinated Entry Lead

Riverside University Health System – Behavioral Health

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



Riverside County Community Services Directory
 AGENCY INFORMATION FORM

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

Agency Name: _____

List Aliases/ known abbreviations/ other names: _____

Physical Address: _____

City: _____ State: _____ Zip code: _____

Confidential location: Yes No

Handicap accessible? Yes No

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Main Phone: _____ Alternative Phone: _____

Fax: _____ TDD/TYY: _____

Hotline: _____ Other: _____

Website: _____

E-mail: _____

Legal Status

- | | | | |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> Private, non-profit | <input type="checkbox"/> Public-County | <input type="checkbox"/> Public-State | <input type="checkbox"/> Public-Federal |
| <input type="checkbox"/> Faith Based | <input type="checkbox"/> For Profit | <input type="checkbox"/> Other _____ | |

Tax Classification: _____

Year of Incorporation: _____

Office Days and Hours: _____

Eligibility/ Target Population: _____

Agency Description: _____

Languages spoken other than English: _____

Fees

No Cost

Low Cost

Sliding Fee

Donation

Vary

Other _____

Method of Payment

Medi-Cal

Cash

Credit Cards

Personal Check

Personnel

Agency Director: _____ Title: _____

Phone: _____ Email: _____

Contact Name: _____ Title: _____

Phone: _____ Email: _____

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

Submitted by: _____

Phone: _____

Date: _____



Volunteer Center of Riverside

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

Agency Information
Page 2 of 2
Please complete both pages

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



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

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

Agency Name: _____

Program Name: _____

List Aliases/ known abbreviations/ other names: _____

Program Physical Address: _____

City: _____ State: _____ Zip code: _____

Confidential location: Yes No

Handicap accessible? Yes No

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Program Phone: _____ Alternative Phone: _____

Fax: _____ TDD/TYY: _____

Hotline: _____ Other: _____

Website: _____

E-mail: _____

Program Days and Hours: _____

Program Description: _____

Eligibility/Target Population: _____

Intake/Application Procedure:

- Phone Appointment required Walk-in Referral needed
- Mail Other _____

Documents Required: _____

Areas Served: (Please indicate specific areas program services)

Regions

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

Cities: _____

Zip Codes: _____

Fees:

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

Method of Payment

- Medi-Cal Cash Credit Cards Personal Check

Languages spoken other than English: _____

Personnel

Program Director: _____ Title: _____

Phone: _____ Email: _____

Contact Name: _____ Title: _____

Phone: _____ Email: _____

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

Submitted by: _____

Phone: _____

Date: _____



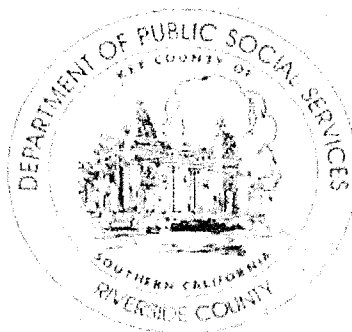
Please enclose your brochure and return to
 2-1-1 Riverside County
 P.O. Box 5376
 Riverside, CA 92517-5376
 Phone: (800) 464-1123
 or (951) 686-4402 Ext. 160
 Fax: (951) 686-7417

Program Information
 Page 2 of 2
 Please complete both pages

DEPARTMENT
OF
PUBLIC SOCIAL SERVICES

ADMINISTRATIVE HANDBOOK

HUD - CONTINUUM OF CARE FUNDED PROGRAM



2017 NOFA Version

ADMINISTRATIVE HANDBOOK

HUD - CONTINUUM OF CARE FUNDED PROGRAM

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INTRODUCTION

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

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

DPSS, as the HUD Grantee, partners with government and non-profit organizations through a contract to provide housing and supportive services to individuals and families experiencing homelessness within Riverside County.

This handbook is intended to outline the DPSS policies and procedures as well as provide the appropriate federal codes and regulations for the HUD Continuum of Care Program to ensure compliance.

DPSS CONTACTS

HOMELESS PROGRAMS UNIT	
Administrative Services Officer	951-358-5638
Program Specialist	951-358-4913
CONTRACT ADMINISTRATION UNIT	
Contract Analyst	951-358-3081
FISCAL	
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GLOSSARY

APR – Annual Performance Report

CPA – Certified Public Accountant

CES – Coordinated Entry System

CFR – Code of Federal Regulations

CoC – Continuum of Care

DPSS – Department of Public Social Services

E-SNAPS – Electronic Special Needs Assistance Programs

HPU – Homeless Programs Unit

HMIS – Homeless Management Information System

HQS – Housing Quality Standards

HUD – Housing and Urban Development

MOU – Memorandum of Understanding

NOFA – Notice of Funding Availability

OMB – Office of Management and Budget

Recipient - the entity that receives the grant award and executes the grant agreement with HUD. A recipient may choose to subgrant part of all of the CoC Program grant to one or more subrecipients to operate the project, or the recipient may operate the project directly.

Subrecipient - an entity that receives a subgrant from the recipient to carry out the operation of the project.

A. FISCAL COMPONENTS

The Subrecipient's financial system must comply with 2 CFR Part 200:

1. CLAIMS

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

NOTE: Electronic claims are not accepted. A claim will not be considered as received until a hard copy of the claim with an original signature on the DPSS 3106 is received by DPSS.

2. CLAIM FORMS

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

NOTE: If the DPSS 3106 claim form is updated during the grant period, the most current version of the DPSS 3106 should be used.

3. TIME/ACTIVITY REPORTS

Time/Activity reports (see attached) are required for all staff (see Section 5 *Supporting Documentation*). Time/Activity reports are required to show the actual hours that staff worked in a particular activity on a grant. *The time/activity report hours must match the total hours on the payroll documentation that is provided.*

4. REIMBURSEMENTS/DISBURSEMENT OF FUNDS

Generally, reimbursement payments are sent within forty-five (45) days after receipt of a claim. An expenditure which is not authorized by the Agreement, or which cannot be adequately documented, shall be disallowed and will not be paid to the Subrecipient.

The most common causes for a delay in reimbursement is:

- Lack of documentation
- Incomplete documentation
- Unclear documentation

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

Any reimbursements that are made, and are found later to be ineligible by HUD or any other regulating entity, must be repaid by the Subrecipient upon request.

5. MATCH

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

Match can be cash or in-kind. Matching funds provided by the Subrecipient must be money provided to the project by one or more of the following: the Subrecipient, the federal government, state and local governments, and/or private resources. Matching funds provided by state or local government used in a matching contribution are subject to maintenance of effort requirements. Match provided by other funding sources must be eligible to be used as match for the CoC program.

For an in-kind match, the Subrecipient may use the value of property, equipment, goods, or services contributed to the project, provided that, if the Subrecipient had to pay for such items with grant funds, the costs would have been eligible. If third-party services are to be used as a match, the Subrecipient and the third-party service provider that will deliver the services must enter into a memorandum of understanding (MOU)—**before the grant is executed**—documenting that the third party will provide such services and value towards the project.

All match must be for eligible activities.

If sufficient match is not included in each monthly claim to meet the required match percentage, DPSS reserves the right to move reimbursement requests to match to fulfill the match requirement.

6. PROGRAM INCOME

Subrecipients may use program income on any eligible costs in Subpart D of the CoC Program Interim Rule. Therefore, Subrecipients are prohibited from using program income on any costs that would not be eligible to charge to the CoC Program grant. Subrecipients must document that the program income was expended in accordance with the requirements of the CoC Program. With each monthly claim the Program Income Report (see attachment) must be submitted to show how the Program Income has been expended. The report will be started with your first 2017 NOFA grant claim and be updated each month and included with each monthly claim. Reimbursement is contingent on the inclusion of this report with each claim.

7. SUPPORTING DOCUMENTATION

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

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

Fiscal staff reviews each claim for expenses that are:

- Allowable
- Allocable
- Reasonable

CLAIM DOCUMENTATION REQUIRED BY DPSS

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

8. CAPITAL PURCHASES

Capital expenditures are allowable, provided that items with a unit cost of \$5,000 or more have the prior written approval of DPSS *before the item is purchased* (2 CFR Part 200.439). DPSS will require proof that due diligence was achieved on the part of the subrecipient to ensure that the purchase is reasonable and was made using the procurement standards found referenced below under Procurement Standards.

9. PROCUREMENT STANDARDS

Agencies must follow the federal procurement standards found in 2 CFR Part 200.317-200.320.

10. INDIRECT COSTS

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

11. IDENTIFYING LINE ITEMS

- Acquisition (24 CFR Part 578.43)
- Rehabilitation (24 CFR Part 578.45)
- New Construction (24 CFR Part 578.47)
- Leasing (24 CFR Part 578.49)
- Rental Assistance (24 CFR Part 578.51)
- Supportive Services (24 CFR Part 578.53)
 - Assessment of Service Needs
 - Assistance with Moving Costs
 - Case Management
 - Child care
 - Education Services
 - Employment Assistance
 - Food
 - Housing/Counseling Services
 - Legal Services
 - Life Skills
 - Mental Health Services
 - Outpatient Health Services
 - Outreach Services
 - Substance Abuse Treatment Services
 - Transportation
 - Utility Deposits
 - Direct Provision of Services
- Operating Costs (24 CFR Part 578.55)
 - Maintenance/Repair
 - Property Taxes and Insurance

- Replacement Reserve
- Building Security
- Electricity, Gas, and Water
- Furniture
- Equipment (lease, buy)

- HMIS (24 CFR Part 578.57)
 - Equipment
 - Software
 - Services
 - Personnel
- Administration (24 CFR Part 578.59)
 - Administration

12. BUDGET MODIFICATIONS

After the effective date of this Agreement, no changes to program budget, funded homeless service providers, or eligible activities shall be made without prior approval from DPSS. Any changes to this Agreement must be made in writing and approved by DPSS prior to implementing the change. No requests will be approved retroactively.

- **Changes within a Budget Category**

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

- The total amount of the Agreement does not change;
- The Subrecipient delivers a written request to DPSS, that adequately documents the need for a change and specifically identifies the items to be reduced/increased;
- The modification cannot remove any line item that was included in the original Application or Technical Submission (if applicable);
- Modification requests (i.e., other than rollovers) must be submitted to DPSS no later than forty-five (45) days prior to the end of the grant period.

- **Changes between Budget Categories (up to 10 percent)**

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

- The total amount of the Agreement does not change;

- The Subrecipient delivers a written request to DPSS, that adequately documents the need for a change and specifically identifies the categories and line items to be reduced/increased;
- The modification cannot remove any line item that was included in the original Application or Technical Submission (if applicable);
- Modification requests must be submitted to DPSS no later than **ninety (90) days** prior to the end of the grant period.

- **Major Changes**

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

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

- **Conditions for Approval**

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

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

- **Requests for Approval**

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

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

13. ADVANCES

A one-time advance may be requested *by new projects* for an amount not to exceed 1/12th of the total grant amount (less the DPSS Admin). If an advance is issued it will be recouped with the first six monthly claims that are submitted. 17% of the advance will be recouped from each of the first 5 claims and 15% will be recouped from the 6th claim submitted (if there are not enough funds in a claim to recoup, the difference will be added to the next claim).

1. **Advance Request.** The subrecipient must submit a written request on agency letterhead and complete the DPSS 3106 form. With the request, the subrecipient must also submit their written procedures outlining their process as per the Federal Register 2 CFR Part 200. The procedure must adhere to CFR 2 Part 200.305(b)(1): *The non-Federal entity must be paid in advance, provided it maintains or demonstrates the willingness to maintain both written procedures that minimize the time elapsing between the transfer of funds and disbursement by the non-Federal entity, and financial management systems that meet the standards for fund control and accountability as established in this part. Advance payments to a non-Federal entity must be limited to the minimum amounts needed and be timed to be in accordance with the actual, immediate cash requirements of the non-Federal entity in carrying out the purpose of the approved program or project. The timing and amount of advance payments must be as close as is administratively feasible to the actual disbursements by the non-Federal entity for direct program or project costs and the proportionate share of any allowable indirect costs. The non-Federal entity must make timely payment to contractors in accordance with the contract provisions.*
2. **Advances are held to a minimum amount from CFR 2 Part 200.305(b)(1):** *Advance payments to a non-Federal entity must be limited to the minimum amounts needed and be timed to be in accordance with the actual, immediate cash requirements of the non-Federal entity in carrying out the purpose of the approved program or project. The timing and amount of advance payments must be as close as is administratively feasible to the actual disbursements by the non-Federal entity for direct program or project costs and the proportionate share of any allowable indirect costs. The non-Federal entity must make timely payment to contractors in accordance with the contract provisions.*
3. **Advances are held in interest bearing accounts, with interest being returned to HUD annually from CFR 2 Part 200.305(b)(8) and (9):**

(8) The non-Federal entity must maintain advance payments of Federal awards in interest-bearing accounts, unless the following apply:

- (i) The non-Federal entity receives less than \$120,000 in Federal awards per year.*
- (ii) The best reasonably available interest-bearing account would not be expected to earn interest in excess of \$500 per year on Federal cash balances.*
- (iii) The depository would require an average or minimum balance so high that it would not be feasible within the expected Federal and non-Federal cash resources.*
- (iv) A foreign government or banking system prohibits or precludes interest bearing accounts.*

(9) Interest earned on Federal advance payments deposited in interest-bearing accounts must be remitted annually. Interest amounts up to \$500 per year may be retained by the non-Federal entity for administrative expense.

DPSS reserves the right to approve or deny any advance request based on funding availability.

14. SUBCONTRACTS

Subrecipient must provide copies of any subcontracts or MOU's for any services (including In-Kind Match) that will be provided under this grant prior to those services being provided.

B. UNEXPENDED FUNDS AND CLOSE-OUTS

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.

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.

C. INSPECTION AND AUDITS

1. The Subrecipient shall maintain auditable books, records, documents, and other evidence pertaining to costs and expenses in this Agreement (refer to Recordkeeping Requirements).

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 five (5) 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 Subrecipient's conformity with specifications and adequacy of performance and services being provided in accordance with this Agreement.
7. As per 2 CFR Part 200.501 Audit Requirements and HUD Information Bulletin CPD-2018-03, subrecipients must submit a copy of their most current audit report to DPSS within the "earlier of 30 days after receipt of the auditor's report(s), or nine months after the end of the audit period".

D. WITHHELD PAYMENTS

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.

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.

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

E. FISCAL ACCOUNTABILITY

The Subrecipient 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 Circular 2 CFR Part 200.

The Subrecipient must establish and maintain on a current basis an accrual accounting system in accordance with generally accepted accounting principles and standards. Further, the Subrecipient must develop an accounting procedure manual. Said manual shall be made available to DPSS upon request or during fiscal monitoring visits.

F. 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 Subrecipient, 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.

G. REPORTING

Reporting due dates are determined by a project's operating start date. Each year is funded separately, and funds cannot be automatically rolled over from one year to another. Additionally, funds may only be rolled over within the same multi-year grant contract; funds may not be rolled over from one contract to another. Please note that different programs have different operating start dates.

1. The Subrecipient agrees to complete the Annual Performance Report (APR) in e-snaps, SAGE or any other system designated by HUD 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. Additional reports may be requested at any time by DPSS and/or HUD to meet other applicable reporting or audit requirements, as well as evaluating project performance.

H. RECORDKEEPING REQUIREMENTS

The Subrecipients must establish and maintain standard operating procedures for ensuring that Continuum of Care program funds are used in accordance with the recordkeeping requirements and must establish and maintain sufficient records to enable DPSS/HUD to determine whether the Subrecipient is meeting the requirements of 24 CFR Part 578.103.

1. The Subrecipient must maintain and follow written intake procedures to ensure program compliance. The procedures must require documentation at intake of the evidence relied upon to establish and verify homeless or chronically homeless status. The procedures must establish the order of priority for obtaining evidence as third-party documentation first, intake worker observations second, and certification from the person seeking assistance third. Records contained in an HMIS, or comparable database used by victim service or legal service providers, are acceptable evidence of third-party documentation and intake worker observations if the HMIS, or comparable database, retains an auditable history of all entries, including the person who entered the data, the date of entry, and the change made, and if the HMIS prevents overrides or changes of the dates on which entries are made.
2. As part of the Chronically Homeless definition, evidence that the individual is a homeless individual with a disability must include documentation at intake of the evidence relied upon to establish and verify the disability of the person applying for homeless assistance. Acceptable evidence of the disability includes written verification of the disability from a professional licensed by the state to diagnose and treat the disability and his or her certification that the disability is expected to be long-continuing or of indefinite duration and substantially impedes the individual's ability to live independently; written verification from the Social Security Administration; the receipt of a disability check (e.g., Social Security Disability Insurance check or Veteran Disability Compensation); intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, is confirmed and accompanied by the required evidence.
3. Subrecipient must ensure that records of all grant activities are complete and correct to enable DPSS/HUD to determine whether recipient and Subrecipients are meeting CoC Program Interim Rule requirements and must be retained for the five (5) years after final payment has been made or until all pending DPSS, state, and federal audits, if any, are completed, whichever is later. If a restrictive covenant is in effect, records shall be maintained until the covenant expires.

The Subrecipient agrees to keep all records containing protected information secure and confidential.

4. Program participant records. In addition to evidence of homeless or chronically homeless status, as applicable, the Subrecipient must keep records for each program participant that document: