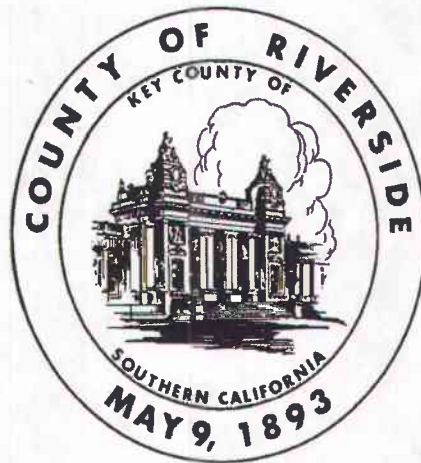


REQUEST FOR PROPOSAL # DPARC-557A
2018 California Emergency Solutions Grant Homeless Assistance Program
TERMS AND CONDITIONS DOCUMENT



By:
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Riverside County – Homeless Program Unit
4060 County Circle Drive
Riverside, CA 92503
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NIGP Code(s): 95237, 95249, 95255, and 95278

This RFP is available at the following link:
<http://dpss.co.riverside.ca.us/homeless-programs/housing-and-urban-development>

NOTE: BIDDERS ARE RESPONSIBLE TO READ ALL INFORMATION THAT IS STATED IN THIS REQUEST FOR PROPOSAL AND PROVIDE A RESPONSE AS REQUIRED

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INSTRUCTIONS TO BIDDERS

1. **Vendor Registration** – Vendor Registration is a two-step process vendor registration; first step is to register your company on the County’s website to receive purchase orders and payments, and the second step is a 3rd party website, Public Purchase, for bidding opportunities
2. **First Step- County of Riverside Purchasing website** - Unless stated elsewhere in this document, vendors may participate in the bidding process; however, the County does encourage all bidders to register online at <http://www.purchasing.co.riverside.ca.us/Vendorsregistrationmaintenance.aspx>. If awarded a contract, bidder must be registered with the County of Riverside within five days of announced award. This will avoid delays in the purchasing and payment process.
3. **Second Step-Public Purchase** - Public Purchase is a third party web based e-Procurement service provider utilized by the County of Riverside for RFQ’s and RFP’s. It will take only minutes to register and it is free. For future bidding opportunities please also register online at: <https://www.publicpurchase.com/gems/register/vendor/register>. For all RFQ’s Riverside County’s Purchasing website will post a notification on its website, and will provide a direct link to PublicPurchase.com.
4. **Period of Firm Pricing** - Unless stated otherwise elsewhere in this document, prices shall be firm for 120 days after the closing date, and prior to an award being made. If the County elects to do negotiations that require additional time, the County may request bidder’s prices be firm for an additional period of time to complete negotiations and award the contract.
5. **Method of Award** - The County reserves the right to reject any or all offers, to waive any discrepancy or technicality and to split or make the award in any manner determined by the County to be most advantageous to the County. The County recognizes that prices are only one of several criteria to be used in judging an offer and the County is not legally bound to accept the lowest offer.
6. **Return of Bid/Closing Date/Return to** - The bid response shall be delivered to Department of Public Social Services (DPSS)- Homeless Programs Unit by 1:30 p.m. P.T. on the closing date listed above. Bid responses not received by DPSS by the closing date and time indicated above will not be accepted as part of the evaluation process. The closing date and time and the R.F.P. number referenced above shall appear on the outside of the sealed bid submission. A duly executed copy of the signature page of this bid document must accompany Bidder(s) response. The County will not be responsible for and will not accept late bids due to delayed mail delivery or courier services unless the bidder can provide written proof from the mail carrier that the mail carrier was at fault.
7. **Disabled Veteran Business Enterprise Preference** - The County of Riverside has implemented a Disabled Veteran Owned Business preference policy. A three percent (3%) preference shall be applied to the total bid price of all quotes/bids/proposals received by the County from certified disabled veterans owned businesses. If the bid is submitted by a non-Disabled Veteran owned business, but lists subSubrecipients that are identified and qualified as Disabled Owned Business, the total bid price will be adjusted by 3% of the value of that subSubrecipient’s portion of the bid.

8. **Federal Exclusion List**- if federally or State funded, the potential bidder must go to the following website (<https://www.sam.gov/portal/public/SAM>) and submit a printout with their proposal that verifies that the Subrecipient is not listed on the Excluded Parties Listing System (EPLS) (Executive Order 12549, 7 CFR Part 3017, 45 CFR Part 76, and 44 CFR Part 17). If awarded a contract, awarded vendor must notify the County immediately if debarred at any time during the contract period.

9. **Addendum(s)** - if the County issues an addendum for this procurement, it will be the vendor's responsibility to retrieve all applicable addendum(s) from the DPSS website.

1.0 TIMELINES/IMPORTANT DATES

| TIMELINE | DATES |
|---|---|
| <p>1.1 ORIGINAL RELEASE OF REQUEST FOR PROPOSAL</p> | <p>Thursday, May 24, 2018</p> |
| <p>1.2 DEADLINE FOR SUBMISSION OF QUESTIONS Bidders must submit their questions online at rconcepc@rivco.org</p> <p>All questions submitted will be posted at: http://dpss.co.riverside.ca.us/homeless-programs/housing-and-urban-development</p> | <p>Must be received in writing by: (Tuesday, June 26, 2018, 1:30 p.m.)</p> <p>Responses to questions will be posted no later than (Tuesday, July 3, 2018) at: http://dpss.co.riverside.ca.us/homeless-programs/housing-and-urban-development</p> |
| <p>1.3 DEADLINE FOR PROPOSALS</p> <p>ALL PROPOSALS MUST BE DELIVERED TO: County of Riverside DPSS 4060 County Circle Drive Riverside, CA 92503 RFP # DPARC-557-2018 State ESG Homeless</p> | <p>Closing Date: 07/06/2018 @ 1:30 p.m.</p> <p>On or before Friday, July 6, 2018 Time: 1:30 pm Pacific Time</p> |
| <p>1.4 TENTATIVE DATE FOR AWARDED RFP Depending on when the Department of Housing and Community Development (HCD) will release the notice of award.</p> | <p>The Bidders are responsible for checking the Continuum of Care website for notice of intent to award at: http://dpss.co.riverside.ca.us/homeless-programs/housing-and-urban-development</p> |

1.5 **Inquiries:** All inquiries must be submitted to the Administrative Services Officer in writing on or before the last day for questions. Please refer to “Section 1.0 Timeline/Important Dates” for the contact information and particular date. Inquiries must reference the section number and title from the RFP

2.0 PERIOD OF PERFORMANCE

To align the State and Federal spending requirements for the ESG funds, it is anticipated that the term of the contract(s) shall be for one year unless terminated earlier as provided in Section V, Standard Terms and Conditions. The actual term of the contract will be based upon Riverside County’s receipt of its award letter from HCD.

3.0 DEFINITIONS

- 3.1 “Addendum” refers to an amendment or modification to the RFP (Request for Proposals).
- 3.2 “Administrative Entity” refers to DPSS approved by the State of California Department of Housing and Community Development.
- 3.3 “Bid” refers to the proposal submitted by a Bidder on the Bid Form consistent with the Instructions to Bidders, to complete the Work for a specified sum of money and within a specified period of time.
- 3.4 “Bidder” refers to an individual, firm, partnership or corporation that submits a qualified Bid for the Work, either directly or through a duly authorized representative.
- 3.5 “Board of Supervisors” refers to the County of Riverside’s Board of Supervisors.
- 3.6 “Chronically Homeless” refers to -
- (1) A “homeless individual with a disability,” as defined in the Act, who:
- Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- Has been homeless (as described above) continuously for at least 12 months or on at least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months.
- Occasions separated by a break of at least seven nights
 - Stays in institution of fewer than 90 days does not constitute a break
- (2) An individual who has been residing in an institutional care facility for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
- (3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraphs (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.
- 3.7 “County of Riverside Continuum of Care” or “Continuum of Care” or “CoC” refers to the network of private and public sector homeless service providers, designed to promote community-wide planning and the strategic use of resources addressing homelessness. Any deviations contained herein from HUD’s definition shall be superseded by HUD’s definition.
- 3.8 “Continuum of Care Allocation” are the funds designated to CoC Service Areas whose jurisdictions currently receive HUD ESG Entitlement funds and meet capacity and funding thresholds. The Administrative Entity will administer contracts for the State ESG funds.
- 3.9 “County” refers the County of Riverside and its Department of Public Social Services. For purposes of this RFP, County of Riverside and County are used interchangeably.
- 3.10 “HCD” refers to State of California Department of Housing and Community Development.

- 3.11 "HIPAA" refers to the Health Insurance Portability Accountability Act.
- 3.12 "Housing First Model" is a model of housing assistance that is offered without preconditions (such as sobriety or a minimum income threshold) or service participation requirements, and rapid placement and stabilization in permanent housing are primary goals. Research shows that it is effective for the chronically homeless with mental health and substance abuse disorders, resulting in fewer inpatient stays and less expensive interventions than other approaches. PSH projects should use a Housing First approach in the design of the program." For more information about Housing First please see the following:
http://usich.gov/resources/uploads/asset_library/Housing_First_Checklist_FINAL.pdf.
<https://www.onecpd.info/news/snaps-weekly-focus-adopting-a-housing-first-approach/>
http://www.endhomelessness.org/pages/housing_first
http://usich.gov/usich_resources/solutions/explore/permanent_supportive_housing
- Any deviations contained herein from HUD's definition shall be superseded by HUD's definition.
- 3.13 "HUD" means the U.S. Department of Housing and Urban Development.
- 3.14 "Non-entitlement" area is defined at 42 U.S.C.5302 and means an area that does not receive ESG funding from HUD as an Entitlement Area or a participant in an Urban County Agreement.
- 3.15 "Rapid Rehousing" (RRH) is a model of housing assistance that is designed to assist the homeless, with or without disabilities, move as quickly as possible into permanent housing and achieve stability in that housing. Rapid re-housing assistance is time-limited, individualized, and flexible, and is designed to complement and enhance homeless system performance and the performance of other homeless projects. While it can be used for any homeless person, preliminary evidence indicates that it can be particularly effective for households with children." For more information about rapid re-housing see:
<https://www.onecpd.info/news/snaps-weekly-focus-rapid-re-housing/> and
<http://www.endhomelessness.org/pages/prevention-and-rapid-re-housing>
- 3.16 "Homelessness Prevention" (HP) is assistance that includes housing relocation and stabilization services and/or short- and/or medium-term rental assistance necessary to prevent an individual or family from moving into an emergency shelter or another place described in paragraph (1) of the homeless definition in 24 CFR 576.
- 3.17 "RFP" refers to Request for Proposal.
- 3.18 "Subrecipient" refers to any employee, agent, or representative of the contract company used in conjunction with the performance of the contract. For the purposes of this RFP, Subrecipient, Vendor, and Bidder are used interchangeably.
- 3.19 "MQs" shall mean minimum qualifications.

4.0 EVALUATION PROCESS

4.1 Proposals will be evaluated based on criteria determined to be appropriate by the County, which may include, but not necessarily limited to the following:

- a) Responses to Attachment "A" DPARC-557 Bidder Proposal Response;
- b) Bidder's experience and ability;
- c) Technical capability and project methodology;
- d) Cost effectiveness;
- e) The Continuum of Care Grant Review Committee will review and rank applications locally. Any member of the CoC who is making an application or is affiliated with an organization that is making an application will not participate in the ranking process or otherwise influence those that are ranking the applications. Applications will be reviewed in the following areas:
 - i. Eligibility of proposed activity.
 - ii. Applicant eligibility.
 - iii. Applicant spending history on current homeless assistance grants, if applicable.
 - iv. Eligibility of population to be served.
 - v. Capacity of the project sponsor to perform as proposed, including progress data related to any current or prior CoC project.
 - vi. Letters of commitment for matching funds.
 - vii. Leveraging of other resources.
 - viii. Participation within the Continuum of Care.
 - ix. The project must fill an identified gap/priority in the Continuum of Care system and be consistent with the goals and objectives of the system.
 - x. Utilization and collaboration with other community agencies for provision of services.
 - xi. Agreement to participate in the local HMIS.

Applicants will be notified of the CoC review results via email upon approval of the CoC Board of Governance within 30 days of the review date.

4.2 REVIEW

All proposals will be given thorough review. All contacts during the bidding process and review selection phase must contact the Homeless Programs Unit, please refer to "Section 1.0 Timeline/Important Dates" for contact information. Attempts by the Subrecipient to contact any other County representative may result in disqualification of the Subrecipient.

4.3 MATERIAL CONFIDENTIALITY

All evaluation material will be considered confidential and not released by the County. The County reserves the right to split or make the award that is most advantageous to the County.

5.0 GENERAL PROPOSAL SUBMITTAL

- 5.1 All proposals must be submitted in accordance with the standards and specifications contained within this RFP and must contain a cover page Tab B with a certification of intent to meet the requirements specified.
- 5.2 The County reserves the right to waive, at its discretion, any irregularity, which the County deems reasonably correctable or otherwise not warranting rejection of the proposal.
- 5.3 The County shall not pay any costs incurred or associated in the preparation of this or any proposal or for participation in the procurement process.
- 5.4 Modification of Proposals, any bidder who wishes to make modifications to a proposal already received by the County must withdraw his/her proposal in order to make the modifications. All modifications must be made in ink, properly initialed by bidder's authorized representative, executed, and submitted in accordance with the terms and conditions of this solicitation. It is the responsibility of the bidder to ensure that modified proposals are resubmitted before the RFP submittal deadline.
- 5.5 Bidders may withdraw their proposals at any time prior to the due date and time by submitting notification of withdrawal signed by the bidder's authorized agent. Proposals cannot be changed or modified after the date and time designated for receipt.
- 5.6 **Late and/or incomplete proposals will not be accepted. Postmarks will not be accepted in lieu of this requirement. Proposals submitted to any other County office will be rejected.**
- 5.7 All proposals shall be signed by an authorized agent.
- 5.8 Applicants shall submit one (1) original and one copy (Microsoft Word or PDF document on a virus free thumb drive), clearly marked, "Bidder Proposal. RFP # DPARC-557 2018 California ESG Homeless Program"
- 5.9 Proposals must be typed uniformly on letter size (8 ½" x 11") sheets of white paper, single sided or double sided, each section clearly titled, with index dividers labeled Tabs A – I, and each page clearly and consecutively numbered. Proposals must be clean and suitable for copying. Proposals must be specific unto themselves. For example, "See Enclosed Manual" will not be considered an acceptable proposal. Receipt of all addenda, if any, must be signed and included in the proposal.
- 5.10 The proposal shall be concise and to the point. Costly bindings, color plates, glossy brochures, etc. are neither necessary nor recommended. A letter format in sufficient detail to allow thorough evaluation and analysis is required.
- 5.11 All work papers prepared in connection with the contractual services will remain the property of the successful bidder; however, all reports rendered to the County are the exclusive property of the County and subject to its use and control.

6.0 CONFIDENTIALITY AND PROPRIETARY DATA

Subsequent to the County's evaluation and proposals, which requires bid submission in response to the solicitation process, become the exclusive property of the County. Upon submission of a bidder's proposal, the submission and any pertaining documents is subject to the State of California Public Records Act. Exceptions will be those elements in the California Government Code section 6250 et. seq. (Public Records Act) and which are marked "trade secret," "confidential," or "proprietary." The County shall not be liable or responsible for the disclosure of any such records, including, without limitation, those so marked, if disclosure is required by law, or by an order issued by a court of competent jurisdiction. In the event the County is required to defend an action on a Public Records Act request for any of the aforementioned documents, information, books, records, and/or contents of a Qualification marked "trade secret", "confidential", or "proprietary", the Vendor agrees to defend and indemnify the County from all costs and expenses, including reasonable attorney's fees, in action or liability arising under the Public Records Act. Where applicable, Federal regulations may take precedence over this language. If a Subrecipient's proposal is accepted and an agreement is made with the County, then the Subrecipient will be required to sign the most current HIPAA Business Associate Addendum (If applicable). If the County revises the HIPAA Associate Addendum, the Subrecipient shall sign a new agreement as it becomes available and adhere to the new requirements.

7.0 INTERPRETATION OF RFP

The Subrecipient must make careful examination and understand all of the requirements, specifications, and conditions stated in the RFP. If any Subrecipient planning to submit a proposal finds discrepancies in or omissions from the RFP, or is in doubt as to the meaning, a written request for interpretation or correction must be given to the County. Any changes to the RFP will be made only by written addendum and may be posted at County of Riverside DPSS website at <http://dpss.co.riverside.ca.us/homeless-programs/housing-and-urban-development>

The County is not responsible for any other explanations or interpretations. If any provision in this agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions will nevertheless continue in full force without being impaired or invalidated in any way.

8.0 CONTRACTUAL DEVELOPMENT

If a proposal is accepted, the County will enter into a contractual agreement with the selected Subrecipient. A sample of the standard County contract to be used for this project is attached as **Exhibit A**. If an agreement cannot be reached, negotiations with the second ranking Subrecipient shall commence.

9.0 HIPAA BUSINESS ASSOCIATE ADDENDUM

The bidder shall review the HIPAA Business Associate Agreement, attached hereto as Attachment I located in the sample Agreement Exhibit A, to warrant that, under the Health Insurance Portability and Accountability ACT (HIPAA), 42 U.S.C. 1320d et seq. and 162, and 164 (“Privacy Rule and Security rule”), the bidder will comply with the Security Rule as a Business Associate, if under an agreement arising from this RFP, it receives, maintains or transmits any health information in electronic form in connection with a transaction covered by part 162 of Title 45 of the Code of Federal Regulations.

10.0 CANCELLATION OR MODIFICATION OF PROCUREMENT PROCESS

County may cancel the procurement process at any time. All proposals become the property of the County. All information submitted in the proposal becomes “public record” as defined by the State of California upon completion of the procurement process. If any proprietary information is contained in or attached to the proposal, it must be clearly identified by the Subrecipient; otherwise, the Subrecipient agrees that all documents provided may be released to the public after contract award.

The procurement process may be canceled after opening, but prior to award if the County determines that cancellation is in the best interest of the County for reasons (but not limited to) such as:

- ✓ Inadequate, ambiguous, or otherwise deficient specifications.
- ✓ The services are no longer required.
- ✓ Proposals received are at an unreasonable cost.
- ✓ Proposal did not arrive in open competition, were collusive, or not submitted in good faith.
- ✓ The County determines, after analysis of the proposals that its needs can be satisfied through a less expensive method.

The County reserves the right to amend or modify the project Scope of Services prior to the award of contract, as necessity may dictate, and to reject any proposals hereunder. This Request for Proposal does not commit the County to award a contract or to pay any costs incurred in the preparation of a proposal in response to this request. The County reserves the right to accept or reject any or all proposals received because of this request, to negotiate with any qualified source or to cancel in part or in its entirety this Request of Proposal if it is in the best interest of the County.

11.0 COUNTY OBSERVED HOLIDAYS

| HOLIDAY | DAY OBSERVED |
|----------------------------------|--|
| * New Year's Day | January 2 |
| Martin Luther King Jr's Birthday | Third Monday in January |
| Lincoln's Birthday | February 13 |
| Washington's Birthday | Third Monday in February |
| Memorial Day | Last Monday in May |
| Independence Day | July 4 |
| Labor Day | First Monday in September |
| Columbus Day | Second Monday in October |
| Veterans' Day | November 12 |
| *Thanksgiving Day | Fourth Thursday in November |
| * Following Thanksgiving | Friday following the fourth Thursday in November |
| *Christmas Day | December 25 |

*** Note:**

- Thanksgiving Day, which shall be the fourth Thursday in November unless otherwise appointed.
- Friday following Thanksgiving Day.
- December 24 and 31 when they fall on Monday.
- December 26 and January 2, when they fall on Friday.
- Friday preceding January 1, February 12, July 4, November 11 or December 25, when such date falls on Saturday; the Monday following such date when such date falls on a Sunday.

Exhibit A – Sample Agreement

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

and

**Sample Agreement
State Emergency Solutions Grant Program
HO-XXXXX
ESG PROGRAM COMPONENT:**



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List of Schedules

Schedule A – “Payment Provisions”

Schedule B – “Scope of Services”

List of Attachments

Attachment I – Assurance of Compliance

Attachment II – DPSS Forms 2076A and 2076B

Attachment III – DPSS ESG Supporting Documentation Instructions

Attachment IV – DPSS HUD Continuum of Care Time/Activity Report

Attachment V – RFP DPARC-XXX

Attachment VI – Project Application

This Agreement is made and entered into this ____ day of _____, 201____, by and between XXXX (herein referred to as "CONTRACTOR"), and the County of Riverside, a political subdivision of the State of California, on behalf of its Department of Public Social Services (herein referred to as "COUNTY"). The parties agree as follows:

1. DEFINITIONS

- A. "Application" refers to the approved application and its submissions prepared by CONTRACTOR, which is the basis on which HUD approved the grant.
- B. "DPSS" or "County" refers to the County of Riverside and its Department of Public Social Services, which has administrative responsibility for this Agreement. DPSS and County are used interchangeably in this Agreement
- C. "ESG" refers Emergency Solutions Grant.
- D. "HCD" refers to State of California Department of Housing and Community Development.
- E. "HMIS" refers to the Riverside County Homeless Management Information System.
- F. "Participants" refers to individuals who utilize Supportive Housing Services, including referral services or individuals who are residents or former residents of the housing project.
- G. "Project" refers to housing and/or supportive services for facilitating the movement of homeless individuals through the Continuum of Care into independent permanent housing.
- H. "RFP" refers to a Riverside County Request for Proposal.
- I. "Subrecipient" or "Contractor" refer to the XXXX including its employees, agents, representatives, subcontractors and suppliers.

2. DESCRIPTION OF SERVICES

CONTRACTOR shall provide all services at the prices stated in Schedule A, Payment Provisions, and as outlined and specified in Schedule B, Scope of Services.

3. PERIOD OF PERFORMANCE

This Agreement shall be effective MMDDYY and continue through MMDDYY, unless terminated earlier. CONTRACTOR shall commence performance upon the effective date and shall diligently and continuously perform thereafter.

4. COMPENSATION

COUNTY shall pay CONTRACTOR for services performed, products provided, or expenses incurred in accordance with Schedule A, "Payment Provisions." COUNTY is not responsible for any fees or costs incurred above or beyond the contracted amount and shall have no obligation to purchase any specified amount of services or product. Unless otherwise specifically stated in Schedule A, COUNTY shall not be responsible for payment of any of CONTRACTOR's expenses related to this Agreement. At the expiration of the term of this Agreement, or upon termination prior to the expiration of the Agreement, any funds paid to CONTRACTOR, but not used for purposes of this Agreement shall revert to COUNTY within thirty (30) calendar days of the expiration or termination.

5. AVAILABILITY OF FUNDS/NON-APPROPRIATION OF FUNDS

The obligation of COUNTY for payment under this Agreement beyond the current fiscal year is contingent upon and limited by the availability of county funding from which payment can be made. There shall be no legal liability for payment on the part of COUNTY unless funds are made available for such payment by State of California Department of Housing and Community Development (HCD). In the event such funds are not forthcoming for any reason, COUNTY shall immediately notify CONTRACTOR in writing and this Agreement shall be deemed terminated and be of no further force or effect. COUNTY shall make all payments to CONTRACTOR that were properly earned prior to the unavailability of funding.

6. TERMINATION

- A. COUNTY may terminate this Agreement without cause upon giving ninety (90) calendar days written notice served on CONTRACTOR stating the extent and effective date of termination.
- B. COUNTY may, upon five (5) calendar days, written notice terminate this Agreement for CONTRACTOR's default, if CONTRACTOR refuses or fails to comply with the terms of this Agreement, or fails to make progress that may endanger performance and does not immediately cure such failure. In the event of such termination, COUNTY may proceed to with the work in any manner deemed proper by COUNTY.
- C. After receipt of the notice of termination, CONTRACTOR shall:
 - (1) Stop all work under this Agreement on the date specified in the notice of termination; and
 - (2) Transfer to COUNTY and deliver in the manner directed by COUNTY any materials, reports or other products, which, if the Agreement had been completed or continued, would be required to be furnished to COUNTY.
- D. After termination, COUNTY shall make payment only for CONTRACTOR's performance up to the date of termination in accordance with this Agreement.
- E. CONTRACTOR's rights under this Agreement shall terminate (except for fees accrued prior to the date of termination) upon dishonesty or willful and material breach of this Agreement by CONTRACTOR; or in the event of CONTRACTOR's unwillingness or inability, for any reason whatsoever, to perform the terms of this Agreement. In such an event CONTRACTOR shall not be entitled to any further compensation under this Agreement.
- F. CONTRACTOR may terminate this Agreement with cause upon written notice served upon DPSS stating the extent and effective date of termination. CONTRACTOR will provide ninety (90) days written notification stating the extent and effective date of termination. The ninety-day period begins when notice is deposited in the U.S. Mail, postage paid.
- G. In the event the funding is reduced, suspended, terminated, or otherwise becomes unavailable, COUNTY shall provide written notice to CONTRACTOR within five (5) working days from the date that grant funding is reduced, suspended, or terminated. This Agreement shall be either immediately terminated or amended to reflect said reduction in funds. COUNTY shall make payments for all services performed up to the effective date of the termination.
- H. The rights and remedies of COUNTY provided in this section shall not be exclusive and are in addition to any other rights or remedies provided by law or this Agreement.

7. DEFAULT

- A. A default shall consist of any use of grant funds for a purpose other than as authorized by this Agreement or failure in CONTRACTOR'S duty to provide the supportive housing for the minimum term in accordance with the requirements of the provisions of the Emergency

Solutions Grant Program regulations, In the event of an occurrence of default, COUNTY and HCD may take one or more of the following actions:

1. Issue a letter of warning advising CONTRACTOR of the default that establishes a date by which corrective actions must be completed and puts CONTRACTOR on notice that more serious actions will be taken if the default is not corrected or is repeated;
 2. Direct CONTRACTOR to submit progress schedules for completing the approved activities;
 3. Direct CONTRACTOR to establish and maintain a management plan that assigns responsibilities for carrying out remedial actions;
 4. Direct CONTRACTOR to reimburse the program accounts for costs inappropriately charged to the program; and/or
 5. Make recommendations to HCD to reduce or recapture the grant.
- B. No delay or omission by 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 CONTRACTOR default.

8. REQUEST FOR WAIVER AND WAIVER OF BREACH

Waiver of any provision of this Agreement must be in writing and signed by authorized representatives of the parties. No waiver or breach of any provision of the terms and conditions herein shall be deemed, for any purpose, to be a waiver or a breach of any other provision hereof, or of a continuing or subsequent waiver or breach. Failure of COUNTY to require exact, full compliance with any term of this Agreement shall not be construed as making any changes to the terms of this Agreement and does not prevent COUNTY from enforcing the terms of this Agreement.

9. OWNERSHIP, PUBLICATION, REPRODUCTION, AND USE OF MATERIAL

CONTRACTOR agrees that all materials, reports, or products, in any form including electronic, created by CONTRACTOR for which CONTRACTOR has been compensated by COUNTY pursuant to this Agreement shall be the sole property of COUNTY. The material, reports or products may be used by the COUNTY for any purpose that COUNTY deems appropriate, including but not limited to, duplication and/or distribution within COUNTY or to third parties. CONTRACTOR agrees not to release or circulate, in whole or in part, such materials, reports, or products without prior written authorization of COUNTY.

10. CONDUCT OF CONTRACTOR/ CONFLICT OF INTEREST

- A. CONTRACTOR covenants that it presently has no interest, including but not limited to, other projects or contracts, and shall not acquire any such interest, direct or indirect, which would conflict in any manner or degree with CONTRACTOR's performance under this Agreement. CONTRACTOR further covenants that no person or subcontractor having any such interest shall be employed or retained by CONTRACTOR under this Agreement. CONTRACTOR agrees to inform the COUNTY of all CONTRACTOR's interest, if any, which are or may be perceived as incompatible with COUNTY's interests.
- B. CONTRACTOR shall not, under circumstances which could be interpreted as an attempt to influence the recipient in the conduct of his/her duties, accept any gratuity or special favor

from individuals or firms with whom CONTRACTOR is doing business or proposing to do business, in fulfilling this Agreement.

11. RECORDS, INSPECTIONS, AND AUDITS

- A. All performance, including services, workmanship, materials, facilities or equipment utilized in the performance of this Agreement, shall be subject to inspection and test by COUNTY or any other regulatory agencies at all times. This may include, but is not limited to, monitoring or inspecting performance through any combination of on-site visits, inspections, evaluations, and CONTRACTOR self-monitoring. CONTRACTOR shall cooperate with any inspector or COUNTY representative reviewing compliance with this Agreement and permit access to all necessary locations, equipment, materials, or other requested items.
- B. CONTRACTOR shall maintain auditable books, records, documents, and other evidence relating to costs and expenses for this Agreement. CONTRACTOR shall maintain these records for at least three (3) years after final payment has been made or until pending county, state, and federal audits are completed, whichever is later.
- C. Any authorized county, state or the federal representative shall have access to all books, documents, papers, electronic data and other records they determine are necessary to perform an audit, evaluation, inspection, review, assessment, or examination. These representatives are authorized to obtain excerpts, transcripts and copies as they deem necessary and shall have the same right to monitor or inspect the work or services as COUNTY.
- D. If CONTRACTOR disagrees with an audit, CONTRACTOR may employ a Certified Public Accountant (CPA) to prepare and file with COUNTY its own certified financial and compliance audit. CONTRACTOR shall not be reimbursed by COUNTY for such an audit regardless of the audit outcome.
- E. CONTRACTOR shall establish sufficient procedures to self-monitor the quality of services/products under this Agreement and shall permit COUNTY or other inspector to assess and evaluate CONTRACTOR's performance at any time, upon reasonable notice to the CONTRACTOR.

12. CONFIDENTIALITY

- A. As required by applicable law, COUNTY and CONTRACTOR shall maintain the privacy and confidentiality of all information and records, regardless of format, received pursuant to this Agreement ("confidential information"). Confidential information includes, but is not limited to, unpublished or sensitive technological or scientific information; medical, personnel, or security records; material requirements or pricing/purchasing actions; county information or data which is not subject to public disclosure; county operational procedures; and knowledge of contractors, subcontractors or suppliers in advance of official announcement. CONTRACTOR shall ensure that no person will publish, disclose, use or cause to be disclosed such confidential information pertaining to any applicant or recipient of services. CONTRACTOR shall keep all confidential information received from COUNTY in the strictest confidence. CONTRACTOR shall comply with Welfare and Institutions Code Section (WIC) 10850.
- B. CONTRACTOR shall take special precautions, including but not limited to, sufficient training of CONTRACTOR's staff before they begin work, to protect such confidential information from loss or unauthorized use, access, disclosure, modification or destruction.

- C. CONTRACTOR shall ensure case records or personal information is kept confidential when it identifies an individual by name, address, or other specific information. CONTRACTOR shall not use such information for any purpose other than carrying out CONTRACTOR's obligations under this Agreement.
- D. CONTRACTOR shall promptly transmit to COUNTY all third party requests for disclosure of confidential information. CONTRACTOR shall not disclose such information to anyone other than COUNTY except when disclosure is specifically permitted by this Agreement or as authorized in writing in advance by COUNTY.

13. HOLD HARMLESS/INDEMNIFICATION

CONTRACTOR agrees to indemnify and hold harmless COUNTY, its departments, agencies, and districts (including their officers, employees and agents) (collectively "County Indemnitees"), from any liability, damage, claim or action based upon or related to any services or work of CONTRACTOR (including its officers, employees, agents, subcontractors or suppliers) arising out of or in any way relating to this Agreement, including but not limited to property damage, bodily injury or death. CONTRACTOR shall, at its sole expense and cost including but not limited to, attorney fees, cost of investigation, defense, and settlements or awards, defend County Indemnitees in any such claim or action. CONTRACTOR shall, at its sole cost, have the right to use counsel of its 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 claim or action so long as that does not compromise CONTRACTOR's indemnification obligation. CONTRACTOR's obligation hereunder shall be satisfied when CONTRACTOR has provided COUNTY the appropriate form of dismissal relieving COUNTY from any liability for the action or claim made. The insurance requirements stated in this Agreement shall in no way limit or circumscribe CONTRACTOR's obligations to indemnify and hold COUNTY harmless.

14. INSURANCE

- A. Without limiting or diminishing CONTRACTOR's obligation to indemnify or hold COUNTY harmless, CONTRACTOR shall procure and maintain or cause to be maintained, at its sole cost and expense, the following insurance coverages during the term of this Agreement. As respects to the insurance section only, 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.
- B. Any insurance carrier providing insurance coverage hereunder shall be admitted to the State of California and have an AM BEST rating of not less than 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.
- C. CONTRACTOR's insurance carrier(s) must declare its insurance self-insured retentions. If such self-insured retentions exceed \$500,000 per occurrence such 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 unacceptable to COUNTY, and at the election of the County's Risk Manager, CONTRACTOR's carriers shall either; 1) reduce or eliminate such self-insured retention as respects to this Agreement with COUNTY, or 2) procure a bond which guarantees payment of losses and related investigations, claims administration, and defense costs and expenses.

- D. CONTRACTOR shall cause CONTRACTOR's insurance carrier(s) to furnish the COUNTY with either 1) a properly executed original certificate(s) of insurance and certified original copies of endorsements effecting coverage as required herein, or 2) if requested to do so orally or in writing by the County Risk Manager, provide original 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) calendar days written notice shall be given to the COUNTY 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 receives, prior to such effective date, another properly executed original certificate of insurance and original copies of endorsements or certified original policies, including all endorsements and attachments thereto evidencing coverages set forth herein and the insurance required herein is in full force and effect. CONTRACTOR shall not commence operations until the COUNTY has been furnished original certificate(s) of insurance and certified original copies of endorsements and if requested, certified original policies of insurance including all endorsements and any and all other attachments as required in this section. An individual authorized by the insurance carrier to do so on its behalf shall sign the original endorsements for each policy and the certificate of insurance.
- E. It is understood and agreed to by the parties hereto that CONTRACTOR's insurance shall be construed as primary insurance, and COUNTY's insurance and/or deductibles and/or self-insured retentions or self-insured programs shall not be construed as contributory.
- F. 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 coverages currently required herein if, in the County Risk Manager's reasonable judgment, the amount or type of insurance carried by the CONTRACTOR has become inadequate.
- G. CONTRACTOR shall pass down the insurance obligations contained herein to all tiers of subcontractors working under this Agreement.
- H. The insurance requirements contained in this Agreement may be met with a program of self-insurance acceptable to COUNTY.
- I. CONTRACTOR agrees to notify 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.

15. WORKER'S COMPENSATION

If CONTRACTOR has employees as defined by the State of California, CONTRACTOR shall maintain statutory Worker's 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. The 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.

16. VEHICLE LIABILITY

If vehicles or mobile equipment are used in the performance of the obligations under this Agreement, then CONTRACTOR shall maintain liability insurance for all owned, non-owned or hired vehicles so used in an amount not less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this Agreement or be no less than two (2) times the occurrence limit. Policy shall name COUNTY as additional Insured.

17. 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, and cross liability coverage, covering claims which may arise from or out of CONTRACTOR's performance of its obligations hereunder. Policy shall name the COUNTY as additional Insured. Policy's limit of liability shall not be less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this Agreement or be no less than two (2) times the occurrence limit.

18. INDEPENDENT CONTRACTOR

It is agreed that CONTRACTOR is an independent contractor and that no relationship of employer-employee exists between the parties. CONTRACTOR and its employees shall not be entitled to any benefits payable to employees of COUNTY, including but not limited to, workers' compensation, retirement, or health benefits. COUNTY shall not be required to make any deductions for CONTRACTOR employees from the compensation payable to CONTRACTOR under this Agreement. CONTRACTOR agrees to hold COUNTY harmless from any and all claims that may be made against COUNTY based upon any contention by any person or other party that an employer-employee relationship exists by reason of this Agreement. CONTRACTOR agrees to indemnify and defend, at its sole expense and cost, including but not limited, to attorney fees, cost of investigation, defense and settlements, or awards, COUNTY, its officers, agents, and employees in any legal action based upon such alleged existence of an employer-employee relationship by reason of this Agreement.

19. NO DEBARMENT OR SUSPENSION

CONTRACTOR certifies that it is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by a federal department or agency; has not within a three-year period preceding this Agreement been convicted of or had a civil judgment rendered against it 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; commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; is not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated herein; and has not within a three-year period preceding this Agreement had one or more public transactions (federal, state or local) terminated for cause or default.

20. COMPLIANCE WITH RULES, REGULATIONS, AND DIRECTIVES

CONTRACTOR shall comply with all rules, regulations, requirements, and directives of applicable federal or state agencies and funding sources which impose duties and regulations upon COUNTY as though made with CONTRACTOR directly. CONTRACTOR shall comply with all applicable federal, state, and local laws, regulations, including but not limited to:

- a. County of Riverside Continuum of Care Written Standards:

<http://dpss.co.riverside.ca.us/files/pdf/homeless/resources/rivco-coc-written-standards-8-23-17.pdf>

- b. HEARTH ACT 2009, 24CFR, parts 91 and 576:
https://www.hudexchange.info/resources/documents/HEARTH_ESGInterimRule&ConPlanConformingAmendments.pdf
- c. County of Riverside Continuum of Care Board of Governance Charter:
<http://dpss.co.riverside.ca.us/files/pdf/homeless/resources/rivco-coc-charter-final-adopted-2017-08-23.pdf>
- d. the California Code of Regulation Title 25, Div. 1, Chapter 7, Subchapter 20, Emergency Solutions Grant Program:
<http://www.hcd.ca.gov/grants-funding/active-funding/esg/docs/State-ESG-Regulations-Effective-April-1-2016.pdf>
- e. HUD System Performance Measures:
<https://www.hudexchange.info/resources/documents/System-Performance-Measures-Introductory-Guide.pdf>

21. CLEAN AIR/WATER ACTS

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

22. LEAD BASED PAINT

CONTRACTOR shall comply with the requirements, if 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).

23. ENVIRONMENTAL REQUIREMENTS

CONTRACTOR shall supply all available, relevant information necessary for COUNTY to perform for each property any environmental review as required under 24 CFR Part 50. CONTRACTOR shall also carry out mitigating measures required by COUNTY or select an alternate eligible property.

CONTRACTOR, or any subcontractor of CONTRACTOR, may not acquire, rehabilitate, convert, lease, repair, dispose of, demolish, or construct property for a project, or commit or expend ESG or local funds for eligible activities under this part, until HUD has performed an environmental review under 24 CFR Part 50 and CONTRACTOR has received HUD approval of the property.

For all funded applications, COUNTY will inform CONTRACTOR any required additional environmental review.

24. SHELTER AND HOUSING STANDARDS

Emergency shelters must meet the minimum safety, sanitation, and privacy standards at 24 CFR 576.403 (b), including but not limited to, accessibility standards in accordance with Section 504 of the Rehabilitation Act (29 U.S.C. 794) and implementing regulations at 24 CFR part 8;

the Fair Housing Act (42 U.S.C. 3601 et seq.) and implementing regulations at 24 CFR part 100; and Title II of the Americans with Disabilities Act (42 U.S.C. 12131 et seq.) and 28 CFR part 35; where applicable.

For rapid rehousing projects where ESG assistance is provided, the assisted housing must meet the housing quality standards and the minimum habitability standards per 24 CFR 576.403 (c).

25. EMPLOYMENT PRACTICES

- A. CONTRACTOR shall comply with all federal and state statutes and regulations in the hiring of its employees.
- B. CONTRACTOR shall not discriminate in its recruiting, hiring, promoting, demoting, or terminating practices on the basis of race, religious creed, color, national origin, ancestry, physical handicap, medical condition, marital status, age, or sex in the performance of this Agreement and, if applicable, with the provisions of the Fair Employment and Housing Act (FEHA) and the Federal Civil Rights Act of 1964 (P. L. 88-352).
- C. In the provision of benefits, CONTRACTOR shall certify and comply with Public Contract Code 10295.3 and 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.
- D. By signing this Agreement or accepting funds under this Agreement, CONTRACTOR shall comply with Executive Order 11246 of September 24, 1965, entitled "Equal Employment Opportunity," as amended by Department of Labor regulations (41 CFR Chapter 60).
- E. CONTRACTOR shall provide required data and certification to COUNTY in order to comply with child support enforcement requirements. The documentation will be provided within ten (10) days of notification of award of this Agreement when required by the Employment Development Department. Failure to submit the documentation or failure to comply with all federal and state reporting requirement for child support enforcement shall constitute a material breach of this Agreement.

26. PERSONNEL

- A. Upon request by COUNTY, CONTRACTOR agrees to make available to COUNTY a current list of personnel that are providing services under this Agreement who have contact with children or adult clients. The list shall include:
 - (1) All staff who work full or part-time positions by title, including volunteer positions;
 - (2) A brief description of the functions of each position and hours each position worked;
 - (3) The professional degree, if applicable and experience required for each position.
- B. COUNTY has the sole discretion to approve or not approve any person on the CONTRACTOR's list that has been convicted of any crimes involving sex, drugs or violence, or who is known to have a substantiated report of child abuse, as defined in Penal Code Section 11165.12, who occupies positions with supervisory or disciplinary power over minors, or who occupies supervisory or teaching positions over adult clients. COUNTY shall

notify CONTRACTOR in writing of any person not approved, but to protect client confidentiality, may not be able to disclose the reason(s) for non-approval. Upon notification, CONTRACTOR shall immediately remove that person from providing services under this Agreement.

C. Background Checks

CONTRACTOR shall conduct criminal background records checks on all individuals providing services under this Agreement. Prior to these individuals providing services to clients, CONTRACTOR shall have received a criminal records clearance from the State of California Department of Justice (DOJ). A signed certification of such clearance shall be retained in each individual's personnel file. The use of criminal records for the purposes of employment decisions must comply with the Office of Federal Contract Compliance Programs Directive 2013-02 "Complying with Nondiscrimination Provisions: Criminal Record Restrictions and Discrimination Based on Race and National Origin" and California Government Code § 12952.

27. LOBBYING

- A. CONTRACTOR shall ensure no federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, continuation, renewal, amendment, or modification of any federal contract, grant loan or cooperative agreement.
- B. 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 such federal contract, grant, loan, or cooperative agreement, CONTRACTOR shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- C. CONTRACTOR shall require that the language of this certification be included in the award document for sub-awards at all tiers, including subcontracts, sub-grants, and contract under grants, loans, and cooperative agreements, and that all sub-recipients shall certify and disclose accordingly.

28. ADVERSE GOVERNMENT ACTION

In the event any action of any department, branch or bureau of the federal, state, or local government has a material adverse effect on either party in the performance of their obligations hereunder, then that party shall notify the other of the nature of this action, including in the notice a copy of the adverse action. The parties shall meet within thirty (30) calendar days and shall, in good faith, attempt to negotiate a modification to this Agreement that minimizes the adverse effect. Notwithstanding the provisions herein, if the parties fail to reach a negotiated modification concerning the adverse action, then the affected party may terminate this Agreement by giving at least one hundred eighty (180) calendar days' notice or may terminate sooner if agreed to by both parties.

29. SUBCONTRACTS

- A. CONTRACTOR shall not enter into any subcontract with any subcontractor who:

- (1) Is presently debarred, suspended, proposed for debarment or suspension, or declared ineligible or voluntarily excluded from covered transactions by a federal department or agency;
 - (2) Has within a three-year period preceding this Agreement been convicted of or had a civil judgment rendered against them for the commission of fraud; 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; commission of embezzlement, theft, forgery, bribery; falsification or destruction of records; making false statements; or receiving stolen property;
 - (3) Is presently indicted 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) Has within a three-year period preceding this Agreement had one or more public transactions (federal, state or local) terminated for cause or default.
- B. CONTRACTOR shall be fully responsible for the acts or omissions of its subcontractors and the subcontractors' employees.
- C. CONTRACTOR shall insert clauses in all subcontracts to bind its subcontractors to the terms and conditions of this Agreement.
- D. Nothing contained in this Agreement shall create a contractual relationship between any subcontractor or supplier of CONTRACTOR and COUNTY.

30. SUPPLANTATION

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

31. ASSIGNMENT

CONTRACTOR shall not assign or transfer any interest in this Agreement without the prior written consent of COUNTY. Any attempt to assign or transfer any interest without written consent of COUNTY shall be deemed void and of no force or effect.

32. FORCE MAJEURE

If either party is unable to comply with any provision of this Agreement due to causes beyond its reasonable control and which could not have been reasonably anticipated, such as acts of God, acts of war, civil disorders, or other similar acts, such party shall not be held liable for such failure to comply.

33. GOVERNING LAW

This Agreement shall be governed by 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 Superior Court for the State of California or the U.S. District Court located in Riverside, California.

34. DISPUTES

- A. The parties shall attempt to resolve any disputes amicably at the working level. If that is not successful, the dispute shall be referred to the senior management of the parties. Any dispute relating to this Agreement which is not resolved by the parties shall be decided by COUNTY's Compliance Contract Officer who shall furnish the decision in writing. The decision of COUNTY's Compliance Contract Officer shall be final and conclusive unless determined by a court to have been fraudulent, capricious, arbitrary, or so grossly erroneous as necessarily to imply bad faith. CONTRACTOR shall proceed diligently with the performance of this Agreement pending resolution of a dispute.
- B. Prior to the filing of any legal action related to this Agreement, the parties shall be obligated to attend a mediation session in Riverside County before a neutral third party mediator. A second mediation session shall be required if the first session is not successful. The parties shall share the cost of the mediations.

35. ADMINISTRATIVE/CONTRACT LIAISON

Each party shall designate a liaison that will be the primary point of contact regarding this Agreement.

36. CIVIL RIGHTS COMPLIANCE

- A. Assurance of Compliance
CONTRACTOR shall complete the "Assurance of Compliance with Riverside County Department of Public Social Services Non-Discrimination in State and Federally Assisted Programs," attached as Attachment I. CONTRACTOR will sign and date Attachment I and return it to COUNTY along with the executed agreement. CONTRACTOR shall ensure that the administration of public assistance and social service programs are non-discriminatory. To the effect that no person shall because of ethnic group identification, age, sex, color, disability, medical condition, national origin, race, ancestry, marital status, religion, religious creed or political belief be excluded from participation in or be denied the benefits of, or be otherwise subject to discrimination under any program or activity receiving federal or state financial assistance.
- B. Client Complaints
CONTRACTOR shall further establish and maintain written referral procedures under which any person, applying for or receiving services hereunder, may seek resolution from COUNTY of a complaint with respect to any alleged discrimination in the provision of services by CONTRACTOR's personnel. CONTRACTOR must distribute to social service clients that apply for and receive services, "Your Rights Under California Welfare Programs" brochure (Publication 13). For copies of this brochure, visit the following website at:

<http://www.cdss.ca.gov/inforesources/Civil-Rights/Your-Rights-Under-California-Welfare-Programs>

Civil Rights Complaints should be referred to:

Civil Rights Coordinator
Riverside County Department of Public Social Services
7894 Mission Grove Parkway, Suite 100
Riverside, CA 92508
(951) 358-6841

C. Services, Benefits and Facilities

CONTRACTOR shall not discriminate in the provision of services, the allocation of benefits, or in the accommodation in facilities on the basis of color, race, religion, national origin, sex, age, sexual preference, physical or mental handicap in accordance with Title VI of the Civil Rights Act of 1964, 42 U.S.C. Section 2000d and all other pertinent rules and regulations promulgated pursuant thereto, and as otherwise provided by State law and regulations, as all may now exist or be hereafter amended or changed. For the purpose of this Section, discrimination means denying a participant or potential participant any service, benefit, or accommodation that would be provided to another and includes, but is not limited to, the following:

- (1) Denying a participant any service or benefit or availability of a facility.
- (2) 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.
- (3) 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.

D. Cultural Competency

CONTRACTOR shall cause to be available bilingual professional staff or qualified interpreter to ensure adequate communication between clients and staff. Any individual with limited English language capability or other communicative barriers shall have equal access to services. For the purpose of this Section, a qualified interpreter is defined as someone who is fluent in English and in the necessary second language, can accurately speak, read and readily interpret the necessary second language and/or accurately sign and read sign language. A qualified interpreter must be able to translate in linguistically appropriate terminology necessary to convey information such as symptoms or instructions to the client in both languages.

37. NOTICES

All notices, claims, correspondence, or statements authorized or required by this Agreement shall be deemed effective three (3) business days after they are made in writing and deposited in the United States mail addressed as follows:

DPSS:
(Agreement Issues)
Department of Public Social Services
Contracts Administration Unit
P.O. Box 7789
Riverside, CA 92513

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

Invoices and other financial documents:
Department of Public Social Services
Fiscal/Management Reporting Unit
4060 County Circle Drive
Riverside, CA 92503

Contractor:
XXXX
Executive Director
PO Box XXXX
City, CA XXXX

Contractor "Remit To" address:

38. SIGNED IN COUNTERPARTS

This Agreement may be executed in any number of counterparts, each of which when executed shall constitute a duplicate original, but all counterparts together shall constitute a single agreement.

39. MODIFICATION OF TERMS

This Agreement may be modified only by a written amendment signed by authorized representatives of both parties.

40. ENTIRE AGREEMENT

This Agreement constitutes the entire agreement between the parties with respect to the subject matter hereof. All prior or contemporaneous agreements of any kind or nature relating to the same subject matter shall be of no force or effect.

12.0

13.0

| | |
|-------------------------------------|---|
| Authorized Signature for CONTRACTOR | Authorized Signature for COUNTY |
| Printed Name of Person Signing: | Printed Name of Person Signing: Chuck Washington |
| Title: Executive Director | Title: Chair, Board of Supervisors |

Schedule A
Payment Provisions

| | |
|--|-------------|
| | 14.0 |
|--|-------------|

14.1.1

A.1 METHOD, TIME, AND CONDITIONS OF PAYMENT

- a. CONTRACTOR shall be reimbursed by COUNTY, for an amount not to exceed \$00. Said funds shall be spent according to the Budget shown below.

| BUDGET CATEGORY | Total |
|-----------------|---------------|
| | \$0.00 |
| | \$0.00 |
| | \$0.00 |
| | \$0.00 |
| | \$0.00 |
| TOTAL | \$0.00 |

- b. CONTRACTOR will be paid the actual amount of each monthly invoice for payment. If the required supporting documentation is not provided, COUNTY may delay payment until the information is received by COUNTY.
- c. CONTRACTOR shall submit claim in accordance with the guidelines in the ESG Eligible Expense Guide. For copies of this Guide, visit the following website at:

<http://www.hcd.ca.gov/grants-funding/docs/ESG-Eligible-Expense-Guide.pdf>

CONTRACTOR is responsible to follow the most current Guide available.

- d. All completed claims must be submitted on a monthly basis no later than 30 days after the end of each month in which the services were provided. All complete claims submitted in a timely manner shall be processed within forty-five (45) calendar days (see A.2. Disbursement of Funds for actual payment information).
- e. CONTRACTOR shall submit:
 1. DPSS Forms 2076A, 2076B (Attachment II)
 2. DPSS ESG Supporting Documentation Instructions (Attachment III)
 3. DPSS HUD Continuum of Care Time/Activity Report (Attachment IV)
- f. Each claiming period shall consist of a calendar month claiming period.
- g. All Program funds shall be expended by MMDDYYYY.
- h. CONTRACTOR shall ensure that funds provided under this Agreement are not used to pay developer's fees, to establish working capital, or operate deficit funds.

1. Cash or In-Kind Match Documentation

CONTRACTOR must match all ESG funding on a dollar for dollar basis. Match must be used for the costs of eligible activities. Matching funds provided by CONTRACTOR must be money provided to the project by one or more of the following: CONTRACTOR, the federal government, state and local governments, and/or private resources. Non-cash resources such as in-kind contributions of goods or services may be used to fulfill matching funds requirements. Matching funds provided by state or local government used in a matching contribution are subject to maintenance of effort requirements.

CONTRACTOR shall provide match documentation as set forth in this Agreement. Match documentation must be submitted with monthly billing claims. DPSS will verify utilization of the match through a monthly desk review and on-site monitoring visits.

2. In the event that CONTRACTOR does not meet the requirements in paragraph A.1.h.1 above, COUNTY reserves the right to suspend or terminate this Agreement.

- i. An expenditure which is not authorized by the Agreement, or which cannot be adequately documented, shall be disallowed and must be reimbursed to COUNTY by CONTRACTOR.

A.2 DISBURSEMENT OF FUNDS

COUNTY shall disburse funds under this Agreement to CONTRACTOR as follows:

- a. CONTRACTOR shall submit claims for reimbursement pursuant to the Budget listed in paragraph A.1.a. on a monthly basis.
- b. COUNTY is the pass-thru agency for these funds. Once a claim is reviewed and approved, a Request for Funds is sent to the State. When the requested funds are received from the State, COUNTY will submit the payment to the agency. (This process can take from 4-6 weeks.)
- c. Administrative costs are costs associated with accounting for the use of grant funds preparing reports for submission to HCD, obtaining program audits, similar costs related to administering the grant after the award, and staff salaries associated with these administrative costs.

A.3 WITHHELD PAYMENTS

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

A.4 FISCAL ACCOUNTABILITY

- a. CONTRACTOR agrees to manage funds received through COUNTY in accordance with sound accounting policies; incur and claim only eligible costs for reimbursement; and adhere to accounting standards established in 2 CFR Part 200.
- b. CONTRACTOR must establish and maintain on a current basis an accrual accounting system in accordance with generally accepted accounting principles and standards. Further, CONTRACTOR must develop an accounting procedure manual. Said manual shall be made available to COUNTY upon request or during fiscal monitoring visits.

14.3 Schedule B
14.4 Scope of Services

14.4.1 SCOPE OF SERVICES

- A. CONTRACTOR 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. CONTRACTOR will also provide client linkages to other sources of support. CONTRACTOR will keep records and reports established to carry out the program in an effective and efficient manner. These records and reports must include racial and ethnic data on participants for program monitoring and evaluation.
- B. CONTRACTOR shall provide services as set forth in the Scope of Work (paragraph K of this schedule).
- C. CONTRACTOR will be responsible to meet the requirements include in RFP DPARC-XXX (Attachment V) and the CONTRACTOR's project application (Attachment VI). DPARC-xxx and the project application are incorporated herein by this reference.
- D. CONTRACTOR must ensure that all ESG Program participants comply with the regulations applicable to the ESG program as set forth in 24 CFR Part 58, and 24 CFR Part 576. Additionally, nonprofit organizations funded by the ESG Program shall comply with the requirements of 24 CFR Part 84 as though they were subrecipients pursuant to 24 CFR Part 84. Also, Units of general local government funded by the ESG Program shall comply with the requirements of 24 CFR Part 85. In the even that any federal or state laws or regulations, including without limitation regulations by the Department of Housing and Urban Development ("HUD") add, delete, modify, or otherwise change any statutory or regulatory requirements concerning the use or administration of these funds, ESG Program participants shall comply with such requirements, as amended.
- E. CONTRACTOR must participate in the CoC Coordinated Entry System. The Coordinated Entry System (CES) is a part of the Riverside County Continuum of Care's cohesive and integrated housing crisis response system with our existing programs, bringing them together into a "no-wrong-door" system. The CES is designed to coordinate program participant intake, assessment, and provision of referrals.
- F. CONTRACTOR shall comply with the Educational Assurance requirements as stipulated in the McKinney-Vento Homeless Education Assistance Improvements Act.
- G. CONTRACTOR 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.
 2. COUNTY retains the rights to the HMIS and case management software application used in the operations of this property. COUNTY will grant CONTRACTOR access to use the HMIS software for the term of this Agreement.
 3. CONTRACTOR shall ensure that employees using HMIS for client intake capture all required data fields, as set forth in the County of Riverside Continuum of Care HMIS Policies and Procedures Manual, which is located on the DPSS website: <http://dpss.co.riverside.ca.us/homeless-programs>.

4. CONTRACTOR must maintain a valid HMIS End User Agreement on file with COUNTY, which is located on the DPSS website:
<http://dpss.co.riverside.ca.us/homeless-programs>.

- H. COUNTY shall assign staff to serve as liaison and program coordinator between COUNTY and CONTRACTOR. This staff will provide the CONTRACTOR programmatic consultation and advise CONTRACTOR of all-pertinent existing guidelines and regulations. Additionally, the staff will provide or arrange for consultation and technical assistance to CONTRACTOR as needed.

- I. RECORDKEEPING AND REPORTING
 1. CONTRACTOR agrees to collect and maintain records of participants for required federal, state, and county reports.
 2. CONTRACTOR shall submit the following reports:
 - a Annual performance reports during the period of the grant consistent with HUD requirements for ESG funds;
 - b A written completion report must be submitted within 60 days after expiration of the Standard Agreement and;
 - c Additional reports may be requested by COUNTY and/or HCD to meet other applicable reporting or audit requirements.

- J. MONITORING GRANT ACTIVITIES
 1. An onsite monitoring visit of the homeless service provider shall occur whenever deemed necessary by COUNTY, but at least once during the grant period.
 2. COUNTY will monitor the performance of CONTRACTOR based on a risk assessment and according to the terms of this Agreement.
 3. COUNTY will monitor CONTRACTOR and funded project based on the performance measures used by HUD in ESG or the Continuum of Care program. In the event that project-level or system-wide performance consistently remains in the lowest quartile compared to all participant Service Areas in the Continuum of Care allocation, COUNTY will work collaboratively with CONTRACTOR to develop performance improvement plans which will be incorporated into this Standard Agreement and other agreements required under 25 CCR Section 8403.
 4. If it is determined that a CONTRACTOR falsified any certification, application information, financial, or contract report, CONTRACTOR shall be required to reimburse the full amount of the ESG award to COUNTY, and may be prohibited from any further participation in the ESG program. COUNTY may impose any other actions permitted under 24 CFR 576.501 (c).

14.4.3

ATTACHMENT I
Assurance of Compliance

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

NAME OF ORGANIZATION

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

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

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

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

Date

Director's Signature

Address of Vendor/Recipient
(08/13/01)

CR50-Vendor Assurance of Compliance

ATTACHMENT II
DPSS 2076A and 2076B

COUNTY OF RIVERSIDE
DEPARTMENT OF PUBLIC SOCIAL SERVICES

CONTRACTOR PAYMENT REQUEST

To: Riverside County
Department of Public Social Services
Attn: Management Reporting Unit
4060 County Circle Drive
Riverside, CA 92503

From: _____
Remit to Name

Address

Contractor Name

Contract Number

Total amount requested _____ for the period of _____ 20 _____

Select Payment Type(s) Below:

Advance Payment \$ _____
(if allowed by Contract/MOU)

Actual Payment \$ _____
(Same amount as 2076B if needed)

Unit of Service Payment \$ _____

_____ # of Units) X _____ (\$) _____

_____ # of Units) X (\$) _____

_____ # of Units) X _____ (\$) _____

_____ # of Units) X (\$) _____

_____ # of Units) X _____ (\$) _____

Any questions regarding this request should be directed to: _____
Name Phone Number

I hereby certify under penalty of perjury that to the best of my knowledge the above is true and correct

Authorized Signature Title Date

FOR DPSS USE ONLY (DO NOT WRITE BELOW THIS LINE)

Business Unit (5) _____

Purchase Order # (10) _____

Invoice # _____

Account (6) _____

Amount Authorized _____

Fund (5) _____

If amount authorized is different from amount request, please explain:

Dept ID (10) _____

Program (5) _____

Program (if applicable) _____ Date _____

Class (10) _____

Management Reporting Unit _____ Date _____

Project/Grant (15) _____

Contracts Administration Unit _____ Date _____

DEPARTMENT OF PUBLIC SOCIAL SERVICES FORMS

Mailing Instructions: When completed, these forms will summarize all of your claims for payment. Your Claims Packet will include DPSS 2076A, 2076B (if required), invoices, payroll verification, and copies of canceled checks attached, receipts, bank statements, sign-in sheets, daily logs, mileage logs, and other back-up documentation needed to comply with Contract/MOU.

Mail Claims Packet to address shown on upper left corner of DPSS 2076A.
[see method, time, and schedule/condition of payments].
(Please type or print information on all DPSS Forms.)

DPSS 2076A
CONTRACTOR PAYMENT REQUEST

"Remit to Name"
The legal name of your agency.

"Address"
The remit to address used when this contract was established for your agency. All address changes must be submitted for processing prior to use.

"Contractor Name"
Business name, if different than legal name (if not leave blank).

"Contract Number"
Can be found on the first page of your contract.

"Amount Requested"
Fill in the total amount and billing period you are requesting payment for.

"Payment Type"
Check the box and enter the dollar amount for the type(s) of payment(s) you are requesting payment for.

"Any questions regarding..."
Fill in the name and phone number of the person to be contacted should any questions arise regarding your request for payment.

"Authorized Signature, Title, and Date (Contractor's)"
Self-explanatory (required). Original Signature needed for payment.
EVERYTHING BELOW THE THICK SOLID LINE IS FOR DPSS USE ONLY AND SHOULD BE LEFT BLANK.

14.4.5

ATTACHMENT III
DPSS ESG Supporting Documentation Instructions

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

The Fiscal Management Reporting Unit reviews each claim for expenses that are:
Allowable Allocable Reasonable

CLAIM DOCUMENTATION REQUIRED BY DPSS

RAPID REHOUSING / EMERGENCY SHELTER

Lease agreement - Must be submitted at time of client entry into the program and each time a lease expires or changes.)

Invoice or documentation of rent amount and due date

Proof of payment (receipt and cancelled check or check stub)

STAFF (Street Outreach, Rapid Rehousing, Emergency Shelter, HMIS & Admin)

ESG Program Individual Staff Breakdown form

Time Sheet

Time and Activity Report (*if staff is not 100% dedicated to grant*)

Pay Stub or Payroll Report

EXPENSES (Street Outreach, Rapid Rehousing, Emergency Shelter, HMIS & Admin)

Invoice or receipt that is dated and has a detailed explanation of charges.

Proof of payment (cancelled check or check stub)

HUD CONTINUUM OF CARE TIME/ACTIVITY REPORT
AGENCY NAME - EMPLOYEE NAME

DATES: (dates for pay period)

| | 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 | | |
|---|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-------|------|------|
| RAPID HOUSING STAFF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Case Mgmt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Housing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Total RRH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| EMERGENCY SHELTER STAFF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Essential Svcs-Case Mgmt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 | |
| Essential Svcs-Child Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 | |
| Essential Svcs-Education Svcs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 | |
| Essential Svcs-Employment Assistance Training | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 | |
| Essential Svcs-Substance Abuse Svcs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 | |
| Essential Svcs-Legal Svcs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 | |
| Essential Svcs-Life Skills Training | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 | |
| Essential Svcs-Mental Health Svcs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 | |
| Essential Svcs-Substance Abuse Treatment Svcs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 | |
| Essential Svcs-Transportation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 | |
| Essential Svcs-Tools for Domestic Partners | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 | |
| Shelter Ops - Maintenance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 | |
| Shelter Ops - Security | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 | |
| Total ES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 | |
| ADMIN STAFF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Admin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 | |
| Total ADMIN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 | |
| Non-Project | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 | |
| Total Non-Project | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 | |
| Vacation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 | |
| Sick | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 | |
| Holiday | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 | |
| Other Paid Time Off | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 | |
| Total Fringe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 | |
| 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 | | |

| | |
|--------------------|------|
| Total Hours | 0.00 |
| Total Fringe Hrs | 0.00 |
| Difference | 0.00 |
| Actual Hrs - RRH | 0.00 |
| Actual Hrs - ES | 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 _____

**ATTACHMENT A
BIDDER PROPOSAL RESPONSE**

**2018 COMPETITION
REQUEST FOR PROPOSAL # DPARC-557**

**CALIFORNIA EMERGENCY SOLUTIONS GRANT HOMELESS ASSISTANCE PROGRAM
RAPID REHOUSE
COPY**



By:
Rowena Concepcion, Administrative Services Officer
Riverside County – Homeless Program Unit
4060 County Circle Drive
Riverside, CA 92503
(951) 358-5638 / (951) 358-7755 (fax)
Email: rconcepc@rivco.org

NIGP Code(s): 95237, 95249, 95255, and 95278

This RFP and any ensuing Addendums are available at the following links:
<http://dpss.co.riverside.ca.us/homeless-programs/housing-and-urban-development>
and
www.publicpurchase.com

**NOTE: BIDDERS ARE RESPONSIBLE TO READ ALL INFORMATION THAT IS STATED IN THIS
REQUEST FOR PROPOSAL AND PROVIDE A RESPONSE AS REQUIRED**

Any Bidder who requests to have this RFP in electronic format may send an email request to:
Rowena Concepcion rconcepcion@rivco.org

PURPOSE/BACKGROUND

The County of Riverside Department of Public Social Services (DPSS) on behalf of the Homeless Programs Unit is seeking proposals from parties qualified in providing Homeless Assistance Programs for the California Emergency Solutions Grant administered by the California Department of Housing and Community Development ('State Department') with funding received from the U.S. Department of Housing and Urban Development (HUD). The California ESG funds are to provide services in all areas of County of Riverside not currently eligible for Emergency Solutions Grant (ESG) funds through direct city ESG entitlement; these areas are referred to as Non-Entitlement cities.

Background

The ESG Program is designed to be the first step in a continuum of assistance to prevent homelessness and to enable homeless individuals and families to move toward independent living.

The federal Emergency Solutions Grant Program ("ESG"), authorized by the McKinney-Vento Homeless Assistance Act, as amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, provides funding to: (1) engage homeless individuals and families living on the street; (2) improve the number and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents, (5) rapidly re-house homeless individuals and families, and (6) prevent families/individuals from becoming homeless.

The State Department's newly redesigned State ESG Program aims to align with local systems' federal ESG and HEARTH goals, invest in impactful activities based on key performance goals and outcomes, improve geographic distribution of funded activities and continuity of funded activities, and create a streamlined delivery mechanism. The program emphasizes the involvement of local Continuums of Care and ESG entitlement entities in the funding distribution process.

Program Priorities

The County is conducting a fair and open competitive process pursuant to State Regulation Section 8403. The County will evaluate provider capacity and experience on the following criteria:

1. The ability of the provider to deliver services in non-entitlement areas.
2. Comprehensive and coordinated access throughout the Service Area.
3. Prioritized access for services for people with the most severe needs.
4. Low barrier access to services and consistency with Housing First practices.
5. Use of progressive engagement approach to services and financial assistance.

Program Objectives

DPSS was designated as an Administrative Entity (AE) for the County of Riverside Continuum of Care for the purpose of administering California ESG funds within the State ESG Service Areas. All activities funded with ESG grants must provide funding to:

1. Engage homeless individuals and families living on the street
2. Improve the number and quality of emergency shelters for homeless individuals and families
3. Help operate these shelters
4. Provide essential services to shelter residents
5. Rapidly re-house homeless individuals and families
6. Prevent families and individuals from becoming homeless

ESG Goals and Objectives

This request for proposals is intended to generate proposals that will focus on rapid rehousing and homelessness prevention assistance.

Homelessness Prevention

Financial assistance may include direct rental and utility payments for eviction prevention or assistance to relocate to other housing. Short-term rental assistance is assistance for up to 3 months.

Eligibility Criteria

Eligible to receive HP financial assistance are those individuals and families defined under the following categories:

HUD - Homeless Definition:

- Category 2 – Imminent Risk of Homeless
- Category 3 - Homeless Under Other Federal Statutes
- Category 4 – Fleeing/Attempting to Flee DV

HUD - At Risk of Homelessness Definition:

- Category 1 – Individuals and Families
- Category 2 – Unaccompanied Children and Youth
- Category 3 – Families with Children and Youth

Initial Assessment:

- The household income is at or below 30% of the Area Median Income (AMI)
- The household lacks the financial resources and support networks needed to obtain immediate housing or remain in its existing housing
- No appropriate subsequent housing options have been identified at the point of service application

Homelessness Prevention projects must adhere to the following:

Rental Assistance:

- Rental assistance can be tenant-based or project-based.
- Short-term rental assistance is assistance for up to 3 months of rent.
- Program participants will have a share of rent costs.

Arrears:

- One-time payment for up to 3 months of rent in arrears, including late fees on arrears.

Late Payment Fees:

- Only allowed with one-time arrears assistance.
- ESG specifically prohibits late payment fees incurred by subrecipient under Rental Assistance Agreement with owners.

Use with other subsidies:

- Except for one-time payment of arrears on tenant's portion of rent payment, rental assistance cannot be provided to participant who is receiving tenant- or project-based rental assistance through other public sources during same time period, including units receiving operating subsidies.

Maximum Amounts and Period of Assistance:

- Limit apply to total assistance an individual receives, either as an individual or as part of a family.
- Must not exceed 6 months in any 3-year period.

Unit must meet HUD's and DPSS':

- Housing Quality Standard and use HUD-52580 form.
- Lead-Based Paint.
- Rent Reasonableness.
- Fair Market Rents.

Lease and Assistance Agreements requirements:

- Rental assistance agreement (between subrecipient and owner) § 576.106 (e).
- Lease Agreement (between program participant and owner) § 576.106 (g).

Terminating Assistance - Subrecipient must establish formal process, consisting of:

- Written notice to program participant.
- Review of decision, including opportunity to present objection.
- Prompt written notice of final decision.

Data Collection:

- Data on all persons served and all activities must be enter into HMIS.
- Must comply with HUD's standards on participation, data collection and reporting under HMIS.

Rapid Rehousing (RRH)

Financial assistance may include direct short- or medium-term rental payments to help a homeless individual or families living in shelters or in places not meant for human habitation move as quickly as possible into permanent housing and achieve stability in that housing.

Eligibility Criteria

Eligible to receive RRH financial assistance are those individuals and families defined under the following categories:

HUD - Homeless Definition:

- Category 1 – Literally homeless
- Category 4 – Fleeing/Attempting to Flee DV

Rapid Rehousing projects must adhere to the following:

Rental Assistance:

- Rental assistance can be tenant-based or project-based.
- Assistance will be provided for a short-term (up to 3 months) or medium-term (up to 6 months).
- Program participants will have a share of rent costs.

| Rapid Rehousing Assistance Scale | |
|----------------------------------|------|
| RRH Payment Up To: | |
| Initial Assessment | |
| Rent - Month 1-3 | 100% |
| Re-Assessment | |
| Rent - Month 4 | 50% |
| Rent - Month 5 | 40% |
| Rent - Month 6 | 30% |

Use with other subsidies:

- Rental assistance cannot be provided to participant who is receiving tenant- or project-based rental assistance through other public sources during same time period, including units receiving operating subsidies.

Maximum Amounts and Period of Assistance:

- Limit apply to total assistance an individual receives, either as an individual or as part of a family.
- Must not exceed 6 months in any 3-year period.

Unit must meet HUD's and DPSS':

- Housing Quality Standard and use HUD-52580 form.
- Lead-Based Paint.
- Rent Reasonableness.
- Fair Market Rents.

Lease and Assistance Agreements requirements:

- Rental assistance agreement (between subrecipient and owner) § 576.106 (e).
- Lease Agreement (between program participant and owner) § 576.106 (g).

Terminating Assistance - Subrecipient must establish formal process, consisting of:

- Written notice to program participant.
- Review of decision, including opportunity to present objection.
- Prompt written notice of final decision.

Data Collection:

- Data on all persons served and all activities must be enter into HMIS.
- Must comply with HUD's standards on participation, data collection and reporting under HMIS.

Funding for Services

The total 2018 California ESG funds from HUD allocated to the County of Riverside is \$323,445 including \$8,543 for administrative cost. The expenditure deadline is MMDDYYYY (Please note that this date has not been announced by HCD).

Of this, the allocation is broken out by the following:

| Total amount | 40% required for Rapid rehousing | Total available for other activities |
|--------------|----------------------------------|--------------------------------------|
| \$314,902 | *\$125,960 | *\$188,942 |

Regulations

The State ESG program regulations may be obtained at: <http://www.hcd.ca.gov/grants-funding/active-funding/esg.shtml>. Federal Emergency Shelter Grants (ESG) Program funds may be used for five program components: street outreach, emergency shelter, rapid re-housing assistance, and HMIS. The County's use of the State allocation must ensure access to ESG funds by households living in non-entitlement areas, and allocate a minimum of 40% of the funds for Rapid Re-housing activities.

Federal ESG Match Required Pursuant to Match rules at 24 CFR 576.201. ESG federal match is provided by the applicant on a dollar for dollar basis. The eligible applicant will be required to provide evidence of non-federal matching funds equal to at least One Hundred Percent (100%) of the ESG federal award. Proposals must clearly indicate the source and amount of matching funds. These matching funds may be provided through documented voluntary contributions in kind or in cash. Contributions of volunteered time shall be valued, in alignment with State minimum wage rates, at Ten Dollars (\$10) per hour.

Tab A – Proposal Checklist

Tab A Proposal Checklist

Instructions:

- This section must be filled in and each item checked off to ensure all items requested by the County in this RFP have been submitted.
- Follow the instructions in each section of this RFP.
- Present all requested items in the index tabs ordered A through I as shown
- Label each item presented and include additional items on your Table of Contents
- All proposals must include a detailed description of each proposed service to be provided
- Bidders that do not follow the bid instructions found in the Terms and Conditions document "Section 6.0 General Proposal Submittal" may be found to be "non-responsive" and disqualified from the bid process

Name of Company: Coachella Valley Rescue Mission (CVRM)

Service to provide: (title) Rapid Rehousing

Proposal Submission Checklist

General Bidder Information

Please provide one copy of the following items in your proposal. Indicate the page number where the item is located.

Page Number

- | | |
|---|-----------|
| <input checked="" type="checkbox"/> Tab A – Proposal Checklist (<i>this page</i>) | <u>7</u> |
| <input checked="" type="checkbox"/> Tab B – Proposal Cover Page (<i>signed by Authorized Signatory</i>) | <u>9</u> |
| <input checked="" type="checkbox"/> Tab C – Company Profile/ Experience | <u>10</u> |
| <input checked="" type="checkbox"/> Tab D – Acknowledgements..... | <u>23</u> |
| <input checked="" type="checkbox"/> Tab E – Scope of Services | <u>24</u> |
| <input checked="" type="checkbox"/> Tab F – References | <u>33</u> |

- Tab G – Bidder Attachment 36
Any response that Bidders are finding difficulty pasting into the “Bidders Response” boxes in any section of the RFP, bidders shall paste in Tab G. When pasting attachments to Tab G, label the attachments “Attachment 1”, “Attachment 2” and so forth. Enter the corresponding Attachment Number into the Bidder’s Response box with the words “See Tab G.” List all attachments with an index tab.

List all attachments included in this Section. Please use additional pages to list attachments if necessary.

| Attachment Number | Document Title | Page Number |
|-------------------|--|-------------|
| Attachment 1 | <u>Articles of Incorporation</u> | <u>36a</u> |
| Attachment 2 | Proof of Non-Profit Status | <u>43</u> |
| Attachment 3 | Board Meeting Announcement | <u>44</u> |
| Attachment 4 | ESG Performance Reports | <u>45</u> |
| Attachment 5 | Organization Chart, CVRM Executive Staff & Board of Directors List | <u>50</u> |
| Attachment 6 | <u>Resumes</u> | <u>54</u> |
| Attachment 7 | <u>Job Descriptions</u> | <u>62</u> |
| Attachment 8 | <u>SAM Entity Overview for CVRM - Not on EPLS</u> | <u>66</u> |
| Attachment 9 | <u>Match Sources Documentation</u> | <u>67</u> |
| Attachment 10 | <u>Business License</u> | <u>84</u> |
| Attachment 11 | RRH Eligibility Assessment | <u>85</u> |
| Attachment 12 | <u>CVRM Intake Package</u> | <u>97</u> |
| Attachment 13 | _____ | _____ |
| Attachment 14 | _____ | _____ |
| Attachment 15 | _____ | _____ |
| Attachment 16 | _____ | _____ |
| Attachment 17 | _____ | _____ |
| Attachment 18 | _____ | _____ |
| Attachment 19 | _____ | _____ |
| Attachment 20 | _____ | _____ |

Cost and Financials

Please provide Tabs H and I in a clearly marked, sealed envelope. These items should only be included in the Original Proposal.

- Tab H – 2018-19 Proposed ESG Budget and Match Sources/Budget Narrative
- Tab I – Financial Statement

Tab B – Proposal Cover Page

Tab B Proposal Cover Page

This Proposal Cover Page must be signed by an authorized representative. Signature by an authorized representative of the company on the proposal cover page shall constitute a warranty, the falsity of which shall entitle the County of Riverside to pursue any remedy authorized by law, which shall include the right, at the option of the County of Riverside, of declaring any contract made as a result thereof, to be void.

BIDDER TO COMPLETE ALL APPLICABLE AREAS

Bidders are required to register (If not already registered) on the County of Riverside Purchasing website:
WWW.PURCHASING.CO.RIVERSIDE.CA.US

The County of Riverside Department of Public Social Services on behalf of the Homeless Program Unit is soliciting proposals from qualified organizations to provide:

- 1. Rapid Re-housing
- 2. Homelessness Prevention

There will not be a Mandatory Bidder's Meeting

Please submit your Questions to rconcepc@riv.org no later than Wednesday, May 30, 2018 by 1:30 p.m.

Responses to questions will be posted no later than (Friday, June 1, 2018) at:
<http://dpss.co.riverside.ca.us/homeless-programs/housing-and-urban-development>

NO FAXED OR EMAILED PROPOSALS WILL BE ACCEPTED

PROPOSALS MUST BE DELIVERED ON Friday, June 15, 2018, NO LATER THAN 1:30 P.M. TO:

County of Riverside – Department of Public Social Services
Attn: Bidder Proposal # DPARC-557 – 2018 State ESG Homeless Assistance Program
4060 County Circle Drive
Riverside, CA 92503

"Execution hereof is certification that the undersigned has read and understands the terms and conditions hereof, and that the undersigned's principal is fully bound and committed."

Company Name: Coachella Valley Rescue Mission

Mailing Address: PO Box 10660

City: Indio State: CA Zip: 92202

Remit to Address: PO Box 10660

City: Indio State: CA Zip: 92202

Phone # (760)347-3512 FAX # (760)347-8073

Contractor Website: www.cvrvm.org

Name: Darla Burkett Title: Executive Director

Signature: *X Darla Burkett* Date: 6/14/18

Email: dburkett@cvrm.org

Please Check Disabled Veteran

Tab C - Company Profile / Experience

Tab C Company/Organization Profile and Experience

This section of the proposal is designed to establish the bidder as an entity with the ability and experience to operate the program as specified in the RFP. The Company Profile should be concise and clear, and include descriptive information regarding service delivery. The following information must be provided as follows:

1. List bidder's legal business name and legal business status (i.e. partnership, corporation, etc.)

BIDDER'S RESPONSE:

Coachella Valley Rescue Mission (CVRM), corporation (See Tab G – Atch 1)

2. Provide bidder's proof of non-profit status, if applicable

BIDDER'S RESPONSE:

See Tab G, Attachment 2 for Proof of Non-Profit Status

3. Does bidder participate in the local CoC yes/no?

BIDDER'S RESPONSE:

yes

4. Provide a brief history of the bidder's organization and participation of homeless persons in policy-making and operations.

BIDDER'S RESPONSE:

As an organization, CVRM started in 1971 as a soup kitchen for men only. In the 1980's services for underserved women & children were added. An emergency shelter program opened in 2004. In 2011, a 43,000 sq ft campus was added to provide emergency service programs designed to provide basic necessities along with life skills classes and case management. On 5/1/15, a 10,000 sq. ft. annex building opened to add additional bed space. RRH assistance was added to our suite of services in 2016.

In East Riverside County during the last 4 years, CVRM'S Street Outreach (SO) Team has been actively engaged in locating unsheltered individuals in a housing crisis through building trust, providing needed supplies (water, food, clothes, toiletries), connections to services, Emergency Shelter, and Housing Programs. CVRM'S SO Team has collaborated in the Coachella Valley with local city councils and law enforcement in Indio, Cathedral City, Palm Springs, and Desert Hot Springs as well as with the Riverside Sheriff's Homeless Outreach Team and Health to Hope Clinics (doctor, nurses, social workers, licensed counselors, and substance abuse counselors) to bring willing individuals off the streets.

Homeless & formerly Homeless are encouraged to attend Board Meetings. (Please see Tab G - Attachment 3, Board Meeting Announcement.) Our program staff & Executive Director have open door policies. Suggestion Boxes are located at multiple locations.

CVRM also strives to provide jobs to clients in the kitchen, security, CVRM emergency shelter, transportation, and thrift stores.

5. Provide a description of the bidder's policies and procedures for admission, diversion, referral, and discharge.

BIDDER'S RESPONSE:

The Coachella Valley Rescue Mission (CVRM) has provided services to the Valley's underserved for the past 47 years. Those who come to CVRM for services include those who are abused, homeless, unemployed, hungry, veterans, domestic violence & human trafficking survivors, elderly and uneducated. We serve men, women, and children from all ethnic backgrounds, social economic groups and ages. Our goal is to provide a place of rest and refuge. CVRM programs provide access to better nutrition, health evaluation, education, employment assistance, skill training, and counseling to rebuild lives so clients may secure employment and housing and thus be restored to the community as self-sustaining, happy, and healthy. All services are provided at no charge.

The Annex Emergency Services program operates 24 hours each day for clients arriving in need while case management works to obtain referrals to either in-house and /or other local agency services/programs. Services include overnight shelter, showers, clean clothes, 3 meals as well as case management services. Case management also assists clients obtain California State Identification Cards and complete MediCal enrollment applications. **Emergency Services clients also have access to a CVRM onsite clinic for non-emergency medical care as well as mental health counseling staffed licensed professionals from a local non-profit.**

Clients are exited after completing their case management plan. If they are non-compliant with respect to the CVRM program rules as outlined in the Intake Package (Tab G Attachment 12) or with respect to RRH with respect to case mgnt meeting attendance, income statement submittal or compliance with Individualized Service Plan and or Financial Service Plan; they will be terminated from program participation.

6. Provide a description of bidder's policy for terminating program participants.

BIDDER'S RESPONSE

With respect to Rapid Rehouse and what will be proposed for Homelessness Prevention, clients are exited when completing their program.

Clients may be terminated prior to program completion for non-compliance (ie. Refusal to meet with case manager, submit income statements, comply with Individualized Service Plan or Financial Service Plan.)

7. Provide the bidder's organization's experience in operating a similar program. Also, identify its experience in serving the homeless population.

BIDDER'S RESPONSE:

- a) CVRM has received ESG funding for several years (2012/2013-2017/2018) in support of our Emergency Food, Shelter and Support Services Programs which include meals, shelter, clothing, , case management, referrals, life skills classes, access to onsite non-emergency medical care provided by another local non-profit, food box distributions, and recovery classes. CVRM has also received ESG funding for Rapid Re-House Assistance from 2015/2016 through 2016/2017 ESG funding cycles.
- b. Please see Tab G, Attachment 4 – ESG Performance Reports
- c. CVRM was established as a soup kitchen for men. Services for women & children were added in the 1980's and emergency shelter as well as support services in 2004. In 2011, a new 43,000 square foot emergency shelter facility was completed. In May 2015, a new shelter Annex was opened to increase available emergency shelter housing space by an additional 10,000 square feet. Support services such as life skills classes, recovery classes, transportation to Public Adult schools and other local agencies as well as food services and food boxes are also provided at our main campus. Rapid Re-House assistance was added to our spectrum of services in 2016. In addition, Health to Hope a local non-profit provides non-emergency medical care at the CVRM onsite clinic as well as on site behavioral health counseling.

8. Provide bidder's experience implementing HUD and/or other federally funded projects. Include the following:

- a. Description of bidder's HUD and/or other federally funded project
- b. Performance Reports required of bidder's described project
- c. Operational Years of bidder's described project

BIDDER'S RESPONSE:

- a) CVRM was established as a soup kitchen for men. Services for women & children were added in the 1980's and emergency shelter as well as support services in 2004. In 2011, a new 43,000 sq. ft. emergency shelter was completed. In 2015, a new shelter Annex added 10,000 feet and 75 beds. In 2017, 75 beds were added by using the gym for additional emergency shelter housing. RRH services was added in 2016.
- b) See Tab G Attachment 5 – Performance Reports_
- c) CVRM has received ESG funding for several years (2011/2012-2017/2018) in support of our Emergency Services which includes but is not limited to food, shelter, clothing, referrals, life skills classes, access to onsite non-emergency medical care, food box distributions and recovery classes. We have received ESG RRH funding from 2015/2016 – 2017/2018 funding cycles.

9. Does bidder have any unresolved monitoring or audit findings for any HUD and/or DPSS grants (including ESG) operated by the bidder or its proposed subcontractor(s)? As applicable, enter either "Yes" or "No" in the bidder's response box below.

BIDDER'S RESPONSE:

No

10. If bidder replied "Yes" to question No. 7, bidder shall describe its unresolved HUD/DPSS monitoring and/or audit findings below.

BIDDER'S RESPONSE:

N/A

11. Bidder shall provide a company overview for the following:
- Leadership/Management Structure (President, Vice President, Company Officers, etc.) and an organizational chart. The organizational chart shall clearly identify all staff members that will provide services under this contract.
 - The number of years in business under the present business name, as well as prior business names.
 - The number of years of experience providing the proposed, equivalent or related services.
 - Company size - number of staff.
 - Location of the office from which the work under this contract will be provided and the staff allocation at that office.

BIDDER'S RESPONSE:

- Please see Tab G – Attachment 5 – Organization Chart, CVRM Executive Staff & Board of Directors List
- 47 years, no prior business names
- 14 years, emergency food and shelter with support services; 3 years using VI-SPDAT Pre-Screen Housing Assessment; 22 months, Rapid Re-House Assistance; 4 years, street outreach
- Company Size: 32 Full Time & 21 Part Time Employees
- 84110 Manila, Indio CA 92201 and 47470 Van Buren Street, Indio, CA 92201(adjacent buildings). Rapid Rehouse Project Staff Allocation: 1 FTE Housing Manager, 1 FT Case Manager and 1 PT Case Manager to be added if funded.

Staffing proposed is based on receipt of total amount proposed in this application. Actual staffing will be based on amount of funds received and cannot be determined until receipt of any funding resulting from this application is awarded.

12. Provide your company's mission statement.

BIDDER'S RESPONSE:
"To serve those in need by sharing the saving grace of Jesus Christ through the provision of food, shelter, clothing and spiritual recovery."

13. Please indicate whether the bidder holds controlling or interests in any other organization, or is owned or controlled by any other person or organization. If none, then state "None" in the response box. Governmental agencies are exempt from this requirement.

BIDDER'S RESPONSE:
no

14. Please indicate whether the bidder holds financial interests in any other business. Individuals who are personally performing the contracted services and governmental agencies are exempt from this requirement.

BIDDER'S RESPONSE:
no

15. Names of persons with whom the Bidder has been associated in business as partners or business associates in the last five years. Governmental agencies are exempt from this requirement.

BIDDER'S RESPONSE:
N/A

16. Provide an explanation of any litigation involving the Bidder or any principal officers thereof in connection with any contract.

BIDDER'S RESPONSE:

Neither CVRM nor its principal officers are involved in any litigation with any contract.

17. Bidders providing services to minors (i.e., family shelters) must conduct, at a minimum, a Department of Justice (DOJ) criminal background record check on all employees, subcontractors and volunteers. Provide the background checking policy and procedures for the bidder's company, and the company the bidder utilizes for this service.

BIDDER'S RESPONSE:

CVRM currently runs background checks on those who apply and step into supervisory positions, ie managers and supervisors.

If CVRM is awarded ESG project funding, CVRM will run DOJ criminal background record checks on all employees, subcontractors and volunteers working on this specific project and providing services to minors.

CVRM currently uses Welty's Postal Connection (42335 Washington St, Palm Desert, CA 92211) for print scanning and we have access to receive the background information.

18. **Credentials/Resumes/Certifications/Licenses**

This section shall state all employees/subcontractors responsible for administering or providing services. Bidder shall specifically provide the following information on all employees to be providing services related to this RFP:

- a. Position Title
- b. Responsibilities
- c. Qualifications/Experiences
- d. Certifications/licenses, if applicable
- e. Any other information, which will assist in evaluating qualifications.

BIDDER'S RESPONSE:

a) Please see attached resumes for Program Director, Housing manager, and Case Managers. Resumes may be found Tab G, Attachment 6. Please also see the Project Organization Chart (Tab G, Attachment 5). Staff proposed for this project are Crystal Chavira (Housing Manager) and Vicky Cox (Case Manager).

b. Please see attached job descriptions, (Tab G - Atch 7) for Housing Manager, & Case Manager.

c. Please see attached resumes for Housing Manager and Case Manager. Resumes may be found Tab G, Attachment 6.

d. Please see attached resumes for Housing Manager and Case Manager. Resumes may be found Tab G, Attachment 6.

e. CVRM staff uses HMIS. All Program Staff has received VI-SPDT pre-survey trained and are Navigators. They have user names & passwords.

Bidder can add as many sections to this bid response box as they need to state all employees providing services.

19. **Federal Exclusion List- System for Award Management (SAM)** - If this Request for Proposal is Federally or State funded, bidders must go to the following website and submit with their proposal that the contractor is not listed on the System for Award Management (SAM) at <https://www.sam.gov> for:

- ✓ Central Contractor Registry (CCR)
- ✓ Federal Agency Registration (FedReg)
- ✓ Online Representations and Certifications Application
- ✓ Excluded Parties List System (EPLS)

Excluded Parties Listing System (EPLS) (<http://www.epls.gov>) (Executive Order 12549, 7 CFR Part 3017, 45 CFR Part 76, and 44 CFR Part 17). The System for Award Management (SAM) is the Official U.S. Government system that consolidated the capabilities of CCR/FedReg, ORCA, and EPLS. If awarded a contract, awarded vendor must notify the County immediately if debarred at any time during the contract period.

BIDDER'S RESPONSE:

CVRM is listed on SAM. CVRM is not on the EPLS. (Please see Tab G – Attach 8) CVRM has submitted all necessary certs and reps.

DUNS: 790591929 CAGE CODE: 791H0 STATUS: Active

PURPOSE OF REGISTRATION: Federal Assistance Awards Only

20. **Indicate Type of Project(s) and Service(s); check all boxes that apply to your organization/agency:**

| | |
|-------------------------------------|----------|
| Alcohol/Drug Program | x |
| Child Care | |
| Drop-In Center | x |
| Emergency Shelter Facilities | x |
| Employment | |
| Food Pantry | |
| Health Care | |
| HIV/AIDS Services | |
| Homeless Prevention | |

| | |
|---------------------------------------|----------|
| Mental Health | |
| Outreach | x |
| Permanent Supportive Housing | |
| Rapid Rehousing | x |
| Soup Kitchen/Meal Distribution | x |
| Transitional Housing | |
| Veterans | |
| Vouchers for Shelters | |
| Other(Please List) | |

Estimated number of people served for each activity:

21. Residential Services

| | | |
|------------------------------------|------------------|------|
| Number Served: | Adults: | 1363 |
| Number Served: | Children: | 94 |
| Total Number Served Yearly: | | 1457 |

Non-residential Services

| | |
|-----------------------|------|
| Number Served: | 5545 |
|-----------------------|------|

22. Residential Services only (Indicate the number of estimated persons housed at any given time in each shelter type funded through the ESG program)

| Shelter Type | Number of Persons Housed |
|--------------------------------------|--|
| Barracks: | 48 (will drop in 2018/2019 as not allowed to propose ES per RFP DPARC-557) |
| Group/Large House: | |
| Scattered site Apartment: | 33 |
| Single Family Detached House: | |
| Single Room Occupancy: | |
| Mobile Home / Trailer: | |
| Hotel / Motel: | |
| Other: | |

Last year, the CVRM Housing Department assisted 1108 clients obtain either Government Subsidized housing (ie. Section 8, Rapid Rehouse, Permanent Supportive, Veteran) or self-resolve by helping them locate affordable housing.

23. Describe the program's client intake and participation selection/assessment process. Explain how persons are accommodated on evenings and weekends, (e.g. 24-hour staffing at shelter, phone, monitoring, referral, etc.).

BIDDER'S RESPONSE:

CVRM is open and staffed 24 hours/day, 365 days/year. Case management is provided Monday through Sunday from 7am-3:30pm to provide referrals. Phone calls are handled during the Mon-Sat by case management and in the evenings by Security staff who forward calls to appropriate program staff on call. Clients may make necessary calls.

CVRM clients 1st arriving register on a Sign-In sheet before meeting with case management to complete detailed intake documentation which is entered into the Homeless Management Information System. Shelter is provided on a 1st come, 1st serve basis at no cost. Clients may stay up to 90

consecutive days but there are exceptions/situations when a client needs to stay longer. In such cases, a client may stay up to 180 days. All services are at no charge and are provided without regard to gender, gender identification, national origin, ethnic background, social economic group, religion or age.

24. Select all support services that are provided to the Emergency Shelter client. Enter the number of clients that you anticipate serving in the categories that apply.

| | Select all that apply | Number of clients served |
|-------------------------------------|-----------------------|--------------------------|
| Non-Referral Day Drop In Center | _____ x _____ | _____ 4800 _____ |
| 24 Hrs. Non-Referral Drop In Center | _____ | _____ |
| Referral Only Overnight Shelter | _____ | _____ |
| Non-Referral Overnight Shelter | _____ x _____ | _____ 2500 _____ |
| Transitional Housing | _____ | _____ |

25. Describe how the Emergency Solutions Grant program will be staffed including the ratio of caseworkers or counselors to client. Applicants are encouraged to discuss how shelter volunteers and/or clients provide services at the facility (e.g. facility maintenance, program outreach, program operation, etc.).

BIDDER'S RESPONSE:

For this RRH proposed project, 1:14 households/clients. Clients are welcome to come to services at CVRM such as for food boxes, public meals, life skills classes, onsite non-emergency medical, professional counseling

26. In the last 12 months, what is the number of all clients who have exited your Program have moved into permanent housing,

Number of persons placed/1108 Total number served/5545 served (1457 provided emergency shelter)

27. Describe what types of case management is provided after clients are no longer in your program. Is there any follow-up with these clients?

BIDDER'S RESPONSE:

Clients are welcome to return for case management services. Clients after leaving CVRM are tracked through social media. They are also encouraged to volunteer as well as receive counseling and/or attend onsite recovery meetings.

28. Bidder shall provide the type of facility, total number of beds (max. capacity), and number of beds to be created (In addition to current max. capacity).

Bidders shall describe in detail the type of facility, shall provide total number of beds at maximum capacity and shall provide the number of beds to be created in addition to current maximum capacity.

BIDDER'S RESPONSE:

For RRH – 28 households to funded under this project if fully funded at level proposed

29. Bidder shall provide the total number of homeless clients proposed to be served per year.

BIDDER'S RESPONSE:

For RRH – 28 households for this project if accepted at funding amount proposed.

For Emergency Emergency Services not proposed as prohibited by RFP, over 2500 people.

30. Does your organization utilize the housing first model?
_____ ~~xxxx~~ Yes _____ No _____ Not Applicable

31. Select Zone Area(s) Served. (For your reference the Geographical Zones are on page 14.)

- Zone 1 (Western County)
- Zone 2 (Mid & Southwest County)
- Zone 3 (Desert & Eastern County)
- Zone 4 (Blythe)

| <input checked="" type="checkbox"/> Check Zone 1 | | <input checked="" type="checkbox"/> Check Zone 2 | | <input type="checkbox"/> x Zone 3 | |
|---|----------|---|----------|---|----------|
| Western County | | Mid & Southwest County | | Desert & Eastern County | |
| City | Zip Code | City | Zip Code | City | Zip Code |
| Colton | 92324 | Aguanga | 92536 | | |
| Corona | 92879 | Anza | 92539 | Cathedral City | 92234 |
| Corona | 92881 | Banning | 92220 | Cathedral City | 92235 |
| Corona | 92882 | Beaumont/ Cherry Valley | 92223 | Coachella | 92236 |
| Eastvale | 92880 | Cabazon | 92230 | Desert Center/Eagle Mountain | 92239 |
| Elsinore | 92530 | Calimesa | 92320 | Desert Hot Springs | 92240 |
| Elsinore | 92531 | Hemet | 92543 | Indian Wells | 92210 |
| Elsinore | 92532 | Hemet | 92545 | Indio | 92201 |
| Homeland | 92548 | Hemet/Valle Vista | 92544 | Indio | 92202 |
| Jurupa Valley | 91752 | Idyllwild | 92549 | Indio | 92203 |
| Jurupa Valley | 92509 | Menifee/Sun City | 92584 | Indian Hills/DHS/ Sky Valley | 92241 |
| March AFB | 92518 | Mountain Center | 92561 | La Quinta | 92253 |
| Moreno Valley | 92551 | Murrieta | 92562 | Mecca/North Shore | 92254 |
| Moreno Valley | 92552 | Murrieta | 92563 | Midland | 92255 |
| Moreno Valley | 92553 | San Jacinto | 92581 | Palm Desert | 92211 |
| Moreno Valley | 92554 | San Jacinto | 92582 | Palm Desert | 92260 |
| Moreno Valley | 92555 | San Jacinto/ Gilman Springs | 92583 | Palm Desert | 92261 |
| Moreno Valley | 92556 | Temecula | 92590 | Palm Desert | 92258 |
| Moreno Valley | 92557 | Temecula | 92591 | Palm Desert | 92262 |
| Norco | 92860 | Temecula | 92592 | Palm Desert | 92263 |
| Nuevo/Lakeview | 92567 | Temecula | 92593 | Palm Desert | 92264 |
| Perris | 92570 | Winchester | 92596 | Rancho Mirage | 92270 |
| Perris | 92571 | | | Ripley | 92272 |
| Perris | 92572 | | | Thermal/Oasis/ Salton Sea | 92274 |
| Riverside | 92501 | | | Thousand Palms | 92276 |
| Riverside | 92502 | | | Whitewater | 92282 |
| Riverside | 92503 | | | | |
| Riverside | 92504 | | | | |
| Riverside | 92505 | | | | |
| Riverside | 92506 | | | | |
| Riverside | 92507 | | | | |
| Riverside | 92508 | | | | |
| Romoland | 92585 | | | | |
| Sun City | 92586 | | | | |
| Sun City/Canyon Lake/Quail Valley | 92587 | | | <input checked="" type="checkbox"/> Check Zone 4 | |
| Wildomar | 92595 | | | Blythe | 92225 |

IDENTIFY COMMITTED SOURCES OF MATCHING FUNDING

(Attach documentation)

| <u>Funding Source</u> | <u>Amount of Funds</u> | <u>Date Funds Available</u> |
|--------------------------|---|---|
| Volunteers at CVRM | \$93,000 | Gift In Service Match (12 mos service hrs based on 2017 volunteer hours actuals – See Tab G - Attch 9) |
| Health to Hope (GIS RRH) | \$100,000 | 7/1/2018-6/30/19 (See Tab G Attch 9) |
| CDBG Indio | \$71,000 | Pending (See Tab G Attch 9) |
| Private Donations | Will use Private donations on a \$ for \$ Match basis if needed to meet necessary match commit requirements | immediately - ongoing direct mail private donations – (See Tab G Attch 9 for Summary Actual Private Donations received from 1/1/18-5/31/18) |

Tab D – Acknowledgements

Tab D Acknowledgements

1. Clarifications, Exceptions, or Deviations

All bidder(s) shall describe any exception or deviation from the requirements of the RFP. Each clarification, exceptions, or deviation must be clearly identified. If your firm has no clarification, exceptions, or deviation, a statement to that effect shall be included in this section. The sample service agreement is attached as Exhibit A (which is located in the Terms and Conditions Document) and incorporated herein by this reference.

The following contractual terms are **non-negotiable**.

- Indemnification
- All insurance terms prior to the start of the agreement
- Termination
- Ownership/Use of Contract Materials and Products
- Disputes
- Governing Law
- Confidentiality
- Subcontractors
- Reporting Requirements

Do you have any other exceptions/deviations? If so, please provide an explanation:

BIDDER'S RESPONSE: No exceptions to "non-negotiable" terms.

2. Evidence of Insurability/Business Licenses

All bidder(s) shall submit evidence of all required insurance. An Accord cover page will suffice and if awarded the contract the Bidder has ten (10) calendar days to produce the required insurances including a certified endorsement naming the County as additionally insured. The bidder shall certify to the possession of any and all current required licenses or certifications. Do not purchase additional insurance until this bid has been awarded. Provide a copy of current business license or other applicable licenses.

CERTIFICATIONS

I, Darla Burkett, a duly authorized agent of Coachella Valley Rescue Mission of Coachella Valley Rescue Mission hereby certify that Coachella Valley Rescue Mission by submission of this proposal in response to the Professional Services RFP, agree upon contract award to carry out the requirements specified and obligations set forth therein.

Printed Name of Organization

Signature X Darla Burkett Date X 6-11-18

Title of Agent/Officer Executive Director

Tab E – Scope of Services

Tab E Scope of Services

This RFP has a space provided under each question the County has of the Bidder. This RFP is available for electronic download at <http://dpss.co.riverside.ca.us/homeless-programs/housing-and-urban-development>.

BIDDERS INSTRUCTIONS: Bidders must address all points in this section. Bidders must make all responses in the Bidder's Response Box at the end of each point. All questions/points to be addressed are made in *italicized font* in the Bidder's Response Box.

DPSS seeks proposals for the following Eligible Emergency Solutions Grant (ESG) Activities:

1. Rapid Rehousing
2. Homelessness Prevention

Bidders may submit a proposal for each activity. Bidders wishing to submit a proposal must submit separate proposals per eligible activity. Proposals for multiple activities made on one bid will be rejected.

1. Rapid Re-housing (24 CFR 576.104; 25 CCR 8408)

ESG funds may be used to provide housing relocation and stabilization services and short- or medium-term rental assistance as necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing. Eligible costs include: Housing Relocation and Stabilization Services which include both financial assistance and services such as housing search and placement, housing stability, mediation, legal services, credit repair, budgeting, and money management. Also eligible and identified as a need in the county by the Executive Oversight on Homelessness Work Group are housing locator and capacity building activities to identify a wide range of new and existing temporary and permanent housing beds in order to increase available inventory throughout the County of Riverside.

RRH activities must meet all of the HUD requirements specified at 24 CFR 576.104 including requirements for:

- Eligible program participants;
- Eligible costs, including financial assistance costs and services costs;
- Maximum amounts and periods of assistance;
- Use with other subsidies;
- Limitations on maximum rent levels;
- Rental assistance agreement with owner;
- lease agreement between owner and participant; and
- Condition of housing where assistance is provided.

1. Bidder's plans to help homeless persons living on the streets or in an emergency shelter transition into permanent housing and help to achieve stability.

Bidder shall describe in detail how it plans to help homeless persons living on the streets or in an emergency shelter transition as quickly as possible into permanent housing and help such persons achieve stability

BIDDER'S RESPONSE:

During both mobile outreaches and shelter intakes, VI-SPDAT assessments are conducted to "help identify the best type of support and housing intervention for an individual by relying on three categories of recommendation – permanent supportive housing, rapid re-housing and affordable housing." This data is then entered into HMIS so that not only CVRM but other agencies/organizations may utilize the Coordinated Entry System (CES) in order to expedite referrals to correctly match people to the appropriate category of housing – Permanent Supportive, Rapid Re-House or Affordable Housing.

CVRM is requesting State ESG Rapid Re-House (RRH) funds to augment existing RRH program activities currently funded through County of Riverside ESG RRH funding. RRH assistance currently provided by CVRM includes both short term (up to 3 months) and medium term (4 – 12 months) assistance.

The CVRM Housing Team works with participants from shelters, referrals and homeless living in encampments. As mentioned above, the team selects clients in accordance with the CES prioritization tool with a score of 5 or less and income. Then, an initial consultation and eligibility assessment with each potential RRH ESG program participant is conducted. (See Tab G – Attch 11)

The Housing team after verifying RRH eligibility works with the participant to locate housing. (RRH funding if available is provided to program participants who meet the criteria under paragraph (1) of the "homeless" definition in § 576.2 or who meet the criteria under paragraph (4) of the "homeless" definition and live in an emergency shelter or other place described in paragraph (1) of the "homeless" definition.) Actual RRH funding assistance provided will not exceed the Fair Market Rent established by HUD and will comply with HUD's standard of rent reasonableness.

Once housing passes housing inspection; CVRM and participant enter into a Rental Agreement with the property owner in accordance with HUD RRH requirements. The participant also signs a legally binding rental assistance agreement with the property owner for tenant-based assistance. This lease must also conform to requirements of 24 CFR 576.106 (h).

In addition to rental assistance (1 to 6 months), CVRM with any funding received as a result from this application will provide:

Security Deposit (not to exceed 2 months rent)

Standard Utility Deposits (gas & electricity if necessary)

Housing Search & Placement

House Stability Case Management visits 3 times per month for first 3 months then at minimum 1 time per for 12 months in accordance with ESG program requirements)

Using funding and Gift in Kind donations from other sources, CVRM also provides ESG RRH participants with moving assistance (furniture and personal belongings), furniture & household items (from CVRM Thrift Stores depending on inventory availability from private gift in kind donations), monthly food boxes as well as referrals to other local agencies/organizations based on client individual needs and goals.

RRH clients also have access to CVRM onsite supportive services including by not limited to life skills classes, job skills training, as well as secondary education. They may also access non-emergency professional medical and mental health services available at CVRM from licensed professionals from a local non-profit, Health to Hope.

Please note that CVRM will only place individuals into this project if they have income and score less than have scores of 5 or less in the CES.

CVRM's RRH program's goal is to assist participants quickly move into permanent housing while providing the tools and rental assistance necessary to achieve and maintain housing stability.

2. Bidder's proposed project shall carry-out the scope of the Rapid Re-housing program component as set forth in 24 CFR 576.104; 25 CCR 8408 to do the following:
- a. Provide supportive services to clients for no longer than six (6) months after rental assistance stops;
 - b. Re-evaluate program participants, at least once annually, to:
 - Ensure that program participants have sufficient resources and support networks in place to retain housing;
 - Determine the appropriate type and level of assistance that the program participants need to retain housing.

Bidder shall describe in detail how the proposed project will carry-out the scope of the Rapid Re-housing program component as stipulated in point No. 7.

BIDDER'S RESPONSE:

During both mobile outreaches and shelter intakes, VI-SPDAT assessments are conducted to "help identify the best type of support and housing intervention for an individual by relying on three categories of recommendation – permanent supportive housing, rapid re-housing and affordable housing." This data is then entered into HMIS so that not only CVRM but other agencies/organizations may utilize the Coordinated Entry System (CES) in order to expedite referrals to correctly match people to the appropriate category of housing – Permanent Supportive, Rapid Re-House or Affordable Housing.

CVRM is requesting State ESG Rapid Re-House (RRH) funds to augment existing RRH program activities currently funded through County of Riverside ESG RRH funding. RRH assistance currently provided by CVRM includes both short term (up to 3 months) and medium term (4 – 12 months) assistance.

The CVRM Housing Team works with participants from shelters, referrals and homeless living in encampments. As mentioned above, the team selects clients in accordance with the CES prioritization tool with scores of 5 or less and income. Then, an initial consultation and eligibility assessment with each potential RRH ESG program participant is conducted. (See Tab G – Atch 11)

The Housing team after verifying RRH eligibility works with the participant to locate housing. (RRH funding if available is provided to program participants who meet the criteria under paragraph (1) of the "homeless" definition in § 576.2 or who meet the criteria under paragraph (4) of the "homeless" definition and live in an emergency shelter or other place described in paragraph (1) of the "homeless" definition.) Actual RRH funding assistance provided will not exceed the Fair Market Rent established by HUD and will comply with HUD's standard of rent reasonableness.

Once housing passes housing inspection; CVRM and participant enter into a Rental Agreement with the property owner in accordance with HUD RRH requirements. The participant also signs a legally binding rental assistance agreement with the property owner for tenant-based assistance. This lease must also conform to requirements of 24 CFR 576.106 (h).

In addition to rental assistance (1 to 6 months), CVRM with any funding received as a result from this application will provide:

Security Deposit (not to exceed 2 months rent)

Standard Utility Deposits (gas & electricity if necessary)

Housing Search & Placement

House Stability Case Management visits 3 times per month for first 3 months then at minimum 1 time per for 12 months in accordance with ESG program requirements)

Using funding and Gift in Kind donations from other sources, CVRM also provides ESG RRH participants with moving assistance (furniture and personal belongings), furniture & household items (from CVRM Thrift Stores depending on inventory availability from private gift in kind donations), monthly food boxes as well as referrals to other local agencies/organizations based on client individual needs and goals.

RRH clients also have access to CVRM onsite supportive services including by not limited to life skills classes, job skills training, as well as secondary education. They may also access non-emergency professional medical and mental health services available at CVRM from licensed professionals from a local non-profit, Health to Hope.

Please note that CVRM will only place individuals into this project if they have income and score less than have scores of 5 or less in the CES.

CVRM's RRH program's goal is to assist participants quickly move into permanent housing while providing the tools and rental assistance necessary to achieve and maintain housing stability.

3. Bidder's proposed project shall make available all mainstream benefits, including healthcare options through the Affordable Care Act, social and employment programs, for which program participants are eligible to apply.

Bidder shall list the mainstream resources the proposed project will utilize. Bidder shall also include in response a detailed description of how the proposed project will utilize mainstream resources.

BIDDER'S RESPONSE:

CVRM case management will assist clients apply for other services such as MediCAL, food stamps (SNAP), SSI, SSDI, State ID, CALWORKS, Section 8, Coachella Adult School (High School Diploma completion or GED test prep), and

4. Bidder shall provide case management activities to assess housing needs, and arranging/coordinating/monitoring the delivery of individualized services.

Bidders shall describe in detail the case management activities to assess housing needs, and arranging/coordinating/monitoring the delivery of individualized services.

BIDDER'S RESPONSE:

The CVRM Housing Team works with participants from shelters, referrals and homeless living in encampments. As mentioned above, the team selects clients in accordance with the CES prioritization tool with scores of 5 or less and income. Then, an Initial consultation and eligibility assessment with each potential RRH ESG program participant is conducted. (See Tab G - Attch 11)

The Housing team after verifying RRH eligibility works with the participant to locate housing. (RRH funding if available is provided to program participants who meet the criteria under paragraph (1) of the "homeless" definition in § 576.2 or who meet the criteria under paragraph (4) of the "homeless" definition and live in an emergency shelter or other place described in paragraph (1) of the "homeless" definition.) Actual RRH funding assistance provided will not exceed the Fair Market Rent established by HUD and will comply with HUD's standard of rent reasonableness.

Once housing passes housing inspection; CVRM and participant enter into a Rental Agreement with the property owner in accordance with HUD RRH requirements. The participant also signs a legally binding rental assistance agreement with the property owner for tenant-based assistance. This lease must also conform to requirements of 24 CFR 576.106 (h).

House Stability Case Management visits 3 times per month for first 3 months then at minimum 1 time per month for 6 months total)

Using funding and Gift in Kind donations from other sources, CVRM also provides ESG RRH participants with moving assistance (furniture and personal belongings), furniture & household items (from CVRM Thrift Stores depending on inventory availability from private gift in kind donations), monthly food boxes as well as referrals to other local agencies/organizations based on clients individual needs and goals.

RRH clients also have access to CVRM onsite supportive services including by not limited to life skills classes, job skills training, as well as secondary education. They may also access non-emergency professional medical and mental health services available at CVRM from licensed professionals from a local non-profit, Health to Hope.

5. Bidder shall provide services to special populations and address the needs of homeless youth, victims of domestic violence and related crimes/threats, and/or people living with HIV/AIDS that are homeless.

Bidders shall describe in detail the services provided to special populations and address the needs of homeless youth, victims of domestic violence and related crimes/threats, and/or people living with HIV/AIDS that are homeless.

BIDDER'S RESPONSE:

CVRM will select RRH program participants per the Coordinated Entry System with scores of 5 or less and income. Please note that CVRM will provide services only to those CES candidates with income and scored at 5 or less in the CES.

For the special populations listed above:

CVRM will use its collaborative relationships with state, county, and city government agencies and non-profits to provide warm handoffs for referrals and linkages to services. CVRM will provide security deposits and short-term rental assistance (for up to two months) for following populations when referred by the CES:

1. Domestic Violence
2. HIV (HOPWA)
3. Veterans
4. Seniors
5. Individuals with Disabilities

2. Homelessness Prevention (24 CFR 576.103)

ESG funds may be used to provide housing relocation and stabilization services and short-term rental assistance necessary to prevent an individual or family from moving into an emergency shelter or another place described in paragraph (1) of the "homeless" definition in § 576.2. This assistance, referred to as homelessness prevention, may be provided to individuals and families who meet the criteria under the "at risk of homelessness" definition, or who meet the criteria in paragraph (2), (3), or (4) of the "homeless" definition in § 576.2 and have an annual income below 30 percent of median family income for the area, as

determined by HUD. The costs of homelessness prevention are only eligible to the extent that the assistance is necessary to help the program participant regain stability in the program participant's current permanent housing or move into other permanent housing and achieve stability in that housing. Homelessness prevention must be provided in accordance with the housing relocation and stabilization services requirements in § 576.105, the short-term rental assistance requirements in § 576.106, and the written standards and procedures established under § 576.400.

6. Bidder's proposed project shall carry-out the scope of the Homelessness Prevention program component as set forth in 24 CFR §576.103 to provide the following:

- **TENANT-BASED RENTAL ASSISTANCE:**

Funds will be used to provide short-term rental assistance, to assist persons with maintaining their current housing or securing alternate housing without becoming homeless. Rental assistance that will be provided may include:

- Short-term rental assistance (up to 3 months)
- Payment of rental arrears (one-time payment, up to 3 months)
- Any combination of the above, as allowed by the Interim Rule for ESG

Bidders proposed project shall describe in detail the services it will provide for short term rental assistance to someone who is "at risk of homelessness", and how the participant will regain housing stability.

BIDDER'S RESPONSE:

- **HOUSING RELOCATION AND STABILIZATION:**

Funds may be used to support staff who will work with participants who are eligible to receive homeless prevention assistance, as defined above; and to provide them with the necessary assessment and services to assist them with retaining their current housing or locating and moving into alternative permanent housing.

Bidders proposed project shall describe in detail the necessary assessment services that will be provided to assist with housing relocation and stabilization assistance to someone who is "at risk of homelessness", and how the participant will regain housing stability.

BIDDER'S RESPONSE:

7. Describe the means by which homelessness prevention services delivery will be coordinated.

Bidder shall also include in response a detailed description of homelessness prevention services delivery activities to be conducted and targeted population(500 word maximum)

BIDDER'S RESPONSE:

8. Provide a description of the agency's experience in providing homelessness prevention services.

Bidder shall provide a detailed description of the agency's experience in providing homelessness prevention services and what methods you will use to ensure the client remains housed.

BIDDER'S RESPONSE:

9. Describe the program's proposed outcomes in quantifiable and measurable terms.

Bidder shall describe in detail how the agency will determine the outcome of the participants in quantifiable and measurable terms.

BIDDER'S RESPONSE:

10. The provision of intensive case management and supportive services to assess housing needs, access mainstream benefits, and tracking client's progress to ensure positive outcome.

Bidders shall describe in detail the case management activities to assess housing needs, and arranging/coordinating/monitoring the delivery of individualized services; including frequency of case management and assisting the program participants to retain permanent housing after the ESG assistance ends.

BIDDER'S RESPONSE:

IMPLEMENTATION REQUIREMENTS

Core Practices (25 CCR 8409)

Use of Coordinated Entry: Unless exempted by federal rules, all ESG-funded activities shall participate the CoC's Coordinated Entry System (CES) established by the CoC in a manner that promotes the following:

- comprehensive and coordinated access to assistance regardless of where an individual or family is located in the CoC Service Area. Local systems should be easy to navigate and have protocols in place to ensure immediate access to assistance for people who are experiencing homelessness or most at-risk;
- prioritized access to assistance for people with the most urgent and severe needs, including, but not limited to, survivors of domestic violence. ESG-funded activities shall seek to prioritize people who:
- are unsheltered and living in places not designed for human habitation,
- have experienced the longest amount of time homeless; and
- have multiple and severe service needs that inhibit their ability to quickly identify and secure housing on their own; and
- for HP activities, people who are at greatest risk of becoming literally homeless without an intervention and are at greatest risk of experiencing a longer time in shelter or on the street should they become homeless.

Housing First Practices: All ESG-assisted projects shall operate in a manner consistent with housing first practices as reflected in the CoC written standards and progressive engagement and assistance practices, including the following:

- ensuring low-barrier, easily accessible assistance to all people, including, but not limited to, people with no income or income history, and people with active substance abuse or mental health issues;
- helping participants quickly identify and resolve barriers to obtaining and maintaining housing;
- seeking to quickly resolve the housing crisis before focusing on other non-housing related services;
- allowing participants to choose the services and housing that meets their needs, within practical and funding limitations;
- connecting participants to appropriate support and services available in the community that foster long-term housing stability;
- offering financial assistance and supportive services in a manner which offers a minimum amount of assistance initially, adding more assistance over time if needed to quickly resolve the housing crisis by either ending homelessness, or avoiding an immediate return to literal homelessness or the imminent risk of literal homelessness. The type, duration, and amount of assistance offered shall be based on an individual assessment of the household, and the availability of other resources or support systems to resolve their housing crisis and stabilize them in housing.

Written Standards (24 CFR 576.400(e); 25 CCR 8409)

Funded activities must operate consistent with written standards currently adopted by the CoC and applicable to all similar activities. In general, written standards address such things as policies and procedures for evaluating eligibility, for targeting and prioritizing services, for length and terms of assistance, for coordination among services, and for participation in HMIS. Consult the federal regulations for what should be addressed in written standards for each activity.

Tab F - References

Tab F References

References

All bidder(s) must include present and past performance information with a minimum of three (3) references of recent similar projects. References cannot include Riverside County Elected Officials, Department Directors, or Department of Public Social Services staff as a reference. However, references can include other county agencies that are not partaking in this RFP. Please verify that all reference information is correct.

| Reference 1 | |
|-------------------------------|--|
| Company name: | County of Riverside, EDA |
| Address: | 3403 Tenth Street, Suite 400, Riverside, CA 92501 |
| Contact person: | Sterlon Sims |
| Email address: | SSims@rivcieda.org |
| Telephone address: | 951-955-3141 |
| Project name: | ESG Rapid Re-House Projects |
| Dates worked performed: | 4/4/16-8/30/16 & 7/1/16-6/30/17 |
| Summary of scope of services: | Provide Rapid Re-Housing. Associated services provided include case management and housing manager salaries (direct cost) as well as rapid re-house activities including security deposit, rent, and application fees. |
| Project cost: | \$50,000 (4/4/16-8/30/16) / \$72,642 (7/1/16-6/30/17) / \$71,000 (2017/2018) |

| Reference 2 | |
|-------------------------------|---|
| Company name: | City of Indian Wells |
| Address: | 44-950 Eldorado Drive, Indian Wells, CA 92110 |
| Contact person: | Nancy Samuelson |
| Email address: | nsamuelson@IndianWells.com |
| Telephone address: | 760-346-2489 |
| Project name: | Indian Wells – Grants In Aid |
| Dates worked performed: | 2013/2014, 2014/2015, 2015/2016 |
| Summary of scope of services: | Emergency Services Program for Underserved with Case Management and Referrals |
| Project cost: | \$20,000 (2013/2014), \$25,000 (2014/2015), \$30,000 (2015/2016) |

| Reference 3 | |
|-----------------|--|
| Company name: | City of Indio |
| Address: | 1. 100 Civic Center Mall 2. PO Box Drawer 1788 Indio, CA 92202 |
| Contact person: | Jesus Gomez |

| | |
|-------------------------------|--|
| Email address: | jgomez@indio.org |
| Telephone address: | 760-541-4260 |
| Project name: | CDBG Food and Emergency Shelter |
| Dates worked performed: | 2013/2014, 2014/2015, 2015/2016, 2016/2017 |
| Summary of scope of services: | Emergency Food and Shelter with Case Management and referrals |
| Project cost: | \$42,000 (2013/2014), \$42,000 (2014/2015), \$42,000 (2015/2016), \$42,000 (2016/2017), \$71,000 (2017/2018) |

1. Provide a list detailing contracts that your company has been awarded during the last five years, showing year, type of services, dollar amounts of services provided, location, contracting company, contact name, and phone number.

BIDDER'S RESPONSE: County of Riverside DPSS PSA HO-2184- Emergency Overnight Shelter, \$90,000 (2014), \$90,000 (2015), \$90,000 (2016), \$130,000 (2017), \$130,000 (2018)

2. Provide details of any failure or refusal to complete a contract. If none, that must be stated.

BIDDER'S RESPONSE: None. No failure or refusal to complete a contract.

Tab G Bidder Attachment

Any response that Bidders are finding difficulty pasting into the "Bidders Response" boxes in any section of the RFP, bidders shall paste in Tab G. When pasting attachments to Tab G, label the attachments "Attachment 1", "Attachment 2" and so forth. Enter the corresponding "Attachment Number" into the Bidder's Response box as the example shows below:

Below is an example:

Tab D Company Profile

This section of the proposal is designed to establish the bidder as an entity with the ability and experience to operate the program as specified in the RFP. The Company Profile should be concise and clear, and include descriptive information regarding service delivery. The following information must be provided as follows:

1. Business name and legal business status (i.e. partnership, corporation, etc.)

BIDDER'S RESPONSE: Located in "Attachment 1"

2. Proof of non-profit status, if applicable

BIDDER'S RESPONSE: Located in "Attachment 2"

Tab G – Attachment 1

STATE OF CALIFORNIA



OFFICE OF THE SECRETARY OF STATE

I, **EDMUND G. BROWN JR.**, Secretary of State of the State of California, hereby certify:

That the annexed transcript has been compared with the records on file in this office, of which it purports to be a copy, and that same is full, true and correct.

IN WITNESS WHEREOF, I execute
this certificate and affix the Great
Seal of the State of California this

MAR 3 0 1971



Edmund G. Brown Jr.
Secretary of State

369

1000000

ARTICLES OF INCORPORATION
OF
COACHELLA VALLEY RESCUE MISSION

EMERSON
MAR 30 1971
EDWARD G. HARRIS, Notary Public
By JAMES E. HARRIS
Deputy

I

The name of this corporation shall be COACHELLA VALLEY RESCUE MISSION.

II

The purposes for which this corporation is formed are:

(a) The specific and primary purposes are to establish and operate a mission for the purpose of reaching the unfortunate with the preaching of the Gospel of Jesus Christ for the salvation of their souls; to assist in the feeding and clothing and lodging of those who are in need of the same; to glorify God in the salvation of souls, the edification of Christians through the teaching of the Bible as God's Holy Word, and the promulgation of Christian doctrines.

(b) The general purposes and powers are:

- (1) To sue and be sued
- (2) To make contracts
- (3) To receive property by devise or bequest, subject to the laws regulating the transfer of property by will, and otherwise acquire and hold all property, real or personal, including shares of stock, bonds, and securities of other corporations.

(4) To act as trustee under any trust incidental to the principal objects of the corporation, and receive, hold, administer and expend funds and property subject to such trust.

(5) To convey, exchange, lease, mortgage, encumber, transfer upon trust, or otherwise dispose of all property, real or personal.

(6) To borrow money, contract debts, and issue bonds, notes, and debentures and secure the payment or performance of its obligations.

(7) To do all other acts necessary or expedient for the administration of the affairs and attainment of the purposes of the corporation.

(8) Notwithstanding any of the above statements or purposes and powers, this corporation may engage only to an insubstantial extent in activities which in themselves are not in furtherance of those purposes as set forth in Paragraph (a) of Article II.

III

This corporation is organized pursuant to the General Nonprofit Corporation Law of the STATE OF CALIFORNIA.

IV

No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate or intervene in any

political campaign (including the publication or distribution of statements on behalf of any candidate for office.)

V

The county in this State, where the principal office for the transaction of the business of this corporation is located, is RIVERSIDE COUNTY.

VI

The names and addresses of the persons who are to act in the capacity of directors until the selection of their successors, are:

| | |
|------------------|---|
| Warren Mooney | 46-211 South Jackson, Indio, California |
| Jack Orsborn | 48-110 Ash, Indio, California |
| Ben Webb | 58-800 Calhoun, Thermal, California |
| William Northrup | 61-889 De Oro, Indio, California |
| Troy E. Peckes | 61-747 De Plata, Indio, California |
| Calvin Zimmerman | 88-749 Snake Tree, Indio, California |

The number of persons named above shall constitute the number of directors of the corporation until changed by an amendment to the By-Laws or to these Articles of Incorporation.

VII

That this is a corporation which does not contemplate the distribution of gains, profits or dividends to the members thereof. The authorized number and qualifications of the members of this corporation, the different classes of membership, the property, voting and other rights and privileges of each class of membership, shall be set forth

and determined by the By-Laws and amendments thereto. Honorary memberships may be extended to persons other than members, but only by approval by the Board of Directors. Any Honorary member shall not be entitled to voting privileges. No assessments shall be levied against any members, and no member shall be personally liable for any debts or obligations of the organization.

VIII

That this corporation is not to be authorized to issue shares of stock.

IX

This corporation is formed solely and exclusively for non-profit religious and charitable purposes and not for pecuniary gain or profit, and no pecuniary gain or profit shall ever inure from its business to any director or member of this corporation, or to any other person or corporation, and the earnings, if any, of this corporation shall be used exclusively for the purposes for which this corporation is formed, as hereinbefore described. No member or director of this corporation shall have any personal, proprietary, or beneficial interest in the property of this corporation, either during its corporate existence or upon its dissolution, it being hereby expressly provided that all property acquired by the corporation, real or personal, and all increments, interests, or earnings thereof, are and shall be devoted irrevocably, and in perpetuity dedicated exclusively to

religious and charitable purposes; and in the event of the liquidation, dissolution, or abandonment of this corporation, its property shall go to the UNION RESCUE MISSION, Los Angeles, California, conditioned upon the said distributee having, at the time of distribution, an exempt status under Section 501 (c) (3) of the Internal Revenue Code and the California Revenue and Taxation Code. If said UNION RESCUE MISSION fails to meet the above requirements, the property of this corporation shall be distributed to a fund, foundation or corporation organized and operated solely for religious or charitable purposes; which such fund, foundation or corporation shall be selected by a majority vote of the individuals who are members of the last board of directors of said corporation; said distributee having at the time of distribution an exempt status under Section 501 (c) (3) of the Internal Revenue Code, and California Revenue and Taxation Code. (If any assets are held on trust, or if this is a charitable corporation, such assets shall be disposed of as directed by decree of the superior court in the county of the principal office, upon petition of the Attorney General or by a person concerned in the liquidation, in a proceeding to which the Attorney General is a party.)

IN WITNESS WHEREOF, the undersigned and above named incorporators and first directors of this corporation have executed these Articles of Incorporation.

DATED: Feb. 1, 1971.

Harold Mooney
Harold Mooney

DATED: Feb. 1, 1971.

Jack Orsborn
Jack Orsborn

DATED: Feb. 1, 1971.

Ben Webb
Ben Webb

DATED: Feb. 3, 1971.

William Northrup
William Northrup

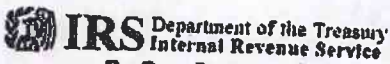
DATED: Feb. 1, 1971.

Troy E. Fookes
Troy E. Fookes

DATED: Feb. 1, 1971.

Calvin Zimmerman
Calvin Zimmerman

Tab G – Attachment 2



Department of the Treasury
Internal Revenue Service

P.O. Box 2508

Cincinnati OH 45201

In reply refer to: 0248225078
July 19, 2016 LTR 4168C 0
95-2684844 000000 00

00017361

BODC: TE

COACHELLA VALLEY RESCUE MISSION
47470 VAN BUREN ST
INDIO CA 92201-7139

12847

Employer ID Number: 95-2684844
Form 990 required: YES

Dear Taxpayer:

This is in response to your request dated July 08, 2016, regarding your tax-exempt status.

We issued you a determination letter in March 1972, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(03).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

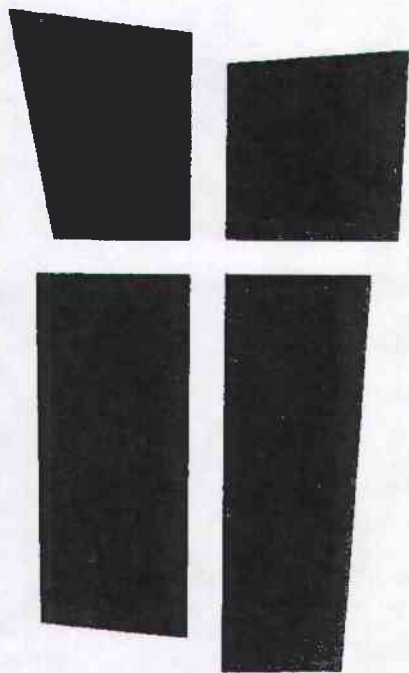
Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

Tab G – Attachment 3



CVRM

Coachella Valley
Rescue Mission

DISCUSSION OF

OVERNIGHT SERVICES

WILL BE HELD 6/25/18 at 4:30 PM

INTERESTED PARTIES ARE WELCOME TO ATTEND

**CVRM especially welcomes participation from those who are
homeless or formerly homeless.**

CVRM CHAPEL

47470 VAN BUREN ST.

INDIO

Tab G - Attachment 4

EMERGENCY SOLUTIONS GRANT REPORT (ESG)

SPONSOR: Coachella Valley Rescue Mission

File No.: 6.175-17 Grant Yr: 2017/2018

ACTIVITY NAME: Coachella Valley Rescue Mission Shelter

REPORT MONTH: November 2017

REPORT COMPLETED BY: Sherry Finke PHONE: 760-347-3512 x248 FAX 760-347-8073

SHELTER BEDS – Indicate number (cumulative total to date):

Non-Shelter-- Indicate number served

| | |
|---|---------|
| Total Number of Beds (total number of Shelter beds) | 75 |
| Total Number of Bed-nights available (total number of beds x 365 days) | 13575 |
| Total Number of Bed-nights provided(actual number of bed nights provided) | 17034 |
| Capacity Utilization(nights provided/nights available) | 125.48% |

Number Provided

EXPENDITURES – Total spent YTD from all funding sources:

Match Source:

| | | | |
|--------------------------|---------------------|---------------------|-------------------------|
| ESG: | \$ <u>22,783.29</u> | Local Governmen \$ | <u>18,155.00</u> |
| Other Non ESG HUD Funds: | \$ _____ | Private Funds: | \$ _____ |
| Other Federal Funds: | \$ _____ | Fees: | \$ _____ |
| State Fund: | \$ <u>5,662.00</u> | Other*: | \$ _____ |
| | | Grand Total: | <u><u>46,600.29</u></u> |

match: 655 plm desert odbg/5862 state esg/bal indio odbg

* List Other: _____

EMERGENCY SOLUTIONS GRANT REPORT (ESG)

SPONSOR: Coachella Valley Rescue Mission

File No.: 6.175-17 Grant Yr: 2017/2018

ACTIVITY NAME: Coachella Valley Rescue Mission RRH

REPORT MONTH: September 2017

REPORT COMPLETED BY: Sherry Finke PHONE: 760-347-3612 x248 FAX 760-347-8073

SHELTER BEDS -- Indicate number (cumulative total to date):

Non-Shelter-- Indicate number served

Total Number of Beds (total number of Shelter beds)

Total Number of Bed-nights available (total number of beds x 365 days)

Total Number of Bed-nights provided(actual number of bed nights provided)

Capacity Utilization(nights provided/nights available)

Number Provided

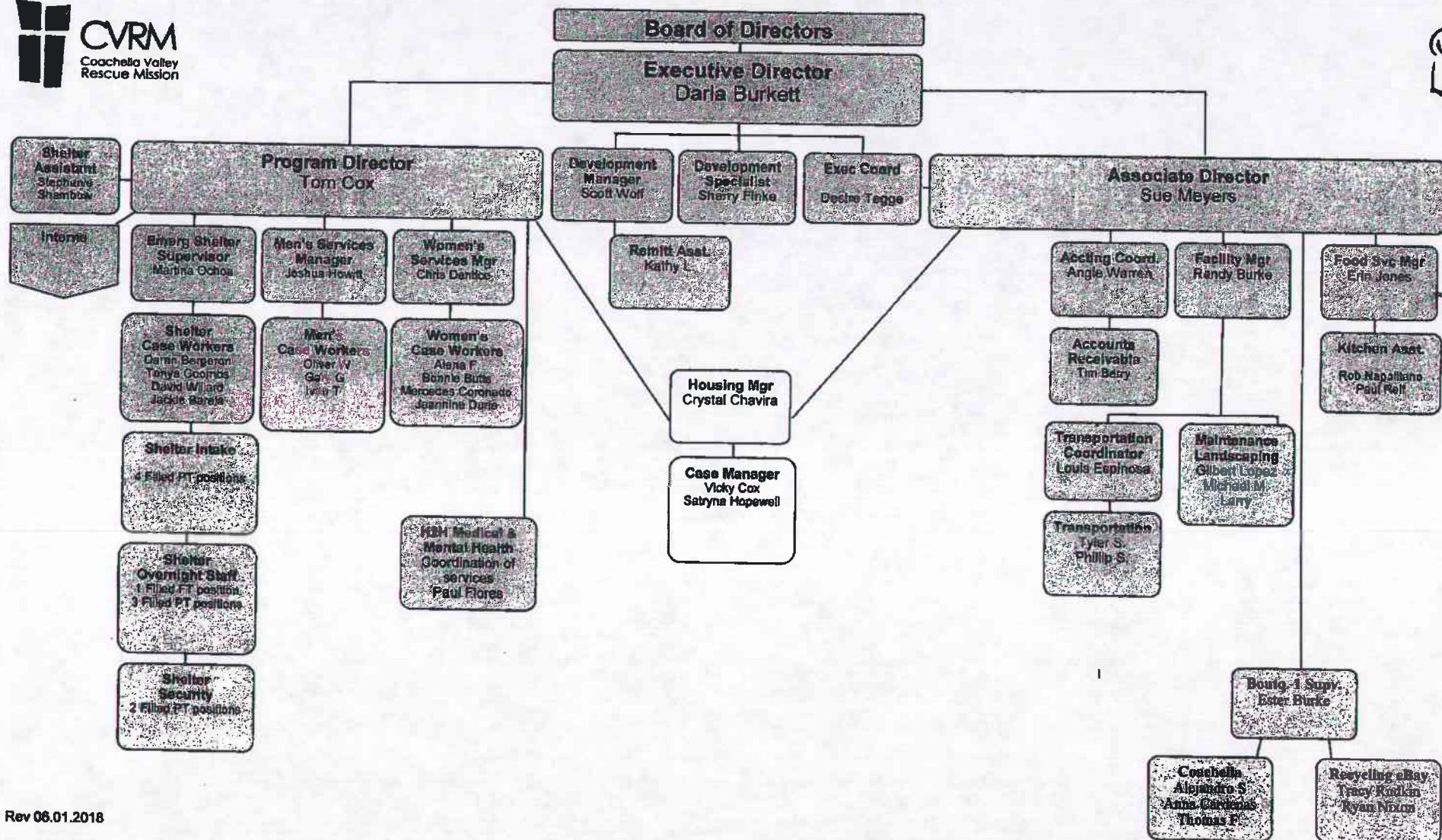
EXPENDITURES -- Total spent YTD from all funding sources:

Match Sources:

| | | | |
|--------------------------|----------------|---------------------|-------------|
| ESG: | \$ <u>0.00</u> | Local Governmen \$ | <u>0.00</u> |
| Other Non ESG HUD Funds: | \$ _____ | Private Funds: | \$ _____ |
| Other Federal Funds: | \$ _____ | Fees: | \$ _____ |
| State Fund: | \$ _____ | Other:* | \$ _____ |
| | | Grand Total: | <u>0.00</u> |

* List Other: _____

Tab G – Attachment 5



CVRM Executive Staff

Darla Burkett –CVRM Executive Director-Oversight of programs and fundraising with +23 years non-profit management experience

Sue Meyers –CVRM Associate Director-Oversight of financial and operational management with 30 years+ operational management

COACHELLA VALLEY RESCUE MISSION
2018 - Board Members

Floyd Rhoades (Chair)
CEO, Vista Cove Senior Living
Joined CVRM Board November 24, 2008
Term ends: January 2019
Eligible for 3yr Re-election: 0X
DOB: September 25th
Spouse: Sandra Rhoades
DOB: February 15
Home: 45325 Santa Fe Cove
Indian Wells, CA 92210
Work: Vista Cove Senior Living
74900 Highway 111 #225
Indian Wells, CA 92210
Home: 760.834.8602
Cell: 760.296.7000
Email: floyd@vistacove.net

Jim Parrish (Vice-Chair)
Retired - GTE
Joined CVRM Board June 28, 2010
Term ends: January 2020
Eligible for 3yr Re-election: 0X
DOB: November 11
Spouse: Deanie Parrish
DOB: February 22
Home: 45605 Cielito Drive
Indian Wells, CA 92210
Home: 760.341.7800
Cell: 760.702.7167
Fax: 760.836.9232
Email: jjp2@verizon.net

Joseph Hayes (Treasurer)
Senior VP, First Bank
Joined CVRM Board: January 28, 2013
Term ends: January 2019
Eligible for 3yr Re-election: 1X
DOB: June 16th
Spouse: Nancy Hayes
DOB: December 19th
Work: First Bank
73000 Hwy 111
Palm Desert, CA 92260
Home: 45303 Via Estancia
Indian Wells, CA. 92210
Home: (760) 779-1528
Work: 760.836.3503
Cell: 760.578.6823
Fax: 760.836.3566
E-mail: jandnhayes@dc.rr.com
Work Email: joseph.hayes@efirstbank.com

Bill Heck (Secretary)
Retired Sales / Marketing
Joined CVRM Board February 23, 2009
Term ends: January 2019
Eligible for 3yr Re-election: 0X
DOB: August 8th
Spouse: Joan Heck
DOB: January 19
Home: 79862 Mission Drive East
La Quinta, CA 92253
Home: 760.564.8653
Cell: 760.899.3930
Email: wnheck@hotmail.com

Ernesto Rosales
Advance Planning Manager
Joined CVRM Board April 23, 2018
Term ends: January 2019
Eligible for 3yr Re-election: 3X
DOB: April 22
Spouse:
DOB:
Home: 84460 Goya Dr
Coachella, Ca. 92236
Home: 760.574.7979
Cell: 760.574.7979
Email: ernestocrosales@gmail.com

Connie Dorst
Retired, Teacher
Joined CVRM Board January 24, 2011
Term ends: January 2021
Eligible for 3yr Re-election: 0X
DOB: June 22
Spouse: Rich Dorst
DOB: March 15
Home: 73197 Bel Air Road
Palm Desert, CA 92260
Home: 760.341.3361
Cell: 760.413.9486
Email: cdorst@aol.com

**COACHELLA VALLEY RESCUE MISSION
2018 - Board Members**

Matthew (Matt) List
President, Desert Cornerstone Insurance
Joined CVRM Board September 23, 2013
Term Ends: January 2020
Eligible for 3yr Re-election: 1X
DOB: March 31
Spouse: Gloria
DOB: September 7
Work: Desert Cornerstone Insurance
81557 Dr. Carreon Blvd #B1
Indio, CA 92201
Home: 45288 Crystal Springs Drive
Indio, CA 92201
Work: 760.347.7723
Fax: 760.347.7725
Home: 760.469.3510
Cell: 760.574.4467
Email: matt@desertcornerstoneins.com

Jeff Fishbein
Realtor
Joined CVRM Board February 27, 2017
Term Ends: January 2021
Eligible for 3yr Re-election: 2X
DOB:
Spouse: Irick
DOB:
Work: Coldwell Banker
45-000 Club Dr.
Indian Wells, Ca. 92210
Home: 52205 Desert Spoon Ct.
La Quinta, Ca. 92253
Work: 760.984.4145
Home: 310.628.8636
Cell: 310.628.8636
Email: jbfish3@gmail.com

Diane Busch
Realtor
Joined CVRM Board- February 22, 2016
Term Ends: January 2020
Eligible for 3yrs- 2X
DOB: August 31
Home: 74982 Havasu CT
Indian Wells, CA 92210
Cell: 760.574.9522
Fax: 760.776.1666
Email: diane@dianebusch.com
dianebusch@dr.rv.com

Richard Twiss
Retired- Indio Chief of Police
Joined CVRM Board- February 27, 2017
Term Ends: January 2021
Eligible for 3yr Re-election: 2X
Spouse: Anna
DOB: December 31
Home: PO Box 1891
Indio, Ca. 92202
Home: 760.251.0191
Cell: 442.347.5082
Email: Rtwiss181@gmail.com

Jim Snellenberger
CEO- Desert Land Holidays
Joined CVRM Board February 22, 2016
Term ends: January 2020
Eligible for 3yrs- 2X
Spouse: Shelly
DOB: June 13
Home: 77165 Delgado Dr
Indian Wells, CA 92210
Cell: 760.250.8484
Email: jimws1@me.com

Tab G - Attachment 6

Crystal Chavira

■ Palm Springs ■ (909) 851-2796 ■ crystal13march@gmail.com

With my 17 years in the workforce I have become an expert of customer care/relations. My work background offers diversity in different fields but I have always excelled at relationship building, negotiations and keeping customers happy. I have been told that I can sell ice to an Eskimo; I value that statement as I feel it adheres to my sincere intentions with customers and clients in their abilities to trust me.

Professional Strengths

- Time Management
- Interpersonal Communication
- Creative Thinking
- Excellent Sales and Marketing Record
- Finance & Revenue Driven
- Efficient in HMIS Entry & Exit
- Negotiations in this field has
- Team Work and Leadership
- Problem Solving
- Ethics and Responsibility
- Ability to Increase & Maintain Census
- Human Resources & Staff Development

Completed extensive training in Computer Technology (PowerPoint, Microsoft Excel, Word, Access, Outlook, PC, MAC, HP Server) Management, Leadership, Business Finance, Marketing, and Administration and Human Resources. Ability to type 75WPM. HIPAA knowledge and expertise. Expert at Public Speaking, Including Presentations and Education. Leadership and Management Capability and Success.

Affiliations

- Housing Quality Standard Inspection Certified
- Business Women's Association of San Bernardino County BASBC
- Redlands Disaster Committee
- Senior Affairs Commission; Committee on Access and Legislation

Education

- California State University of Fullerton • Bachelor of Arts, Communications -Aug 2013

Employment

Coachella Valley Rescue Mission- Indio, CA

• May 2018-Present

- Provides day-to-day supervisory responsibility for staff responsible for clerical and technical duties pertaining to occupancy and eligibility of Housing Services Programs; trains and verifies work of assigned employees for accuracy, proper work methods, techniques and compliance with applicable standards, policies and procedures, performs the full range of duties in the assigned areas of work to ensure quality control compliance.
- Supervisory level management. Direct employee management and leadership.
- Prepares and conducts the check request process for housing programs payments, including reconciliation, and payment investigation for strategic partners and landlords; completes audited reviews/monitoring of payment processes.
- Determines program participants eligibility including continuing participation, investigates and verifies applicant and participant information for accuracy and completeness, contacts applicants and participants to discuss and clarify discrepancies, calculates family gross and net income, and completes required payment information and inputs data into HMIS computer record system.
- Monitor program-level outcomes in quantifiable and measurable terms via data tracking and client progress based on individualized service plan.

Step Up on Second- San Bernardino, CA

• Nov 2016- May 2018

- Develop working relationships with property owners/managers to allow tenants in our program to rent in their properties through education of the program and the benefit to our community.
- Execute educational presentations for the community and other homeless provider agencies.

Employment

- Promote the program in the community with other like-minded organizations to establish working relationships with other agencies.
- Perform housing inspections to ensure housing quality standards met by HUD.
- Housed 30+ chronically homeless individuals with various backgrounds and mental health disabilities.

Knowledge & Education for Your Success (KEYS) - San Bernardino, CA • Dec 2015-Nov 2016

- Develop working relationships with property owners/managers to allow tenants in our program to rent in their properties through education of the program and the benefit to our community.
- Perform housing inspections to ensure housing quality standards met by HUD.
- Housed 30+ homeless Veterans and their families while preventing 17 Veteran households from becoming homeless.

JEA Senior Living: Blossom Grove- Redlands, CA

• Jan 2015-Dec 2015

- Assistant to the Administrator and Marketing Director
- Supervisory level management. Direct employee management and leadership.
- Proven successful track record for sales and marketing. Creating marketing strategies including advertisements, and community relations- networking with meaning, while building relationships.
- Increased and maintained census.
- Published monthly newsletter to families, inquiries and referral sources. Maintained lead system in YGL.
- Responsible for bimonthly payroll, employee insurance coverage and new hire orientation.
- Managed budgeting, accounts receivable/payable, invoices, purchase orders, spend downs, cash accrual.

California Democratic Party- Redlands, CA

• July 2014-Jan 2015

- Planned and implemented all community events to promote election and candidate.
- Managed and organized volunteers while compiling data to build a volunteer base to support party activities.
- Successfully overturned a republican congress seat of over 20 years through implementation of well-developed plan.
- Executed cold calling and canvassing to discuss controversial issues important to constituents and that would impact 2014 election.

Rolling Start Inc.- San Bernardino, CA

• Sept 2013-July 2014

- Acted as representation to the disabled community by attending monthly committee meetings that pertain directly to needs such as public transportation, affordable and accessible housing and medical coverage.
- Facilitated training and focus groups on community organizing, letter writing and legislative contacts/visits.
- Performed educational presentations to the community and other organizations to develop working relationships to improve quality of life for individuals with disabilities.

US Department of Veterans Affairs- Washington DC

• June 2013-Aug 2013

- Intern to the Office of Congressional Legislative Affairs
- Assisted Congressional Relations Officers to provide information to Congress.
- Assisted in gathering deliverables and provided notes at congressional inquiries and hearings on several controversial issues regarding the military.

Daily Titan- Fullerton, CA

• Aug 2012-June 2013

- Staff writer, published articles for news, highlights, opinions and investigative pieces.
- Edited pieces for other writers ensuring a high regard to AP quality and standards.
- Developed stories of interest for readers at both local and national levels.

Red Lobster- San Bernardino, CA

• Jan 2004-June 2011

- Shift leader of 12-15 servers. Responsible for closing Restaurant.
- Created, implemented, and managed employee duties and nightly tasks.
- Certified trainer, lead trainer for new employees.
- Safety Committee Member.
- Number one in sales for division. Coordinator of incentives for improving server sales.
- Set precedence for excellent customer service, leadership, teamwork, & communication skills.

Professional References

Marissa Drinkhouse Quintana, *Executive Director at Meridian of Riverside*
(909) 533-9704

Julie Burnette, *Program Director at KEYS Non-Profit, San Bernardino*
(909) 273-3926

Lena Netwig, *Financial Specialist at Step Up, San Bernardino*
(951) 570-9808

Vicky Cox
(760)-397-3276
79851 Caramel Valley Ave
Indio, CA. 92201
vickylightnercox@gmail.com

Resume of Qualifications
June 8, 18

Professional Objective

Highly efficient and dedicated professional with experience in social service functions, housing programs, case management, community relations, client service, welfare agency relations and team leadership issues. Demonstrate ability delivering unparalleled client service, offering high-level communications, improving processes, analyzing complex issues, developing viable solutions, and managing teams. Proven expertise in all aspects of social work principles practice, casework method, social and economic issues, human relations, principles of interviewing and social assistance requirements. Caring and compassionate with proven ability to form strong cross-culture relationships and gain trust of colleagues, clients and social service agencies at all levels. Skilled at written, verbal communication, and presenting complex information or issues in an easily understandable manner.

Education

TEXAS A&M UNIVERSITY, COLLEGE STATION, TX
Bachelor of Science in Agricultural Economics
Primary Areas: Finance and Real Estate

Professional Experience

Coachella Valley Rescue Mission
Case Manager

Indio, California
May 2016- Present

- Identify individuals and families in housing crisis, adhering to Housing First standards.
- Navigate individuals through the housing processor HUD Rapid Re-housing Program.
- Perform physical inspections of individual housing units for compliance with HUD requirements.
- Maintain integrity, client files and confidentiality regarding any information the client is likely to share.
- Locate appropriate services to assist formerly homeless clients to transition into successfully running a home and achieving self sufficiency
- Provide case management and counseling to ensure individual success.

Freelance Content and Copywriter, Blogger
Freelance Writer

Self-Employed
September 2014-Present

- Networking & Community Relations
- Time Management, scheduling & organizing
- Responsive to client request
- Assisting in the management and development of curricular units for integrating arts into science and other content areas across multiple grade levels.

Evaluation Solutions
Quality Control Review Appraiser

Remote
Sept 2009 - Dec 2012

- Performed analysis and review of real estate appraisals for a national bank of properties located throughout the U.S. in or facing foreclosure
- Remote position which required excellent time management and reliability
- Identify the problem to be solved and scope of work
- Prepare reports using proprietary report writing software and databases

KPD Appraisal & Other Appraisal Firms
Residential Real Estate Appraiser

Tucson, Arizona
April 1984 - February 2005

- Interacted with and visited customer's homes for physical inspection
- Performed research and analysis for commercial & residential Appraisal
- Wrote detailed narrative and form reports
- Managed a team of assistants and office staff
- Interacted with clients in lending, banking, law, government, and the private sector
- Compliance with federal, State, & Local Regulations

Skills

- Microsoft Outlook, Mac OS
- Word, Excel, Power Point;
- Word Press
- Google Docs
- Report and Copy Writing
- Social Media management
- Research and Analysis

Vicky Cox
(760)-397-3276
79851 Caramel Valley Ave
Indio, CA. 92247
vickylightnercox@gmail.com

References

Camilla Kragius

Career Coach and Entrepreneur

P.O. Box 682223

Park City, Utah 84068

(801) 694-8406

ckragius@gmail.com

Kevin Dowling

Owner, KPD Appraisals

8230 E Broadway Blvd

Tucson, AZ

(520) 290-2619

orders@kpdinc.net

Satryna Hopewell

78643 Como Ct La Quinta, CA 92253 • 760-600-3777
Shopewell@cvm.org

Objectives

To utilize my professional experience in a position that allows me to work with families providing support, community resources and education.

Professional Experience

Coachella Valley Rescue Mission | 47470 Van Buren St, Indio, CA 92201

Housing Department 2017 – Present

- Manage team of social workers and personal caseload to help families find permanent home.
- Gather information from clinical histories, interviews, and other sources.
- Consult with clients and assess needs and coordinate services.
- Maintain reporting requirements, resident manager protocols, residential housing rules and life skills for residents.
- Provided support services, assisted with housing, and developed comprehensive service plans that were goal-oriented, including resources available to meet the identified needs.
- Provide case management to families being sheltered with motel vouchers.

Coachella Valley Rescue Mission | 47470 Van Buren St, Indio, CA 92201

Emergency Shelter Floor Supervisor 2015 – 2017

- Managed intake of new clients.
- Data Entry
- Check in daily clients
- Prepare and distribute toiletries, clothes, and food.
- Helped Clients navigate social service resources available to them
- Provide access to drug and alcohol treatment program when need was indicated.

Desert Sands Unified School District | 47950 Dune Palms Rd, La Quinta, CA 92253

Bus Driver 2013 – 2015

- Picked up and dropped off students on a daily basis.
- Maintained order while ensuring the safety of students
- Documented any mechanical problems with the bus.
- Wrote up reports of any disciplinary problems.
- Maintained an accurate record for daily mileage
- Helped disabled children get on and off the bus.
- Maintained a friendly yet professional relationship with children.

Satryna Hopewell

• • •

Eisenhower Medical Center | 39000 Bob Hope Drive, Rancho Mirage, CA 92270
Oncology Nurse/ Phlebotomy 2008 – Present

- Generate Patients care plans including assessments, interventions, and outcomes.
- Assisted practitioners in communicating patient status to patients and families in non-technical manner.
- Completed periodic research to ensure usage of the most up to date methods.
- Processed and organized medical documentation on patients, inputted information into hospital database and recalled information when coordinating with other practitioners.
- Licensed Phlebotomist obtaining blood samples for testing and transfusion.
- Adhering to safety and infection control procedures

Sun Line | 32505 Harry Oliver Trail, Thousand Palms, CA 92276
Bus Driver 1997 – 2008

- Drove disabled clients to and from destinations.
- Ensure clients arrived at destination in a timely manner.
- Maintained friendly and Professional Customer Interactions.
- Provided an elevated customer experience to generate a loyal clientele.

Education

College of the Desert
1998 Associates in Nursing

College of the Desert
1993 Associates in General Education

Indio High School
1990 Diploma

Skills

- Strong organization skills
- Detailed oriented
- Quick learner
- Strong communicator
- Excellent interpersonal skills
- Patient and encouraging
- Microsoft Excel
- Microsoft Word

Tab G - Attachment 7



Job Description

Title: Housing Manager

Hourly Position: Salaried Full-time position 40 hours per week

Duties and Responsibilities:

1. Provides day-to-day supervisory responsibility for staff responsible for clerical and technical duties pertaining to occupancy and eligibility of Housing Services Programs; trains and verifies work of assigned employees for accuracy, proper work methods, techniques and compliance with applicable standards, policies and procedures, performs the full range of duties in the assigned areas of work to ensure quality control compliance.
2. Responds to public inquiries in a courteous manner providing assistance to office staff with difficult and sensitive inquiries and complaints, resolving complaints and providing information as required. Briefs prospective landlords on the various programs explaining how programs work, outlining duties and responsibilities of owner and resident.
3. Determines program participants eligibility including continuing participation, investigates and verifies applicant and participant information for accuracy and completeness, contacts applicants and participants to discuss and clarify discrepancies, calculates family gross and net income, and completes required payment information and inputs data into computer record system.
4. Ensures program compliance with applicable HUD regulations, applicable, state and local regulations, and CVRM's Administrative policies and procedures.
5. Prepares leases and other documentation involved in the occupancy eligibility and rental process, prepares notices to participants and property owners regarding changes of status, receives information, processes participants transfers, and inspection requests, and prepares necessary documentation.
6. Provides a wide range of support by investigating complaints, taking appropriate action and conducting follow-up; advising applicants and participants concerning community services and self-help programs and resources available.
7. Prepares information for input into data processing system, develops and maintains files, records and indices pertaining to applicants, participants and property owner information and data.
8. Prepares and conducts the check request process for housing programs payments, including reconciliation, and payment investigation for strategic partners and landlords; completes audited reviews/monitoring of payment processes.
9. Coordinates the implementation of goals, objectives, policies, procedures and work standards for areas of assignment.
10. Works with outside agencies to implement the transition of residents; serves as liaison between residents and owners advising residents and landlords in termination procedures including necessary actions required prior to move.
11. Represents CVRM Housing Services Programs to outside agencies; explains and promotes CVRM programs, policies and activities to community partners and coordinated entry system.
12. Responsible for the oversight of particular activities/projects including implementation, timeliness, staff performance and accountability for project outcomes.
13. Depending on area of assignment; responsible for office operations, including the processing of invoices for payment, monitoring the budget, and maintaining office supplies.

14. Provides courteous, respectful, honest, timely and professional information to all CVRM staff, program participants, visitors and partners for all Housing Services activities in accordance with CVRM policies, procedures and job responsibilities.
15. Performs other related duties as assigned (resolving tenant complaints, mediating participant, participating in committees and meetings).
16. Monitor program-level outcomes in quantifiable and measurable terms via data tracking and client progress based on individualized service plan.
17. Additional duties as assigned by the Program Director, Associate and Executive Directors.

Skills and Abilities:

1. Valid Driver's License, capable of passing insurance review for driving Mission vehicles.
2. Must be physically sound as this position entails lifting, pushing, and pulling.
3. Must be physically and intellectually capable of operating a computer (Microsoft Office Suite), telephone, and basic office equipment, and handling files.
4. Must have strong oral and written communication skills.
5. Must use effective time management and problem solving skills with the ability to follow instructions.
6. Duties of maintaining files and records will involve stooping, bending, lifting, and grasping items that could weigh up to 45 lbs.
7. Must speak English clearly to conduct business with individuals of various competencies. Have resources or Spanish speaking capability to communicate with Program clients.
8. Effective interpersonal communications skills, ability to build rapport with others
9. Must maintain excellent public relations skills with the community and other organizations.
10. Must utilize effective time-management, problem solving skills, adapt to Program changes that are modified by Directors of the Mission in the best interest of the clients health, care, and personal growth.
11. Must maintain respectful, collaborative, good working relationships with all clients, staff, Board Members, volunteers and individuals associated from other organizations.

Reports To: Program Director

This is not necessarily an exhaustive list of all responsibilities, skills, duties, requirements, efforts, or working conditions associated with the job. While this is intended to be a reflection of the current job, management reserved the right to revise the job when circumstances change (e.g. emergencies, rush jobs, changes in personnel, workload, technological developments, etc.).

I have read this Job Description and I certify that I can perform all the essential job functions without a significant risk to the safety or health of others or myself, which cannot be eliminated by reasonable accommodations.

| | | |
|---------------|-----------|------|
| Employee Name | Signature | Date |
|---------------|-----------|------|

| | | |
|------------------|-----------|------|
| Program Director | Signature | Date |
|------------------|-----------|------|

| | | |
|----------------------------|-------------|--|
| Job Title: Housing Manager | Start Date: | |
|----------------------------|-------------|--|



Job Description

Title: Case Manager

Hourly Position: Part time up to 27.5 hrs, Full-time 32 -38 hours per week.

Duties and Responsibilities:

1. Provide case management in the implementation of the CVRM housing program and services offered built on best practices in the field and adhering to all Mission policies, procedures and job responsibilities.
2. Provide the following case management services for program participants:
 - a. Assess household needs, situations, strengths and support networks to develop a mutually agreed upon Financial Assistant Plan (FAP) to promote housing stability.
 - b. Help participants adjust to the change and challenges in their lives including homelessness, unemployment, abuse, recovery and financial stability.
 - c. Link program participants to available community resources, such as food stamps, healthcare, mental health services, support groups, etc.
 - d. Advocate for and help clients get resources that would improve their well-being.
 - e. Monthly in home case management services to ensure that participants' situations have improved and regular program participation is being met.
3. Maintain a case load not to exceed 25 families and individuals.
4. Research housing availability in the Coachella Valley and assist program participants with applications.
5. Ensure data quality, accuracy of participants files and records, complete paperwork and comprehensive outcomes tracking in the areas of housing, case management, savings, job attainment and retention, goal setting and client progress, program intake and exit, and other related activities and client interactions for internal and external purposes including: coordination of services, program impact evaluation, billing, grant tracking, and compliance.
6. Regularly updates spreadsheet of properties, landlords, and available units for housing purposes.
7. Ensures that proper forms and documents are acquired, completed and submit in files
8. Coordinates with Annex and Program staff to add, remove, and adjust clients' status on Housing Schedule.
9. Promotes the Mission; fostering positive staff and community relations, ensuring that all participants are treated fairly and with respect and that CVRM maintains an environment that is inclusive and safe for all people.
10. Responds and reports emergencies as needed.
11. Build partnerships with outside organizations to improve services to our adults and children and coordinate CVRM services with other community resources.
12. Additional duties as required by the Program Director.

Skills and Abilities:

Case Manager
Rev. 6/1/18

1. Valid Driver's License, capable of passing insurance review for driving Mission vehicles.
2. Must be physically sound as this position entails lifting, pushing, and pulling.
3. Must be physically and intellectually capable of operating a computer (Microsoft Office Suite), telephone, and basic office equipment, and handling files.
4. Must have strong oral and written communication skills.
5. Must use effective time management and problem solving skills with the ability to follow instructions.
6. Duties of maintaining files and records will involve stooping, bending, lifting, and grasping items that could weigh up to 45 lbs.
7. Must speak English clearly to conduct business with individuals of various competencies. Have resources or Spanish speaking capability to communicate with Program clients.
8. Effective interpersonal communications skills, ability to build rapport with others
9. Must maintain excellent public relations skills with the community and other organizations.
10. Must utilize effective time-management, problem solving skills, adapt to Program changes that are modified by Directors of the Mission in the best interest of the clients health, care, and personal growth.
11. Must maintain respectful, collaborative, good working relationships with all clients, staff, Board Members, volunteers and individuals associated from other organizations.

Reports To: Housing Manager
Program Director

This is not necessarily an exhaustive list of all responsibilities, skills, duties, requirements, efforts, or working conditions associated with the job. While this is intended to be a reflection of the current job, management reserved the right to revise the job when circumstances change (e.g. emergencies, rush jobs, changes in personnel, workload, technological developments, etc.).

I have read this Job Description and I certify that I can perform all the essential job functions without a significant risk to the safety or health of others or myself, which cannot be eliminated by reasonable accommodations.

| | | |
|---------------|-----------|------|
| Employee Name | Signature | Date |
|---------------|-----------|------|

| | | |
|------------------|-----------|------|
| Program Director | Signature | Date |
|------------------|-----------|------|

Job Title: Case Manager Start Date: _____

Tab G - Attachment 8

Sherry Finke Log Out

ALERT: You must submit a notarized letter appointing the authorized Entity Administrator before your registration will be activated. This requirement now applies to both new and existing entities. Read our FAQs to learn more about this process change.

Entity Dashboard

- [Entity Overview](#)
- Entity Registration**
 - [Core Data](#)
 - [Assertions](#)
 - [Reps & Certs](#)
 - [POCs](#)
- Reports**
 - [Service Contract Report](#)
 - [BioPreferred Report](#)
- Exclusions**
 - [Active Exclusions](#)
 - [Inactive Exclusions](#)
 - [Excluded Family Members](#)

[BACK TO USER DASHBOARD](#)

Coachella Valley Rescue Mission
 DUNS: 790591929 CAGE Code: 791H0
 Status: Active

47470 Van Buren Street
 INDIO, CA, 92201-7139 ,
 UNITED STATES

Expiration Date: 05/15/2019
 Purpose of Registration: Federal Assistance Awards Only

Entity Overview

Entity Registration Summary

DUNS: 790591929
 Name: Coachella Valley Rescue Mission
 Doing Business As: CVRM
 Business Type: Business or Organization
 Last Updated By: Sherry Finke
 Registration Status: Active
 Activation Date: 05/18/2018
 Expiration Date: 05/15/2019

Exclusion Summary

Active Exclusion Records? No



IBM v1.P.13.20180427-1347
WWW6

| | | |
|--------------------------------|--------------------------------|-----------------------------|
| Search Records | Disclaimers | FAPIS.gov |
| Data Access | Accessibility | GSA.gov/IAE |
| Check Status | Privacy Policy | GSA.gov |
| About | | USA.gov |
| Help | | |

66

Tab G - Attachment 9

Match Documentation



CVRM
Coachella Valley
Rescue Mission

June 5, 2018

To: Rowena Concepcion
County of Riverside DPSS

Re: Emergency Solutions Grant Program
Commitment on Matching Funds 2018-2019

Attached please find the commitment letters for matching funds. We feel confident that we will continue to receive ongoing support from these agencies and will forward commitment letters for the remaining 2018-19 years as soon as received.

Thank you for your consideration of our grant request.

Sincerely,

Sherry Finke
Development Specialist
sfinke@cvmr.org



Monthly Service By Type
January 2017 to December 2017

600

| Type | Jan 2017 Hours | Jan 2017 Volunteer Count | Feb 2017 Hours | Feb 2017 Volunteer Count | Mar 2017 Hours | Mar 2017 Volunteer Count | Apr 2017 Hours | Apr 2017 Volunteer Count | May 2017 Hours | May 2017 Volunteer Count | Jun 2017 Hours | Jun 2017 Volunteer Count | Jul 2017 Hours | Jul 2017 Volunteer Count | Aug 2017 Hours |
|--------------------|----------------|--------------------------|----------------|--------------------------|----------------|--------------------------|----------------|--------------------------|----------------|--------------------------|----------------|--------------------------|----------------|--------------------------|----------------|
| BUS | 198.50 | 140 | 217.75 | 159 | 123.00 | 101 | 184.50 | 127 | 178.00 | 151 | 172.50 | 111 | 137.00 | 99 | 138.50 |
| CHRCH | 26.00 | 4 | 8.00 | 1 | 3.75 | 1 | 1.25 | 1 | 0.00 | 0 | 0.00 | 0 | 2.00 | 1 | 2.00 |
| INDIV | 624.55 | 79 | 484.50 | 67 | 509.50 | 77 | 498.27 | 74 | 433.25 | 71 | 394.72 | 78 | 479.48 | 61 | 540.50 |
| (None) | 82.75 | 19 | 81.50 | 28 | 77.00 | 21 | 78.75 | 20 | 82.25 | 19 | 97.25 | 17 | 94.25 | 13 | 108.75 |
| Grand total | 931.80 | 242 | 781.75 | 255 | 713.25 | 200 | 763.77 | 222 | 683.50 | 241 | 664.47 | 206 | 712.73 | 174 | 787.75 |

PROPRIETARY

PROPRIETARY

89

| Aug 2017 Volunteer Count | Sep 2017 Hours | Sep 2017 Volunteer Count | Oct 2017 Hours | Oct 2017 Volunteer Count | Nov 2017 Hours | Nov 2017 Volunteer Count | Dec 2017 Hours | Dec 2017 Volunteer Count | Total Hours | Total Volunteer Count |
|--------------------------------|-------------------|--------------------------------|-------------------|--------------------------------|-------------------|--------------------------------|-------------------|--------------------------------|----------------|-----------------------------|
| 117 | 102.75 | 85 | 148.75 | 76 | 76.25 | 76 | 50.00 | 50 | 1,727.50 | 1292 |
| 1 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 43.00 | 6 |
| 54 | 560.00 | 68 | 593.25 | 72 | 526.50 | 64 | 789.50 | 89 | 6,415.02 | 378 |
| 11 | 131.50 | 10 | 146.50 | 9 | 104.00 | 12 | 86.00 | 8 | 1,178.50 | 68 |
| 163 | 794.25 | 163 | 888.50 | 157 | 706.75 | 152 | 925.50 | 147 | 9,364.02 | 1744 |

PROPRIETARY

City of Indio CDBG

**COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM
SUBRECIPIENT AGREEMENT
BETWEEN THE CITY OF INDIO
AND
COACHELLA VALLEY RESCUE MISSION**

This Agreement is made and entered into this 1st day of July, 2017, by and between the City of INDIO, hereinafter called the "CITY", and Coachella Valley Rescue Mission, hereinafter called the "SUBRECIPIENT". The project is identified as Emergency Food and Overnight Shelter Homeless Program, Indio, CA ("PROJECT").

RECITALS

The CITY has entered into an Agreement with the United States of America through its Department of Housing and Urban Development ("HUD") to execute the CITY Community Development Block Grant Program ("CDBG Program") under the Housing and Community Development Act of 1974, Public Law 93-383, as amended, hereinafter called the "Act," and

The SUBRECIPIENT is qualified by virtue of its experience to participate in the CDBG Program.

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants herein set forth and mutual benefits to be derived therefrom, the parties agree as follows:

1. TERM OF AGREEMENT

This Agreement shall cover services rendered from July 1, 2017 until June 30, 2018. The term of this Agreement and the provisions herein shall be extended to cover any additional time period during which the SUBRECIPIENT remains in control of CDBG Program funds or other assets, including program income, as defined in 24 CFR 570.500(a) ("Program Income").

2. SCOPE OF SERVICES

The SUBRECIPIENT is to perform all the services set forth in the SUBRECIPIENT'S Scope of Services (**Exhibit A**), to this Agreement, a copy of which is attached hereto and incorporated herein by this reference. The Scope of Services includes the following components:

2.1 Activities

The SUBRECIPIENT will be responsible for administering the PROJECT with Fiscal 2017-2018 CDBG Program funds to residents in Indio in a manner satisfactory to the CITY and consistent with any standards required as a condition of providing these funds.

a. Program Delivery

The Scope of Services includes a complete description of each activity eligible under the CDBG Program, the products or services to be performed, where they are to be provided, for whom they are to be provided, and how they are to be provided.

b. General Administration

A description of the SUBRECIPIENT's general administrative services to be performed in support of the activities noted in the Scope of Services is to be included. A schedule for the completion of these services and goals shall be included in the Project Description. The PROJECT will include activities eligible under the CDBG Program.

2.2 National Objectives

All activities funded with CDBG Program funds must meet one of the CDBG Program's National Objectives: benefit low-and moderate-income persons; aid in the prevention or elimination of slums or blight; or meet community development needs having a particular urgency, as defined in 24 CFR 570.208(c). The SUBRECIPIENT certifies that the activity(ies) carried out under this Agreement will meet the National Objective of benefiting low-and moderate-income persons as described in the Scope of Services.

2.3 Level of Accomplishment-Goals and Performance Measures

The Scope of Services is to include measurements for each activity per quarter and year-to-date.

2.4 Performance Monitoring

The CITY will monitor the performance of the SUBRECIPIENT against goals and performance standards required herein. Substandard performance as determined by the CITY will constitute non-compliance with this Agreement. If action to correct such substandard performance is not taken by the SUBRECIPIENT within a reasonable period of time after being notified by the CITY, Agreement suspension or termination procedures will be initiated.

3. COMPENSATION AND METHOD OF PAYMENT

3.1 Amount

It is expressly agreed and understood that the total amount to be paid by CITY under this Agreement shall not exceed Forty-Two Thousand Dollars (\$42,000.00). Payment shall be contingent upon certification of the SUBRECIPIENT's financial management system in accordance with the standard specified in OMB Circular A-110.

3.2 Not Exceed

Compensation under this Agreement shall not exceed Forty-Two Thousand Dollars (\$42,000.00). If the costs of services provided exceed \$42,000.00, the SUBRECIPIENT shall pay all additional costs. If the cost of services is less than \$42,000.00, the CITY shall retain all unused funds.

3.3 Budget

Draw downs for the payment of eligible expenses shall be made against the line item budgets specified in the Project Budget, a copy of which is attached hereto as **Exhibit B** and incorporated herein by this reference. The SUBRECIPIENT is to perform the services set forth in the Scope of Services pursuant to the Project Budget.

4. GENERAL CONDITIONS

4.1 General Compliance

The SUBRECIPIENT agrees to comply with the requirements of Title 24 of the Code of Federal Regulations, Part 570 (the U.S. Housing and Urban Development regulations concerning Community Development Block Grants (CDBG)) including subpart K of these regulations, except that (1) the SUBRECIPIENT does not assume the CITY's environmental responsibilities described in 24 CFR 570.604 and (2) the SUBRECIPIENT does not assume the CITY's responsibility for initiating the review process under the provisions of 24 CFR Part 52. The SUBRECIPIENT also agrees to comply with all other applicable Federal, state and local laws, regulations, and policies governing the funds provided under this Agreement. The SUBRECIPIENT further agrees to utilize funds available under this Agreement to supplement rather than supplant funds otherwise available.

4.2. Notices

All notices shall be personally delivered or mailed to the below listed addresses, or to such other addresses as may be designated by written notice. These addresses shall be used for delivery of service of process.

Address of the CITY is as follows:

City of Indio
Community Development Department
100 Civic Center Mall
Indio, CA 92201
Attn: Jesus Gomez, Housing Programs Manager

with a copy to:
Richards, Watson & Gershon
355 S. Grand Avenue, 40th Floor
Los Angeles, Ca 90071
Attn: Roxanne Diaz, City Attorney

Address of SUBRECIPIENT

Coachella Valley Rescue Mission
47518 Van Buren Street
PO Box 10660
Indio, Ca 92202
Attn: Darla Burkett, Executive Director

4.3 Independent Contractor

Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The SUBRECIPIENT shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The CITY shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance, as the SUBRECIPIENT is an independent contractor.

4.4 Hold Harmless

The SUBRECIPIENT shall hold harmless, defend and indemnify the CITY, its officials, officers, employees, and agents, from any and all claims, actions, suits, charges and judgments whatsoever, including but not limited to personal injury, property damage, or death, that may arise out of the SUBRECIPIENT's performance or nonperformance of the Project or Scope of Work called for in this Agreement.

4.5 Workers' Compensation

The SUBRECIPIENT shall provide Workers' Compensation Insurance coverage for all of its employees involved in the performance of this Agreement as required by state law.

4.6 Insurance & Bonding

The SUBRECIPIENT in order to protect the CITY, HUD, their agents, officers and employees against all claims and liability for death, injury, loss or damage as a result of the SUBRECIPIENT's actions in connection with the services required hereunder, shall secure and maintain for the duration of this Agreement insurance as described below.

- a. The SUBRECIPIENT shall carry commercial general liability insurance with a combined single limit of not less than one million dollars (\$1,000,000) per occurrence. Such insurance shall include completed operations liability, personal injury liability, and broad form property damage coverage. Such insurance, to be obtained from a reliable insurance carrier authorized to do such insurance business in the State of California, shall (a) expressly name the City, HUD, their agents, officers, and employees as additional insured; and (b) be primary with respect to any insurance or self-insurance programs maintained by the City; and (c) contain standard cross liability provisions.
- b. Commercial automobile liability insurance with a combined single limit of not less than one million (\$1,000,000) per occurrence. Such insurance shall include completed operations liability, personal injury liability, and broad form property damage coverage. Such insurance, to be obtained from a reliable insurance carrier authorized to do such insurance business in the State of California, shall (a) expressly name the CITY, HUD, their agents, officers and employees as additional insured; and (b) be primary with respect to any insurance or self-insurance programs maintained by the CITY; and (c) contain standard cross liability provisions.

- c. If the SUBRECIPIENT employs any person for the purpose of counseling and/or treating clients, the SUBRECIPIENT shall secure and maintain professional liability insurance (E&O coverage) with a limit of not less than two million dollars (\$2,000,000).

The SUBRECIPIENT shall furnish properly executed certifications of insurance to the CITY prior to commencement of services under this Agreement. Such certifications shall:

- i. Require thirty (30) days written notice to CITY, by certified mail, of any cancellation or reduction in available limits, or changes in the terms of coverage.
- ii. Clearly evidence all coverage required above, including attachment to any certificates of insurance a separate additional insured endorsement page (Form No. CG 20 10 11 85) naming the CITY and HUD, their agents, officers, and employees, as additional insured; and
- iii. Indicate whether coverage is on a claims made or occurrence basis.

Such insurance shall be maintained from the time work first commences until completion of work under this Agreement if an occurrence policy form is used. If a claim made policy is used, coverage shall be maintained during the term of this Agreement and for a period extending five (5) years beyond the Agreement termination date. The SUBRECIPIENT shall replace such certificates for policies expiring prior to completion of work under this Agreement and shall continue to furnish certificates five (5) years beyond that time, when and if the SUBRECIPIENT has claims made form(s).

All insurance shall be issued by a company or companies listed in the current "Best Key Rating Guide: publication with a minimum of a "A-, V" rating; or in special circumstances, as pre-approved by the City Clerk and City Attorney.

Insurance coverage in the minimum amounts set forth herein shall not be construed to relieve the Operating Agency from liability in excess of such coverage, nor shall it preclude the CITY from taking such other actions as are available to it under any provision of this Agreement or otherwise in law.

If the SUBRECIPIENT, for any reason, fails to maintain insurance coverage, which is required pursuant to this Agreement, the same shall be deemed a material breach of this Agreement. The CITY, at its sole option, may terminate this Agreement and obtain damages from the SUBRECIPIENT resulting from said breach. Alternatively, the CITY may purchase such required insurance coverage without further notice to the SUBRECIPIENT. The CITY may deduct from sums due to the SUBRECIPIENT any premiums and associated costs advanced by the CITY for such instances. If the balance of monies obligated to the SUBRECIPIENT pursuant to this Agreement is insufficient to reimburse the CITY for the premiums and any associated costs, the SUBRECIPIENT agrees to reimburse the CITY for the premiums and pay for all costs associated with the purchase of said insurance.

- d. The SUBRECIPIENT shall comply with the bonding and insurance requirements of 24 CFR 84.31 and 84.48, Bonding and Insurance.

4.7 City Recognition

The SUBRECIPIENT shall insure recognition of the role of the CITY in providing services through this Agreement. All activities, facilities and items utilized pursuant to this Agreement shall be prominently labeled as to funding source. In addition, the SUBRECIPIENT will include a reference to the support provided herein in all publications made possible with funds made available under this Agreement.

4.8 Amendments

The CITY or SUBRECIPIENT may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, signed by a duly authorized representative of each organization, and approved by the City Council of CITY. Such amendments shall not invalidate this Agreement, nor relieve or release the CITY or SUBRECIPIENT from its obligations under this Agreement.

The CITY may, in its discretion, amend this Agreement to conform with Federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both CITY and SUBRECIPIENT.

4.9 Suspension or Termination

In accordance with 24 CFR 85.43, the CITY may suspend or terminate this Agreement if the SUBRECIPIENT materially fails to comply with any terms of this Agreement, which include (but are not limited to) the following:

- a. Failure to comply with any of the rules, regulations or provisions referred to herein, or such statutes, regulations, executive orders, and HUD guidelines, policies or directives as may become applicable at any time;
- b. Failure, for any reason, of the SUBRECIPIENT to fulfill in a timely and proper manner its obligations under this Agreement;
- c. Ineffective or improper use of funds provided under this Agreement; or
- d. Submission by the SUBRECIPIENT to the CITY reports that are incorrect or incomplete in any material respect.

In accordance with 24 CFR 85.44, this Agreement may also be terminated for convenience by either the CITY or the SUBRECIPIENT, in whole or in part, by setting forth the reasons for such termination, the effective date, and, in the case of a partial termination, the portion to be terminated. However, if in the case of a partial termination, the CITY determines that the remaining portion of the award will not accomplish the purpose for which the award was made, the CITY may terminate the award in its entirety.

5 ADMINISTRATIVE REQUIREMENTS

5.3 Financial Management

a. Accounting Standards

The SUBRECIPIENT agrees to comply with 24 CFR 84.21-28 and agrees to adhere to the accounting principles and procedures required therein, utilize adequate internal controls, and maintain necessary source documentation for all costs incurred.

b. Cost Principles

The SUBRECIPIENT shall administer its program in conformance with OMB Circulars A-122, "Cost Principles for Non-Profit Organizations," or A-21, "Cost Principles for Educational Institutions," as applicable. These principles shall be applied for all costs incurred whether charged on a direct or indirect basis.

5.4 Documentation and Record Keeping

a. Records to be Maintained

The SUBRECIPIENT shall maintain all records required by the Federal regulations specified in 24 CFR 570.506 that are pertinent to the activities to be funded under this Agreement. Such records shall include but not be limited to:

- i. Records providing a full description of each activity undertaken;
- ii. Records demonstrating that each activity undertaken meets one of the National Objectives of the CDBG program;
- iii. Records required to determine the eligibility of activities;
- iv. Records required to document the acquisition, improvement, use or disposition of real property acquired or improved with CDBG assistance;
- v. Records documenting compliance with the fair housing and equal opportunity components of the CDBG program;
- vi. Financial records as required by 24 CFR 570.502, and 24 CFR 84.21-28; and
- vii. Other records necessary to document compliance with Subpart K of 24 CFR Part 570.

b. Retention

The SUBRECIPIENT shall retain all financial records, supporting documents, statistical records, and all other records pertinent to the Agreement for a period of four (4) years. The retention period begins on the date of the submission of the CITY's annual performance and evaluation report to HUD in which the activities assisted under the Agreement are reported on for the final time. Notwithstanding the above, if there is litigation, claims, audits, negotiations or other actions that involve any of the records cited and that have started before the expiration of the four-year period, then such records must be retained until completion of the actions and resolution of all issues, or the expiration of the four-year period, whichever occurs later.

Amendment to City of Indio CDBG

**AMENDMENT TO
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM
SUBRECIPIENT AGREEMENT
BETWEEN THE CITY OF INDIO
AND
COACHELLA VALLEY RESCUE MISSION**

This Amendment is made and entered into this 1st day of March 2018, by and between the City of INDIO, hereinafter called the "CITY", and Coachella Valley Rescue Mission, hereinafter called the "SUBRECIPIENT" ("Amendment") and is to that Subrecipient Agreement entered into by the parties dated July 1, 2017 ("Agreement"). The CITY and SUBRECIPIENT may be referred to herein as "Parties".

RECITALS

A. The CITY has entered into an Agreement with SUBRECIPIENT for services related to the Emergency Food and Overnight Shelter Homeless Program, Indio ("PROJECT").

B. The Parties desire to amend the Agreement to provide for additional services and funding related to the PROJECT.

NOW, THEREFORE, in consideration of the mutual covenants herein set forth and mutual benefits to be derived therefrom, the Parties agree as follows:

1. ADDITIONAL SERVICES.

SUBRECIPIENT shall provide additional services for the PROJECT as more particularly described in Exhibit A to this Amendment, which is incorporated herein by this reference. ("ADDITIONAL SERVICES"). The ADDITIONAL SERVICES shall be performed pursuant to the terms of the Agreement.

2. COMPENSATION AND METHOD OF PAYMENT

2.1 Amount.

It is expressly agreed and understood that the total amount to be paid by CITY for the ADDITIONAL SERVICES under this Amendment shall not exceed Twenty-Nine Thousand Dollars (\$29,000). Payment shall be contingent upon certification of the SUBRECIPIENT's financial management system in accordance with the standard specified in OMB Circular A-110.

2.2 Not Exceed.

Compensation under this Amendment shall not exceed Twenty-Nine Thousand Dollars (\$29,000). If the cost of the ADDITIONAL SERVICES provided exceed \$29,000, the SUBRECIPIENT shall pay all additional costs. If the cost of services is less than \$29,000, the CITY shall retain all unused funds.

2.3 Budget.

Drawdowns for the payment of eligible expenses shall be made against the line item budgets specified in the Project Budget, a copy of which is attached hereto as page 1 of Exhibit A to this Amendment. The SUBRECIPIENT is to perform the ADDITIONAL SERVICES set forth in the scope of services attached as Exhibit A to this Amendment pursuant to the Project Budget.

3. Except as specifically amended by this Amendment, the remaining terms of the Agreement shall remain in full force and effect. In the event of a conflict between the provisions of this Amendment and the provisions of the Agreement, the provisions of this Amendment shall control.

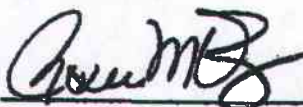
IN WITNESS WHEREOF, the City Manager of the City of Indio has caused this Agreement to be subscribed and attested by the City Clerk hereof, and the SUBRECIPIENT has subscribed the same through its authorized officer, the day, month and year first above written.

"SUBRECIPIENT"

COACHELLA VALLEY RESCUE MISSION

By: 
Darla Burkett
Executive Director

Approved as to Form:

By: 
Roxanne Diaz
City Attorney

"CITY"

CITY OF INDIO,
A municipal corporation

By: 
Mark Scott
City Manager

Attest:

By: 
Cynthia Hernandez
City Clerk

EXHIBIT A TO AMENDMENT
Additional Services and Program Budget
FY 2017-2018



CVRM
Coachella Valley
Rescue Mission

February 15, 2018

City of Indio
Department of Housing & Development
100 Civic Center Mall
Indio, CA 92201

Attention: Jesus Gomez, Housing Programs Manager

Subject: Request for Modification of 2017/2018 CDBG Agreement between the City of Indio and CVRM

Dear Mr. Gomez,

Thank you and the City Council for increasing our 2017/2018 CDBG funding by \$29,000 from \$42,000 to \$71,000. This funding could not come at a better time. Our original 2017/2018 budget was based on serving no more than 75 people in our Annex building each evening. With the increase in service demand over the past few months, we just opened our multipurpose room for emergency shelter where we are housing on average an additional 35-45 people each evening. Please note that we just hired 2 additional overnight staff to assist and monitor those staying in the multipurpose room.

Given the increase described above, meal service demand has also increased dramatically from over 650 meals per day to over 900 each day. We have also had to hire additional kitchen staff to ensure we can provide hot and nutritious meals for those sheltering with us, but also those arriving for public meals who hovering on the edge of homelessness. Our budget for food and supplies as also increased.

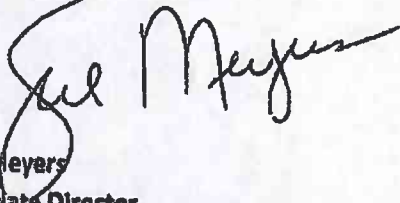
We are asking you authorize the additional \$29,000 be allocated as follows:

| | | |
|---------|---|------------------------|
| 1p - 6p | 4 days coverage x 2 person x 14 weeks = 728 hrs | \$9600 Overnight Staff |
| 9a-5p | 5 days coverage x 1 person x 14 weeks = 525 hrs | \$8400 Food Service |
| | Overnight food and supplies | \$11,000 |

We are requesting that the period eligible for reimbursement of the additional \$29,000 be retroactive to 2/1/18 and end on 6/30/18.

Should you have any questions, please do not hesitate to contact Sherry Finke, Development Specialist at 760-347-3512 x248 or sfinke@cvm.org. Again, many thanks for this gift as we team to help those in a housing crisis.

Best regards,

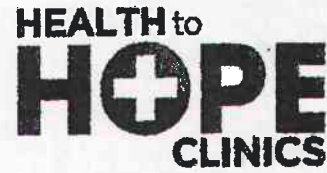


Sue Meyers
Associate Director
760-347-3512
smeyers@cvm.org


Health to Hope Gift in Service Match Documentation



Restoring and Healing People Where Ever They Are.



DOCUMENTATION OF GIFT IN SERVICE MATCH RESOURCE

| | |
|--|--|
| Name of Organization providing contribution | Health To Hope Clinics |
| Is this leverage or match? | Match |
| Type of Contribution | <p>Medical Services— Health Care Resources, AIDS Related Services, Health Care Services, Non-Emergency Medical Services, Prescription Medications, TB testing and reading, Pregnancy Testing, Medical Referrals</p> <p>Mental Health – Advocacy, Dual Diagnosis Services, Psychiatric Services, mental Health Services, Psychotherapy, Outpatient Treatment Services, Artistic Therapy, Peer Support, Mental Health Referrals, Case Management</p> <p>Counseling – Counseling, Crisis Intervention, Therapy, Support Groups (Substance Abuse) – Recovery Groups, Substance Abuse Services, Substance Abuse Referrals</p> |
| Number of clients to be served with the contribution | 250 clients annually |
| Total Value of the Contribution | 1 dr, 2 nurses = 3 staff x 40 x 52 x \$100/hr professional licensed services rate = \$624,000 |
| Name of Project | State ESG Assistance Program – RFP #DPARC - 557 |
| Name of Project Sponsor Agency | Coachella Valley Rescue Mission |
| Date the contribution will be available ² | July 1 2018 through June 30, 2019 |
| Name of person authorized to commit these resources | Bill Ballas |
| Title of person authorized to commit these resources | CEO |
| Signature of person authorized to commit these resources |  |
| Date | June 4, 2018 |

Donor Perfect Report dtd. 6/7/2018

PROPRIETARY

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| GL_CODE | Average Gift Size | Donor Count | Count Of Gifts | Date of First Gift | Maximum Gift Amount | Sum of Donations |
|------------------------------|-------------------|-------------|----------------|--------------------|---------------------|------------------|
| Direct/Other Mail (D/O Mail) | 96.4209 | 2934 | 5420 | 1/1/2018 | \$18,075.00 | 522601.56 |

Private Donations received
1/1/18 - 5/31/18

Donor Perfect Report
dto 6/7/18

PROPRIETARY

Tab G – Attachment 10

CITY OF INDIO

BUSINESS LICENSE CERTIFICATE

License Number 18-00015853

License Class NON PROFIT

License-Sub-Class SHELTER

C.V. RESCUE MISSION

P.O. BOX 10660

INDIO CA 92202

Business Location Address

47470 VAN BUREN ST

INDIO CA 92201

RVSD

Valid from June 24, 2017

Expires

June 24, 2018

Please Post in a Conspicuous Place

BY

Business License Officer

Not valid unless signed by City of Indio Business License Officer

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Tab G - Attachment 11



COACHELLA VALLEY RESCUE MISSION Rapid Re-Housing APPLICATION FORM

HEAD OF HOUSEHOLD

| | | |
|--------------------------------------|---|----------------------------------|
| Last Name | First Name | Home Phone Number () |
| Where do you live? Street Address | Apt Number | Cell Phone Number () |
| City | Zip Code | Work/Message Phone Number () |
| Email address | If you use any other address, or receive mail at any other address, list below: Why do you use this address? | |

HOW DID YOU HEAR ABOUT ESG/REFERRAL INFORMATION – Check the appropriate box.

| | | |
|---|--|--|
| <input type="checkbox"/> 211/Volunteer Center | <input type="checkbox"/> Inland Legal | <input type="checkbox"/> Social Worker Name of Agency: |
| <input type="checkbox"/> Friend/Family | <input type="checkbox"/> Community Agency Name of Agency: | <input type="checkbox"/> Community Advocate Name of Advocate: |
| <input type="checkbox"/> Landlord | <input type="checkbox"/> City Representative Name of City: | <input type="checkbox"/> Homeless Shelter/Transitional Housing Program Name of Shelter: |
| <input type="checkbox"/> Fair Housing Council | <input type="checkbox"/> County Agency/Department Name of Agency: | <input type="checkbox"/> Other (Please describe): |

SECTION I – CERTIFICATION OF THE HOUSEHOLD (All persons 18 years of age or older)

I/We hereby certify under penalty of perjury under the laws of the State of California that all the information contained in this document is true and correct.

I/We hereby certify under penalty of perjury under the laws of the State of California that no member of my household including minor children is related to the landlord/owner of the rental property by blood or marriage.

WARNING: Title 18, Section 1001 of the United States Code states that a person is **GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS** to any department or agency of the United States. **MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER CALIFORNIA STATE LAW** (Penal Code Sections: 115, 118, 487, 532) and may result in criminal charges including perjury, grand theft, filing false documents with a public office, and obtaining money under false pretenses.

| | | | |
|---|------|---|------|
| Signature of Head of Household | Date | Signature of Spouse | Date |
| Signature of Other Adult in the Household | Date | Signature of Other Adult in the Household | Date |
| Signature of Other Adult in the Household | Date | Signature of Other Adult in the Household | Date |

NOTE: If you have anyone outside your household helping you to complete this form, please provide their name, phone number, and their relation to your household

| | | |
|---------------------------|---------------------------------|------------------------------|
| Name (please print) _____ | Relationship to Household _____ | Phone number <u>89</u> _____ |
|---------------------------|---------------------------------|------------------------------|



INSTRUCTIONS: The information requested is required to determine eligibility for financial assistance. All pages, sections and questions must be completed. DO NOT leave any questions blank. If a question does not apply write "NO". If you do not understand a question, you may ask for an explanation or have someone else explain it to you. All members of the household who are 18 years of age or older must sign and date this form, certifying that the information is true, correct and complete. Attach separate pages if needed to complete any section of this document.

SECTION II - HOUSEHOLD COMPOSITION

A. HOUSEHOLD MEMBERS - LIST ALL PERSONS RESIDING IN YOUR HOUSEHOLD

| | Full Name As appears on Social Security Card | Age | Date of Birth | Social Security # | Disabled (yes or no) | Relationship to Head of Household |
|----|---|-----|------------------|----------------------|-------------------------|--------------------------------------|
| 1) | | | | | | SELF |
| 2) | | | | | | |
| 3) | | | | | | |
| 4) | | | | | | |
| 5) | | | | | | |
| 6) | | | | | | |
| 7) | | | | | | |
| 8) | | | | | | |

A. VETERAN STATUS

any household member a veteran or currently serving in the armed forces? (Yes/No)

If yes, please provide name of household member: _____

Branch of Service (Army, Marines, Navy, Air Force) _____

Dates of Service _____

Discharge Status _____

C. DISABLED ADULTS

Does any adult household member have a disabling condition? **Yes/No**

If yes, please provide name(s) of household member: _____

D. REASONABLE ACCOMMODATION(S) If any household member requires special accommodation in order to apply for or receive ESG financial assistance, list the household member and requested accommodation.

| Household member Name | Accommodation requested |
|--------------------------|-------------------------|
| | |
| | |

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E. STUDENT STATUS List all household members who are attending college full or part-time ** OFFICIAL SCHOOL REGISTRATION WILL BE REQUIRED FOR ALL FULL TIME COLLEGE STUDENTS**

| Student Name | Part time or Full time | School Name and Address | If you receive Financial Aid, list the amount & provide an award letter for the current school year |
|--------------|------------------------|-------------------------|---|
| 1) | | | |
| 2) | | | |
| 3) | | | |

F. EDUCATION LEVEL OF ADULT HOUSEHOLD MEMBERS Please list the highest education level attained for each adult household member (i.e. High School Diploma, GED, some college, AA degree, Bachelors Degree, etc.)

| Household member Name | Education Level |
|-----------------------|-----------------|
| | |
| | |
| | |
| | |

SECTION III - INCOME

Please answer each question below. If you answered "YES" please fill out information below for the household member(s) who receives this income(s).

A. EMPLOYMENT (Attach two most recent paycheck stubs)

| | | | YES/NO |
|---|-------------------|---|------------|
| Do you or any household member(s) receive Full/Part-time Job earnings or Severance Pay? | | | |
| Do you or any household member(s) receive Cash, Tips, Commissions or Bonuses? | | | |
| Do you or any household member(s) receive Military or Reserve pay? | | | |
| Are you or any household member(s) Self-Employed or Own their own business? | | | |
| Name of Household Member | Monthly Gross Pay | Name, address, phone & fax# of Employer | Start Date |
| | | | |
| | | | |
| | | | |
| | | | |

B. SSI / PENSION / OTHER BENEFITS (Attach award letter dated within 30 days of application)

| | | | YES/NO |
|---|-----------------------|---------------------------------|--------|
| Do you or any household member(s) receive Social Security/SSI Benefits? | | | |
| Do you or any household member(s) receive Veteran's, Pension, or Retirement benefits or Annuity? | | | |
| Do you or any household member(s) receive Unemployment, Worker's Compensation or Disability benefits? | | | |
| Name of Household Member | Monthly/weekly amount | Name & address of Agency/Office | |
| | | | |
| | | | |
| | | | |



C. PUBLIC ASSISTANCE BENEFITS (Attach Notice of Action dated within 30 days of application)

| | | | YES/NO |
|---|----------------|-----------------|--------|
| Do you or any household member(s) receive CALWORKS, Cash Aid, Gen Relief, CAPI or Food Stamps? | | | |
| Do you or any household member(s) receive Adoption, KINGAP or Foster Care payments? | | | |
| Do you or any household member(s) receive In-Home Supportive Services to care for another person? | | | |
| Name of Household Member | Monthly Amount | Type of Benefit | |
| | | | |
| | | | |
| | | | |

D. CHILD SUPPORT OR ALIMONY BENEFIT(S) (Attach court order and verification of payment)

| | | | | YES/NO |
|---|---------------------------------------|----------------|---|--------|
| Do you or any household member(s) receive Child Support/Disregard directly from Child Support Services? | | | | |
| Do you or any household member(s) receive Child Support /Alimony directly from Absent Parent/Spouse? | | | | |
| Does the Absent Parent purchase items for child(ren) such as clothing, food, formula, diapers, etc? | | | | |
| Name of Child | Absent Parent/Spouse name and Address | Monthly Amount | Cash Value of Purchases, clothing, food, formula, etc | |
| | | | | |
| | | | | |
| | | | | |

E. CONTRIBUTIONS (Attach letter from friend/family member who assists with expenses)

| | | YES/NO |
|--|--|--------|
| Does anyone outside your household give you money or pay bills(s) (i.e. auto loan, utilities) for you? | | |
| Does anyone outside your household buy you supplies such as groceries, etc? | | |
| Did an Organization help you pay a bill or expense (for example: rent, phone bill or utilities)? | | |
| If you answered YES please explain: | | |

F. OTHER INCOME (Attach verification of other income dated within 30 days of application)

| | | | | YES/NO |
|---|--------|------|----------------|--------|
| Did you or any member of your household receive a lump sum of money from any source (for example: lottery, casino winnings, workers compensation, Social Security, or inheritance) within the last 12 months? | | | | |
| Do you or any member of your household receive any type of income, monetary or financial support from any sources other than the ones we have asked about? | | | | |
| Name of Household member | Amount | Date | Type of Income | |
| | | 9/2 | | |



G. ANTICIPATED CHANGES-You are still required to report all changes in writing within 10 days of occurrence and provide verification (approval of the anticipated change) YES/NO

Do you or any household member(s) have an application pending for SSA/SSI, Welfare or food stamps?

Are you or any household member(s) actively seeking work, or have a job assignment pending?

Do you or any household member(s) anticipate any other change in income in the next 12 months (i.e. start or stopping of disability benefits, pending child support or alimony, etc)

| Name of Household Member | Anticipated change |
|--------------------------|--------------------|
| | |
| | |

SECTION IV - ASSETS

Please answer each question below. If you answer "YES" please fill out information below for the household member(s) with that asset(s).

A. ACCOUNT INFORMATION

| | YES/NO |
|---|--------------------------|
| Do you or any household member(s) have a Savings or Checking Account? | <input type="checkbox"/> |
| Do you or any household member(s) have Stocks, Bonds or Certificate of Deposit (CD)? | <input type="checkbox"/> |
| Do you or any household member(s) have a Money Market Fund/Trust Fund/Mutual Funds? | <input type="checkbox"/> |
| Do you or any household member(s) have a Retirement, 401K, IRA or Keogh Account? | <input type="checkbox"/> |
| Are you or any household member listed on another person's account that does not live with you? | <input type="checkbox"/> |

anyone not living in your household listed on your account?

| Name of Household member | Company/Bank Name | Type of Account | Account Number |
|--------------------------|-------------------|-----------------|----------------|
| | | | |
| | | | |

B. LIFE INSURANCE

| | YES/NO | |
|---|--------------------------|----------------|
| Do you or any household member(s) have an accident, life insurance, burial, or burial plot policy(s)? | <input type="checkbox"/> | |
| Name of Household member | Company | Type of Policy |
| | | |

C. PROPERTY

| | YES/NO | |
|---|--------------------------|-------|
| Does anyone in your household own or have an interest (including as a co-signer) in commercial or residential real estate or mobile home in any state or country? | <input type="checkbox"/> | |
| Has anyone in your household sold any real estate in the last 2 years? | <input type="checkbox"/> | |
| Do you or anyone in your household receive income from rental property? | <input type="checkbox"/> | |
| Name of Household member | Type of Asset | Value |
| | | |
| | | |

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| D. VEHICLES OWNED OR BEING USED BY YOUR HOUSEHOLD | | | | |
|--|---------------------------|------|----------------------|-----------------|
| Do you or any household member own/have a vehicle(s) registered in your/their name? | | | | YES/NO |
| Do you or any household member(s) have use of any vehicle(s) that is registered to another person? | | | | |
| Are you or any household member a co-signer for a vehicle loan for a non-household member? | | | | |
| Name of Registered Owner | Make and Model of Vehicle | Year | License Plate Number | Monthly Payment |
| | | | | |
| | | | | |

SECTION VI - EXPENSES

Please answer each question below. If you answer "YES" please fill out information below for the household member(s) with that expense(s).

| A. CHILD CARE EXPENSES (Attach verification of current payment) | | | | YES/NO |
|---|----------------|----------------------------------|----------------------------------|--------|
| Do you pay childcare for a child 12 and under in order to be able to go to work or to school? | | | | |
| Do you pay for a care attendant or equipment for a household member with a disability for you to go to work? | | | | |
| If yes, is there any portion of the childcare expense paid for by an agency or by another person outside of your household? | | | | |
| Name of child or disabled member | Monthly amount | Child care provider name/address | Name/address of Agency assisting | |
| | | | | |
| | | | | |

MEDICAL EXPENSES

| Elderly/Disabled families only (Head of Household or Spouse must be at least 62 years old or disabled): | YES/NO |
|---|--------|
| Does any household member(s) anticipate having out of pocket medical expenses in the next 12 months? If yes, please provide a prescription printout from your pharmacy, and/or receipts for other medical expenses. | |
| If yes, how much do you spend monthly? | |

| C. HOUSEHOLD EXPENSES - List the MONTHLY average amount ALL household members pay for each of the following. If the expense does not apply to you write NO or NONE. Do not leave any spaces blank | | | | | |
|---|----|-----------------------|----|-------------------------|----|
| Rent | \$ | Car Payment | \$ | Loan Payment | \$ |
| Gas | \$ | Gasoline for Car | \$ | Credit Cards | \$ |
| Electricity | \$ | Car Insurance | \$ | Life Insurances | \$ |
| Water | \$ | Car Maintenance | \$ | Medical Bills | \$ |
| Trash & Sewer | \$ | Public Transportation | \$ | Medical Insurance | \$ |
| Cable/Internet | \$ | Childcare | \$ | Groceries/Food | \$ |
| Telephone | \$ | Cell Phone | \$ | Other/Personal Spending | \$ |
| TOTAL MONTHLY EXPENSES | | | | | \$ |

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D. HOUSING EMERGENCY - Complete the below questions. Do not leave any area blank.

Within the last 6 months, have you had any loss of household income
Yes, did it decrease by (check one) _____ less than \$500/mo. _____ more than \$500 per month
Yes _____ No _____
Please describe below, what your loss of income was and why you are not able to pay your rent.

SECTION VII - HOUSING STATUS

Please answer the questions below regarding your current housing status. Your current housing status is based on where you and your family slept last night. Homeless Prevention assistance is only available to households who would be homeless but for ESG assistance.

HOMELESS STATUS - Documentation on agency letterhead is required to confirm homeless status.

| | | | | |
|---|---|--|--|--|
| Are you currently homeless? | > If yes, how long have you been homeless? | > How many times have you been homeless in the last 12 months? | > How many times have you been homeless in the last 3 years? | > Are you a homeless person with a disability? |
| Are you currently residing in an emergency shelter located within Riverside County? | > If yes, please list name and address of shelter. | > Case manager name and contact information: | | |
| Are you currently residing in a transitional housing program for homeless individuals/families located within Riverside County? | > If yes, please list name and address of transitional housing program: | > Case manager name and contact information: | | |
| Are you a domestic violence victim who recently left housing to flee an abuser? | > If yes, please list your last address and date you left: | | | |

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- > Do you have a police report and/or restraining order documenting the DV situation? (yes/no, if yes please attach)
- > Are you currently receiving services from a local domestic violence agency, if yes please list agency name, case manager, and contact number.

Are you exiting or have you exited in the last 10 days an institution such as a hospital, jail, prison, substance abuse treatment program (in-patient), or mental health facility which you resided in for less than 90 days (3 months)? You must attach verification of recent discharge.

- > If yes, please list the name of the facility, address, and discharge date:
- > Were you homeless prior to entering the facility?
- > If yes, please describe where you stayed when you were homeless (i.e. the name of the emergency shelter, transitional housing program, or a description of the place including city where you slept if you stayed on the streets or in a vehicle):

Are you currently sleeping on the streets, in other places not meant for human habitation, or in a vehicle?

- > If yes, please describe where you are staying including the city, street names, etc.:
- > Are you working with a homeless outreach team? If yes, please provide outreach workers name, name of outreach program, and contact number:
- > Do you receive food baskets, hot meals, clothing, hygiene kits, etc. from any community organization? If yes, please list what you receive, the name of the organization, and the last time you received services. This information will be used to support your homeless status.

B. At Risk of Homelessness - Documentation of current housing emergency is required.

| | Yes/No or Info Requested |
|---|--------------------------|
| Are you currently a renter? If yes, please list complete address of rental unit: | |
| Do you have lease agreement which has been signed and dated by both you and the property owner (or management company)? If yes, please attach copy of lease. | |
| List the date you moved into your current unit? (month/day/year) | |
| List your monthly rental amount: | \$ |
| Do you have a Three Day Pay or Quit Notice or other notice requiring you to vacate due to excessive rent? If yes, please attach copy of the notice. | Yes |



| | |
|--|--|
| Do you have family or friends that you can stay with for more than six months? | |
| Have you ever lived in a "doubled-up" living situation? | |
| Do you have family or friends that can assist you financially? | |

| C. FINANCIAL RESOURCES | |
|--|--------|
| Do you have financial resources to assist with relocation costs or delinquent rent? | YES/NO |
| If yes, how much do you have available? | \$ |
| Are you able to obtain financial assistance through your church or other community organization? If yes, please list name of church/organization: | |
| Have you applied for rental assistance, utility assistance, or homeless assistance through another agency? If yes, please list name of agency, assistance requested, and date of application: | |
| Do you have a Section 8 voucher or receive subsidized rent through another program? If yes, list name of program, contact name and phone number: | |
| Have you ever been assisted through the Emergency Solutions Grant (ESG) program in the past? If yes, when and how much? | |

SECTION IX - ADDITIONAL INFORMATION

Please answer each question below. If you answer "YES" please fill out information below for that household member(s).

| A. HOUSEHOLD INFORMATION | |
|---|--------|
| 1. Are you or anyone in your household subject to registration as a sex offender in any state? If yes, list name of registrant and complete address where currently registered: | YES/NO |
| 2. Are you or anyone in your household currently or ever been on parole or probation? If yes, list member name, date of parole/probation and name and phone number of parole/probation agent: | |
| 3. Are you currently receiving short term, medium term, or long term housing assistance? If yes, please list program name, date of assistance, and contact information: | |
| 4. Do you live in housing owned or operated by the Housing Authority? | |
| 5. Do you live in an affordable housing unit that rents below market rate and which you are required to meet specified income requirements? | |
| 6. Are you currently living in shared housing? If yes, who else resides in the unit, and are they related to you? | |
| 7. Are you or any member of your household related to the owner of the unit you live in? If yes, please list member and relationship: | |
| 8. Are you or any member of your household related to any CVRM employee? If yes, please list member, CVRM employee and relationship: | |

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SECTION X – ACKNOWLEDGEMENT OF PROGRAM POLICIES

A. PROGRAM POLICIES - Please Initial that you have received the following information.

| | Initials |
|--|----------|
| 1. HMIS Notification for ESG Applicants which explains the Riverside Homeless Management Information System (HMIS) which is administered by the Department of Public Social Services (DPSS), HMIS data collection policies, and your rights as an ESG applicant. | |
| 2. The ESG Grievance Policy which outlines the steps in the ESG grievance process and what actions can be taken if you should disagree with a decision made by ESG staff. You have 10 days to respond in writing if you disagree with the denial of your application, discontinuance of ESG assistance, or disagree with the amount/duration of ESG financial assistance. | |
| 3. ESG Fraud Advisory which alerts applicants to the fact that any incomplete, inaccurate, untruthful or altered documents will be construed as fraud and is grounds for immediate application denial and/or program termination. Household composition and income reported on the ESG application must be consistent with information provided to the Department of Public Social Services (DPSS) and other government agencies. ESG financial assistance obtained through fraudulent means must be repaid by the applicant. The Coachella Valley Rescue Mission (CVRM) will refer all suspected fraud to a county fraud investigator and local law enforcement agencies for investigation and prosecution. | |

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SECTION XI - AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I/We authorize and direct any Federal/State or local agency, organization, business, or individual to release to the Coachella Valley Rehousing Mission (CVRM) any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under Rapid Rehousing and/or other housing assistance programs through CVRM. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) administering and enforcing program rules and policies. I/We also consent for HUD or CVRM to release information from my file about my rental history to HUD credit bureaus, collection agencies, or future landlords. This includes records on my payment history and my violation of my lease or HUD/CVRM policies. I/We also consent for CVRM to share information with other non profits, county agencies, law enforcement and code enforcement agencies.

INFORMATION COVERED

I/We understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verification and inquiries that may be requested, include, but are not limited to:

- Identity and Marital Status
- Employment
- Income and Assets
- Medical or Child Care Allowances
- Credit and Criminal Activity
- Residents and Rental Activity

I/We understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

- Previous Landlords
- Public Housing Agencies
- Courts and Post Offices
- Schools and Colleges
- Law Enforcement Agencies
- Support and Alimony Providers
- Past and Present Employers
- Welfare Agencies
- State Unemployment Agencies
- Social Security Administration
- Medical and Childcare Providers
- Veterans Administration
- Retirement Systems
- Banks/Financial Institutions
- Credit Providers/Credit Bureaus
- Utility Companies

COMPUTER MATCHING NOTICE AND CONSENT

I/We understand and agree that HUD or CVRM may conduct computer matching programs to verify the information supplied for my application or re-certification. If a computer match is done, I understand that I have a right to notification of adverse information found and a chance to disprove incorrect information. HUD or CVRM may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense, Office of Personnel Management; U.S. Postal Service; Social Security Agency; State Welfare and Food Stamp Agencies.

It is with my understanding and consent that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with CVRM and will stay in effect for one year and one month from the date signed. I/We understand that I/We have a right to review my/our file and correct any information that I/We can prove is incorrect.

| | | | |
|--------------------------------|-----------------------------------|------------------------|------|
| Signature of Head of Household | Printed Name of Head of Household | Social Security Number | Date |
| Signature of Other Adult | Printed Name of Other Adult | Social Security Number | Date |
| Signature of Other Adult | Printed Name of Other Adult | Social Security Number | Date |
| Signature of Other Adult | Printed Name of Other Adult | Social Security Number | Date |

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Tab G – Attachment 12

Tab G – Attachment 12

EMERGENCY CONTACT: _____ **PHONE:** () _____

OVERNIGHT BED TICKET AND INFORMATION

NAME: _____ D.O.B. _____
SOCIAL SECURITY #: _____ - _____ - _____ ETHNICITY: _____ RACE: _____
SEX: _____ HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____
ARE YOU PREGNANT? _____ VETERAN: Y ___ N ___ DISABLED? _____ LAST ZIP CODE: _____
EMERGENCY CONTACT: _____ PHONE: () _____

Sign up time is from 3:00pm to 6:00 pm, Monday - Sunday. **IT IS YOUR RESPONSIBILITY TO BE HERE ON TIME.**

OVERNIGHT BED TICKET AND INFORMATION

NAME: _____ D.O.B. _____
SOCIAL SECURITY #: _____ - _____ - _____ ETHNICITY: _____ RACE: _____
SEX: _____ HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____
ARE YOU PREGNANT? _____ VETERAN: Y ___ N ___ DISABLED? _____ LAST ZIP CODE: _____
EMERGENCY CONTACT: _____ PHONE: () _____

Sign up time is from 3:00pm to 6:00 pm, Monday - Sunday. **IT IS YOUR RESPONSIBILITY TO BE HERE ON TIME.**
Complete Case Management Checklist on Page 4

OVERNIGHT BED TICKET AND INFORMATION

NAME: _____ D.O.B. _____
SOCIAL SECURITY #: _____ - _____ - _____ ETHNICITY: _____ RACE: _____
SEX: _____ HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____
ARE YOU PREGNANT? _____ VETERAN: Y ___ N ___ DISABLED? _____ LAST ZIP CODE: _____
EMERGENCY CONTACT: _____ PHONE: () _____

Sign up time is from 3:00pm to 6:00 pm, Monday - Sunday. **IT IS YOUR RESPONSIBILITY TO BE HERE ON TIME.**
Complete Case Management Checklist on Page 4

OVERNIGHT BED TICKET AND INFORMATION

NAME: _____ D.O.B. _____
SOCIAL SECURITY #: _____ - _____ - _____ ETHNICITY: _____ RACE: _____
SEX: _____ HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____
ARE YOU PREGNANT? _____ VETERAN: Y ___ N ___ DISABLED? _____ LAST ZIP CODE: _____
EMERGENCY CONTACT: _____ PHONE: () _____

Sign up time is from 3:00pm to 6:00 pm, Monday - Sunday. **IT IS YOUR RESPONSIBILITY TO BE HERE ON TIME.**
Complete Case Management Checklist on Page 4



County of Riverside Continuum of Care Homeless Management Information System (HMIS) Consent for Release of Information

The County of Riverside Continuum of Care Homeless Management Information System (HMIS) is an electronic database that securely records information (data) about clients accessing housing and homeless services within Riverside County. This organization participates in the HMIS database and shares information with other organizations that use this database. This database helps us to better understand homelessness, to improve service delivery to the homeless, and to evaluate the effectiveness of services provided to the homeless. The information you provide for the HMIS database helps us coordinate the most effective services for you and your household members.

What information is shared in the HMIS Database?

- Your Name
- Your Date of Birth
- Your Social Security Number
- Your Gender
- Your Ethnicity
- Your Race
- Your Veteran Status
- Your history of homelessness and housing (including your current housing status, and where and when you have accessed services)
- Your household composition
- Your self-reported medical history (including any physical disability, developmental disability, chronic health condition, HIV/AIDS, mental health problem or substance abuse)
- Your disability status
- Your health insurance
- Your income and sources; and non-cash benefits
- Any history of domestic violence

Who can have access to your information?

Your information will be shared with other County of Riverside Continuum of Care HMIS participating agencies (both public and private) that agree to maintain the security and confidentiality of the information. These organizations may include homeless service providers, housing groups, healthcare providers and any other appropriate service providers. A list of participating agencies within the County of Riverside Continuum of Care HMIS is available upon request.

How is your personal information protected?

The information that is collected in the HMIS database is protected by limiting access to the database and by limiting with whom the information may be shared, in compliance with the standards set forth of federal, state, and local regulations governing confidentiality of client records. Each person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information. HMIS data is secured by passwords and encryption technology.

EMERGENCY SHELTER CLIENT SERVICE CHECK LIST

Personal Contact Number: _____
 Emergency Contact Name: _____ Phone Number: _____
 Previous Address: _____
 Previous City: _____
 Previous Encampment: _____
 Current ID or Driver's license: City: _____ State: _____ Zip Code: _____
 Gender Identified _____ Date _____ Staff Signature _____ Day 1
 Service Animal/Therapy Animal _____ Date _____ Staff Signature _____ Day 1
 State ID Card /Online Replacement _____ Date _____ Staff Signature _____ Day 1
 Criminal Background Disclosure _____ Date _____ Staff Signature _____ Day 1
 DOJ Background Check _____ Date _____ Staff Signature _____ Day 1
 Riverside County Court Check _____ Date _____ Staff Signature _____ Day 1
 Court or System(s) _____ Date _____ Staff Signature _____ Day 1
 ___ Probation ___ Parole ___ AB109 ___ Prop 47 ___ CPS ___ DV ___ WPC ___ Human Trafficking
 Consent to Release Information _____ Date _____ Staff Signature _____ Day 1
 Work Schedule Submitted Weekly _____ Date _____ Staff Signature _____ Day 1
 Mail Policy _____ Date _____ Staff Signature _____ Day 1
 Smoking Policy Form _____ Date _____ Staff Signature _____ Day 1
 Personal Property/Storage Policy _____ Date _____ Staff Signature _____ Day 1
 Model Release _____ Date _____ Staff Signature _____ Day 1
 Notice of Mandatory Safety Drills _____ Date _____ Staff Signature _____ Day 1
 Van Passenger Policy _____ Date _____ Staff Signature _____ Day 1
 Electronics Compliance _____ Date _____ Staff Signature _____ Day 1
 Fraternalization Policy _____ Date _____ Staff Signature _____ Day 1
 Emergency Shelter Client Rules _____ Date _____ Staff Signature _____ Day 1
 Social Security Card/Online Service _____ Date _____ Staff Signature _____ Day 1
 Birth Certificate _____ Date _____ Staff Signature _____ Day 1
 Computer/Social Media Compliance _____ Date _____ Staff Signature _____ Day 1
 Medical Compliance _____ Date _____ Staff Signature _____ Day 1
 Mental Health Compliance _____ Date _____ Staff Signature _____ Day 1
 Substance Abuse Compliance _____ Date _____ Staff Signature _____ Day 1
 Verification of Income/Benefit _____ Date _____ Staff Signature _____ Day 1
 Literacy Assessment _____ Date _____ Staff Signature _____ Day 1
 GED/HS Diploma Assessment _____ Date _____ Staff Signature _____ Day 1
 Cal Works/Cash Aid Eligible _____ Date _____ Staff Signature _____ Day 7
 CAL Works/Gain Benefits _____ Date _____ Staff Signature _____ Day 7
 Amount of CAL Works/Cash Aid \$ _____
 Childcare Eligible _____ Date _____ Staff Signature _____ Day 7
 CAL Works/Gain Services Client Participating in: _____
 CPS CM Contacted _____ Date _____ Staff Signature _____ Day 7
 CPS Case Plan discussed _____ Date _____ Staff Signature _____ Day 7
 State Issued ID Card _____ Date _____ Staff Signature _____ Day 7
 Medical Insurance Sign up _____ Date _____ Staff Signature _____ Day 7
 EBT Sign up _____ Date _____ Staff Signature _____ Day 7

EMERGENCY SHELTER CLIENT SERVICE CHECK LIST (2)

| | | | | |
|--|--|------------|-----------------------|--|
| H2H TB Shot/Read | _____ | Date _____ | Staff Signature _____ | Day 7 |
| H2H Physical Exam | _____ | Date _____ | Staff Signature _____ | Day 7 |
| H2H MH Referral | _____ | Date _____ | Staff Signature _____ | Day 7 |
| H2H SA Referral | _____ | Date _____ | Staff Signature _____ | Day 7 |
| Employment Assessment | _____ | Date _____ | Staff Signature _____ | Day 7 |
| Eligibility for Vet Benefits Uploaded | _____ | Date _____ | Staff Signature _____ | Day 7 |
| Homeless Verification Letter | _____ | Date _____ | Staff Signature _____ | Day 7 |
| Section 8 rivcoeda.org | _____ | Date _____ | Staff Signature _____ | Day 7 |
| Senior Low Income Housing | _____ | Date _____ | Staff Signature _____ | Day 7 |
| Cities applied to: | _____ Indio _____ Bermuda Dunes _____ Cathedral City _____ Palm Springs _____ | | | |
| Palm Desert _____ Desert Hot Springs _____ | _____ La Quinta _____ Coachella _____ | | | |
| Housing Assessment | _____ | Date _____ | Staff Signature _____ | Day 7 |
| City Housing Choice in Riverside County | _____ | Date _____ | Staff Signature _____ | Day 7 |
| Day 7 | | | | |
| City Choices (Select and Rank 3): | _____ Indio _____ BD _____ CC _____ PS _____ PD _____ DHS _____ LQ _____ Coachella _____ | | | |
| Income Verification | _____ | Date _____ | Staff Signature _____ | Day 7 |
| Copy of Paycheck Stub/Benefit Letter | _____ | Date _____ | Staff Signature _____ | Day 7 |
| Amount of Benefit \$ _____ | _____ Amount of Benefit \$ _____ | | | |
| Place of Employment _____ | _____ Place of Employment _____ | | | |
| Income/Benefits | PT | FT | SSI/SSDI | No Income/Benefit CA Other _____ |
| Savings Compliance | _____ | _____ | _____ | Date _____ Staff Signature _____ Day 7 |
| Amount of Benefit \$ _____ | _____ Amount of Benefit \$ _____ | | | |
| Applied for SSI/SSDI | _____ | _____ | _____ | Date _____ Staff Signature _____ Day 14 |
| Free Credit Check | _____ | _____ | _____ | Date _____ Staff Signature _____ Day 14 |
| Skill Training 25 Hours/Wk. | _____ | _____ | _____ | Date _____ Staff Signature _____ Day 14 |
| HS Transcript Request | _____ | _____ | _____ | Date _____ Staff Signature _____ Day 14 |
| Enroll Workforce Development | _____ | _____ | _____ | Date _____ Staff Signature _____ Day 14 |
| H2H MH Individual Sessions | _____ | _____ | _____ | Date _____ Staff Signature _____ Day 21 |
| H2H SA Individual Sessions | _____ | _____ | _____ | Date _____ Staff Signature _____ Day 21 |
| H2H Dual Groups | _____ | _____ | _____ | Date _____ Staff Signature _____ Day 21 |
| Recovery Group Referral | _____ | _____ | _____ | Date _____ Staff Signature _____ Day 21 |
| _____ AASpeakers _____ AAWomen | AAMen | _____ | AACOED _____ | NA _____ CMA _____ CODA _____ Celebrate Recovery |
| WFD Boot Camp Completion | _____ | _____ | _____ | Date _____ Staff Signature _____ Day 28 |
| Cover Letter/Resume | _____ | _____ | _____ | Date _____ Staff Signature _____ Day 28 |
| Job Search begins until FT | _____ | _____ | _____ | Date _____ Staff Signature _____ Day 30 |
| Income Verification | _____ | _____ | _____ | Date _____ Staff Signature _____ Day 30 |
| Enrolled in HS Diploma/GED | _____ | _____ | _____ | Date _____ Staff Signature _____ Day 30 |
| CORP Application | _____ | _____ | _____ | Date _____ Staff Signature _____ Day 30 |
| Vision Assessment | _____ | _____ | _____ | Date _____ Staff Signature _____ Day 30 |
| Dental Assessment | _____ | _____ | _____ | Date _____ Staff Signature _____ Day 30 |
| 30 Day Medical Appointment | _____ | _____ | _____ | Date _____ Staff Signature _____ Day 30 |
| Chronic Homeless Verification | _____ | _____ | _____ | Date _____ Staff Signature _____ Day 30 |
| Next Step Dress Code Compliance | _____ | _____ | _____ | Date _____ Staff Signature _____ Day 30 |
| Budget Updated | _____ | _____ | _____ | Date _____ Staff Signature _____ Day 30 |
| Medical Appointment | _____ | _____ | _____ | Date _____ Staff Signature _____ Day 60 |

EMERGENCY SHELTER CLIENT SERVICE CHECK LIST (4)

- Did Client Receive Employment Through WFD? No Yes
- Did Client Receive boot camp certificates WFD? No Yes
- Did Client Leave with Savings at Exit? No Yes \$ _____ Amount in Savings
- Did Client Earn their HS Diploma while at CVRM? No Yes
- Did Client Complete CORP while at CVRM? No Yes
- Did Client Purchase a Car while at CVRM? No Yes
- Was Client reunited with children while at CVRM? No Yes If yes, how many? _____
- Is Client willing to recommend CVRM this Emergency Shelter? No Yes
- What recommendations would you make to improve this program? _____

Case Notes:

DATA FOR ALL CLIENTS (CONTINUED)

HEALTH INSURANCE

Is the client currently covered by health insurance?

- No
 Yes

- Client doesn't know
 Client refused

↓
 (IF YES) Answer 'Yes' or 'No' for each health insurance source.

Answer 'No' for sources that have been terminated, even if they were received in the past.

| No | Yes | Type of health insurance |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Medicaid |
| <input type="checkbox"/> | <input type="checkbox"/> | Medicare |
| <input type="checkbox"/> | <input type="checkbox"/> | State Children's Health Insurance Program (or use local name) |
| <input type="checkbox"/> | <input type="checkbox"/> | Veteran's Administration (VA) Medical Services |
| <input type="checkbox"/> | <input type="checkbox"/> | Employer-Provided Health Insurance |
| <input type="checkbox"/> | <input type="checkbox"/> | Health Insurance obtained through COBRA |
| <input type="checkbox"/> | <input type="checkbox"/> | Private Pay Health Insurance |
| <input type="checkbox"/> | <input type="checkbox"/> | State Health Insurance for Adults (or use local name) |
| <input type="checkbox"/> | <input type="checkbox"/> | Indian Health Services Program |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (if Yes, specify source) |

PHYSICAL DISABILITY

Does the client currently have a physical disability?

- No
 Yes

- Client doesn't know
 Client refused

↓
 (IF YES for physical disability) Is the physical disability expected to be of long-continued and indefinite duration and substantially impair ability to live independently?

- No
 Yes

- Client doesn't know
 Client refused

DEVELOPMENTAL DISABILITY

Does the client currently have a developmental disability?

- No
 Yes

- Client doesn't know
 Client refused

↓
 (IF YES for developmental disability) Is the developmental disability expected to substantially impair ability to live independently?

- No
 Yes

- Client doesn't know
 Client refused

DATA FOR ALL CLIENTS (CONTINUED)

CHRONIC HEALTH CONDITION

Does the client currently have a chronic health condition?

- No
- Yes

- Client doesn't know
- Client refused

↓
[IF YES for chronic health condition] Is the chronic health condition expected to be of long-continued and indefinite duration and substantially impair ability to live independently?

- No
- Yes

- Client doesn't know
- Client refused

HIV/AIDS

Does the client currently have HIV/AIDS?

- No
- Yes

- Client doesn't know
- Client refused

↓
[IF YES for HIV/AIDS] Is HIV/AIDS expected to substantially impair ability to live independently?

- No
- Yes

- Client doesn't know
- Client refused

MENTAL HEALTH PROBLEM

Does the client currently have a mental health problem?

- No
- Yes

- Client doesn't know
- Client refused

↓
[IF YES for mental health problem] Is the mental health problem expected to be of long-continued and indefinite duration and substantially impair ability to live independently?

- No
- Yes

- Client doesn't know
- Client refused

DATA FOR ALL CLIENTS (CONTINUED)

SUBSTANCE ABUSE PROBLEM

Does the client currently have a substance abuse problem?

- | | |
|--|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Both alcohol and drug abuse |
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Client refused |

(If YES for alcohol abuse, drug abuse, or both alcohol and drug abuse for substance abuse problem) Is the substance abuse problem expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

- | | |
|------------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client refused |

DISABLING CONDITION

Record whether the client has a disabling condition based on one or more of the following:

- A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that:
 1. Is expected to be long-continued or of indefinite duration;
 2. Substantially impairs the individual's ability to live independently, and
 3. Could be improved by the provision of more suitable housing conditions.
- A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or
- The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).

If the client is a veteran who is disabled by an injury or illness that was incurred or aggravated during active military service and whose disability meets the disability definition defined in Section 223 of the social security act, they should be identified as having a disabling condition.

Does the client currently have a disabling condition?

- | |
|--|
| <input type="checkbox"/> No |
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Client refused |

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS

Respond to the following questions for any adult in the household. If the household is composed of an unaccompanied child, that child is the head of household. If the household is composed of two or more minors, data must be collected about the minor that has been designated as the head of household. A separate form should be included for each adult member of the household.

HOUSING MOVE-IN DATE (a.g., 08/24/2014)

(Head of Household only)

Record the date a client or household moves into a permanent housing unit.

- **Rapid Rehousing** – A Housing Move-in Date must be entered regardless of whether or not the RRH project is providing the rental assistance for the unit. For example, if an RRH project provides supportive services, but is not providing the rental assistance for the unit, a Housing Move-in Date must still be entered to differentiate RRH clients in housing from those still experiencing homelessness.
- **Permanent Housing** – Clients who are receiving pre-housing placement services but are ultimately housed by another project or subsidy source should be exited from the PH project to the appropriate permanent destination. If the client exits the permanent housing project for a different housing opportunity without physically moving into a housing unit associated with the project, do not enter a Housing Move-in Date, simply exit the client and record the exit destination.

| | | | | | | | | | |
|-------|--|-----|--|------|--|--|--|--|--|
| | | | | | | | | | |
| Month | | Day | | Year | | | | | |

VETERAN STATUS

Veteran Status is only collected on heads of household who are 18 years of age and older, as well as all other adults in the household. A veteran is anyone who has ever been on active duty in the armed forces of the United States, regardless of discharge status or length of service. For the Army, Navy, Air Force, Marine Corps, and Coast Guard, active duty begins when a military member reports to a duty station after completion of training. For the Reserves and National Guard, active duty is any time spent activated or deployed, either in the United States or abroad.

Is the client a veteran?

- | | |
|------------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client refused |

DOMESTIC VIOLENCE

Is client a domestic violence victim/survivor?

- | | |
|------------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client refused |



(IF YES) When did the experience occur?

- | | |
|--|---|
| <input type="checkbox"/> Within the past three months | <input type="checkbox"/> One year ago or more |
| <input type="checkbox"/> Three to six months ago (excluding six months exactly) | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Six months to one year ago (excluding one year exactly) | <input type="checkbox"/> Client refused |

(IF YES) Is the client currently fleeing?

- | | |
|------------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client refused |

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS (CONTINUED)

LIVING SITUATION

1) WHAT WAS THE SITUATION THE CLIENT WAS LIVING IN IMMEDIATELY PRIOR TO PROJECT ENTRY?

Homeless Situation

- Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- Safe Haven
- Interim Housing

Institutional Situation

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison, or juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

Transitional and Permanent Housing Situation

- Hotel or motel paid for without emergency shelter vouchers
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, no ongoing housing subsidy
- Rental by client, with WASH subsidy
- Rental by client, with GPD TIP subsidy
- Rental by client, with other ongoing housing subsidy (including RRH)
- Residential project or halfway house with no homeless criteria
- Staying or living in a family member's room, apartment, or house
- Staying or living in a friend's room, apartment, or house
- Transitional housing for homeless persons (including homeless youth)
- Client doesn't know
- Client refused

2) LENGTH OF STAY IN PRIOR LIVING SITUATION

- One night or less
- Two to six nights
- One week or more, but less than one month
- One month or more, but less than 90 days
- 90 days or more, but less than one year
- One year or longer
- Client doesn't know
- Client refused

If Homeless Situation above – Complete Question 3

If Institutional Situation above – Complete Question 4

If Transitional or Permanent Housing Situation above – Complete Question 5

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DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS (CONTINUED)

3) COMPLETE THIS SECTION IF CLIENT'S LIVING SITUATION PRIOR TO PROJECT ENTRY WAS A HOMELESS SITUATION

DATE THE CLIENT STARTED BEING HOMELESS ON THE STREETS, IN SHELTER, OR IN SAFE HAVEN THIS TIME**

Determine the date of the last time the client had a place to sleep that was not on the streets, in an emergency shelter, or in a safe haven. As the client looks back, there may be breaks in their stay on the streets, shelters, or safe havens. The breaks are allowed to be included in the look back period to calculate the start date only if:

- The client moved continuously between the streets, shelters, or safe havens. The date would go back as far as the first time they stayed in one of those places; OR
- The break in their time on the streets, shelters, or safe havens was less than 7 nights. A break is considered 6 or less consecutive nights not residing in a place not meant for human habitation, in shelter or in a safe haven. The look back time would not be broken by a stay less than 7 consecutive nights; OR
- The break in their time on the streets, ES, or SH was less than 90 days in any of the places listed under the header "institutional situations" on the previous page. The look back time would include all of these days (up to 90 days) when looking back for the start date.

If this is the client's first day on the streets, shelters, or safe havens, enter today's date.

When did the client start staying on the streets, in emergency shelters, or in safe havens this time?

| | | | | | | |
|-------|-----|------|--|--|--|--|
| | | | | | | |
| Month | Day | Year | | | | |

** "The streets" is being used as short-hand for any place unfit for human habitation (a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground).

NUMBER OF TIMES THE CLIENT HAS BEEN HOMELESS ON THE STREETS, IN SHELTER, OR IN SAFE HAVEN IN THE PAST THREE YEARS INCLUDING TODAY

A break in homelessness separating the occasions means at least 7 consecutive nights of not living on the street, in an emergency shelter, or Safe Haven or at least 90 days in any of the places listed under the header "institutional situations" on the previous page.

How many times has the client been homeless on the streets, in shelter, or in safe havens in the past three years, including this time?

- | | |
|---|--|
| <input type="checkbox"/> One time (this time) | <input type="checkbox"/> Four or more times |
| <input type="checkbox"/> Two times | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Three times | <input type="checkbox"/> Client refused |

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DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS (CONTINUED)

TOTAL NUMBER OF MONTHS THE CLIENT HAS BEEN HOMELESS ON THE STREETS, IN SHELTER, OR IN SAFE HAVEN IN THE PAST THREE YEARS

Record the total number of months for all the different times the client has spent homeless on the streets, in shelter, or in safe havens in the past three years.

For example: If the client has been on the streets, ES, or SH since January 15 and it is now March 1, the cumulative total would be 1.5 months (January - 15 days and February - 1 month). If they were also homeless for a month back in October, the cumulative total would then be 2.5 months. Responses may be rounded to the next nearest month, so you would choose "3 months."

How many months, in total, has the client has been homeless on the street, in an emergency shelter, or safe Haven over the past three years?

- | | |
|---|--|
| <input type="checkbox"/> One month (this time is the first month) | <input type="checkbox"/> 9 months |
| <input type="checkbox"/> 2 months | <input type="checkbox"/> 10 months |
| <input type="checkbox"/> 3 months | <input type="checkbox"/> 11 months |
| <input type="checkbox"/> 4 months | <input type="checkbox"/> 12 months |
| <input type="checkbox"/> 5 months | <input type="checkbox"/> More than 12 months |
| <input type="checkbox"/> 6 months | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> 7 months | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> 8 months | |

4) COMPLETE THIS SECTION IF CLIENT'S LIVING SITUATION PRIOR TO PROJECT ENTRY WAS AN INSTITUTIONAL SITUATION

DID CLIENT STAY LESS THAN 90 DAYS?

- No Yes



[IF YES] ON THE NIGHT BEFORE DID CLIENT STAY ON THE STREETS, ES, OR SH?

- No Yes



• [IF YES] complete Question 3

5) COMPLETE THIS SECTION IF CLIENT'S LIVING SITUATION PRIOR TO PROJECT ENTRY WAS A TRANSITIONAL OR PERMANENT HOUSING SITUATION

DID CLIENT STAY LESS THAN 7 NIGHTS?

- No Yes



[IF YES] ON THE NIGHT BEFORE DID CLIENT STAY ON THE STREETS, ES, OR SH?

- No Yes



• [IF YES] Complete Question 3

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Client Initials _____

HHS Data PROJECT ENTRY FORM - ALL PROJECTS
revised October 1, 2017 18

| Source of Income | Yes | No | \$ | Yes | No | \$ |
|--|--------------------------|--------------------------|----|--------------------------|--------------------------|----|
| Earned Income (i.e., employment income) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Unemployment Insurance | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Supplemental Security Income (SSI) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Social Security Disability Insurance (SSDI) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| VA Service-Connected Disability Compensation | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| VA Non-Service-Connected Disability Pension | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Private Disability Insurance | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Worker's Compensation | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| General Assistance (GA) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Retirement Income from Social Security | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Pension or Retirement Income from a Former Job | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Child Support | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Alimony or other spousal support | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other source If yes, specify source | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Total monthly income from all sources | | | \$ | | | |

Source of Income: Yes or No for each income source. If the response for a source is "Yes", enter the monthly amount received based on current income. If unsure of the exact monthly amount, enter client's best estimate.

Does the client have any income from any sources?
 Yes
 No
 Client doesn't know
 Client refused

Only record regular, recurring sources that are current as of today (i.e. not terminated). Income received for a minor member of the household (e.g. SSI) should be recorded under the head of household's information (income from employment of a minor can be excluded from the household income).

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS (CONTINUED)

INCOME AND SOURCES

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS (CONTINUED)

NON-CASH BENEFITS

Only record regular, recurrent sources that are current as of today (not terminated). If a non-cash benefit is only received by a minor member of the household, record under the Head of Household's information.

Does the client have any non-cash benefits from any sources?

- No Client doesn't know
 Yes Client refused

[IF YES] Answer "Yes" or "No" for each non-cash benefit source. (Answer "No" for benefits that have been terminated, even if they were received in the past.)

| No | Yes | Source of non-cash benefit |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Supplemental Nutrition Assistance Program (SNAP) |
| <input type="checkbox"/> | <input type="checkbox"/> | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) |
| <input type="checkbox"/> | <input type="checkbox"/> | TANF Child Care services (for use local name) |
| <input type="checkbox"/> | <input type="checkbox"/> | TANF transportation services (for use local name) |
| <input type="checkbox"/> | <input type="checkbox"/> | Other TANF-Funded Services (for use local name) |
| <input type="checkbox"/> | <input type="checkbox"/> | Other source |

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Verification of Income and Savings Compliance

I, _____ on, _____ hereby certify that my total
Printed Client Name Date
monthly income sources and non-cash benefits is \$ _____, and my total money in savings is
\$ _____.

I understand that failing to report all sources of income will result in removal from the Annex Emergency Shelter and its Programs. Upon entry in to Emergency Shelter Programs each client will be required to will open a savings account with CVRM, wherein Eighty Percent (80%) of received monthly income must be placed. Each client will be assigned a case worker to assist with this process. Any client that already has a personal checking or savings account must show monthly statements to their assigned case worker to demonstrate adherence to the Eighty Percent (80%) monthly income savings policy. Clients may not accrue any new debt or establish new lines of credit while in the program without permission from a Program Manager. Any client found to be in non-compliance with this policy will face disciplinary action which may include loss of Annex Emergency Services and Programs. Further, any client who does not verify income increases over two pay periods (30 days) will result in loss of program.

Criminal Background Check Disclosure

Please read the following information carefully. In order to ensure the continued safety and security of men, women, and children residing at The Coachella Valley Rescue Mission, each applicant to the Next Steps Program will be subject to a criminal background check, as well as a check of the State Sex Offender Registry and National Sex Offender Registry. A criminal history does not automatically exclude you from acceptance into the CVRM Emergency Shelter and its programs. However, failure to fully disclose any information regarding your legal or criminal history will result in dismissal from the program. This includes any pending charges and upcoming court dates.

IF YOU ARE A REGISTERED SEX OFFENDER OR HAVE ANY CRIMINAL HISTORY OF SEX RELATED CRIMES YOU ARE INELIGIBLE TO RECEIVE ANY SERVICES AT THE COACHELLA VALLEY RESCUE MISSION. AS A NON-VIOLENT FACILITY, THE COACHELLA VALLEY RESCUE MISSION WILL NOT ACCEPT ANY APPLICANTS WITH A CRIMINAL HISTORY OF VIOLENT CRIMES, DOMESTIC VIOLENCE, ASSAULT, OR BATTERY. AS A SAFE HAVEN FOR FAMILIES AND INDIVIDUALS, THE COACHELLA VALLEY RESCUE MISSION WILL NOT ACCEPT ANY APPLICANTS WITH A HISTORY OF CRIMES INVOLVOING ARSON.

Smoking Policy

I AGREE TO ONLY SMOKE IN AREAS DESIGNATED FOR MALES AND FEMALES DURING DESIGNATED TIMES. THIS INCLUDES E-CIGS.

Cigarettes must be extinguished and disposed only in CVRM designated smoke stands. I understand that failure to smoke in designated areas and/or extinguishing / disposing in designated smoke areas will result in disciplinary action up to and including termination of services. **I HAVE READ FULLY AND UNDERSTAND THIS POLICY.**

Personal Property & Storage Policy

The Coachella Valley Rescue Mission (CVRM) is not responsible for the safety of clients' personal belongings. Upon exiting the Annex or any Emergency Shelter Programs, any personal items left for three (3) or more days will be donated or disposed of. I hereby release and discharge CVRM from any and all claims, demands, and damages that may arise from having my personal property on the premises. I further understand that the staff of CVRM will do its' best to assist me in retrieving any stolen property but cannot be responsible for its return.

Annex Emergency Shelter: As storage is limited, clients entering the Annex will only be allowed to keep what fits into their storage locker. Any items that do not fit into the storage locker will need to be donated or disposed of immediately. Please note: only clients on the Stay Back List will be allowed to store their belongings during the day.

Program Emergency Shelter: Upon entry into Emergency Shelter Programs, each client must submit to a full search and screening of all belongings. No personal bags, suitcases, luggage, etc. will be allowed in the dorm. At intake, each client's belongings will be transferred to bags provided by the staff. All personal bags **MUST** be forfeited before entry in the dormitory will be allowed. Clients in Emergency Shelter Programs may only bring personal items which will fit within the two drawers and the provided storage bin. Any personal items that do not fit within the designated storage space area must be donated or disposed of immediately. Program bed areas will be inspected weekly and all items not fitting in provided storage areas will be donated or disposed of immediately.

Notice of Mandatory Safety Drills and Updates

I have been informed of monthly safety drills and that my participation/my family's participation is **mandatory**. I have been informed regarding the exit points from my sleeping area and where I am to meet with staff in case of an emergency at The Coachella Valley Rescue Mission. I must know the closest exit point to wherever I am in the Mission in case of an emergency, and I must use the closest exit point in such a situation. I have been instructed to remain calm and follow staff instruction when exiting the mission to my designated emergency exit area. If I have children, I must account for them when exiting to my designated emergency exit area. I understand that CVRM staff will regularly check all rooms for safety and issue any needed updates.

Model Release

In consideration for the value received, receipt whereof is acknowledged. I hereby give The Coachella Valley Rescue Mission and its vendors the absolute right and permission to copyright and /or publish, or use photographic portraits or pictures of me, or in which I may be included in whole or in part, or composite or distorted in character or from , in conjunction with my own or fictitious name, or reproduction thereof in color or otherwise, made through any media at their studios or elsewhere, for art, advertising, trade or any other lawful purpose whatsoever at any time.

I hereby release, discharge, and agree to save The Coachella Valley Rescue Mission from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite from, whether intentional or otherwise, that may occur to be produced in the taking of said pictures, or in any processing tending towards the completion of the finished product.

Van Passenger Rules

1. All clients may be subject to a search of their belonging from drugs, alcohol, and contraband prior to boarding the van. Failure to submit to a search/inspection will result in not being able to board the van.
2. Any client under the influence will not be allowed to board the van.
3. All clients must wear seatbelts while in the van and be seated at all times.
4. No eating, chewing gum, or candy.
5. No drinking. Only water bottles filled with water with caps or lids are acceptable.
6. No swearing or use of profanity of any kind.
7. No smoking.
8. Client may bring one (1) bag for personal items, and it must fit on your lap and below your chin.
9. No loud conversation or horseplay that might be distracting the driver.
10. Parents are responsible to bring a car seat for children as legally required.
11. In necessity for mixed gender transportation, each gender must have a staff approved partner.
12. Damage to CVRM property will not be tolerated. The client will be responsible for the cost of repair or replacement.
13. All clients are responsible for keeping vans clean. Failure to do so may result in loss of transportation privileges.

Respect Policy

Coachella Valley Rescue Mission welcomes all individuals regardless of their sexual orientation or gender identity, race, class, religion, ages, and backgrounds. I will be respectful of the other Emergency Shelter clients and staff. I understand that any oppressive or abusive language or actions are not acceptable. If I have any questions about this policy, I can ask a staff member to explain it to me.

If an Emergency Shelter client or staff member is acting in an abusive or oppressive way towards me, I know that I can report this behavior to a staff member. If I feel that the issue has not been addressed, I can then report it to the Program Director, Tom Cox. If the issue has still not been appropriately addressed, I can bring the issue to the Executive Director, Darla Burkett.

- I understand that violence, intimidation, bullying, stereotyping, racial slurs, put downs. Discrimination and sexual harassment of any kind against the same or opposite sex will not be tolerated, and will result in immediate termination from the program.
- I understand that at no time, under any circumstances will I discriminate, use profanity, and/or use violence or threats of violence towards any clients, volunteers and/or staff.

Non Discrimination Policy

It is the policy and commitment of the Coachella Valley Rescue Mission that we do not discriminate on the basis of race; color; sex; pregnancy or pregnancy related conditions; age; religion; national origin; familial status; source of income; disability; sexual orientation; gender; gender identity and expression; including a transgender identity; veteran status; genetics; retaliation; or any other characteristic protected under applicable state and federal law.

Harassment, intimidation, discrimination against, or being treated arbitrarily or differently because of the person's real or implied membership in a "protected category" such as race; color; national or ethnic origin; age; religion; disability; sex; sexual orientation; gender; gender identity and expression; including a transgender identity; veteran status; genetics; retaliation; and any other characteristic protected under applicable federal or state law is specifically **PROHIBITED** and may be grounds for removal from the Emergency Shelter Annex and disqualification from receiving future services at the Coachella Valley Rescue Mission. Harassment and intimidation includes abusive, foul or threatening language or behavior.

Issues of discriminatory treatment, harassment, or intimidation on any of these bases should **immediately** be reported to **Program Director Tom Cox** at (760) 347 3512 ext. 251 or by email at tcox@cvrvm.org, and if substantiated, prompt action will be taken to remedy the issue.

Zero Tolerance for Sexual Harassment

Sexual harassment refers to any conduct, comment, gesture, or contact of a sexual nature, whether on a one-time basis or a series of incidents, that might reasonably be expected to cause offence or humiliation or that might reasonably be perceived as placing a condition of a sexual nature on employment, an opportunity for training or promotion, receipt of services, or a contract. Examples of behavior that can constitute sexual harassment include, but are not limited to:

- unwanted touching, patting or leering
- sexual assault
- inquiries or comments about a person's sex life
- telephone calls with sexual overtones
- gender-based insults or jokes causing embarrassment or humiliation
- repeated unwanted social or sexual invitations
- inappropriate or unwelcome focus/comments on a person's physical attributes or appearance
- offense and unwelcome conduct of a sexual nature, including sexually graphic
- Spoken comments; offensive comments transmitted by email or another messaging system; Offensive or suggestive images or graphics whether physically present in the workplace or accessed over the internet; the possession of sexually suggestive objects

The Coachella Valley Rescue Mission (CVRM) has adopted a zero tolerance policy towards discrimination and all forms of unlawful harassment, including but not limited to sexual harassment. This zero tolerance policy means that no form of unlawful discriminatory or harassing conduct by or towards any client, employee, volunteer, visitor, or other person will be tolerated. CVRM is committed

to enforcing its policy at all levels. No individual who reports harassment will be retaliated against whether a good faith complaint is well founded or ultimately determined to be unfounded.

Dress Code Compliance

All clients are expected to follow dress code if you are not compliant with the dress code rules you will be exited from the program/mission. Please read all the information carefully.

- All clients must wear acceptable clothing which includes shirts that cover the stomach, and upper arms and chest, shorts that come within three inches of the knees, and long pants.
- Clients must wear flat, closed-toed shoes. Please do not wear shoes with heels more than half an inch.
- Clients should not wear revealing or tight-fitting clothing. No over-sized baggy pants or sagging.
- Do not wear tank tops, sleeveless or low-cut shirts, short-shorts or tight pants (including yoga pants, leggings, or tights). No bare back or belly. No tube tops, bathing suits, see through clothes or low cut tops. No skirts/pants exposing your behind. No foul language, gang related, sexually explicit, drug or alcohol related writing or pictures on clothes.

I have read and agree to follow the rules stated above and understand that if I fail to adhere to these policies I will be removed from the program.

Medication and Drug Compliance

Please read the following information carefully:

- I understand that the mission is a non-narcotic facility, and that the mission does not allow the possession of narcotic medications at any time for any purpose. This includes the non-narcotic drug Tramadol.
- I understand that **ALL** medication(s) must be turned over to a program staff member to be inventoried and locked in the medicine cabinet, and I agree to receive my medication at the designated medication call times.
- I understand that I must take all medications as prescribed by my physician or healthcare professional, and that failure to do so will result in removal from the program.
- I understand that at **no time** will I possess any prescription or non-prescription drugs on my person, or in my belongings.
- I understand that all medications must be taken in the office when I receive them, in the presence of a Program Assistant or Program Manager. **No medications are allowed outside of the office.**
- I understand that I am responsible to fill weekly pill boxes with my morning and evening medications.
- I understand that if I engage in buying, selling, trading, exchanging, or distributing of medications (both prescription and non-prescription) to other clients that I will be terminated from the program.
- I understand that if I require a surgical procedure, I will not be able to re-enter the program under the influence of narcotics or prescribed pain medications that are not in compliance with The Coachella Valley Rescue Missions non-narcotic policy.

- I understand that any violation of the aforementioned rules will result in immediate termination of my program.

Mental Health Compliance

Please read the following information carefully:

- I understand that a mental health assessment will be a requirement of my continued stay at the mission. I agree to attend said assessment, and follow any and all recommendations of the mental health professionals. I understand failure to do so will result in termination from the program.
- I understand that if I am part of the Mental Health court system, Oasis Mental Health, or am subject to mental health guidelines as part of my probation or parole, that I must stay within medication and program compliance pursuant to my court orders or mental health case worker's requirements. Failure to do so will result in my termination from the program.
- I understand that I **MUST** attend all therapy sessions, groups, assessments, meetings, and classes pursuant to follow-up recommendations from my therapist, mental health case worker, psychiatrist, counselor, etc.
- I understand that I **MUST** take all psychiatric medications as prescribed, and I agree that any changes to my medications will only be made under the advisement of a healthcare professional. I understand that refusal to take prescribed medications may result in my termination from the program.
- I understand that Health to Hope Dual Groups and Individual Sessions are mandatory upon entry into the program. Failure to participate in these groups/sessions or to complete an initial assessment will result in termination from the program.

Fraternization Policy

Fraternization is grounds for immediate termination of Emergency Shelter services. There is to be no communication between men and women residents unless it is for the purpose of official mission business. The policy includes former clients. Fraternalization includes, but it not limited to:

1. Flirting
2. Overly friendly overtures
3. Comments which could be seen as sexual harassment ("you sure look good in those jeans")
4. Touching in any manner
5. Kissing, hugging or otherwise making out
6. Phone calls or text messaging
7. Presents – this includes gifts of food from the mission kitchen, and/or gifts for children
8. Cards, letters and notes
9. Any conversation of a personal nature
10. Any off-site meetings, events, and/or dates
11. Clients of the opposite sex should never be alone together i.e. closed areas, vehicles, pantries, or any other mission property
12. Clients of the opposite sex are not allowed to communicate or be friends via social networking. This includes emails, Facebook, Twitter, Instagram, MySpace, etc.

Fraternalization is not allowed between the opposite sex, same sex, residents and staff. Physical contact with visitors is not allowed. While at CVRM you are expected to refrain from the pursuit or engagement in ANY romantic relationships old or new except with a legally married spouse. Please

note: If you have a spouse, your entry into the program does not automatically guarantee the same for your spouse, and they may be referred to another facility at the discretion of the Program Director.

Annex Emergency Shelter Liability Release

I, _____, hereby give my permission to the staff of The Coachella Valley Rescue Mission (CVRM) for emergency medical treatment to be given in the event of injury, illness, or accident.

If I have children, I hereby give my permission to the staff of The Coachella Valley Rescue Mission (CVRM) for emergency medical treatment to be given to my children in the event of injury, illness, or accident.

I hereby release The Coachella Valley Rescue Mission (CVRM), its staff, and representatives from any liability arising from any emergency, which they deemed necessary to pursue emergency medical treatment for myself or, if applicable, for my children.

I understand that The Coachella Valley Rescue Mission (CVRM) is not responsible for the safety of my personal belongings. Upon exiting the Program, any personal items left for three (3) or more days will be disposed of.

The Coachella Valley Rescue Mission (CVRM) is not a medical or psychiatric facility. Therefore, prospective clients and their children must be medically, as well as psychiatrically cleared prior to admission. Requested medical information is vitally important and is required before a decision can be made as to the appropriateness of our facility for prospective clients. If mental health evaluation/documentation is requested, that also must be received before a final decision can be made on placement into Emergency Shelter Programs. If, after admission, it is noted that the client is inappropriate due to medical or psychiatric reasons about which we were uninformed prior, CVRM reserves the right to refer the client to another facility or back to the referring agency.

By signing below, I acknowledge that I have read and understood everything in this application and agree to all its terms and conditions. I declare that the information I have provided in this application is true and correct and complete. I understand that false statements of information are grounds for immediate termination from the Annex Emergency Shelter and its programs.

Universal Release and Consent Form For Name, Image, Voice, and Life-Story

This is a legal agreement between you and the Coachella Valley Rescue Mission. You agree to provide to the Coachella Valley Rescue Mission and/or let CVRM record all of the items selected below, which are referred to as "Your Information". The purpose of this agreement is to provide your permission to CVRM to use your information in the ways described in this agreement. In return for good and valuable consideration, receipt of which is hereby acknowledged, you hereby agree, as follows:

- 1. Your Information:** Your Information includes all the items and information you specifically provide to CVRM (for example, photographs, biographic information and quotes)

as well as all things you let CVRM record (for example, your voice, photograph, or video of you or your property), along with your name. your Information specifically includes but is not limited to the following:

Check appropriate boxes:

___ First and/or last name ___ My Picture (Photograph) ___ Chemical Abuse History
___ Occupation/Job Title ___ My Voice (Audio Recording) ___ Treatment
___ Life Story ___ Video ___ Ongoing Recovery
___ Other (Describe): _____

You understand and agree that you have chosen to share Your Information with CVRM, which some people might consider private, and that CVRM may publish and distribute Your Information in its promotional literature, which I understand may be distributed broadly in the community.

2. **Payment/Honorarium/Consideration:** You understand and agree, except as may be described below, you are not entitled to any royalty or payment of any kind in connection with the rights granted under this agreement.

Check appropriate box:

No payment: You agree that you will not be paid for the rights granted in this agreement and that the exclusive, but sufficient, consideration for your agreement is your opportunity to have Your Information considered for inclusion in CVRM published materials.

3. **Grant of Rights:** You hereby grant CVRM and its successors and assigns, including third parties, the royalty-free, worldwide, perpetual, assignable, sub-licensable, right to use, re-use, publish, broadcast, distribute, edit, revise, translate, reformat, create derivative works, copy, and make any commercial or any other use of Your Information, in any electronic, physical or other medium or format now known or later invented, including but not limited to text, video, audio, eBook, digital, and online/electronic, without liability to you or any other person for such use. You understand and agree that CVRM is under no obligation to use any of Your Information, nor is CVRM under any obligation to submit materials that incorporate Your Information to you for review or approval prior to any use, publication or distribution.

**Universal Release and Consent Form
for Name, Image, Voice, and Life-Story (2)**

4. **Presentation Materials:** If Your Information includes any Presentation Materials (including but not limited to any text, brochure, power point, slides, or similar items) created by you, then you agree that all such Presentation Materials, including all copyright and other intellectual property rights embodied therein, shall be owned exclusively by CVRM and shall be deemed 'works made for hire's under US Copyright Act. In addition, you hereby assign and agree to assign all copyright and other intellectual property rights in the Presentation Materials to CVRM.

5. **Representations:** You represent and warrant to CVRM that: (a) you have the right and authority to enter into this agreement and grant the rights that are granted in this agreement; and (b) that if any of Your Information includes biographic or life story information regarding

yourself and/or others, to the best of your knowledge all such information is an accurate expression of your actual experience and honest feelings and beliefs and such information is not in any way false, misleading or defamatory.

6. I understand that if I am a current or a former client of CVRM:

- My health information is protected by federal regulations (42 CFR 2 and/or 45 CFR) and state privacy laws, and disclosure is allowed only with my authorization except in limited circumstances described in CVRM's Privacy Notice.
- I can revoke this authorization at any time except to the extent that action has been taken in reliance on it. The revocation must in writing and is not effective until CVRM receives it. In addition, a written revocation is not effective with respect to actions CVRM took in reliance on a valid Authorization, or where the Authorization was obtained as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the policy or the policy itself.
- This authorization will expire twenty years (20) from the date I sign it unless I request an earlier expiration in writing.
- For disclosures other than for treatment, payment and health care operation purposes, treatment may not be conditioned on my agreement to sign an authorization (unless I am receiving care solely to create protected health information for disclosure to a third party [CFR Section 164.508(b) (iii)]).
- Communications resulting from this authorization may reveal that I received services at CVRM.
- Federal Confidentiality Regulations (42 CFR Part 2) prohibit re-disclosure of information from alcohol and drug abuse patient records. However, by the recipient and is no longer protected by the HIPAA rules.

Skill Training Compliance

Coachella Valley Rescue Mission (CVRM) is committed to train the program men and women in order to assist them in obtaining a job after graduating. CVRM recognizes the importance of developing the clients work experience so they may change their future.

Skill Work Assessment should be completed in the first 30 days into the Program. Case Managers will identify the Skill Training position for the clients training from the assessment prior to sending the client to Department Managers.

Department Managers will need to take account of the needs and operational requirement of each department, and request to Program Manager of clients ready for Skill Training Position.

Job Skill Training positions are assigned every 90 days. Clients can remain in the department if; promoted or assigned to another position within the department.

- Program Managers role is to identifying the training requirements and development of the client from Skill Assessment.
- Program Managers are responsible for placement within 10 days of Skill Assessment.
- Program Managers will assign according to availability of client's skills to matching position open.

- Job Skill Training Application will be completed and approved by Program Manager; client is responsible to set an appointment for an interview with Department Managers.
- Department Managers is to notify Program Manager of open training positions.
- Department Managers interview, complete DM portion and return application to PM.
- Department Managers are responsible to review client's skill performance every 30 days and forward to the Program Manager on the 5th of each month.
- Department Managers are to report any clients longer than 100 days in the Job Skill Training position to Director of Programs for review.

Electronic Devices Policy Rules, Responsibilities, and Consent

In order to ensure the continued safety of the men, women, and children residing at the Coachella Valley Rescue Mission, each resident will be required to observe and adhere to the following policy regarding the possession of electronic devices. The intent of the policy is to promote safety and provide residents with the ability to communicate as needed. It is not to provide residents with a means of entertainment or unnecessary communication.

The responsibility for cell phone possession while residing at CVRM shall therefore rest entirely with the client. Any violation of these responsibilities may result in loss of the privilege to have an electronic device while a client at CVRM, and could potentially lead to removal from the program.

The Coachella Valley Rescue Mission reserves the right to conduct searches of electronic devices to monitor compliance with rules concerning safety of residents, staff and volunteers, individual property, drugs and alcohol, and possession of other prohibited items. "Prohibited Items" includes any items of an obscene, harassing, demeaning, or violent nature, as well as any item of a pornographic nature. For the purposes of this policy, "Electronic Device" shall mean a cellular telephone, computer, pager, music player, video game player, laptop, tablet, camera or any other similar device capable of (1) communicating by voice, text message or email; (2) playing music or video; (3) recording voice or video images, or (4) otherwise sending or receiving electronic information.

The following rules must be observed in connection to any possession of an electronic device on or off property while residing as a client at CVRM:

Electronic devices may not be used to:

bully, tease, haze, arrange fights, harass, or for any other behavior that is in violation of CVRM rules and/or policies.

- Electronic devices may not be used to communicate with clients of the opposite sex, i.e. fraternization.
- Clients may not use an electronic device to send, or exchange pictures of another client.
- Clients may not post or tag pictures of other clients on any public forum or social networking site such as Facebook, Twitter, Instagram, Myspace, Tinder, Plenty of Fish, Google Hangouts, etc.
- Do not use electronic devices in restrooms, showers, changing areas, or any room designated for changing clothing.
- Clients may not (1) take or record a photograph, video, or other visual image within a CVRM facility, or (2) transmit a photograph, video, or other visual image within a CVRM facility.
- Clients may not be in possession of items of a pornographic nature, i.e. pictures, videos, etc.

- Clients may not use electronic devices in the chapel, during class, at job skilling training sites, in the cafeteria, or after lights out.
- Clients are responsible to report any violations to a staff member.
- Illegal use of an electronic device will be referred to a law enforcement agency.

All clients residing at CVRM are subject to this policy. Searches of electronic devices will be done on a random basis and/or based upon reasonable suspicion. Any search under this policy will be done in a manner protecting the clients' privacy, confidentiality, and personal dignity to the greatest extent possible. No client will ever be physically forced to submit to a search. However, any client who refuses to submit to an electronic device search request by CVRM staff will face disciplinary action, potentially including immediate removal from the program.

By signing this form, you are agreeing to the following:

- I have read and understand the aforementioned terms and do consent to submit to a search of any and all electronic devices in my possession, without regard to the ownership of the electronic device, when requested by Staff.
- I agree to adhere to these rules and policies as a condition of my continued residence at CVRM.
- I further acknowledge that failure to adhere to these policies will subject me to disciplinary action, up to and possibly including immediate removal from the program.

Annex Emergency Shelter Intake Guidelines

Welcome to the Coachella Valley Rescue Mission Emergency Shelter! We want you to know a little bit about us before you read and sign the rules below. Your attitude toward improving your situation, as well as toward staff members, fellow guests and your program manager may determine how long you are a guest in the program. *Please read or have someone read to you the following intake guidelines.*

1. To be eligible for services in the Emergency Shelter, you must fully complete the initial intake interview and application, which will include providing a copy of your State Issued ID or Valid Driver's License.
2. You **MUST** have a **VALID** California ID or Driver's License to stay in the Emergency Shelter. Birth Certificates and Social Security Cards are required for every child. If you do not have a valid ID or license, you must meet with a Case Worker in the morning to receive a DMV voucher to go apply for one or you may apply online. **If you do not stay back in the morning to receive this assistance you will be unable to stay in the Emergency Shelter.**
3. Emergency Shelter clients must be on facility grounds by 3:00pm and are not permitted to leave the premises until the next morning at 5:30am. If you leave before this time, you will be unable to return to the property until intake begins at 3:00pm. **NO LOITERING** around CVRM buildings.
4. Breakfast will take place from 6:00am to 6:30am; after breakfast all clients who are not on the stay back list must leave the property and take all personal belongings with them, and return when intake begins at 3:00pm.
5. Smoking is allowed in designated smoking areas and during specific times only. Smoking times are scheduled at staff discretion.

6. Children are not allowed in the designated smoking area at any time.
7. Parents may not leave children unattended on the property at any time.
8. Client's property is subject to search and/or seizure at any time.
9. **Firearms and weapons of any kind are strictly prohibited.**
10. Due to space limitations, clients are only allowed to bring one (1) small bag/backpack of their belongings to store in the lockers Emergency.
11. Women are allowed to keep with them one (1) small purse.
12. Be considerate of others. Please, no loud noises or disruptions. Neither verbal nor physical aggression will be tolerated by any staff member, client, or resident.
13. Remain in designated areas; the rest of the facility is off limits.
14. Pets are not permitted.
15. Any service or emotional support animals must have proof of current vaccinations (e.g. rabies).
16. Pursuant to California State Law, clients desiring to enter the Emergency Shelter **MUST** take a shower in provided facilities at the assigned shower time, and **MUST** change into clean clothes. Refusal to take a shower or to change clothing will render you ineligible to stay in the Emergency Shelter Annex.
17. Children must be seated in the dining room before parent's start serving their family.
18. Clients are responsible for cleaning up after themselves and their children in the dining area.
19. Food is not allowed to be taken out of the dining room.

Annex Emergency Shelter Intake Guidelines (2)

20. With NO exception, no drinks are allowed in the Annex. Only water bottles with lids will be allowed with staff approval.
21. All persons must be dressed appropriately at all times. The top and bottom half of your body is to be covered.
22. Clients are responsible for keeping their bed area neat.
23. CVRM is not responsible for loss or damage to personal property.
24. Once intake has started, the use of electronics (including cell phones, ipods, ipads, etc) is prohibited. Please pay attention to staff directions.
25. After lights out, clients are to remain in their assigned bed unless they need to use the restroom or need assistance from staff.
26. Shelter equipment: Linens and Bedding belong to CVRM in order to help others; all items remain here when you leave.
27. All Linens and Bedding is washed daily at 120-degree temperature.
28. There will be no talking to or interacting (having physical contact) with the opposite sex. This can be grounds for removal from the Emergency Shelter program. There will be no fraternizing or PDA (public displays of affections).
29. Any client that engages in buying, selling, trading, exchanging, or distributing of medication (prescription and/or non-prescription) to other clients, or to the public, will be terminated from the program.
30. Verbal abuse of staff, clients, volunteers, service providers, etc. will not be tolerated in our environment (this includes racial or sexual comments).

31. All clients must leave the property when requested to do so. If you fail to leave the site when requested the police will be called to remove you from the property, CVRM reserves the right to press charges for trespassing should you continue to return to the site after being asked to leave. **I understand that breaking ANY of these rules can result in my removal from the Emergency Shelter Annex and may render me ineligible to receive any future services from The Coachella Valley Rescue Mission.**

Shelter Annex Procedures Luggage/Clothing/Shower

- Men may arrive at Men's Intake for Emergency Service beginning at 2:00PM; Women may arrive at Women's Intake for Emergency Service at 2:00PM.
- At 2:00PM, clients begin check-in by providing name and valid ID.
- For first time clients, a Shelter Annex Staff Member meets with the client to perform initial intake documentation.
- If a new client does not have valid ID, the client may stay the first night in the shelter at the discretion of a Shelter Annex Supervisor with the understanding that the client will stay back after breakfast the following morning to meet with a Case Manager at which time the Mission may assist the individual with obtaining a California Identification Card. Failure to obtain a valid ID at this time will result in a termination of Overnight services.
- After initial check-in process, a Shelter Annex Staff Member conducts a personal search of client and client volunteers search personal belongings as a measure to prevent anyone from bringing any illegal substances, alcohol, weapons, drug paraphernalia, food, and beverages into the Emergency Shelter sleeping area.

Annex Emergency Shelter Intake Guidelines (3)

Showers/Clothing/Toiletries

- Client volunteers then provide a towel to each client.
- Women Emergency Shelter Clients are currently allowed to take one changes of clothing and a small purse with them into the showers.
- Clients may store their belongings in one of the provided lockers if available. All items must fit neatly into the locker; all items that do not fit into the space provided must be donated.
- **Any items left for 72 hours will be donated to CVRM. NO EXCEPTIONS.**
- Clients are required to take their belongings with them when departing the premises the next day unless permission has been granted by the Annex Shelter Supervisor.
- No food or beverages are allowed in the Emergency Shelter or in the Intake areas. Cell phones and any other electronic devices are to be turned off and are not to be used in the sleeping area; they can be used in the designated area by the door.
- Emergency Shelter Clients may retrieve any personal clothing turned in for laundering the previous day.
- Clients then proceed in groups of 6 or 7 (depending on the number of functioning showers) as directed by the Shelter Annex Supervisor.
- Families using Emergency Shelter Services do not shower with other clients, but are allowed to use shower facilities privately without the presence of Women Client Volunteers or Women Shelter Annex Staff in either the Emergency shower changing area or closet.
- After all Women/Family Emergency Shelter clients have showered, Client Volunteers will straighten up the Shower Area and closet.
- Before exiting the Shower Area, clients will place used towels in the blue cart.

- Client Volunteers will ask each Emergency Client if any clothing or special hygiene products are needed and do the best they can to accommodate these requests dependent upon the available resources available in the Emergency Shower Closet. (Soap, Shampoo, and Conditioner are placed in the shower area for common use.)
- Once Clients have been directed to the changing area, they may deposit their soiled laundry (limited to change of clothing worn to shower) into the blue cart for Emergency Laundry Service prior to showering. For Women Clients Only: these clothes are returned the next day at 3:00PM during Emergency Intake Check-In.)
- Please note that women are given a total of fifteen (15) minutes to disrobe, shower, and get dressed. **All clients wishing to spend the night in the Emergency Shelter must shower and change into clean clothes.**
- Women Emergency Shelter clients may wear the same bra or pants when one of similar size cannot be located. During the winter, clients will often take a coat or sweater which was worn to the Mission into the Emergency Shelter to have available to wear to breakfast and back to the Intake area prior to departing for the day.
- As each client finishes dressing, they are directed to the Cafeteria. Clients should be escorted by Shelter Annex Staff and client volunteers into the Cafeteria – no wandering into other areas is allowed, and all clients should be closely monitored.
- After all clients have exited the Shelter Annex for dinner, a Shelter Annex Staff member will inspect the Shower Area to ensure all clients have left the building.
- Women Client Volunteers will take soiled laundry (clothes and linens) to Resident Laundry to be washed in Hot Water, Normal Cycle and dried for 35 minutes on the highest heat setting. Laundered items are then folded and placed back into the blue cart in which they were brought.

Annex Emergency Shelter Intake Guidelines (4)

Dinner Time

- Once showering has been completed, Clients will enter into the Cafeteria (at the direction of Shelter Annex Staff or Client Volunteers), and pick up their previously plated meal and utensils. Clients will only sit in the area designated by Shelter Annex Staff.
- For Men Emergency Clients: Once dinner time is over and at the direction of Shelter Annex Staff, clients will then proceed as a group back to the Shelter Annex.
- For Women Emergency Clients: After eating, the client then moves to another table designated for Women clients who have finished their meal to wait for all Women clients to finish eating; they then move as a group back to the Shelter Annex.
- **Please note: By the completion of dinner and before being escorted as a group to the Shelter Annex, all clients should have signed the "Sign Sheet."**

Sleeping Area

- Each client will be assigned a boat by staff, which is outfitted with a pad, as well as a pillow, folded pillow case, folded large sheet, and folded blanket (blankets are not usually provided in summer months unless requested). Each client will make their own bed.
- On evenings that 7:00PM Chapel Service is offered, Emergency Shelter Clients are invited to attend.
- Clients will be allowed to read books, watch TV and use card tables until 9:00PM, or at the discretion of Shelter Annex Staff.
- The next morning, clients are woken up by Shelter Annex Staff at approximately 5:15AM, at which point they must follow the direction of staff to strip their boats of linens.

- Sheets and pillow cases are placed by each client in a blue laundry cart.
- Men and Women clients then wait to be led by Shelter Annex Staff to the Cafeteria for breakfast service.

Breakfast Time

- After Breakfast service, those clients on the "Stay Back List" are asked wait in the seated area to meet with a Shelter Annex Case Manager.
- Clients who are not on the "Stay Back List" who have stored belongings in the lockers return to the locker area after breakfast to retrieve their things before leaving the premises by 6:30AM. **No loitering is allowed.**

Annex Emergency Shelter Rules

The following behaviors will result in removal from the Emergency Shelter Annex and may render you ineligible to receive any services from The Coachella Valley Rescue Mission (CVRM) in the future.

- Any disruptive behavior such as physical, verbal, or emotional abuse inflicted on any CVRM client or CVRM staff member: this includes any racial, sexual orientation or gender slurs.
- Any destruction of CVRM or client property.
- The invading of another client's or staff member's privacy.
- Bullying, stereotyping, put downs, racial slurs, discrimination of other clients or staff members.
- The threatening of CVRM client(s) or CVRM staff will not be tolerated.
- Physical violence of any type.
- Any false accusations regarding other CVRM clients or CVRM staff members.
- Consuming alcohol, the use of or possession of illegal drugs/paraphernalia on mission property, or being under the influence of any drugs or alcohol on mission property or in mission vehicles.

Annex Emergency Shelter Intake Guidelines (5)

- Any illegal activity.
- Failure to report any infractions of the law that has resulted in arrest by the police.
- Failure to report any outstanding warrants of which you are aware.
- 911 telephone calls which do not result in action by the police. 911 is NOT to be used to settle arguments. (To be determined by the site manager on duty).
- Possession of firearms or weapons of any type on mission property or in mission vans.
- Theft of ANY nature.
- Child abuse, Elder abuse, or neglect of any nature will result in staff contacting the appropriate agencies and removal will be based on the report and/or action of said agency.
- There will be no fraternizing between Emergency Shelter clients, staff, or in house clients.
- There will be no fraternizing between married couples, partners, boyfriends/girlfriends on CVRM property. NO EXCEPTIONS.

I understand that my exhibiting any of the above listed behaviors will result in my removal from the Emergency Shelter and that law enforcement may intervene if necessary. All clients have the right to appeal removal to the Emergency Shelter Supervisor in writing.

RIVERSIDE COUNTY DEPARTMENT OF MENTAL HEALTH

AUTHORIZATION REQUESTING RELEASE/RECEIPT OF INFORMATION AND/OR RECORDS
(Confidential Patient Information - W&I Code Sec. 5328)

Consumer Name: _____ Date of Birth: ____/____/____/

I, THE UNDERSIGNED, HEREBY AUTHORIZE: (Name and Address of Program with Records)

Name: _____ Phone No.: () _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

TO RELEASE TO: (Name and address of party requesting access to records)

Organization/Name: _____ Attn: _____

Street Address: _____ Phone No.: () _____

City: _____ State: _____ Zip Code: _____

The following information with the knowledge that such contact discloses the fact that mental health and/or chemical dependency services have been/are being provided.

CONCURRENTLY: I DO _____ authorize with my initials here that the above agency/person/organization release the following information to Riverside County Department of Mental Health. (Optional)

This disclosure of information is required for the following reason:

And shall be limited to the following type(s) of information (Please Print and be specific in the type of information to be released). May include information such as: Legal info., psychological testing, chemical dependency treatment, history, drug screens, diagnosis, discharge summary, HIV/AIDS related information, Medical, Neurological, Lab results, Medication, etc.

Please be advised that this authorization allows disclosure as described above and the County of Riverside cannot be held liable for how this information is used by the person/agency to whom the disclosure is made to and their safeguard practices.

This authorization becomes effective ____/____/____. This authorization may be revoked by the undersigned at any time, except to the extent that action has already been taken. If not revoked, it shall terminate one year from the date of authorization, or this date: ____/____.

Signature of Consumer Date: ____/____/____

Signature of Parent, Guardian, Conservator Date: ____/____/____

Signature of Licensed Professional Date: ____/____/____

Authorization Revoked: ____/____/____

Signature of Consumer/Parent/Guardian/Conservator

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STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT

STD 213 (Rev. 03/2019)

AGREEMENT NUMBER
18-ESG-12338

PURCHASING AUTHORITY NUMBER (if applicable)

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

CONTRACTOR'S NAME

County of Riverside, Department of Public Social Services

2. The term of this Agreement is:

START DATE

Upon HCD Approval

THROUGH END DATE

05/12/2021

3. The maximum amount of this Agreement is:

\$300,452.00

4. The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of the Agreement.

| EXHIBITS | TITLE | PAGES |
|--------------------------------|--|---------------|
| Exhibit A | Authority, Purpose and Scope of Work | 2 |
| Exhibit B | Budget Detail and Payment Provisions | 2 |
| Exhibit C* | State of California General Terms and Conditions | GTC - 04/2017 |
| Exhibit D | ESG Program Terms and Conditions | 16 |
| Exhibit E | Special Conditions | 1 |
| Exhibit F | Additional Provisions | 0 |
| TOTAL NUMBER OF PAGES ATTACHED | | 21 pages |

Items shown with an asterisk (*), are hereby incorporated by reference and made part of this agreement as if attached hereto. These documents can be viewed at <https://www.dgs.ca.gov/OLS/Resource>

IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.

CONTRACTOR

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.)
County of Riverside, Department of Public Social Services

CONTRACTOR BUSINESS ADDRESS
4060 County Circle Drive

CITY
Riverside

STATE
CA

ZIP
92503

PRINTED NAME OF PERSON SIGNING

Sarah Mack

TITLE

Director of Department of Public Social Services (DPSS)

CONTRACTOR AUTHORIZED SIGNATURE

Sarah Mack

DATE SIGNED

11-26-19

STATE OF CALIFORNIA

CONTRACTING AGENCY NAME
Department of Housing and Community Development

CONTRACTING AGENCY ADDRESS
2020 W. El Camino Ave., Suite 130

CITY
Sacramento

STATE
CA

ZIP
95833

PRINTED NAME OF PERSON SIGNING
Synthia Rhinehart

TITLE

Contracts Manager,
Business & Contract Services Branch

CONTRACTING AGENCY AUTHORIZED SIGNATURE

Synthia Rhinehart

DATE SIGNED

12/5/19

California Department of General Services Approval (or exemption, if applicable)

RECEIVED
Business & Contracts Services Branch

DEC 03 2019

**DEPARTMENT OF HOUSING
AND COMMUNITY DEVELOPMENT**

EXHIBIT A

AUTHORITY, PURPOSE AND SCOPE OF WORK

1. Authority & Purpose

This Standard Agreement ("Agreement") will provide official notification of the conditional reservation of funds under the Department of Housing and Community Development's (referred to herein as "HCD" or "Department") administration of the Emergency Solutions Grants ("ESG") Program for non-formula jurisdictions pursuant to the provisions of 42 USC 11371 – 42 USC 11378, ("Federal Statutes"), 24 CFR Part 576, ("Federal Regulations"), 25 California Code of Regulations (CCR), Section 8400 et seq. ("State Regulations") all as shall be amended from time to time. HCD receives federal funds for ESG from the United States Department of Housing and Urban Development (HUD). In accepting this conditional reservation of funds, Contractor (sometimes referred to herein as "Grantee" or "Administrative Entity") agrees to comply with the terms and conditions of this Agreement, the Notice of Funding Availability under which the Contractor applied, the representations contained in the Contractor's recommendations for this funding allocation, and the requirements of the authorities cited above.

2. Scope of Work

- A. Contractor shall perform the Scope of Work ("Work") required by 25 CCR Section 8403 and as described in the Application, which is on file at the Department, Division of Financial Assistance, 2020 West El Camino Avenue, Sacramento, California 95833. Contractor's selected homeless service providers shall perform the Work set forth in Exhibit B, Paragraph 1, of this Agreement. All written materials or alterations to the Work submitted as addenda to the original award recommendation package submitted by the Contractor and which are approved in writing by the ESG NOFA Award or Grant Management Manager, or higher Departmental official, as appropriate, are hereby incorporated as part of the application/award recommendation package submitted to the Department. The Department reserves the right to require the Contractor to modify any or all parts of the award recommendation package in order to comply with ESG requirements. The Department reserves the right to review and approve all Work to be performed by the Contractor in relation to this Agreement. Any proposed revision to the Work must be submitted in writing, for review and approval by the Department, and may require a contract amendment. Any approval shall not be presumed unless such approval is made by the Department in writing.
- B. Contractor shall perform the Work, only in the areas as identified, and in accordance to the approved ESG Application and required by 25 CCR Section 8403 according to the Federal ESG requirements. Contractor's selected homeless service providers shall provide services in the areas identified in the application/award recommendation package submitted to the Department. Services shall be provided by the Contractor and the Contractor's funded subrecipients for at least the term of the ESG grant.

3. Contract Amount of Agreement

Grant Award Amount: \$300,452

EXHIBIT A

4. Term of Agreement and Deadlines

- A. This Agreement is effective upon approval by the Department, which is the date executed by all parties (such date, the "Effective Date").
- B. This Agreement will expire on: May 12, 2021
- C. All Program funds shall be expended by: February 12, 2021
- D. All Final Funds Requests shall be submitted to the Department within 60 days after the expenditure deadline.
- E. Reimbursements will not be made after this Agreement expires.

5. Department Contract Coordinator

The coordinator of this Agreement for the Department is the ESG Program Manager for the Grants Management Section, Division of Financial Assistance, or the Program Manager's designee. Unless otherwise informed, any notice, report, or other communication required by this Agreement shall be mailed by first class mail to the Program Representative:

Department of Housing and Community Development
Division of Financial Assistance, Grants Management Section
Emergency Solutions Grants Program Representative
2020 West El Camino Avenue, Suite 400
Sacramento, California 95833

6. Contractor's Contract Coordinators

Contractor's Authorized Representative for this Agreement is listed below. Unless otherwise informed, any notice, report or other communication required by this Agreement shall be mailed by first class mail to the following address:

| | |
|----------------------------------|--|
| Authorized Representative Name: | Sarah Mack |
| Authorized Representative Title: | Director Department of Public Social Services |
| Agency Name: | County of Riverside |
| Address: | 4060 County Circle Drive Riverside, CA 92503 |
| Phone No.: | (951) 358-3111 |
| Email Address: | ssmack@rivco.org |

EXHIBIT B**BUDGET DETAIL AND PAYMENT PROVISIONS****1. Budget Detail and Description of Work**

ESG funds shall be used for the following activities, as described under the federal ESG regulations at 24 CFR Part 576, Subpart B—Program Components and Eligible Activities:

| | |
|----------------------------|-----------|
| Rapid Rehousing Assistance | \$116,806 |
| Homelessness Prevention | \$175,210 |
| Grant Administration | \$ 8,436 |

| | |
|----------------------------------|------------------|
| TOTAL GRANT AWARD AMOUNT: | \$300,452 |
|----------------------------------|------------------|

2. Method of Payment

Payments to Contractor shall be made on a reimbursement basis with the exception that a Contractor may request an operating advance of \$5,000 or thirty (30) days working capital, whichever is greater. A request for an operating advance must be received by the Department within sixty (60) days of the Effective Date of this Agreement. To receive payment for the Work performed, or to receive an operating advance, the Contractor must submit, on forms provided by the Department, a duly executed ESG Request for Funds (RFF). The Contractor shall submit all RFFs to the Department, as referenced in Exhibit A, Section 5, or any other address of which the Contractor has been notified in writing. The Department shall not authorize payments unless it determines that the Work has been performed in compliance with the terms of this Agreement. Contractor shall not receive an operating advance or be reimbursed for expenditures incurred prior to the Effective Date of this Agreement, unless otherwise approved by the Department pursuant to Exhibit D, Paragraph 1A. Reimbursements will not be made after this Agreement expires.

The first request for disbursement shall include expenditure detail. After the first request, the Department may rely on the Contractor's certification that expenditures claimed in a request for disbursement are eligible and necessary, provided that the Contractor also certifies that detailed supporting documentation verifying each expenditure is available and shall be retained by the Contractor for three (3) years after the Department closes its HUD grant. **NOTE:** Record retention is based on the Department's HUD closing date; NOT three years from this Agreement expiration. The retention requirement can extend beyond 3 years after this Agreement expires. Therefore, the Contractor must contact the Department for the specific record retention date for this Agreement.

Contractor shall not receive an advance or be reimbursed for expenditures incurred prior to the Effective Date of this Agreement until all requirements have been met. Environmental review compliance shall include compliance with 24 C.F.R. Part 50. Contractor shall not be reimbursed for expenditures incurred after the expiration date of this Agreement, as set forth in Exhibit A, Section 4.

EXHIBIT B**3. Budget Changes**

After the Effective Date of this Agreement, no changes shall be made to the program budget, funded homeless service providers, or eligible activities without prior written approval from the Department. Any changes to this Agreement must be made in writing and approved by both the Department and the Contractor. The proposed change/s must be consistent with 25 CCR 8403 and also comply with the requirements in 25 CCR Sections 8408 and 8409.

Contractor agrees to notify the Department in writing of any line item changes to the budget needed for the Department to update the federal Integrated Disbursement and Information System. For line item changes representing more than twenty-five (25) percent of the overall project budget, a contract amendment is required.

4. Ineligible Costs

- A. ESG funds shall not be used for costs associated with activities in violation of any law or for any activities referenced as ineligible in 25 CCR 8408. The Department reserves the right to request additional information and clarification to determine the reasonableness and eligibility of all costs to be paid with funds made available by this Agreement. If Contractor or its funded subrecipients use ESG funds for the costs of ineligible activities, Contractor shall be required to reimburse these funds to the Department and shall be prohibited from applying to the Department for subsequent ESG funds until the Department is fully reimbursed.
- B. An expenditure which is not authorized by this Agreement, or which cannot be adequately documented, shall be disallowed and must be reimbursed to the Department or its designee, by the Contractor. Expenditures for Work, not described in Exhibit A or Paragraph 1 above, shall be deemed authorized only if the performance of such Work is approved in writing by the Department prior to the Commencement of such Work.
- C. The Department, at its sole and reasonable discretion, shall make the final determination regarding the allowability of expenditures.

5. Indirect Costs

Contractor and/or subcontractors will allow their providers to seek reimbursement for indirect costs. The applicant must:

- A. Comply with all OMB requirements and standards including 2 CFR 200.403, 200.415, and Part 200 Appendix 4;
- B. Certify that any providers seeking reimbursement for indirect costs at the de minimis rate do not meet the definition of a major nonprofit organization as defined by OMB 2 CFR 200.414; and,
- C. Maintain records including evidence of the Modified Total Direct Cost (MTDC) ([2 CFR 200.68](#)) calculations, indirect cost limits, and supporting documentation for actual direct cost billing.

EXHIBIT D

ESG PROGRAM TERMS AND CONDITIONS

1. Effective Date, Commencement of Work and Completion Dates

This Agreement is effective upon approval by the State, signed and dated on page one of the Standard Agreement, (STD. 213), and by all parties. All eligible costs incurred after the date of the award letter issued to the grantee by HCD may be reimbursable. Contractor shall not incur any costs to be reimbursed prior to the date of the award letter. In addition, no activity funds shall be incurred until any required environmental review process has been completed, if required under 24 CFR 50. Contractor agrees that the Work shall be completed by the expenditure date specified in Exhibit A, Paragraph 4.

- A. Contractor must obligate all funds within 120 days from the date of the award notification letter. "Obligate" means that the Contractor has placed orders, awarded contracts, received services, or entered similar transactions that require payment from the grant amount. In the case of an award made to a general purpose local government that subcontracts with private nonprofit organizations via letters of awards and Service Provider Agreements, the subcontractors are subject to obligate the funds within 120 days from the date of the award notification letter received by the general purpose local government.
- B. Contractor agrees to provide documentation satisfactory to the Department evidencing the obligation of ESG funds within 120 days from the date the Department made the grant amount available to the Contractor. If the Contractor fails to provide such documentation, the Department may disencumber any portion of the amount authorized by this Agreement with a fourteen (14) day written notification.
- C. Contractor and its subcontractors agree that the Work shall be completed by the expenditure date specified in Exhibit A, Section 4 and that the Work will be provided for the full term of this Agreement.

2. Eligible Activities

ESG funds awarded by the Contractor shall be used for the eligible activities set forth in Exhibit B as permitted under the federal ESG regulations at 24 CFR Part 576. The following additional limitations or requirements shall apply:

- A. A maximum of ten percent of the funds provided under this Agreement may be used for Homeless Management Information System (HMIS) activities.
- B. ESG funds shall not be used for renovation, conversion, or major rehabilitation activities pursuant to 576.102. Minor repairs to an ESG-funded Emergency shelter that do not qualify as Renovation, Conversion, or Major Rehabilitation are an eligible use of ESG funds.

EXHIBIT D

- C. No less than 40% of these funds available to the Contractor must be awarded to rapid rehousing, except that Administrative Entities partnering with a neighboring Continuum of Care from the Balance of State Allocation must award 100% of both Service Area formula allocations to rapid rehousing.
- D. For rapid rehousing and homelessness prevention activities, no subpopulation targeting will be permitted except if documentation of all of the following is provided to the Department prior to the award of funds for these activities:
- 1) Evidence that there is an unmet need for these activities for the subpopulation proposed for targeting; and,
 - 2) Evidence that there is existing funding in the Continuum of Care Service Area for programs that address the needs of the excluded populations for these activities.
- E. As set forth in the Department's 2018 Annual Action Plan to HUD:
- 1) Homelessness prevention activities are limited to a 10% of a funded project;
 - 2) An emergency shelter or rapid rehousing project may also contain up to 10% in homeless prevention or street outreach activities; and,
 - 3) The street outreach or rapid rehousing activity referenced in subparagraph (ii) may be subcontracted to another eligible provider or may be provided directly by the Contractor. Subcontracting ESG funds to other programs for purposes of carrying out activities that are not part of the program awarded funds under the Standard Agreement is not permitted.
- F. Pursuant to OMB requirements, Contractor may permit homeless service providers receiving ESG funds to charge an indirect cost allocation to their grant. The indirect cost allocation may not exceed ten percent of the allowable direct costs under the ESG activity unless a higher limit for the indirect cost allocation has been approved by the applicable federal agency pursuant to OMB requirements. Indirect Costs are those that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective or activity.

3. State Contract Manual Requirements (Section 3.11, Federally-Funded Contracts (Rev. 3/03):

- A. It is mutually understood between the parties that this Agreement may have been written for the mutual benefit of both parties before ascertaining the availability of congressional appropriation of funds to avoid program and fiscal delays that would occur if the Agreement were executed after that determination was made.

EXHIBIT D

- B. This Agreement is valid and enforceable only if sufficient funds are made available to the State by the United States Government for the purpose of this Program. In addition, this Agreement is subject to any additional restrictions, limitations, or conditions enacted by the Congress or to any statute enacted by the Congress that may affect the provisions, terms, or funding of this contract in any manner.
- C. The parties mutually agree that if the Congress does not appropriate sufficient funds for the program, this Agreement shall be amended to reflect any reduction in funds.
- D. The Department has the option to invalidate the contract under the 30-day cancellation clause or to amend the contract to reflect any reduction in funds.

4. Sufficiency of Funds and Termination

- A. The Department may terminate this Agreement at any time for cause by giving a minimum of fourteen (14) days' notice of termination, in writing, to the Contractor. Cause shall consist of: violations of any terms and/or special conditions of this Agreement; the Federal Statutes; the Federal Regulations; the State Regulations; withdrawal of the Department's expenditure authority. Upon termination of this Agreement, unless otherwise approved in writing by the Department, any unexpended funds received by the Contractor shall be returned to the Department within thirty (30) days of the Notice of Termination.
- B. It is mutually understood between the parties that this Agreement may have been written before ascertaining the availability of congressional appropriation of funds, for the mutual benefit of both parties in order to avoid program and fiscal delays, which would occur if the Agreement were executed after the determination was made.
- C. This Agreement is valid and enforceable only if sufficient funds are made available to the Department by the United States Government for the purposes of this Program. In addition, this Agreement is subject to any additional restrictions, limitations or conditions, or statute, regulations or any other laws, whether federal or those of the State of California, or of any agency, department, or any political subdivision of the federal or the State of California governments, which may affect the provisions, terms or funding of this Agreement in any manner.
- D. It is mutually agreed that if the Congress does not appropriate sufficient funds for the Program, this Agreement shall be amended to reflect any reductions in funds.
- E. The Department has the option to terminate this Agreement under the thirty (30) day cancellation clause or to amend this Agreement to reflect any reduction of funds.

5. Transfers

Contractor may not transfer by subcontract or novation, or by any other means, the rights, duties, or performance of this Agreement or any part thereof, except with the prior written approval of the Department and a formal amendment to this Agreement to affect such subcontract or novation.

EXHIBIT D

6. Contractors and Subcontractors

- A. Contractor, or its subcontractors, shall not enter into any Agreement, written or oral, with any contractor without the prior determination by the Department of the Contractor's eligibility. A Contractor or subcontractor is not eligible to receive grant funds if the Contractor is not licensed and in good standing in California or is listed on the Federal Consolidated List of Debarred, Suspended and Ineligible Contractors.
- B. The Agreement between the Contractor and any subcontractor shall require the Contractor and its subcontractors, if any, to:
- 1) Perform the Work in accordance with Federal, State and local housing and building codes, as applicable.
 - 2) Comply with the labor standards described in this Exhibit, Section 20, as applicable. In addition to the requirements of this Exhibit, all contractors and subcontractors must comply with the provisions of the California Labor Code, as applicable.
 - 3) Comply with the applicable Equal Opportunity Requirements, described in this Exhibit, Section 14.
 - 4) Maintain at least the minimum State-required worker's compensation insurance for those employees who will perform the Work or any part of it.
 - 5) Maintain, as required by law, unemployment insurance, disability insurance, and liability insurance in an amount to be determined by the Department, which is reasonable to compensate any person, firm, or corporation who may be injured or damaged by the Contractor or any subcontractor in performing the Work or any part of it.
 - 6) Agree to include all the terms of this Agreement in each subcontract.
- C. The Department reserves the right of pre-award review and approval of all proposed contracts and related procurement documents, such as requests for proposals and invitations for bids, where the subcontract amount exceeds \$25,000.

7. Core Practices

- A. All ESG-funded activities shall operate in a manner consistent with the requirements of 25 CCR 8409, including but not limited to use of a homelessness coordinated entry system, housing first practices, and progressive engagement practices.
- B. All service providers receiving ESG funds shall take actions to create an effective, welcoming and affirming environment for all program participants and employees, including, but not limited to, persons of different races, ethnicities, sexual orientations, gender identities, and gender expressions.

EXHIBIT D

- C. The Contractor will establish and implement to the maximum extent practicable and where appropriate, policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, mental health facilities, foster care or other youth facilities or correction programs and institutions) in order to prevent this discharge from immediately resulting in homelessness for these persons.
- D. The Contractor will develop and implement procedures to ensure the confidentiality of the records pertaining to any individual provided family violence prevention or treatment services under any project assisted under the ESG program, including protection against the release of the address or location of any family violence shelter project, except with the written authorization of the person responsible for the operation of the shelter.
- E. If ESG funds are used for shelter operations or essential services related to street outreach or emergency shelter, the Contractor will ensure the subrecipient will provide services or shelter to homeless individuals and families for the period during which the ESG assistance is provided, without regard to a particular site or structure, so long the applicant serves the same type of persons (e.g., families with children, unaccompanied youth, veterans, disabled individuals or victims of domestic violence) or persons in the same geographic area.
- F. The Contractor will ensure the subrecipients will assist homeless individuals in obtaining permanent housing, appropriate supportive services (including medical and mental health treatment, counseling, supervision and other services essential for achieving independent living) and other federal, state, local, and private assistance available for such individuals.
- G. To the maximum extent practical the Contractor and its subrecipients will involve, through employment, volunteer services, or otherwise, homeless individuals and families in constructing, renovating, maintaining and operating facilities assisted under ESG on provided services assisted under the ESG program and in providing services for occupants of facilities assisted by ESG.

8. Shelter and Housing Standards

Emergency shelters must also meet the minimum safety, sanitation, and privacy standards at 24 CFR 576.403 (b), including but not limited to, accessibility standards in accordance with Section 504 of the Rehabilitation Act (29 U.S.C. 794) and implementing regulations at 24 CFR part 8; the Fair Housing Act (42 U.S.C. 3601 et seq.) and implementing regulations at 24 CFR part 100; and Title II of the Americans with Disabilities Act (42 U.S.C. 12131 et seq.) and 28 CFR part 35; where applicable.

If rapid rehousing or homeless prevention assistance is provided, the assisted housing must meet the minimum habitability standards at 24 CFR 576.403 (c).

EXHIBIT D

9. Inspections

- A. Contractor shall inspect any Work performed hereunder to ensure that the Work is being and has been performed in accordance with the applicable Federal, State and/or local requirements, and this Agreement.
- B. The Department reserves the right to inspect any Work performed hereunder to ensure that the Work is being and has been performed in accordance with the applicable Federal, State and/or local requirements, and this Agreement.
- C. Contractor agrees to require that all Work that is determined based on such inspections not to conform to the applicable requirements be corrected and to withhold payments to the subrecipient or subcontractor until it is corrected.

10. Monitoring Grant Activities

- A. Contractor shall monitor the activities selected and awarded by them to ensure compliance with Federal and ESG requirements. An onsite monitoring visit of homeless service providers listed in Exhibit A shall occur whenever determined necessary by the Contractor, but at least once during the grant period.
- B. The Department will monitor the performance of the Contractor based on a risk assessment and according to the terms of this Agreement. The Department may also monitor any subrecipients of the Contractor as the Department deems appropriate based on a risk assessment.
- C. The Department will monitor the performance of Contractor and funded projects based on the performance measures used by HUD in ESG or the Continuum of Care program. In the event that project-level or system-wide performance consistently remains in the lowest quartile compared to all participating Service Areas in the Continuum of Care allocation, the Department will work collaboratively with the Contractor to develop performance improvement plans which will be incorporated into this Standard Agreement and other agreements required under 25 CCR Section 8403
- D. If it is determined that a Contractor or any of its subrecipients falsified any certification, application information, financial, or contract report, the Contractor shall be required to reimburse the full amount of the ESG award to the Department, and may be prohibited from any further participation in the ESG program. The Department may also impose any other actions permitted under 24 CFR 576.501 (c).
- E. As requested by the Department, the Contractor shall submit to the Department all ESG monitoring documentation necessary to ensure that Contractor and its subrecipients are in continued compliance with Federal and ESG requirements. Such documentation requirements and the submission deadline shall be provided by the Department at the time such information is requested from the Contractor.

EXHIBIT D

11. Compliance with Federal and State Laws and Regulations

- A. The Contractor and its subrecipients shall comply with the policies, guidelines and requirements under 2 CFR, Part 200, as applicable, as they relate to the cost principles, audit requirements, acceptance and use of federal funds under this part.
- B. The Contractor agrees to comply with all federal laws and regulations applicable to the ESG Program and to the grant activity(ies), and with any other federal provisions as set forth in this agreement. The Contractor agrees to comply with all federal and State laws and regulations that pertain to construction, health and safety, labor, fair employment practices, equal opportunity, and all others matters applicable to the Contractor, its contractor or subcontractor and the Work. This includes but is not limited to complying with all relevant sections of 2 CFR Part 200.

12. Procurement of Goods and Services

Prior to the drawdown of ESG funds for the Contractor's purchase of goods or services, Contractor, shall comply with the Procurement Standards contained in 2 CFR 200. Contractor, when procuring goods with ESG funds, must provide the Department with evidence of compliance with these requirements, as applicable.

13. Procurement of Recovered Materials

Contractor and its subrecipients must comply with Section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conversion and Recovery Act. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR Part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceed \$10,000 or the value of the quantity acquired by the preceding fiscal year exceeded \$10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

14. Equal Opportunity Requirements and Responsibilities

- A. **Title VI of the Civil Rights Act of 1964:** This act provides that no person shall be excluded from participation, denied program benefits, or subject to discrimination based on race, color, and/or national origin under any program or activity receiving federal financial assistance.
- B. **Title VII of the Civil Rights Act of 1968 (The Fair Housing Act):** This act prohibits discrimination in housing on the basis of race, color, religion, sex and/or national origin. This law also requires actions which affirmatively promote fair housing.

EXHIBIT D

- C. **Restoration Act of 1987**: This act restores the broad scope of coverage and clarifies the application of the Civil Rights Act of 1964. It also specifies that an institution which receives federal financial assistance is prohibited from discriminating on the basis of race, color, national origin, religion, sex, disability or age in a program or activity which does not directly benefit from such assistance.
- D. **Section 109 of Title 1 of the Housing and Community Development Act of 1974 [42 U.S.C. 5309]**: This section of Title 1 provides that no person shall be excluded from participation (including employment), denied program benefits, or subject to discrimination on the basis of race, color, national origin, or sex under any program or activity funded in whole or in part under Title 1 of the Act.
- E. **The Fair Housing Amendment Act of 1988**: This act amended the original Fair Housing Act to provide for the protection of families with children and people with disabilities, strengthen punishment for acts of housing discrimination, expand the Justice Department jurisdiction to bring suit on behalf of victims in federal district courts, and create an exemption to the provisions barring discrimination on the basis of familial status for those housing developments that qualify as housing for persons age 55 or older.
- F. **The Housing for Older Persons Act of 1995 (HOPA)**: Retained the requirement that the housing facilities must have one person who is 55 years of age or older living in at least 80% of its occupied units. The act also retained the requirement that housing facilities publish and follow policies and procedures that demonstrate intent to be housing for persons 55 or older.
- G. **The Age Discrimination Act of 1975**: This act provides that no person shall be excluded from participation, denied program benefits, or subject to discrimination on the basis of age under any program or activity receiving federal funding assistance. Effective January 1987, the age cap of 70 was deleted from the laws. Federal law preempts any State law currently in effect on the same topic including: KRS 18A.140; KRS 344.040; 101 KAR 1:350 Paragraph 11; 101 KAR 1:375 Paragraph 2(3); 101 KAR 2:095 Paragraphs 6 and 7.
- H. **Section 504 of the Rehabilitation Act of 1973**: It is unlawful to discriminate based on disability in federally assisted programs. This Section provides that no otherwise qualified individual shall, solely by reason of his or her disability, be excluded from participation (including employment), denied program benefits, or subjected to discrimination under any program or activity receiving federal funding assistance. Section 504 also contains design and construction accessibility provisions for multi-family dwellings developed or substantially rehabilitated for first occupancy on or after March 13, 1991.
- I. **The Americans with Disabilities Act of 1990 (ADA)**: This act modifies and expands the Rehabilitation Act of 1973 to prohibit discrimination against "a qualified individual with a disability" in employment and public accommodations. The ADA requires that an individual with a physical or mental impairment who is otherwise qualified to perform the essential functions of a job, with or without reasonable accommodation, be afforded equal employment opportunity in all phases of employment.

EXHIBIT D

- J. **Executive Order 11063:** This executive order provides that no person shall be discriminated against on the basis of race, color, religion, sex, or national origin in housing and related facilities provided with federal assistance and lending practices with respect to residential property when such practices are connected with loans insured or guaranteed by the federal government.
- K. **Executive Order 11259:** This executive order provides that the administration of all federal programs and activities relating to housing and urban development be carried out in a manner to further housing opportunities throughout the United States.
- L. **The Equal Employment Opportunity Act:** This act empowers the Equal Employment Opportunity Commission (EEOC) to bring civil action in federal court against private sector employers after the EEOC has investigated the charge, found "probable cause" of discrimination, and failed to obtain a conciliation agreement acceptable to the EEOC. It also brings federal, state, and local governments under the Civil Rights Act of 1964.
- M. **The Immigration Reform and Control Act (IRCA) of 1986:** Under IRCA, employers may hire only persons who may legally work in the U.S., i.e., citizens and nationals of the U.S. and aliens authorized to work in the U.S. The employer must verify the identity and employment eligibility of anyone to be hired, which includes completing the Employment Eligibility Verification Form (1-9).
- N. **The Uniform Guidelines on Employee Selection Procedures adopted by the Equal Employment Opportunity Commission in 1978:** This manual applies to employee selection procedures in the areas of hiring, retention, promotion, transfer, demotion, dismissal and referral. It is designed to assist employers, labor organizations, employment agencies, licensing and certification boards in complying with the requirements of federal laws prohibiting discriminatory employment.
- O. **The Vietnam Era Veterans' Readjustment Act of 1974 (revised Jobs for Veterans Act of 2002):** This act was passed to ensure equal employment opportunity for qualified disabled veterans and veterans of the Vietnam War. Affirmative action is required in the hiring and promotion of veterans.
- P. **Executive Order 11246:** This executive order applies to all federally assisted construction contracts and subcontracts. It provides that no person shall be discriminated against on the basis of race.
15. **The Training, Employment, and Contracting Opportunities for Business and Lower-Income Persons Assurance of Compliance (Section 3):**

The Contractor will comply with Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u), and implementing 24 CFR, Part 135. The responsibilities of the Contractor are outlined in 24 CFR Part 135.32 as follows:

- A. Implementing procedures designed to notify Section 3 residents about training and employment opportunities generated by Section 3 covered assistance and Section 3 business concerns about contracting opportunities generated by Section 3 covered assistance.

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- B. Notifying potential subrecipients for Section 3 covered projects of the requirements and incorporating the Section 3 clause set forth in Section 135.38 in all solicitations and contracts in excess of \$100,000.
- C. Facilitating the training and employment of Section 3 residents and the award of contracts to Section 3 business concerns by undertaking activities such as described in the appendix to this part, as appropriate, to reach the goals set forth in Section 135.30. Subrecipients, at their own discretion, may establish reasonable numerical goals for the training and employment of Section 3 residents and contract award to Section 3 business concerns that exceed those specified in Section 135.30.
- D. Assisting and actively cooperating with the Assistant Secretary in obtaining the compliance of contractors and subcontractors with the requirements of this part, and refraining from entering into any contract with any contractor where the subrecipient has notice or knowledge that the Contractor has been found in violation of the regulations in 24 CFR Part 135.
- E. Documenting actions taken to comply with the requirements of this part, the results of those actions taken and impediments, if any.
- F. A Contractor which distributes funds for Section 3 covered assistance to units of local governments, to the greatest extent feasible, must attempt to reach the numerical goals set forth in Section 135.30 regardless of the number of local governments receiving funds from the Section 3 covered assistance which meet the thresholds for applicability set forth at Section 135.30. The State must inform units of local government to whom funds are distributed of the requirements of this part; assist local governments and their contractors in meeting the requirements and objectives of this part; and monitor the performance of local governments with respect to the objectives and requirements of this part.

16. Affirmative Outreach:

- A. Contractor or its subrecipients must make known that the use of the facilities, assistance, and services are available to all on a nondiscriminatory basis. If it is unlikely that the procedures the Contractor or its subrecipients intends to use to make known the availability of its facilities, assistance, and services will reach persons of any particular race, color, religion, sex, age, national origin, familial status, or disability, who may qualify for those facilities and services, the Contractor or its subrecipients must establish additional procedures that ensure that those persons are made aware of the facilities, assistance, and services.
- B. Contractor or its subrecipients must take appropriate steps to ensure effective communication with persons with disabilities including, but not limited to, adopting procedures that will make available to interested persons information concerning the location of assistance, services, and facilities that are accessible to person with disabilities. Consistent with Title VI and Executive Order 13166, applicants are also required to take reasonable steps to ensure meaningful access to programs and activities for Limited English Proficiency (LEP) persons.

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17. Environmental Requirements

This Agreement is subject to the provisions of the California Environmental Quality Act (CEQA). Contractor assumes responsibility to fully comply with CEQA's requirements regarding the Work. In addition, Contractor shall comply with the environmental requirements of 24 CFR Part 576.407 subdivision (d). The obligation of funds and incurring of costs is hereby conditioned upon compliance with CEQA, 24 CFR Section 576.407 subdivision (d) and completion by the State and the U.S. Department of Housing and Urban Development of all applicable review and approval requirements.

The Contractor shall supply all available, relevant information necessary for HCD to perform for each property any environmental review as required under 24 CFR Part 50. The Contractor shall also carry out mitigating measures required by HCD or select an alternate eligible property. HUD may eliminate from consideration any application that would require an environmental impact statement (EIS).

The subrecipient, or any contractor of the subrecipient, may not acquire, rehabilitate, convert, lease, repair, dispose of, demolish, or construct property for a project, or commit or expend ESG or local funds for eligible activities under this part, until HUD has performed an environmental review under 24 CFR Part 50 and the subrecipient has received HUD approval of the property. For all funded applications, HCD will inform the subrecipient any required additional environmental review.

18. Clean Air and Water Acts

This Agreement is subject to the requirements of the Clean Air Act, as amended, 42 U.S.C. 1857et seq., the Federal Water Pollution Control Act, as amended, 33 U.S.C. 1251 et seq., and the regulations of the Environmental Protection Agency with respect thereto, at 40 CFR, Part 15, as amended from time to time.

19. Lead-Based Paint Hazards

The assistance provided under this Agreement is subject to the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821 – 4845), the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851 - 4856). Activities performed with the assistance provided under this Agreement are subject to 24 CFR, Part 35.

20. Prevailing Wages

- A. Where funds provided through this Agreement are used for construction work, or in support of construction work, Contractor shall ensure that the requirements of Chapter 1 (commencing with Section 1720) of Part 7 of the Labor Code (pertaining to the payment of prevailing wages and administered by the California Department of Industrial Relations) are met.

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- B. For the purposes of this requirement "construction work" includes but is not limited to rehabilitation, alteration, demolition, installation or repair done under contract and paid for, in whole or in part, through this Agreement. All construction work shall be done through the use of a written contract with a properly licensed building contractor incorporating these requirements (the "construction contract"). Where the construction contract will be between the Contractor and a licensed building contractor, Contractor shall serve as the "awarding body" as defined in the Labor Code. Where the Contractor will provide funds to a third party that will enter into the construction contract with a licensed building contractor, the third party shall serve as the "awarding body".
- C. The construction contract and any amendments thereto shall be subject to the prior written approval of the Department. Prior to any disbursement of funds, including but not limited to release of any final retention payment, the Department may require a certificate from the awarding body that prevailing wages have been or will be paid when required by Section 1720 et. seq. of the Labor Code.

21. Matching Funds

- A. Each Contractor shall be required to supplement the assistance provided through Federal ESG funds with funding from other sources. Each Contractor shall certify to the Department its compliance with this requirement and shall include with such certification a description of the sources and amounts of such supplemental funds.

22. Assurance of Compliance with the "Violence Against Women Reauthorization Act of 2013" (VAWA) (S.47 - 113th Congress (2013-2014)) (as amended or reauthorized) Title VI - Safe Homes for Victims of Domestic Violence, Dating Violence, Sexual Assault, and Stalking – Sec. 601-603

VAWA provides housing protections for survivors of domestic and dating violence, sexual assault, and stalking when it comes to finding and keeping a home they can feel safe in.

VAWA applies for all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation, and which must be applied consistently with all nondiscrimination and fair housing requirements. VAWA now expands housing protections to HUD programs beyond HUD's public housing program and HUD's tenant-based and project-based Section 8 programs. VAWA now provides enhanced protections and options for victims of domestic violence, dating violence, sexual assault, and stalking.

During the performance of this Agreement, the Contractor or its subrecipients assure that:

- A. Domestic Violence survivors are not denied assistance as an applicant, or evicted or have assistance terminated as a tenant, because the applicant or tenant is or has been a victim of domestic violence, dating violence, sexual assault, and stalking.
- B. It will implement an 'emergency transfer plan', which allows for domestic violence survivors to move to another safe and available unit if they fear for their life and safety.

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- C. It will provide "Protections against denials, terminations, and evictions that directly result from being a victim of domestic violence, dating violence, sexual assault, or stalking, if the applicant or tenant otherwise qualifies for admission, assistance, participation, or occupancy."
- D. It will implement a 'Low-barrier certification process' where a domestic violence survivor need only to self-certify in order to document the domestic violence, dating violence, sexual assault, or stalking, ensuring third party documentation does not cause a barrier in a survivor expressing their rights and receiving the protections needed to keep themselves safe.

23. Liability Insurance

Unless otherwise approved in writing, Contractor shall have and maintain in full force and effect during the terms of this Agreement liability insurance in an amount of not less than \$1,000,000.00 per occurrence with the Department named as an additional insured. Prior to drawdown of funds, Contractor shall provide a valid certificate of insurance to the Department Program Representative for review and approval.

24. Reporting and Recordkeeping

- A. By July 31 of each year, Contractor shall submit an Annual Performance Report to the Department. In accordance with federal reporting requirements, the report will include, but will not be limited to, beneficiary data, Minority Owned Business/Women Owned Business (MBE/WBE) data, and Section 3 data, if applicable.
- B. Contractor shall submit, within thirty (30) days after the end of the State-designated reporting period, in a manner and format approved by the Department, a Request for Funds (RFF) and Detailed Expense Report (DER). Compliance reports shall be submitted as specified by the Department. Close-out-of-grant progress reports shall be submitted within sixty (60) days after the end of the reporting period.
- C. Contractor shall manage and maintain all client data information using a Homeless Management Information System (HMIS) or comparable data system (defined as a separate data system that collects required HMIS and ESG data elements and complies with HUD Data and Technical Standards). Contractor shall collect all program data elements using the HMIS and comply with all reporting requirements.
- D. Contractor shall maintain all fiscal and program records pertaining to the Grant for a period of three (3) years after the Department closes its HUD grant or any other period specified in 24 CFR §576.500 (y).

NOTE: Record retention is based on the Department's HUD closing date; NOT three years from this Agreement expiration. The retention requirement can extend beyond three years after this Agreement expires. Therefore, the Contractor must contact the Department for the specific record retention date for this Agreement.

- E. Contractor shall submit required reports on forms approved by the Department.

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25. Audit/Retention and Inspection of Records

- A. Contractor agrees to maintain accounting books and records in accordance with Generally Accepted Accounting Standards. Contractor agrees that the Department, the Department of General Services, the Bureau of State Audits, or their designated representatives, shall have the right to review and copy any records and supporting documentation pertaining to the performance of this Agreement. Contractor agrees to maintain such records for possible audit for three (3) years after the Department closes its HUD grant or any other period specified in 24 CFR §576.500 (y).

NOTE: Record retention is based on *the Department's HUD closing date; NOT three years from this Agreement expiration.* The retention requirement can extend beyond three years after this Agreement expires. Therefore, the Contractor must contact the Department for the specific record retention date for this Agreement. Contractor agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of employees who might reasonably have information related to such records. Further, Contractor agrees to include a similar right of the Department to audit records and interview staff in any subcontract related to performance of this Agreement.

- B. The audit shall be performed by a qualified State, local or independent auditor. Contractor shall notify the Department of the auditor's name and address immediately after the selection has been made. The contract for audit shall include a clause which permits access by the Department to the independent auditor's working papers.
- C. Private Nonprofit Organization and Unit of General-Purpose Local Government contractors shall comply with the audit requirements contained in 2 CFR Part 200.

26. Faith-Based Activities

Pursuant to Section 8406 (b) (2) of the State Regulations, Contractor and its subrecipients listed in Exhibit B shall not require, as a condition of Program Participant housing, participation by Program Participants in any religious or philosophical ritual, service, meeting or rite. Contractor and its subrecipients listed in Exhibit B shall also comply with the requirements of 24 CFR Section 576.406 of the Federal Regulations.

27. Interest of Members, Officers or Employees of Contractors, Members of Local Governing Body

Pursuant to 24 CFR 576.404, in addition to the conflict of interest requirements in OMB Circulars A-102 and A-110, no person:

- A. Who is an employee, agent, consultant, officer or elected or appointed official of the Contractor (or of any designated public agency); and,
- B. Who exercises or has exercised any functions or responsibilities with respect to assisted activities; or,

EXHIBIT D

- C. Who is in a position to participate in a decision-making process or gain inside information with regard to such activities, may obtain a personal or financial interest or benefit from the activity or have an interest in any contract, subcontract or agreement with respect thereto, or the proceeds thereunder, either for him or herself or for those with whom he or she has family or business ties, during his or her tenure or for one (1) year thereafter. HUD may grant an exception to this exclusion as provided in 24 CFR §570.611 (d) and (e).

28. Anti-Lobbying Certification

The Contractor shall require that the language of this certification be included in all contracts or subcontracts entered into in connection with this grant 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 31 U.S.C. 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and no more than \$100,000 for such failure.

- A. No federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- B. 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, it will complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

29. Waivers

No waiver of any breach of this Agreement shall be held to be a waiver of any prior or subsequent breach. Failure of the Department to enforce the provisions of this Agreement or required performance by the Contractor of these provisions, at any time, shall in no way be construed to be a waiver of such provisions, nor affect the validity of this Agreement, or the right of the Department, to enforce these provisions.

30. Litigation

- A. If any provision of this Agreement, or any underlying obligation, is held invalid by a court of competent jurisdiction, such invalidity, at the sole discretion of the Department, shall not affect any other provisions of this Agreement and the remainder of this Agreement shall remain in full force and effect. Therefore, the provisions of this Agreement are, and shall be, deemed severable.

EXHIBIT D

- B. Contractor shall notify the Department immediately of any claim or action undertaken by or against it, which affects or may affect this Agreement of the Department and shall take such action with respect to the claim or action as is consistent with the terms of this Agreement and the interests of the Department

31. Sanctions

The Department may impose sanctions, as well as any other remedies available to it under law, on Contractor or its subrecipients, for failure to abide by any State and Federal laws and regulations applicable to the ESG Program. Such sanctions include:

- A. Conditioning a future grant on compliance with specific laws of regulations;
- B. Directing Contractor or its subrecipients to stop incurring costs under the current grant;
- C. Requiring that some or the entire grant amount is remitted to the Department;
- D. Reducing or disencumbering some or all of the amount of grant funds Contractor would otherwise be entitled to receive;
- E. Electing not to award future grant funds to Contractor, unless and until appropriate actions are taken by the Contractor to ensure compliance; and/or,
- F. Taking any other actions permitted pursuant to 24 CFR 576.501.

EXHIBIT E

SPECIAL CONDITIONS

These Special Conditions are specific for this Standard Agreement.

1. Eligibility Conditions for Youth

- Youth aged 24 and under seeking assistance shall not be required to provide third party documentation to establish their eligibility under 42 U.S.C. 11302(a) or (b) to receive services.
- Unaccompanied youth aged 24 and under or families headed by youth aged 24 and under who are living in unsafe situations may be served by youth-serving providers.