

**COUNTY OF MONTEREY STANDARD AGREEMENT  
(MORE THAN \$100,000)**

**ORIGINAL**

This Agreement is made by and between the County of Monterey, a political subdivision of the State of California (hereinafter "County") and:

Community Homeless Solutions  
(hereinafter "CONTRACTOR").

In consideration of the mutual covenants and conditions set forth in this Agreement, the parties agree as follows:

**1.0 GENERAL DESCRIPTION.**

- 1.01 The County hereby engages CONTRACTOR to perform, and CONTRACTOR hereby agrees to perform, the services described in **Exhibit A** in conformity with the terms of this Agreement. The goods and/or services are generally described as follows:

**Provide** housing/homeless services, domestic violence intervention/ prevention, emergency access to hygiene facilities, and targeted initiatives to low-income individuals and families in Monterey County.

**2.0 PAYMENT PROVISIONS.**

- 2.01 County shall pay the CONTRACTOR in accordance with the payment provisions set forth in **Exhibit A**, subject to the limitations set forth in this Agreement. The total amount payable by County to CONTRACTOR under this Agreement shall not exceed the sum of \$ 160,148.00.

**3.0 TERM OF AGREEMENT.**

- 3.01 The term of this Agreement is from January 1, 2017 to December 31, 2017, unless sooner terminated pursuant to the terms of this Agreement. This Agreement is of no force or effect until signed by both CONTRACTOR and County and with County signing last, and **CONTRACTOR may not commence work before County signs this Agreement.**
- 3.02 The County reserves the right to cancel this Agreement, or any extension of this Agreement, without cause, with a thirty day (30) written notice, or with cause immediately.

**4.0 SCOPE OF SERVICES AND ADDITIONAL PROVISIONS.**

- 4.01 The following attached exhibits are incorporated herein by reference and constitute a part of this Agreement:

**Exhibit A Scope of Services/Payment Provisions**

See Page 10 (a) List of Exhibits

## 5.0 PERFORMANCE STANDARDS.

- 5.01 CONTRACTOR warrants that CONTRACTOR and CONTRACTOR's agents, employees, and subcontractors performing services under this Agreement are specially trained, experienced, competent, and appropriately licensed to perform the work and deliver the services required under this Agreement and are not employees of the County, or immediate family of an employee of the County.
- 5.02 CONTRACTOR, its agents, employees, and subcontractors shall perform all work in a safe and skillful manner and in compliance with all applicable laws and regulations. All work performed under this Agreement that is required by law to be performed or supervised by licensed personnel shall be performed in accordance with such licensing requirements.
- 5.03 CONTRACTOR shall furnish, at its own expense, all materials, equipment, and personnel necessary to carry out the terms of this Agreement, except as otherwise specified in this Agreement. CONTRACTOR shall not use County premises, property (including equipment, instruments, or supplies) or personnel for any purpose other than in the performance of its obligations under this Agreement.

## 6.0 PAYMENT CONDITIONS.

- 6.01 Prices shall remain firm for the initial term of the Agreement and, thereafter, may be adjusted annually as provided in this paragraph. The County does not guarantee any minimum or maximum amount of dollars to be spent under this Agreement.
- 6.02 Negotiations for rate changes shall be commenced, by CONTRACTOR, a minimum of ninety days (90) prior to the expiration of the Agreement. Rate changes are not binding unless mutually agreed upon in writing by the County and the CONTRACTOR.
- 6.03 Invoice amounts shall be billed directly to the ordering department.
- 6.04 CONTRACTOR shall submit such invoice periodically or at the completion of services, but in any event, not later than 30 days after completion of services. The invoice shall set forth the amounts claimed by CONTRACTOR for the previous period, together with an itemized basis for the amounts claimed, and such other information pertinent to the invoice. The County shall certify the invoice, either in the requested amount or in such other amount as the County approves in conformity with this Agreement, and shall promptly submit such invoice to the County Auditor-Controller for payment. The County Auditor-Controller shall pay the amount certified within 30 days of receiving the certified invoice.

## 7.0 TERMINATION.

- 7.01 During the term of this Agreement, the County may terminate the Agreement for any reason by giving written notice of termination to the CONTRACTOR at least thirty (30) days prior to the effective date of termination. Such notice shall set forth the effective date of termination. In the event of such termination, the amount payable under this Agreement shall be reduced in proportion to the services provided prior to the date of termination.

- 7.02 The County may cancel and terminate this Agreement for good cause effective immediately upon written notice to CONTRACTOR. "Good cause" includes the failure of CONTRACTOR to perform the required services at the time and in the manner provided under this Agreement. If County terminates this Agreement for good cause, the County may be relieved of the payment of any consideration to CONTRACTOR, and the County may proceed with the work in any manner, which County deems proper. The cost to the County shall be deducted from any sum due the CONTRACTOR under this Agreement.
- 7.03 The County's payments to CONTRACTOR under this Agreement are funded by local, state and federal governments. If funds from local, state and federal sources are not obtained and continued at a level sufficient to allow for the County's purchase of the indicated quantity of services, then the County may give written notice of this fact to CONTRACTOR, and the obligations of the parties under this Agreement shall terminate immediately, or on such date thereafter, as the County may specify in its notice, unless in the meanwhile the parties enter into a written amendment modifying this Agreement.

## 8.0 INDEMNIFICATION.

- 8.01 CONTRACTOR shall indemnify, defend, and hold harmless the County, its officers, agents, and employees, from and against any and all claims, liabilities, and losses whatsoever (including damages to property and injuries to or death of persons, court costs, and reasonable attorneys' fees) occurring or resulting to any and all persons, firms or corporations furnishing or supplying work, services, materials, or supplies in connection with the performance of this Agreement, and from any and all claims, liabilities, and losses occurring or resulting to any person, firm, or corporation for damage, injury, or death arising out of or connected with the CONTRACTOR's performance of this Agreement, unless such claims, liabilities, or losses arise out of the sole negligence or willful misconduct of the County. "CONTRACTOR's performance" includes CONTRACTOR's action or inaction and the action or inaction of CONTRACTOR's officers, employees, agents and subcontractors.

## 9.0 INSURANCE REQUIREMENTS.

### 9.01 Evidence of Coverage:

Prior to commencement of this Agreement, the Contractor shall provide a "Certificate of Insurance" certifying that coverage as required herein has been obtained. Individual endorsements executed by the insurance carrier shall accompany the certificate. In addition, the Contractor upon request shall provide a certified copy of the policy or policies.

This verification of coverage shall be sent to the County's Contracts/Purchasing Department, unless otherwise directed. The Contractor shall not receive a "Notice to Proceed" with the work under this Agreement until it has obtained all insurance required and the County has approved such insurance. This approval of insurance shall neither relieve nor decrease the liability of the Contractor.

### 9.02 Qualifying Insurers:

All coverage's, except surety, shall be issued by companies which hold a current policy holder's alphabetic and financial size category rating of not less than A- VII, according to

the current Best's Key Rating Guide or a company of equal financial stability that is approved by the County's Purchasing Manager.

- 9.03 Insurance Coverage Requirements: Without limiting CONTRACTOR's duty to indemnify, CONTRACTOR shall maintain in effect throughout the term of this Agreement a policy or policies of insurance with the following minimum limits of liability:

Commercial General Liability Insurance, including but not limited to premises and operations, including coverage for Bodily Injury and Property Damage, Personal Injury, Contractual Liability, Broad form Property Damage, Independent Contractors, Products and Completed Operations, with a combined single limit for Bodily Injury and Property Damage of not less than \$1,000,000 per occurrence.

*(Note: any proposed modifications to these general liability insurance requirements shall be attached as an Exhibit hereto, and the section(s) above that are proposed as not applicable shall be lined out in blue ink. All proposed modifications are subject to County approval.)*

Business Automobile Liability Insurance, covering all motor vehicles, including owned, leased, non-owned, and hired vehicles, used in providing services under this Agreement, with a combined single limit for Bodily Injury and Property Damage of not less than \$1,000,000 per occurrence.

*(Note: any proposed modifications to these auto insurance requirements shall be attached as an Exhibit hereto, and the section(s) above that are proposed as not applicable shall be lined out in blue ink. All proposed modifications are subject to County approval.)*

Workers' Compensation Insurance, if CONTRACTOR employs others in the performance of this Agreement, in accordance with California Labor Code section 3700 and with Employer's Liability limits not less than \$1,000,000 each person, \$1,000,000 each accident and \$1,000,000 each disease.

*(Note: any proposed modifications to these workers' compensation insurance requirements shall be attached as an Exhibit hereto, and the section(s) above that are proposed as not applicable shall be lined out in blue ink. All proposed modifications are subject to County approval.)*

Professional Liability Insurance, if required for the professional services being provided, (e.g., those persons authorized by a license to engage in a business or profession regulated by the California Business and Professions Code), in the amount of not less than \$1,000,000 per claim and \$2,000,000 in the aggregate, to cover liability for malpractice or errors or omissions made in the course of rendering professional services. If professional liability insurance is written on a "claims-made" basis rather than an occurrence basis, the CONTRACTOR shall, upon the expiration or earlier termination of this Agreement, obtain extended reporting coverage ("tail coverage") with the same liability limits. Any such tail coverage shall continue for at least three years following the expiration or earlier termination of this Agreement.

*(Note: any proposed modifications to these insurance requirements shall be attached as an Exhibit hereto, and the section(s) above that are proposed as not applicable shall be lined out in blue ink. All proposed modifications are subject to County approval.)*

#### 9.04 Other Requirements:

All insurance required by this Agreement shall be with a company acceptable to the County and issued and executed by an admitted insurer authorized to transact Insurance business in the State of California. Unless otherwise specified by this Agreement, all such insurance shall be written on an occurrence basis, or, if the policy is not written on an occurrence basis, such policy with the coverage required herein shall continue in effect for a period of three years following the date CONTRACTOR completes its performance of services under this Agreement.

Each liability policy shall provide that the County shall be given notice in writing at least thirty days in advance of any endorsed reduction in coverage or limit, cancellation, or intended non-renewal thereof. Each policy shall provide coverage for Contractor and additional insureds with respect to claims arising from each subcontractor, if any, performing work under this Agreement, or be accompanied by a certificate of insurance from each subcontractor showing each subcontractor has identical insurance coverage to the above requirements.

Commercial general liability and automobile liability policies shall provide an endorsement naming the County of Monterey, its officers, agents, and employees as Additional Insureds with respect to liability arising out of the CONTRACTOR'S work, including ongoing and completed operations, and shall further provide that such insurance is primary insurance to any insurance or self-insurance maintained by the County and that the insurance of the Additional Insureds shall not be called upon to contribute to a loss covered by the CONTRACTOR'S insurance. The required endorsement form for Commercial General Liability Additional Insured is ISO Form CG 20 10 11-85 or CG 20 10 10 01 in tandem with CG 20 37 10 01 (2000). The required endorsement form for Automobile Additional Insured endorsement is ISO Form CA 20 48 02 99.

Prior to the execution of this Agreement by the County, CONTRACTOR shall file certificates of insurance with the County's contract administrator and County's Contracts/Purchasing Division, showing that the CONTRACTOR has in effect the insurance required by this Agreement. The CONTRACTOR shall file a new or amended certificate of insurance within five calendar days after any change is made in any insurance policy, which would alter the information on the certificate then on file. Acceptance or approval of insurance shall in no way modify or change the indemnification clause in this Agreement, which shall continue in full force and effect.

CONTRACTOR shall at all times during the term of this Agreement maintain in force the insurance coverage required under this Agreement and shall send, without demand by County, annual certificates to County's Contract Administrator and County's Contracts/Purchasing Division. If the certificate is not received by the expiration date, County shall notify CONTRACTOR and CONTRACTOR shall have five calendar days to send in the certificate, evidencing no lapse in coverage during the interim. Failure by CONTRACTOR to maintain such insurance is a default of this Agreement, which entitles County, at its sole discretion, to terminate this Agreement immediately.

## 10.0 RECORDS AND CONFIDENTIALITY.

- 10.01 Confidentiality. CONTRACTOR and its officers, employees, agents, and subcontractors shall comply with any and all federal, state, and local laws, which provide for the confidentiality of records and other information. CONTRACTOR shall not disclose any confidential records or other confidential information received from the County or prepared in connection with the performance of this Agreement, unless County specifically permits CONTRACTOR to disclose such records or information. CONTRACTOR shall promptly transmit to County any and all requests for disclosure of any such confidential records or information. CONTRACTOR shall not use any confidential information gained by CONTRACTOR in the performance of this Agreement except for the sole purpose of carrying out CONTRACTOR's obligations under this Agreement.
- 10.02 County Records. When this Agreement expires or terminates, CONTRACTOR shall return to County any County records which CONTRACTOR used or received from County to perform services under this Agreement.
- 10.03 Maintenance of Records. CONTRACTOR shall prepare, maintain, and preserve all reports and records that may be required by federal, state, and County rules and regulations related to services performed under this Agreement. CONTRACTOR shall maintain such records for a period of at least three years after receipt of final payment under this Agreement. If any litigation, claim, negotiation, audit exception, or other action relating to this Agreement is pending at the end of the three year period, then CONTRACTOR shall retain said records until such action is resolved.
- 10.04 Access to and Audit of Records. The County shall have the right to examine, monitor and audit all records, documents, conditions, and activities of the CONTRACTOR and its subcontractors related to services provided under this Agreement. Pursuant to Government Code section 8546.7, if this Agreement involves the expenditure of public funds in excess of \$10,000, the parties to this Agreement may be subject, at the request of the County or as part of any audit of the County, to the examination and audit of the State Auditor pertaining to matters connected with the performance of this Agreement for a period of three years after final payment under the Agreement.
- 10.05 Royalties and Inventions. County shall have a royalty-free, exclusive and irrevocable license to reproduce, publish, and use, and authorize others to do so, all original computer programs, writings, sound recordings, pictorial reproductions, drawings, and other works of similar nature produced in the course of or under this Agreement. CONTRACTOR shall not publish any such material without the prior written approval of County.

## 11.0 NON-DISCRIMINATION.

- 11.01 During the performance of this Agreement, CONTRACTOR, and its subcontractors, shall not unlawfully discriminate against any person because of race, religious creed, color, sex, national origin, ancestry, physical disability, mental disability, medical condition, marital status, age (over 40), or sexual orientation, either in CONTRACTOR's employment practices or in the furnishing of services to recipients. CONTRACTOR shall ensure that the evaluation and treatment of its employees and applicants for employment and all persons receiving and requesting services are free of such discrimination. CONTRACTOR and any subcontractor shall, in the performance of this Agreement, fully comply with all federal,

state, and local laws and regulations which prohibit discrimination. The provision of services primarily or exclusively to such target population as may be designated in this Agreement shall not be deemed to be prohibited discrimination.

## 12.0 COMPLIANCE WITH TERMS OF STATE OR FEDERAL GRANTS.

- 12.01 If this Agreement has been or will be funded with monies received by the County pursuant to a contract with the state or federal government in which the County is the grantee, CONTRACTOR will comply with all the provisions of said contract, to the extent applicable to CONTRACTOR as a subgrantee under said contract, and said provisions shall be deemed a part of this Agreement, as though fully set forth herein. Upon request, County will deliver a copy of said contract to CONTRACTOR, at no cost to CONTRACTOR.

## 13.0 INDEPENDENT CONTRACTOR.

- 13.01 In the performance of work, duties, and obligations under this Agreement, CONTRACTOR is at all times acting and performing as an independent contractor and not as an employee of the County. No offer or obligation of permanent employment with the County or particular County department or agency is intended in any manner, and CONTRACTOR shall not become entitled by virtue of this Agreement to receive from County any form of employee benefits including but not limited to sick leave, vacation, retirement benefits, workers' compensation coverage, insurance or disability benefits. CONTRACTOR shall be solely liable for and obligated to pay directly all applicable taxes, including federal and state income taxes and social security, arising out of CONTRACTOR's performance of this Agreement. In connection therewith, CONTRACTOR shall defend, indemnify, and hold County harmless from any and all liability which County may incur because of CONTRACTOR's failure to pay such taxes.

## 14.0 NOTICES.

- 14.01 Notices required under this Agreement shall be delivered personally or by first-class, postage pre-paid mail to the County and CONTRACTOR'S contract administrators at the addresses listed below:

| FOR COUNTY:                        | FOR CONTRACTOR:                    |
|------------------------------------|------------------------------------|
| Lauren Miller, MA II               | Reyes Bonilla, Executive Director  |
| Name and Title                     | Name and Title                     |
| 1000 South Main Street, Suite 301  | P.O. Box 1340                      |
| Salinas, CA 93901                  | Marina, CA 93933                   |
| Address                            | Address                            |
| (831) 796-3584 fax: (831) 755-8477 | (831) 384-3322 fax: (831) 384-1308 |
| Phone                              | Phone                              |

## 15.0 MISCELLANEOUS PROVISIONS.

- 15.01 Conflict of Interest. CONTRACTOR represents that it presently has no interest and agrees not to acquire any interest during the term of this Agreement, which would directly, or indirectly conflict in any manner or to any degree with the full and complete performance of the services required to be rendered under this Agreement.
- 15.02 Amendment. This Agreement may be amended or modified only by an instrument in writing signed by the County and the CONTRACTOR.
- 15.03 Waiver. Any waiver of any terms and conditions of this Agreement must be in writing and signed by the County and the CONTRACTOR. A waiver of any of the terms and conditions of this Agreement shall not be construed as a waiver of any other terms or conditions in this Agreement.
- 15.04 Contractor. The term "CONTRACTOR" as used in this Agreement includes CONTRACTOR's officers, agents, and employees acting on CONTRACTOR's behalf in the performance of this Agreement.
- 15.05 Disputes. CONTRACTOR shall continue to perform under this Agreement during any dispute.
- 15.06 Assignment and Subcontracting. The CONTRACTOR shall not assign, sell, or otherwise transfer its interest or obligations in this Agreement without the prior written consent of the County. None of the services covered by this Agreement shall be subcontracted without the prior written approval of the County. Notwithstanding any such subcontract, CONTRACTOR shall continue to be liable for the performance of all requirements of this Agreement.
- 15.07 Successors and Assigns. This Agreement and the rights, privileges, duties, and obligations of the County and CONTRACTOR under this Agreement, to the extent assignable or delegable, shall be binding upon and inure to the benefit of the parties and their respective successors, permitted assigns, and heirs.
- 15.08 Compliance with Applicable Law. The parties shall comply with all applicable federal, state, and local laws and regulations in performing this Agreement.
- 15.09 Headings. The headings are for convenience only and shall not be used to interpret the terms of this Agreement.
- 15.10 Time is of the Essence. Time is of the essence in each and all of the provisions of this Agreement.
- 15.11 Governing Law. This Agreement shall be governed by and interpreted under the laws of the State of California.
- 15.12 Non-exclusive Agreement. This Agreement is non-exclusive and both County and CONTRACTOR expressly reserve the right to contract with other entities for the same or similar services.

- 15.13 Construction of Agreement. The County and CONTRACTOR agree that each party has fully participated in the review and revision of this Agreement and that any rule of construction to the effect that ambiguities are to be resolved against the drafting party shall not apply in the interpretation of this Agreement or any amendment to this Agreement.
- 15.14 Counterparts. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same Agreement.
- 15.15 Authority. Any individual executing this Agreement on behalf of the County or the CONTRACTOR represents and warrants hereby that he or she has the requisite authority to enter into this Agreement on behalf of such party and bind the party to the terms and conditions of this Agreement.
- 15.16 Integration. This Agreement, including the exhibits, represent the entire Agreement between the County and the CONTRACTOR with respect to the subject matter of this Agreement and shall supersede all prior negotiations, representations, or agreements, either written or oral, between the County and the CONTRACTOR as of the effective date of this Agreement, which is the date that the County signs the Agreement.
- 15.17 Interpretation of Conflicting Provisions. In the event of any conflict or inconsistency between the provisions of this Agreement and the Provisions of any exhibit or other attachment to this Agreement, the provisions of this Agreement shall prevail and control.

-----*This section left blank intentionally*-----

## 16.0 SIGNATURE PAGE.

IN WITNESS WHEREOF, County and CONTRACTOR have executed this Agreement as of the day and year written below.

### COUNTY OF MONTEREY

### CONTRACTOR

By: \_\_\_\_\_  
Contracts/Purchasing Officer

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

By: \_\_\_\_\_  
Department Head (if applicable)

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

By: \_\_\_\_\_  
Board of Supervisors (if applicable)

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

Approved as to Form<sup>1</sup>

By: \_\_\_\_\_  
County Counsel

Date: \_\_\_\_\_  
1-17-17

Approved as to Fiscal Provisions<sup>2</sup>

By: \_\_\_\_\_  
Auditor/Controller

Date: \_\_\_\_\_  
1-17-17

Approved as to Liability Provisions<sup>3</sup>

By: \_\_\_\_\_  
Risk Management

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

Community Homeless Solutions  
Contractor's Business Name\*

By: \_\_\_\_\_  
(Signature of Chair, President, or Vice-President)\*

Board President  
Teresa Erickson  
Name and Title

Date: \_\_\_\_\_  
11/6/17

By: \_\_\_\_\_  
(Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer)\*

Jessica Chavez  
Name and Title

Date: \_\_\_\_\_  
12/13/16 01/13/17

County Board of Supervisors' Agreement Number: \_\_\_\_\_, approved on (date): \_\_\_\_\_

\*INSTRUCTIONS: If CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers. If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership. If CONTRACTOR is contracting in an individual capacity, the individual shall set forth the name of the business, if any, and shall personally sign the Agreement.

<sup>1</sup>Approval by County Counsel is required

<sup>2</sup>Approval by Auditor-Controller is required

<sup>3</sup>Approval by Risk Management is necessary only if changes are made in paragraphs 8 or 9

## **LIST OF EXHIBITS**

### **Community Homeless Solutions**

|             |                                              |
|-------------|----------------------------------------------|
| Exhibit A   | Scope of Services/Payment Provisions         |
| Exhibit A-1 | CSBG/NPI Workplan                            |
| Exhibit A-2 | CSBG Data-Client Characteristics Report      |
| Exhibit A-3 | Partner Agency Evaluation Form               |
| Exhibit A-4 | CalWORKs Client Information Form             |
| Exhibit B   | DSS Additional Provisions                    |
| Exhibit C   | Program Budget                               |
| Exhibit D   | Homeless Services/ Domestic Violence Invoice |
| Exhibit D-1 | Targeted Initiatives Invoice                 |
| Exhibit E   | Child Abuse Reporting Certification          |
| Exhibit F   | Elder Abuse Reporting Certification          |
| Exhibit G   | HIPAA Certification                          |
| Exhibit H   | Lobbying Certification                       |
| Exhibit I   | Audit Requirements                           |

## SCOPE OF SERVICES/PAYMENT PROVISIONS

## COMMUNITY HOMELESS SOLUTIONS

- A. TOTAL FUNDING:
- |                                                  |                  |
|--------------------------------------------------|------------------|
| Jan 1 – Dec 31, 2017, Homeless Services          | \$ 33,455        |
| Jan 1 – Dec 31, 2017, DV Services                | \$111,615        |
| <u>Jan 1 – May 31, 2017, Targeted Initiative</u> | <u>\$ 15,078</u> |
| Total                                            | \$160,148        |
- B. CONTRACT TERM: January 1, 2017 to December 31, 2017
- C. CONTACT INFORMATION:
- County Contract Monitor: Monterey County Community Action Partnership (CAP)  
 Lauren Miller, Management Analyst  
 1000 S. Main Street, Suite 301 Salinas, CA 93901  
 Phone: (831) 796-3584 Fax: (831) 755-8477  
[millerl@co.monterey.ca.us](mailto:millerl@co.monterey.ca.us)
- Contractor Information: Community Homeless Solutions  
 Reyes Bonilla, Executive Director  
 PO Box 1340 Marina, CA 93933  
 Phone: (831) 384-3322 Fax: (831) 384-1308  
[rbonilla.ed@shelteroutreachplus.org](mailto:rbonilla.ed@shelteroutreachplus.org)
- Location of Services:
- Transitional Housing Programs  
 3087 Wittenmyer Ct Marina, CA 93933  
 Phone: (831) 384-3322 Fax: (831) 384-1308
- Salinas Emergency Shelter  
 Confidential Location, CA  
 Phone: (831) 422-2201 Fax: (831) 573-6306
- Peninsula Emergency Shelter  
 Confidential Location, CA  
 Phone: (831) 394-8372 Fax: (831) 394-8372
- MOST Street Outreach  
 County Wide – mobile services  
 Phone: (831) 384-3388 Fax: (831) 384-1308
- MOST Day Center  
 299 12<sup>th</sup> St Ste C Marina, CA 93933  
 Phone: (831) 384-3388 Fax: (831) 384-1308
- Women in Transition Housing Program  
 2429-2434 Lexington Ct. Marina, CA 93933  
 Phone: (831) 384-3322 Fax: (831) 384-1308

## SCOPE OF SERVICES/PAYMENT PROVISIONS

### D. BACKGROUND

Community Homeless Solutions is a non-profit corporation, formed in 1978 under the name Shelter Outreach Plus to offer emergency shelter services to women and children fleeing domestic violence. Since this time, Community Homeless Solutions has grown to become the largest agency serving homeless individuals and families in Monterey County. Community Homeless Solutions currently operates three emergency shelters, a winter warming shelter, four transitional housing programs, a street outreach program, and a Day Center that provides showers, toilets, washer/dryer access and other services to the homeless. Programs and services provide housing to the homeless, emergency shelter to women and children fleeing domestic violence, and an array of support services that enable homeless families and individuals to access food, obtain employment assistance/jobs, and to transition to permanent housing.

### E. DESCRIPTION OF SERVICES

CONTRACTOR shall provide services and staff, and otherwise do all things necessary for or incidental to the performance of work, as set forth below:

- E.1 CONTRACTOR shall provide “Domestic Violence Prevention/Services” to low-income individuals and families living in the Salinas, South County, North County and the Monterey Peninsula regions of Monterey. Domestic Violence Prevention/Services include salaries and supportive services that support program operation at the emergency women and children’s shelters. Adequate performance for this service shall be based on the goals set forth on the National Performance Indicators (NPI) Report, Indicator 6.2G.
- E.2 CONTRACTOR shall provide “Homeless Services/Housing Resources” to low-income individuals and families living in the Salinas, South County, North County and the Monterey Peninsula regions of Monterey County. Homeless Services and Housing Resources include salaries and supportive services that support operation of the transitional housing units for homeless residents of Monterey County. Adequate performance for this service shall be based on the goals set forth on the National Performance Indicators (NPI) Report, Indicator 1.2H and 6.4E.
- E.3 CONTRACTOR shall provide “City Improvements/Increasing Access to Hygiene Facilities” to low-income individuals and families living in the Salinas, South County, North County and the Monterey Peninsula regions of Monterey. City Improvements/Increasing Access to Hygiene Facilities includes salaries and supportive services that support program operation for the Mobile Outreach Street Team (MOST), Emergency Shelters, and the Day Center which provide day time access to restrooms and showers. Adequate performance for this service shall be based on the goals set forth on the National Performance Indicators (NPI) Report, Indicator 6.2L.
- E.4 CONTRACTOR shall provide targeted initiative services that assist homeless women in removing barriers to self-sufficiency during the special service period of January 1, 2017 through May 31, 2017. These services shall include life skills education, pre-employment training, case management, access to physical health assessments, and mental health counseling services to women participating in the Women-in-Transition (WIT) Program. Counseling services shall be provided by licensed therapists. Adequate performance for this service shall be based on the goals set forth on the NPI Report, Indicator 1.1, 1.2, 2.1, 3.1, 6.1 and 6.5.

## SCOPE OF SERVICES/PAYMENT PROVISIONS

- E.5 CONTRACTOR shall set and strive to achieve any additional NPI goals which correspond to relevant services provided by the agency.
- E.6 CONTRACTOR shall ensure that low-income individuals and families receiving services have an income at or below 100% the current Federal Poverty Guidelines by requesting and recording documentation from customers and securely maintaining the information provided.
- E.7 CONTRACTOR shall provide information and referral assistance with completion of application forms for mainstream benefits. Adequate performance for this service shall be based on the goals set forth on the NPI Report, Indicator 6.5.
- E.8 CONTRACTOR shall ensure that services are provided in Spanish and English.
- E.9 CONTRACTOR shall obtain and submit no less than six (6) customer evaluation forms to CAP from actual service recipients.
- E.10 CONTRACTOR shall participate as a member to the CAP Community Circle (CCC). As a member of the CCC, CONTRACTOR shall ensure representation at all regularly scheduled bi-monthly meetings organized by CAP, engage and work cooperatively with other members of the CCC and ensure agency representation at all CCC special events.
- E.11 CONTRACTOR shall participate in an annual site visit conducted by CAP staff and Community Action Commission Commissioners to review fiscal integrity, customer service, business management, and NPI service delivery.

### F. REPORTING INSTRUCTIONS & SUBMISSION

- F.1 CONTRACTOR shall report annually using two California State Forms; the National Performance Indicators (NPI) Report CSD 801 (Rev. 08/16), **Exhibit A-1**, and the Programmatic Data-Client Characteristic (CCR) Report CSD 295-CCR (Rev. 2011), **Exhibit A-2**.

CONTRACTOR shall achieve the goals as stated in the NPI Report, attached as **Exhibit A-1**. The NPI Report shall be a cumulative report reflecting actual outcomes for all services provided by the CONTRACTOR.

Both the NPI and CCR shall be due on:

- January 10, 2018 – for the cumulative period January 1, 2017 to December 31, 2017.

- F.2 CONTRACTOR shall submit a monthly report electronically for the Targeted Initiative Funds describing services performed that include the following indicators:
  1. Number of Individuals Served
  2. Number of People Engaged in Counseling/Case Management Services
  3. Demographics
  4. Outcomes

CONTRACTOR shall submit all reports via e-mail to the County Contract Monitor:

- Lauren Miller at [millerl@co.monterey.ca.us](mailto:millerl@co.monterey.ca.us)

## SCOPE OF SERVICES/PAYMENT PROVISIONS

- F.3 CONTRACTOR shall ensure that no less than six (6) customer evaluation forms are submitted annually using the CAP Partner Agency Evaluation Form, **Exhibit A-3**. Forms must be received in an envelope sealed by the customer who completed the form.

No less than three (3) evaluation forms must be received by July 10, 2017.

No less than three (3) additional evaluation forms (total of six for the year) must be received by January 10, 2018.

CONTRACTOR shall ensure that all completed evaluation forms are submitted to CAP at:

- Community Action Partnership, 1000 S. Main St, Ste 301 Salinas, CA 93901

## G. PAYMENT PROVISIONS

County shall pay CONTRACTOR according to the terms set forth in Section 6.0 of this Agreement, PAYMENT CONDITIONS.

## G.1 PAYMENT SUMMARY

| Service                        | 1/1/17 – 6/30/17 | 7/1/17 – 11/30/17 | Total     |
|--------------------------------|------------------|-------------------|-----------|
| Homeless Svs/Housing Resources | \$18,248         | \$15,207          | \$33,455  |
| DV Prevention/Intervention     | \$55,808         | \$55,807          | \$111,615 |
| Total                          | \$74,056         | \$71,014          | \$145,070 |

| Service             | 1/1/17 – 5/31/17 | -   | Total    |
|---------------------|------------------|-----|----------|
| Targeted Initiative | \$15,078         | \$0 | \$15,078 |
| Total               | \$15,078         | \$0 | \$15,078 |

| 1/1/2017 – 12/31/2017 | Total     |
|-----------------------|-----------|
| Contract Total        | \$160,148 |

The total amount payable by County to CONTRACTOR for the period January 1, 2017 through June 30, 2017 shall not exceed **seventy-four thousand fifty-six dollars (\$74,056)**.

The total amount payable by County to CONTRACTOR for the period July 1, 2017- November 30, 2017 shall not exceed **seventy-one thousand fourteen dollars (\$71,014)**.

The total amount payable by County to CONTRACTOR for the Targeted Initiative Project period January 1, 2017 through May 31, 2017 shall not exceed **fifteen thousand seventy-eight dollars (\$15,078)**.

## SCOPE OF SERVICES/PAYMENT PROVISIONS

The maximum amount payable by County to CONTRACTOR under this Agreement shall not exceed **one hundred sixty thousand one hundred and forty-eight dollars (\$160,148)**.

### G.2 CLIENT INFORMATION REPORT

CONTRACTOR shall submit the Client Information Report, **Exhibit A-4**, as part of the supportive documentation included with each monthly invoice. The Client Information Report is a monthly record to capture data on CalWORKs recipients served by CONTRACTOR in accordance with HIPPA rules and regulations as stated in **Exhibit G**.

### G.3 INVOICING INSTRUCTIONS & SUBMISSION

CONTRACTOR shall submit original signed invoices with supportive documentation, including the Client Information Report, to the County setting forth the amount claimed by the 10<sup>th</sup> day of the month following the month in which services were performed, with the final invoice due no later than December 10, 2017. CONTRACTOR acknowledges that all targeted initiative funding under this agreement will be exhausted by May 31, 2017. CONTRACTOR acknowledges that all homeless services and domestic violence funding under this Agreement will be exhausted by November 30, 2017; however, these services will continue through December 31, 2017 with other program funding.

The invoices for homeless services and domestic violence prevention/intervention shall be submitted on the form set forth in **Exhibit D** and the invoices for targeted initiatives shall be submitted on the form set forth in **Exhibit D-1**.

All original invoices shall be mailed to:

Lauren C. Miller, Community Action Partnership  
1000 S. Main St, Suite 301  
Salinas, CA 93901

State of California  
 Department of Community Services and Development  
 CSBG/NPI Workplan  
 CSD 801 W (Rev 8/16)

### CSBG/NPI Workplan

Contract No. CY2017

Contractor Name: Community Homeless Solutions  
 Contact Person and Title: Reyes Bonilla, Executive Director  
 Phone Number: (831) 384-3388 Ext. Number: \_\_\_\_\_  
 E-mail Address: rbonilla@communityhomelessolutions.org Fax Number: (831) 384-1308

**Goal 1: Low-income people become more self-sufficient.**

**NPI 1.1: Employment**

| National Performance<br>Indicator 1.1                                                                                                                                                                         | Reporting<br>Period | WORKPLAN<br>Number of Participants Expected<br>to Achieve Outcome in Reporting<br>Period<br>(#) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------|
| <b>Employment</b><br><br>The number and percentage of low-income participants who get a job or become self-employed, as a result of Community Action Assistance, as measured by one or more of the following: |                     |                                                                                                 |
| A. Unemployed and obtained a job                                                                                                                                                                              | Annual              | 15                                                                                              |
| B. Employed and maintained a job for at least 90 days                                                                                                                                                         | Annual              | 55                                                                                              |
| C. Employed and obtained an increase in employment income and/or benefits                                                                                                                                     | Annual              | 65                                                                                              |
| D. Achieved "living wage" employment and/or benefits                                                                                                                                                          | Annual              |                                                                                                 |
| In the rows below, please include any additional indicators for NPI 1.1 that were not captured above.                                                                                                         |                     |                                                                                                 |
|                                                                                                                                                                                                               | Annual              |                                                                                                 |

**Goal 1: Low-income people become more self-sufficient.**

**NPI 1.2: Employment Supports**

| National Performance<br>Indicator 1.2                                                                                                                                                                                                                 | Reporting<br>Period | WORKPLAN<br>Number of Participants Expected<br>to Achieve Outcome in Reporting<br>Period<br>(#) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------|
| <b>Employment Supports</b><br><br>The number of low-income participants for whom barriers to initial or continuous employment are reduced or eliminated through assistance from Community Action, as measured by <u>one or more</u> of the following: |                     |                                                                                                 |
| A. Obtained skills/competencies required for employment                                                                                                                                                                                               | Annual              |                                                                                                 |
| B. Completed ABE/GED and received certificate or diploma                                                                                                                                                                                              | Annual              |                                                                                                 |
| C. Completed post-secondary education program and obtained certificate or diploma                                                                                                                                                                     | Annual              |                                                                                                 |
| D. Enrolled children in "before" or "after" school programs                                                                                                                                                                                           | Annual              |                                                                                                 |
| E. Obtained care for child or other dependant                                                                                                                                                                                                         | Annual              |                                                                                                 |
| F. Obtained access to reliable transportation and/or driver's license                                                                                                                                                                                 | Annual              |                                                                                                 |
| G. Obtained health care services for themselves and/or a family member                                                                                                                                                                                | Annual              | 20                                                                                              |
| H. Obtained and/or maintained safe and affordable housing                                                                                                                                                                                             | Annual              | 70                                                                                              |
| I. Obtained food assistance                                                                                                                                                                                                                           | Annual              |                                                                                                 |
| J. Obtained non-emergency LIHEAP energy assistance                                                                                                                                                                                                    | Annual              |                                                                                                 |
| K. Obtained non-emergency WX energy assistance                                                                                                                                                                                                        | Annual              |                                                                                                 |
| L. Obtained other non-emergency energy assistance (State/local/private energy programs. Do Not Include LIHEAP or WX)                                                                                                                                  | Annual              |                                                                                                 |
| In the rows below, please include any additional indicators for NPI 1.1 that were not captured above.                                                                                                                                                 |                     |                                                                                                 |
|                                                                                                                                                                                                                                                       | Annual              |                                                                                                 |

**CSBG/NPI Workplan*****Goal 1: Low-income people become more self-sufficient.******NPI 1.3: Economic Asset Enhancement and Utilization***

| <b>National Performance<br/>Indicator 1.3</b><br><br><b>Economic Asset Enhancement and Utilization</b><br>The number and percentage of low-income households that achieve an increase in financial assets and/or financial skills as a result of Community Action assistance, and the aggregated amount of those assets and resources for all participants achieving the outcome, as measured by <u>one or more</u> of the following: | <b>Reporting<br/>Period</b> | <b>WORKPLAN</b><br><br><b>Number of Participants Expected<br/>to Achieve Outcome in Reporting<br/>Period<br/>(#)</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>ENHANCEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |                                                                                                                      |
| A. Number and percent of participants in tax preparation programs who qualified for any type of Federal or State tax credit and the expected aggregated dollar amount of credits                                                                                                                                                                                                                                                      | Annual                      |                                                                                                                      |
| B. Number and percent of participants who obtained court-ordered child support payments and the expected annual aggregated dollar amount of payments                                                                                                                                                                                                                                                                                  | Annual                      |                                                                                                                      |
| C. Number and percent of participants who were enrolled in telephone lifeline and/or energy discounts with the assistance of the agency and the expected aggregated dollar amount of savings                                                                                                                                                                                                                                          | Annual                      |                                                                                                                      |
| <b>UTILIZATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |                                                                                                                      |
| D. Number and percent of participants demonstrating ability to complete and maintain a budget for over 90 days                                                                                                                                                                                                                                                                                                                        | Annual                      |                                                                                                                      |
| E. Number and percent of participants opening an Individual Development Account (IDA) or other savings account                                                                                                                                                                                                                                                                                                                        | Annual                      |                                                                                                                      |
| F. Number and percent of participants who increased their savings through IDA or other savings accounts and the aggregated amount of savings                                                                                                                                                                                                                                                                                          | Annual                      |                                                                                                                      |
| G. Number and percent of participants capitalizing a small business with accumulated IDA or other savings                                                                                                                                                                                                                                                                                                                             | Annual                      |                                                                                                                      |
| H. Number and percent of participants pursuing post-secondary education with accumulated IDA or other savings                                                                                                                                                                                                                                                                                                                         | Annual                      |                                                                                                                      |
| I. Number and percent of participants purchasing a home with accumulated IDA or other savings                                                                                                                                                                                                                                                                                                                                         | Annual                      |                                                                                                                      |
| J. Number and percent of participants purchasing other assets with accumulated IDA or other savings                                                                                                                                                                                                                                                                                                                                   | Annual                      |                                                                                                                      |
| <i>In the rows below, please include any additional indicators for NPI 1.3 that were not captured above.</i>                                                                                                                                                                                                                                                                                                                          |                             |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       | Annual                      |                                                                                                                      |

Contract No. CY2017

## CSBG/NPI Workplan

Contractor Name: Community Homeless Solutions  
 Contact Person and Title: Reyes Bonilla, Executive Director  
 Phone Number: (831) 384-3388 Ext. Number: \_\_\_\_\_  
 E-mail Address: rbonilla@communityhomelessolutions.org Fax Number: (831) 384-1308

***Goal 2: The conditions in which low-income people live are improved.***

### **NPI 2.1: Community Improvement and Revitalization**

| National Performance<br>Indicator 2.1<br>Community Improvement and Revitalization                                                                                                                                                                                                                 | Reporting<br>Period | WORKPLAN<br>Number of Projects or<br>Initiatives Expected to<br>Achieve in Reporting<br>Period<br>(#) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------|
| Increase in, or safeguarding of, threatened opportunities and community resources or services for low-income people in the community as a result of Community Action projects/initiatives or advocacy with other public and private agencies, as measured by <u>one or more</u> of the following: |                     |                                                                                                       |
| A. Jobs created, or saved, from reduction or elimination in the community                                                                                                                                                                                                                         | Annual              |                                                                                                       |
| B. Accessible "living wage" jobs created, or saved, from reduction or elimination in the community                                                                                                                                                                                                | Annual              |                                                                                                       |
| C. Safe and affordable housing units created in the community                                                                                                                                                                                                                                     | Annual              |                                                                                                       |
| D. Safe and affordable housing units in the community preserved or improved through construction, weatherization, or rehabilitation achieved by Community Action activity or advocacy                                                                                                             | Annual              |                                                                                                       |
| E. Accessible safe and affordable health care services/facilities for low-income people created or saved from reduction or elimination                                                                                                                                                            | Annual              | 2                                                                                                     |
| F. Accessible safe and affordable child care or child development placement opportunities for low-income families created or saved from reduction or elimination                                                                                                                                  | Annual              |                                                                                                       |
| G. Accessible "before school" and "after school" program placement opportunities for low-income families created or saved from reduction or elimination                                                                                                                                           | Annual              |                                                                                                       |
| H. Accessible new or expanded transportation resources, or those that are saved from reduction or elimination, that are available to low-income people, including public or private transportation.                                                                                               | Annual              |                                                                                                       |
| I. Accessible or increased educational and training placement opportunities, or those that are saved from reduction or elimination, that are available for low-income people in the community, including vocational, literacy, and life skill training, ABE/GED, and post-secondary education     | Annual              |                                                                                                       |
| <i>In the rows below, please include any additional indicators for NPI 2.1 that were not captured above.</i>                                                                                                                                                                                      |                     |                                                                                                       |
|                                                                                                                                                                                                                                                                                                   | Annual              |                                                                                                       |

**CSBG/NPI Workplan**

***Goal 2: The conditions in which low-income people live are improved.***

**NPI 2.2: Community Quality of Life and Assets**

| National Performance<br>Indicator 2.2                                                                                                                                   |                  | WORKPLAN                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------|
| Community Quality of Life and Assets                                                                                                                                    | Reporting Period | Number of Program Initiatives or Advocacy Efforts Expected to Achieve in Reporting Period (#) |
| The quality of life and assets in low-income neighborhoods are improved by Community Action initiative or advocacy, as measured by <u>one or more</u> of the following: |                  |                                                                                               |
| A. Increases in community assets as a result of a change in law, regulation, or policy, which results in improvements in quality of life and assets                     | Annual           |                                                                                               |
| B. Increase in the availability or preservation of community facilities                                                                                                 | Annual           |                                                                                               |
| C. Increase in the availability or preservation of community services to improve public health and safety                                                               | Annual           |                                                                                               |
| D. Increase in the availability or preservation of commercial services within low-income neighborhoods                                                                  | Annual           |                                                                                               |
| E. Increase or preservation of neighborhood quality-of-life resources                                                                                                   | Annual           |                                                                                               |
| In the rows below, please include any additional indicators for NPI 2.2 that were not captured above.                                                                   |                  |                                                                                               |
|                                                                                                                                                                         | Annual           |                                                                                               |

***Goal 2: The conditions in which low-income people live are improved.***

**NPI 2.3: Community Engagement**

| National Performance<br>Indicator 2.3                                                                                                  |                  | WORKPLAN                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------|
| Community Engagement                                                                                                                   | Reporting Period | Number of Total Contribution by Community Expected to Achieve in Reporting Period (#) |
| The number of community members working with Community Action to improve conditions in the community.                                  |                  |                                                                                       |
| A. Number of community members mobilized by Community Action that participate in community revitalization and anti-poverty initiatives | Annual           | 15                                                                                    |
| B. Number of volunteer hours donated to the agency (This will be All volunteer hours)                                                  | Annual           | 525                                                                                   |
| In the rows below, please include any additional indicators for NPI 2.3 that were not captured above.                                  |                  |                                                                                       |
|                                                                                                                                        | Annual           |                                                                                       |

CSBG/NPI Workplan

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 Phone Number: (831) 384-3388 Ext. Number: \_\_\_\_\_  
 E-mail Address: rbonilla@communityhomelessolutions.org Fax Number: (831) 384-1308

*Goal 3: Low-income people own a stake in their community.***NPI 3.1: Community Enhancement through Maximum Feasible Participation**

| National Performance<br>Indicator 3.1<br><b>Community Enhancement through Maximum Feasible Participation</b>                                                                        |  | WORKPLAN                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------|
| The number of volunteer hours donated to Community Action.                                                                                                                          |  | Total Number of Volunteer Hours Expected to Achieve in Reporting Period (#) |
| The total number of volunteer hours donated by <u>low-income</u> individuals to Community Action. (This is ONLY the number of volunteer hours from individuals who are low-income.) |  | Annual 300                                                                  |

*In the rows below, please include any additional indicators for NPI 3.1 that were not captured above.*

|  |        |  |
|--|--------|--|
|  | Annual |  |
|--|--------|--|

*Goal 3: Low-income people own a stake in their community.***NPI 3.2: Community Empowerment through Maximum Feasible Participation**

| National Performance<br>Indicator 3.2<br><b>Community Empowerment through Maximum Feasible Participation</b>                                                                                                                                       |  | WORKPLAN                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------|
| The number of low-income people mobilized as a direct result of Community Action initiative to engage in activities that support and promote their own well-being and that of their community, as measured by <u>one or more</u> of the following: |  | Number of Low-Income People Expected to Achieve in Reporting Period (#) |
| A. Number of low-income people participating in formal community organizations, government, boards, or councils that provide input to decision making and policy setting through community action efforts                                          |  | Annual 1                                                                |
| B. Number of low-income people acquiring businesses in their community as a result of community action assistance                                                                                                                                  |  | Annual                                                                  |
| C. Number of low-income people purchasing their own home in their community as a result of community action assistance                                                                                                                             |  | Annual                                                                  |
| D. Number of low-income people engaged in non-governance community activities or groups created or supported by community action                                                                                                                   |  | Annual                                                                  |

*In the rows below, please include any additional indicators for NPI 3.2 that were not captured above.*

|  |        |  |
|--|--------|--|
|  | Annual |  |
|--|--------|--|

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**Goal 4: Partnerships among supporters and providers of services to low-income people are achieved.**

**NPI 4.1: Expanding Opportunities through Community-Wide Partnerships**

| National Performance<br>Indicator 4.1<br>Expanding Opportunities through Community-Wide Partnerships<br><br>The number of organizations, both public and private, that Community Action actively works with to expand resources and opportunities in order to achieve family and community outcomes. | Reporting Period | WORKPLAN                                                                             |                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                      |                  | I<br>Number of<br>Organizations<br>Expected to Achieve<br>in Reporting Period<br>(#) | II<br>Number of<br>Partnerships<br>Expected to Achieve<br>(#) |
| A. Non-Profit                                                                                                                                                                                                                                                                                        | Annual           | 19                                                                                   | 29                                                            |
| B. Faith Based                                                                                                                                                                                                                                                                                       | Annual           | 30                                                                                   | 40                                                            |
| C. Local Government                                                                                                                                                                                                                                                                                  | Annual           | 5                                                                                    | 9                                                             |
| D. State Government                                                                                                                                                                                                                                                                                  | Annual           | 1                                                                                    | 1                                                             |
| E. Federal Government                                                                                                                                                                                                                                                                                | Annual           | 1                                                                                    | 1                                                             |
| F. For-Profit Business or Corporation                                                                                                                                                                                                                                                                | Annual           | 1                                                                                    | 1                                                             |
| G. Consortiums/Collaboration                                                                                                                                                                                                                                                                         | Annual           | 2                                                                                    | 2                                                             |
| H. Housing Consortiums/Collaboration                                                                                                                                                                                                                                                                 | Annual           | 2                                                                                    | 2                                                             |
| I. School Districts                                                                                                                                                                                                                                                                                  | Annual           | 2                                                                                    | 3                                                             |
| J. Institutions of postsecondary education/training                                                                                                                                                                                                                                                  | Annual           |                                                                                      |                                                               |
| K. Financial/Banking Institutions                                                                                                                                                                                                                                                                    | Annual           |                                                                                      |                                                               |
| L. Health Service Institutions                                                                                                                                                                                                                                                                       | Annual           | 5                                                                                    | 8                                                             |
| M. State wide associations or collaborations                                                                                                                                                                                                                                                         | Annual           | 1                                                                                    | 1                                                             |
| <i>In the rows below, please add other types of partners with which your CAA has formed relationships that were not captured above.</i>                                                                                                                                                              |                  |                                                                                      |                                                               |
|                                                                                                                                                                                                                                                                                                      | Annual           |                                                                                      |                                                               |
| <b>The total number of organizations CAAs work with to promote family and community outcomes (automatically calculates)</b>                                                                                                                                                                          | Annual           | 69                                                                                   | 97                                                            |

CSBG/NPI Workplan

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*Goal 5: Agencies increase their capacity to achieve results.*

**NPI 5.1: Agency Development**

| National Performance<br>Indicator 5.1                                                                                                                                                    |                                                    | Reporting<br>Period | WORKPLAN                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------|------------------------------------------------------------------------------------|
| Agency Development                                                                                                                                                                       |                                                    |                     | Number of Resources in<br>Agency Expected to Achieve<br>in Reporting Period<br>(#) |
| The number of human capital resources available to Community Action that increase agency capacity to achieve family and community outcomes, as measured by one or more of the following: |                                                    |                     |                                                                                    |
| A.                                                                                                                                                                                       | Number of Certified Community Action Professionals | Annual              |                                                                                    |
| B.                                                                                                                                                                                       | Number of Nationally Certified ROMA Trainers       | Annual              |                                                                                    |
| C.                                                                                                                                                                                       | Number of Family Development Certified Trainers    | Annual              |                                                                                    |
| D.                                                                                                                                                                                       | Number of Child Development Certified Trainers     | Annual              |                                                                                    |
| E.                                                                                                                                                                                       | Number of staff attending trainings                | Annual              | 10                                                                                 |
| F.                                                                                                                                                                                       | Number of Board Members attending trainings        | Annual              | 3                                                                                  |
| G.                                                                                                                                                                                       | Hours of staff in trainings                        | Annual              | 45                                                                                 |
| H.                                                                                                                                                                                       | Hours of Board Members in trainings                | Annual              | 15                                                                                 |
| In the rows below, please include any additional indicators that were not captured above.                                                                                                |                                                    |                     |                                                                                    |
|                                                                                                                                                                                          |                                                    | Annual              |                                                                                    |

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 E-mail Address: rbonilla@communityhomelessolutions.org Fax Number: (831) 384-1308

*Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive environments.*

**NPI 6.1: Independent Living**

| National Performance<br><u>Indicator 6.1</u>                                                                                                                                 |             | Reporting Period | WORKPLAN                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------|------------------------------------------------------------------------------------------------------------------|
| Independent Living                                                                                                                                                           |             |                  | Number of Vulnerable<br>Individuals Living<br>Independently Expected<br>to Achieve in Reporting<br>Period<br>(#) |
| The number of vulnerable individuals receiving services from Community Action who maintain an independent living situation as a result of those services:                    |             |                  |                                                                                                                  |
| A. Senior Citizens ( <i>seniors can be reported twice, once under Senior Citizens and again, if they are disabled, under Individuals with Disabilities, ages 55-over. </i> ) |             | Annual           | 10                                                                                                               |
| B. Individuals with Disabilities                                                                                                                                             |             |                  |                                                                                                                  |
| Ages:                                                                                                                                                                        |             |                  |                                                                                                                  |
| a.                                                                                                                                                                           | 0-17        | Annual           |                                                                                                                  |
| b.                                                                                                                                                                           | 18-54       | Annual           | 5                                                                                                                |
| c.                                                                                                                                                                           | 55-over     | Annual           | 2                                                                                                                |
| d.                                                                                                                                                                           | Age Unknown | Annual           |                                                                                                                  |
| TOTAL Individuals with Disabilities (automatically calculates)                                                                                                               |             | Annual           | 7                                                                                                                |
| In the rows below, please include any additional indicators for NPI 6.1 that were not captured above.                                                                        |             |                  |                                                                                                                  |
|                                                                                                                                                                              |             | Annual           |                                                                                                                  |

CSBG/NPI Workplan

**Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive environments.**

**NPI 6.2: Emergency Assistance**

| National Performance<br>Indicator 6.2                                                                                                                                                                                        | Reporting Period | WORKPLAN<br>Number of Individuals<br>Expected to Achieve in<br>Reporting Period<br>(#) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------|
| Emergency Assistance<br><br>The number of low-income individuals served by Community Action who sought emergency assistance and the number of those individuals for whom assistance was provided, including such service as: |                  |                                                                                        |
| A. Emergency Food                                                                                                                                                                                                            | Annual           | 610                                                                                    |
| B. Emergency fuel or utility payments funded by LIHEAP or other public and private funding sources                                                                                                                           | Annual           |                                                                                        |
| C. Emergency Rent or Mortgage Assistance                                                                                                                                                                                     | Annual           |                                                                                        |
| D. Emergency Car or Home Repair (i.e. structural appliance, heating systems, etc.)                                                                                                                                           | Annual           |                                                                                        |
| E. Emergency Temporary Shelter                                                                                                                                                                                               | Annual           | 320                                                                                    |
| F. Emergency Medical Care                                                                                                                                                                                                    | Annual           |                                                                                        |
| G. Emergency Protection from Violence                                                                                                                                                                                        | Annual           | 130                                                                                    |
| H. Emergency Legal Assistance                                                                                                                                                                                                | Annual           | 15                                                                                     |
| I. Emergency Transportation                                                                                                                                                                                                  | Annual           | 10                                                                                     |
| J. Emergency Disaster Relief                                                                                                                                                                                                 | Annual           |                                                                                        |
| K. Emergency Clothing                                                                                                                                                                                                        | Annual           | 425                                                                                    |
| In the rows below, please include any additional indicators for NPI 6.2 that were not captured above.                                                                                                                        |                  |                                                                                        |
| L. Access to Emergency Hygiene Services                                                                                                                                                                                      | Annual           | 90                                                                                     |

CSBG/NPI Workplan

**Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive environments.**

**NPI 6.3: Child and Family Development**

| National Performance<br><u>Indicator 6.3</u>                                                                                                                                                                               |        | WORKPLAN                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------|
| Child and Family Development                                                                                                                                                                                               |        | Number of Participants Expected to Achieve Outcome in Reporting Period (#) |
| The number and percentage of all infants, children, youth, parents, and other adults participating in developmental or enrichment programs that achieve program goals, as measured by <u>one or more</u> of the following: |        |                                                                            |
| <b>INFANTS &amp; CHILDREN</b>                                                                                                                                                                                              |        |                                                                            |
| A. Infants and children obtain age appropriate immunizations, medical, and dental                                                                                                                                          | Annual |                                                                            |
| B. Infant and child health and physical development are improved as a result of adequate nutrition                                                                                                                         | Annual |                                                                            |
| C. Children participate in pre-school activities to develop school readiness skills                                                                                                                                        | Annual |                                                                            |
| D. Children who participate in pre-school activities are developmentally ready to enter Kindergarten or 1st Grade                                                                                                          | Annual |                                                                            |
| <b>YOUTH</b>                                                                                                                                                                                                               |        |                                                                            |
| E. Youth improve health and physical development                                                                                                                                                                           | Annual |                                                                            |
| F. Youth improve social/emotional development                                                                                                                                                                              | Annual |                                                                            |
| G. Youth avoid risk-taking behavior for a defined period of time                                                                                                                                                           | Annual |                                                                            |
| H. Youth have reduced involvement with criminal justice system                                                                                                                                                             | Annual |                                                                            |
| I. Youth increase academic, athletic, or social skills for school success                                                                                                                                                  | Annual |                                                                            |
| <b>PARENTS AND OTHER ADULTS</b>                                                                                                                                                                                            |        |                                                                            |
| J. Parents and other adults learn and exhibit improved parenting skills                                                                                                                                                    | Annual |                                                                            |
| K. Parents and other adults learn and exhibit improved family functioning skills                                                                                                                                           | Annual |                                                                            |
| <i>In the rows below, please include any additional indicators for NPI 6.3 that were not captured above.</i>                                                                                                               |        |                                                                            |
|                                                                                                                                                                                                                            | Annual |                                                                            |

CSBG/NPI Workplan

**Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive environments.**

**NPI 6.4: Family Supports**

| National Performance<br>Indicator 6.4                                                                                                                                                                                                                                                   | Reporting Period | WORKPLAN<br>Number of Participants<br>Expected to Achieve<br>Outcome in Reporting<br>Period<br>(#) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------|
| Family Supports (Seniors, Disabled and Caregivers)<br><br>Low-income people who are <b>unable to work</b> , especially seniors, adults with disabilities, and caregivers, for whom barriers to family stability are reduced or eliminated, as measured by one or more of the following: |                  |                                                                                                    |
| A. Enrolled children in before or after school programs                                                                                                                                                                                                                                 | Annual           |                                                                                                    |
| B. Obtained care for child or other dependent                                                                                                                                                                                                                                           | Annual           |                                                                                                    |
| C. Obtained access to reliable transportation and/or driver's license                                                                                                                                                                                                                   | Annual           |                                                                                                    |
| D. Obtained health care services for themselves and/or family member                                                                                                                                                                                                                    | Annual           | 25                                                                                                 |
| E. Obtained and/or maintained safe and affordable housing                                                                                                                                                                                                                               | Annual           | 60                                                                                                 |
| F. Obtained food assistance                                                                                                                                                                                                                                                             | Annual           |                                                                                                    |
| G. Obtained non-emergency LIHEAP energy assistance                                                                                                                                                                                                                                      | Annual           |                                                                                                    |
| H. Obtained non-emergency WX energy assistance                                                                                                                                                                                                                                          | Annual           |                                                                                                    |
| I. Obtained other non-emergency energy assistance. (State/local/private energy programs. Do Not Include LIHEAP or WX)                                                                                                                                                                   | Annual           |                                                                                                    |
| In the rows below, please include any additional indicators for NPI 6.4 that were not captured above.                                                                                                                                                                                   |                  |                                                                                                    |
|                                                                                                                                                                                                                                                                                         | Annual           |                                                                                                    |

**Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive environments.**

**NPI 6.5: Service Counts**

| National Performance<br>Indicator 6.5                                                                                                                | Reporting Period | WORKPLAN<br>Number of Services<br>Expected in Reporting<br>Period<br>(#) |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------|
| Service Counts<br><br>The number of services provided to low-income individuals and/or families, as measured by <u>one or more</u> of the following: |                  |                                                                          |
| A. Food Boxes                                                                                                                                        | Annual           |                                                                          |
| B. Pounds of Food                                                                                                                                    | Annual           |                                                                          |
| C. Units of Clothing                                                                                                                                 | Annual           |                                                                          |
| D. Rides Provided                                                                                                                                    | Annual           | 400                                                                      |
| E. Information and Referral Calls                                                                                                                    | Annual           | 1,550                                                                    |
| In the rows below, please include any additional indicators for NPI 6.5 that were not captured above.                                                |                  |                                                                          |
| F. Mental Health Services Counseling                                                                                                                 | Annual           | 266                                                                      |

Please use the CSD 295 Client Characteristic Report Instructions and Helpful Hints to complete this form.

|                     |                              |                |  |
|---------------------|------------------------------|----------------|--|
| 1 Contractor Name:  | Community Homeless Solutions | Contract #:    |  |
| Prepared By (name): |                              | Report Period: |  |
| Phone Number:       |                              | Email address: |  |

Demographic data should be collected on ALL clients receiving services under any program administered by the designated Community Action Agency.

|                                                                                                       |            |                                |                |
|-------------------------------------------------------------------------------------------------------|------------|--------------------------------|----------------|
| <b>Yellow Highlighted Sections represent demographics collected on INDIVIDUALS</b>                    |            |                                |                |
| 2 Total unduplicated number of persons about whom one or more characteristics were obtained           |            |                                |                |
| 3 Total unduplicated number of persons about whom no characteristics were obtained                    |            |                                |                |
| <b>Blue Highlighted Sections represent demographics collected on FAMILIES</b>                         |            |                                |                |
| 4 Total unduplicated number of families about whom one or more characteristics were obtained          |            |                                |                |
| 5 Total unduplicated number of families about whom no characteristics were obtained                   |            |                                |                |
| <b>6. Gender</b>                                                                                      |            | <b>Number of Persons*</b>      |                |
| a. Male                                                                                               |            |                                |                |
| b. Female                                                                                             |            |                                |                |
| <b>*Total</b>                                                                                         |            | <b>0</b>                       |                |
| <b>7. Age</b>                                                                                         |            | <b>Number of Persons*</b>      |                |
| a. 0-5                                                                                                |            |                                |                |
| b. 6-11                                                                                               |            |                                |                |
| c. 12-17                                                                                              |            |                                |                |
| d. 18-23                                                                                              |            |                                |                |
| e. 24-44                                                                                              |            |                                |                |
| f. 45-54                                                                                              |            |                                |                |
| g. 55-69                                                                                              |            |                                |                |
| h. 70+                                                                                                |            |                                |                |
| <b>Sum of 7e thru 7h =</b>                                                                            |            |                                |                |
| <b>*Total</b>                                                                                         |            | <b>0</b>                       |                |
| <b>8. Ethnicity/Race</b>                                                                              |            |                                |                |
| <b>I. Ethnicity</b>                                                                                   |            |                                |                |
| a. Hispanic, Latino or Spanish Origin                                                                 |            |                                |                |
| b. Not Hispanic, Latino or Spanish Origin                                                             |            |                                |                |
| <b>*Total</b>                                                                                         |            | <b>0</b>                       |                |
| <b>II. Race</b>                                                                                       |            |                                |                |
| a. White                                                                                              |            |                                |                |
| b. Black or African American                                                                          |            |                                |                |
| c. American Indian and Alaskan Native                                                                 |            |                                |                |
| d. Asian                                                                                              |            |                                |                |
| e. Native Hawaiian and Other Pacific Islander                                                         |            |                                |                |
| f. Other                                                                                              |            |                                |                |
| g. Multi-Race (any 2 or more of the above)                                                            |            |                                |                |
| <b>*Total</b>                                                                                         |            | <b>0</b>                       |                |
| <b>9. Education Level of Adults</b>                                                                   |            | <b>Number of Persons 24+**</b> |                |
| a. 0-8                                                                                                |            |                                |                |
| b. 9-12/Non-Graduate                                                                                  |            |                                |                |
| c. High School Graduate/GED                                                                           |            |                                |                |
| d. 12+ Some Post Secondary                                                                            |            |                                |                |
| e. 2 or 4 yr. College Graduates                                                                       |            |                                |                |
| <b>** Total</b>                                                                                       |            | <b>0</b>                       |                |
| <b>10. Other Characteristics</b>                                                                      |            | <b>Number of Persons*</b>      |                |
|                                                                                                       | <b>Yes</b> | <b>No</b>                      | <b>Total *</b> |
| a. Health Insurance                                                                                   |            |                                | 0              |
| b. Disabled                                                                                           |            |                                | 0              |
| <b>11. Family Type</b>                                                                                |            | <b>Number of Families***</b>   |                |
| a. Single Parent/Female                                                                               |            |                                |                |
| b. Single Parent/Male                                                                                 |            |                                |                |
| c. Two-Parent Household                                                                               |            |                                |                |
| d. Single Person                                                                                      |            |                                |                |
| e. Two Adults - No Children                                                                           |            |                                |                |
| f. Other                                                                                              |            |                                |                |
| <b>***Total</b>                                                                                       |            | <b>0</b>                       |                |
| <b>12. Family Size</b>                                                                                |            | <b>Number of Families ***</b>  |                |
| a. One                                                                                                |            |                                |                |
| b. Two                                                                                                |            |                                |                |
| c. Three                                                                                              |            |                                |                |
| d. Four                                                                                               |            |                                |                |
| e. Five                                                                                               |            |                                |                |
| f. Six                                                                                                |            |                                |                |
| g. Seven                                                                                              |            |                                |                |
| h. Eight or more                                                                                      |            |                                |                |
| <b>***Total</b>                                                                                       |            | <b>0</b>                       |                |
| <b>13. Source of Family Income</b>                                                                    |            | <b>Number of Families</b>      |                |
| a. Unduplicated # of Families Reporting One or More Sources of Income***                              |            |                                |                |
| b. Unduplicated # of Families Reporting No Income                                                     |            |                                |                |
| <b>Total UNDUP Families who responded as either having a source of income or having no income ***</b> |            |                                |                |
| <b>0</b>                                                                                              |            |                                |                |
| <b>Record the sources of each family income as reported in 13a above:</b>                             |            |                                |                |
| c. TANF                                                                                               |            |                                |                |
| d. SSI                                                                                                |            |                                |                |
| e. Social Security                                                                                    |            |                                |                |
| f. Pension                                                                                            |            |                                |                |
| g. General Assistance                                                                                 |            |                                |                |
| h. Unemployment Insurance                                                                             |            |                                |                |
| i. Employment + Other Source                                                                          |            |                                |                |
| j. Employment only                                                                                    |            |                                |                |
| k. Other:                                                                                             |            |                                |                |
| <b>****Total (c. through k.)</b>                                                                      |            | <b>0</b>                       |                |
| <b>14. Level of Family Income % of HHS guideline</b>                                                  |            | <b>Number of Families ***</b>  |                |
| a. Up to 50%                                                                                          |            |                                |                |
| b. 51% to 75%                                                                                         |            |                                |                |
| c. 76% to 100%                                                                                        |            |                                |                |
| d. 101% to 125% *****                                                                                 |            |                                |                |
| e. 126% to 150% *****                                                                                 |            |                                |                |
| f. 151% to 175% *****                                                                                 |            |                                |                |
| g. 176% to 200% *****                                                                                 |            |                                |                |
| h. 201% and over *****                                                                                |            |                                |                |
| <b>***Total</b>                                                                                       |            | <b>0</b>                       |                |
| <b>15. Housing</b>                                                                                    |            | <b>Number of Families ***</b>  |                |
| a. Own                                                                                                |            |                                |                |
| b. Rent                                                                                               |            |                                |                |
| c. Homeless                                                                                           |            |                                |                |
| d. Other: list below what other includes                                                              |            |                                |                |
| <b>***Total</b>                                                                                       |            | <b>0</b>                       |                |
| <b>16. Other family characteristics</b>                                                               |            | <b>Number of Families***</b>   |                |
| a. Farmer                                                                                             |            |                                |                |
| b. Migrant Farmworker                                                                                 |            |                                |                |
| c. Seasonal Farmworker                                                                                |            |                                |                |

\* The sum in this category should not exceed the value of Section 2.

\*\* The sum in this category should not exceed the value of Section 7.a-h.

\*\*\* The sum in this category should not exceed the value of Section 4.

\*\*\*\* The sum in this category should be greater than or equal to Section 13.a.

\*\*\*\*\* Reminder, September 30, 2010 was the cutoff date for reporting CSBG clients served up to 200% of the Federal Poverty Guidelines.



## Community Action Partnership Partner Agency Evaluation Form



The Monterey County Community Action Partnership collaborates with several agencies throughout our community to provide vital services to low income individuals and families in need of support.

**Community Homeless Solutions** is one of these partner agencies and your feedback will help ensure focused, quality services continue to be provided with excellent customer service and community impact.

|                                                      | Strongly<br>Disagree | Disagree | Agree | Strongly<br>Agree | Not<br>Sure or<br>N/A |
|------------------------------------------------------|----------------------|----------|-------|-------------------|-----------------------|
| 1. This agency provides the service(s) I was seeking |                      |          |       |                   |                       |
| 2. I received the service(s) I was seeking           |                      |          |       |                   |                       |
| 3. The staff provided excellent customer service     |                      |          |       |                   |                       |
| 4. Overall, I was satisfied with my experience       |                      |          |       |                   |                       |
| 5. I would recommend this agency to others           |                      |          |       |                   |                       |

6. Would you like to comment on any of your responses above?

7. What could this agency do differently to provide better support/services?

8. Other comments?

Please return this survey in the enclosed postage-paid envelope or by sending it to:

Attn: Monterey County Community Action Partnership

1000 S. Main St, Ste 301

Salinas, CA 93901

## Month:

[illegible]

## EXHIBIT B

### MONTEREY COUNTY DEPARTMENT OF SOCIAL SERVICES

#### ADDITIONAL PROVISIONS

##### I. PAYMENT BY COUNTY:

**1.01 Monthly claims/invoices by CONTRACTOR:** Not later than the tenth (10<sup>th</sup>) day of each month, CONTRACTOR shall submit to COUNTY a signed invoice setting forth the amount claimed. All invoices (monthly and final) shall be submitted in the form set forth in Exhibit D.

**1.02 Final Invoice; forfeiture for late invoice:** CONTRACTOR's final month and end of fiscal year invoice is due, and must be received by COUNTY, no later than close of business on December 10<sup>th</sup>. If the Final Invoice is not received by COUNTY by close of business on December 10<sup>th</sup>, CONTRACTOR understands and agrees that the reimbursement of CONTRACTOR's final expenses represented by that invoice may be forfeited, and COUNTY shall have no legal obligation regarding it, nor shall COUNTY be required to make any payment towards that untimely/late invoiced claim.

**1.03 Allowable Costs:** Allowable costs shall be the CONTRACTOR's actual costs of developing, supervising and delivering the services under this Agreement, as set forth in Exhibit C. Only the costs listed in Exhibit C as contract expenses may be claimed as allowable costs. Any dispute over whether costs are allowable shall be resolved in accordance with the provisions of 45 Code of Federal Regulations, Part 74, Sub-Part F and 48 Code of Federal Regulations (CFR), Chapter 1, Part 31.

**1.04 Cost Control:** CONTRACTOR shall not exceed by more than twenty (20) percent any contract expense line item amount in the budget without the written approval of COUNTY, given by and through the Contract Administrator or Contract Administrator's designee. CONTRACTOR shall submit an amended budget with its request for such approval. Such approval shall not permit CONTRACTOR to receive more than the maximum total amount payable under this contract. Therefore, an increase in one line item will require corresponding decreases in other line items.

**1.05 Payment in Full:**

(a) If COUNTY certifies and pays the amount requested by CONTRACTOR, such payment shall be deemed payment in full for the month in question and may not thereafter be reviewed or modified, except to permit COUNTY's recovery of overpayments.

(b) If COUNTY certifies and pays a lesser amount than the amount requested, COUNTY shall, immediately upon certification of the lesser amount, notify CONTRACTOR in writing of such certification. If CONTRACTOR does not protest the lesser amount by delivering to COUNTY a written notice of protest within twenty (20) days after

## EXHIBIT B

CONTRACTOR's receipt of the certification, then payment of the lesser amount shall be deemed payment in full for the month in question and may not thereafter be questioned by CONTRACTOR.

**1.06 Disputed payment amount:** If COUNTY pays a lesser amount than the amount requested, and if CONTRACTOR submits a written notice of protest to COUNTY within twenty (20) days after CONTRACTOR's receipt of the certification, then the parties shall promptly meet to review the dispute and resolve it on a mutually acceptable basis. No court action may be taken on such dispute until the parties have met and attempted to resolve the dispute in person.

## II. PERFORMANCE STANDARDS & COMPLIANCE

**2.01 Outcome objectives and performance standards:** CONTRACTOR shall for the entire term of this Agreement provide the service outcomes set forth in **Exhibit A**. CONTRACTOR shall meet the contracted level of service and the specified performance standards described in **Exhibit A**, unless prevented from doing so by circumstances beyond CONTRACTOR's control, including but not limited to, natural disasters, fire, theft, and shortages of necessary supplies or materials due to labor disputes.

**2.02 County monitoring of services:** COUNTY shall monitor services provided under this Agreement in order to evaluate the effectiveness and quality of services provided.

**2.03 Notice of defective performance:** COUNTY shall notify CONTRACTOR in writing within thirty (30) days after discovering any defects in CONTRACTOR's performance. CONTRACTOR shall promptly take action to correct the problem and to prevent its recurrence. Such corrective action shall be completed and a written report made to the COUNTY concerning such action not later than thirty (30) days after the date of the COUNTY's written notice to CONTRACTOR.

**2.04 Termination for cause:** Notwithstanding Section 7.02 of the Agreement, if the corrective actions required above are not completed and the report to the COUNTY not made within thirty (30) days, the COUNTY may terminate this Agreement by giving five (5) days' written notice to CONTRACTOR.

### **2.05 Remedies for Inadequate Service Levels:**

- a) For each month that service falls below 80% of the contracted level, CONTRACTOR shall submit to the COUNTY an analysis of the causes of the problem and any necessary actions to be taken to correct the problem. If the problem continues for another month, the COUNTY shall meet with CONTRACTOR to explore the problem and develop an appropriate written corrective action plan with appropriate time frames.

## EXHIBIT B

- b) If CONTRACTOR does not carry out the required corrective action within the time frame specified, sanctions shall be applied in accordance with funding source regulations.
- c) Notwithstanding Section 7.02 of the Agreement, if, after the COUNTY notifies CONTRACTOR of any sanctions to be imposed, CONTRACTOR continues in its failure to take corrective action, then COUNTY may terminate this contract by giving CONTRACTOR five (5) days' written notice.
- d) If all appropriate corrective actions are taken but service still falls 80% or more below contracted level, COUNTY and CONTRACTOR may renegotiate the contracted level of service.

**2.06 Training for Staff:** CONTRACTOR shall insure that sufficient training is provided to its volunteer and paid staff to enable them to perform effectively on the project, and to increase their existing level of skills. Additionally, CONTRACTOR shall ensure that all staff completes Division 21 Civil Rights training.

**2.07 Bi-lingual Services:** CONTRACTOR shall ensure that qualified staff is available to accommodate non-English speaking, and limited English proficient, individuals.

**2.08 Assurance of drug free-workplace:** CONTRACTOR shall submit to the COUNTY evidence of compliance with the California Drug-Free Workplace Act of 1990, Government Code sections 8350 et seq., by doing the following:

- Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the person's or organization's workplace and specifying the actions that will be taken against employees for violations of the prohibition;
  - Establishing a drug-free awareness program to inform employees about all of the following:
    - 1) the dangers of drug abuse in the workplace;
    - 2) the organization's policy of maintaining a drug-free workplace;
    - 3) any available drug counseling, rehabilitation, and employee assistance programs;
    - 4) the penalties that may be imposed upon employees for drug abuse violations;
    - 5) requiring that each employee engaged in the performance of the contract or grant be given a copy of the company's drug-free policy statement and that, as a condition of employment on the contract or grant, the employee agrees to abide by the terms of the statement.

### III. CONFIDENTIALITY

CONTRACTOR and its officers, employees, agents, and subcontractors shall comply with Welfare and Institutions (W & I) Code Sec. 10850, 45 CFR Sec. 205.50, and all other applicable provisions of law which provide for the confidentiality of records and prohibit

## EXHIBIT B

their being opened for examination for any purpose not directly connected with the administration of public social services. Whether or not covered by W&I Code Sec. 10850 or by 45 CFR Sec. 205.50, confidential medical or personnel records and the identities of clients and complainants shall not be disclosed unless there is proper consent to such disclosure or a court order requiring disclosure. Confidential information gained by CONTRACTOR from access to any such records, and from contact with its clients and complainants, shall be used by CONTRACTOR only in connection with its conduct of the program under this Agreement. The COUNTY, through the Director of the Department of Social Services, and his/her representatives, shall have access to such confidential information and records to the extent allowed by law, and such information and records in the hands of the COUNTY shall remain confidential and may be disclosed only as permitted by law.

### IV. NON-DISCRIMINATION

CONTRACTOR certifies that to the best of its ability and knowledge it will comply with the nondiscrimination program requirements set forth in this Section.

**4.01 Discrimination Defined:** The term "discrimination" as used in this contract, is the same term that is used in Monterey County Code, Chapter 2.80 "Procedures for Investigation and Resolution of Discrimination Complaints"; it means the illegal denial of equal employment opportunity, harassment (including sexual harassment and violent harassment), disparate treatment, favoritism, subjection to unfair or unequal working conditions, and/or other discriminatory practice by any Monterey County official, employee or agent, due to an individual's race, color, ethnic group, national origin, ancestry, religious creed, sex, sexual orientation, age, veteran's status, cancer-related medical condition, physical handicap (including AIDS) or disability. The term also includes any act of retaliation.

**4.02 Application of Monterey COUNTY Code Chapter 2.80:** The provisions of Monterey COUNTY Code Chapter 2.80 apply to activities conducted pursuant to this Agreement. Complaints of discrimination made by CONTRACTOR against the COUNTY, or by recipients of services against CONTRACTOR, may be pursued using the procedures established by Chapter 2.80. CONTRACTOR shall establish and follow its own written procedures for the prompt and fair resolution of discrimination complaints made against CONTRACTOR by its own employees and agents, and shall provide a copy of such procedures to COUNTY on demand by COUNTY.

**4.03 Compliance with laws:** During the performance of this Agreement, CONTRACTOR shall comply with all applicable federal, state and local laws and regulations which prohibit discrimination, including but not limited to the following:

- **California Fair Employment and Housing Act**, California Government Code Sec. 12900 et seq., see especially Section 12940 (c), (h), (1), (i), and (j); and the administrative regulations issued thereunder, 2 Calif. Code of Regulations Secs. 7285.0 et seq. (Division 4 - Fair Employment and Housing Commission);

## **EXHIBIT B**

- **California Government Code Secs. 11135 - 11139.5**, as amended (Title 2, Div. 3, Part 1, Chap. 1, Art. 9.5) and any applicable administrative rules and regulations issued under these sections; including **Title 22 California Code of Regulations 98000-98413**.
- **Federal Civil Rights Acts of 1964 and 1991** (see especially Title VI, 42 USC Secs. 2000d et seq.), as amended, and all administrative rules and regulations issued thereunder (see especially 45 CFR Part 80);
- **The Rehabilitation Act of 1973**, Secs. 503 and 504 (29 USC Sec. 793 and 794), as amended; all requirements imposed by the applicable HHS regulations (45 CFR Parts 80, 84 and 91); and all guidelines and interpretations issued pursuant thereto;
- **7 Code of Federal Regulations (CFR)**, Part 15 and **28 CFR** Part 42;
- **Title II of the Americans with Disabilities Act of 1990** (P.L. 101-336), 42 U.S.C. Secs. 12101 et seq. and 47 U.S.C. Secs. 225 and 611, and any federal regulations issued pursuant thereto (see 24 CFR Chapter 1; 28 CFR Parts 35 and 36; 29 CFR Parts 1602, 1627, and 1630; and 36 CFR Part 1191);
- **Unruh Civil Rights Act**, Calif. Civil Code Sec. 51 et seq., as amended;
- **Monterey COUNTY Code**, Chap. 2.80.;
- **Age Discrimination in Employment Act 1975**, as amended (ADEA), 29 U.S.C. Secs 621 et seq.;
- **Equal Pay Act of 1963**, 29 U.S.C. Sec. 206(d);
- **California Equal Pay Act**, Labor Code Sec.1197.5.
- **California Government Code Section 4450**;
- **The Dymally-Alatorre Bilingual Services Act**; Calif. Government Code Sec. 7290 et seq.
- **The Food Stamp Act of 1977**, as amended and in particular Section 272.6.
- **California Code of Regulations, Title 24, Section 3105A(e)**
- **Removal of Barriers to Inter-Ethnic Adoption Act of 1996, Section 1808**

## EXHIBIT B

**4.04 Written assurances:** Upon request by COUNTY, CONTRACTOR will give any written assurances of compliance with the Civil Rights Acts of 1964 and 1991, the Rehabilitation Act of 1973 and/or the Americans with Disabilities Act of 1990, as may be required by the federal government in connection with this Agreement, pursuant to 45 CFR Sec. 80.4 or 45 CFR Sec. 84.5, and 91; 7 CFR Part 15; and 28 CFR Part 35, or other applicable State or federal regulation.

**4.05 Written non-discrimination policy:** Contractor shall maintain a written statement of its non-discrimination policies which shall be consistent with the terms of this Agreement. Such statement shall be available to employees, recipients of services, and members of the public, upon request.

**4.06 Grievance Information:** CONTRACTOR shall advise applicants who are denied CONTRACTOR's services, and recipients who do receive services, of their right to present grievances, and of their right to a State hearing concerning services received under this Agreement.

**4.07 Notice to Labor Unions:** CONTRACTOR shall give written notice of its obligations under paragraphs 4.01 - 4.08 to labor organizations with which it has a collective bargaining or other agreement.

**4.08 Access to records by government agencies:** CONTRACTOR shall permit access by COUNTY and by representatives of the State Department of Fair Employment and Housing, and any state agency providing funds for this Agreement, upon reasonable notice at any time during normal business hours, but in no case less than 24 hours' notice, to such of its books, records, accounts, facilities, and other sources of information as the inspecting party may deem appropriate to ascertain compliance with these non-discrimination provisions.

**4.09 Binding on Subcontractors:** The provisions of paragraphs 4.01 - 4.08 shall also apply to all of CONTRACTOR's subcontractors. CONTRACTOR shall include the non-discrimination and compliance provisions of these paragraphs in all subcontracts to perform work or provide services under this Agreement.

## V. CONTRACT ADMINISTRATORS

**5.01 Contract Administrator – CONTRACTOR:** CONTRACTOR hereby designates Reyes Bonilla as its Contract Administrator for this Agreement. All matters concerning this Agreement which are within the responsibility of CONTRACTOR shall be under the direction of, or shall be submitted to, the CONTRACTOR's Contract Administrator. CONTRACTOR may, in its sole discretion, change its designation of the Contract Administrator, and shall promptly give written notice to COUNTY of any such change.

**5.02 Contract Administrator – COUNTY:** COUNTY hereby designates the Director of the Monterey County Department of Social Services as its Contract Administrator for this Agreement. All matters concerning this Agreement which are within the responsibility of

## **EXHIBIT B**

COUNTY shall be under the direction of, or shall be submitted to, the Director or such other COUNTY employee in the Department of Social Services as the Director may appoint. COUNTY may, in its sole discretion, change its designation of the Contract Administrator, and shall promptly give written notice to CONTRACTOR of any such change.

### **VI. CONTRACT DEPENDENT ON GOVERNMENT FUNDING**

COUNTY's payments to CONTRACTOR under this Agreement are funded by the State and Federal governments. If funds from State and Federal sources are not obtained and continued at a level sufficient to allow for COUNTY's purchase of the indicated quantity of services, then COUNTY may give written notice of this fact to CONTRACTOR, and the obligations of the parties under this Agreement shall terminate immediately, or on such date thereafter, as COUNTY may specify in its notice, unless in the meanwhile the parties enter into a written Amendment modifying this Agreement.

### **VII. APPEAL PROCESS**

In the event of a dispute or grievance regarding the terms and conditions of this Agreement, both parties shall abide by the following procedures:

A. CONTRACTOR shall first discuss the problem informally with the designated DSES Contact/Program Analyst. If the problem is not resolved, CONTRACTOR must, within fifteen (15) working days of the failed attempt to resolve the dispute with DSES Contact/Program Analyst, submit a written complaint, together with any evidence, to the DSES Division Deputy Director. The complaint must include a description of the disputed issues, the legal authority/basis for each issue which supports CONTRACTOR's position, and the remedy sought. The Division Deputy Director shall, within fifteen (15) working days after receipt of CONTRACTOR's written complaint, make a determination on the dispute, and issue a written decision and reasons therefore. All written communication shall be pursuant to Section 14. NOTICES of this Agreement. Should CONTRACTOR disagree with the decision of the Division Deputy Director, CONTRACTOR may appeal the decision to the Director of the Department of Social & Employment Services.

B. CONTRACTOR's appeal of the Division Deputy Director's decision must be submitted to the Department Director within ten (10) working days from the date of the decision; be in writing, state the reasons why the decision is unacceptable, and include the original complaint, the decision that is the subject of appeal, and all supporting documents. Within twenty (20) working days from the date of CONTRACTOR'S appeal, the Department Director, or his/her designee, shall meet with CONTRACTOR to review the issues raised on appeal. The Department Director shall issue a final written decision within fifteen (15) working days of such meeting.

C. CONTRACTOR may appeal the final decision of the Department Director in accordance with the procedures set forth in Division 25.1 (commencing with Section 38050) of the Health and Safety Code and the regulations adopted thereunder. (Title 1, Subchapter 2.5 commencing with Section 251, or Subchapter 3 commencing with Section 300, whichever is applicable, of the California Code of Regulations).

## **EXHIBIT B**

D. CONTRACTOR shall continue to carry out the obligations under this Agreement during any dispute.

E. Costs incurred by CONTRACTOR for administrative/court review are not reimbursable by COUNTY.

January 1, 2017 - December 31, 2017

Agency Name Community Homeless Solutions

| Expense Categories       | Homeless Services | DV Prevention/Intervention | Targeted Initiative: Jan 1 - May 31, 2017 | Total Budget  |
|--------------------------|-------------------|----------------------------|-------------------------------------------|---------------|
|                          | \$33,455.00       | \$111,615.00               | \$15,078.00                               | \$160,148.00  |
| Salaries                 | \$ 25,719.00      | \$ 76,873.00               | \$ -                                      | \$ 102,592.00 |
| Benefits                 | \$ 2,520.00       | \$ 20,348.00               | \$ -                                      | \$ 22,868.00  |
| Payroll Taxes            | \$ 1,500.00       | \$ 4,172.00                | \$ -                                      | \$ 5,672.00   |
| Vehicle Operation        | \$ 1,000.00       | \$ -                       | \$ 2,500.00                               | \$ 3,500.00   |
| Contractor               | \$ -              | \$ -                       | \$ 9,000.00                               | \$ 9,000.00   |
| Case Manager             | \$ -              | \$ -                       | \$ 3,578.00                               | \$ 3,578.00   |
| Indirect Costs (Max 10%) | \$ 2,716.00       | \$ 10,222.00               | \$ -                                      | \$ 12,938.00  |
|                          | \$ -              | \$ -                       | \$ -                                      | \$ -          |
| Program Total            | \$ 33,455.00      | \$ 111,615.00              | \$ 15,078.00                              | \$ 160,148.00 |

**Budget Narrative**

| Expense Category         | Line Item narrative                                                                                                                                                                     |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Salaries                 | 1.5 FTE x 14.50/hr = \$45,240 (DV Advocate)<br>.35 FTE x 20/hr = \$14,933 (DV Program Manager)<br>.50 FTE x 16/hr = \$16,640 (DV Case Manager)                                          |
| Benefits                 | 25% Salaries                                                                                                                                                                            |
| Payroll Taxes            | 10% Salaries                                                                                                                                                                            |
| Vehicle Operation        | Vehicle operation costs for client transportation to and from medical appointments, social service appointments, employment opportunities, court and crisis/emergency needs             |
| Contractor               | Licensed clinician to provide individual and group counseling to women in the transitional housing program                                                                              |
| Case Manager             | Provides case management services including assistance with housing, employment, and other supportive services to clients in shelters, emergency DV shelters, and transitional housing. |
| Indirect Costs (Max 10%) | 10% of overhead and administrative costs                                                                                                                                                |
|                          |                                                                                                                                                                                         |

Source of Funding: CSBG (CFDA #93.569) = \$48,533  
 CalWORKs/Domestic Violence (CFDA #93.558) = \$27,115  
 Domestic Violence Trust Fund (local revenue) = \$84,500

Community Homeless Solutions  
Monterey County Department of Social Services  
January 1, 2017 - December 31, 2017

Exhibit D

Remit To:  
Community Homeless Solutions  
PO Box 1340 Marina, CA 93933

Invoice Month: January

| Expense Categories       | Total Budget | Homeless Services | Total Monthly Expenses | Year to Date Expenses | Balance Remaining |
|--------------------------|--------------|-------------------|------------------------|-----------------------|-------------------|
| Salaries                 | \$ 25,719.00 | \$ -              | \$0.00                 | \$0.00                | \$ 25,719.00      |
| Benefits                 | \$ 2,520.00  | \$ -              | \$0.00                 | \$0.00                | \$ 2,520.00       |
| Payroll Taxes            | \$ 1,500.00  | \$ -              | \$0.00                 | \$0.00                | \$ 1,500.00       |
| Vehicle Operation        | \$ 1,000.00  | \$ -              | \$0.00                 | \$0.00                | \$ 1,000.00       |
| Indirect Costs (max 10%) | \$ 2,716.00  | \$ -              | \$0.00                 | \$0.00                | \$ 2,716.00       |
| Service Total            | \$ 33,455    | \$ -              | \$0.00                 | \$0.00                | \$ 33,455.00      |
| Total Service Budget     | \$ 33,455.00 |                   |                        |                       |                   |
| Year to Date             | \$ -         |                   |                        |                       |                   |
| Balance Remaining        | \$ 33,455.00 |                   |                        |                       |                   |

| Expense Categories       | Total Budget  | DV Prevention/Intervention | Total Monthly Expenses | Year to Date Expenses | Balance Remaining |
|--------------------------|---------------|----------------------------|------------------------|-----------------------|-------------------|
| Salaries                 | \$ 76,873.00  | \$ -                       | \$0.00                 | \$0.00                | \$ 76,873.00      |
| Benefits                 | \$ 20,348.00  | \$ -                       | \$0.00                 | \$0.00                | \$ 20,348.00      |
| Payroll Taxes            | \$ 4,172.00   | \$ -                       | \$0.00                 | \$0.00                | \$ 4,172.00       |
| Indirect Costs (max 10%) | \$ 10,222.00  | \$ -                       | \$0.00                 | \$0.00                | \$ 10,222.00      |
| Service Total            | \$ 111,615    | \$ -                       | \$0.00                 | \$0.00                | \$ 111,615.00     |
| Total Service Budget     | \$ 111,615.00 |                            |                        |                       |                   |
| Year to Date             | \$ -          |                            |                        |                       |                   |
| Balance Remaining        | \$ 111,615.00 |                            |                        |                       |                   |

|                   |               |      |        |        |               |
|-------------------|---------------|------|--------|--------|---------------|
| Complete Total    | \$ 145,070    | \$ - | \$0.00 | \$0.00 | \$ 145,070.00 |
| Total Budget      | \$ 145,070.00 |      |        |        |               |
| Year to Date      | \$ -          |      |        |        |               |
| Balance Remaining | \$ 145,070.00 |      |        |        |               |

I certify that this report is correct and complete to the best of my knowledge and that the costs are eligible pursuant to the terms of the contract.

Person Completing Invoice

Title

Phone #

Authorizing Signature / Date

Monterey County Authorized Signature / Date

Community Homeless Solutions  
 Monterey County Department of Social Services  
 January 1, 2017 - May 31, 2017

Exhibit D-1

Invoice Month: January

| Expense Categories | Total Budget | Targeted Initiative | Total Monthly Expenses | Year to Date Expenses | Balance Remaining |
|--------------------|--------------|---------------------|------------------------|-----------------------|-------------------|
| Contractor         | \$ 9,000.00  | \$ -                | \$ -                   | \$ -                  | \$ 9,000.00       |
| Case Manager       | \$ 3,578.00  | \$ -                | \$ -                   | \$ -                  | \$ 3,578.00       |
| Transportation     | \$ 2,500.00  | \$ -                | \$ -                   | \$ -                  | \$ 2,500.00       |
|                    | \$ -         | \$ -                | \$ -                   | \$ -                  | \$ -              |
|                    | \$ -         | \$ -                | \$ -                   | \$ -                  | \$ -              |
|                    | \$ -         | \$ -                | \$ -                   | \$ -                  | \$ -              |
| Total              | \$ 15,078.00 | \$ -                | \$ -                   | \$ -                  | \$ 15,078.00      |
| Total Budget       | \$ 15,078.00 | \$ 15,078.00        |                        |                       |                   |
| Year to Date       | \$ -         | \$ -                |                        |                       |                   |
| Balance Remaining  | \$ 15,078.00 | \$ 15,078.00        |                        |                       |                   |

I certify that this report is correct and complete to the best of my knowledge and that the costs are eligible pursuant to the terms of the contract.

Person Completing Invoice

Title

Phone #

Authorizing Signature / Date

Monterey County Authorized Signature / Date

Remit To:  
 Community Homeless Solutions  
 PO Box 1340 Marina, CA 93933

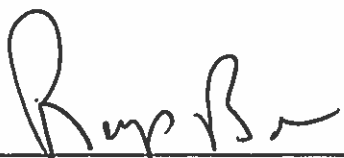
## EXHIBIT E

### CHILD ABUSE & NEGLECT REPORTING CERTIFICATION

Community Homeless Solutions

CONTRACTOR hereby acknowledges that this contract for services will bring CONTRACTOR in contact with children, and that CONTRACTOR has received from COUNTY a copy of Penal Code Sections 11165.7 and 11166 as required by the Child Abuse and Neglect Reporting Act (Penal Code Sections 11164, et seq). CONTRACTOR further certifies that it has knowledge of the provisions of the Act, and will comply with its provisions, which define a mandated reporter and requires that reports of child abuse or neglect be made by a mandated reporter whenever, in his or her professional capacity or within the scope of his or her employment, he/she has knowledge or observes a child whom he/she knows or reasonably suspects has been a victim of neglect or abuse.

CONTRACTOR further gives assurance that all of its employees, consultants, and agents performing services under this Agreement, who are mandated reporters under the Act, sign statements indicating that they know of, and will comply with, the Act's reporting requirements.

  
\_\_\_\_\_  
Authorized Signature

1-13-2017  
Date

- ◆ 24-hour Bilingual Child Abuse Hotline 1-800-606-6618
- ◆ Mandated Child Abuse Reporter Training is available, at no cost, through the Child Abuse Prevention Council of Monterey County (CAPC), 755-4737.

**ELDER/DEPENDENT ADULT  
ABUSE & NEGLECT REPORTING  
CERTIFICATION**

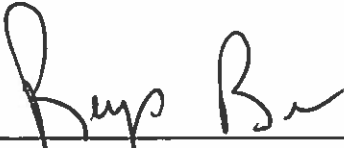
Community Homeless Solutions

CONTRACTOR hereby acknowledges that this contract for services will bring CONTRACTOR in contact with dependent adults or elders, and that CONTRACTOR has received from COUNTY a copy of Welfare & Institutions Code Section 15659 as required by the Elder Abuse and Dependent Adult Civil Protection Act (Welfare & Institutions Code Sections 15600, et seq). CONTRACTOR certifies that it has knowledge of the provisions of the Act, and will comply with its provisions which define a mandated reporter, and requires that reports of abuse or neglect be made by a mandated reporter when, in his or her professional capacity, or within the scope of his or her employment, he/she observes or has knowledge of an incident that reasonably appears to be physical abuse, abandonment, isolation, financial abuse, or neglect.

Form SOC 341, Report of Suspected Dependent Adult/Elder Abuse, and General Instructions are available on the California Department of Social Services website: <http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/SOC341.pdf>

CONTRACTOR further gives assurance that all of its employees, consultants, and agents performing services under this Agreement, who are mandated reporters under the Act, sign statements indicating that they know of and will comply with the Act's reporting requirements.

Form SOC 341A, Statement Acknowledging Requirement to Report Suspected Abuse of Dependent Adult and Elders, is available on the California Department of Social Services website: <http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/SOC341A.pdf>

  
\_\_\_\_\_  
Authorized Signature

1-13-2017  
\_\_\_\_\_  
Date

To Report Suspected Dependent Adult/Elder Abuse during regular business hours, call  
**1 (800) 510-2020**

To Report Suspected Dependent Adult/Elder Abuse after hours, call **911**

**WELFARE AND INSTITUTIONS CODE  
SECTION 15659**

15659.

- (a) Any person who enters into employment on or after January 1, 1995, as a care custodian, health practitioner, or with an adult protective services agency or a local law enforcement agency, prior to commencing his or her employment and as a prerequisite to that employment shall sign a statement on a form, that shall be provided by the prospective employer, to the effect that he or she has knowledge of Section 15630 and will comply with its provisions. The signed statement shall be retained by the employer.
- (b) Agencies or facilities that employ persons required to make reports pursuant to Section 15630, who were employed prior to January 1, 1995, shall inform those persons of their responsibility to make reports by delivering to them a copy of the statement specified in subdivision (a).
- (c) The cost of printing, distribution, and filing of these statements shall be borne by the employer.
- (d) On and after January 1, 1995, when a person is issued a state license or certificate to engage in a profession or occupation the members of which are required to make a report pursuant to Section 15630, the state agency issuing the license or certificate shall send a statement substantially similar to the one contained in subdivision (a) to the person at the same time as it transmits the document indicating licensure or certification to the person.
- (e) As an alternative to the procedure required by subdivision (d), a state agency may cause the required statement to be printed on all application forms for a license or certificate printed on or after January 1, 1995.
- (f) The retention of statements required by subdivision (a), and the delivery of statements required by subdivision (b) shall be the full extent of the employer's duty pursuant to this section. The failure of any employee or other person associated with the employer to report abuse of elders or dependent adults pursuant to Section 15630 or otherwise meet the requirements of this chapter shall be the sole responsibility of that person. The employer or facility shall incur no civil or other liability for the failure of these persons to comply with the requirements of this chapter.

## EXHIBIT G

### Health Insurance Portability & Accountability Act (HIPAA) Certification

WHEREAS, Sections 261 through 264 of the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, known as “the Administrative Simplification provisions,” direct the Department of Health and Human Services to develop standards to protect the security, confidentiality and integrity of health information; and

WHEREAS, pursuant to the Administrative Simplification provisions, the Secretary of Health and Human Services has issued regulations modifying 45 CFR Parts 160 and 164 (the “HIPAA Privacy Rule”); and

WHEREAS, CONTRACTOR and COUNTY have entered into an Agreement (“the Agreement”) to which this Certification is an attachment whereby CONTRACTOR will provide certain services to COUNTY ; and

WHEREAS, CONTRACTOR may have access to Protected Health Information (as defined below) in fulfilling its responsibilities under the underlying Agreement.

THEREFORE, in consideration of the Parties’ continuing obligations under the Agreement, compliance with the HIPAA Privacy Rule, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, CONTRACTOR agrees to the provisions of this Certification and of the HIPAA Privacy Rule and to protect the interests of COUNTY.

#### I. DEFINITIONS

Except as otherwise defined herein, any and all capitalized terms in this Section shall have the definitions set forth in the HIPAA Privacy Rule. In the event of an inconsistency between the provisions of this Certification and mandatory provisions of the HIPAA Privacy Rule, as amended, the HIPAA Privacy Rule shall control. Where provisions of this Certification are different than those mandated in the HIPAA Privacy Rule, but are nonetheless permitted by the HIPAA Privacy Rule, the provisions of this Certification shall control.

The term “Protected Health Information” means individually identifiable health information including, without limitation, all information, data, documentation, and materials, including without limitation, demographic, medical and financial information, that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

CONTRACTOR acknowledges and agrees that all Protected Health Information that is created or received by COUNTY and disclosed or made available in any form, including paper record, oral communication, audio recording, and electronic display by COUNTY, or its operating units, to CONTRACTOR or is created or received by CONTRACTOR on COUNTY’s behalf shall be subject to this Certification.

II. CONFIDENTIALITY REQUIREMENTS

- (a) CONTRACTOR agrees:
- (i) to use or disclose any Protected Health Information solely: (1) for meeting its obligations as set forth in any agreements between the Parties evidencing their business relationship or (2) as required by applicable law, rule or regulation, or by accrediting or credentialing organization to whom COUNTY is required to disclose such information, or as otherwise permitted under this Certification, or the underlying Agreement, (if consistent with this Certification and the HIPAA Privacy Rule), or the HIPAA Privacy Rule, and (3) as would be permitted by the HIPAA Privacy Rule if such use or disclosure were made by COUNTY; and
  - (ii) at termination of the Agreement, (or any similar documentation of the business relationship of the Parties), or upon request of COUNTY, whichever occurs first, if feasible CONTRACTOR will return or destroy all Protected Health Information received from or created or received by CONTRACTOR on behalf of COUNTY that CONTRACTOR still maintains in any form, and retain no copies of such information, or if such return or destruction is not feasible, CONTRACTOR will extend the protections of this Agreement to the information and limit further uses and disclosures to those purposes that make the return or destruction of the information not feasible; and
  - (iii) to ensure that its agents, including a subcontractor(s), to whom it provides Protected Health Information received from or created by CONTRACTOR on behalf of COUNTY, agrees to the same restrictions and conditions that apply to CONTRACTOR with respect to such information. In addition, CONTRACTOR agrees to take reasonable steps to ensure that its employees' actions or omissions do not cause CONTRACTOR to breach the terms of the Agreement.
- (b) Notwithstanding the prohibitions set forth in this Certification or the Agreement, CONTRACTOR may use and disclose Protected Health Information as follows:
- (i) if necessary, for the proper management and administration of CONTRACTOR or to carry out the legal responsibilities of CONTRACTOR, provided that as to any such disclosure, the following requirements are met:
    - (A) the disclosure is required by law; or
    - (B) CONTRACTOR obtains reasonable assurances from the person to whom the information is disclosed that it will be held confidentially and used or further disclosed only as required by law, or for the purpose for which it was disclosed to the person, and the person notifies CONTRACTOR of any instances of which it is aware in which the confidentiality of the information has been breached;
  - (ii) for data aggregation services, if to be provided by CONTRACTOR for the health care operations of COUNTY pursuant to any agreements between the Parties evidencing their business relationship. For purposes of this Certification and the Agreement, data aggregation services means the combining of Protected Health Information by CONTRACTOR with the protected health information received by CONTRACTOR in its capacity as CONTRACTOR of another COUNTY, to permit data analyses that relate to the health care operations of the respective covered entities.

## EXHIBIT G

- (c) CONTRACTOR will implement appropriate safeguards to prevent use or disclosure of Protected Health Information other than as permitted in this Certification. The Secretary of Health and Human Services shall have the right to audit CONTRACTOR's records and practices related to use and disclosure of Protected Health Information to ensure COUNTY's compliance with the terms of the HIPAA Privacy Rule. CONTRACTOR shall report to COUNTY any use or disclosure of Protected Health Information which is not in compliance with the terms of this Certification of which it becomes aware. In addition, CONTRACTOR agrees to mitigate, to the extent practicable, any harmful effect that is known to CONTRACTOR of a use or disclosure of Protected Health Information by CONTRACTOR in violation of the requirements of this Certification or the Agreement.

### III. AVAILABILITY OF PHI

CONTRACTOR agrees to make available Protected Health Information to the extent and in the manner required by Section 164.524 of the HIPAA Privacy Rule. CONTRACTOR agrees to make Protected Health Information available for amendment and incorporate any amendments to Protected Health Information in accordance with the requirements of Section 164.526 of the HIPAA Privacy Rule. In addition, CONTRACTOR agrees to make Protected Health Information available for purposes of accounting of disclosures, as required by Section 164.528 of the HIPAA Privacy Rule.

### IV. TERMINATION

Notwithstanding anything in this Certification or the Agreement to the contrary, COUNTY shall have the right to terminate the Agreement immediately if COUNTY determines that CONTRACTOR has violated any material term of this Certification and/or the Agreement. If COUNTY reasonably believes that CONTRACTOR will violate a material term of this Certification and/or the Agreement and, where practicable, COUNTY gives written notice to CONTRACTOR of such belief within a reasonable time after forming such belief, and CONTRACTOR fails to provide adequate written assurances to COUNTY that it will not breach the cited term of this Certification and/or the Agreement within a reasonable period of time given the specific circumstances, but in any event, before the threatened breach is to occur, then COUNTY shall have the right to terminate the Agreement immediately.

### V. MISCELLANEOUS

Except as expressly stated herein or the HIPAA Privacy Rule, the parties to the Agreement do not intend to create any rights in any third parties. The obligations of CONTRACTOR under this Section shall survive the expiration, termination, or cancellation of this Certification and/or the Agreement, and/or the business relationship of the parties, and shall continue to bind CONTRACTOR, its agents, employees, contractors, successors, and assigns as set forth herein.

The parties agree that, in the event that any documentation of the arrangement pursuant to which CONTRACTOR provides services to COUNTY contains provisions relating to the use or disclosure of Protected Health Information which are more restrictive than the provisions of this Certification or the Agreement, the provisions of the more restrictive documentation will control. The provisions of this

## EXHIBIT G

Certification and the Agreement are intended to establish the minimum requirements regarding CONTRACTOR's use and disclosure of Protected Health Information.

In the event that either party believes in good faith that any provision of this Certification and/or the Agreement fails to comply with the then current requirements of the HIPAA Privacy Rule, such party shall notify the other party in writing. For a period of up to thirty (30) days, the parties shall address in good faith such concern and amend the terms of this Certification and/or the Agreement, if necessary to bring it into compliance. If, after such thirty-day period, the Certification and/or the Agreement fails to comply with the HIPAA Privacy Rule, then either party has the right to terminate upon written notice to the other party.

**CONTRACTOR:** Community Homeless Solutions

By: Ray B.

Title: Executive Director

Date: 1-13-2017

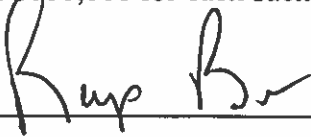
**CERTIFICATION REGARDING LOBBYING**

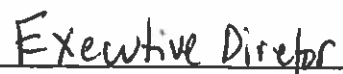
**Community Homeless Solutions**

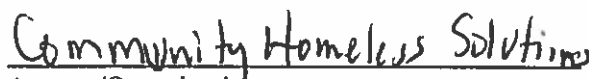
The undersigned certifies, to the best of his or her knowledge and belief, that:

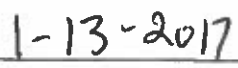
1. No federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including sub-contracts, sub-grants, and contracts under grants, loans, and cooperative agreements, and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Title

  
\_\_\_\_\_  
Agency/Organization

  
\_\_\_\_\_  
Date

**AUDIT & RECOVERY OF OVERPAYMENTS REQUIREMENTS**

**I. CPA Audit on Termination:**

**1.01 Audit Requirement**

At the request of COUNTY, CONTRACTOR shall give to COUNTY an audit or audit reports covering the contract period, prepared by an independent Certified Public Accountant. The audit requirement is for the purpose of determining whether the reported costs are fair and reasonable and have been computed in accordance with generally accepted accounting principles, with the provisions of this Agreement, and with all applicable COUNTY requirements. Such audit shall be performed in accordance with the "Standards for Audit of Governmental Organizations, Programs, Activities, and Functions" as published by the Comptroller General of the United States, and in accordance with generally accepted auditing standards.

**1.02 Audit Submission /Fiscal Year-end**

CONTRACTOR shall provide COUNTY with the audit, or audit report, required herein no later than 120 days after the close of CONTRACTOR's Fiscal Year. If CONTRACTOR's fiscal records adhere to a Fiscal Year different from COUNTY's, then CONTRACTOR's audit will include a schedule(s) coinciding with COUNTY's Fiscal Year (July-June), or CONTRACTOR may submit a program specific audit coinciding with COUNTY's Fiscal Year (July-June).

In the case where providing the required audit within the specified time period represents an unreasonable hardship, CONTRACTOR shall alert COUNTY and request an extension. Additional documentation may be requested by COUNTY in order to grant the extension. The submittal of the audit will continue to be required and due **no later than six (6) months** after the close of CONTRACTOR's fiscal year-end.

**1.03 Audit Format**

CONTRACTOR may submit to COUNTY one of the following in satisfaction of this Audit requirement:

1) An annual independent audit and Management Letter conducted in accordance with Generally Accepted Auditing Standards (GAAS) and Government Auditing Standards (yellow book audit) issued by the Comptroller General of the United States. **The audit must identify all federal, state, County and matching funds issued under this Agreement as a note, or as a supplemental schedule of expenses within Contractor's audits.**

**-OR-**

2) If CONTRACTOR is not required to have an annual independent audit conducted in accordance with *both* Generally Accepted Auditing Standards (GAAS) and Government Auditing Standards (yellow book audit) issued by the Comptroller General of the United States, other than to comply with COUNTY's request, *then* an annual independent audit and Management Letter, conducted only in accordance with Generally Accepted Auditing Standards (GAAS) may be submitted *as long as the audit includes this grant/program as part of the testing*. **The audit must identify all federal, state County and matching funds issued under this Agreement as a note, or as a supplemental schedule of expenses within Contractor's audits.**

## EXHIBIT I

COUNTY reserves the right to require a program specific audit at COUNTY's discretion.

### 1.04 Payment for Audit

CONTRACTOR shall bear all costs in connection with, or resulting from, any audit and/or inspections including, but not limited to, actual cost incurred and the payment/repayment of any expenditures disallowed by COUNTY, State or Federal government entities, including any assessed interest and penalties.

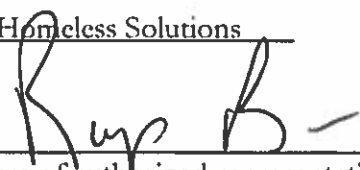
If CONTRACTOR is exempt from federal audit procedures under OMB Circular 133, then payment for this audit shall be made by CONTRACTOR with resources other than grant funds, or those used for matching purposes. If CONTRACTOR is not exempt from federal audit procedures under OMB Circular 133, the cost of audits made in accordance with the provisions of this part are allowable charges to Federal awards. The charges may be considered a direct cost or an allocated indirect cost, as determined in accordance with the provisions of applicable OMB cost principles circulars, the Federal Acquisition Regulation (FAR) (48 CFR parts 30 and 31), or other applicable cost principles or regulations.

### II. Contractor Records

Funds provided by COUNTY shall be accounted for separately in CONTRACTOR's books and records. CONTRACTOR shall keep a systematic accounting record of the receipt and disbursement of COUNTY funds. CONTRACTOR shall permit COUNTY to audit, examine and to copy excerpts and transcripts from such records and to conduct audits or reviews of all records including, but not limited to, invoices, materials, personnel records, bank account records, business records, billing statements, payroll records, business expense records, and any and all other data related to matters covered by this Agreement. CONTRACTOR shall maintain such data and records in an accessible location and condition for a period of at least four (4) years from the close of this Agreement term, or until after the conclusion of any audit, whichever occurs last. The State of California and/or any Federal agency providing funds for this Agreement shall have the same rights conferred upon COUNTY herein. CONTRACTOR shall keep records that are sufficient to permit the tracing of funds to a level of expenditure adequate to ensure that the funds have not been unlawfully spent. CONTRACTOR's records shall describe and support the use of funds for the agreed upon project or services outlined in this Agreement.

**III. Recovery of Overpayments:** If any audit shows that COUNTY has paid to CONTRACTOR any amount in excess of properly allowable costs, then CONTRACTOR shall reimburse COUNTY for that amount, either by a cash payment made within thirty (30) days after COUNTY notifies CONTRACTOR of the overpayment, or by an offset made by COUNTY against any payments owed by COUNTY to CONTRACTOR under this or any other contract.

Community Homeless Solutions

  
(signature of authorized representative)

1-13-2017  
(date)