



Monterey County Board of Supervisors

168 West Alisal Street,
1st Floor
Salinas, CA 93901
www.co.monterey.ca.us

Board Order

Agreement No. A-14368

A motion was made by Supervisor Luis A. Alejo, seconded by Supervisor Chris Lopez, to:

- a. Approve and authorize the Acting Director of the Department of Social Services to sign an agreement with Housing Resource Center of Monterey County for \$2,700,000 for the period of July 1, 2019 through June 30, 2021 to provide housing case management, program housing search, placement support, and rental subsidies for CalWORKs customers referred by Monterey County Department of Social Services; and
- b. Authorize the Acting Director or the Director of the Department of Social Services to sign up to three (3) amendments to this agreement where the total amendments do not exceed 10% (\$270,000) of the original contract amount and do not significantly change the scope of work.

PASSED AND ADOPTED on this 18th day of June 2019, by the following vote, to wit:

AYES: Supervisors Alejo, Lopez, Phillips, Parker and Adams
NOES: None
ABSENT: None

I, Valerie Ralph, Clerk of the Board of Supervisors of the County of Monterey, State of California, hereby certify that the foregoing is a true copy of an original order of said Board of Supervisors duly made and entered in the minutes thereof of Minute Book 82 for the meeting June 18, 2019.

Dated: June 19, 2019
File ID: A 19-224
Agenda Item No.: 50

Valerie Ralph, Clerk of the Board of Supervisors
County of Monterey, State of California

A handwritten signature in black ink, appearing to read "Valerie Ralph", written over a horizontal line.

Valerie Ralph, Clerk of the Board

ORIGINAL

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

This Agreement is made by and between the County of Monterey, a political subdivision of the State of California (hereinafter "County") and:
Housing Resource Center of Monterey County,
(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 case management, program housing search, placement support, and rental subsidies for CalWORKs customers under the Family Stabilization and Housing Support programs.

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 \$ 2,700,000.00.

3.0 TERM OF AGREEMENT.

3.01 The term of this Agreement is from July 1, 2019 to June 30, 2021, 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.~~

CONTRACTOR

ab

County

See Exhibit E

- 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: |
|---|--|
| Denise Vienne - Management Analyst | Jess Gutierrez - Interim Executive Director |
| Name and Title 1000 S. Main Street, Suite 301 Salinas, CA 93901 | Name and Title 201 A John Street Salinas, CA 93901 |
| Address | Address |
| phone:831-796-4484 fax:831-755-8477 Phone | phone:831-424-9186 fax:831-424-9187 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: [Signature]
Department Head (if applicable)

Date: 6/26/19

By: _____
Board of Supervisors (if applicable)

Date: _____

Approved as to Form¹

By: [Signature]
County Counsel

Date: June 3, 2019

Approved as to Fiscal Provisions²

By: [Signature]
Auditor/Controller

Date: 6-19

Approved as to Liability Provisions³

By: _____
Risk Management

Date: _____

Housing Resource Center of Monterey County
Contractor's Business Name*

By: [Signature]
(Signature of Chair, President, or Vice-President)*

Kelley Ann By Chair
Name and Title

Date: 5/28/2019

By: [Signature]
(Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer)*

Tony Bell Treasurer
Name and Title

Date: 5/28/2019

County Board of Supervisors' Agreement Number: A14368, approved on (date): 6/18/19

*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.

¹Approval by County Counsel is required

²Approval by Auditor-Controller is required

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

LIST OF EXHIBITS

Housing Resource Center of Monterey County

| | |
|-------------|---|
| Exhibit A | Scope of Services/Payment Provisions |
| Exhibit A-1 | Service Report |
| Exhibit A-2 | Case Closure Form |
| Exhibit A-3 | Case Closure Letter |
| Exhibit A-4 | Case Denial Letter |
| Exhibit A-5 | Authorization for Release of Information |
| Exhibit A-6 | HSP Referral Form |
| Exhibit A-7 | FS Referral Form |
| Exhibit B | DSS Additional Provisions |
| Exhibit C | Program Budget |
| Exhibit D | 2019-20 Invoice |
| Exhibit D-1 | 2020-21 Invoice |
| Exhibit E | Modifications to Standard Agreement |
| Exhibit F | Audit & Recovery of Overpayments |
| Exhibit F-1 | Schedule of County Programs |
| Exhibit G | Child Abuse & Neglect Reporting |
| Exhibit H | Elder/Dependent Adult Abuse & Neglect Reporting |
| Exhibit I | HIPAA Certification |
| Exhibit J | Lobbying Certification |

SCOPE OF SERVICES/PAYMENT PROVISIONS

HOUSING RESOURCE CENTER OF MONTEREY COUNTY

A. TOTAL FUNDING \$2,700,000.00 (CFDA #93.558)

B. CONTRACT TERM July 1, 2019 to June 30, 2021

C. CONTACT INFORMATION

County Contract Monitor: Monterey County Department of Social Services
Denise Vienne, Management Analyst
1000 S. Main Street, Suite 301 Salinas, CA 93901
Phone: (831) 755-4484 Fax: (831) 755-8477
vienned@co.monterey.ca.us

Contractor Information: Housing Resource Center of Monterey County
Jess Gutierrez, Interim Executive Director
201 A John St Salinas, CA 93901
Phone: (831) 424-9186 Fax: (831) 424-9187
ed@hrcmc.org

Location of Services: Housing Resource Center of Monterey County
201 A John St Salinas, CA 93901
Phone: (831) 424-9186 Fax: (831) 424-9187

D. CONTRACT AWARD INFORMATION

CONTRACTOR DUNS Number: 621459010

Date County Awarded Funding: July 1, 2019

CFDA PASSTHROUGH INFORMATION AND DOLLAR AMOUNT: CFDA #93.558 \$2,700,000

Federal Award Description: Temporary Assistance for Needy Families

Research and Development: No

Indirect Cost Rate: 0%

E. PURPOSE

The purpose of this agreement is to provide administrative and temporary housing subsidy funding to CONTRACTOR to provide housing case management, program housing search, placement support, and rental subsidies for CalWORKs customers referred to CONTRACTOR by COUNTY Department of Social Services for the Housing Support (HSP) and Family Stabilization (FS) programs.

SCOPE OF SERVICES/PAYMENT PROVISIONS

HOUSING SUPPORT PROGRAM

F. PROGRAM DESIGN

- F.1 In 2014, the California Department of Social Services (CDSS) received special authority to launch a new Housing Support (HSP) program. Per Senate Bill (SB) 855 (Chapter 29, Statutes of 2014), housing support in the CalWORKs program is necessary to assist families working towards achieving self-sufficiency. Homelessness and housing instability in the CalWORKs program is a challenging problem that impacts children's wellbeing and their parents' ability to engage in employment. The objective of the CalWORKs HSP is to promote housing stability for families in the CalWORKs program.
- a. CONTRACTOR shall provide staff and services to perform intake, case management, housing assessment, housing search, placement, and on-going housing subsidy payments for up to 40 eligible HSP CalWORKs customers each month.
 - b. For HSP purposes, the COUNTY shall be the HSP Social Service Aide and/or HSP Analyst.

G. PERFORMANCE GOALS

- G.1 Provide rapid rehousing and housing navigation services to support and place 80 families into permanent housing per year.
- G.2 75% of all referred customers are scheduled to attend an intake and assessment within five (5) working days of CONTRACTOR receiving the customer referral from COUNTY.
- G.3 50% of all customers who attend and successfully complete the intake and assessment and fully participate in program's services are placed in safe, clean, and affordable permanent housing within eight (8) weeks of their intake and assessment appointment.

H. CONTRACTOR RESPONSIBILITIES

In accordance with the principles of this Agreement, the duties and responsibilities of CONTRACTOR are outlined as follows. The CONTRACTOR shall:

H.1 Administration

- a. Provide programmatic oversight of the CONTRACTOR responsibilities provided under this Agreement.
- b. Monitor the programs through established processes and in compliance with applicable city, county, state, and federal regulations.
- c. Hold regularly scheduled case review meetings, no less than monthly, with internal program staff to review active cases and ensure adequate program operations.
- d. Invite COUNTY partners to attend the regularly scheduled case review meetings.
- e. Respond to deficiencies in meeting any service requirements in this Agreement within two (2) business days of the deficiency being identified through contract monitoring or reported by the COUNTY Contract Monitor.
 - i. Identification and response shall be captured in written communication.
 - ii. Corrective actions shall be agreed upon by both parties.

SCOPE OF SERVICES/PAYMENT PROVISIONS

- iii. Corrective actions shall be implemented as soon as deemed possible by both parties.
 - f. Ensure appropriate staffing to support the administration and service provided for in this Agreement.
 - g. Ensure replacement staffing is available to continue the uninterrupted provision of services under this Agreement in the event of staffing vacancies related to sickness, absence, or staffing changes.
- H.2 Tracking & Reporting
 - a. Maintain an ongoing and accurate secure program database that includes at minimum the C-IV Customer Identification Number, C-IV Case Number, Customer Last Name, Customer First Name, Housing Program, Date of Referral, Program Start Date, Program End Date, Final Outcome, Comments, and Monthly Progress Updates.
 - b. Provide a monthly electronic copy of the data report to COUNTY Contract Monitor by the 10th day of the month following the month in which services were performed using secure email.
 - c. Provide a current electronic copy of the data report via secure e-mail within three (3) business days of receiving a request from COUNTY.
- H.3 Intake & Assessment
 - a. Accept customer referrals provided by COUNTY and respond within three (3) business days using secure electronic mail confirming receipt of the referral, Case Manager assigned, and the date the customer is scheduled to attend an intake and assessment or information that an attempt to reach the customer has been made.
 - b. Inform COUNTY of missed appointments and provide updated appointment dates to COUNTY program contact as soon as information is available.
 - c. Schedule newly referred customers to attend a comprehensive intake and assessment within five (5) days of receiving a customer referral from COUNTY barring the customer's unavailability.
 - d. Provide emergency intake and assessments as requested by COUNTY to serve customers that require immediate temporary shelter and are "literally homeless" with children under the age of five (5) where failure to provide immediate temporary shelter may result in safety concerns for the children.
 - i. All ad-hoc intake and assessments shall be provided within two (2) business days of receiving a request from COUNTY.
 - e. Develop, maintain, and provide program participant rules and expectations to each referred customer during the comprehensive intake and assessment process.
 - f. Ensure that each comprehensive intake and assessment includes, but is not limited to:
 - i. A formal contact (in person, phone call, email, or letter) with the customer to schedule and confirm the intake and assessment within two (2) days of receiving the referral from COUNTY.
 - ii. The formal contact shall include a list of verification items the customer is required to bring to their intake and assessment appointment.
 - iii. Completion of ABCDM 228 Applicant's Authorization for Release of Information (**Exhibit A-5**), if not provided at time of COUNTY referral.

SCOPE OF SERVICES/PAYMENT PROVISIONS

- iv. One (1) additional formal contact (in person, phone call, email or letter) to remind the customer about the appointment and the verification items required.
- v. A friendly greeting and welcome to CONTRACTOR services at the beginning of the appointment and discussion with the customer about why they have been referred for services, an overview of what services CONTRACTOR provides, which of those services the customer may be eligible for, and an opportunity for the customer to discuss any concerns they have prior to beginning the comprehensive intake and assessment.
- vi. Verbal and written instructions for completion of CONTRACTOR'S program application materials.
- vii. Delivery and discussion of the program participant rules and expectations.
- viii. A thorough family assessment to determine the family size and housing needs to include, but not limited to, housing size, number of bedrooms required, number of bathrooms required, living space required, food preparation space required, and any additional special circumstances (disabilities, dependencies, or special requirements the family may have).
- ix. A thorough financial assessment to include a comparison of all available family income and expenses.
- x. Development of a thorough budget used to determine the amount of income available to pay for housing, if any, after accounting for all other regular expenses. CONTRACTOR shall encourage customers to pay for as much of their own housing as possible.
- xi. Development of a thorough housing plan to include where temporary shelter will be obtained if required, scheduled hours for weekly housing search, short-term and long-term housing goals, along with projected milestone dates for housing applications, interviews, tours, and permanent housing placement.
- xii. Completion of applications for available local low-income housing and housing lists to include, but not be limited to, Housing Authority (HA) Housing Choice Voucher (HCV) program, Community Homeless Solutions, Pueblo del Mar, Homeward Bound, and Sun Street Centers.
- xiii. Discussion and identification of the local areas where housing is available and affordable along with a determination of where the customer desires to live. The discussion shall include access to and availability of child care, the educational needs of school aged children, employment and activity needs of adults, and general public safety concerns for the areas.
- xiv. Delivery and discussion of a thorough list of addresses and contact information for landlords affiliated with CONTRACTOR that have housing available in the area, have agreed to work with program customers, and have housing that the customer both desires and can afford.
- xv. Delivery and discussion of housing search forms used by CONTRACTOR to include written instructions for how the form is to be completed, how often and on what days the form is required to be provided, and what happens if the form is not completed and provided timely.
- xvi. A discussion accompanied with written instructions detailing when the customer's next appointment with CONTRACTOR will be, what the

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customer is expected to do between the current appointment and the next appointment, and who at the CONTRACTOR agency the customer can contact if they need assistance.

- xvii. If requested and necessary, the Housing Case Manager shall make reservations and pay for safe, clean, and affordable temporary shelter starting the evening of the intake and assessment appointment and on a week-by-week basis per the customer's housing plan.
- xviii. Inform customers that placement in temporary shelter is only guaranteed on a week-by-week basis and approval of payment for temporary shelter requires the customer to comply with, and participate in, their housing plan.

H.4 Housing Placement

- a. Reserve, pay for, and place customers who have been referred to, and attended, a comprehensive intake and assessment in safe, clean, and affordable subsidized temporary shelter the same day that the customer attends the comprehensive intake and assessment appointment.
 - i. The temporary shelter placement shall meet minimum state and federal temporary shelter regulations or be a temporary shelter approved by the COUNTY.
 - ii. The temporary shelter placement shall be reserved for an initial minimum period of seven (7) days.
 - iii. Temporary shelter shall be reserved and paid for continually and consecutively, as required, on a week-to-week basis.
 - iv. Temporary shelter subsidies shall be discontinued when the customer has secured and moved into permanent housing, the customer's case is closed, or after one (1) month; whichever occurs first.
 - v. An extension of temporary shelter reservations, payment, and placement may be provided beyond one (1) month, on a case-by-case basis, only if approved by the COUNTY.
- b. Identify, pay for, and place customers who have been referred to, and attended, intake and assessment and have complied with program rules and expectations, and their housing plan, in safe, clean, affordable, and desirable fully or partially subsidized permanent housing within eight (8) weeks of completing the intake and assessment appointment.
- c. Ensure the permanent subsidized housing meets minimum state and federal housing regulations or is approved by the COUNTY.
- d. Ensure that permanent housing, and additional fees such as application fees, utilities, basic furniture and appliances (beds, refrigerator, oven or microwave), and security deposit are secured and paid for continually and consecutively, as required, on a month-to-month basis.
 - i. Permanent shelter subsidies shall be discontinued when it is determined that the customer can afford full monthly permanent housing and utility costs, the customer's case is closed, or after six (6) months, whichever occurs first.
 - ii. An extension of permanent housing payments may be provided beyond six (6) months, on a case-by-case basis, only if approved by the COUNTY.

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- e. Require each customer to agree to and sign a formal budget agreement between the customer and CONTRACTOR detailing the permanent housing subsidy arrangement amount, period, and instructions for the customer to comply with their housing plan.
 - i. Compliance with the housing plan is determined by participation with program requirements and expectations.
 - ii. Ensure that each budget requires the customer to pay a portion of the monthly rental amount. The portion shall gradually increase over time to ensure the customer is able to pay the full rent amount before the end of the permanent housing subsidy period.
- f. Record and report each customer's intake and assessment date, temporary subsidized shelter begin and end dates, permanent subsidized housing placement date, address, monthly rent amount, number of prior months of subsidized permanent housing payments issued, and the projected date for which subsidized permanent housing payments are expected to end in the service provider's secure program database.
- g. Serve as each referred customer's permanent housing advocate and provide coordination services between customers and current and prospective permanent housing landlords.
 - i. This includes providing the landlords with information about CONTRACTOR's services.
- h. Establish trust and confidence between the landlord, the customer, and CONTRACTOR.
 - i. This also includes: the identification of available housing that meets the customer's basic housing needs, obtaining and assisting the customer with completing housing application forms and fees, assistance with submission of housing applications and communication with landlords regarding the application and CONTRACTOR's service, conducting a thorough housing inspection with the customer to ensure permanent housing is clean, safe, affordable, and in a location acceptable to the customer, processing and issuance of approved monthly permanent housing subsidies, reporting of all customer housing issues and concerns to COUNTY, and serving as a reference for future permanent housing opportunities.
- i. Identify and develop a network of Monterey County temporary and permanent housing landlords, service providers, and programs that work with low-income families to include but not be limited to: Housing Authority, Door to Hope, Community Homeless Solutions, Pueblo del Mar, Homeward Bound and Sun Street Centers. Connect referred customers to these landlords, service providers and programs by providing a warm-handoff via in person introductions or three-way phone conversations between CONTRACTOR, the customer, and the low-income service provider(s) identified.
- j. Inform COUNTY of cases being closed by clearly documenting the reasons for closure in services database and completing the Case Closure Form (**Exhibit A-2**) and sending it to the COUNTY Program Contact using secure e-mail within seven (7) days of the actual closure date.

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- k. Complete and mail a formal Case Closure Letter (**Exhibit A-3**) including specific reasons unsatisfactory participation was indicated to the customer's last known address and provide a copy to COUNTY with the Case Closure Form for HSP referred customers who do not successfully complete either the intake and assessment process or do not participate in the program plan.
 - l. Ensure that customers not participating in program services are provided a minimum of three (3) opportunities to comply before their case is closed.
 - m. Complete and send a formal Case Denial Letter (**Exhibit A-4**) to COUNTY Program Contact indicating the specific reasons, behaviors, and violations that indicate that additional program services would not be appropriate for re-referred HSP customers who have been unsuccessful in previous HSP services or have engaged in serious program violations.
- H.5 Subsidized Housing List Development
- a. Identify, develop, and maintain an accurate list of at least twenty (20) currently available subsidized housing locations that will work with CONTRACTOR to support the placement of up to twenty (20) referred families.
 - b. Update the housing list weekly and new listings shall be added to replace listings that are removed or no longer available.
 - i. The listing shall include subsidized housing sites accessible to customers living in South County (including, but not limited to, Bradley, Parkfield, Lockwood, and San Lucas), the Monterey Peninsula, and the greater Salinas areas.
 - c. Develop and maintain sufficient subsidized housing sites to ensure each referred customer is placed within eight (8) weeks of completing the intake and assessment.
 - d. Ensure that new subsidized housing sites are added to the list as needed to satisfy the number of referrals and time requirements outlined in this Agreement.
 - e. Serve as the liaison to landlords and subsidized housing site contacts for each subsidized housing site developed. This includes, but is not limited to:
 - i. Providing each landlord/site contact with training on the program in regard to subsidized payment agreements, the customer's HRC housing plan, how subsidized payments are approved, CONTRACTOR'S expectations for the customer and landlord/site contact, and the requirement for landlord/site contacts to report timely any issues related to the customer that may result in eviction or termination of a subsidized permanent housing arrangement.
 - ii. Respond to landlord/site contact inquiries within forty-eight (48) hours.
 - f. Ensure regular monthly contact is made with each landlord/site contact on the CONTRACTOR'S subsidized housing list to ensure listed housing is still available and landlord/site contact are ready to receive referred customers for placement.
- H.6 Program Staff
- a. Housing Program Manager
 - i. Provide one (1) Housing Program Manager at .75 FTE for both programs to supervise Program Staff and ensure daily compliance with the administrative and operational requirements detailed in this Agreement.

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- ii. The Housing Program Manager shall be the primary point of contact for regular programmatic service information.
 - a) For HSP Program, the Housing Program Manager shall communicate regularly the COUNTY HSP Analysts and COUNTY HSP Social Services Aide.
- ii. The Housing Program Manager shall be trained and qualified to carry out the role and responsibility of each program staff position should additional program support be needed in that position, especially in the support of the Housing Case Manager and Housing Specialist positions.
- b. Housing Case Manager
 - i. Provide three (3) Housing Case Managers at 3.0 FTE for intensive case management services related to both programs detailed in this Agreement.
 - ii. The Housing Case Manager shall ensure a complete intake and assessment is provided to each COUNTY referred customer per Section G.3 Intake and Assessment.
 - iii. Provide same-day intake and assessment for emergency referrals as directed by COUNTY in special circumstances.
 - a) The COUNTY may prioritize a referral as an emergency that supersedes providing program services to other COUNTY referred customers.
 - b) If unable to provide same-day intake and assessment for an emergency referral, ensure the Housing Program Manager contacts the COUNTY to discuss the limitation(s) and reason(s).
 - iv. Ensure temporary and permanent subsidized housing arrangements are made per the housing placement section above.
 - v. Ensure weekly contact is made and recorded with each COUNTY referred customer during the first four (4) weeks of subsidized housing placement.
 - vi. Ensure monthly contact is made and recorded with each COUNTY referred customer participating and complying with their housing plan.
 - vii. Ensure each customer contact is used to determine the customers' needs, satisfaction with their subsidized temporary/permanent housing placement, and progress toward their housing plan.
 - viii. Ensure that an electronic copy of each Weekly Housing Coordination Report is sent using secure electronic mail to the COUNTY FS Supervisors.
 - ix. Ensure that each subsidized temporary and permanent subsidized housing arrangement is safe, clean, affordable, and desired by the customer.
 - x. Ensure that customers with limited means of transportation are provided priority for subsidized housing placement close to their desired location (i.e. child's school or parent's work).
 - xi. Immediately report to the COUNTY, within one (1) business day, if the customer misses the intake and assessment or a scheduled appointment. This report shall be made in writing using secure electronic mail.
 - a) The COUNTY shall assist in obtaining additional contact information and supporting the customer's completion of the intake and assessment as needed.

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- xii. Make a minimum of three (3) attempts to contact a customer that misses a scheduled intake and assessment or appointment during the scheduled appointment time.
 - a) Reschedule customers that respond to the contact attempts to attend the appointment within three (3) days of the successful contact.
- xiii. Provide support to COUNTY referred customers to address and resolve unsatisfactory participation with the housing plan as a component of regular monthly case management.
- xiv. Provide bi-lingual (English-Spanish) case management services either directly or through the use of a translator.
- xv. Identify the housing barriers of each COUNTY referred customer and make recommendations to the customer on how to assist in removing the barriers.
- xvi. Contact each newly housed customer within three (3) business days of the first day of the customer's move-in date to ensure the customer is satisfied and has their basic housing needs met.
- xvii. Close CONTRACTOR housing services when directed by the COUNTY and complete the Case Closure Form process.
 - a) Record the service closure on the service provider's secure program database indicating the service end date and appropriate final outcome.
- xviii. Respond using secure electronic mail to COUNTY inquiries about customer progress within two (2) business days.
- xix. Enter the service end date and service final outcome in the service provider's secure program database at the end of services for each COUNTY referred customer.
- c. Housing Specialist
 - i. Provide two and one-half (2.5) Housing Specialists at 2.5 FTE for both programs and to assist each COUNTY referred customer with temporary and permanent subsidized housing search and placement.
 - ii. The Housing Specialist position shall assist customers to transition into fully subsidized, or partially subsidized, housing based on the customer's needs and budget.
 - iii. The Housing Specialist shall identify and obtain subsidized temporary shelter the same day as the customer attends and completes the intake and assessment for FS program customers.
 - iv. The Housing Specialist shall identify and secure subsidized permanent housing for the customer within eight (8) weeks of completing the intake and assessment provided the customer is in compliance with the program housing plan.
 - v. The Housing Specialist shall provide basic housing search skills training and support to each COUNTY referred customer that they are assigned.
 - vi. The Housing Specialist shall work with each customer to identify potential barriers to housing interviews to include but not be limited to discussing evictions and/or felonies with prospective landlords, acquiring and demonstrating proper interview clothing, language, demeanor, and attitude.

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- vii. Ensure a current and accurate subsidized housing list is developed and maintained according to the Section H.5 Subsidized Housing List Development.
- d. Program Assistant
 - i. Provide one program assistant at .75 FTE for both programs. Program assistant will respond to referrals received from the COUNTY within three (3) business days using secure electronic mail to indicate the referral is received.
 - ii. Ensure each referred customer is scheduled to attend an intake and assessment within five (5) business days of receiving the referral from the COUNTY barring customer's unavailability.

I. COUNTY RESPONSIBILITIES

In accordance with the principles of this Agreement, the duties and responsibilities of COUNTY are outlined as follows. The COUNTY shall:

I.1 Administration

- a. Provide programmatic oversight of the COUNTY responsibilities provided under this Agreement
- b. Review invoices and reports submitted by CONTRACTOR and process for payment.
- c. Communicate at a minimum within two (2) working days to:
 - i. Respond to any inquiries from CONTRACTOR regarding a referral or placement.
 - ii. Share any changes in customer status or circumstances that impact CONTRACTOR.
- d. Be available for monthly meetings and as needed with CONTRACTOR and/or customer.
- e. Conduct a minimum of one (1) contract monitoring visit to evaluate service delivery and CONTRACTOR performance in relation to targets, goals, and responsibilities.
- f. Provide written documentation of contract monitoring findings and recommendations to CONTRACTOR at the conclusion of each visit. Monitoring visits will include a review of each line item in this Agreement.

I.2 Tracking & Reporting

- a. Work closely with CONTRACTOR to obtain detailed program data on a monthly basis for completion of the state mandated HSP-14 monthly reporting requirements.
- b. Report to the State as required regarding Housing Support Program expenditures and participation.
- c. Act as the primary program contact with state level program administrator and ensure program applications, reports, and other requirements are met.
- d. Monitor open cases to ensure client's continued program eligibility. If a case becomes ineligible for services, COUNTY will formally notify CONTRACTOR to discontinue services.

I.3 Intake & Referral

- a. Accept referrals directly from customers and verify program eligibility and indicate Program Code for fiscal claiming.

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- b. Manage and monitor waiting lists as needed
- c. Make timely direct referrals to CONTRACTOR to provide housing/shelter and supportive services as outlined in this Agreement.
 - i. Maintain and refer up to forty (40) COUNTY HSP customers each month.
- d. Submit the following referral information using secure electronic mail to CONTRACTOR on HSP Referral Form (**Exhibit A-6**):
 - i. Customer's C-IV Case Number, Customer's Last Name, Customer's First Name, Customer's working telephone number, Customer's mailing address, original COUNTY referral date and any additional information deemed necessary and relevant by the COUNTY.
 - ii. An electronic copy of the completed ABCDM 228 Applicant's Authorization for Release of Information if applicable (**Exhibit A-5**).
 - a) For referrals in which the customer has only provided verbal permission to send the program referral, CONTRACTOR shall follow-up with obtaining the ABCDM 228 upon the initial intake and assessment. No services beyond the intake shall be provided until the release form is completed.

I.4 Program Staff

- a. Provide staff and administration to ensure the duties and responsibilities of COUNTY are met, including but not limited to:
 - i. COUNTY HSP Analyst
 - ii. COUNTY HSP Social Services Aide

J. DATA REPORTING INSTRUCTIONS & SUBMISSION

- J.1 CONTRACTOR shall provide comprehensive programmatic reports on a monthly basis. Data provided shall include but is not limited to all data elements reported to the California Department of Social Services HSP-14 report.
- J.2 Reports shall be submitted electronically using secure methods to the contract monitor no later than the 10th day of the month following the month in which services are delivered.

FAMILY STABILIZATION PROGRAM

K. PROGRAM DESIGN

- K.1 In 2014, Family Stabilization (FS) became a component of the California Work Opportunity and Responsibility to Kids (CalWORKs) Program that provides intensive case management and services to clients that meet the criteria set forth in AB 74. FS is designed to ensure a basic level of stability within a family prior to, or concurrently with, participation in Welfare-to-Work (WTW) activities. The goal of the FS program is to increase client success in light of the flexible WTW 24-Month Time Clock through more intensive case management and the assignment of clients to the additional activities or barrier removal services necessary to ultimately achieve self-sufficiency.
 - a. CONTRACTOR shall provide staff and services to perform intake, assessment, housing search, placement, and on-going housing subsidy payments for up to 20 eligible FS CalWORKs WTW customers each month.
 - b. For FS program purposes, the COUNTY shall be the FS Case Managers, FS Supervisors, and/or the FS Analyst.

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L. PERFORMANCE GOALS

- L.1 75% of all referred customers are scheduled to attend an intake and assessment within five (5) working days of CONTRACTOR receiving the customer referral from COUNTY.
- L.2 80% of COUNTY referred FS customers who attend and successfully complete the intake and assessment are placed in safe, clean, and affordable temporary shelter the same day that the intake and assessment are completed and until permanently housed or the case is closed.
- L.3 50% of all customers who attend and successfully complete the intake and assessment and fully participate in program's services are placed in safe, clean, and affordable permanent housing within eight (8) weeks of their intake and assessment appointment.

M. CONTRACTOR RESPONSIBILITIES

In accordance with the principles of this Agreement, the duties and responsibilities of CONTRACTOR are outlined as follows. The CONTRACTOR shall:

M.1 Administration

- a. Provide programmatic oversight of the CONTRACTOR responsibilities provided under this Agreement.
- b. Monitor the programs through established processes and in compliance with applicable city, county, state, and federal regulations.
- c. Hold regularly scheduled case review meetings, no less than monthly, with internal program staff to review active cases and ensure adequate program operations.
- d. Invite COUNTY partners to attend these regularly scheduled case review meetings.
- e. Attend regularly scheduled monthly Multi-Disciplinary Team (MDT) meetings during the term of this Agreement with essential staff to review the status of the FS program cases, including the number and progress of serviced customers, challenges, opportunities for improvement, and remaining services to be rendered. Attend additional meetings as scheduled and as needed to discuss other areas that affect either party to this Agreement.
- f. Participate in an annual meeting of CalWORKs Employment Services (CWES) service providers convened by CWES that includes all CWES contractors.
- g. Respond to deficiencies in meeting any service requirements in this Agreement within two (2) business days of the deficiency being identified through contract monitoring or reported by the COUNTY Contract Monitor.
 - i. Identification and response shall be captured in written communication. Corrective actions shall be agreed upon by both parties.
 - ii. Corrective actions shall be implemented as soon as deemed possible by both parties.
- h. Ensure appropriate staffing to support the administration and service provided for in this Agreement.
- i. Ensure replacement staffing is available to continue the uninterrupted provision of services under this Agreement in the event of staffing vacancies related to sickness, absence, or staffing changes.

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M.2 Tracking & Reporting

- a. Maintain an ongoing and accurate secure program database that includes at minimum the C-IV Customer Identification Number, C-IV Case Number, Customer Last Name, Customer First Name, Housing Program, Date of Referral, Program Start Date, Program End Date, Final Outcome, Comments, and Monthly Progress Updates.
- b. Provide a monthly electronic copy of the data report to COUNTY Contract Monitor by the 10th day of the month following the month in which services were performed using secure email.
- c. Provide a current electronic copy of the data report via secure e-mail within three (3) business days of receiving a request from COUNTY.

M.3 Intake & Assessment

- a. Accept customer referrals provided by COUNTY and respond within three (3) business days using secure electronic mail confirming receipt of the referral, Case Manager assigned, and the date the customer is scheduled to attend an intake and assessment or information that an attempt to reach the customer has been made.
- b. Inform COUNTY of missed appointments and provide updated appointment dates to COUNTY program contact as soon as information is available.
- c. Schedule newly referred customers to attend a comprehensive intake and assessment within five (5) days of receiving a customer referral from COUNTY barring the customer's unavailability.
- d. Provide emergency intake and assessments as requested by COUNTY to serve customers that require immediate temporary shelter and are "literally homeless" with children under the age of five (5) where failure to provide immediate temporary shelter may result in safety concerns for the children.
 - i. All ad-hoc intake and assessments shall be provided within two (2) business days of receiving a request from COUNTY.
- e. Develop, maintain, and provide program participant rules and expectations to each referred customer during the comprehensive intake and assessment process.
- f. Ensure that each comprehensive intake and assessment includes, but is not limited to:
 - i. A formal contact (in person, phone call, email, or letter) with the customer to schedule and confirm the intake and assessment within two (2) days of receiving the referral from COUNTY.
 - ii. The formal contact shall include a list of verification items the customer is required to bring to their intake and assessment appointment.
 - iii. Completion of ABCDM 228 Applicant's Authorization for Release of Information (**Exhibit A-5**), if not provided at time of COUNTY referral.
 - iv. One (1) additional formal contact (in person, phone call, email or letter) to remind the customer about the appointment and the verification items required.
 - v. A friendly greeting and welcome to CONTRACTOR services at the beginning of the appointment and discussion with the customer about why they have been referred for services, an overview of what services CONTRACTOR provides, which of those services the customer may be

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- eligible for, and an opportunity for the customer to discuss any concerns they have prior to beginning the comprehensive intake and assessment.
- vi. Verbal and written instructions for completion of CONTRACTOR'S program application materials.
 - vii. Delivery and discussion of the program participant rules and expectations.
 - viii. A thorough family assessment to determine the family size and housing needs to include, but not limited to, housing size, number of bedrooms required, number of bathrooms required, living space required, food preparation space required, and any additional special circumstances (disabilities, dependencies, or special requirements the family may have).
 - ix. A thorough financial assessment to include a comparison of all available family income and expenses.
 - x. Development of a thorough budget used to determine the amount of income available to pay for housing, if any, after accounting for all other regular expenses.
 - xi. Encourage customers to pay for as much of their own housing as possible.
 - xii. Development of a thorough housing plan to include where temporary shelter will be obtained if required, scheduled hours for weekly housing search, short-term and long-term housing goals, along with projected milestone dates for housing applications, interviews, tours, and permanent housing placement.
 - xiii. Completion of applications for available local low-income housing and housing lists to include, but not be limited to, Housing Authority (HA) Housing Choice Voucher (HCV) program, Community Homeless Solutions, Pueblo del Mar, Homeward Bound, and Sun Street Centers.
 - xiv. Discussion and identification of the local areas where housing is available and affordable along with a determination of where the customer desires to live.
 - a) The discussion shall include access to and availability of child care, the educational needs of school aged children, employment and activity needs of adults, and general public safety concerns for the areas.
 - xv. Delivery and discussion of a thorough list of addresses and contact information for landlords affiliated with CONTRACTOR that have housing available in the area, have agreed to work with program customers, and have housing that the customer both desires and can afford.
 - xvi. Delivery and discussion of housing search forms used by CONTRACTOR to include written instructions for how the form is to be completed, how often and on what days the form is required to be provided, and what happens if the form is not completed and provided timely.
 - xvii. A discussion accompanied with written instructions detailing when the customer's next appointment with CONTRACTOR will be, what the customer is expected to do between the current appointment and the next appointment, and who at the CONTRACTOR agency the customer can contact if they need assistance.
 - xviii. If requested and necessary, the Housing Case Manager shall make reservations and pay for safe, clean, and affordable temporary shelter

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- starting the evening of the intake and assessment appointment and on a week-by-week basis per the customer's housing plan.
- xix. Inform customers that placement in temporary shelter is only guaranteed on a week-by-week basis and approval of payment for temporary shelter requires the customer to comply with, and participate in, their housing plan.
 - xx. Immediately following the formal contact, a review of the customer's referral and information and a formal contact with the COUNTY FS Case Manager, if necessary, to obtain additional information about the customer that may be required to support the appointment.
 - xxi. A formal contact with the COUNTY FS Case Manager following the customer's intake and assessment to brief the COUNTY FS Case Manager on the information discussed at the appointment and to provide an electronic copy of the customer's housing plan.
- M.4 Housing Placement**
- a. Reserve, pay for, and place customers who have been referred to, and attended, a comprehensive intake and assessment in safe, clean, and affordable subsidized temporary shelter the same day that the customer attends the comprehensive intake and assessment appointment.
 - i. The temporary shelter placement shall meet minimum state and federal temporary shelter regulations or be a temporary shelter approved by the COUNTY.
 - ii. The temporary shelter placement shall be reserved for an initial minimum period of seven (7) days.
 - iii. Temporary shelter shall be reserved and paid for continually and consecutively, as required, on a week-to-week basis.
 - iv. Temporary shelter subsidies shall be discontinued when the customer has secured and moved into permanent housing, the customer's case is closed, or after one (1) month; whichever occurs first.
 - v. An extension of temporary shelter reservations, payment, and placement may be provided beyond one (1) month, on a case-by-case basis, only if approved by the COUNTY.
 - b. Identify, pay for, and place customers who have been referred to, and attended, intake and assessment and have complied with program rules and expectations, and their housing plan, in safe, clean, affordable, and desirable fully or partially subsidized permanent housing within eight (8) weeks of completing the intake and assessment appointment.
 - c. Ensure the permanent subsidized housing meets minimum state and federal housing regulations or is approved by the COUNTY.
 - i. Obtain COUNTY FS Supervisors approval prior to paying and placing customers in permanent housing.
 - d. Ensure that permanent housing, and additional fees such as application fees, utilities, basic furniture and appliances (beds, refrigerator, oven or microwave), and security deposit are secured and paid for continually and consecutively, as required, on a month-to-month basis.
 - i. Permanent shelter subsidies shall be discontinued when it is determined that the customer can afford full monthly permanent

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- housing and utility costs, the customer's case is closed, or after six (6) months, whichever occurs first.
 - ii. An extension of permanent housing payments may be provided beyond six (6) months, on a case-by-case basis, only if approved by the COUNTY.
 - iii. Obtain COUNTY FS Supervisors approval prior to issuing housing subsidies or paying additional fees and furnishing.
- e. Require each customer to agree to and sign a formal budget agreement between the customer and CONTRACTOR detailing the permanent housing subsidy arrangement amount, period, and instructions for the customer to comply with their housing plan.
 - i. Compliance with the housing plan is determined by participation with program requirements and expectations.
- f. Ensure that each budget requires the customer to pay a portion of the monthly rental amount. The portion shall gradually increase over time to ensure the customer is able to pay the full rent amount before the end of the permanent housing subsidy period.
- g. Provide the COUNTY FS Supervisors and FS MDT with a copy of the formal budget agreement, signed by both the customer and CONTRACTOR for review and approval prior to issuing monthly permanent housing subsidies.
 - i. Written COUNTY FS Analyst or CWES Program Manager approval is required for each month that a housing subsidy will be paid by CONTRACTOR.
 - ii. Initial and additional permanent housing subsidies shall not be paid by CONTRACTOR without obtaining written COUNTY MDT or COUNTY FS Analyst or CWES Program Manager approval.
- h. Record and report each customer's intake and assessment date, temporary subsidized shelter begin and end dates, permanent subsidized housing placement date, address, monthly rent amount, number of prior months of subsidized permanent housing payments issued, and the projected date for which subsidized permanent housing payments are expected to end in the service provider's secure program database.
- i. Serve as each referred customer's permanent housing advocate and provide coordination services between customers and current and prospective permanent housing landlords. This includes providing the landlords with information about CONTRACTOR's services.
- j. Establish trust and confidence between the landlord, the customer, and CONTRACTOR. This also includes: the identification of available housing that meets the customer's basic housing needs, obtaining and assisting the customer with completing housing application forms and fees, assistance with submission of housing applications and communication with landlords regarding the application and CONTRACTOR's service, conducting a thorough housing inspection with the customer to ensure permanent housing is clean, safe, affordable, and in a location acceptable to the customer, processing and issuance of approved monthly permanent housing subsidies, reporting of all customer housing issues and concerns to COUNTY, and serving as a reference for future permanent housing opportunities.

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- k. Identify and develop a network of Monterey County temporary and permanent housing landlords, service providers, and programs that work with low-income families to include but not be limited to: Housing Authority, Door to Hope, Community Homeless Solutions, Pueblo Del Mar, Homeward Bound and Sun Street Centers. Connect referred customers to these landlords, service providers and programs by providing a warm-handoff via in person introductions or three-way phone conversations between CONTRACTOR, the customer, and the low-income service provider(s) identified.
 - l. Obtain COUNTY permission prior to closing FS services and following standard closing processes.
- M.5 Subsidized Housing List Development
- a. Identify, develop, and maintain an accurate list of at least twenty (20) currently available subsidized housing locations that will work with CONTRACTOR to support the placement of up to twenty (20) referred families.
 - i. The housing list shall be updated weekly and new listings shall be added to replace listings that are removed or no longer available.
 - ii. The listing shall include subsidized housing sites accessible to customers living in South County (including, but not limited to, Bradley, Parkfield, Lockwood, and San Lucas), the Monterey Peninsula, and the greater Salinas areas.
 - b. Develop and maintain sufficient subsidized housing sites to ensure each referred customer is placed within eight (8) weeks of completing the intake and assessment. Ensure that new subsidized housing sites are added to the list as needed to satisfy the number of referrals and time requirements outlined in this Agreement.
 - c. Serve as the liaison to landlords and subsidized housing site contacts for each subsidized housing site developed. This includes, but is not limited to:
 - i. Providing each landlord/site contact with training on the program in regard to subsidized payment agreements, the customer's HRC housing plan, how subsidized payments are approved, CONTRACTOR'S expectations for the customer and landlord/site contact, and the requirement for landlord/site contacts to report timely any issues related to the customer that may result in eviction or termination of a subsidized permanent housing arrangement.
 - ii. Respond to landlord/site contact inquiries within forty-eight (48) hours.
 - d. Ensure regular monthly contact is made with each landlord/site contact on the CONTRACTOR'S subsidized housing list to ensure listed housing is still available and landlord/site contact are ready to receive referred customers for placement.
- M.6 Program Staff
- a. Housing Program Manager
 - i. Provide one (1) Housing Program Manager at .75 FTE to supervise the Program Staff for both programs and ensure daily compliance with the administrative and operational requirements detailed in this Agreement.
 - ii. The Housing Program Manager shall be the primary point of contact for regular programmatic service information.

SCOPE OF SERVICES/PAYMENT PROVISIONS

- a) For FS Program, the Housing Program Manager shall communicate regularly with the COUNTY FS Supervisors, COUNTY FS Analyst, and/or CWES Program Manager.
 - ii. The Housing Program Manager shall be trained and qualified to carry out the role and responsibility of each program staff position should additional program support be needed in that position, especially in the support of the Housing Case Manager and Housing Specialist positions.
 - iii. Attend monthly FS MDT meetings as scheduled to discuss customer concerns and challenges.
 - iv. Attend additional FS Program meetings as necessary/required.
- b. Housing Case Manager
 - i. Provide three (3) Housing Case Manager at 3.0 FTE to deliver intensive case management services for both programs detailed in this Agreement.
 - ii. The Housing Case Manager shall ensure a complete intake and assessment is provided to each COUNTY referred customer per Section G.3 Intake and Assessment.
 - iii. Provide same-day intake and assessment for emergency referrals as directed by COUNTY in special circumstances.
 - a) The COUNTY may prioritize a referral as an emergency that supersedes providing program services to other COUNTY referred customers.
 - b) If unable to provide same-day intake and assessment for an emergency referral, ensure the Housing Program Manager contacts the COUNTY to discuss the limitation(s) and reason(s).
 - iv. Ensure temporary and permanent subsidized housing arrangements are made per the housing placement section above.
 - v. Ensure weekly contact is made and recorded with each COUNTY referred customer during the first four (4) weeks of subsidized housing placement.
 - vi. Ensure monthly contact is made and recorded with each COUNTY referred customer participating and complying with their housing plan.
 - vii. Ensure each customer contact is used to determine the customers' needs, satisfaction with their subsidized temporary/permanent housing placement, and progress toward their housing plan.
 - viii. Ensure that Weekly Housing Coordination Reports are completed by the Housing Specialist for each FS customer actively placed in subsidized temporary and permanent housing.
 - ix. Ensure that an electronic copy of each Weekly Housing Coordination Report is sent using secure electronic mail to the COUNTY FS Supervisors.
 - x. Ensure that each subsidized temporary and permanent subsidized housing arrangement is safe, clean, affordable, and desired by the customer.
 - xi. Ensure that customers with limited means of transportation are provided priority for subsidized housing placement close to their desired location (i.e. child's school or parent's work).
 - xii. Immediately report to the COUNTY, within one (1) business day, if the customer misses the intake and assessment or a scheduled appointment.
 - a) This report shall be made in writing using secure electronic mail.

SCOPE OF SERVICES/PAYMENT PROVISIONS

- b) The COUNTY shall assist in obtaining additional contact information and supporting the customer's completion of the intake and assessment as needed.
- xiii. Make a minimum of three (3) attempts to contact a customer that misses a scheduled intake and assessment or appointment during the scheduled appointment time.
 - a) Reschedule customers that respond to the contact attempts to attend the appointment within three (3) days of the successful contact.
- xiv. Provide support to COUNTY referred customers to address and resolve unsatisfactory participation with the housing plan as a component of regular monthly case management.
- xv. Coordinate with each COUNTY FS referred customer's COUNTY FS Case Manager to incorporate the housing plan participation as an activity and component of the customer's FS plan.
- xvi. Participate in group meetings as requested which may include either combination of the COUNTY referred customer, COUNTY staff, COUNTY FS Case Manager, COUNTY FS Supervisors, COUNTY FS Analyst, Housing Specialist, Housing Case Manager, Housing Program Manager and/or landlords/site contacts.
- xvii. Provide bi-lingual (English-Spanish) case management services either directly or through the use of a translator.
- xviii. Identify the housing barriers of each COUNTY referred customer and make recommendations to the customer on how to assist in removing the barriers.
- xix. Contact each newly housed customer within three (3) business days of the first day of the customer's move-in date to ensure the customer is satisfied and has their basic housing needs met.
 - a) If a FS customer is not satisfied or if basic housing needs are not met, communicate with FS program staff using secure electronic mail and discuss plans to satisfy the customer and/or meet basic housing needs.
- xx. Close CONTRACTOR housing services when directed by the COUNTY and complete the Case Closure Form process. Record the service closure on the service provider's secure program database indicating the service end date and appropriate final outcome.
- xxi. Respond using secure electronic mail to COUNTY inquiries about customer progress within two (2) business days.
- xxii. Report to the customer's COUNTY FS Case Manager using secure electronic mail whenever a COUNTY FS referred customer misses a scheduled appointment or the customer's services are required to be interrupted and/or discontinued.
- xxiii. Enter the service end date and service final outcome in the service provider's secure program database at the end of services for each COUNTY referred customer.
- xxiv. Attend monthly FS MDT meetings as scheduled to discuss customer progress.

SCOPE OF SERVICES/PAYMENT PROVISIONS

- c. **Housing Specialist**
 - i. Provide two and one-half (2.5) Housing Specialists at 2.5 FTE for both programs and to assist each COUNTY referred customer with temporary and permanent subsidized housing search and placement.
 - ii. The Housing Specialist position shall assist customers to transition into fully subsidized, or partially subsidized, housing based on the customer's needs and budget.
 - iii. The Housing Specialist shall identify and obtain subsidized temporary shelter the same day as the customer attends and completes the intake and assessment for FS program customers.
 - iv. The Housing Specialist shall identify and secure subsidized permanent housing for the customer within eight (8) weeks of completing the intake and assessment provided the customer is in compliance with the program housing plan.
 - v. Housing Specialist services will be provided weekly to each FS customer referred.
 - vi. The Housing Specialist shall provide a Weekly Housing Coordination Report detailing the weekly progress that each COUNTY FS referred customer has made toward obtaining subsidized temporary and permanent housing.
 - a) The Weekly Housing Coordination Report shall also identify each customer that is currently placed in subsidized housing and provide a running total of the number of current subsidized housing placements.
 - b) The Weekly Housing Coordination Report shall also identify those COUNTY FS referred customers that are nearing completion of CONTRACTOR paid housing subsidies and are not yet able to afford or maintain unsubsidized permanent housing.
 - c) The Weekly Housing Coordination Report shall be provided to the Housing Case Manager, Housing Program Manager, and the COUNTY FS Supervisors weekly on the first business day of the week with information pertaining to the previous week.
 - vii. The Housing Specialist shall provide basic housing search skills training and support to each COUNTY referred customer that they are assigned. The Housing Specialist shall work with each customer to identify potential barriers to housing interviews to include but not be limited to discussing evictions and/or felonies with prospective landlords, acquiring and demonstrating proper interview clothing, language, demeanor, and attitude. The Housing Specialist shall report FS program identified potential barriers to the COUNTY FS Case Manager or COUNTY FS Supervisors.
 - viii. Ensure a current and accurate subsidized housing list is developed and maintained according to the Section H.5 Subsidized Housing List Development.
 - ix. Attend monthly FS MDT meetings as scheduled to discuss customer cases and progress.
- d. **Program Assistant**

SCOPE OF SERVICES/PAYMENT PROVISIONS

- i. Provide one program assistant at .75 FTE for both programs. Program assistant will respond to referrals received from the COUNTY within three (3) business days using secure electronic mail to indicate the referral is received.
- ii. Ensure each referred customer is scheduled to attend an intake and assessment within five (5) business days of receiving the referral from the COUNTY barring customer's unavailability.

N. COUNTY RESPONSIBILITIES

In accordance with the principles of this Agreement, the duties and responsibilities of COUNTY are outlined as follows:

N.1 Administration

- a. Provide programmatic oversight of the COUNTY responsibilities provided under this Agreement
- b. Review invoices and reports submitted by CONTRACTOR and process for payment.
- c. Communicate at a minimum within two (2) working days to:
 - i. Respond to any inquiries from CONTRACTOR regarding a referral or placement.
 - ii. Share any changes in customer status or circumstances that impact CONTRACTOR.
- d. Be available for monthly meetings and as needed with CONTRACTOR and/or customer.
- e. Conduct a minimum of one (1) contract monitoring visit to evaluate service delivery and CONTRACTOR performance in relation to targets, goals, and responsibilities.
- f. Provide written documentation of contract monitoring findings and recommendations to CONTRACTOR at the conclusion of each visit. Monitoring visits will include a review of each line item in this Agreement.

N.2 Tracking & Reporting

- a. Work closely with CONTRACTOR to obtain detailed program data on a monthly basis for completion of the state mandated FSP-14 monthly reporting requirements.
- b. Report to the State as required regarding AB 74 Family Stabilization expenditures and participation.
- c. Act as the primary program contact with state level program administrator and ensure program applications, reports, and other requirements are met.
- d. Monitor open cases to ensure client's continued program eligibility. If a case becomes ineligible for services, COUNTY will formally notify CONTRACTOR to discontinue services.

N.3 Intake & Referral

- a. Accept referrals directly from customers and verify program eligibility and indicate Program Code for fiscal claiming.
- b. Manage and monitor waiting lists as needed
- c. Make timely direct referrals to CONTRACTOR to provide housing/shelter and supportive services as outlined in this Agreement.
 - i. Maintain and refer up to twenty (20) COUNTY FS customers each month.

SCOPE OF SERVICES/PAYMENT PROVISIONS

- d. Submit the following referral information using secure electronic mail or fax to CONTRACTOR on FS Referral Form (**Exhibit A-7**):
 - i. Customer's C-IV Case Number, Customer's Last Name, Customer's First Name, Customer's working telephone number, Customer's mailing address, original COUNTY referral date and any additional information deemed necessary and relevant by the COUNTY.
 - ii. An electronic copy of the completed ABCDM 228 Applicant's Authorization for Release of Information if applicable (**Exhibit A-5**).
 - a) For referrals in which the customer has only provided verbal permission to send the program referral, CONTRACTOR shall follow-up with obtaining the ABCDM 228 upon the initial intake and assessment. No services beyond the intake shall be provided until the release form is completed.

N.4 Program Staff

- a. Provide staff and administration to ensure the duties and responsibilities of COUNTY are met, including but not limited to:
 - i. COUNTY FS Analyst
 - ii. COUNTY FS Supervisors
 - iii. COUNTY FS Case Managers
 - iv. COUNTY CWES Program Managers

HOUSING SUPPORT & FAMILY STABILIZATION PROGRAMS

O. DATA REPORTING INSTRUCTIONS & SUBMISSION

- O.1 CONTRACTOR shall provide comprehensive programmatic reports on a monthly basis. Data provided shall include but is not limited to all data elements reported to the California Department of Social Services HSP-14 report and FSP-14 report.
- O.2 CONTRACTOR shall allow COUNTY to access, monitor, view, and run detailed reports on CONTRACTOR'S HMIS data for clients of both HSP and FS Programs.
- O.3 CONTRACTOR shall also submit a semi-annual service report addressing deliverables outlined in this Scope of Services using the report template included in this Agreement as **Exhibit A-1** to the County Contract Monitor.
- O.4 These reports are due:
 - a. January 10, 2020 for the period of July 1, 2019 to December 31, 2019
 - b. July 10, 2020 for the period of July 1, 2019 to June 30, 2020
 - c. January 10, 2021 for the period of July 1, 2020 to December 31, 2020
 - d. July 10, 2021 for the period of July 1, 2020 to June 30, 2021
- O.5 All reports shall be submitted electronically using secure methods to the contract monitor no later than the 10th day of the month following the month in which services are delivered.

P. PAYMENT PROVISIONS

County shall pay CONTRACTOR according to the terms set forth in **Exhibit B**, Section I. PAYMENT BY COUNTY.

- P.1 The total amount payable by COUNTY to CONTRACTOR for the period July 1, 2019 through June 30, 2020 shall not exceed **one million three hundred fifty thousand dollars and zero cents (\$1,350,000.00)**.

SCOPE OF SERVICES/PAYMENT PROVISIONS

- P.2 The total amount payable by COUNTY to CONTRACTOR for the period July 1, 2020 through June 30, 2021 shall not exceed **one million three hundred fifty thousand dollars and zero cents (\$1,350,000.00)**.
- P.3 The maximum amount payable by COUNTY to CONTRACTOR under this Agreement shall not exceed **two million seven hundred thousand dollars (\$2,700,000.00)** as detailed in the **Budget (Exhibit C)**.
- P.4 CONTRACTOR shall submit original signed invoices with detailed supportive documentation to the County setting forth the amount claimed no less often than monthly by the 10th day of the month following the month in which services were performed.
- a. The invoices shall contain the original signature of the person authorized to submit claims for payment, and any required documentation supporting the amount claimed shall be submitted with the invoice.
- P.5 The invoices for both programs shall be submitted on the form set forth in **Exhibit D** for the period July 1, 2019 through June 30, 2020
- P.6 The invoices for both programs shall be submitted on the form set forth in **Exhibit D-1** for the period of July 1, 2020 through June 30, 2021.
- P.7 All original signed invoices shall be mailed to:
- a. Monterey County Department of Social Services
Attn: Denise Vienne
1000 S. Main St, Suite 301
Salinas, CA 93901

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Monterey County Service Report

Name of Agency Reporting:

Housing Resource Center of Monterey County

| CONTRACT INITIATION SECTION | | | | | | | |
|---|---|-------------------------------------|--|--|---|--|---|
| <p>Prior to the start of the contract period; proposed target goals for the contracted services must be completed in the following report. The following sections must be completed to initiate the contract.</p> | | | | | | | |
| <p>A. COVER PAGE: Click the box of the service domain being addressed through this agreement.</p> | | | | | | | |
| <p>Service Domain(s) to be addressed:</p> | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Employment</td> <td style="width: 50%; padding: 2px;"><input checked="" type="checkbox"/> Health & Social/Behavioral Development</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Education & Cognitive Development</td> <td style="padding: 2px;"><input type="checkbox"/> Civic Engagement & Community Involvement</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Income & Asset Building</td> <td style="padding: 2px;"><input checked="" type="checkbox"/> Housing <input type="checkbox"/> Cross Domain Coordination</td> </tr> </table> | <input type="checkbox"/> Employment | <input checked="" type="checkbox"/> Health & Social/Behavioral Development | <input type="checkbox"/> Education & Cognitive Development | <input type="checkbox"/> Civic Engagement & Community Involvement | <input type="checkbox"/> Income & Asset Building | <input checked="" type="checkbox"/> Housing <input type="checkbox"/> Cross Domain Coordination |
| <input type="checkbox"/> Employment | <input checked="" type="checkbox"/> Health & Social/Behavioral Development | | | | | | |
| <input type="checkbox"/> Education & Cognitive Development | <input type="checkbox"/> Civic Engagement & Community Involvement | | | | | | |
| <input type="checkbox"/> Income & Asset Building | <input checked="" type="checkbox"/> Housing <input type="checkbox"/> Cross Domain Coordination | | | | | | |
| <p>B. GOALS: Review the National Performance Outcomes listed in this form and identify those that best fit the services and outcomes related to your agency and work performed under this contract. If no indicator appropriately matches your services, customized indicators can be written in under the "other" sections of the appropriate service domain. In the first column, insert the number of participants or units proposed to be served by the relevant program. In the second column, insert the number of participants or units proposed to achieve the indicator goal. In the third column, agencies must indicate a method of documentation that sets the metric to be used to determine the goal was met (i.e. pre- and post-tests, paystubs, case notes indicating marked improvement in the area indicated, bank statements, behavior matrix, etc.). Documentation methods may vary, but must be briefly described here.</p> | | | | | | | |
| <p>D. SERVICE COUNTS: Review the Individual and Family Services listed in this form and identify those that best fit the services related to your agency and work performed under this contract. In the first column, insert the number of unduplicated participants proposed to be served by your program. Documentation methods may vary, but must be provided upon request.</p> | | | | | | | |

CONTRACT REPORTING INSTRUCTIONS**MID YEAR REPORT SECTION - DUE 10th of Month (of mid-contract year)**

A mid-year progress report is due on the 10th of the month following the first half of the contract year. This report will provide an update assessing the agency's current progress on the goals established at the start of the contract period and may be used in conjunction with the agency monitoring process. The following sections must be completed in order to fully meet the requirements of the mid-year report.

C. OUTCOMES REPORT: Only enter data in the column titled "III-IV.) Mid-Year Results (#)." Provide mid-year outcomes for those attaining the achievement within the first half of the contract term on only the indicators selected during the initiation phase and a projection was determined. If attainment cannot yet be determined as per the method described in the goals, do not count those "in progress." You may be asked to provide documentation used to support the data reported.

D. SERVICE COUNTS: Only enter mid-year results in the indicators in which projections were established at the beginning of the contract. Data should be entered into the column titled "II. Mid-Year Progress of Individuals Served (#)" and covers the period first 6 months. Documentation methods may vary, but must be provided upon request.

END OF YEAR REPORT SECTION - DUE 10th of Month (after contract term)

An end of year closure report is due on the 10th of the month following the end of the contract term. This report will provide a final outcomes report of the agency's performance to meet the goals established at the start of the contract period. Results may be used to evaluate agency and contractual service performance. The following sections must be completed in order to fully meet the requirements of the end of year report.

C. OUTCOMES REPORT: Only enter data in the column titled "V-VI.) Final Results (#)." Provide end of year outcomes for those attaining the achievement anytime during the contract term on only the indicators selected during the initiation phase and a projection was determined. You may be asked to provide documentation used to support the data reported.

D. SERVICE COUNTS: Only enter data in the column titled "III.) Total Unduplicated Number Served (#)." Provide end of year service counts for those attaining the achievement anytime during the contract term on only the indicators selected during the initiation phase and a projection was determined. You may be asked to provide documentation used to support the data reported.

E. CHARACTERISTICS: Complete client demographic data for individuals and families receiving services under this contract during the contract term. Only enter data for which documentation can be provided to validate information. Your agency may be asked to provide documentation used to support the report.

Monterey County CAP Outcomes Report

| Individual and Family National Performance Indicators (FNPI) Outcomes | | | | | | | | | |
|---|---|---|---|--|---|--|---|---|---|
| | | I) Number of Participants to be Served in program(s) (PI) | II) Target (T) to be Attain Achievement | III) Final Results (R) (Number of Participants Served) | IV) Final Results (R) (Number of Participants Attain Achievement) | V) Final Results (R) (Number of Participants Served) | VI) Final Results (R) (Number of Participants Attain Achievement) | VII) Percentage Achieving Outcome (R/V) (VII) (R auto calculated) | VIII) Performance Target Accuracy (R/II + VIII) (R auto calculated) |
| Employment Indicators (FNPI 1) | | | | | | | | | |
| FNPI 1.1 | The number of unemployed youth who obtained employment to gain skills or income. | 0 | 0 | | | | | | |
| FNPI 1.2 | The number of unemployed adults who obtained employment (up to a living wage). | 0 | 0 | | | | | | |
| FNPI 1.3 | The number of unemployed adults who obtained and maintained employment for at least 90 days (up to a living wage). | 0 | 0 | | | | | | |
| FNPI 1.4 | The number of unemployed adults who obtained and maintained employment for at least 180 days (up to a living wage). | 0 | 0 | | | | | | |
| FNPI 1.5 | The number of unemployed adults who obtained employment (with a living wage or higher). | 0 | 0 | | | | | | |
| FNPI 1.6 | The number of unemployed adults who obtained and maintained employment for at least 90 days (with a living wage or higher). | 0 | 0 | | | | | | |
| FNPI 1.7 | The number of unemployed adults who obtained and maintained employment for at least 180 days (with a living wage or higher). | 0 | 0 | | | | | | |
| FNPI 1.8 | The number of employed participants in a career-advancement related program who entered or transitioned into a position that provided increased income and/or benefits. | 0 | 0 | | | | | | |
| FNPI 1.8.1 | Of the above, the number of employed participants who increased income from employment through wage or salary amount increase. | 0 | 0 | | | | | | |
| FNPI 1.8.2 | Of the above, the number of employed participants who increased income from employment through hours worked increase. | 0 | 0 | | | | | | |
| FNPI 1.8.3 | Of the above, the number of employed participants who increased benefits related to employment. | 0 | 0 | | | | | | |
| Other Employment Outcome Indicator (FNPI 1) | | | | | | | | | |
| FNPI 1.1.1 | Other | 0 | 0 | | | | | | |
| FNPI 1.2.1 | Other | 0 | 0 | | | | | | |
| FNPI 1.3.1 | Other | 0 | 0 | | | | | | |
| Education and Cognitive Development (FNPI 2) | | | | | | | | | |
| FNPI 2.1 | The number of children (0 to 5) who demonstrated improved emergent literacy skills. | 0 | 0 | | | | | | |
| FNPI 2.2 | The number of children (0 to 5) who demonstrated skills for school readiness. | 0 | 0 | | | | | | |
| FNPI 2.3 | The number of children and youth who demonstrated improved positive approaches toward learning, including improved attention skills. (auto total). | 0 | 0 | 0 | 0 | 0 | 0 | | |
| FNPI 2.3.1 | Early Childhood Education (ages 0-5) | 0 | 0 | | | | | | |
| FNPI 2.3.2 | 1st grade-8th grade | 0 | 0 | | | | | | |
| FNPI 2.3.3 | 9th grade-12th grade | 0 | 0 | | | | | | |
| FNPI 2.4 | The number of children and youth who are achieving at basic grade level (academic, social, and other school success skills). (auto total) | 0 | 0 | 0 | 0 | 0 | 0 | | |
| FNPI 2.4.1 | Early Childhood Education (ages 0-5) | 0 | 0 | | | | | | |
| FNPI 2.4.2 | 1st grade-8th grade | 0 | 0 | | | | | | |
| FNPI 2.4.3 | 9th grade-12th grade | 0 | 0 | | | | | | |
| FNPI 2.5 | The number of parents/caregivers who improved their home environments. | 0 | 0 | | | | | | |
| FNPI 2.6 | The number of adults who demonstrated improved basic education. | 0 | 0 | | | | | | |
| FNPI 2.7 | The number of individuals who obtained a high school diploma and/or obtained an equivalency certificate or diploma. | 0 | 0 | | | | | | |
| FNPI 2.8 | The number of individuals who obtained a recognized credential, certificate, or degree relating to the achievement of educational or vocational skills. | 0 | 0 | | | | | | |
| FNPI 2.8.1 | The number of individuals who obtained an Associate's degree. | 0 | 0 | | | | | | |
| FNPI 2.8.2 | The number of individuals who obtained a Bachelor's degree. | 0 | 0 | | | | | | |
| Other Education and Cognitive Development Outcome Indicator (FNPI 2) | | | | | | | | | |
| FNPI 2.1.1 | Other | 0 | 0 | | | | | | |
| FNPI 2.2.1 | Other | 0 | 0 | | | | | | |
| FNPI 2.3.1 | Other | 0 | 0 | | | | | | |

| | | (I) Number of Participants to be Served in program(s) (I) | (II) Target (T) to Attain Achievement | (III) Actual Number of Participants Served | (IV) Final Results (R) Number of Participants who Attain Achievement | (V) Final Results (R) Number of Participants Served | (VI) Final Results (R) Number of Participants Attain Achievement | (VII) Percentage Achieving Outcome (TUV = VI/IV x 100) | (VIII) Performance Target Accuracy (TUV = VI/T x 100 calculated) |
|--|---|---|---------------------------------------|--|--|---|--|--|--|
| Income and Asset Building (FNPI 3) | | | | | | | | | |
| FNPI 3.1 | The number of individuals who achieved and maintained capacity to meet basic needs for 90 days. | 0 | 0 | | | | | | |
| FNPI 3.2 | The number of individuals who achieved and maintained capacity to meet basic needs for 180 days. | 0 | 0 | | | | | | |
| FNPI 3.3 | The number of individuals who opened a savings account or IDA. | 0 | 0 | | | | | | |
| FNPI 3.4 | The number of individuals who increased their savings. | 0 | 0 | | | | | | |
| FNPI 3.5 | The number of individuals who used their savings to purchase an asset. | 0 | 0 | | | | | | |
| FNPI 3.6 | Of the above, the number of individuals who purchased a home. | 0 | 0 | | | | | | |
| FNPI 3.7 | The number of individuals who improved their credit scores. | 0 | 0 | | | | | | |
| FNPI 3.8 | The number of individuals who increased their net worth. | 0 | 0 | | | | | | |
| FNPI 3.9 | The number of individuals engaged with the Community Action Agency who report improved financial well-being. | 0 | 0 | | | | | | |
| Other Income and Asset Building Outcome Indicator (FNPI 3) | | | | | | | | | |
| FNPI 3.10 | Other | 0 | 0 | | | | | | |
| FNPI 3.11 | Other | 0 | 0 | | | | | | |
| FNPI 3.12 | Other | 0 | 0 | | | | | | |
| Housing (FNPI 4) | | | | | | | | | |
| FNPI 4.1 | The number of households experiencing homelessness who obtained safe temporary shelter. | 140 | 109 | | | | | | |
| FNPI 4.2 | The number of households who obtained safe and affordable housing. | 537 | 255 | | | | | | |
| FNPI 4.3 | The number of households who maintained safe and affordable housing for 90 days. | 180 | 90 | | | | | | |
| FNPI 4.4 | The number of households who maintained safe and affordable housing for 180 days. | 260 | 138 | | | | | | |
| FNPI 4.5 | The number of households who avoided eviction. | 45 | 26 | | | | | | |
| FNPI 4.6 | The number of households who avoided foreclosure. | 0 | 0 | | | | | | |
| FNPI 4.7 | The number of households who experienced improved health and safety due to improvements within their home (e.g. reduction or elimination of lead, radon, carbon dioxide and/or fire hazards or electrical issues, etc). | 0 | 0 | | | | | | |
| FNPI 4.8 | The number of households with improved energy efficiency and/or energy burden reduction in their homes. | 0 | 0 | | | | | | |
| Other Housing Outcome Indicator (FNPI 4) | | | | | | | | | |
| FNPI 4.9 | Other | 0 | 0 | | | | | | |
| FNPI 4.10 | Other | 0 | 0 | | | | | | |
| FNPI 4.11 | Other | 0 | 0 | | | | | | |
| Health and Social/Behavioral Development (FNPI 5) | | | | | | | | | |
| FNPI 5.1 | The number of individuals who demonstrated increased nutrition skills (e.g. cooking, shopping, and growing food). | 0 | 0 | | | | | | |
| FNPI 5.2 | The number of individuals who demonstrated improved physical health and well-being. | 0 | 0 | | | | | | |
| FNPI 5.3 | The number of individuals who demonstrated improved mental and behavioral health and well-being. | 0 | 0 | | | | | | |
| FNPI 5.4 | The number of individuals who improved skills related to the adult role of parents/caregivers. | 0 | 0 | | | | | | |
| FNPI 5.5 | The number of parents/caregivers who demonstrated increased sensitivity and responsiveness in their interactions with their children. | 0 | 0 | | | | | | |
| FNPI 5.6 | The number of seniors (65+) who maintained an independent living situation. | 10 | 4 | | | | | | |
| FNPI 5.7 | The number of individuals with disabilities who maintained an independent living situation. | 84 | 61 | | | | | | |
| FNPI 5.8 | The number of individuals with chronic illness who maintained an independent living situation. | 43 | 30 | | | | | | |
| FNPI 5.9 | The number of individuals with no recidivating event for six months. | 0 | 0 | | | | | | |
| FNPI 5.10 | Youth (ages 14-17) | 0 | 0 | | | | | | |
| FNPI 5.11 | Adults (ages 18+) | 0 | 0 | | | | | | |
| Other Health and Social/Behavioral Development Outcome Indicator (FNPI 5) | | | | | | | | | |
| FNPI 5.12 | Other | 0 | 0 | | | | | | |
| FNPI 5.13 | Other | 0 | 0 | | | | | | |
| FNPI 5.14 | Other | 0 | 0 | | | | | | |

| | | I.) Number of Participants to be Served in program(s) (I) | II.) Target (II) to be Achieved | III.) Minimum Results (III) Number of Participants Served | IV.) Maximum Results (IV) Number of Participants Served | V.) Final Results (V) Number of Participants Served | VI.) Final Results (VI) Number of Participants Attain Achievement | VII.) Percentage Achieving Outcome [(V/IV) x 100] (to auto calculate) | VIII.) Performance Target Accuracy [(VI/III) x 100] (to auto calculate) |
|------------------|---|---|---------------------------------|---|---|---|---|---|---|
| FNPI 5 | Civic Engagement and Community Involvement Indicators (FNPI 5) | | | | | | | | |
| FNPI 5a | The number of Community Action program participants who increased skills, knowledge, and abilities to enable them to work with Community Action to improve conditions in the community. | 0 | 0 | | | | | | |
| FNPI 5a.1 | Of the above, the number of Community Action program participants who improved their leadership skills. | 0 | 0 | | | | | | |
| FNPI 5a.2 | Of the above, the number of Community Action program participants who improved their social networks. | 0 | 0 | | | | | | |
| FNPI 5a.3 | Of the above, the number of Community Action program participants who gained other skills, knowledge and abilities to enhance their ability to engage. | 0 | 0 | | | | | | |
| FNPI 6 | Other Civic Engagement and Community Involvement Outcome Indicator (FNPI 6) | | | | | | | | |
| FNPI 6a.1 | Other | 0 | 0 | | | | | | |
| FNPI 6a.2 | Other | 0 | 0 | | | | | | |
| FNPI 6a.3 | Other | 0 | 0 | | | | | | |
| FNPI 7 | Outcomes Across Multiple Domains (FNPI 7) | | | | | | | | |
| FNPI 7a | The number of individuals who achieved one or more outcomes as identified by the National Performance Indicators in various domains. | 0 | 0 | | | | | | |
| FNPI 8 | Other Outcome Indicator (FNPI 8) | | | | | | | | |
| FNPI 8a.1 | Other | 0 | 0 | | | | | | |
| FNPI 8a.2 | Other | 0 | 0 | | | | | | |
| FNPI 8a.3 | Other | 0 | 0 | | | | | | |

**Monterey County Community Action Partnership
Individual and Family (SRV) Service Counts**

| | | I.) Projected Number of Individuals to be Served (#) | II.) Mid-Year Progress of Individuals Served (#) | III.) Total Unduplicated Number Served (#) |
|----------|--|---|---|---|
| SRV 1 | Employment Services (SRV 1) | | | |
| SRV 1a-f | Skills Training and Opportunities for Experience (SRV 1a-f) | | | |
| SRV 1a | Vocational Training | | | |
| SRV 1b | On-the-Job and other Work Experience | | | |
| SRV 1c | Youth Summer Work Placements | | | |
| SRV 1d | Apprenticeship/Internship | | | |
| SRV 1e | Self-Employment Skills Training | | | |
| SRV 1f | Job Readiness Training | | | |
| SRV 1g-h | Career Counseling (SRV 1g-h) | | | |
| SRV 1g | Workshops | | | |
| SRV 1h | Coaching | | | |
| SRV 1i-n | Job Search (SRV 1i-n) | | | |
| SRV 1i | Coaching | | | |
| SRV 1j | Resume Development | | | |
| SRV 1k | Interview Skills Training | | | |
| SRV 1l | Job Referrals | | | |
| SRV 1m | Job Placements | | | |
| SRV 1n | Pre-employment physicals, background checks, etc. | | | |
| SRV 1o-p | Post Employment Supports (SRV 1o-p) | | | |
| SRV 1o | Coaching | | | |
| SRV 1p | Interactions with employers | | | |
| SRV 1q | Employment Supplies (SRV 1q) | | | |
| SRV 1q | Employment Supplies | | | |
| SRV 2 | Education and Cognitive Development Services (SRV 2) | I.) Projected Number of Individuals to be Served (#) | II.) Mid-Year Progress of Individuals Served (#) | III.) Total Unduplicated Number Served (#) |
| SRV 2a-j | Child/Young Adult Education Programs (SRV 2a-j) | | | |
| SRV 2a | Early Head Start | | | |
| SRV 2b | Head Start | | | |
| SRV 2c | Other Early-Childhood (0-5 yr. old) Education | | | |
| SRV 2d | K-12 Education | | | |
| SRV 2e | K-12 Support Services | | | |
| SRV 2f | Financial Literacy Education | | | |
| SRV 2g | Literacy/English Language Education | | | |
| SRV 2h | College-Readiness Preparation/Support | | | |
| SRV 2i | Other Post Secondary Preparation | | | |
| SRV 2j | Other Post Secondary Support | | | |
| SRV 2k | School Supplies (SRV 2k) | | | |
| SRV 2k | School Supplies | | | |

| SRV 2l-q | Extra-curricular Programs (SRV 2l-q) | | | |
|----------|--|--|--|--|
| SRV 2l | Before and After School Activities | | | |
| SRV 2m | Summer Youth Recreational Activities | | | |
| SRV 2n | Summer Education Programs | | | |
| SRV 2c | Behavior Improvement Programs (attitude, self-esteem, Dress-for-Success, etc.) | | | |
| SRV 2p | Mentoring | | | |
| SRV 2o | Leadership Training | | | |
| SRV 2r-z | Adult Education Programs (SRV 2r-z) | | | |
| SRV 2r | Adult Literacy Classes | | | |
| SRV 2s | English Language Classes | | | |
| SRV 2t | Basic Education Classes | | | |
| SRV 2u | High School Equivalency Classes | | | |
| SRV 2v | Leadership Training | | | |
| SRV 2w | Parenting Supports (may be a part of the early childhood programs identified above) | | | |
| SRV 2x | Applied Technology Classes | | | |
| SRV 2y | Post-Secondary Education Preparation | | | |
| SRV 2z | Financial Literacy Education | | | |
| SRV 2aa | Post-Secondary Education Supports (SRV 2aa) | | | |
| SRV 2ab | College applications, text books, computers, etc. | | | |
| SRV 2bb | Financial Aid Assistance (SRV 2bb) | | | |
| SRV 2bc | Scholarships | | | |
| SRV 2cc | Home Visits (SRV 2cc) | | | |
| SRV 2c | Home Visits | | | |
| SRV 3 | Income and Asset Building Services (SRV 3) | I.) Projected Number of Individuals to be Served (#) | II.) Mid-Year Progress of Individuals Served (#) | III.) Total Unduplicated Number Served (#) |
| SRV 3a-g | Training and Counseling Services (SRV 3a-g) | | | |
| SRV 3a | Financial Capability Skills Training | | | |
| SRV 3b | Financial Coaching/Counseling | | | |
| SRV 3c | Financial Management Programs (including budgeting, credit management, credit repair, credit counseling, etc.) | | | |
| SRV 3d | First-time Homebuyer Counseling | | | |
| SRV 3e | Foreclosure Prevention Counseling | | | |
| SRV 3f | Small Business Start-Up and Development Counseling Sessions/Classes | | | |
| SRV 3g-l | Benefit Coordination and Advocacy (SRV 3g-l) | | | |
| SRV 3g | Child Support Payments | | | |
| SRV 3h | Health Insurance | | | |
| SRV 3i | Social Security/SSI Payments | | | |
| SRV 3j | Veteran's Benefits | | | |
| SRV 3k | TANF Benefits | | | |
| SRV 3l | SNAP Benefits | | | |
| SRV 3m-o | Asset Building (SRV 3m-o) | | | |
| SRV 3m | Saving Accounts/IDAs and other asset building accounts | | | |
| SRV 3n | Other financial products (IRA accounts, MyRA, other retirement accounts, etc.) | | | |
| SRV 3o | VITA, EITC, or Other Tax Preparation programs | | | |
| SRV 3p-q | Loans And Grants (SRV 3p-q) | | | |
| SRV 3p | Micro-loans | | | |
| SRV 3q | Business incubator/business development loans | | | |

| | | I.) Projected Number of Individuals to be Served (#) | II.) Mid-Year Progress of Individuals Served (#) | III.) Total Unduplicated Number Served (#) |
|----------|---|--|--|--|
| | Housing Services (SRV 4a-f) | | | |
| | Financial Capability Assistance (SRV 4a) | | | |
| | Financial Capability Skill Training | 201 | | |
| | Financial Coaching/Counseling | 201 | | |
| | Rent Payments (includes Emergency Rent Payments) | 255 | | |
| | Deposit Payments | 255 | | |
| | Mortgage Payments (includes Emergency Mortgage Payments) | | | |
| | Eviction Prevention Support (SRV 4b) | | | |
| | Eviction Counseling | | | |
| | Landlord/Tenant Mediations | 143 | | |
| | Landlord/Tenant Rights Education | 143 | | |
| | Utility Payment Assistance (SRV 4c) | | | |
| | Utility Payments (LIHEAP-includes Emergency Utility Payments) | | | |
| | Utility Deposits | 20 | | |
| | Utility Arrears Payments | 40 | | |
| | Level Billing Assistance | | | |
| | Housing Placement/ Rapid Re-Housing (SRV 4d-p) | | | |
| | Temporary Housing Placement (includes Emergency Shelters) | 109 | | |
| | Transitional Housing Placements | 15 | | |
| | Permanent Housing Placements | 255 | | |
| | Rental Counseling | 537 | | |
| | Housing Maintenance & Improvements (SRV 4q) | | | |
| | Home Repairs (e.g. structural, appliance, heating systems, etc.) (Including Emergency Home Repairs) | 25 | | |
| | Healthy Home Services (SRV 4r) | | | |
| | Independent-living Home Improvements (e.g. ramps, tub and shower grab bars, handicap accessible modifications, etc.) | 0 | | |
| | Healthy Homes Services(e.g. reduction or elimination of lead, radon, carbon dioxide and/or fire hazards or electrical issues, etc.) | 0 | | |
| | Energy Efficiency Improvements (e.g. insulation, air sealing, furnace repair, etc.) | 0 | | |
| SRV 5 | Health and Social/Behavioral Development Services (SRV 5) | I.) Projected Number of Individuals to be Served (#) | II.) Mid-Year Progress of Individuals Served (#) | III.) Total Unduplicated Number Served (#) |
| SRV 5a-j | Health Services, Screening and Assessments (SRV 5a-k) | | | |
| SRV 5a | Immunizations | | | |
| SRV 5b | Physicals | | | |
| SRV 5c | Developmental Delay Screening | | | |
| SRV 5d | Vision Screening | | | |
| SRV 5e | Prescription Payments | | | |
| SRV 5f | Doctor Visit Payments | | | |
| SRV 5g | Maternal/Child Health | | | |
| SRV 5h | Nursing Care Sessions | | | |
| SRV 5i | In-Home Affordable Seniors/Disabled Care Sessions (Nursing, Chores, Personal Care Services) | | | |
| SRV 5j | Health Insurance Options Counseling | | | |

| | | | | |
|------------|---|--|--|--|
| SRV 5k-o | Reproductive Health Services (SRV 5k-o) | | | |
| SRV 5k | Coaching Sessions | | | |
| SRV 5l | Family Planning Classes | | | |
| SRV 5m | Contraceptives | | | |
| SRV 5n | STI/HIV Prevention Counseling Sessions | | | |
| SRV 5o | STI/HIV Screenings | | | |
| SRV 5p-q | Wellness Education (SRV 5p-q) | | | |
| SRV 5p | Wellness Classes (stress reduction, medication management, mindfulness, etc.) | | | |
| SRV 5q | Exercise/Fitness | | | |
| SRV 5r-x | Mental/Behavioral Health (SRV 5r-x) | | | |
| SRV 5r | Detoxification Sessions | | | |
| SRV 5s | Substance Abuse Screenings | | | |
| SRV 5t | Substance Abuse Counseling | | | |
| SRV 5u | Mental Health Assessments | | | |
| SRV 5v | Mental Health Counseling | | | |
| SRV 5w | Crisis Response/Call-In Responses | | | |
| SRV 5x | Domestic Violence Programs | | | |
| SRV 5y-aa | Support Groups (SRV 5y-aa) | | | |
| SRV 5y | Substance Abuse Support Group Meetings | | | |
| SRV 5z | Domestic Violence Support Group Meetings | | | |
| SRV 5aa | Mental Health Support Group Meeting | | | |
| SRV 5bb-ee | Dental Services, Screenings and Exams (SRV 5bb-ee) | | | |
| SRV 5bb | Adult Dental Screening/Exams | | | |
| SRV 5cc | Adult Dental Services (including Emergency Dental Procedures) | | | |
| SRV 5dd | Child Dental Screenings/Exams | | | |
| SRV 5ee | Child Dental Services (including Emergency Dental Procedures) | | | |
| SRV 5ff-ij | Nutrition and Food/Meals (SRV 5ff-ij) | | | |
| SRV 5ff | Skills Classes (Gardening, Cooking, Nutrition) | | | |
| SRV 5gg | Community Gardening Activities | | | |
| SRV 5hh | Incentives (e.g. gift card for food preparation, rewards for participation, etc.) | | | |
| SRV 5ii | Prepared Meals | | | |
| SRV 5jj | Food Distribution (Food Bags/Boxes, Food Share Program, Bags of Groceries) | | | |
| SRV 5kk-mm | Family Skills Development (SRV 5kk-mm) | | | |
| SRV 5kk | Family Mentoring Sessions | | | |
| SRV 5ll | Life Skills Coaching Sessions | | | |
| SRV 5mm | Parenting Classes | | | |
| SRV 5nn-oo | Emergency Hygiene Assistance (SRV 5nn-oo) | | | |
| SRV 5nn | Kits/boxes | | | |
| SRV 5oo | Hygiene Facility Utilizations (e.g. showers, toilets, sinks) | | | |

| SRV 6 | Civic Engagement and Community Involvement Services (SRV 6) | I.) Projected Number of Individuals to be Served (#) | II.) Mid-Year Progress of Individuals Served (#) | III.) Total Unduplicated Number Served (#) |
|----------|---|--|--|--|
| SRV 6a-f | Civic Engagement and Community Involvement Services (SRV 6a-f) | | | |
| SRV 6a | Voter Education and Access | | | |
| SRV 6b | Leadership Training | | | |
| SRV 6c | Tri-partite Board Membership | | | |
| SRV 6d | Citizenship Classes | | | |
| SRV 6e | Getting Ahead Classes | | | |
| SRV 6f | Volunteer Training | | | |
| SRV 7 | Services Supporting Multiple Domains (SRV 7) | I.) Projected Number of Individuals to be Served (#) | II.) Mid-Year Progress of Individuals Served (#) | III.) Total Unduplicated Number Served (#) |
| SRV 7a | Case Management (SRV 7a) | | | |
| SRV 7a | Case Management | | | |
| SRV 7b | Eligibility Determinations (SRV 7b) | | | |
| SRV 7b | Eligibility Determinations | | | |
| SRV 7c | Referrals (SRV 7c) | | | |
| SRV 7c | Referrals | | | |
| SRV 7d | Transportation Services (SRV 7d) | | | |
| SRV 7d | Transportation Services (e.g. bus passes, bus transport, support for auto purchase or repair; including emergency services) | | | |
| SRV 7e-f | Childcare (SRV 7e-f) | | | |
| SRV 7e | Child Care subsidies | | | |
| SRV 7f | Child Care payments | | | |
| SRV 7g | Eldercare (SRV 7g) | | | |
| SRV 7g | Day Centers | | | |
| SRV 7h-j | Identification Documents (SRV 7h-j) | | | |
| SRV 7h | Birth Certificate | | | |
| SRV 7i | Social Security Card | | | |
| SRV 7j | Driver's License | | | |
| SRV 7k | Re-Entry Services (SRV 7k) | | | |
| SRV 7k | Criminal Record Expungements | | | |
| SRV 7l | Immigration Support Services (relocation, food, clothing) (SRV 7l) | | | |
| SRV 7l | Immigration Support Services (relocation, food, clothing) | | | |
| SRV 7m | Legal Assistance (includes emergency legal assistance) (SRV 7m) | | | |
| SRV 7m | Legal Assistance | | | |
| SRV 7n | Emergency Clothing Assistance (SRV 7n) | | | |
| SRV 7n | Emergency Clothing Assistance | | | |
| SRV 7o | Mediation/Customer Advocacy Interventions (debt forgiveness, negotiations or issues with landlords) (SRV 7o) | | | |
| SRV 7o | Mediation/Customer Advocacy Interventions | | | |

All Characteristics Report - Data Entry Form

A. Total unduplicated number of all **INDIVIDUALS** about whom one or more characteristics were obtained:

B. Total unduplicated number of all **HOUSEHOLDS** about whom one or more characteristics were obtained:

C. INDIVIDUAL LEVEL CHARACTERISTICS

| 1. Gender | Number of Individuals |
|--------------------------------|---|
| a. Male | <input style="width: 100%;" type="text"/> |
| b. Female | <input style="width: 100%;" type="text"/> |
| c. Other | <input style="width: 100%;" type="text"/> |
| d. Unknown/not reported | <input style="width: 100%;" type="text"/> |
| TOTAL (auto calculated) | 0 |

| 2. Age | Number of Individuals |
|--------------------------------|---|
| a. 0-5 | <input style="width: 100%;" type="text"/> |
| b. 6-13 | <input style="width: 100%;" type="text"/> |
| c. 14-17 | <input style="width: 100%;" type="text"/> |
| d. 18-24 | <input style="width: 100%;" type="text"/> |
| e. 25-44 | <input style="width: 100%;" type="text"/> |
| f. 45-54 | <input style="width: 100%;" type="text"/> |
| g. 55-59 | <input style="width: 100%;" type="text"/> |
| h. 60-64 | <input style="width: 100%;" type="text"/> |
| i. 65-74 | <input style="width: 100%;" type="text"/> |
| j. 75+ | <input style="width: 100%;" type="text"/> |
| k. Unknown/not reported | <input style="width: 100%;" type="text"/> |
| TOTAL (auto calculated) | 0 |

| 3. Education Levels | Number of Individuals | |
|--|---|---|
| | [ages 14-24] | [ages 25+] |
| a. Grades 0-8 | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| b. Grades 9-12/Non-Graduate | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| c. High School Graduate/ Equivalency Diploma | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| d. 12 grade + Some Post-Secondary | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| e. 2 or 4 years College Graduate | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| f. Graduate of other post-secondary school | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| g. Unknown/not reported | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| TOTAL (auto calculated) | 0 | 0 |

| 4. Disconnected Youth | Number of Individuals |
|--|---|
| a. Youth ages 14-24 who are neither working or in school | <input style="width: 100%;" type="text"/> |

| 5. Health | Number of Individuals | | |
|------------------------|---|---|---|
| | Yes | No | Unknown |
| a. Disabling Condition | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| b. Health Insurance* | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

*If an individual reported that they had Health Insurance please identify the source of health insurance below.

Health Insurance Sources

| | |
|--|---|
| i. Medicaid | <input style="width: 100%;" type="text"/> |
| ii. Medicare | <input style="width: 100%;" type="text"/> |
| iii. State Children's Health Insurance Program | <input style="width: 100%;" type="text"/> |
| iv. State Health Insurance for Adults | <input style="width: 100%;" type="text"/> |
| v. Military Health Care | <input style="width: 100%;" type="text"/> |
| vi. Direct-Purchase | <input style="width: 100%;" type="text"/> |
| vii. Employment Based | <input style="width: 100%;" type="text"/> |
| viii. Unknown/not reported | <input style="width: 100%;" type="text"/> |
| TOTAL (auto calculated) | 0 |

| 6. Ethnicity/Race | Number of Individuals |
|--|---|
| I. Ethnicity | |
| a. Hispanic, Latino or Spanish Origins | <input style="width: 100%;" type="text"/> |
| b. Not Hispanic, Latino or Spanish Origins | <input style="width: 100%;" type="text"/> |
| c. Unknown/not reported | <input style="width: 100%;" type="text"/> |
| TOTAL (auto calculated) | 0 |

| | |
|---|---|
| II. Race | |
| a. American Indian or Alaska Native | <input style="width: 100%;" type="text"/> |
| b. Asian | <input style="width: 100%;" type="text"/> |
| c. Black or African American | <input style="width: 100%;" type="text"/> |
| d. Native Hawaiian and Other Pacific Islander | <input style="width: 100%;" type="text"/> |
| e. White | <input style="width: 100%;" type="text"/> |
| f. Other | <input style="width: 100%;" type="text"/> |
| g. Multi-race (two or more of the above) | <input style="width: 100%;" type="text"/> |
| h. Unknown/not reported | <input style="width: 100%;" type="text"/> |
| TOTAL (auto calculated) | 0 |

| 7. Military Status | Number of Individuals |
|--------------------------------|---|
| a. Veteran | <input style="width: 100%;" type="text"/> |
| b. Active Military | <input style="width: 100%;" type="text"/> |
| c. Unknown/not reported | <input style="width: 100%;" type="text"/> |
| TOTAL (auto calculated) | 0 |

| 8. Work Status (Individuals 18+) | Number of Individuals |
|---|---|
| a. Employed Full-Time | <input style="width: 100%;" type="text"/> |
| b. Employed Part-Time | <input style="width: 100%;" type="text"/> |
| c. Migrant Seasonal Farm Worker | <input style="width: 100%;" type="text"/> |
| d. Unemployed (Short-Term, 6 months or less) | <input style="width: 100%;" type="text"/> |
| e. Unemployed (Long-Term, more than 6 months) | <input style="width: 100%;" type="text"/> |
| f. Unemployed (Not in Labor Force) | <input style="width: 100%;" type="text"/> |
| g. Retired | <input style="width: 100%;" type="text"/> |
| h. Unknown/not reported | <input style="width: 100%;" type="text"/> |
| TOTAL (auto calculated) | 0 |

All Characteristics Report - Data Entry Form

D. HOUSEHOLD LEVEL CHARACTERISTICS

| 9. Household Type | Number of Households |
|-------------------------------------|----------------------|
| a. Single Person | |
| b. Two Adults NO Children | |
| c. Single Parent Female | |
| d. Single Parent Male | |
| e. Two Parent Household | |
| f. Non-related Adults with Children | |
| g. Multigenerational Household | |
| h. Other | |
| i. Unknown/not reported | |
| TOTAL (auto calculated) | 0 |

| 10 Household Size | Number of Households |
|--------------------------------|----------------------|
| a. Single Person | |
| b. Two | |
| c. Three | |
| d. Four | |
| e. Five | |
| f. Six or more | |
| g. Unknown/not reported | |
| TOTAL (auto calculated) | 0 |

| 11 Housing | Number of Households |
|--------------------------------|----------------------|
| a. Own | |
| b. Rent | |
| c. Other permanent housing | |
| d. Homeless | |
| e. Other | |
| f. Unknown/not reported | |
| TOTAL (auto calculated) | 0 |

| 12. Level of Household Income (% of HHS Guideline) | Number of Households |
|---|----------------------|
| 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% to 250% | |
| i. 250% and over | |
| j. Unknown/not reported | |
| TOTAL (auto calculated) | 0 |

| 13. Sources of Household Income | Number of Households |
|---|----------------------|
| a. Income from Employment Only | |
| b. Income from Employment and Other Income Source | |
| c. Income from Employment, Other Income Source, and Non-Cash Benefits | |
| d. Income from Employment and Non-Cash Benefits | |
| e. Other Income Source Only | |
| f. Other Income Source and Non-Cash Benefits | |
| g. No Income | |
| h. Non-Cash Benefits Only | |
| i. Unknown/not reported | |
| TOTAL (auto calculated) | 0 |

Below, please report the types of Other Income and/or non-cash benefits received by the households who reported sources other than employment

| 14 Other Income Source | Number of Households |
|---|----------------------|
| a. TANF | |
| b. Supplemental Security Income (SSI) | |
| c. Social Security Disability Income (SSDI) | |
| d. VA Service-Connected Disability Compensation | |
| e. VA Non-Service Connected Disability Pension | |
| f. Private Disability Insurance | |
| g. Worker's Compensation | |
| h. Retirement Income from Social Security | |
| i. Pension | |
| j. Child Support | |
| k. Alimony or other Spousal Support | |
| l. Unemployment Insurance | |
| m. EITC | |
| n. Other | |
| o. Unknown/not reported | |

| 15 Non-Cash Benefits | Number of Households |
|---------------------------------|----------------------|
| a. SNAP | |
| b. WIC | |
| c. LIHEAP | |
| d. Housing Choice Voucher | |
| e. Public Housing | |
| f. Permanent Supportive Housing | |
| g. HUD-VASH | |
| h. Childcare Voucher | |
| i. Affordable Care Act Subsidy | |
| j. Other | |
| k. Unknown/not reported | |

E. Number of Individuals Not Included in the Totals Above *(due to data collection system integration barriers)*

1. Please list the unduplicated number of INDIVIDUALS served in each program*:

| Program Name | Number of Individuals |
|--------------|-----------------------|
| | |
| | |

F. Number of Households Not Included in the Totals Above *(due to data collection system integration barriers)*

1. Please list the unduplicated number of HOUSEHOLDS served in each program*:

| Program Name | Number of Households |
|--------------|----------------------|
| | |
| | |

Monterey County CalWORKs Housing Support/Family Stabilization Programs

Case Closure Report

Case Name: _____ Program: HSP FSP
 DSS Referral Date: _____ DSS Case Number: _____
 HRC Referral Date: _____ HMIS Case Number: _____
 First Appointment Date: _____ Closure Date: _____

1. This case is being discontinued for the following reason: (Select one)

- Housing Stabilized:** Family's housing has stabilized
Date Client was Permanently Housed: _____
- Other Program:** Family has entered another housing program
Housing Program Name or Provider: _____
- No Active CalWORKs:** Family does not have an active CW participant, except if due to over income
Discontinue date: _____
- Program Criteria Not Met:** Family has not met program criteria or complied with service agreement terms
Attach Case Closure Letter with Explanation
- Moved:** Family moved out of Monterey County
New County of Residence: _____
- Unknown/Unreachable:** Family was unreachable or current whereabouts are unknown
Attach documentation of attempts to reach family
- Other/Withdraw:** Other reasons including request to withdraw from program
Explanation: _____

2. Housing Situation at Time of Case Closure: (Select one) Date Determined: _____

- | <u>PERMANENT HOUSING</u> | <u>NON-PERMANENT HOUSING</u> |
|---|--|
| <input type="radio"/> Non-Subsidized Housing | <input type="radio"/> Subsidized (non-HSP) Housing |
| <input type="radio"/> Subsidized (non-HSP) Housing | <input type="radio"/> Shared with Family/Friends |
| <input type="radio"/> Retained After Court Ordered Eviction | <input type="radio"/> Shelter |
| <input type="radio"/> Shared with Family/Friends | <input type="radio"/> Non-Habitable/Homeless |
| <input type="radio"/> Unknown | <input type="radio"/> Unknown |
| <input type="radio"/> Other: _____ | <input type="radio"/> Other: _____ |

REQUIRED

Program Return Eligibility:

- YES - ok to re-enroll to program CONCERNS - program consult required prior to re-enrollment

Report Completed By: _____ Date: _____ Phone Number: _____



January 01, 2019

Dear Customer Name,

The Housing Resource Center of Monterey County (HRC) is the provider of CalWORKs Housing Support Program services for Monterey County. Your file/referral has been reviewed and will be closed at this time as per our CalWORKs Housing Support Program participation guidelines that you agreed to upon entering the program.

The specific program reasons for this action are as follows:

- Consistently did not provide income verification documents needed for housing applications (Staff requested on _____, _____, and _____)
- Consistently did not complete/submit housing search logs to assist in your housing search (dates missed are _____, _____, _____, and _____)
- No longer an active CalWORKs participant
- Your case does not meet state defined homelessness criteria
- No contact has been made with your Case Manager since _____
- No contact has been made with your Housing Specialist since _____
- You have missed three consecutive appointments with HRC on _____, _____, and _____
- You have requested your case to be closed at this time

The goal of the CalWORKs Housing Support Program is to assist families in obtaining permanent housing. HRC is a collaborative, Housing First, agency. We are unable to complete our housing objective without the involvement of those we serve. This closure, in of itself, does not impact your ability to re-enter the program in the future should your circumstances change. If you need additional information or have questions regarding this correspondence, please feel free to give our office a call at (831) 424-9186.

Sincerely,

Case Manager Example
 (831) 424-9186 x13
casemngr2@hrcmc.org



January 01, 2019

Dear Customer Name,

The Housing Resource Center of Monterey County (HRC) is the provider of CalWORKs Housing Support Program services in Monterey County. Your file/referral has been reviewed and will not be reaccepted into the program at this time per our CalWORKs Housing Support Program guidelines.

The specific program reasons for this action are as follows:

- Was enrolled into the HSP program two or more times within the past 12 months (____, ____)
- Lost contact with HRC after being previously housed by HRC on ____ and agreeing in the client contract to allow home visits
- Not showing up to appointments or returning calls after being previously housed by HRC on ____
- Knowingly providing false information to HRC staff members regarding income or housing
- An eviction was filed for the previous housing providing by HRC due to lease violations and/or excessive damage
- Threatening and/or egregious behavior toward staff and/or others that could not be amicably resolved.

The goal of the CalWORKs Housing Support Program is to assist families in obtaining permanent housing. HRC is a collaborative, Housing First, agency. We are unable to complete our housing objective without the involvement of those we serve. As circumstances change and evolve, you may resubmit your request to the program in ___ days/months for reevaluation and consideration. If you need additional information or have questions regarding this correspondence, please feel free to give our office a call at (831) 424-9186.

Sincerely,

Name
Program Manager

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

CASE #: _____

EC #: _____

**AUTHORIZATION FOR
RELEASE OF INFORMATION**

To: **HOUSING RESOURCE CENTER**
(AGENCY OR INDIVIDUAL FROM WHOM INFORMATION IS REQUESTED)

I, _____, RESIDING AT
_____ HEREBY AUTHORIZE YOU TO
RELEASE TO THE **DEPARTMENT OF SOCIAL SERVICES** SPECIFIC INFORMATION REQUESTED
BY THIS AGENCY CONCERNING: **CalWORKs case status, housing/shelter service needs as well
as related case management information.**

I FURTHER AUTHORIZE THE SHARING OF INFORMATION BETWEEN BOTH AGENCIES
REGARDING MY CalWORKs CASE. THIS INFORMATION IS NEEDED FOR THE FOLLOWING
PURPOSE: **To refer and monitor participation and progress in Housing Resource Center services.**

DISCLOSURE IS AUTHORIZED FOR THE PERIOD OF: 12 months from signature date.

I HAVE THE RIGHT TO REVOKE THIS AUTHORIZATION AT ANY TIME.

THIS FORM WAS COMPLETED IN ITS ENTIRETY AND WAS READ BY ME (OR READ TO ME) PRIOR TO SIGNING.

| | | |
|--------------------------------|----------------------|------|
| SIGNATURE OF CalWORKs CUSTOMER | | DATE |
| BIRTH DATE | MOTHER'S MAIDEN NAME | |

ABCDM 228 HRC_HSP, Release of Information, Housing Resource Services (7.24.14)

DISTRIBUTION: EMAIL copy to 501- Housing Support Program
HARD COPY: customer
C-IV VIRTUAL PRINT TO: Service Arrangements, Referral: Service/ Activity/Job Order, Case

CASE #: _____

EC #: _____

AUTORIZACION DEL SOLICITANTE PARA DAR INFORMACION**To: HOUSING RESOURCE CENTER**
(AGENCIA O INDIVIDUO DE QUIEN SE SOLICITA INFORMACION)

Yo, _____, RESIDO EN _____
 _____ AUTORIZO A DAR
 INFORMACION AL DEPARTAMENTO DE SERVICIOS SOCIALES INFORMACION ESPECIFICA
 SOLICITADA POR ESTA AGENCIA SOBRE: **estado del caso CalWORKs, necesidades de servicios
 de vivienda/refugio, así como información relacionada al caso.**

AUTORIZO EL INTERCAMBIO DE INFORMACION ENTRE AMBAS AGENCIAS EN CUANTO A MI
 CASO DE CalWORKs. ESTA INFORMACION ES NECESARIA POR LA SIGUIENTE RAZON: **Para
 consultar y monitorear la participación y progreso de los servicios de Housing Resource Center.**

ESTA DECLARACION ES VIGENTE POR EL PERIODO DE: 12 meses desde la fecha que se firma.
 YO TENGO EL DERECHO DE CANCELAR ESTA AUTORIZACION EN CUALQUIER MOMENTO.

ESTE FORMA FUE COMPLETADA Y LEIDA POR MÍ (O LEIDA PARA MÍ) EN SU TOTALIDAD ANTES DE FIRMARLA.

| | | | |
|-------------------------------|--|-------------------------------|--|
| FIRMA DEL CLIENTE DE CalWORKs | | FECHA | |
| FECHA DE NACIMIENTO | | NOMBRE DE SOLTERA DE LA MADRE | |

ABCDM 228 HRC_HSP, Release of Information, Housing Resource Services (7.24.14)

DISTRIBUTION: EMAIL copy to 501- Housing Support Program

HARD COPY: customer

C-IV VIRTUAL PRINT TO: Service Arrangements, Referral: Service/ Activity/Job Order, Case



CalWORKs Housing Support Program (HSP) Referral Form

Date: _____
Case Name: _____
Case Number: _____
CW Aid Code: _____

DEMOGRAPHIC INFORMATION:

Household (HH) Name: _____ Last, First, Middle _____ DOB _____ Phone/Contact Number (Required)
Spouse/Partner: _____ Last, First, Middle _____ DOB _____ Phone/Contact Number (Required)
Primary Language: _____ Total # in HH: _____

SECTION I: Family must be homeless or have a court-order eviction notice.

- 1. Is family currently homeless? Yes Continue to #3, then Section II
No Continue to #2
- 2. Does family have a court-order eviction notice? Yes Date must vacate: _____ Continue to #3, then to Section II
No STOP*

3. Address: _____ Street Address/Living Location/Shelter Name _____ City _____ Zip Code

STOP*: HH is potentially **not** eligible for HSP; upload form to images, enter case comments in journal, and evaluate HH for other housing programs, e.g., Temporary/Permanent Homeless Assistance.

SECTION II:

- 1. Does HH have income other than CalWORKs grant? Yes Continue to #2, then to Section IV
(e.g., UIB, SDI, SSA, Workers' Compensation, Subsidized Housing, etc.) No Continue to Section III
- 2. Total Monthly HH Income/Subsidized Housing \$ _____ Earned Unearned Subsidized Housing

SECTION III: Welfare-To-Work (WTW) - Is HH member an active or sanctioned participant?

Is there a WTW HH member? Yes STOP: Consult with the assigned CWES Case Manager for possible Family Stabilization referral
No Continue to Section IV

SECTION IV: HH must authorize release of information for HSP provider. If HH is not present to sign form ABCDM 228 at time of referral, verbal consent can be obtained until program provider can complete follow up during program intake.

Is HH able to sign ABCDM 228? Yes Have HH sign ABCDM 228 and attach copy
No Obtain verbal authorization to begin referral and inform HH that HSP provider will require a signed release upon program intake

Referred By: _____ Worker Name and Title _____ Phone Number _____ Date

Other Housing Assistance Issued: Temporary Homeless Assistance: No Yes Dates: _____
Permanent Homeless Assistance: No Yes Dates: _____

Comments:

Submit this form, ABCDM 228, and/or HSP questions by email to: **501-Housing Support Program**
Indexing: Scope = Case; Category = Service Arrangements; Type = Referral: Service/Activity/Job Order



**HOUSING RESOURCE CENTER REFERRAL FORM
FAMILY STABILIZATION PROGRAM**

Date: [Click here to enter a date.](#)

Customer's Name: _____ Case #: _____

Address: _____ Aid Code: _____

Telephone Number: [enter 10 digits]

OK to call this number? <<Select One>>

Best time to call: _____

Date of Birth: _____

Language spoken: <<Select One>> . If "Other": _____

CCM Name: _____

CCM Phone #: [enter 10 digits]

HRC Service Need

- Homeless
- Imminent risk of becoming homeless
- Lack of shelter due to domestic violence
- Emergency shelter needed
- Movement to transitional housing

_____ Customer _____ CWES Case Manager

Attachments:

Email HRC FS referral form to: programassistant@hrcmc.org or
Fax#: (831) 757-1349

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 (10th) 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 Exhibits D and D-1 and shall include an invoice number.

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 July 10. If the Final Invoice is not received by COUNTY by close of business on July 10, 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 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.

EXHIBIT B

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.
- 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

EXHIBIT B

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 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

EXHIBIT B

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);
- **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**.

EXHIBIT B

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 **Jess Gutierrez** 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 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.

EXHIBIT B

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 DSS 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 DSS Contact/Program Analyst, submit a written complaint, together with any evidence, to the DSS Branch 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 Branch 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 Services.

B. CONTRACTOR's appeal of the Branch 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).

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.

HOUSING RESOURCE CENTER OF MONTEREY COUNTY
Housing Support Program Family Stabilization Program
July 1, 2019 - June 30, 2020

Exhibit D

INVOICE

Remit to:
Housing Resource Center
201 A John Street
Salinas, CA 93901

Invoice Number: _____

Invoice Date: _____

| Budget Item | FTE | Total Contract Budget | Monthly Expense | Total Contract To Date Expense | Balance Contract Funds |
|---|------|------------------------|-----------------|--------------------------------|------------------------|
| Program Personnel | | | | | |
| FSP/HSP Case Manager | 3.00 | \$ 156,000.00 | \$ - | \$ - | \$ 156,000.00 |
| FSP/HSP Housing Specialist | 2.50 | \$ 131,000.00 | \$ - | \$ - | \$ 131,000.00 |
| Program Manager | 0.75 | \$ 54,000.00 | \$ - | \$ - | \$ 54,000.00 |
| Program Assistant | 0.25 | \$ 27,000.00 | \$ - | \$ - | \$ 27,000.00 |
| <i>Total Personnel</i> | | \$ 368,000.00 | \$ - | \$ - | \$ 368,000.00 |
| Administrative Personnel | | | | | |
| Executive Director | 0.25 | \$ 21,000.00 | \$ - | \$ - | \$ 21,000.00 |
| Accounting Support | 0.50 | \$ 26,000.00 | \$ - | \$ - | \$ 26,000.00 |
| Administrative Support | 0.50 | \$ 24,000.00 | \$ - | \$ - | \$ 24,000.00 |
| <i>Total Administrative Personnel</i> | | \$ 71,000.00 | \$ - | \$ - | \$ 71,000.00 |
| Data Collection & Tracking | | | | | |
| IT Equipment & Software | | \$ 2,700.00 | \$ - | \$ - | \$ 2,700.00 |
| IT Services | | \$ 3,000.00 | \$ - | \$ - | \$ 3,000.00 |
| <i>Total Data Collection & Tracking</i> | | \$ 5,700.00 | \$ - | \$ - | \$ 5,700.00 |
| Operating Costs | | | | | |
| Audit | | \$ 27,000.00 | \$ - | \$ - | \$ 27,000.00 |
| Equipment Lease & Maintenance | | \$ 2,000.00 | \$ - | \$ - | \$ 2,000.00 |
| Finance Charges | | \$ 3,500.00 | \$ - | \$ - | \$ 3,500.00 |
| Human Resources | | \$ 3,000.00 | \$ - | \$ - | \$ 3,000.00 |
| Insurance | | \$ 4,500.00 | \$ - | \$ - | \$ 4,500.00 |
| Janitorial | | \$ 2,800.00 | \$ - | \$ - | \$ 2,800.00 |
| License, Fees, and Memberships | | \$ 500.00 | \$ - | \$ - | \$ 500.00 |
| Marketing & Advertising | | \$ 1,000.00 | \$ - | \$ - | \$ 1,000.00 |
| Meetings & Travel | | \$ 4,000.00 | \$ - | \$ - | \$ 4,000.00 |
| Rent | | \$ 25,000.00 | \$ - | \$ - | \$ 25,000.00 |
| Shred | | \$ 500.00 | \$ - | \$ - | \$ 500.00 |
| Staff Development | | \$ 2,000.00 | \$ - | \$ - | \$ 2,000.00 |
| Supplies | | \$ 1,500.00 | \$ - | \$ - | \$ 1,500.00 |
| Telephone & Internet | | \$ 7,000.00 | \$ - | \$ - | \$ 7,000.00 |
| Training | | \$ 1,900.00 | \$ - | \$ - | \$ 1,900.00 |
| Utilities | | \$ 4,000.00 | \$ - | \$ - | \$ 4,000.00 |
| Vehicle Lease | | \$ 5,100.00 | \$ - | \$ - | \$ 5,100.00 |
| <i>Total Operating Costs</i> | | \$ 95,300.00 | \$ - | \$ - | \$ 95,300.00 |
| Direct Financial Assistance | | \$ 810,000.00 | \$ - | \$ - | \$ 810,000.00 |
| Total Program Costs | | \$ 1,350,000.00 | \$ - | \$ - | \$ 1,350,000.00 |

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

Authorized signature: _____

Date: _____

Print Name / Title: _____

Phone: _____

Monterey Co. DSS Authorized Signature/Title: _____

Date: _____

HOUSING RESOURCE CENTER OF MONTEREY COUNTY
Housing Support Program Family Stabilization Program
July 1, 2020 - June 30, 2021

Exhibit D-1

INVOICE

Remit to:
Housing Resource Center
201 A John Street
Salinas, CA 93901

Invoice Number: _____

Invoice Date _____

| Budget Item | FTE | Total Contract Budget | Monthly Expense | Total Contract To Date Expense | Balance Contract Funds |
|---|------|------------------------|-----------------|--------------------------------|------------------------|
| Program Personnel | | | | | |
| FSP/HSP Case Manager | 3.00 | \$ 156,000.00 | \$ - | \$ - | \$ 156,000.00 |
| FSP/HSP Housing Specialist | 2.50 | \$ 131,000.00 | \$ - | \$ - | \$ 131,000.00 |
| Program Manager | 0.75 | \$ 54,000.00 | \$ - | \$ - | \$ 54,000.00 |
| Program Assistant | 0.25 | \$ 27,000.00 | \$ - | \$ - | \$ 27,000.00 |
| <i>Total Personnel</i> | | \$ 368,000.00 | \$ - | \$ - | \$ 368,000.00 |
| Administrative Personnel | | | | | |
| Executive Director | 0.25 | \$ 21,000.00 | \$ - | \$ - | \$ 21,000.00 |
| Accounting Support | 0.50 | \$ 26,000.00 | \$ - | \$ - | \$ 26,000.00 |
| Administrative Support | 0.50 | \$ 24,000.00 | \$ - | \$ - | \$ 24,000.00 |
| <i>Total Administrative Personnel</i> | | \$ 71,000.00 | \$ - | \$ - | \$ 71,000.00 |
| Data Collection & Tracking | | | | | |
| IT Equipment & Software | | \$ 2,700.00 | \$ - | \$ - | \$ 2,700.00 |
| IT Services | | \$ 3,000.00 | \$ - | \$ - | \$ 3,000.00 |
| <i>Total Data Collection & Tracking</i> | | \$ 5,700.00 | \$ - | \$ - | \$ 5,700.00 |
| Operating Costs | | | | | |
| Audit | | \$ 27,000.00 | \$ - | \$ - | \$ 27,000.00 |
| Equipment Lease & Maintenance | | \$ 2,000.00 | \$ - | \$ - | \$ 2,000.00 |
| Finance Charges | | \$ 3,500.00 | \$ - | \$ - | \$ 3,500.00 |
| Human Resources | | \$ 3,000.00 | \$ - | \$ - | \$ 3,000.00 |
| Insurance | | \$ 4,500.00 | \$ - | \$ - | \$ 4,500.00 |
| Janitorial | | \$ 2,800.00 | \$ - | \$ - | \$ 2,800.00 |
| License, Fees, and Memberships | | \$ 500.00 | \$ - | \$ - | \$ 500.00 |
| Marketing & Advertising | | \$ 1,000.00 | \$ - | \$ - | \$ 1,000.00 |
| Meetings & Travel | | \$ 4,000.00 | \$ - | \$ - | \$ 4,000.00 |
| Rent | | \$ 25,000.00 | \$ - | \$ - | \$ 25,000.00 |
| Shred | | \$ 500.00 | \$ - | \$ - | \$ 500.00 |
| Staff Development | | \$ 2,000.00 | \$ - | \$ - | \$ 2,000.00 |
| Supplies | | \$ 1,500.00 | \$ - | \$ - | \$ 1,500.00 |
| Telephone & Internet | | \$ 7,000.00 | \$ - | \$ - | \$ 7,000.00 |
| Training | | \$ 1,900.00 | \$ - | \$ - | \$ 1,900.00 |
| Utilities | | \$ 4,000.00 | \$ - | \$ - | \$ 4,000.00 |
| Vehicle Lease | | \$ 5,100.00 | \$ - | \$ - | \$ 5,100.00 |
| <i>Total Operating Costs</i> | | \$ 95,300.00 | \$ - | \$ - | \$ 95,300.00 |
| Direct Financial Assistance | | \$ 810,000.00 | \$ - | \$ - | \$ 810,000.00 |
| Total Program Costs | | \$ 1,350,000.00 | \$ - | \$ - | \$ 1,350,000.00 |

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

Authorized signature: _____

Date: _____

Print Name / Title: _____

Phone: _____

Monterey Co. DSS Authorized Signature/Title: _____

Date: _____

Modifications to Standard Agreement

Section 7.01 is modified to read as follows:

7.01 This Agreement shall become effective July 1, 2019 and continue through June 30, 2021. Either party may terminate this Agreement, with or without cause, by giving thirty (30) days prior written notice to the other party. 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.

This Agreement shall terminate automatically on the occurrence of (a) bankruptcy or insolvency of either party, (b) sale of CONTRACTOR's business, (c) cancellation of insurance required under the terms of this Agreement, and (d) if, for any reason, CONTRACTOR ceases to be licensed or otherwise authorized to do business in the State of California, and the CONTRACTOR fails to remedy such defect or defects within thirty (30) days of receipt of notice of such defect or defects. 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.

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 report(s) covering the contract period, prepared by an independent Certified Public Accountant. The purpose of the audit requirement is 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.

If CONTRACTOR expends a total of \$750,000 or more of federal funding per fiscal year, CONTRACTOR is required to submit an annual audit report(s) that was performed in compliance with the Uniform Guidance.

If CONTRACTOR expends less than \$750,000 in federal funding per fiscal year, then the COUNTY shall require an annual audit report(s) be performed in accordance with the Generally Accepted Auditing Standards (GAAS).

1.02 Audit Submission /Fiscal Year-end

CONTRACTOR shall provide COUNTY with the audit report(s), required herein no later than six (6) months after the close of CONTRACTOR's Fiscal Year, except when CONTRACTOR has expended \$750,000 in federal funding and the Uniform Guidance allows a nine (9) month deadline. 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 to grant the extension.

1.03 Audit Format

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

1) If CONTRACTOR expends a total of \$750,000 or more of federal funding per fiscal year, CONTRACTOR is required to submit an annual audit report(s) that was performed in compliance with the Uniform Guidance.

-OR-

2) If CONTRACTOR expends less than \$750,000 in federal funding per fiscal year, then the COUNTY shall require an annual audit report(s) be performed in accordance with the Generally Accepted Auditing Standards (GAAS).

-OR-

3) Additionally, at the discretion of the CONTRACTOR, a program specific audit report(s) may be submitted in accordance with the Uniform Guidance.

All Audits must include the following information within their audit:

a) A separate schedule listing programs and funding, see recommended format, **Exhibit F-1.**

- b) All Management Letters received by the CONTRACTOR relating to the performed audit, shall be submitted in conjunction with the annual audit report(s) to the COUNTY.

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.

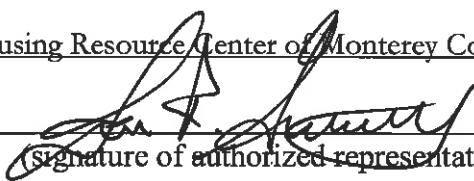
If CONTRACTOR is exempt from federal audit procedures under UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS (Uniform Guidance), then payment for this audit shall be made by CONTRACTOR with resources other than grant funds, or those used for matching purposes. If CONTRACTOR is not exempt from federal audit procedures under the UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS (Uniform Guidance), 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 Uniform Guidance cost principles, 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 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.

Housing Resource Center of Monterey County _____



(signature of authorized representative)

5/29/19

(date)

HOUSING RESOURCE CENTER OF MONTEREY COUNTY
 SCHEDULE OF COUNTY PROGRAMS
 FISCAL YEARS 2019-21


| <u>Program Name</u> | <u>County Dept.</u> | <u>Contract No.</u> | <u>CFDA #</u> | <u>Contract Period</u> | <u>Contract Amount</u> | <u>Expenditures</u> | | <u>Amount Received from County</u> | |
|---------------------|---------------------|---------------------|---------------|------------------------|------------------------|---------------------|------------------------------|------------------------------------|------------------------------|
| | | | | | | <u>Fiscal Year</u> | <u>Contract Life-to-Date</u> | <u>Fiscal Year</u> | <u>Contract Life-to-Date</u> |

**CHILD ABUSE & NEGLECT REPORTING
CERTIFICATION**

Housing Resource Center of Monterey County

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

5/29/19
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**

Housing Resource Center of Monterey County

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

5/29/19

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 I

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 I

- (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.

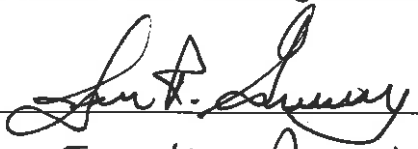
The parties agree that, in the event that any documentation of the arrangement pursuant to which CONTRACTOR provides services to COUNTY contains provisions relating to the use or disclosure of Protected Health Information which are more restrictive than the provisions of this Certification or the Agreement,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

EXHIBIT I

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: Housing Resource Center of Monterey County

By: 
Title: Executive Director
Date: 5/29/19

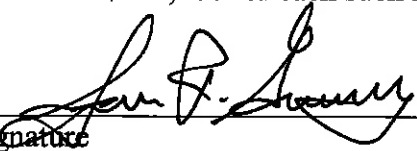
CERTIFICATION REGARDING LOBBYING

Housing Resource Center of Monterey County

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

Executive Director

Title

Housing Resource Center of Monterey County

Agency/Organization

5/29/19

Date