



City of Seattle

Human Services Department

700 5th Avenue, Suite 5800
PO Box 34215
Seattle, Washington 98124-4215
(206) 386-1001

PROJECT SERVICES AGREEMENT

PROJECT NAME: Women's Wellness Center

FUND SOURCES: HSD General Fund

This Project Services Agreement ("Agreement") is made between The City of Seattle (hereinafter "City"), acting through its Director of the Human Services Department (hereinafter "Director"), and the **Catholic Community Services of Western Washington** (hereinafter "Agency").

Except as otherwise specifically provided for herein, this Agreement shall be subject to the terms and conditions of the Master Agency Services Agreement between the Agency and the City. The Master Agency Services Agreement is signed by the Agency and the City with original signature copies maintained by both parties. The provisions of the Master Agency Services Agreement are incorporated herein by this reference.

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

I. SERVICES RENDERED

Section 100. Term and Scope of Services

Throughout the term of this Agreement, which shall begin on **April 1, 2013** and terminate on **December 31, 2013**, the Agency shall provide the City with the scope and range of services directed to the attainment of the goals, milestones and performance commitments described in the exhibits attached hereto. Such services shall at all times be provided on a basis satisfactory to the Director, and shall at a minimum be consistent with the goals and objectives set forth in Exhibit A-1 and the minimum performance standards set forth in Exhibit A-2, both of which exhibits are attached hereto and incorporated herein by this reference.

II. PAYMENT, RECORDS, AND OTHER CONDITIONS

Section 200. Payment

The City shall compensate the Agency according to the Contract Budget and Payment attached as Exhibit B for satisfactory performance of the scope and range of services identified in the attached exhibits; provided, however, that in no event shall the total compensation provided to the Agency by the City hereunder exceed the sum of **Two Hundred Four Thousand Five Hundred Twenty Eight Dollars (\$204,528.00)**.

Section 210. Excess Revenue

Should the actual final cost of performance as shown in the final program expenditure report prove to be less than the cost estimate used to establish the budget and/or unit rate and reimbursements from the City exceed actual program expenditures by 10% or more than \$10,000, the City may unilaterally reduce the unit rate or reimbursement and/or require that the Agency submit a plan stating how such excess program revenues will be applied to program purposes. Any such plan must be approved in writing by the City and will include a report or reports on the use of such revenue.

Section 220. Reports and Information

The Agency shall timely furnish the City with (a) the reports and other information required under the Goals and Objectives attached as Exhibit A-1 and the Reporting Requirements attached as Exhibit A-3; and (b) such other reports and information as may be requested by the Director related to this Agreement or the services provided hereunder with Program funds, including statements and data demonstrating the effectiveness of the services provided in achieving the goals and objectives set forth in Exhibit A-1, Goals and Objectives. The City may withhold payments otherwise due to the Agency pending timely delivery of all such reports and information.

Section 230. Termination and Suspension

- A. ***For Cause***: The City may terminate a Project Services Agreement if the Agency is in material breach of any of the terms of this Agreement, and such breach has not been corrected to the City's reasonable satisfaction in a timely manner.
- B. ***For Reasons Beyond Control of Parties***: Neither the City nor the Agency shall be deemed in default nor be liable for damages arising from its failure to perform its obligations under any Agreement if performance is rendered impossible or impracticable for reasons beyond such party's reasonable control, such as, but not limited to, an act of nature; war or warlike operation; civil commotion; riot; labor dispute including strike, walkout, or lockout, except labor disputes involving the Agency's own employees; sabotage; or superior governmental regulation or control. If either party is rendered wholly or partly unable to perform its material obligations under this Agreement for reasons described under this subsection for a period of time

exceeding thirty (30) days, then either party may terminate this Agreement upon written notice to the other.

- C. Loss of Funds: In the event that for any reason federal, state or local funds allocated to or by the City for services contracted under a Project Services Agreement are or become no longer available to the City for the purpose of conducting the program/project or compensating the Agency, the City may suspend without recourse the Agency's obligation to render services to the City and the City's obligation to pay for further services, by providing written notice to the Agency specifying the effective period of such suspension.
- D. For City's Convenience: The City may terminate a Project Services Agreement at any time, without cause and for any reason including the City's convenience, upon written notice to the Agency.
- E. Notice: Notice of termination shall be given by the party terminating this Agreement to the other not less than five (5) business days prior to the effective date of termination.
- F. Actions upon Termination: In the event of termination not the fault of the Agency, the Agency shall be paid for the services properly performed prior to termination, together with any reimbursable expenses then due, but in no event shall such compensation exceed the maximum compensation to be paid under the Project Services Agreement. The Agency agrees that this payment shall fully and adequately compensate the Agency and all subcontractors for all profits, costs, expenses, losses, liabilities, damages, taxes, and charges of any kind whatsoever (whether foreseen or unforeseen) attributable to the termination of the Project Services Agreement.

III. SPECIAL CONDITIONS

Section 300.

The Agency will comply with the following Special Conditions:

- A. Budget: Should the Agency not expend funds allocated under this Agreement in accordance with any Project Expenditure Rate that may have been established as part of the Contract Budget, the City may recapture and reprogram any such under-expenditures unilaterally and without the need for further amendment of this Agreement. Changes between major budget categories of the Contract Budget of less than ten percent (10%) of the lesser major budget category need not be incorporated by written amendment; however, the City must be informed immediately in writing of each such change. Changes to the City's Agreement numbering system, fund source or coding may be made unilaterally by the City and without the need for amendment of this Agreement. The Agency shall be notified in writing of any changes in the Agreement number, fund source or doing assigned by the City; provided, however, that the total compensation allocated by the City through this Agreement does not change. Any other changes to the terms and conditions of this Agreement shall not be effective until agreed to in writing by the authorized representative of the parties hereto.

B. Safe Harbors Homeless Management Information System (HMIS): is a countywide data management tool designed to facilitate data collection in order to improve human service delivery throughout King County. Participation in the Safe Harbors Homeless Management Information System (HMIS) is a requirement per this agreement and specific information is outlined on Attachment 2. Data entered into Safe Harbors HMIS will help our community improve services to homeless people by providing accurate information on the extent and nature of homelessness in our community and by accounting for our success in helping people move out of homelessness. Participation is also critical to help Seattle and King County successfully compete for grants for federal funding, such as the U.S. Department of Housing & Urban Development's homeless assistance funds.

IV. SIGNATURES

Section 400. Entire Agreement

This Agreement consists of seven (7) sections, including any Special Conditions referenced in Section 300, together with the following attached exhibits (including the Master Agency Services Agreement on file between the Agency and the City), all of which shall be maintained by the City and subject to review by the Agency. This Agreement, the Master Agency Services Agreement and the exhibits set forth below contain the entire Agreement of the parties:

- EXHIBIT A-1, GOALS AND OBJECTIVES
- EXHIBIT A-2, PERFORMANCE STANDARDS
- EXHIBIT A-3, REPORTING REQUIREMENTS
- EXHIBIT B, BUDGET AND PAYMENT

IN WITNESS WHEREOF, the parties have executed this Agreement by having their representatives affix their signatures below.

AGENCY

THE CITY OF SEATTLE

DocuSigned by:
Susan Vaughn
42B042AA270843B...

DocuSigned by:
Dannette R. Smith
749E0F5B2AC644D...

By/For

By/For

Susan Vaughn

Name (Typed)

Regional Chief of Operations

Title

6/19/2013

Date

100 23rd Avenue South

Address

Seattle, WA 98144

City, State, Zip Code

206.323.6336

Phone Number (Include Area Code)

susanv@ccsww.org

E-Mail Address (Required)

Dannette R. Smith

Name (Typed)

**Director,
Human Services Department**

Title

6/13/2013

Date

EXHIBIT A-1 GOALS AND OBJECTIVES

INTRODUCTION

The mission of the Seattle Human Services Department (HSD) is to connect people with resources and solutions during times of need so we can all live, learn, work and take part in strong, healthy communities. Our vision is that all basic needs in our communities are met through innovative and collaborative approaches. Greater Seattle is a place where the richness of our diversity is valued, all of our communities thrive, and people grow up and grow old with opportunity and dignity. The Department works closely with our major community partners, including other public and nonprofit funders and service providers, to understand current and emerging human services needs, and to create and invest in a comprehensive and integrated regional human services system that improves the health, safety and education of our residents.

The Human Services Department has developed Investment Principles that reflect HSD's commitment to funding high-quality services to create positive client outcomes.

1. Commitment to provide culturally relevant and linguistically competent services.
2. Maintaining high quality standards for facilities and program operations.
3. Integrate financial empowerment into services.
4. Commitment to neighborhood health and safety standards.
5. Commitment to coordinate and integrate services with community networks and with mainstream service systems.
6. Commitment to collect and submit high-quality data and use data to review and evaluate results.

These Investment Principles are required for all agencies that receive funding from HSD to offer services for homeless individuals and families. Refer to Attachment 1.

The Transitional Living and Support division of HSD provides resources and services to Seattle's low-income and homeless residents, working to prevent and end homelessness, and reduce hunger by funding shelter, housing, food and meal programs for individuals and families with very low incomes.

HSD's investment in the Women's Wellness Center is part of a larger proactive, seamless service system investment that helps meet the basic needs of our community's most vulnerable residents and that helps people become and remain independent.

PROGRAM DESCRIPTION

A. Service/Program Model

The Catholic Community Services of Western Washington Women's Wellness Center is a health and hygiene facility for homeless women. The facility, located at 1900 2nd Avenue in Seattle is open seven days a week. The hours of operation are 7:00 am to 4:00 pm Monday through Friday and 7:00 am to 2:00 pm Saturday, Sunday and holidays. Guests may rest while waiting their turn for hygiene services and while they are doing laundry. Services are provided at no cost to guests. The program provides a safe and peaceful environment where women can take care of their hygiene needs while being treated with dignity and respect.

The Women's Wellness Center partners with other programs and provides information and assistance to guest to help them access a range of services that include healthcare, housing, shelter, financial education, benefits assistance etc. Guest may also participate in one-on-one confidential consultation with a housing-focused case manager.

B. Participant Eligibility Requirements

Women who are experiencing homelessness are eligible for program services.

C. Program Regulations and Guidelines

Guests access the program via a security door. Men are prohibited from entering the program facility during its hours of operation with the exception of maintenance providers and deliveries.

The Women's Wellness Center adheres to the Agency's Client Rights Policy, which states that all clients will receive nondiscriminatory treatment; respect and dignity; confidentiality of services and personal information; access to one's own records; the liberty to request changes and lodge complaints, prompt and courteous response to such grievances; freedom from any form of abuse and the right to refuse services at any time.

Access/Participant Rights and Responsibilities

- The Women's Wellness Center will comply with the Americans with Disabilities Act (ADA), including access to assistive animals.
- The program will be accessible to transgendered participants in their self-defined gender.
- The program will seek input from currant and/or former participants in areas of program planning, policy development and program evaluation. This may include exit interviews, discharge surveys, interviews, surveys, focus groups, client meetings.

Health and Safety

- The program will implement a "Good Neighbor Plan" that ensures that program participants understand that they are a vital part of the neighborhood and facilitates open and on-going communication with neighboring residents, businesses, agencies and law enforcement in order to promote neighborhood health, safety and effectively address emerging issues.
- The program will maintain and follow written policies and procedures for the prevention and control of communicable diseases. Policies should include components on universal precautions/blood/air borne pathogens, tuberculosis and other infectious diseases. The policies must have been developed in consultation with and/or reviewed by Public Health – Seattle/King County. Tuberculosis policies should follow guidelines made available in the Tuberculosis Prevention and Control Guidelines for Homeless Service Agencies in Seattle-King County.
- Per legal guidelines regarding smoking in workplaces or within 25 feet of workplaces, no smoking will be allowed in any service spaces. (Revised Code of Washington, RCW 70.160.)
- The program must inform staff and volunteers prior to hire or service of health risks they may encounter in working at the program, such as TB or communicable diseases.
- The program should have a practice of encouraging staff and volunteers to update their immunizations per the Centers for Disease Control's recommendations for adult immunizations, if appropriate based on results of agency self-assessments as detailed in the Tuberculosis Prevention and Control Guidelines for Homeless Service Agencies in Seattle-King County, Washington, staff and volunteers should have TB tests. The program will have a complete and accessible First Aid Kit that is stocked with sufficient supplies.
- The program will have appropriate emergency, evacuation and fire safety plans and will provide ongoing training to staff on these plans.
- The program will have a phone available during hours of operation to report emergencies.
- The program will handle and store all hazardous materials including cleaning supplies appropriately.
- The program will have a plan and process for safeguarding against child and elder abuse that includes reporting such abuse should they occur.
- The program will have a security plan to deter theft and harm to clients and staff. A weapons policy designed to ensure the safety and security of all clients and staff must be included in this plan.
- Educational updates for all staff and volunteers must be provided as often as necessary to reinforce safe work practices, but at least annually.
- The program is strongly encouraged to have at least one person certified in First Aid and CPR on duty at all times.

Environment/Physical Facility

- Programs must meet local zoning, building, housing, occupancy, fire, health and safety codes.
- The facility must be kept in a safe and sanitary condition and be in good repair with proper ventilation, lighting and temperature control. A written maintenance plan must exist.

- Restroom facilities and wash basins with appropriate hygienic supplies and equipment must be provided in an appropriate number in accordance with local codes. The program must have hot and cold running water. A cleaning and maintenance schedule must be in place that includes sanitizing showers and restrooms on a regular basis.
- The program is strongly encouraged to have hand cleaning stations, such as dispensers of alcohol-based hand sanitizer, near entry doors and/or reception desks.
- The program must have a policy regarding storage for participant belongings. If the program does not provide assistance with storage and participants are responsible for their own belongings the program should have a written policy stating this. If a designated space is provided the program must have a policy that details storage, documentation and administration.

The program must employ childproofing measures that include: electrical outlets; for floors above ground precautions to prevent children from falling out of windows (locked screens or other barriers); doors open from inside without a key; stairwell gates. The

PERFORMANCE COMMITMENTS

By investing in Catholic Community Services of Western Washington Women’s Wellness Center, HSD expects to assist homeless adults and families to increase their safety and health, meet their basic needs, reduce trauma and access resources and support to access housing by achieving the following performance commitment.

SIP Investment Area Number & Name:	
<i>A2F: Hygiene Services</i>	
SIP Code	PERFORMANCE COMMITMENTS (PC)
A2F1-O	PC #1: 70 Homeless individuals are able to take care of their basic hygiene and laundry needs. Verification: Agency Records, Client Files, Monthly Reports, and Safe Harbors HMIS

EXHIBIT A-2 PERFORMANCE STANDARDS

The Agency shall carry out this Agreement in accordance with the following performance standards:

1. The Transitional Living and Support Program Specialist, Mary Flowers, or their successor, shall provide the Agency assistance and guidance in the performance of the contract, and work with the Agency to support the achievement of the milestones and performance commitment.
2. Tara Adams, the Agency's lead program contact, is responsible for communicating with Mary Flowers regarding program progress and performance.
3. The Agency shall maintain timely and accurate records which reflect service levels, participant characteristics, specific actions taken to assist participants, service outcomes, and expenditures under the terms of this Agreement.
4. The Agency shall notify Mary Flowers of all staff changes affecting the program funded through this contract within seven (7) days of the resignation, firing or any other change. A plan for replacing the staff person including a timeline will be submitted to the City within fourteen (14) days of the resignation, firing or any other change. This will include the names of the staff involved in and/or impacted by staff changes.
5. The Agency shall not require individuals who are eligible for services under the terms of this contract to participate in other Agency services or programs as a prerequisite to receiving services under this Agreement.
6. The Agency shall provide information and referral to other appropriate agencies if clients cannot be served by the Agency.
7. The Agency shall establish and operate according to policies and procedures that align with expectations set forth by the City of Seattle as well as any other investor and/or authority or entity (i.e. State of Washington, King County, etc.).
8. The Agency is responsible for all performance standards and agreements under the most recently executed Master Agency Services Agreement with the City of Seattle Human Services Department.
9. The Agency shall identify the services as funded by the City of Seattle Human Services Department in all communication with members of the public and recipients of services. The Agency shall also post a notice to this effect in a prominent place at each Agency location where such services are provided.

10. The Agency shall demonstrate that services are client-centered and strength-based and shall use individualized service planning to coordinate housing-focused supportive services. Programs will seek input from current and/or former clients in areas of program planning, program development, policy development and program evaluation, including exit and/or post exit interviews or surveys, focus groups, and/or client meetings.
11. The Agency shall integrate financial empowerment into services. Agencies will provide information and services to increase the services accessed by clients to increase financial stability and self-sufficiency. Programs will assist clients to access benefits through connections with programs such as PeoplePoint and Washington Connection Web portal.
12. The Agency shall demonstrate sound financial practices and policies, including adequate accounting and administrative procedures and controls to safeguard proper use of funds. Programs will complete line-item budgets that show reasonable expenses for proposed services.
13. The Agency shall address services gaps and increase access to resources by communities of color through collaborative services, building capacity and relationships.
14. The Agency shall coordinate with City departments and HSD divisions to maximize access to services for clients.
15. The Agency shall demonstrate capacity to locate and leverage new community partners on an ongoing basis.
16. The Agency shall demonstrate linkage agreements and partnerships with providers for appropriate, tailored services to promote housing access and stability, such as case management; health care; substance abuse detox and recovery treatment; mental health assessment and treatment; employment training, placement, and retention; housing placement; child care and after-school programs (for programs serving families); legal assistance; credit counseling; and life skills training.
17. The Agency shall participate in system-wide strategies designed to improve information, resources and services, such as Family Housing Connection (FHC). If the Agency serves families staff shall direct them to use FHC and commit to utilizing FHC exclusively when filling vacancies in the program, as part of the coordinated effort to decrease homelessness and rapidly re-house families.
18. The Agency shall maintain client grievance procedures, which include how participants will be informed of their rights to resolve grievances. The Agency shall maintain documentation of all grievances filed against the program, including, but not limited to, name of the person filing the grievance, date the grievance is filed, nature of the grievance, outcome of the grievance and date of resolution.

EXHIBIT A-3 REPORTING REQUIREMENTS

REPORTING GUIDELINES

All reports shall be submitted by the appropriate deadlines. If reports are not received in a timely manner or not completed, invoices will be held for payment until all pending reports are received and approved.

All reporting documents should be submitted to Mary Flowers, Transitional Living and Support; City of Seattle Human Services Department; 700 5th Avenue, Suite 5800; PO Box 34215; Seattle, WA 98124-4215.

REQUIRED MONTHLY REPORTS

1. The Generated Funds Report (Attachment 3) shall be submitted with each invoice. The Agency will submit one monthly report and one copy.
2. The Contractor's Invoice Form, (Attachment 4) shall be submitted by the **tenth** working day of the month for the previous calendar month, except for the last invoice of the 2013 calendar year which is due **January 3, 2014**. The Agency will submit one invoice with an original signature and one copy.
3. A Monthly Status Report (Attachment 5) shall be submitted with each invoice. The Agency will submit one monthly report and one copy.

REQUIRED QUARTERLY REPORTS

1. The Quarterly Narrative Report (Attachment 6) shall be submitted with the following invoices: July, October and December.
2. The Quarterly HMIS Data Report (Attachment 7) shall be submitted with the following invoices: July, October and December.

REQUIRED ANNUAL REPORTS

1. The Standard Demographic Client Profile Report (Attachment 8) for the period **April 1, 2013 - December 31, 2013** shall be submitted in hard copy by **January 31, 2014**. The 2013 Income Guidelines (Attachment 9) shall be used to complete the Standard Demographic Client Profile Report.
2. The Year End Expenditure Report (Attachment 10) for **April 1, 2013 - December 31, 2013** shall be submitted in hard copy by **January 31, 2014**.

OTHER DOCUMENTATION REQUIRED

Additional data related to program performance or management may also be requested for auditing or evaluation purposes.

1. Guidelines for Contract Reimbursement Based on Information Available in HMIS:

- a. The Agency shall submit data reports directly out of Safe Harbors HMIS in a format and to an address provided by the City according to timeframe to be established and communicated by the Human Services Department in 2013.
- b. Additional reports or information related to program performance or management may also be required by the City for auditing or evaluation purposes.
- c. The City expects the Agency's reported number of households and individuals enrolled and exited for a given quarter to fall between 90% and 110% of the number of households and individuals enrolled and exited as reported in Safe Harbors HMIS for that same time period. The Human Services Department shall export quarterly reports from Safe Harbors HMIS 45 days following the end of each quarter to review accuracy.
- d. If the Agency reported data falls outside of the allowable parameters (90%-110% accuracy), previous contract reimbursement payments shall be adjusted. The City retains the authority to set the actual reduction level and to negotiate a timeline with the Agency to achieve compliance with this requirement. Agencies that have difficulty achieving compliance with this requirement will be given an opportunity to establish an Action Plan to achieve reporting compliance. This plan will include clear action steps and a timeline to achieve the action steps.

**EXHIBIT B
BUDGET AND PAYMENT**

Funding for the Women's Wellness Center is made possible through revenue from the HSD General Fund. Budget funds may not be used for costs incurred prior to the beginning date of the term specified. Unspent funds from one grant period may not be carried forward to the subsequent grant period. Continued funding is contingent upon program performance and availability of funds. Changes to the unit rate for services may be made unilaterally by the City and without the need for further amendment of this Agreement. The Agency shall be notified in writing of any changes in the unit cost rate by the City of Seattle Human Services Department Director.

BUDGET

April 1, 2013 - December 31, 2013

Fund Source	Service	January 1, 2013 - December 31, 2013	Total
HSD General Fund	Women's Wellness Center	\$204,528.00	\$204,528.00
Total 2013 Budget			\$204,528.00

UNIT COST REIMBURSEMENT SCHEDULE

The City's compensation to the Agency will be based on the unit cost reimbursement schedule outlined below.

Item	Contracted Quantity/ Unit	Compensation per Unit	Total Reimbursable Amount
Hygiene Service Visits	10,500	\$19.4788	\$204,528.00
Maximum Compensation			\$204,528.00

City of Seattle
Human Services Department
Investment Principles

Agency is expected to adhere to the HSD Investment Principles and will demonstrate the ability to meet all of them.

- 1. Commitment to provide culturally relevant and linguistically competent services.** Agency will demonstrate that programs and staff are working effectively in cross-cultural situations, supported by agency policies, management and program staff actions. Cultural competency within Agency is demonstrated through a commitment to clients, accessibility of services, and relevance to the needs of the clients.
- 2. Maintaining high quality standards for facilities and program operations.** Program services will promote the general health and safety of clients. Programs will meet facility and service standards for safety, cleanliness, and accessibility. Agency will uphold operational and management standards to provide fiscal and program accountability.
- 3. Integrate financial empowerment into services.** Agencies will provide information and services to clients to increase financial stability and self-sufficiency. Financial Literacy, Education, and Empowerment services can be provided through services at the agency site or through referrals to partner agencies. Connections to local asset building initiatives are encouraged, such as Bank-On Seattle King County to provide access to free or low cost financial services. Programs will assist clients to access benefits. Agencies will work with their HSD program specialist to determine appropriate financial empowerment milestones and facilitate connections to financial empowerment services.
- 4. Commitment to neighborhood health and safety standards.** Services and housing are contributors to the health and safety of neighborhoods. Through tools such as good neighbor agreements, Agency will work with community members, businesses and law enforcement to ensure they can provide a safe, clean environment that supports clients' rights to receive services as well as provide opportunities to contribute to the community's overall health and safety. The City of Seattle has an expectation that residents will work with shelters and service agencies in their neighborhoods to maintain a healthy, safe environment for everyone.

Good neighbor plans will include a process for communicating with neighboring businesses and residents, policy/procedure to address neighborhood concerns, written policy concerning the rights and responsibilities of clients, program rules and restrictions, and opportunities for providers, clients and community members

to participate in supporting program and client success in healthy and safe neighborhoods.

Agencies providing services to domestic violence survivors need to protect the safety and confidentiality of their clients. Guidelines will be modified for facilities that by their nature require confidentiality of location to protect the safety or personal privacy of clients, such as domestic violence shelter, transitional housing and service programs.

- 5. Commitment to coordinate and integrate services with community networks and with mainstream service systems.** HSD expects Agency to build collaborative partnerships to leverage resources and increase service capacity. A collaborative relationship exists when agencies are creating solutions together that no one party to the collaboration could separately achieve. Collaborative partnerships may be forged as part of formal or informal agreements to share, integrate, and/or streamline service delivery to achieve specific program or system goals or outcomes.
- 6. Commitment to collect and submit high-quality data and use data to review and evaluate results.** Safe Harbors Homeless Management Information System (HMIS) will be the central, system wide platform for collecting information about households who apply for and receive services from prevention, intervention and housing programs serving at-risk and homeless households.

City of Seattle
Human Services Department
Safe Harbors
Homeless Management Information System (HMIS)
Requirements

- a. The Agency shall actively participate in the Safe Harbors HMIS to be eligible for fund reimbursement during the Exhibit period.
- b. Active participation will be evidenced by the program entering a complete data set for all clients served during the Exhibit period. This complete data set will be entered no later than the 10th day of the month following service and as directed in the Safe Harbors Standard Operating Procedures and the Agency Partner Agreement incorporated herein by reference.
- c. The Agency shall submit a complete data set on all program clients served. This includes universal, program specific and local continuum data elements for required report completion. The universal data elements are name, date of birth, race, ethnicity, gender, social security number, veteran status, disabling condition, residence prior to program entry, and zip code of last permanent address. The additional program specific data elements are income and sources, non-cash benefits, physical disability, developmental disability, mental health, substance abuse, services received, chronically homeless status, exit destination, and reasons for leaving the program. Required local continuum elements include veteran status, refugee/immigrant, cause of homelessness, episodes of homelessness, residence in incorporated or unincorporated King County.
- d. Obtaining Client Consent: The agency will obtain consent before submitting personally identifying information according to procedures outlined in the partner agreement and in compliance with state law. The Informed Consent and Release of Information Form is available on the Safe Harbors website at www.safeharbors.org. For this provision personally identifying information is defined as complete name, complete date of birth and social security number. Agencies are required to submit birth year, gender, and race which are not subject to informed consent. The Agency must enter all other data elements on each client served regardless of informed consent using a system generated client ID in place of personally identifying information.
- e. The Agency shall share personally identifying information (name, birth date, social security number) at the system designated regional level with client consent. The system designated regional level includes all participating programs within the Seattle/King County Continuum of Care. Only agencies with signed agreements with the Safe Harbors system will have access to the data collected.
- f. Clients may not be refused services based solely on their refusal to provide personally identifying information for the HMIS. This is not meant to prevent agencies from collecting information required for eligibility screening or other internal agency requirements.
- g. Acknowledging the paramount need for confidential domestic violence programs to protect the safety of survivors of domestic violence, personally identifying information should not be entered into Safe Harbors by said programs. Agencies are required to enter all other data elements in accordance with the Washington State Department of Commerce Data Collection Directives incorporated herein by reference.

Generated Funds

Agency's Name: Catholic Community Services of Western Washington
Project/Program Name: Women's Wellness Center

Name of Person Completing Report:	Date of Report:
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Generated Funds Received During Report Month	\$
Generated Funds Received Year-to-Date	\$

Please use this form to report all Generated Funds* received by programs funded by the City of Seattle Human Services Department. The form should be submitted monthly with the program invoice. All Generated Funds must be used to support or expand the program which generated the additional revenue.

* Generated Funds are contributions or client donations collected by the Agency as a direct result of contract funded activities. An example of generated funds is donations received from participants toward the cost of the meals served in a nutrition program. Not included in this definition is revenue generated through fund raising events; e.g., rummage or bake sales, general donations and any activity separate from the specific items of the contract.

City of Seattle – Human Services Department
Contractor's Invoice Form – Unit Cost Reimbursement

Program Specialist: Mary Flowers	Division: Transitional Living and Support	Phone: 206/684-0231	Contract #: DA13-1007	Contract Period: 4/1/2013 - 12/31/2013	Invoice #:	Invoice Period:
Contractor's Name: Catholic Community Services of Western Washington		Contractor's Address: 1215 Thomas Street Seattle, WA 98109		Program Name: Women's Wellness Center		Contact Person & Phone #: Tara Adams 206-256-0665 TaraA@ccsww.org

Quantity	Description	Unit Cost	Total Cost
	Hygiene Service Visits (10,500)	\$19.4788	\$
			\$
			\$
			\$
Subtotal			\$
Deductions			\$
Net Amount of Request			\$

Fund Source & Amount	HSD General Fund Shelter Program	Total
HSD General Fund = \$204,528.00		
Contract Budget	\$204,528.00	\$204,528.00
Less PREVIOUS Reimbursement		
Less Net Amount of This Request		
Equals Contract Balance		

INVOICE CERTIFICATION - I, the undersigned, do hereby certify under penalty of perjury under the laws of The State of Washington, to the best of my knowledge and belief after diligent inquiry, that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is a just, due and unpaid obligation against The City of Seattle, and that I am authorized to authenticate and certify to said claim.

Print Name: _____ Authorized Signature: _____ Date: _____

HSD Program Specialist Certification	HSD Finance Analyst Certification	
Signature: _____	Appropriation #: _____	Examiner's Signature: _____
Date: _____	Amount to be Paid: _____	Date: _____

MONTHLY STATUS REPORT

Agency Name/ Program Name:	Catholic Community Services of Western Washington/Women's Wellness Center		
Person Completing Form:		For Month Ending:	
Contract Number:	DA13-1007	Contract Period:	4/1/2013-12/31/2013

Individuals Served This Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
A2F1-0 78 homeless individuals are able to take care of their basic hygiene and laundry needs. How many unduplicated (new) people were served this month?										
# New this month?										
# Leavers (Exited program)										
# Stayers (in program in the last day of the month)										
Performance Commitment										
How many showers were provided this month? Goal=6,000										
How many Laundry loads were provided this month? Goal=4,000										
# New Housing Case management Clients this month Goal=40										
# Case management contacts this month? Goal=78										
# of housing placement this month? Contract Goal=4										
#Hygiene service visits this month? PERFORMANCE COMMITMENT GOAL = 10,500										

QUARTERLY NARRATIVE REPORT

Agency Name/ Program Name:	Catholic Community Services of Western Washington/Women's Wellness Center		
Person Completing Form:		For Month Ending:	
Contract Number:	DA13-1007	Contract Period:	4/1/2013-12/31/2013

Narrative: Explain any deviations in program performance, significant program events, community trends, success stories, challenges and/or any items of interest.

Center City Initiative Implementation:

The Center City Initiative is focused on ensuring a downtown environment that is safe, healthy and provides social and economic opportunity for all people. The initiative brings government, community, business and agency partners together to develop solutions that will build prosperity and achieve racial and social equity.

1. Please describe activities or actions to engage your guests in the Center City Initiative this quarter.
2. Please list and describe how you worked with collaborative partners (other hygiene/day centers; agencies; outreach teams; community groups etc.) this quarter.
3. Please provide any comments or observations that you wish to share regarding engagement with the Center City Initiative (optional)

QUARTERLY HMIS DATA REPORT

Agency Name/ Program Name:	Catholic Community Services of Western Washington/Women's Wellness Center		
Person Completing Form:		For Month Ending:	
Contract Number:	DA13-1007	Contract Period:	4/1/2013-12/31/2013

Program Type:

Capacity

Target Population:

		1 Qtr	2nd Qtr	3rd Qtr	4th Qtr	TOTAL
Total Served	Single Adults					0
	Family Households					0
	Total	0	0	0	0	0
Newly Enrolled	Single Adults					0
	Family Households					0
	Total	0	0	0	0	0
Exits to Permanent Housing	Single Adults					0
	Family Households					0
	Total	0	0	0	0	0

Data Completeness:

Zip Codes	%
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Prior living situation	%
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Client Profile Report - Demographic Standards

Agency Name: Catholic Community Services of Western Washington
Project Name: Women's Wellness Center
Contract Number: DA13-1007
Person Completing Report:

Total Number of Adults Served	
Total Number of Children Served	
Total Number of Clients Served	

Section I.		
Data Element	Adults	Children
<u>Zip Code:</u> <ul style="list-style-type: none"> Self report by client's five-digit zip code 		
<u>Homeless:</u> <ul style="list-style-type: none"> Yes No Unknown 		
Section II.		
Data Element	Adults	Children
<u>Household Composition:</u> <ul style="list-style-type: none"> Single Parent Household Children Under Age 18 		
Section III.		
Data Element	Adults	Children
<u>Income (based on HUD guidelines):</u> <ul style="list-style-type: none"> Very low (< 30% median) Moderate (> 50% median) Above moderate (> 80% median) Unknown 		
Section IV.		
Data Element	Adults	Children
<u>Age:</u> <ul style="list-style-type: none"> 0 to 5 years 6 to 12 years 13 to 18 years 19 to 29 years 30 to 45 years 46 to 64 years 65 to 84 years 85 + years Unknown 		

Section V.		
Data Element	Adults	Children
<u>Gender:</u> <ul style="list-style-type: none"> • Male • Female • Transgender/Other • Unknown 		
Section VI.		
Data Element	Adults	Children
<u>Sexual Orientation:</u> <ul style="list-style-type: none"> • Self report by client • Choose not to answer • Unknown 		
Section VII.		
Data Element	Adults	Children
<u>Persons with Disabilities:</u> <ul style="list-style-type: none"> • Yes • No • Unknown 		
Section VIII.		
Data Element	Adults	Children
<u>Race/Ethnicity:</u> <ul style="list-style-type: none"> • American Indian, Alaska Native, Aleut, Eskimo • Asian/Asian-American • Black, African-American, Other African • Hawaiian Native or Pacific Islander • Hispanic/Latino • White or Caucasian • Multi-racial (2 or more identified races) • Some other race • Unknown 		
Section IX.		
Data Element	Adults	Children
<u>Refugee/Immigrant:</u> <ul style="list-style-type: none"> • Yes • No • Unknown 		
Section X.		
Data Element	Adults	Children
<u>Limited English Speaking:</u> <ul style="list-style-type: none"> • Self report by client • Choose not to answer • Unknown 		

Client Profile Report - Demographic Standards

The following descriptions are intended to clarify the definition of each core data element. In most cases, counts will be of individuals. If a family is served, count all persons in the family who received the service. Count all clients under the age of 18 as children.

	Data Element	Description
Section I	Zip Code	Use the client's five-digit postal zip code for the primary residence of the individual receiving service. Homeless individuals should give the zip code of their last permanent address. This information is requested to better understand the geographic location of clients and ensure accessibility goals.
	Homeless	Individuals who do not have a permanent residence. They may sleep on friends' couches or with relatives to avoid being on the street, or use shelters or emergency housing.
Section II	Household Composition	<p>A household is a single person or group of people (related or not related) living together and sharing common household resources and expenses. Individual tenants in an apartment building or communal domicile (detention center, dormitory, barracks, etc.) are <i>not</i> members of the same household. Such individuals (and those living alone) should be classified as <u>single adult living alone</u>.</p> <p><i>Single Parent Household:</i> A household in which one parent without the assistance of a domestic partner assumes primary responsibility for any child or children under the age of 18.</p> <p><i>Children Under 18 years:</i> The number of related or non-related children under the age of 18 years living in the household at the time of intake. This is not a legal definition of custody, but is as defined by the client. Programs with eligibility requirements on legal custody may use stricter interpretations.</p>
Section III	Income (based on HUD guidelines)	Total gross yearly income for the household. Client should <u>select one of the four categories</u> based on their knowledge of the household's income. Categories are based on the HUD matrix, updated annually. Programs may need to collect and verify actual income to determine eligibility for certain programs, but we want the HUD matrix.
Section IV	Age	In years, the age of individual at the time of applying for service. For infants under the age of one year, enter 0 (zero).
Section V	Gender	<p>Female individuals should be counted as "<i>Female</i>". Male individuals should be counted as "<i>Male</i>". Transgendered/Other is defined as individuals whose gender, gender display or gender identity differs from the perceived norm. Such individuals may or may not have undergone or be undergoing gender-altering surgery or transgender counseling. Those who identify with this description should be classified as '<i>Transgendered/Other</i>'.</p> <p>Individuals who do not identify with any of the other categories should be counted as "<i>Unknown</i>".</p>

Section VI	Sexual Orientation	Self report by client, identifying self as lesbian, gay, bisexual, transsexual, or questioning of their sexual orientation. Persons who explicitly elect not to respond should be coded as "choose not to answer". The "unknown" category should be used if unable ask/request the information.
Section VII	Persons with Disabilities	<p>Self report by client except in programs where status is determined by a caseworker or other professional.</p> <p>A client with a disability has a physical, sensory or mental impairment that substantially limits one or more major life activities. Major life activities are functions such as caring for one's self, performing manual tasks, walking, seeing, breathing, learning and working. Clients who are developmentally disabled, chronically ill, hearing or visually impaired, homebound and/or have diagnosed emotional disorders are included in this category. Children/youth in this category include those in special education classes and those receiving SSI.</p> <p><u>Examples:</u></p> <ul style="list-style-type: none"> • Persons with restricted use of their hands, arms or have mobility problems (may use a wheelchair, walker, etc.). • Persons who cannot do simple household tasks such as making a bed or washing dishes. • Persons who cannot take care of their own basic needs such as feeding or bathing themselves. • Persons with learning disabilities. • Persons who score 50 or below on the Global Assessment Scale. • Persons who are incapacitated by alcoholism or substance abuse. • Children with speech or language delays that are not caused by English being their second language.

<p>Section VIII</p>	<p>Race/Ethnicity</p>	<p>A group of persons related by common descent or heredity, or who share a common culture, language, religion or other significant social characteristics. Clients are asked to select the category that <u>best</u> expresses how they see themselves. Record the category that is <u>most</u> preferred by the client.</p> <p>Do not let clients check more than one category. If a client prefers not to identify with one group, the "multi-racial" should be checked. The "unknown" category should be used if unable ask/request the information. The high-level categories are those used by the U.S. Census Bureau.</p> <p><u>American Indian, Alaska Native, Aleut, Eskimo:</u> Individuals whose race/ethnicity is native to the continent of North America (including Mexico), Alaska or the northern-most parts of Canada.</p> <p><u>Asian/Asian-American:</u> Individuals whose race/ethnicity is native to the continent of Asia, Philippine Islands or sub-continent of India. Count clients with the listed national origins in the specific categories, which will be rolled up to give the 'Asian' total. Hawaiian Natives or Other Pacific Islanders are excluded from this group.</p> <p><u>Black, African-American, Other African:</u> Individuals whose race/ethnicity is native to the continent of Africa and/or individuals who are North, Central or South American or Caribbean Islanders of African descent. Count clients with the listed national origins in the specific categories, which will be added to give the "Black" total. Africans who identify as "Caucasians" (e.g. Afrikaners and North African Arabs or Caucasians) are excluded from this group.</p> <p><u>Hawaiian Native or Pacific Islander:</u> Individuals whose race/ethnicity is native to Pacific Island areas such as American Samoa, Caroline Islands, Guam, Hawaiian Islands, Mariana Islands, Tonga, Marshall Islands or Micronesia. Count clients with the listed national origins in the specific categories, which will be rolled up to give the "Hawaiian Native/OPI" total.</p> <p><u>Hispanic/Latino:</u> Individuals whose heritage can be traced to any Spanish speaking country in the western Hemisphere. Includes people who identify as Mexican/Chicano, Puerto Rican, Caribbean Islander, Cuban, Central American or South American. Does not include persons of indigenous heritage from these areas. Check only one of the options for each person. Persons of Latino heritage may be of any race. The question comes from the US Census, and we ask it to assure that Latinos have access to services.</p> <p><u>White or Caucasian:</u> Individuals whose race/ethnicity is native to the continent of Europe, Middle East or North Africa. Count clients with the listed national origins in the specific categories, which will be rolled up to give the "White" total.</p> <p><u>Multi-racial (2 or more identified races):</u> Individuals who do not wish to identify more strongly with one race and who prefer to select <u>more than one category</u> should be counted as "Multi-</p>
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		<p>racial’.</p> <p><i>Some other race:</i> Clients of one race who do not identify themselves as any one of the preceding race/national origin categories.</p> <p><i>Unknown:</i> Individuals who do not identify with any of the categories should be counted as “Other/Unknown”. Use this for persons whose race/national origin is not recorded.</p>
Section IX	Refugee/ Immigrant	Individuals who have voluntarily migrated to this country or who have left their native country for reasons of safety. This category is not intended to capture information on legal resident status or citizenship.
Section X	Limited English Speaking	This includes those who speak limited English, and native or immigrant English speakers who live in a household where some or all members commonly use a non-English language to communicate.

Human Services Department

2013 INCOME GUIDELINES

Gross Annual Income by Family Size

	FAMILY SIZE							
	1	2	3	4	5	6	7	8
100% Federal Poverty	11,490	15,510	19,530	23,550	27,570	31,590	35,610	39,630
125% Federal Poverty	14,363	19,388	24,413	29,438	34,463	39,488	44,513	49,538
60% State Median	25,776	33,708	41,640	49,572	57,492	65,424	73,356	81,288
70% State Median	30,072	39,324	48,576	57,828	67,080	76,332	85,604	94,856

2013 HUD Income Guidelines

Gross Annual Income by Family Size

	FAMILY SIZE							
	1	2	3	4	5	6	7	8
<u>Very Low</u>								
30% HUD PMSA	18,200	20,800	23,400	26,000	28,100	30,200	32,250	34,350
<u>Low</u>								
50% HUD PMSA	30,350	34,700	39,050	43,350	46,850	50,300	53,800	57,250
<u>Moderate</u>								
80% HUD PMSA	45,100	51,550	58,000	64,400	69,600	74,750	79,900	85,050

- Note:**
- Income Guidelines for the standards above are usually published by March of each year.
 - FY 2013, Washington State Median 4-Person Family Income = \$86,700
 - HUD (U.S. Department of Housing & Urban Development)
 - PMSA (Primary Metropolitan Statistical Areas)

City of Seattle – Human Services Department

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Seattle, Washington 98124-4215

YEAR-END EXPENDITURE REPORT

Agency Name: Catholic Community Services of Western Washington Project: Women’s Wellness Center
 Person Completing Report: _____ Phone: _____
 Reporting Period: 4/1/2013 – 12/31/2013 Date: _____

<i>Instructions</i>	
Line 1	Report total income during the report period for each fund source.
Line 2A - 2F	Report allocated expenses by cost category and fund source.
Line 2G	Add lines 2A through 2F down and across the table to report total allocated expenditures for each fund source.
Line 3	Subtract Line 2G from Line 1 to compute the difference between income and expenditures.

<i>Actual Expenditures & Income for Report Period</i>	
	Total Program Cost HSD General Fund
1. Total Income	
2.A. Personnel Expenses	
2.B. Operating Expenses	
2.C. Contractual Expenses*	
2.D. Other Services & Charges	
2.E. Equipment/Capital Expenses	
2.F. Administrative (Indirect)	
2.G. Total Expenditures	
3. Difference Between Income & Expenditures	
* Refers to subcontracts with individuals or other agencies to perform specified work regarding this program.	