



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: **HIV/AIDS Housing Assistance Program**

FUND SOURCES: **HOPWA Grant (CFDA# 14.241)**

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/NW** (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 **January 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 Sixty Six Thousand One Hundred Twenty Seven Dollars and No Cents --- (\$266,127.00)**.

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.

There are no special conditions attached to this Agreement.

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.

**Catholic Community Services of
Western Washington/NW**

THE CITY OF SEATTLE

DocuSigned by:

Vicki Howell

E1C1FA3D69CA4D7...

By/For

DocuSigned by:

Elyn Blandon

4108E335847549F...

By/For

Vicki Howell

Name (Typed)

Regional Chief of Operations

Title

2/11/2013

Date

1918 Everett Avenue

Address

Everett, WA 98201

City, State, Zip Code

(425) 257-2111

Phone Number (Include Area Code)

vickih@ccsww.org

E-Mail Address (Required)

Dannette R. Smith

Name (Typed)

**Director,
Human Services Department**

Title

2/11/2013

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 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 **HIV/AIDS Housing Assistance Program** 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.

In addition, HOPWA-funded investments made through the City's Human Services Department (HSD) must reflect policy goal(s) set forth in the City's Consolidated Plan for 2009-2012 and its successor Plans. In accordance with the applicable Consolidated Plan Goals, therefore, the City makes the investment under the terms of this Agreement specifically to prevent homelessness among low-income people who are diagnosed as having HIV/AIDS and to assist these persons to secure and maintain stable permanent housing.

PROGRAM DESCRIPTION

Seattle's Human Services Department (HSD) is the HUD formula grantee for the Housing Opportunities for People with AIDS (HOPWA) grant for the service area consisting of King County and Snohomish County. HSD acts as primary AIDS housing services coordinator for this two-county service region. HSD is joined by several community-based agencies and organizations operating in this region to form the AIDS Housing Committee (AHC), whose membership make recommendations to HSD with regard to plans, policies, and programs intended to assist low-income persons with HIV/AIDS to meet their housing needs effectively. HOPWA funding investments are made in programs that are designed and likely to achieve successful results for participants in terms of securing and maintaining affordable permanent housing.

Catholic Community Services of Western Washington/NW's ("CCS" or "Agency") HOPWA-funded HIV/AIDS Housing Assistance Program ("the Program") provides transitional and permanent housing options and resources to people who are qualified to become Program

Participants (medical diagnosis of HIV/AIDS and low income; please see Exhibit A-2, Performance Standards, herein). The essential purpose of the Program is to place and stabilize participants in appropriate, affordable permanent housing. To help ensure that participants are enabled to accomplish this result, specific housing assistance and supportive services are offered, including scattered site tenant based rent assistance/subsidies (transitional rent subsidies pending permanent housing placement); facility based permanent housing placement in cooperation with the Housing Authority of Snohomish County (HASCO) and the Everett Housing Authority (EHA); information and assistance services to link all participants to needed health and human services in the community; housing search assistance; and placement advocacy/linkage regarding Federally-funded long term housing subsidy programs. In conjunction with the rent subsidies provided, these supportive services are critical to the achievement of successful housing stability results for participants.

The Program represents a fundamental element of the regional HOPWA service area's strategy to develop and maintain a continuum of transitional and permanent housing options for HOPWA-eligible participants. Provision of these options promotes long term housing stability, helps prevent homelessness among this very vulnerable population, and increases the effectiveness of health care for those who have a medical diagnosis of HIV/AIDS or who have been disabled by AIDS/HIV disease.

Applicants for all Program services must be referred through AIDS case managers and medical practitioners located at area hospitals or clinics. Individuals accepted as participants for any type of HOPWA temporary or transitional housing assistance must agree to be placed on waiting lists for available permanent or appropriate long term housing options, and to participate in Supportive Services or housing advocacy services offered through the Program. Supportive Services will be provided to help stabilize the lives of participants and reduce risk factors that may result in loss of housing because of eviction or other potentially preventable cause. The primary results sought by case management and other supportive services are stabilization of participants in their current transitional housing, to place participants currently in temporary or transitional housing into affordable permanent housing, and to ensure that participants are able to maintain their stability in permanent housing over the long term.

The Program offers opportunities for successful long term or permanent housing outcomes for participants through the implementation of several HOPWA Grant Activities:

1. Supportive Services

Supportive services are provided to ensure both short and long term housing stability for all Program participants. Supportive services activities by program staff include establishing and maintaining each participant's connections to health and human services in the community; providing ongoing general information & assistance; and providing permanent housing search/placement support. **At least 90** unduplicated HOPWA-eligible households will receive Supportive Services during the term of this Agreement, to include all those who also receive HOPWA-paid Short Term Rent-Mortgage-Utility Assistance (STRMU), Tenant Based Rent Assistance (TBRA), Permanent Facility-Based Rent Assistance (PBRA) in cooperation with HASCO and/or EHA, or Permanent Housing

Placement assistance, and, **at least 48** HOPWA eligible persons who do not receive HOPWA housing assistance and who reside in other types of HUD-subsidized housing or private market housing.

2. Permanent Housing Placement Services

This HOPWA Activity may fund certain costs directly associated with placing **at least ten (10)** HOPWA-eligible tenants or homeless households into affordable permanent housing. The personnel costs and associated other costs of staff who are specifically tasked with locating permanent housing and facilitating eligible participants' placements into this housing may be allocated to this Activity. Direct assistance to participants may include tenant move-in costs such as first and last months' rent, reasonable damage deposit, and credit check fees. (Please see Exhibit A-2, Performance Standards, of this Agreement for restrictions.)

3. Project Based and Operating Cost Support - The Transitional Housing Unit

Rent assistance may be provided through this program to eligible participants placed in the program's Transitional Housing Unit. Placement in this unit is prioritized for eligible households that are or will be eligible for HUD permanent rent subsidies, Shelter Plus Care (McKinney Grant) rent subsidies or units, or other affordable housing options when available. The program currently manages one HASCO-owned 1-bedroom set-aside residential unit utilized as HOPWA-subsidized transitional housing, identified in Exhibit B, Budget, 2012 (HOPWA) Grant, of this Agreement.

HOPWA-funded rent subsidies will be provided for up to 24 months, pending the residents' placements into available appropriate permanent housing. Participants residing in this unit are placed on a waiting list for affordable permanent housing. The program may also utilize amounts of HOPWA funds as budgeted herein to meet other reasonable operating costs associated with managing the housing unit set-aside by HASCO or other housing provider for the CCS transitional unit. Other allowable costs may include minor repair, regular maintenance, and allowable telephone costs. **At least one (1) eligible participant will be housed in the Transitional Unit during the term of this Agreement.**

4. PBRA, Permanent Housing, Rent Subsidized by HOPWA

The Agency will establish cooperative agreements with HASCO and EHA to make available at least **eight (8)** housing units to be utilized as HOPWA-funded subsidized permanent housing for eligible HOPWA program participants. In cooperation with these Housing Authorities, the Agency will qualify and place eligible households in these units. The housing sites and units to be made available to this program and utilized as HOPWA-subsidized permanent housing are identified and listed in Exhibit B, Budget, 2012 (HOPWA) Grant, of this Agreement.

With regard to these units set aside by EHA and HASCO as permanent housing units for HOPWA subsidized residents, it is anticipated that a minimum of **eight (8)** unduplicated eligible individuals will be housed over the term of this Agreement. The Agency will utilize an amount of HOPWA funds budgeted herein to pay the rent subsidies associated with placing and maintaining eligible program participants in the housing units set aside by HASCO and EHA for this purpose. The Agency will make rent subsidy payments to EHA

and HASCO on behalf of eligible recipients in accordance with its inter-agency agreements with these two Housing Authorities.

5. Tenant-Based Rent Assistance

To maintain HOPWA-eligible households in their own homes pending placement into more affordable and sustainable permanent housing, the Program will utilize amounts of HOPWA funds as budgeted herein to subsidize their current rents on a temporary/transitional basis of up to 24 months. Extensions of an additional six months of HOPWA-paid rent assistance for individual households may be granted by HSD on an exception basis upon written request to the HSD program specialist for HOPWA. The Agency will observe all applicable HUD guidelines to calculate the correct monthly subsidy paid from HOPWA funds for each recipient and will issue monthly rental subsidy payments directly to the landlords/property owners on behalf of the eligible participants. A capacity of at least **seven (7) subsidy slots** will be continuously maintained with current HOPWA funding throughout the term of this Agreement. It is anticipated that a minimum of **eight (8)** unduplicated households will receive temporary/transitional HOPWA tenant based rent assistance during the term of this Agreement. (Please see Exhibit A-2, Performance Standards, of this Agreement for HOPWA rent subsidy guidelines and restrictions.)

6. Short Term Rent, Mortgage, Utility Payments (STRMU)

STRMU assistance may be provided to HOPWA-eligible tenants or homeowners who are at immediate and verifiable risk of housing loss because of eviction proceedings, imminent foreclosure, forced move-out due to dwelling uninhabitability for reasons of health and safety, or utility shut-off due to nonpayment. To qualify, HOPWA eligible applicants must be tenants with formal leases or homeowners with mortgages; be experiencing a crisis that the Agency reasonably anticipates will result in housing loss within 60 days without HOPWA program intervention; be able to sufficiently document their crises; and must be able to demonstrate that housing assistance is needed for a short time only. That is, applicants must otherwise have or will have sufficient resources to pay their housing costs, but for the temporary circumstances of the crisis at hand (temporary lack of income due to high medical bills, temporary loss of wages or benefits, forced move-out because of health or safety issues related to the dwelling, and the like). Eligible households may receive STRMU assistance for up to five (5) months in a 52-week period. HOPWA funds may be budgeted to support STRMU assistance projected to be sufficient for **at least 15 eligible households** during the term of this Agreement.

Other Permanent Housing Resources Available

In addition to the specific housing units which have been set aside for HOPWA-funded rent subsidy, HASCO maintains two units as permanent housing set-asides exclusively for placement of AIDS-disabled persons referred by the Agency. These units are HUD/Housing Choice Voucher/Section 8 subsidized on an ongoing basis, but were initially developed with HOPWA funding participation, and are identified as follows:

Two-bedroom (family) units:

1. East Terrace Apartments, Unit A, 4231 214th Avenue SW, Mountlake Terrace WA 98053.

2. East Terrace Apartments, Unit B, 4231 214th Avenue SW, Mountlake Terrace WA 98053.

The Agency, in cooperation with HASCO housing staff, will be responsible to identify and qualify eligible persons diagnosed with HIV/AIDS and as disabled for housing placement in the above-named subsidized units and/or other units that may be set aside by HASCO for this purpose, facilitate each eligible participant's housing application process, and will provide all supportive services required by HOPWA-eligible tenants in these permanent housing units to successfully maintain their housing over the long term.

Performance Commitments

By investing in the Agency's HIV/AIDS Housing Assistance Program, the Seattle Human Services Department seeks to Stabilize People in Housing through Prevention Services.

Program Investment Area	A1A – Housing Stability Services
SIP Code	Performance Milestones and Performance Commitments
A1A1-M	<p>Milestone: At least 90 low-income persons with HIV/AIDS and at risk of housing loss and homelessness will become program participants and receive housing and/or case management and other support services to maintain housing stability.</p> <p>Verification: Agency records, case files, and required contract reports.</p>
A1A2-O	<p>Performance Commitment: At least 28 Program participants who receive TBRA transitional housing, Permanent Housing Placement (PHP) assistance, or STRMU (Short Term Rent Mortgage Utility) assistance will succeed in maintaining their housing for at least six (6) months following receipt of assistance; this total will consist of at least seven (7) TBRA and Transitional Unit recipients, seven (7) PHP recipients, and at least 15 Short Term assistance recipients. (TBRA: if less than six months, moves into appropriate permanent housing or other stable transitional housing may count toward this Performance Commitment.)</p> <p>Verification: Agency records, case files, and required contract reports.</p>
A1A3-O	<p>Performance Commitment: At least 42 Program participants will succeed in maintaining their stability in long term or permanent housing for at least 12 months after commencing Program housing services: this total will consist of least eight (8) HOPWA permanent rent subsidy recipients, and, at least 36 program participants who are enrolled for Supportive Services but who do not receive HOPWA housing subsidies.</p> <p>Verification: Agency records, case files, and required contract reports.</p>

In addition to the above Milestones and Performance Commitments, the Agency will ensure that **at least 80%** of all participants exiting HOPWA-supported housing or HOPWA rent subsidies/assistance will do so to other stable appropriate housing destinations as defined by HUD (i.e., nursing care facility, other transitional housing program, other permanent housing, or hospitalization).

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, James Betts, 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. The Agency's lead program contact will be **Lisa Hunt**, who will be responsible for communicating with James Betts 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 James Betts 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 maintain client demographic data and complete the required City's client demographic report.

11. The Agency may not require individuals to participate in religious activities such as prayer or religious services as a condition of receiving services provided in whole or in part with City funds or with public funds passed through the City to the Agency.
12. After the close of the third calendar quarter (9/30/2013) of the term of this Agreement, and at earlier times as it may determine as necessary, the Agency will perform and update its expenditure projections for each HOPWA Activity shown as funded by Exhibit B, Budget, herein. If changes in the current Activity budgets are indicated to continue the smooth and uninterrupted flow of services to program participants, the Agency will notify the HSD program specialist for HOPWA, and submit its requested budget changes in writing to initiate a contract budget amendment. All requests for budget changes and draft written materials for contract amendments must be received by the HSD program specialist not later than **October 31, 2013**.
13. This program will serve only households residing in Snohomish County, Washington, whose incomes do not exceed 50% of the HUD median income (see table below) applicable to the Seattle-Everett metropolitan area*, and which have at least one member who has a medical diagnosis of HIV/AIDS.

Household Size:	1	2	3	4	5	6	7	8
50% HUD Median Income	\$30,800	\$35,250	\$39,600	\$44,000	\$47,550	\$51,050	\$54,600	\$58,100

* As issued by HUD for 2012; these will be used for the 2013 year.

14. Client household income for HOPWA eligibility must be determined by applicable HUD/HOPWA regulations and guidelines (see Attachment A, HOPWA Income & Resident Rent Calculation Worksheet). Written documentation verifying HOPWA eligibility must be obtained from each person’s medical practitioner and specific income sources. All reasonable efforts must be made to verify an applicant’s claim of income or zero income by the standards and measures described in the “Housing Choice Voucher Program Guidebook” distributed by HUD. For a copy, go to the HUD.gov website and in the search box type in “Housing Choice Voucher Program Guidebook, or request a copy from the local Public Housing Authority. The verification requirements for client eligibility information are on pp. 47 – 53. Incomes must be re-verified at least every 12 months, but every three (3) months for participants who claim zero income.
15. When granting participants rent assistance and subsidies or otherwise providing housing with HOPWA funds, the amount of HOPWA rent subsidy for which each qualified applicant may be eligible, and the amount each qualified applicant must pay as his/her share of the total rent, will be determined only by the “Income & Residential Rent Calculation Worksheet” Attachment A - Word format (alternately, the Agency may use the equivalent automated Calculation Worksheet in Excel format for individual calculations, which HSD will provide to the Agency separately). Only the rent amount payable by the participant as determined by the Calculation Worksheet may be required of the eligible participant; no other charge, cost or fee of any kind may be required by the Agency. Likewise, landlords may not require

additional costs or fees apart from the stated monthly rent in the lease if the tenant is receiving a HOPWA-paid subsidy.

16. With regard to utility costs, no separate utility cost may be paid with HOPWA funds on behalf of program participants, except as provided for herein. If the HOPWA subsidy recipient must pay utility costs separate from the monthly rent, the appropriate Utility Allowance for the recipient must be applied in the participant's "Income & Residential Rent Calculation Worksheet" (Excel version). The entry of the applicable utility allowance will adjust his/ her portion of the rent to compensate for the separate utility costs for which the participant is responsible. Utility Allowance amounts may be taken only from the Utility Allowance schedules published by local Public Housing Authorities, as applicable to each participant's energy providing utility(-ies) and geographic location and Snohomish County. **Only in the case where the HOPWA rent and subsidy calculations result in a credit (a negative amount), when the appropriate utility allowance is factored in, may the Agency pay a HOPWA amount directly to the participant toward the client's utility costs.**

17. If master leased units are utilized by the Agency for Program housing, rent amounts paid directly by participants to the Agency, as well as any refunds from previous HOPWA-paid damage/security deposits, will be considered as program income, and must be budgeted in Exhibit B, Budget, herein, and expended only on eligible HOPWA-allowable expenses, in accordance with applicable HUD/HOPWA regulations and guidelines. All program income must be spent concurrently with billings to HOPWA funds, and all program income received during the term of this Agreement must be spent before the end of the term of this Agreement. If an unspent balance remains at the end of this Agreement, the amount of the balance will be repaid to HSD in a manner as determined by the HSD program specialist.

18. Each recipient of HOPWA-paid rent subsidies must have a written rental agreement or lease whose terms are consistent with applicable local and State landlord-tenant laws. Lease/agreements must be for at least one year, unless a shorter lease term would improve the tenant's opportunities to access other appropriate long term stable housing. Rents must be set at reasonable levels consistent with comparable housing in the community, and, considering each HOPWA housing assistance recipient's geographical location, may not exceed HUD Fair Market Rent (FMR) or allowable Voucher Payment Standards as utilized by local Public Housing Authorities or published by HUD for the Seattle-Everett Metropolitan Statistical Area. **In addition to compliance with local FMR standards, the rent of a unit must meet rent-reasonableness standards for the size, type, and location of the unit in comparison to similar units within its general area. The general area is defined as being within a two mile radius of the unit being considered for HOPWA rent subsidy.**

19. Each housing unit whose tenant/resident is receiving or is going to receive a rent subsidy paid with HOPWA funds must pass housing quality inspections initially before granting rent assistance, and at least annually thereafter if the participant remains in

residence, in accordance with HOPWA housing habitability standards. Agency Housing Program staff will become familiar with general HOPWA guidelines for habitability standards and conduct these inspections using materials and checklists as provided by HSD (see Attachments B, C). Completed written unit inspection reports will be placed in each HOPWA rent subsidy recipient's case record.

20. Each program participant who receives HOPWA housing services, either as a direct rent subsidy or housing in a community facility (group home, congregate care, shared tenancy housing, and the like), that is wholly or partially paid with HOPWA funds must be provided with Supportive Services as defined by HUD for HOPWA. At a minimum, Supportive Services must be conducted on a case management model (with a housing focus) and must include housing and health maintenance needs assessment(s); an individualized written housing stability case plan that addresses identified needs, actions to address them, goals that specify achievement of stable appropriate long term/permanent housing, and steps toward goal achievement. Agency support staff must have regular and frequent contact with participants to assist them toward their housing stability goals, and must document contacts and assistance in each participant's case record (see also Exhibit A-1, Program Goals and Objectives, herein).
21. Applicants for HOPWA rent subsidies must agree in writing to accept Program-provided case management (Supportive Services), and cooperate fully with Agency Program staff in forming a housing case plan and with assistance and direction as determined by Program staff to achieve housing stability goals. This agreement shall be a condition of receiving HOPWA-paid rent subsidies, and the recipient's failure to follow its terms may result in loss of his/her HOPWA subsidy. This agreement will include, but is not necessarily limited to: forming and actively pursuing a housing stability plan with appropriate action steps and permanent housing acquisition or long term housing maintenance goals; fully participating and cooperating with Agency staff regarding Supportive Services efforts on their behalf; full compliance with the terms and conditions of their tenant leases; and, in general, compliance with reasonable requests by Program staff to cooperate with or participate in other activities that are intended to increase or enhance the participant's housing stability or the Agency's ability to effectively manage the Program.
22. Failure of a HOPWA housing assistance recipient to cooperate and participate with Program staff as contemplated in performance Guidelines nos. 14 and 15 above may be grounds to terminate the recipient's eligibility for or further receipt of HOPWA housing assistance. If good-faith efforts and attempts by Program staff are not successful to persuade the recipient to cooperate and/or come into compliance with Program rules or guidelines established in this Agreement or by the Agency internally to administer and manage the Program, the Agency may initiate a formal process to terminate HOPWA-paid housing assistance. The process must be conducted in accordance with the requirements set forth in the HUD HOPWA Guidelines at 24 CFR 574.310.

23. The maximum term for an individual participant to receive HOPWA-provided transitional rent subsidies through the Program is 24 months. Requests for extensions of rent subsidy/assistance beyond this limit must be submitted in writing to the HSD Program Specialist for HOPWA. Exceptions to this policy may be granted on a case by case basis. HSD is not required to agree to all requests. In particular, exceptions will not be granted to any participant who refuses an offer of appropriate permanent housing or subsidy. In such cases, the Agency may terminate the participant's HOPWA temporary/transitional rent subsidy as soon as practicable, observing the HUD guidelines for terminating HOPWA housing assistance at 24 CFR 574.310.
24. If providing Permanent Housing Placement (PHP) move-in assistance, the amount per eligible client may not exceed the dollar value of two months' rent of the housing unit into which the client is moving. Eligible costs are limited to credit/criminal check fees, utility connection fees, damage/security deposits, and first/last months' rent. HOPWA PHP funds may not be used in place of or to supplant any other HUD assistance funds that are available to the client for the same type of costs.
25. By his/her signature affixed to this Agreement, the Chief Executive Officer, Executive Director, or his/her properly authorized designee, affirms and certifies that all persons who occupy Agency staff positions as listed on the Personnel Detail of Exhibit B, Budget, herein, are each trained, orientated, experienced, competent, and, if applicable to the position or job title, credentialed and/or professionally licensed to provide the services as contemplated and described by this Agreement.

Short Term Rent, Mortgage, and Utility Assistance (STRMU).

Short term rent, mortgage, and utility payment assistance is emergency and short term assistance, and may be granted to eligible applicants under the following conditions and guidelines:

Basic STRMU Eligibility:

1. Applicants must be HOPWA-eligible persons or households; and
2. Applicants must be tenants named on leases meeting the requirements of Washington State and local landlord-tenant regulations and ordinances, or, are owners of their residential units as evidenced by mortgage documents, mortgage payment notices and the like; and
3. The applicant can document that s/he does not currently have the financial means and access to other possible sources of financial assistance to make required rent, mortgage, and/or utility payments, and that this lack of available resources, other than HOPWA STRMU, will result in housing loss and possible homelessness; and
4. The need for assistance must be the result of a temporary and short term financial crisis that prevents the household/individual from making rent, mortgage, and/or utility payments, and that the applicant does or will have the financial resources to

resume making housing payments after resolution of the crisis conditions and the STRMU assistance ends.

These elements of eligibility must be sufficiently documented by the Agency to demonstrate that the applicant meets the level of need required by HUD for STRMU assistance.

Further STRMU Assistance Guidelines:

1. STRMU housing rent, mortgage, or utility payment assistance may be extended to a maximum of 21 weeks in a 52-week period. The 52-week period is defined as the one-year term of this Agreement, beginning on January 1 2012 and ending December 31, 2012. Assistance may be applied for 5 consecutive months (approximately 21 weeks), or for several different periods of time with the 52-week period but adding up to not more than 21 weeks total. The precise allocation of the available assistance must be determined by the best strategy to remediate the client's housing crisis successfully.
2. The amount of assistance offered must be based on the actual monthly amounts of rental, mortgage, and/ or utility costs for which the client is responsible, the length of time the assistance is required to remedy the crisis based on these actual monthly costs, and must also be the least amount necessary to resolve the crisis successfully and restore the client to housing stability.
3. Within the time limits of STRMU assistance, payments may be made only for current rent and rent going forward; back rent owed; current mortgage and mortgage payments going forward; past due mortgage payments; and back and ongoing utility bills.
4. Payments may not be made for housing and housing placement costs such first/last months' rent, fees of any kind, moving or storage costs, home furnishings, home repairs, or deposits of any kind.
5. STRMU assistance may not be made to clients who are receiving housing assistance/rent subsidies from any Federal, State, or local housing subsidy program or activity (including HOPWA TBRA/PBRA) for the same costs that are covered by these other sources of housing assistance. STRMU assistance may be used to pay for the portion of the rent that is not otherwise subsidized. That is, a housing subsidy recipient may be eligible for STRMU assistance for that portion of the full rent for which s/he is responsible to pay out of pocket.

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

Jim Betts, Transitional Living and Support Division
City of Seattle Human Services Department
PO Box 34215
Seattle, WA 98124-4215

REQUIRED MONTHLY REPORTS

1. The Contractor's Invoice Form (**Attachment #1**) 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.
2. A Monthly Status Report (**Attachment #2**) shall be submitted with each invoice. The Agency will submit one monthly report and one copy.

REQUIRED ANNUAL REPORTS

1. The Standard Demographic Client Profile Report (**Attachment #3**) for the period **January 1, 2013 - December 31, 2013** shall be submitted in hard copy by **January 31, 2014**. The 2012 Income Guidelines shall be used to complete the Standard Demographic Client Profile Report.

The Agency will complete and submit separate HUD/HOPWA Reports for:

1. Supportive Services NOT in Conjunction with HOPWA PBRA/Operating, TBRA, or STRMU (**Attachment 4a**); one set covering all of these participants.
2. HOPWA TBRA or Project Based Rent Assistance (**Attachment 4b**); one report for each PBRA site: the CCS Transitional Unit, and the HASCO/EHA PBRA sites whose tenants receive permanent HOPWA rent subsidies; and one report to cover all TBRA recipients.
3. STRMU Activity (**Attachment 4c**), one set covering all recipients.
4. Permanent Housing Placement (**Attachment 4d**); one set covering all recipients.

For period 1/1/2013 - 12/31/2013 (Cumulative): All Due: **1/18/2014**.

5. Payment will be contingent upon receipt and acceptance of all required reports. If invoice packages or other required reports are not received in a timely manner or not completed as required, payment(s) may be withheld pending their receipt and acceptance.
6. Additional reports or information related to program performance or management may also be required by the Department for auditing or evaluation purposes.

**EXHIBIT B, BUDGET
LINE ITEM BUDGET
TOTAL CONTRACT BUDGET
Catholic Community Services of Western Washington/NW
HIV/AIDS Housing Assistance Program
Contract Term 1/1/2013-12/31/2013**

Funding for the HIV/AIDS Housing Assistance Program is made possible with revenue from US HUD HOPWA Grant funds provided by the Human Services Department of the City of Seattle. Budget funds may not be used for costs incurred prior to the beginning date of the term specified. Unspent funds from one grant or contract period may not be carried forward to any subsequent grant period or contract year. Continued funding is contingent upon program performance and availability of funds. The City's line item reimbursement to the Agency will be based on the acceptable performance and provision of services as identified in Exhibit A-1 and Exhibit A-2 of this Agreement, and in accordance with Exhibit B of this Agreement as specified below.

		Exhibit B-1, Consolidated Budget					
		Exhibit B					
Total Program Expenses by Fund Source and by Budget Line Item		HOPWA 2012 Grant CFDA# 14.241 1/1/13-12/31/13	HOPWA 2011 Grant CFDA# 14.241 1/1/13-12/31/13	Ryan White 1/1/13- 12/31/13	Other: Other Government and Private Sources 1/1/13-12/31/13	HOPWA Program Income 2013	Total PY 2013 Project
1100	Salaries - Full & Part Time	0	97,111	0	0		97,111
1300	Fringe Benefits	0	32,194	0	0		32,194
1000	Subtotal Personnel	\$0	\$129,305	\$0	\$0		\$129,305
2100	Office Supplies	0	1,599	0	0		1,599
2200	Operating Supplies	0		0	0		0
2000	Subtotal Supplies	\$0	\$1,599	\$0	\$0		\$1,599
3100	Consultant Services	0	2,580	0	0		2,580
3190	Other Professional Svcs.	0	218	0	0		218
3210	Telephone	0	2,500	0	0		2,500
3220	Postage	0	500	0	0		500
3310	Convention & Travel	0	0	0	0		0
3320	Private Auto Allowance	0	2,740	0	0		2,740
3400	Advertising	0	0	0	0		0
3500	Printing & Duplicating	0	0	0	0		0
3600	Insurance	0	0	0	0		0
3700	Public Utilities	0	0	0	0		0
3800	Repair & Maintenance	0	0	0	0		0
3900a	Rentals – Office Space	0	8,721	0	0		8,721
3900b	Rentals – Equipment	0	2,779	0	0		2,779
3900c	Rentals - Facility Lease/Rental	0		0	0		0
4210	Staff Education Expense	0	0	0	0		0
4290	Short Term/Emergency Hsg. Assistance			0	0		0
4290a	Other: TBRA	0	62,568	0	0		62,568
4290b	Other: PBRA, Transitional Unit	0	3,900	0	0		3,900
4290c	Other: PBRA, Permanent	0	45,540	0	0	1,320	46,860
4290d	Other: STRMU	0	1,677	0	0		1,677
4290e	Other: PHP Direct Client Assistance	0	1,500	0	0		1,500
4290f	Other: Misc.			0	0		0
3000	Subtotal-Other Charges	\$0	\$135,223	\$0	\$0	\$1,320	\$136,543
4999	Other: Other Indirect			0	0		\$0
Total Program Budget		\$0	\$266,127	\$0	\$0	\$1,320	\$267,447

EXHIBIT B, BUDGET
TOTAL CONTRACT PERSONNEL DETAIL
Catholic Community Services of Western Washington/NW
HIV/AIDS Housing Assistance Program
Contract Term 1/1/2013-12/31/2013

Pos. No.	Position Title	Hourly Rate	FTE	No. of Hours	Funding Sources					Total PY 2013 Personnel Costs
					2012 HOPWA Grant	2011 HOPWA Grant	DHHS "Ryan White"	All Other Funding Sources		
1	Case Aid	\$14.50	0.00	0.00	0	14,132	0	0		14,132
2	Case Manager	\$16.33	0.50	974.62	0	31,848	0	0		31,848
3	Case Manager	\$16.55	1.00	1,950.28	0	20,984	0	0		20,984
4	Housing Manager	\$24.75	0.65	1,267.92	0	9,652	0	0		9,652
5	Housing Director	\$27.83	0.20	389.98	0	6,262	0	0		6,262
6	Staff Accountant	\$18.19	0.12	225.01	0	2,584	0	0		2,584
7	Office Admin./Payroll	\$23.09	0.07	142.06	0	2,251	0	0		2,251
8	Finance Manager	\$30.88	0.05	97.49	0	6,623	0	0		6,623
9	Agency Director	\$40.66	0.11	214.48	0	2,775	0	0		2,775
10										0
11										0
12										0
13										0
14										0
Totals:			2.70	5,262						
Sub Total Salaries:					\$0	\$97,111	\$0	\$0	\$0	\$97,111
Personnel Fringe Benefits										
FICA					0	7,429	0	0		7,429
Pension/Retirement					0	3,005	0	0		3,005
Industrial Insurance					0	1,942	0	0		1,942
Health/Dental					0	16,778	0	0		16,778
Unemployment Comp.					0	3,040	0	0		3,040
Sub Total Personnel Fringe Benefits:					\$0	\$32,194	\$0	\$0	\$0	\$32,194
Total Personnel Costs (Salaries and Benefits):					\$0	\$129,305	\$0	\$0	\$0	\$129,305

**EXHIBIT B, BUDGET
LINE ITEM BUDGET
Catholic Community Services of Western Washington/NW
HIV/AIDS Housing Assistance Program
2012 HOPWA Grant, CFDA #14.241
Contract Term 1/1/2013 - 12/31/2013**

Funding for the HIV/AIDS Housing Assistance Program is made possible with revenue from US HUD HOPWA Grant funds provided by the Human Services Department of the City of Seattle. 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. The City's line item reimbursement to the Agency will be based on the provision of services as identified in Exhibit A-1 and in accordance with the line item budget as specified below.

		Exhibit B							
HOPWA Grant Activities and Budget Line Items		Supportive Services - With HOPWA-Paid Housing	Supportive Services - No HOPWA-Paid Housing	Permanent Housing Placement	Tenant Based Rental Assistance	Facility Based Housing/ Rent Subsidy	Short Term Rent, Mortgage, Utility Assistance (STRMU)	HOPWA Sponsor Admin.	Total HOPWA 2012 Grant Funding
1100	Salaries - Full & Part Time	0	0	0	0	0	0	0	0
1300	Fringe Benefits	0	0	0	0	0	0	0	0
1000	Subtotal Personnel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2100	Office Supplies								0
2200	Operating Supplies								0
2000	Subtotal Supplies	\$0	0	0	0	0	0	0	\$0
3100	Consultant Services								0
3190	Other Professional Svcs.								0
3210	Telephone								0
3220	Postage								0
3310	Convention & Travel								0
3320	Private Auto Allowance								0
3400	Advertising								0
3500	Printing & Duplicating								0
3600	Insurance								0
3700	Public Utilities								0
3800	Repair & Maintenance								0
3900a	Rentals – Office Space								0
3900b	Rentals – Equipment								0
3900c	Rentals - Facility Lease/Rental								0
4210	Staff Education Expense								0
4290a	Other: TBRA - Client Housing Assistance								0
4290b	Other: FBRA, Transitional Hsg. Assistance								0
4290c	Other: FBRA, Permanent Hsg. Assistance								0
4290d	Other: STRMU Client Assistance								0
4290e	Other: PHP Direct Client Assistance								0
4290f	Other: Misc.								0
3000	Other Services and Charges	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Budget, 2012 HOPWA Grant Funds		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Operating Costs/PBRA: Line Item 4290b: PBRA, Transitional Housing

Site Name and Full Address	No. of Units
Raintree Apartments, 132 nd St. SW, Everett WA 98201, Unit B-107	1

Operating Costs/PBRA: Line Item 4290c: PBRA, Permanent Housing

Site Name and Full Address	No. of Units
Rucker Apartments, 3327 Rucker Avenue, Everett WA 98201, Unit #203	1
Rucker Apartments, 3327 Rucker Avenue, Everett WA 98201, Unit #205	1
Bridgecreek Apts., 7211 Rainer Drive, Everett, WA 98203, Unit #E502	1
Whispering Pines Apartments, 18201 52 nd Avenue West, Lynnwood WA 98037, Unit 174	1
Whispering Pines Apartments, 18201 52 nd Avenue West, Lynnwood WA 98037, Unit 337	1
Raintree Village Apartments, 909 132 nd Street SW, Everett, WA 98204, Unit A-204	1
Raintree Village Apartments, 915 132 nd Street SW, Everett, WA 98204, Unit D-103	1
EHA Oak Unit, 322 Oaks Ave #7, Everett, WA 98201	1

**EXHIBIT B, BUDGET
PERSONNEL DETAIL**

**Catholic Community Services of Western Washington/NW
HIV/AIDS Housing Assistance Program
2012 HOPWA Grant, CFDA #14.241
Contract Term 1/1/2013 - 12/31/2013**

Pos. No.	Position Title	Hourly Rate	FTE*	Projected Number of Staff Hours*	HOPWA Activity/Funding Source							Total HOPWA 2012 Grant Personnel Costs
					Supportive Services - With HOPWA-Paid Housing	Supportive Services - No HOPWA-Paid Housing	Permanent Housing Placement	Tenant Based Rental Assistance	Facility Based Housing/ Rent Subsidy	Short Term Rent, Mortgage, Utility Assistance (STRMU)	HOPWA Sponsor Admin.	
1	Case Aid	\$14.50	0.00	0.00								0
2	Case Manager	\$16.33	0.00	0.00								0
3	Case Manager	\$16.55	0.00	0.00								0
4	Housing Manager	\$24.75	0.00	0.00								0
5	Housing Director	\$27.83	0.00	0.00								0
6	Staff Accountant	\$18.19	0.00	0.00								0
7	Office Admin./Payroll	\$23.09	0.00	0.00								0
8	Finance Manager	\$30.88	0.00	0.00								0
9	Agency Director	\$40.66	0.00	0.00								0
10												0
11												0
12												0
13												0
14												0
		Totals:	0.00	0								
Sub Total Salaries:					\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Personnel Fringe Benefits												
FICA												0
Pension/Retirement												0
Industrial Insurance												0
Health/Dental												0
Unemployment Comp.												0
												0
Sub Total Personnel Fringe Benefits:					\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Personnel Costs (Salaries and Benefits):					\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

*Based on 1,950 hour year.

EXHIBIT B, BUDGET
LINE ITEM BUDGET
Catholic Community Services of Western Washington/NW
HIV/AIDS Housing Assistance Program
2011 HOPWA Grant, CFDA #14.241
Contract Term 1/1/2013 - 12/31/2013

The Agency may incur costs in the operation and implementation of this Program, and receive reimbursement from the City, only in accordance with the approved Budget specified below.

	TBRA		PHP		PBRA		STRMU		Total Supportive Services With HOPWA Housing	Supportive Services W/O HOPWA Housing	HOPWA Sponsor Admin.	Total 2011 HOPWA Grant CFDA #14.241	
	Service Delivery Costs	Supportive Services (W)	Service Delivery Costs	Supportive Services (W)	Service Delivery Costs	Supportive Services (W)	Service Delivery Costs	Supportive Services (W)					
1100	Salaries - Full & Part Time	3,016.00	12,063.00	2,292.00	9,170.00	2,370.00	9,476.00	255.00	1,017.00	31,726.00	43,219.00	14,233.00	97,111.00
1300	Fringe Benefits	1,023.00	4,085.00	777.00	3,097.00	805.00	3,207.00	33.00	129.00	10,518.00	14,643.00	4,395.00	32,194.00
1000	Subtotal Personnel	\$4,039.00	\$16,148.00	\$3,069.00	\$12,267.00	\$3,175.00	\$12,683.00	\$288.00	\$1,146.00	\$42,244.00	\$57,862.00	\$18,628.00	\$129,305.00
2100	Office Supplies	60.00	236.00	45.00	179.00	47.00	185.00			600.00	847.00		1,599.00
2000	Subtotal Supplies	\$60.00	\$236.00	\$45.00	\$179.00	\$47.00	\$185.00	\$0.00	\$0.00	\$600.00	\$847.00	\$0.00	\$1,599.00
3100	Consultant Services	118.00	472.00	200.00	800.00	111.00	443.00	87.00	349.00	2,064.00			2,580.00
3190	Other Professional Svcs.			27.00	106.00	10.00	38.00	7.00	30.00	174.00			218.00
3210	Telephone	120.00	480.00	115.00	460.00	133.00	529.00	133.00	530.00	1,999.00			2,500.00
3220	Postage	14.00	56.00	53.00	212.00	19.00	73.00	15.00	58.00	399.00			500.00
3320	Private Auto Allowance	117.00	467.00	190.00	762.00	141.00	565.00	100.00	398.00	2,192.00			2,740.00
3500	Printing & Duplicating												0.00
3900a	Rentals – Office Space	294.00	1,173.00	222.00	889.00	230.00	923.00	157.00	628.00	3,613.00	4,205.00		8,721.00
3900b	Rentals – Equipment	121.00	484.00	78.00	311.00	62.00	250.00			1,045.00	1,473.00		2,779.00
4210	Staff Education Expense												0.00
4290a	Other: TBRA Payments	62,568.00											62,568.00
4290b	Other: PBRA, Transitional					3,900.00							3,900.00
4290c	Other: PBRA, Permanent					45,540.00							45,540.00
4290d	Other: STRMU Payments							1,677.00					1,677.00
4290e	Other: PHP Payments			1,500.00									1,500.00
3000	Subtotal-Other Charges	\$63,352.00	\$3,132.00	\$2,385.00	\$3,540.00	\$50,146.00	\$2,821.00	\$2,176.00	\$1,993.00	\$11,486.00	\$5,678.00	\$0.00	\$135,223.00
4999	Other: Indirect												
Total Budget, 2011 Grant		\$67,451.00	\$19,516.00	\$5,499.00	\$15,986.00	\$53,368.00	\$15,689.00	\$2,464.00	\$3,139.00	\$54,330.00	\$64,387.00	\$18,628.00	\$266,127.00

Facilities/Operating Costs: Line Item 4290b: FBRA, Transitional Housing	
Site Name and Full Address	No. of Units
Raintree Apartments, 132 nd St. SW, Everett WA 98201, Unit B-107	1
Facilities/Operating Costs: Line Item 4290c: FBRA, Permanent Housing	
Site Name and Full Address	No. of Units
Rucker Apartments, 3327 Rucker Avenue, Everett WA 98201, Unit #203	1
Rucker Apartments, 3327 Rucker Avenue, Everett WA 98201, Unit #205	1
Bridgescreek Apts., 7211 Rainer Drive, Everett, WA 98203, Unit #E502	1
Whispering Pines Apartments, 18201 52 nd Avenue West, Lynnwood WA 98037, Unit 174	1
Whispering Pines Apartments, 18201 52 nd Avenue West, Lynnwood WA 98037, Unit 337	1
Raintree Village Apartments, 909 132 nd Street SW, Everett, WA 98204, Unit A-204	1
Raintree Village Apartments, 915 132 nd Street SW, Everett, WA 98204, Unit D-103	1
EHA Oaks Unit, 322 Oaks Ave #7, Everett, WA 98201	1

**EXHIBIT B, BUDGET
PERSONNEL DETAIL
2012 HOPWA GRANT**

**Catholic Community Services of Western Washington/NW
HIV/AIDS Housing Assistance Program
2011 HOPWA Grant, CFDA #14.241
Contract Term: 1/1/2013 - 12/31/2013**

Pos. No.*	Position Title	Hourly Rate	FTE	No. of Hours**	HOPWA Activity/Funding Source										Total 2012 HOPWA Grant Personnel Costs
					TBRA		Permanent Housing Placement		PBRA		STRMU		Supportive Services W/O HOPWA Housing	HOPWA Sponsor Admin.	
					Service Delivery Costs	Supportive Services With HOPWA Housing	Service Delivery Costs	Supportive Services With HOPWA Housing	Service Delivery Costs	Supportive Services With HOPWA Housing	Service Delivery Costs	Supportive Services With HOPWA Housing			
1	Case Aid	\$14.50	0.50	975	475.00	1,899.00	367.00	1,470.00	373.00	1,492.00	255.00	1,017.00	6,784.00		14,132.00
2	Case Manager	\$16.33	1.00	1,950	1,177.00	4,709.00	892.00	3,567.00	925.00	3,699.00			16,879.00		31,848.00
3	Case Manager	\$16.55	0.65	1,268	776.00	3,102.00	588.00	2,350.00	610.00	2,437.00			11,121.00		20,984.00
4	Housing Manager	\$24.75	0.20	390	357.00	1,427.00	270.00	1,081.00	280.00	1,121.00			5,116.00		9,652.00
5	Housing Director	\$27.83	0.12	225	231.00	926.00	175.00	702.00	182.00	727.00			3,319.00		6,262.00
6	Staff Accountant	\$18.19	0.07	142										2,584.00	2,584.00
7	Office Admin./Payroll	\$23.09	0.05	97										2,251.00	2,251.00
8	Finance Manager	\$30.88	0.11	214										6,623.00	6,623.00
9	Agency Director	\$40.66	0.03	68										2,775.00	2,775.00
10															0.00
11															0.00
12															0.00
13															0.00
14															0.00
15															0.00
16															0.00
	Totals:		2.73	5,330											
Sub Total Salaries:					\$3,016.00	\$12,063.00	\$2,292.00	\$9,170.00	\$2,370.00	\$9,476.00	\$255.00	\$1,017.00	\$43,219.00	\$14,233.00	\$97,111.00
Personnel Fringe Benefits															
	FICA				231.00	923.00	176.00	701.00	182.00	724.00	20.00	77.00	3,306.00	1,089.00	7,429.00
	Pension/Retirement				83.00	331.00	63.00	250.00	65.00	260.00			1,187.00	766.00	3,005.00
	Industrial Insurance				61.00	241.00	46.00	183.00	48.00	189.00	5.00	20.00	864.00	285.00	1,942.00
	Health/Dental				553.00	2,213.00	420.00	1,676.00	435.00	1,738.00			7,933.00	1,810.00	16,778.00
	Unemployment Comp.				95.00	377.00	72.00	287.00	75.00	296.00	8.00	32.00	1,353.00	445.00	3,040.00
Sub Total Personnel Fringe Benefits:					\$1,023.00	\$4,085.00	\$777.00	\$3,097.00	\$805.00	\$3,207.00	\$33.00	\$129.00	\$14,643.00	\$4,395.00	\$32,194.00
Total Personnel Costs (Salaries and Benefits):					\$4,039.00	\$16,148.00	\$3,069.00	\$12,267.00	\$3,175.00	\$12,683.00	\$288.00	\$1,146.00	\$57,862.00	\$18,628.00	\$129,305.00

*Once established, positions numbers and their respective associated positions titles must remain the same unless changed by Budget Amendment.

**Based on a 1950 hour year.

**EXHIBIT B, BUDGET
LINE ITEM BUDGET
Catholic Community Services of Western Washington/NW
HIV/AIDS Housing Assistance Program
Other PY 2013 Funding Sources
Contract Term 1/1/2013 - 12/31/2013**

The City's reimbursement to the Agency of HOPWA Program Income funds will be based on the provision of services as identified in Exhibit A-1 and Exhibit A-2 of this Agreement. The Agency will provide documentation of HOPWA Program Income expenditures in accordance with the line item budget specified below upon request by the City.

HOPWA Grant Activities and Budget Line Items		Exhibit B					Total Other Funding Sources
		Federal HHS Grant Ryan White	Other Government	Private Funding	2013 HOPWA Program Income		
1100	Salaries - Full & Part Time	0	0	0	0		\$0
1300	Fringe Benefits	0	0	0	0		\$0
1000	Subtotal Personnel	\$0	\$0	\$0	\$0		\$0
2100	Office Supplies						\$0
2200	Operating Supplies						\$0
2000	Subtotal Supplies	\$0	\$0	\$0	\$0		\$0
3100	Consultant Services						\$0
3190	Other Professional Svcs.						\$0
3210	Telephone						\$0
3220	Postage						\$0
3310	Convention & Travel						\$0
3320	Private Auto Allowance						\$0
3400	Advertising						\$0
3500	Printing & Duplicating						\$0
3600	Insurance						\$0
3700	Public Utility Service						\$0
3800	Repair & Maintenance						\$0
3900a	Rentals – Office Space						\$0
3900b	Rentals – Equipment						\$0
3900c	Rentals - Building Lease/Rental						\$0
4210	Staff Education Expense						\$0
4290	Short Term/Emergency Hsg. Assistance						\$0
4290a	Other: TBRA						\$0
4290b	Other: PBRA, Transitional				1,320		\$1,320
4290c	Other: PBRA, Permanent						\$0
4290d	Other: STRMU						\$0
4290e	Other: Misc. Direct Client Assistance						\$0
4290f	Other: Misc.						\$0
3000	Subtotal-Other Charges	\$0	\$0	\$0	\$1,320		\$1,320
4999	Other: Indirect						\$0
Total SubBudget, Program Funding Sources		\$0	\$0	\$0	\$1,320		\$1,320

Please enter only whole dollar amounts.

**EXHIBIT B, BUDGET
PERSONNEL DETAIL**

Catholic Community Services of Western Washington/NW

HIV/AIDS Housing Assistance Program

Other PY 2013 Funding Sources

Contract Term 1/1/2013 - 12/31/2013

Pos. No.*	Position Title	Hourly Rate	FTE*	No. of Hours*	Other Program Funding Sources					Total Personnel Costs
					Ryan White	Other Government	Private Funding	Client Rental Revenue		
1	Case Aid	\$14.50	0.00	0						\$0
2	Case Manager	\$16.33	0.00	0						\$0
3	Case Manager	\$16.55	0.00	0						\$0
4	Housing Manager	\$24.75	0.00	0						\$0
5	Housing Director	\$27.83	0.00	0						\$0
6	Staff Accountant	\$18.19	0.00	0						\$0
7	Office Admin./Payroll	\$23.09								\$0
8	Finance Manager	\$30.88								\$0
9	Agency Director	\$40.66								\$0
10		0 \$0.00								\$0
11		0 \$0.00								\$0
12		0 \$0.00								\$0
13		0 \$0.00								\$0
14		0 \$0.00								\$0
	Totals:		0.00	0						
Sub Total Salaries:					\$0	\$0	\$0	\$0		\$0
Personnel Fringe Benefits										
										\$0
										\$0
										\$0
										\$0
										\$0
Sub Total Personnel Fringe Benefits:					\$0	\$0	\$0	\$0		\$0
Total Personnel Costs (Salaries and Benefits):					\$0	\$0	\$0	\$0		\$0

Please enter only whole dollar amounts.

Exhibit B, Budget
Terms and Conditions of Payment
Catholic Community Services of Western Washington/NW
HIV/AIDS Housing Assistance Program

1	The budget displays funds available from the individual sources only during the timeframes identified at the top of each column. Budgeted funds may include funds not yet awarded to or budgeted by the City, but anticipated to be available only during the term specified. Unspent funds from one grant period may not be carried forward to the subsequent grant period. Unanticipated delays in the execution of a grant agreement may cause delays in the processing of invoices under this agreement. The City will notify the Agency in such event.
2	The City is not obligated to pay the Agency for costs under this Agreement except from HOPWA grant funds actually received by the City from its funding sources and allocated to this Program.
3	Funding for this Program through the term of this Agreement does not imply or assure future funding.
4	The Agency may allocate up to 7% of its HOPWA grant total as shown in Exhibit B, Budget, herein, to the HOPWA Sponsor Administrative Activity. Allowable funds budgeted to this Activity must reflect specific administrative-type costs by Budget line item, against which the Agency will bill actual expenses. When invoicing HSD for a reporting period, the Sponsor Administrative request may not exceed 7% of the total of allowable non-Administrative HOPWA direct costs actually incurred during the reporting period.
5	Program income in the form of client rent payments, refunded damage/security deposits, and other types of payments as may be defined by HUD that are expected to be received during this program year must be budgeted to this Program, and these funds that are actually received must be spent according to this Budget on HOPWA-eligible/allowable activities and costs only. All program income received during this program year must be spent by the end of this year.
6	The Agency must track all HOPWA funds disbursed on behalf of eligible clients for damage deposits or other deposits, and make agreements with payees that any refunds of unused portions will be returned to the Agency. The Agency will ensure that these funds are returned to the HOPWA program and treated as Program Income. Refunded and returned amounts will be entered on the appropriate Invoice Cash Disbursement Form of Attachment 1, Contractors Invoice, herein, and shown to be spent on eligible HOPWA-related costs as specified by Exhibit B, Budget.
7	The City reserves the right to withhold or deny payment if expenditure or program performance reporting: is incomplete; is incorrect; is not submitted timely; if cost or performance claims are not supported with acceptable documentation; if the Agency fails to achieve the Performance Commitment goals; or if the City determines that the Agency is not compliant with all applicable HUD and other Federal regulations and guidelines relating to its operation and financial management of this HOPWA funded program, and with the terms and provisions of this Agreement relating to its operation and financial management of this HOPWA funded program.
8	The Agency must comply with all applicable provisions of the Code of Federal Regulations, Title 24, Part 574 (HOPWA guidelines), as well as the guidelines, policies, and requirements of Title 24 Part 85 with regard to the acceptance and use of Federal funds by private non profit entities, including but not necessarily limited to the guidelines and requirements of OMB Circulars A-110 and A-122, and A-128 and A-133 as HSD may determine. HSD, as HUD's HOPWA Grantee, has exclusive discretion within its HOPWA services area, subject to HUD specific guidance, to make final interpretations of the provisions and applicability of these guidelines and requirements with regard to any aspect of its HOPWA Sponsor (contracting) organizations' administration and operation of their HOPWA programs.
9	Payment for costs and services under this Agreement will be on a reimbursement basis only. All costs claimed on invoices submitted to HSD must be specifically allowed by the budget line items and staff positions formally funded as shown by Exhibit B, Budget of this Agreement, and documented by written description of each specific cost at no less than the level of detail as described by the appropriate Cash Disbursement forms of Attachment 1, Contractors Invoice, of this Agreement. Claimed costs in invoices without acceptable secondary documentation as entered onto the appropriate Cash Disbursement Form of the Contractors Invoice as described here will not be reimbursed. Primary documentation of costs paid, such as staff time sheets, suppliers invoices, cancelled checks, and the like, will be made available by the Agency upon request by HSD.
10	The budgeted allocations to any HOPWA Activity as shown in Exhibit B, <u>Budget</u> and Attachment 1, <u>Contractor Invoice</u> , of this Agreement, and the budgeted grand object subtotal amounts within those Activities, may not be overspent without <u>prior notification of and approval by the HSD contract specialist</u> . The HSD program specialist must approve budget revisions, formal or informal, and will determine whether any budget revision requested requires a formal contract amendment. Overexpenditures may result in delay in reimbursement or denial of payment. Final notification of and requests for budget revisions must be received by the HSD program specialist not later than October 31, 2013 .
11	HOPWA funding for the salary and fringe benefit costs of staff positions listed on the Personnel Detail of Exhibit B, Budget, herein, may not be overspent without the prior approval of the HSD program specialist. If HOPWA funding for the salary costs of a position, or the budgeted amount for a specific fringe benefit item, must be revised upward, the HSD program specialist will determine the need for a formal Amendment to the Budget to effect the change. Absent the HSD program specialist's approval of item overexpenditures, overexpenditure of the budgeted salary amount for any staff position, or of any budgeted fringe benefit amount, may result in denial of invoice payment.
12	Failure to achieve the Performance Commitment result measures by the end of the term of this Agreement may result in denial or cancellation of future funding for this program.
13	The total reimbursement for the period January 1, 2013 through December 31, 2013 will not exceed: <u>\$266,127.00</u>

**City of Seattle - Human Services Department
PO Box 34215
Seattle WA 98124-4215**

ATTACHMENT 1: Contractors Invoice Form (Line Item Reimbursement)

HSD Program Specialist:	Jim Betts	Division: Transitional Living and Support (TLS)	Phone: 206-684-0273
Contractor Name:	Catholic Community Services of Western Washington/NW		Contract No.: DA13-1056
Contractor Address:	1918 Everett Avenue Everett WA 98201		Invoice Number:
Program Name:	HIV/AIDS Housing Assistance Program		Reporting Period:
Contact Name and Phone Numbers:	Lisa Hunt 425-257-2111 (Program) Solomon Tesfaye 425-257-2111 (Finance)		

HOPWA Activity Budget and Expense Detail

Please charge the appropriate HOPWA Activities below for actual costs incurred during this reporting period. Budgeted amounts for any Activity may not be overspent or changed, except by formal Contract Budget amendment.

Program Year 2013 HOPWA Activities	TBRA		PHP		PBRA/FBRA			
	Service Delivery Costs HCFH12HS <i>Activity # 4168</i>	Supportive Services With HOPWA Housing	Service Delivery Costs HCFH12HS <i>Activity # 4167</i>	Supportive Services With HOPWA Housing	Transitional Unit FBRA Raintree Apts. HCFH12HS Service Delivery Costs <i>Activity # 4169</i>	Whispering Pines HCFH12HS Service Delivery Costs <i>Activity # 4170</i>	Rucker Apts. HCFH12HS Service Delivery Costs <i>Activity # 4171</i>	Bridgecreek Apts. HCFH12HS Service Delivery Costs <i>Activity # 4172</i>
Budget	\$67,451.00	\$19,516.00	\$5,499.00	\$15,986.00	\$4,210.00	\$11,804.00	\$10,606.00	\$10,682.00
Previous Payments								
Current Request								
Balances:								

Program Year 2013 HOPWA Activities	PBRA/FBRA				STRMU		Total Supportive Services With HOPWA Housing HCFH12HS <i>Activity #4182</i>	Supportive Services Without HOPWA Housing HCFH12HS <i>Activity #4166</i>
	Raintree Village Apts. HCFH12HS Service Delivery Costs <i>Activity # 4173</i>	EHA Oak Unit HCFH12HS Service Delivery Costs <i>Activity # 4174</i>	Total PBRA Service Delivery Costs	Supportive Services With HOPWA Housing HCFH12HS <u>PBRA/FBRA-Related</u>	Service Delivery Costs <i>Activity #4175</i>	Supportive Services With HOPWA Housing		
Budget	\$6,231.00	\$9,835.00	\$53,368.00	\$15,689.00	\$2,464.00	\$3,139.00	\$54,330.00	\$64,387.00
Previous Payments			\$0.00				\$0.00	
Current Request			\$0.00				\$0.00	
Balances:			\$0.00				\$0.00	

	Resource Development HCFH12HS <i>Activity #</i>	HOPWA Sponsor Admin. HCFH12SA <i>Activity #4176</i>
		\$18,628.00

City of Seattle - Human Services Department
Attachment 1: Contractors Invoice
Summary of HOPWA Activity Costs and Balances, and Invoice Certification
Catholic Community Services of Western Washington/NW
HIV/AIDS Housing Assistance Program

2013 Program Year	TBRA Service Delivery Costs	PHP Service Delivery Costs	Total PBRA/FBRA Service Deliver Costs	STRMU Service Delivery Costs	Total Supportive Services With HOPWA Hsg.	Supportive Services W/O HOPWA Housing	HOPWA Sponsor Admin.	HOPWA Budget Total PY 2013
Total Budget:	\$67,451.00	\$5,499.00	\$53,368.00	\$2,464.00	\$54,330.00	\$64,387.00	\$18,628.00	\$266,127.00
Less Total Previous Payments:								
Less Current Request:								
Balances:								

Program Income	Current Reconciliation of Program Income
Total Rec'd through the previous period	
Rec'd this Period	
Total Rec'd through the end of the current period	
Total Spent through the end of the previous period	
Spent this Period	
Total Spent through the end of this Period	
Current 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.

Typed Name _____ Date _____

Seattle Human Services Department

Program Specialist Certification _____ Finance Analyst Certification _____

Appropriation Number: _____

Amount to be Paid: _____

Program Specialist's Signature _____ Date _____ Examiner's Signature _____ Date _____

City of Seattle - Human Services Department
Attachment 1: Contractors Invoice
Contractor's Detailed Statement of Costs
Catholic Community Services of Western Washington/NW
HIV/AIDS Housing Assistance Program

Invoice # _____

Reporting Period: _____

Tenant Based Rent Assistance (TBRA)		Program Service Delivery Costs				Supportive Services with HOPWA Housing			
		Contract Budget 2012 HOPWA Grant	Total of Previous Payments	Current Payment Request	Contract Budget Balances	Contract Budget 2012 HOPWA Grant	Total of Previous Payments	Current Payment Request	Contract Budget Balances
1100	Salaries, Full & PT	3,016.00				12,063.00			
1300	Fringe	1,023.00				4,085.00			
Subtotal Personnel Costs		\$4,039.00				\$16,148.00			
2100	Office Supplies	60.00				236.00			
3100	Consultant Services	118.00				472.00			
3190	Other Prof. Services	0.00				0.00			
3210	Telephone	120.00				480.00			
3220	Postage	14.00				56.00			
3320	Private Auto Allowance	117.00				467.00			
3900a	Rentals-Space	294.00				1,173.00			
3900b	Rentals-Equipment	121.00				484.00			
4290a	Other: TBRA Payments	62,568.00							
Subtotal Other Svcs. & Charges		\$63,412.00				\$3,368.00			
SubTotal TBRA Costs		\$67,451.00				\$19,516.00			
Permanent Housing Placement (PHP)		Program Service Delivery Costs				Supportive Services with HOPWA Housing			
		Contract Budget 2012 HOPWA Grant	Total of Previous Payments	Current Payment Request	Contract Budget Balances	Contract Budget 2012 HOPWA Grant	Total of Previous Payments	Current Payment Request	Contract Budget Balances
1100	Salaries, Full & PT	2,292.00				9,170.00			
1300	Fringe	777.00				3,097.00			
Subtotal Personnel Costs		\$3,069.00				\$12,267.00			
2100	Office Supplies	45.00				179.00			
3100	Consultant Services	200.00				800.00			
3190	Other Prof. Services	27.00				106.00			
3210	Telephone	115.00				460.00			
3220	Postage	53.00				212.00			
3320	Private Auto Allowance	190.00				762.00			
3900a	Rentals-Space	222.00				889.00			
3900b	Rentals-Equipment	78.00				311.00			
4290e	Other: PIP Payments	1,500.00							
Subtotal Other Svcs. & Charges		\$2,430.00				\$3,719.00			
SubTotal PHP Costs		\$5,499.00				\$15,986.00			
Project Based Rent Assistance/Facility Based Rent Assistance (PBRA/FBRA)		Program Service Delivery Costs				Supportive Services with HOPWA Housing			
		Contract Budget 2012 HOPWA Grant	Total of Previous Payments	Current Payment Request	Contract Budget Balances	Contract Budget 2012 HOPWA Grant	Total of Previous Payments	Current Payment Request	Contract Budget Balances
1100	Salaries, Full & PT	2,370.00				9,476.00			
1300	Fringe	805.00				3,207.00			
Subtotal Personnel Costs		\$3,175.00				\$12,683.00			
2100	Office Supplies	47.00				185.00			
3100	Consultant Services	111.00				443.00			
3190	Other Prof. Services	10.00				38.00			
3210	Telephone	133.00				529.00			
3220	Postage	19.00				73.00			
3320	Private Auto Allowance	141.00				565.00			
3900a	Rentals-Space	230.00				923.00			
3900b	Rentals-Equipment	62.00				250.00			
4290b	Other: Trans. Hsg. Payments	3,900.00							
4290c	Other: Perm. Hsg. Payments	45,540.00							
Subtotal Other Svcs. & Charges		\$50,193.00				\$3,006.00			
SubTotal PBRA/FBRA Costs		\$53,368.00				\$15,689.00			

City of Seattle - Human Services Department
Attachment 1: Contractors Invoice
Contractor's Detailed Statement of Costs
Catholic Community Services of Western Washington/NW
HIV/AIDS Housing Assistance Program

Invoice # _____

Reporting Period: _____

Short Term Rent Mortgage Utility Assistance (STRMU)		Program Service Delivery Costs				Supportive Services with HOPWA Housing			
		Contract Budget 2012 HOPWA Grant	Total of Previous Payments	Current Payment Request	Contract Budget Balances	Contract Budget 2012 HOPWA Grant	Total of Previous Payments	Current Payment Request	Contract Budget Balances
1100	Salaries, Full & PT	255.00				1,017.00			
1300	Fringe	33.00				129.00			
Subtotal Personnel Costs		\$288.00				\$1,146.00			
2100	Office Supplies	0.00				0.00			
3100	Consultant Services	87.00				349.00			
3190	Other Prof. Services	7.00				30.00			
3210	Telephone	133.00				530.00			
3220	Postage	15.00				58.00			
3320	Private Auto Allowance	100.00				398.00			
3500	Printing, Duplicating	0.00				0.00			
3900a	Rentals-Space	157.00				628.00			
3900b	Rentals-Equipment	0.00				0.00			
4290d	Other: STRMU Payments	1,677.00							
Subtotal Other Svcs. & Charges		\$2,176.00				\$1,993.00			
SubTotal STRMU Costs		\$2,464.00				\$3,139.00			
Total Supportive Services With HOPWA Housing (Total of Supportive Services W/ allocated specifically to the TBRA/PBRA, STRMU, and PHP Activities)					Supportive Services Without HOPWA Housing				
		Contract Budget, 2012 HOPWA Grant	Total of Previous Payments	Current Payment Request	Contract Budget Balances	Contract Budget, 2012 HOPWA Grant	Total of Previous Payments	Current Payment Request	Contract Budget Balances
1100	Salaries, Full & PT	31,726.00				43,219.00			
1300	Fringe	10,518.00				14,643.00			
Subtotal Personnel Costs		\$42,244.00				\$57,862.00			\$0.00
2100	Office Supplies	600.00				847.00			
3100	Consultant Services	2,064.00				0.00			
3190	Other Prof. Services	174.00				0.00			
3210	Telephone	1,999.00				0.00			
3220	Postage	399.00				0.00			
3320	Private Auto Allowance	2,192.00				0.00			
3500	Printing, Duplicating	0.00				0.00			
3900a	Rentals-Office Space	3,613.00				4,205.00			
3900b	Rentals-Equipment	1,045.00				1,473.00			
Subtotal Other Svcs. & Charges		\$12,086.00				\$6,525.00			\$0.00
SubTotals Supportive Services With and W/O HOPWA Hsg.		\$54,330.00				\$64,387.00			\$0.00

City of Seattle - Human Services Department
Attachment 1: Contractors Invoice
Contractor's Detailed Statement of Costs
Catholic Community Services of Western Washington/NW
HIV/AIDS Housing Assistance Program

Invoice # _____

Reporting Period: _____

Resource Development		Contract Budget, 2012 HOPWA Grant	Total of Previous Payments	Current Reimbursement Request	Contract Budget Balances
1100	Salaries, Full & PT				
1300	Fringe				
Subtotal Personnel Costs					
2100	Office Supplies				
3100	Consultant Services				
3190	Other Prof. Services				
3210	Telephone				
3220	Postage				
3320	Private Auto Allowance				
3500	Printing, Duplicating				
3900a	Rentals-Office Space				
3900b	Rentals-Equipment				
Subtotal Other Svcs. & Charges					
SubTotal Resource Development					
HOPWA Sponsor Administration		Contract Budget, 2012 HOPWA Grant	Total of Previous Payments	Current Reimbursement Request	Contract Budget Balances
1100	Salaries, Full & PT	14,233.00			
1300	Fringe	4,395.00			
Subtotal Personnel Costs		\$18,628.00			
2100	Office Supplies				
3100	Consultant Services				
3190	Other Prof. Services				
3210	Telephone				
3220	Postage				
3320	Private Auto Allowance				
3500	Printing, Duplicating				
3900a	Rentals-Office Space				
3900b	Rentals-Equipment				
4210	Staff Training				
Subtotal Other Svcs. & Charges		\$0.00			
SubTotal HOPWA		\$18,628.00			

Total PY 2013 HOPWA: **\$266,127.00**

City of Seattle - Human Services Department

Attachment 1: Contractors Invoice

Cash Disbursement Form for Personnel Costs (HOPWA Costs Only)

Catholic Community Services of Western Washington/NW, HIV/AIDS Housing Assistance Program

Inv. # _____

Reporting Period: _____

TBRA - Service Delivery Costs

Pos #	Staff Position Title	Name	Current Period Salary Request	Total of Prior Salary Charges Paid	Budget Line Item 1100: Total Salary Charges to Date	Contract Salary Budget for Position*	Fringe Benefit Item	Current Period Fringe Benefits Request	Total of Prior Fringe Benefits Charges Paid	Budget Line Item 1300: Total Fringe Benefit Charges to Date	Contract Fringe Benefit Budget*
1	Case Aid				\$0.00	475.00	FICA			\$0.00	231.00
2	Case Manager				\$0.00	1,177.00	Pensions/Retirement			\$0.00	83.00
3	Case Manager				\$0.00	776.00	Industrial Insurance			\$0.00	61.00
4	Housing Manager				\$0.00	357.00	Health/Dental			\$0.00	553.00
5	Housing Director				\$0.00	231.00	Unemployment Compensation			\$0.00	95.00
6	Staff Accountant				\$0.00	0.00					
Totals:			\$0.00	\$0.00	\$0.00	\$3,016.00	Totals:	\$0.00	\$0.00	\$0.00	\$1,023.00

TBRA - Supportive Services with HOPWA Housing

1	Case Aid				\$0.00	1,899.00	FICA			\$0.00	923.00
2	Case Manager				\$0.00	4,709.00	Pensions/Retirement			\$0.00	331.00
3	Case Manager				\$0.00	3,102.00	Industrial Insurance			\$0.00	241.00
4	Housing Manager				\$0.00	1,427.00	Health/Dental			\$0.00	2,213.00
5	Housing Director				\$0.00	926.00	Unemployment Compensation			\$0.00	377.00
6	Staff Accountant				\$0.00	0.00					
Totals:			\$0.00	\$0.00	\$0.00	\$12,063.00	Totals:	\$0.00	\$0.00	\$0.00	\$4,085.00

*Total salary charges for a position may not exceed its budgeted amount per Exhibit B, Budget, Personnel Detail, herein, without approval of the HSD program specialist.

*Total charges against any fringe benefit item may not exceed its budgeted amount per Exhibit B, Budget, Personnel Detail, herein, without approval of the HSD program specialist.

City of Seattle - Human Services Department

Attachment 1: Contractors Invoice

Cash Disbursement Form for Personnel Costs (HOPWA Costs Only)

Catholic Community Services of Western Washington/NW, HIV/AIDS Housing Assistance Program

Inv. # _____

Reporting Period: _____

Permanent Housing Placement - Service Delivery Costs

Pos #	Staff Position Title	Name	Current Period Salary Request	Total of Prior Salary Charges Paid	Budget Line Item 1100: Total Salary Charges to Date	Contract Salary Budget for Position*	Fringe Benefit Item	Current Period Fringe Benefits Request	Total of Prior Fringe Benefits Charges Paid	Budget Line Item 1300: Total Fringe Benefit Charges to Date	Contract Fringe Benefit Budget*
1	Case Aid				\$0.00	367.00	FICA			\$0.00	176.00
2	Case Manager				\$0.00	892.00	Pensions/Retirement			\$0.00	63.00
3	Case Manager				\$0.00	588.00	Industrial Insurance			\$0.00	46.00
4	Housing Manager				\$0.00	270.00	Health/Dental			\$0.00	420.00
5	Housing Director				\$0.00	175.00	Unemployment Compensation			\$0.00	72.00
6	Staff Accountant				\$0.00	0.00					
Totals:			\$0.00	\$0.00	\$0.00	\$2,292.00	Totals:	\$0.00	\$0.00	\$0.00	\$777.00

Permanent Housing Placement - Supportive Services W/ HOPWA Housing

1	Case Aid				\$0.00	1,470.00	FICA			\$0.00	701.00
2	Case Manager				\$0.00	3,567.00	Pensions/Retirement			\$0.00	250.00
3	Case Manager				\$0.00	2,350.00	Industrial Insurance			\$0.00	183.00
4	Housing Manager				\$0.00	1,081.00	Health/Dental			\$0.00	1,676.00
5	Housing Director				\$0.00	702.00	Unemployment Compensation			\$0.00	287.00
6	Staff Accountant				\$0.00	0.00					
Totals:			\$0.00	\$0.00	\$0.00	\$9,170.00	Totals:	\$0.00	\$0.00	\$0.00	\$3,097.00

*Total salary charges for a position may not exceed its budgeted amount per Exhibit B, Budget, Personnel Detail, herein, without approval of the HSD program specialist.

*Total charges against any fringe benefit item may not exceed its budgeted amount per Exhibit B, Budget, Personnel Detail, herein, without approval of the HSD program specialist.

City of Seattle - Human Services Department

Attachment 1: Contractors Invoice

Cash Disbursement Form for Personnel Costs (HOPWA Costs Only)

Catholic Community Services of Western Washington/NW, HIV/AIDS Housing Assistance Program

Inv. # _____

Reporting Period: _____

PBRA/FBRA - Service Delivery Costs

Pos #	Staff Position Title	Name	Current Period Salary Request	Total of Prior Salary Charges Paid	Budget Line Item 1100: Total Salary Charges to Date	Contract Salary Budget for Position*	Fringe Benefit Item	Current Period Fringe Benefits Request	Total of Prior Fringe Benefits Charges Paid	Budget Line Item 1300: Total Fringe Benefit Charges to Date	Contract Fringe Benefit Budget*
1	Case Aid				\$0.00	373.00	FICA			\$0.00	182.00
2	Case Manager				\$0.00	925.00	Pensions/Retirement			\$0.00	65.00
3	Case Manager				\$0.00	610.00	Industrial Insurance			\$0.00	48.00
4	Housing Manager				\$0.00	280.00	Health/Dental			\$0.00	435.00
5	Housing Director				\$0.00	182.00	Unemployment Compensation			\$0.00	75.00
6	Staff Accountant				\$0.00	0.00					
Totals:			\$0.00	\$0.00	\$0.00	\$2,370.00	Totals:	\$0.00	\$0.00	\$0.00	\$805.00

PBRA/FBRA - Supportive Services W/ HOPWA Housing

1	Case Aid				\$0.00	1,492.00	FICA			\$0.00	724.00
2	Case Manager				\$0.00	3,699.00	Pensions/Retirement			\$0.00	260.00
3	Case Manager				\$0.00	2,437.00	Industrial Insurance			\$0.00	189.00
4	Housing Manager				\$0.00	1,121.00	Health/Dental			\$0.00	1,738.00
5	Housing Director				\$0.00	727.00	Unemployment Compensation			\$0.00	296.00
6	Staff Accountant				\$0.00	0.00					
Totals:			\$0.00	\$0.00	\$0.00	\$9,476.00	Totals:	\$0.00	\$0.00	\$0.00	\$3,207.00

*Total salary charges for a position may not exceed its budgeted amount per Exhibit B, Budget, Personnel Detail, herein, without approval of the HSD program specialist.

*Total charges against any fringe benefit item may not exceed its budgeted amount per Exhibit B, Budget, Personnel Detail, herein, without approval of the HSD program specialist.

City of Seattle - Human Services Department

Attachment 1: Contractors Invoice

Cash Disbursement Form for Personnel Costs (HOPWA Costs Only)

Catholic Community Services of Western Washington/NW, HIV/AIDS Housing Assistance Program

Inv. # _____

Reporting Period: _____

STRMU - Service Delivery Costs

Pos #	Staff Position Title	Name	Current Period Salary Request	Total of Prior Salary Charges Paid	Budget Line Item 1100: Total Salary Charges to Date	Contract Salary Budget for Position*	Fringe Benefit Item	Current Period Fringe Benefits Request	Total of Prior Fringe Benefits Charges Paid	Budget Line Item 1300: Total Fringe Benefit Charges to Date	Contract Fringe Benefit Budget*
1	Case Aid				\$0.00	255.00	FICA			\$0.00	20.00
2	Case Manager				\$0.00	0.00	Pensions/Retirement			\$0.00	0.00
3	Case Manager				\$0.00	0.00	Industrial Insurance			\$0.00	5.00
4	Housing Manager				\$0.00	0.00	Health/Dental			\$0.00	0.00
5	Housing Director				\$0.00	0.00	Unemployment Compensation			\$0.00	8.00
6	Staff Accountant				\$0.00	0.00					
Totals:			\$0.00	\$0.00	\$0.00	\$255.00	Totals:	\$0.00	\$0.00	\$0.00	\$33.00

STRMU - Supportive Services W/ HOPWA Housing

1	Case Aid				\$0.00	1,017.00	FICA			\$0.00	77.00
2	Case Manager				\$0.00	0.00	Pensions/Retirement			\$0.00	0.00
3	Case Manager				\$0.00	0.00	Industrial Insurance			\$0.00	20.00
4	Housing Manager				\$0.00	0.00	Health/Dental			\$0.00	0.00
5	Housing Director				\$0.00	0.00	Unemployment Compensation			\$0.00	32.00
6	Staff Accountant				\$0.00	0.00					
Totals:			\$0.00	\$0.00	\$0.00	\$1,017.00	Totals:	\$0.00	\$0.00	\$0.00	\$129.00

*Total salary charges for a position may not exceed its budgeted amount per Exhibit B, Budget, Personnel Detail, herein, without approval of the HSD program specialist.

*Total charges against any fringe benefit item may not exceed its budgeted amount per Exhibit B, Budget, Personnel Detail, herein, without approval of the HSD program specialist.

City of Seattle - Human Services Department

Attachment 1: Contractors Invoice

Cash Disbursement Form for Personnel Costs (HOPWA Costs Only)

Catholic Community Services of Western Washington/NW, HIV/AIDS Housing Assistance Program

Inv. # _____

Reporting Period: _____

Supportive Services Without HOPWA Housing

Pos #	Staff Position Title	Name	Current Period Salary Request	Total of Prior Salary Charges Paid	Budget Line Item 1100: Total Salary Charges to Date	Contract Salary Budget for Position*	Fringe Benefit Item	Current Period Fringe Benefits Request	Total of Prior Fringe Benefits Charges Paid	Budget Line Item 1300: Total Fringe Benefit Charges to Date	Contract Fringe Benefit Budget*
1	Case Aid				\$0.00	6,784.00	FICA			\$0.00	3,306.00
2	Case Manager				\$0.00	16,879.00	Pensions/Retirement			\$0.00	1,187.00
3	Case Manager				\$0.00	11,121.00	Industrial Insurance			\$0.00	864.00
4	Housing Manager				\$0.00	5,116.00	Health/Dental			\$0.00	7,933.00
5	Housing Director				\$0.00	3,319.00	Unemployment Compensation			\$0.00	1,353.00
6	Staff Accountant				\$0.00	0.00					
Totals:			\$0.00	\$0.00	\$0.00	\$43,219.00	Totals:	\$0.00	\$0.00	\$0.00	\$14,643.00

HOPWA Sponsor Administration

6	Staff Accountant				\$0.00	2,584.00	FICA			\$0.00	1,089.00
7	Office Admin./Payroll				\$0.00	2,251.00	Pensions/Retirement			\$0.00	766.00
8	Finance Manager				\$0.00	6,623.00	Industrial Insurance			\$0.00	285.00
9	Agency Director				\$0.00	2,775.00	Health/Dental			\$0.00	1,810.00
					\$0.00		Unemployment Compensation			\$0.00	445.00
					\$0.00						
Totals:			\$0.00	\$0.00	\$0.00	\$14,233.00	Totals:	\$0.00	\$0.00	\$0.00	\$4,395.00

*Total salary charges for a position may not exceed its budgeted amount per Exhibit B, Budget, Personnel Detail, herein, without approval of the HSD program specialist.

*Total charges against any fringe benefit item may not exceed its budgeted amount per Exhibit B, Budget, Personnel Detail, herein, without approval of the HSD program specialist.

City of Seattle - Human Services Department
Attachment 1: Contractors Invoice
Cash Disbursement Form for Tenant Based Rent Assistance Costs (Rent Subsidy Only)
Catholic Community Services of Western Washington/NW
HIV/AIDS Housing Assistance Program

Invoice # _____

Reporting Period: _____

	Rent Assistance Recipient ID	Date Assistance Began	Full Rent of Unit	HOPWA Rent Assistance Payee (landlord, property owner) and Address	Name of Apt. Bldg. (if any), address, and Unit # (if any)	Total Amount of HOPWA Paid TBRA* 2012 Grant	Date Paid	Check No.
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total HOPWA Paid:								

*Clients' HOPWA rent subsidies and the amounts they are required to pay out of pocket must be calculated only by the determination process as described by Attachment A, HUD INCOME & RESIDENT RENT CALCULATION WORKSHEETS FOR HOPWA, of this Agreement.

City of Seattle - Human Services Department

Attachment 1: Contractors Invoice

Cash Disbursement Form for HOPWA-Paid Rent Subsidy Costs: CCS HOPWA Transitional Unit

Catholic Community Services of Western Washington/NW

HIV/AIDS Housing Assistance Program

Invoice # _____

Reporting Period: _____

HOPWA Rent Subsidy Recipient Client ID	Date Assistance Began (mo./yr.)	Total Monthly Rent Cost of the Unit	HOPWA Rent Subsidy Payee (landlord, property owner) and Address	Name of Residential Building/Housing Facility and Unit #	Client's HOPWA-paid Rent Subsidy Amount	Date Paid	Check No.	Client's Portion of the Rent Paid to CCS (Program Income)
				Raintree Apartments Unit B-107 132nd St. SW Everett WA 98201				
					Total HOPWA Paid:		Program Income from Rent Received:	
							Returned/Refunded Deposits:	
							Total Program Income Rec'd:	

City of Seattle - Human Services Department
Attachment 1: Contractors Invoice
Cash Disbursement Form for HOPWA-Paid Rent Subsidy Costs: Permanent Housing Units
Catholic Community Services of Western Washington/NW
HIV/AIDS Housing Assistance Program

Invoice # _____

Reporting Period: _____

	Rent Assistance Recipient ID	Month/Year Assistance Began	Name of Residential Building/Housing Facility and Unit #	Full Rent of Unit	HOPWA Rent Subsidy Payee (landlord, property owner) and Address	Total Amount of HOPWA Rent Subsidy Paid	Check No.	Date Paid
1			Rucker Apartments, Unit #					
2			Rucker Apartments, Unit #					
Subtotal Rucker Apts.:								
1			Whispering Pines Apts., Unit #					
2			Whispering Pines Apts., Unit #					
Subtotal Whispering Pines Apts.:								
1			Raintree Apartments, Unit #					
2			Raintree Apartments, Unit #					
Subtotal Raintree Apts.:								
1			Bridgecreek Apts., Unit #					
2								
Subtotal Bridgecreek Apts.:								
1			EHA Oak Unit, 322 Oaks Ave #7					
2								
Subtotal EHA Oak Units								
Total HOPWA Permanent PBRA Paid:								

City of Seattle - Human Services Department
Attachment 1: Contractors Invoice
Cash Disbursement Form for Permanent Housing Placement: Direct Client Assistance Costs
Catholic Community Services of Western Washington
HIV/AIDS Housing Assistance Program

Inv. # _____

Reporting Period: _____

	PHP Recipient Name	Name of Payee and Address	Date of Assistance	Damage Deposit Paid	Credit Check Fee	Amount of 1st Month's Rent	Amount of Last Month's Rent	Utility Connection Fees	Total Amount of PHP Assistance Paid*	Check No.	Date Paid
1									0.00		
2									0.00		
3									0.00		
4									0.00		
5									0.00		
6									0.00		
7									0.00		
8									0.00		
9									0.00		
10									0.00		
Totals:					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		

Returned/Refunded Deposits as Program Income:**	
--	--

Please note: Only the above types of costs are allowable through PHP; also, total assistance for an eligible client may not exceed the dollar amount of two months rent of the unit s/he is being moved into. If the unit is subsidized, the amount of HOPWA assistance is limited to cover only the client's out of pocket portion of the rent.

* If more than one payee/payment, please use separate lines in the above table.

**Please see Exhibit B, Budget, Terms of Payment, Requirement 3.

City of Seattle - Human Services Department
Attachment 1: Contractors Invoice
Cash Disbursement Form for STRMU Client Assistance Costs (Client Housing Assistance Only)
Catholic Community Services of Western Washington/NW
HIV/AIDS Housing Assistance Program

Inv. # _____

Reporting Period: _____

	STRMU Recipient ID	HOPWA Rent Subsidy Payee* (landlord, property owner) and Address	Date of Assistance	Client's full Rent/Mortgage Monthly Payment	Amount of Rent Assistance Paid	Amount of Mortgage Assistance Paid	Amount of Utilities Paid	Total Amount of STRMU Assistance Paid	Check No.	Date Paid
1								0.00		
2								0.00		
3								0.00		
4								0.00		
5								0.00		
6								0.00		
7								0.00		
8								0.00		
9								0.00		
10								0.00		
Totals:					\$0.00	\$0.00	\$0.00	\$0.00		

Summary of STRMU Client Assistance to Date:

		Number of Households			HOPWA Funds Spent On STRMU Assistance		
		Thru Last Month	This Month	Total to Date	Thru Last Month	This Month	Total to Date
a.	Receiving assistance with mortgage costs only			0			0.00
b.	Receiving assistance with mortgage <u>and</u> utility costs			0			0.00
c.	Receiving assistance with rent costs only			0			0.00
d.	Receiving assistance with rent <u>and</u> utility costs			0			0.00
e.	Receiving assistance with utility costs only			0			0.00
g.	Total STRMU households and assistance costs*	0	0	0	\$0.00	\$0.00	\$0.00

*Assistance cost totals in this row must match the cost amounts in Line Item 4290d in the STRMU section of this invoice's Detailed Statement of Costs form.

Attachment 2: Monthly HOPWA Services Report
Catholic Community Services of Western Washington/NW - HIV/AIDS Housing Assistance Program

Inv.# _____ Cumulative Report for the Period: January 1, 2013 - _____

Person Reporting: _____ Tel. #: _____

HOPWA Housing Assistance*

	1. New Participants this Month	2. Total Through Last Month	3. Total Through This Month	Annual Targets
1. Permanent PBRA			0	8
2. Transitional TBRA			0	8
3. Transitional PBRA			0	1
4. STRMU			0	15
5. Permanent Housing Place.			0	10
Totals:	0	0	0	42

HOPWA Supportive Services*

	1. New Participants this Month	2. Total Through Last Month	3. Total Through This Month	Annual Targets
IN Conjunction with HOPWA Hsg. Assistance			0	42
NOT In Conjunction with HOPWA Hsg. Assistance			0	48
Totals:	0	0	0	90

HOPWA Supportive Services Access to Care Outcomes; Category of Service Accessed*	Number of Participants In Conjunction with HOPWA Housing Assistance	Number of Participants NOT In Conjunction with HOPWA Housing Assistance	Totals Through the End of this Reporting Period		Percentage Achieved
1. Has a housing case plan to establish or maintain ongoing housing stability:			0		#DIV/0!
2. Has contact with a case manager or housing counselor as consistent with case plan:			0		#DIV/0!
3. Has contact with a primary health care provider consistent with schedule specified in the client's health plan.			0		#DIV/0!
4. Has medical insurance coverage or ready access to medical care:			0		#DIV/0!
5. Successfully accessed or maintained qualification for sources of income:			0		#DIV/0!
Local HOPWA Performance Commitments:	This Reporting Period	Thru Last Reporting Period	Total To Date	Minimum Goal	Percentage Achieved
Participants will successfully maintain their housing for at least 6 months after beginning Program housing assistance (TBRA, Trans. Unit, PHP, STRMU):			0	26	0.00%
Participants will successfully maintain their housing for at least 12 months after beginning Program housing assistance (Perm. PBRA, Supportive Svcs-No HOPWA Hsg.):			0	42	0.00%

Attachment 2: MONTHLY HOPWA SERVICES REPORT
Catholic Community Services of Western Washington/NW - HIV/AIDS Housing Assistance Program

Inv. # _____

Cumulative Report for Period:

January 1, 2013 - _____

Housing Stability Outcomes: Housing Status of Exiting Participants											
Permanent Housing Assistance: Facility-Based Housing Assistance, permanent supportive housing Facilities/Units											
No. Households Receiving Housing Assistance	0	Perm. Hsg. Total carried over from Page 1, which in turn should be taken from the HOPWA Perm. PBRA column of the HOPWA Client Services Data Table, cumulative # from beginning of the year through current reporting month;									
No. Households Continuing	0	Subtract the # of HHs Exiting from the # of HHs Receiving Hsg. Assistance; auto-calculated.									
No. Households Exiting	0	(Auto-calculated from Exiting numbers as entered below-do not enter total number directly)									
Types of Housing Exiting Households Were Placed in (Destination):	Emergency Shelter	Temporary Housing (Non HOPWA Transitional)	Private Housing	Other HOPWA Subsidized	Other Subsidized	Institution (Hospital, Full Nursing Care)	Jail/Prison	Disconnected (whereabouts unknown)	Deceased		
No. of Households:											
Tenant Based Rent Assistance											
No. Households Receiving Housing Assistance		From the HOPWA TBRA column of the HOPWA Client Services Data Table, cumulative # from beginning of the year through current reporting month;									
No. Households Continuing	0	Subtract the # of HHs Exiting from the # of HHs Receiving Hsg. Assistance;									
No. Households Exiting	0	(Auto-calculated from Exiting numbers as entered below-do not enter total number directly)									
Types of Housing Exiting Households Were Placed in (Destination):	Emergency Shelter	Temporary Housing (Non HOPWA Transitional)	Private Housing	Other HOPWA Subsidized	Other Subsidized	Institution (Hospital, Full Nursing Care)	Jail/Prison	Disconnected (whereabouts unknown)	Deceased		
No. of Households:											
Transitional/Short Term Supportive Facilities/Units (Trans. TBRA and the Trans. Unit)											
No. UNDUPLICATED Households Receiving Housing Assistance	0	From the columns of the HOPWA Client Services Data Table as indicated above for this reporting section, the cumulative numbers combined from beginning of the year through current reporting month;									
No. Households Continuing	0			(Enter # > 24 mos. in Trans hsg., cumulative # from start of the year)							
No. Households Exiting	0	Auto-calculated from Exiting numbers as entered below; do not enter total number directly;									
Types of Housing Exiting Households Were Placed in (Destination):	Emergency Shelter/Streets	Temporary Housing (Non HOPWA Transitional)	Private Housing	Other HOPWA Subsidized (temp or perm)	Other Subsidized	Institution (Hospital, Full Nursing Care)	Jail/Prison	Disconnected (whereabouts unknown)	Deceased		
No. of Households:											
STRMU Housing Assistance: Prevention of Homelessness											
No. Households Receiving STRMU Assistance	0	STRMU Total automatically carried over from Page 1.									
How many of these also in the prior year?		From Agency records									
How many of these also in the prior 2 years?		From Agency records									
Housing Assessment/Status of Those Receiving STRMU During the Reporting Year											
Stable, Permanent Housing					Temp. Stable, with Reduced Risk of Homelessness			Unstable Arrangements			
	Maintain Private Housing w/o Subsidy	Other HOPWA Perm. Subsidy	Other Perm. Housing Subsidy	Institution (Hospital, Full Nursing Care)	To remain in current hsg. with added STRMU	Transitional Facilities/ Short Term	Temp./non-Perm. Hsg. Arrangement	Homeless Shelter/Street	Jail/Prison	Disconnected (whereabouts unknown)	Deceased
No. of Households:											

Housing Stability Outcomes: Housing Stability Results for Exiting Participants*						
Type Hsg. Assistance	Total # Exiting	# Deceased*	Net # Exiting	# Unstable	# Stable	% Stable
Perm. Facility-Based	0	0	0	0	0	#DIV/0!
TBRA	0	0	0	0	0	#DIV/0!
Transitional Facility Based	0	0	0	0	0	#DIV/0!
STRMU	0	0	0	0	0	#DIV/0!
Total HOPWA Hsg Assistance	0	0	0	0	0	#DIV/0!

HUD Stable Housing Outcomes:
 other HOPWA-subsidized (temp. or perm.), includes placement to Rosehedge or Multifaith Works
 other subsidized permanent housing
 market-rate permanent housing
 other transitional/temporary housing program
 Long term care/supportive living facility, or hospitalized

HUD Unstable Housing Outcomes:
 Homeless shelter/streets
 Evicted, moved out whereabouts unknown, left for unknown reasons, or otherwise disconnected
 Jail/Prison

*The HUD target result for HOPWA Housing Assistance is: At least 80% of all Housing Assistance participants who exit the Program will do so into Stable housing environments as defined above.



City of Seattle
Human Services Department

Attachment 3

Client Profile Report - Demographic Standards

Agency Name:	Catholic Community Services of Western Washington/NW
Project Name:	HIV/AIDS Housing Assistance Program
Contract Number:	DA13-1056
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> • Self report by client’s five-digit zip code		
<u>Homeless:</u> • Yes • No • Unknown		
Section II.		
Data Element	Adults	Children
<u>Household Composition:</u> • Single Parent Household • Children Under Age 18		
Section III.		
Data Element	Adults	Children
<u>Income (based on HUD guidelines):</u> • Very low (< 30% median) • Moderate (> 50% median) • Above moderate (> 80% median) • Unknown		
Section IV.		
Data Element	Adults	Children
<u>Age:</u> • 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 		



City of Seattle
Human Services Department

Attachment 3a: Client Profile Report - Demographic Standards Definitions

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 house.⁵ old 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).

Attachment 3a: Client Profile Report

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	<p>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.</p>
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.

Attachment 3a: Client Profile Report

Section VIII	Race/ Ethnicity	<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. 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.</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. 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.</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.</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-racial".</p> <p><u>Some other race:</u> Clients of one race who do not identify themselves as any one of the preceding race/national origin categories.</p> <p><u>Unknown:</u> 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>
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Attachment 3a: Client Profile Report

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.

Attachment 4a - HUD/HOPWA REPORTING
HOPWA Supportive Services
NOT in Conjunction with HOPWA PBRA, TBRA, or STRMU
Report Page 1

Report Year/Period (please enter year): _____

Agency: Catholic Community Services of Western Washington

Program: HIV/AIDS Housing Assistance Program

Staff Person Reporting _____

A. Performance Measurements

Total Number of Persons with HIV/AIDS Receiving These Supportive Services:	_____
Total Number of Other Household Members:	_____
Total Number of Persons Receiving Supportive Services:	0

Of the Total Number of Persons with HIV/AIDS Receiving Supportive Services:	_____
Number Previously Homeless (prior to commencement of HOPWA Supportive Services)	_____
Of the Previously Homeless, Number Chronically Homeless:	_____
Number of Veterans	_____
Number of Domestic Violence Victims/Survivors:	_____

Access to Care:		
	Number of Households Receiving HOPWA Assistance	
	At Entry or Continuing	At Exit or Continuing
Has a Housing Plan for Maintaining or Establishing Stable Ongoing Residency		
Had contact with a case manager at least once in the last 3 months		
Had contact with a Health Care Provider at least once in the last 3 months		
Has medical insurance or immediate access to needed medical/health care as needed		

Attachment 4a - HUD/HOPWA REPORTING
HOPWA Supportive Services
NOT in Conjunction with HOPWA PBRA, TBRA, or STRMU
Report Page 2

Report Year/Period: 0
Agency: Catholic Community Services of Western Washington
Program: HIV/AIDS Housing Assistance Program
Staff Person Reporting 0

A. Performance Measurements (continued)

Client Housing Outcome/Current Supportive Services Exit Destinations	
Total Number of Households Served:	
Services Exits/Destinations:	
Homeless Shelter	
Temporary/Transitional Housing	
Private Market Housing	
Other HOPWA	
Other Permanent Housing Subsidy	
Institutional/Hospital	
Jail/Prison	
Disconnected/destination unknown	
Death/Life Event	
Total Supportive Services (no HOPWA Housing assistance) Exits:	0
Number of Households Continuing This Type of Supportive Services into the Next Period/Year:	0

Housing Stability of Recipient Households	
Number of Households that achieved 12 months of stability in their permanent housing, if still in residence on their respective housing move-in anniversary dates falling within the current year:	

Employment	
Obtained an income producing job during the year:	

Attachment 4a - HUD/HOPWA REPORTING
HOPWA Supportive Services
NOT in Conjunction with HOPWA PBRA, TBRA, or STRMU
Report Page 3

Report Year/Period: 0
Agency: Catholic Community Services of Western Washington
Program: HIV/AIDS Housing Assistance Program
Staff Person Reporting 0

B. Household/Client Characteristics

Prior Living Situations _____	
Total Number of Households Continued from Prior Year:	
Prior Living Situations of Households Commencing Services <u>This</u> Year:	
Place not meant for human habitation:	
Homeless Shelter:	
Transitional Housing:	
Psychiatric Facility:	
Chemical Dependency Treatment Facility:	
Hospital (non-psychiatric):	
Jail/Prison	
Rented room, apartment, or house	
House owned by client:	
Staying in homes of family or friends (not as a regular renter):	
Short term motel voucher stay:	
Other (describe):	
Total commencing this type of Supportive Services this year:	0
Total Number of Households Served:	0

Age and Gender*					
	Under 18	18 - 30	31- 50	Over 50	Totals
Male					0
Female					0
Total	0	0	0	0	0

*Count only individuals with HIV/AIDS, no other household members.

Attachment 4a - HUD/HOPWA REPORTING
HOPWA Supportive Services
NOT in Conjunction with HOPWA PBRA, TBRA, or STRMU
Report Page 4

Report Year/Period: 0
Agency: Catholic Community Services of Western Washington
Program: HIV/AIDS Housing Assistance Program
Staff Person Reporting 0

Race/Ethnicity*	Race/Ethnicity	Number	Number <u>Also</u> Hispanic
	African-American, Black		
	North American First Nations/Native American		
	White, Caucasian		
	Asian		
	Hawaiian/Pacific Islander		
	African-American & White		
	North American First Nations & White		
	Asian & White		
	North Am. First Nations & Black		
	Other Multi-Racial		
	Total Individuals:	0	0

*Count only individuals with HIV/AIDS, no other household members.

<u>Monthly Household Income</u>	No. Households at Entry or Continuing from Prior Year	No. Households at Exit or Continuing into Next Year
	No Income	
\$1 - \$150		
\$151 - \$250		
\$251-\$500		
\$501 - \$1,000		
\$1,001 - \$1,500		
\$1,501 - \$2,000		
Over \$2,000		
Totals:	0	0

Attachment 4a - HUD/HOPWA REPORTING
HOPWA Supportive Services
NOT in Conjunction with HOPWA PBRA, TBRA, or STRMU
Report Page 5

Report Year/Period: 0
Agency: Catholic Community Services of Western Washington
Program: HIV/AIDS Housing Assistance Program
Staff Person Reporting 0

C. Funds

<u>Supportive Services Expenditures</u>		
Service Type	No. Households Served	Amount
Outreach		
Case Mgt./Client Advocacy/Access to Benefits & Svcs.		
Life Skills Management (outside of case mgt.)		
Meals/Nutritional Services		
Adult Day Health/Care and Personal Assistance		
Education		
Employment Assistance		
Chemical Dependency Treatment/Services		
Mental Health Services		
Health/Med. Care (if approved)		
Legal Services		
Transportation		
Totals:	0	\$0

Attachment 4a - HUD/HOPWA REPORTING
HOPWA Supportive Services
NOT in Conjunction with HOPWA PBRA, TBRA, or STRMU
Report Page 6

Report Year/Period: 0
Agency: Catholic Community Services of Western Washington
Program: HIV/AIDS Housing Assistance Program
Staff Person Reporting 0

Leveraging Funds

Sources of Leveraging	Related to Rent Assistance: Other TBRA or PBRA	Related to Supportive Services
Program Income		
Other Federal Funds (Identify below)	\$0	\$0
State Government Fund Sources (Identify below)	\$0	\$0
Local Government Fund Sources (Identify below)	\$0	\$0
Private Revenue, Foundation Grants/Cash	\$0	\$0
In-Kind Resources		
Rent Payments from clients in housing facilities/rental units (other than Program Income stated above)		
Any other Grantee or Agency Cash		
Totals:	\$0	\$0

Attachment 4b - HUD/HOPWA REPORTING
HOPWA TBRA or Project Based Rent Assistance/Facilities Operating
Report Page 1

Name of Building/Site* _____

Housing Description	SRO	Studio	1 Bdrm	2 Bedroom	3 Bdrm	4 Bdrm	5+ Bdrm

Report Year/Period (please enter year): _____

Agency: Catholic Community Services of Western Washington

Program: HIV/AIDS Housing Assistance Program

Staff Person Reporting _____

A. Performance Measurements

Total Number of Persons with HIV/AIDS Receiving These Housing Services:	_____
Total Number of Other Household Members:	_____
Total Number of Persons Receiving These Housing Services:	0

Of the Total Number of Persons with HIV/AIDS Receiving Housing Assistance:	_____
Number Previously Homeless (prior to commencement of HOPWA Services)	_____
Of the Previously Homeless, Number Chronically Homeless:	_____
Number of Homeless Veterans	_____
Number of Domestic Violence Victims/Survivors:	_____

Access to Care: _____	Number of Households Receiving HOPWA Assistance	
	At Entry or Continuing	At Exit or Continuing
Has a Housing Plan for Maintaining or Establishing Stable Ongoing Residency		
Had contact with a case manager at least once in the last 3 months		
Had contact with a Health Care Provider at least once in the last 3 months		
Has medical insurance or immediate access to needed medical/health care as needed		

*If TBRA, enter "TBRA"

Attachment 4b - HUD/HOPWA REPORTING
HOPWA TBRA or Project Based Rent Assistance/Facilities Operating
Report Page 2

Name of Building/Site _____ **0**

Report Year/Period: _____ **0**

Agency: _____ **Catholic Community Services of Western Washington**

Program: _____ **HIV/AIDS Housing Assistance Program**

Staff Person Reporting _____ **0**

A. Performance Measurements (continued)

Client Housing Outcome/Current Services Exit Destinations	
Total Number of Households Served:	
Services Exits/Destinations:	
Homeless Shelter	
Temporary/Transitional Housing	
Private Market Housing	
Other HOPWA	
Other Permanent Housing Subsidy	
Institutional/Hospital	
Jail/Prison	
Disconnected/destination unknown	
Death/Life Event	
Total HOPWA housing assistance Exits:	0
Number of Households Continuing This Housing Assistance into the Next Period/Year:	0

Housing Stability of Recipient Households	
If transitional housing, number achieving 6 months housing stability during the year:	
If permanent housing, number of Households that achieved 12 months of stability in their permanent housing, if still in residence on their respective housing move-in anniversary dates falling within the current year:	

Employment	
Obtained an income producing job during the year:	

Attachment 4b - HUD/HOPWA REPORTING
HOPWA TBRA or Project Based Rent Assistance/Facilities Operating
Report Page 3

Name of Building/Site 0

Report Year/Period: 0

Agency: Catholic Community Services of Western Washington

Program: HIV/AIDS Housing Assistance Program

Staff Person Reporting 0

B. Household/Client Characteristics

Prior Living Situations	
Total Number of Households Continued from Prior Year:	
Prior Living Situations of Households Commencing Housing Assistance <u>This</u> Year:	
Place not meant for human habitation:	
Homeless Shelter:	
Transitional Housing:	
Psychiatric Facility:	
Chemical Dependency Treatment Facility:	
Hospital (non-psychiatric):	
Jail/Prison	
Rented room, apartment, or house	
House owned by client:	
Staying in homes of family or friends (not as a regular renter):	
Short term motel voucher stay:	
Other (describe):	
Total commencing this type of Housing Assistance this year:	0
Total Number of Households Served:	0

Age and Gender

	HOPWA Eligible Individual in Household				
	Male	Female	Transgender M>F	Transgender F>M	Total
< 18 years					0
18-30					0
31-50					0
51 and older					0
Subtotal	0	0	0	0	0
	All Other Household Beneficiaries				
	Male	Female	Transgender M>F	Transgender F>M	Total
< 18 years					0
18-30					0
31-50					0
51 and older					0
Subtotal	0	0	0	0	0
Totals:	0	0	0	0	0

Attachment 4b - HUD/HOPWA REPORTING
HOPWA TBRA or Project Based Rent Assistance/Facilities Operating
Report Page 4

Name of Building/Site _____ **0**

Report Year/Period: _____ **0**

Agency: _____ **Catholic Community Services of Western Washington**

Program: _____ **HIV/AIDS Housing Assistance Program**

Staff Person Reporting _____ **0**

Race/Ethnicity	HOPWA Eligible Individual in Household		Other Members of Household	
	Number	Number Also Hisp./Latino	Number	Number Also
African-American, Black				
Native American/AK Native				
White, Caucasian				
Asian				
Hawaiian/Pacific Islander				
African-American & White				
Native Am. & White				
Asian & White				
Native Am. & Black				
Other Multi-Racial				
Totals:	0	0	0	0

Monthly Household Income	No. Households at Entry or Continuing from Prior Year	No. Households at Exit or Continuing into Next Year
	No Income	
\$1 - \$150		
\$151 - \$250		
\$251-\$500		
\$501 - \$1,000		
\$1,001 - \$1,500		
\$1,501 - \$2,000		
Over \$2,000		
Totals:	0	0

Attachment 4b - HUD/HOPWA REPORTING
HOPWA TBRA or Project Based Rent Assistance/Facilities Operating
Report Page 5

Name of Building/Site _____ **0**

Report Year/Period: _____ **0**

Agency: _____ **Catholic Community Services of Western Washington**

Program: _____ **HIV/AIDS Housing Assistance Program**

Staff Person Reporting _____ **0**

C. Funds

<u>Supportive Services Expenditures</u>		
Service Type	No. Households Served	Amount
Outreach		
Case Mgt./Client Advocacy/Access to Benefits & Svcs.		
Life Skills Management (outside of case mgt.)		
Meals/Nutritional Services		
Adult Day Health/Care and Personal Assistance		
Education		
Employment Assistance		
Chemical Dependency Treatment/Services		
Mental Health Services		
Health/Med. Care (if approved)		
Legal Services		
Transportation		
Totals:	0	\$0

Attachment 4b - HUD/HOPWA REPORTING
HOPWA TBRA or Project Based Rent Assistance/Facilities Operating
Report Page 6

Name of Building/Site _____ **0**

Report Year/Period: _____ **0**

Agency: _____ **Catholic Community Services of Western Washington**

Program: _____ **HIV/AIDS Housing Assistance Program**

Staff Person Reporting _____ **0**

Leveraging Funds

Sources of Leveraging	Related to Rent Assistance: TBRA, PBRA, STRMU	Related to Supportive Services
Program Income		
Other Federal Funds (Identify below)	\$0	\$0
State Government Fund Sources (Identify below)	\$0	\$0
Local Government Fund Sources (Identify below)	\$0	\$0
Private Revenue, Foundation Grants/Cash	\$0	\$0
In-Kind Resources		
Rent Payments from clients in housing facilities/rental units (other than Program Income stated above)		
Any other Grantee or Agency Cash		
Totals:	\$0	\$0

Attachment 4c - HUD/HOPWA REPORTING
HOPWA Short Term Rent - Mortgage - Utility Assistance (STRMU)
Report Page 1

Report Year/Period (please enter year): _____

Agency: Catholic Community Services of Western Washington

Program: HIV/AIDS Housing Assistance Program

Staff Person Reporting _____

A. Performance Measurements

Total Number of Persons with HIV/AIDS Receiving STRMU assistance:	_____
Total Number of Other Household Members:	_____
Total Number of Persons Assisted:	0

Of the total number of households receiving STRMU, number assisted with Mortgage assistance:	_____
Amount of STRMU assistance provided for mortgage assistance:	_____
Amount of STRMU assistance provided for rent and utilities:	_____
Number of Veterans	_____
Number of Domestic Violence Victims/Survivors:	_____

Access to Care: _____		
	Number of Households Receiving HOPWA Assistance	
	At Entry or Continuing	At Exit or Continuing
Has a Housing Plan for Maintaining or Establishing Stable Ongoing Residency		
Had contact with a case manager at least once in the last 3 months		
Had contact with a Health Care Provider at least once in the last 3 months		
Has medical insurance or immediate access to needed medical/health care as needed		

Attachment 4c - HUD/HOPWA REPORTING
HOPWA Short Term Rent - Mortgage - Utility Assistance (STRMU)
Report Page 2

Report Year/Period: 0
Agency: Catholic Community Services of Western Washington
Program: HIV/AIDS Housing Assistance Program
Staff Person Reporting 0

A. Performance Measurements (continued)

Client Housing Outcome/Current Services Exit Destinations	
Total Number of Households Served:	
Services Exits/Destinations:	
Homeless Shelter	
Temporary/Transitional Housing	
Private Market Housing	
Other HOPWA	
Other Permanent Housing Subsidy	
Institutional/Hospital	
Jail/Prison	
Disconnected/destination unknown	
Death/Life Event	
Total HOPWA housing assistance Exits:	0
Number of Households Continuing This Housing Assistance into the Next Period/Year: <u>0</u>	

Housing Stability of Recipient Households	
If transitional housing or STRMU, number achieving 6 months housing stability during the year:	
If permanent housing, number of Households that achieved 12 months of stability in their permanent housing, if still in residence on their respective housing move-in anniversary dates falling within the current year:	

Employment	
Obtained an income producing job during the year:	

Attachment 4c - HUD/HOPWA REPORTING
HOPWA Short Term Rent - Mortgage - Utility Assistance (STRMU)
Report Page 3

Report Year/Period: 0
Agency: Catholic Community Services of Western Washington
Program: HIV/AIDS Housing Assistance Program
Staff Person Reporting 0

B. Household/Client Characteristics

Prior Living Situations	
Continuing from two prior operating years:	
Continuing from the prior operating year:	
Permanent Housing for formerly homeless persons:	
Rented room, apartment, or house	
House owned by client:	
Hospital (non-psychiatric):	
Jail/Prison	
Rented room, apartment, or house	
House owned by client:	
Staying in homes of family or friends (not as a regular renter):	
Short term motel voucher stay:	
Other (describe):	
Total receiving STRMU Assistance this year:	0

Age and Gender*					
	Under 18	18 - 30	31- 50	Over 50	Totals
Male					0
Female					0
Total	0	0	0	0	0

*Count only individuals with HIV/AIDS, no other household members.

Attachment 4c - HUD/HOPWA REPORTING

HOPWA Short Term Rent - Mortgage - Utility Assistance (STRMU)

Report Page 4

Report Year/Period: 0

Agency: Catholic Community Services of Western Washington

Program: HIV/AIDS Housing Assistance Program

Staff Person Reporting 0

Race/Ethnicity*	Race/Ethnicity	Number	Number <u>Also</u> Hispanic
	African-American, Black		
	North American First Nations/Native American		
	White, Caucasian		
	Asian		
	Hawaiian/Pacific Islander		
	African-American & White		
	North American First Nations & White		
	Asian & White		
	North Am. First Nations & Black		
	Other Multi-Racial		
	Total Individuals:	0	0

*Count only individuals with HIV/AIDS, no other household members.

<u>Monthly Household Income</u>	No. Households at Entry or Continuing from Prior Year	No. Households at Exit or Continuing into Next Year
No Income		
\$1 - \$150		
\$151 - \$250		
\$251-\$500		
\$501 - \$1,000		
\$1,001 - \$1,500		
\$1,501 - \$2,000		
Over \$2,000		
Totals:	0	0

Attachment 4c - HUD/HOPWA REPORTING
HOPWA Short Term Rent - Mortgage - Utility Assistance (STRMU)
Report Page 5

Report Year/Period: 0
Agency: Catholic Community Services of Western Washington
Program: HIV/AIDS Housing Assistance Program
Staff Person Reporting 0

Leveraging Funds

Sources of Leveraging	Related to Other Rent Assistance Sources	Related to Supportive Services Provided by Other Sources
Program Income		
Other Federal Funds (Identify below)	\$0	\$0
State Government Fund Sources (Identify below)	\$0	\$0
Local Government Fund Sources (Identify below)	\$0	\$0
Private Revenue, Foundation Grants/Cash	\$0	\$0
In-Kind Resources		
Rent Payments from clients in housing facilities/rental units (other than Program Income stated above)		
Any other Grantee or Agency Cash		
Totals:	\$0	\$0

Attachment 4d - HUD/HOPWA REPORTING HOPWA Permanent Housing Placement

Report Page 1

Report Year/Period: _____

Agency: Catholic Community Services of Western Washington

Program: HIV/AIDS Housing Assistance Program

Staff Person Reporting _____

A. Performance Measurements

Total Number of Persons with HIV/AIDS Receiving PHP Services:	
Total Number of Other Household Members:	
Total Number of Persons Receiving PHP Services:	0

Of the Total Number of Persons with HIV/AIDS Receiving PHP Services:	
Number Previously Homeless (prior to commencement of HOPWA PHP Services)	
Of the Previously Homeless, Number Chronically Homeless:	
Number of Veterans (of all Recipients with HIV/AIDS)	
Number of Domestic Violence Victims/Survivors:	

Access to Care: _____		
	Number of Households Receiving HOPWA Assistance	
	At Entry or Continuing	At Exit or Continuing
Has a Housing Plan for Maintaining or Establishing Stable Ongoing Residency		
Had contact with a case manager at least once in the last 3 months		
Had contact with a Health Care Provider at least once in the last 3 months		
Has medical insurance or immediate access to needed medical/health care as needed		

Attachment 4d - HUD/HOPWA REPORTING HOPWA Permanent Housing Placement

0

Report Page 2

Report Year/Period: 0
 Agency: Catholic Community Services of Western Washington
 Program: HIV/AIDS Housing Assistance Program
 Staff Person Reporting 0

A. Performance Measurements (continued)

Client Housing Outcome/Current Supportive Services Exit Destinations	
Total Number of Households Served:	0
Services Exits/Destinations:	
Homeless Shelter	
Temporary/Transitional Housing	
Private Market Housing	
Other HOPWA	
Other Permanent Housing Subsidy	
Institutional/Hospital	
Jail/Prison	
Disconnected/destination unknown	
Death/Life Event	
Total Supportive Services (no HOPWA Housing assistance) Exits:	0
Number of Households Continuing This Type of Supportive Services into the Next Period/Year:	0

Housing Stability of Recipient Households	
Number of Households that achieved 6 months of stability in their permanent housing, if still in residence on their respective housing move-in anniversary dates falling within the current year:	0

Employment	
Obtained an income producing job during the year:	0

Attachment 4d - HUD/HOPWA REPORTING HOPWA Permanent Housing Placement

0

Report Page 3

Report Year/Period: 0
 Agency: Catholic Community Services of Western Washington
 Program: HIV/AIDS Housing Assistance Program
 Staff Person Reporting: 0

B. Household/Client Characteristics

Prior Living Situations	
Total Number of Households Continued from Prior Year:	
Prior Living Situations of Households Commencing Services <u>This</u> Year:	
Place not meant for human habitation:	
Homeless Shelter:	
Transitional Housing:	
Psychiatric Facility:	
Chemical Dependency Treatment Facility:	
Hospital (non-psychiatric):	
Jail/Prison	
Rented room, apartment, or house	
House owned by client:	
Staying in homes of family or friends (not as a regular renter):	
Short term motel voucher stay:	
Other (describe):	
Total commencing this type of Services this year:	0
Total Number of Households Served:	0

Age and Gender

	HOPWA Eligible Individual in Household				
	Male	Female	Transgender M>F	Transgender F>M	Total
< 18 years					0
18-30					0
31-50					0
51 and older					0
Subtotal	0	0	0	0	0
	All Other Household Beneficiaries				
	Male	Female	Transgender M>F	Transgender F>M	Total
< 18 years					0
18-30					0
31-50					0
51 and older					0
Subtotal	0	0	0	0	0
Totals:	0	0	0	0	0

Attachment 4d - HUD/HOPWA REPORTING HOPWA Permanent Housing Placement

0

Report Page 4

Report Year/Period: 0
 Agency: Catholic Community Services of Western Washington
 Program: HIV/AIDS Housing Assistance Program
 Staff Person Reporting 0

Race/Ethnicity	HOPWA Eligible Individual in Household		Other Members of Household	
	Number	Number Also Hisp./Latino	Number	Number Also Hisp./Latino
African-American, Black				
Native American/AK Native				
White, Caucasian				
Asian				
Hawaiian/Pacific Islander				
African-American & White				
Native Am. & White				
Asian & White				
Native Am. & Black				
Other Multi-Racial				
Totals:	0	0	0	0

	<u>Monthly Household Income</u>	No. Households at Entry or Continuing from Prior Year	No. Households at Exit or Continuing into Next Year
		No Income	
	\$1 - \$150		
	\$151 - \$250		
	\$251-\$500		
	\$501 - \$1,000		
	\$1,001 - \$1,500		
	\$1,501 - \$2,000		
	Over \$2,000		
	Totals:	0	0

**Attachment 4d - HUD/HOPWA REPORTING
HOPWA Permanent Housing Placement**

0

Report Page 5

Report Year/Period: 0
Agency: Catholic Community Services of Western Washington
Program: HIV/AIDS Housing Assistance Program
Staff Person Reporting 0

C. Funds

Supportive Services Expenditures		
Service Type	No. Households Served	Amount
Outreach		
Case Mgt./Client Advocacy/Access to Benefits & Svcs.		
Life Skills Management (outside of case mgt.)		
Meals/Nutritional Services		
Adult Day Health/Care and Personal Assistance		
Education		
Employment Assistance		
Chemical Dependency Treatment/Services		
Mental Health Services		
Health/Med. Care (if approved)		
Legal Services		
Transportation		
Totals:	0	\$0

**Attachment 4d - HUD/HOPWA REPORTING
HOPWA Permanent Housing Placement**

0

Report Page 6

Report Year/Period: 0
Agency: Catholic Community Services of Western Washington
Program: HIV/AIDS Housing Assistance Program
Staff Person Reporting 0

Leveraging Funds

Sources of Leveraging	Related to Rent Assistance*: TBRA, PBRA, STRMU	Related to Supportive Services*
Program Income		
Other Federal Funds (Identify below)	\$0	\$0
State Government Fund Sources (Identify below)	\$0	\$0
Local Government Fund Sources (Identify below)	\$0	\$0
Private Revenue, Foundation Grants/Cash	\$0	\$0
In-Kind Resources		
Rent Payments from clients in housing facilities/rental units (other than Program Income stated above)		
Any other Grantee or Agency Cash		
Totals:	\$0	\$0

*Related to HOPWA or another fund source.

ATTACHMENT A: HUD INCOME & RESIDENT RENT CALCULATION WORKSHEETS FOR HOPWA

This worksheet will determine the Tenant Rent Payment based on the greater of 10% of Monthly Gross Income or 30% of Monthly Adjusted Income. For income exclusions, see pages 5 and 6. To make the actual calculations for participants, the Agency may use the Excel version of these worksheets, which automate the calculations. These worksheets will be provided separately by the Human Services Department.

HOPWA regulations 24CFR574.310d(1)(2)(3) state: “Resident rent payment. Except for persons in short-term supported housing, each person receiving rental assistance under this program or residing in any rental housing assisted under this program must pay as rent, including utilities, an amount which is the higher of: (1) 30 percent of the family's monthly adjusted income (adjustment factors include the age of the individual, medical expenses, size of family and child care expenses and are described in detail in 24CFR5.609); (2) 10 percent of the family's monthly gross income; or (3) If the family is receiving payments for welfare assistance from a public agency and a part of the payments, adjusted in accordance with the family's actual housing costs, is specifically designated by the agency to meet the family's housing costs, the portion of the payment that is designated for housing costs.” Documentation and Verification of Income: As a condition of participation in the program, each client must agree to supply such certification, release, information, or documentation as the agency determines to verify the client's income.

*The total income of the household (Annual Gross Income) is from all sources anticipated to be received in the 12-month period following the effective date of the income certification. Therefore, income must be ANNUALIZED, e.g. payment amount X number of payment periods/yr. for all income sources.

1. The full amount, before payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, other compensation for personal services prior to payroll deductions. (Applies to client and **all** household members 18 and older. For full-time students 18 and over, only \$480 of annual earned income should be included here.) \$ _____
2. Periodic payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, excluding lump sum payments for the delayed start of a periodic payment (Except as provided in (c)(14)). \$ _____
3. Payments in lieu of earnings, such as unemployment, disability, worker's compensation, and severance pay (Except as provided in (c)(3)). \$ _____
4. WELFARE ASSISTANCE, including payments made under other programs funded, separately or jointly, by federal, state, or local governments which are not excluded by Federal Statutes (see Income Exclusions). \$ _____
5. Periodic allowances including alimony and child support payments, and regular contributions or gifts received from organizations or persons not residing in the residence. \$ _____
6. Net income from operation of a business or profession. \$ _____
7. Interest, dividends, and other net income of any kind from real or personal property. Where net family assets are less than \$5000, include the actual income from asset; where net family assets are in excess of \$5,000, annual income shall include the greater of actual income derived from net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD. \$ _____
8. All regular pay, special pay and allowances of a member of the Armed Forces (Except Hostile Fire Pay). \$ _____
9. **ANNUAL GROSS INCOME* TOTAL OF LINES 1-8**
Note: Annual income must be reassessed at least annually. However, if there is substantial change in the household's income during the year, an adjustment must be made to the resident rent to reflect the change in income. \$ _____

ATTACHMENT A: HUD INCOME & RESIDENT RENT CALCULATION WORKSHEETS FOR HOPWA

10. MONTHLY GROSS INCOME (Line # 9 divided by 12.) \$ _____

11. 10% of MONTHLY GROSS INCOME (Line #10 multiplied by .10.) \$ _____

Per HUD regulations 24CFR5.611(a) the annual adjusted income is determined by deducting the following allowances from the annual gross income (see pages 5 and 6 for more info).

12. ENTER ANNUAL GROSS INCOME FROM LINE # 9. \$ _____

13. \$480.00 FOR EACH DEPENDENT Dependents, including household members under the age of 18, elderly dependents, handicapped, disabled, or full-time students, but not the family head, spouse or foster children. - \$ _____

14. \$400 FOR ANY ELDERLY OR DISABLED FAMILY MEMBER. This allowance is provided to any family whose head, spouse, or sole member is at least 62 years of age **OR** is handicapped/disabled. This deduction **always** applies to households with persons with HIV or AIDS if they are the head, spouse, or sole member at least 62 years of age. (ONLY ONE DEDUCTION PER FAMILY/HOUSEHOLD PER YEAR.) - \$ _____

15. ANY REASONABLE CHILDCARE EXPENSES These are expenses anticipated during the year for children 12 years of age and under that enable a household member to work, seek employment, or to further education. Deductible expenses for childcare to enable a person to work shall not exceed the amount of income received from such work. Childcare cannot be paid to another member of the household. (ONLY EXPENSES NOT REIMBURSED FROM ANY OTHER SOURCES ARE ALLOWED.) - \$ _____

16. THE SUM OF THE FOLLOWING (i. ii.), TO THE EXTENT THE SUM EXCEEDS 3% OF ANNUAL GROSS INCOME: (If deductions are taken on line i. or ii. below for medical expenses, the deduction on line 14 must also be taken.) - \$ _____

i. EXPENSES FOR DISABLED FAMILY MEMBERS. Reasonable attendant care and auxiliary apparatus expenses for each member of the family who is a person with disabilities, to the extent necessary to enable any member of the family (including the member who is a person with disabilities) to be employed. This deduction may not exceed the earned income received by family members who are 18 years of age or older and who are able to work because of such attendant care or auxiliary apparatus. (ONLY EXPENSES NOT REIMBURSED FROM ANY OTHER SOURCES ARE ALLOWED.)

Enter total out of pocket expense here: \$ _____

ii. MEDICAL EXPENSES FOR ANY ELDERLY OR DISABLED FAMILY. (ONLY EXPENSES NOT REIMBURSED FROM ANY OTHER SOURCES ARE ALLOWED.)

Enter total out of pocket expense here: \$ _____

a. ENTER TOTAL non-reimbursed expenses from i. and ii. here: \$ _____

b. Enter Annual Gross Income X .03 here: \$ _____

c. Subtract **b.** from **a.** and enter difference here: \$ _____

NOTE: If Line a. is less than line b. and results in a negative # for line c., no deduction can be taken.

ONLY out of pocket expenses greater than .03 of the Annual Gross Income may be deducted.

17. EARNED INCOME DISREGARD/SELF-SUFFICIENCY INCENTIVES FOR PERSONS

WITH DISABILITIES. In addition to deductions mandated in **24CFR5.611(a)**, HUD requires disregard for income to previously unemployed persons with disabilities who have earned income as described in **24CFR5.617(a)(b)(c)(d)**.

If applicable enter amount of Disregard from line E or F of the worksheet on page 4. - \$ _____

ATTACHMENT A: HUD INCOME & RESIDENT RENT CALCULATION WORKSHEETS FOR HOPWA

18. ANNUAL ADJUSTED INCOME. (Subtract line #'s 13 through 17 from the ANNUAL GROSS INCOME on line 12.) \$ _____

19. MONTHLY ADJUSTED INCOME. (Line #18 divided by 12.) \$ _____

20. 30% of MONTHLY ADJUSTED INCOME (Multiply Line #19 by .30.) \$ _____

21. **RESIDENT RENT PAYMENT**
Compare Line # 11 on Page 2 to Line #19 and enter the higher number here. \$ _____
THIS IS THE RESIDENT RENT PAYMENT.

NOTE: After the 10% and 30% calculations have been determined, the client must pay the higher of the two amounts. If either the 10% gross or 30% adjusted income amounts are greater than the Fair Market Rent (FMR- or rent standard) or the resident’s actual rent, the applicant is not eligible for long-term HOPWA rental assistance.

When determining the resident’s payment portion when utilities are NOT included in the rent but need to be paid out-of-pocket by the resident, follow steps 22-24.

22. RESIDENT RENT PAYMENT (Enter the amount from line #21.) \$ _____

23. UTILITY ALLOWANCE per HUD Guidelines
Copies of HUD-approved utility allowance charts may be obtained from local Public Housing Authority offices, and are updated on a periodic basis. Allowances may vary by community. - \$ _____

24. **TOTAL RESIDENT RENT/UTILITY PAYMENT.** (Subtract Line #23 from Line #22.) \$ _____

If line #24 is a negative number, this is the amount to be reimbursed to the resident or utility company, based on the resident having paid utilities out-of-pocket.

**ATTACHMENT A: HUD INCOME & RESIDENT RENT CALCULATION WORKSHEETS FOR HOPWA
Earned Income Disregard Worksheet**

STEP 1: Determine Eligibility (The Earned Income Disregard does not apply for purposes of admission to these programs)

A. A disabled family must be receiving assistance through one of the following programs:

- HOPWA (Housing Opportunities for Persons with AIDS)
- HOME (HOME Investment Partnership Act)
- SHP (Supportive Housing Program)
- Housing Choice Voucher (Section 8)

And at least ONE of the following must apply

- B. Whose annual income increases as a result of employment of a family member who is a person with disabilities and who was previously unemployed for one or more years prior to employment; **OR**
- C. Whose annual income increases as a result of increased earnings by a family member who is a person with disabilities during participation in any economic self-sufficiency or other job training program; **OR**
- D. Whose annual income increases, as a result of new employment or increased earnings of a family member who is a person with disabilities, during or within six months after receiving assistance, benefits or services under any state program for temporary assistance for needy families funded under Part A of Title IV of the Social Security Act, as determined by the responsible entity in consultation with the local agencies administering temporary assistance for needy families (TANF) and Welfare-to-Work (WTW) programs. The TANF program is not limited to monthly income maintenance, but also includes such benefits and services as one-time payments, wage subsidies and transportation assistance--provided that the total amount over a six-month period is at least \$500.

- If eligible proceed to Step 2 -

STEP 2: Calculate Amount of Earned Income Disregard

- | | |
|--|----------|
| A. Current earned income (gross annualized) of EID family member | \$ _____ |
| B. Other current income (gross annualized) of EID family member | \$ _____ |
| C. Total current annual income of EID family member (A+B) | \$ _____ |
| D. Pre-Qualifying income
Total gross annual income at last review (earned and unearned) for this member | \$ _____ |
| E. Full exclusion (C-D, but no more than A)
First 12-month exclusion period | \$ _____ |
| F. 50% exclusion, if applicable (E x 0.050)
Second 12-month exclusion period | \$ _____ |

The amount on Line E. or Line F. (whichever is applicable) is the amount of deduction entered on Page 2, number 16.

**ATTACHMENT A: HUD INCOME & RESIDENT RENT CALCULATION WORKSHEETS FOR HOPWA
Earned Income Disregard Worksheet**

**Full Text of 24 CFR 5.609
Income Inclusions and Exclusions**

Sec.5.609 Annual income

(a) Annual income means all amounts, monetary or not, which:

- (1) Go to, or on behalf of, the family head or spouse (even if temporarily absent) or to any other family member; or
- (2) Are anticipated to be received from a source outside the family during the 12-month period following admission or annual reexamination effective date; and
- (3) Which are not specifically excluded in paragraph (c) of this section.
- (4) Annual income also means amounts derived (during the 12-month period) from assets to which any member of the family has access.

(b) Annual income includes, but is not limited to:

- (1) The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services;
- (2) The net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family;
- (3) Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation is permitted only as authorized in paragraph (b)(2) of this section. Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD;
- (4) The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount (except as provided in paragraph (c)(14) of this section);
- (5) Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay (except as provided in paragraph (c)(3) of this section);
- (6) Welfare assistance payments. (i) Welfare assistance payments made under the Temporary Assistance for Needy Families (TANF) program are included in annual income only to the extent such payments:
 - (A) Qualify as assistance under the TANF program definition at 45 CFR 260.31; and
 - (B) Are not otherwise excluded under paragraph (c) of this section.(ii) If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income shall consist of:
 - (A) The amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities; plus
 - (B) The maximum amount that the welfare assistance agency could in fact allow the family for shelter and utilities. If the family's welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under this paragraph shall be the amount resulting from one application of the percentage.
- (7) Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling;
- (8) All regular pay, special pay and allowances of a member of the Armed Forces (except as provided in paragraph (c)(7) of this section).

**ATTACHMENT A: HUD INCOME & RESIDENT RENT CALCULATION WORKSHEETS FOR HOPWA
Earned Income Disregard Worksheet**

(c) Annual income does not include the following:

- (1) Income from employment of children (including foster children) under the age of 18 years;
- (2) Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone);
- (3) Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses (except as provided in paragraph (b)(5) of this section);
- (4) Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member;
- (5) Income of a live-in aide, as defined in Sec. 5.403;
- (6) The full amount of student financial assistance paid directly to the student or to the educational institution;
- (7) The special pay to a family member serving in the Armed Forces who is exposed to hostile fire;
- (8)(i) Amounts received under training programs funded by HUD;
- (ii) Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS);
- (iii) Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program;
- (iv) Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the PHA or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, resident initiatives coordination, and serving as a member of the PHA's governing board. No resident may receive more than one such stipend during the same period of time;
- (v) Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs (including training programs not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment training program;
- (9) Temporary, nonrecurring or sporadic income (including gifts);
- (10) Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era;
- (11) Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household and spouse);
- (12) Adoption assistance payments in excess of \$480 per adopted child;
- (13) [Reserved]
- (14) Deferred periodic amounts from supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts.
- (15) Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit;
- (16) Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home; or
- (17) Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions set forth in 24 CFR 5.609(c) apply. A notice will be published in the Federal Register and distributed to PHAs and housing owners identifying the benefits that qualify for this exclusion. Updates will be published and distributed when necessary.

**ATTACHMENT A: HUD INCOME & RESIDENT RENT CALCULATION WORKSHEETS FOR HOPWA
Earned Income Disregard Worksheet**

(d) Annualization of income. If it is not feasible to anticipate a level of income over a 12-month period (e.g., seasonal or cyclic income), or the PHA believes that past income is the best available indicator of expected future income, the PHA may annualize the income anticipated for a shorter period, subject to a redetermination at the end of the shorter period.

**Full Text of 24 CFR 5.611
Mandatory Deductions**

Sec. 5.611 Adjusted income

Adjusted income means annual income (as determined by the responsible entity, defined in Sec. 5.100 and Sec. 5.603) of the members of the family residing or intending to reside in the dwelling unit, after making the following deductions:

(a) Mandatory deductions. In determining adjusted income, the responsible entity must deduct the following amounts from annual income:

- (1) \$480 for each dependent;
- (2) \$400 for any elderly family or disabled family;
- (3) The sum of the following, to the extent the sum exceeds three percent of annual income:
 - (i) Unreimbursed medical expenses of any elderly family or disabled family; and
 - (ii) Unreimbursed reasonable attendant care and auxiliary apparatus expenses for each member of the family who is a person with disabilities, to the extent necessary to enable any member of the family (including the member who is a person with disabilities) to be employed. This deduction may not exceed the earned income received by family members who are 18 years of age or older and who are able to work because of such attendant care or auxiliary apparatus; and

(4) Any reasonable child care expenses necessary to enable a member of the family to be employed or to further his or her education.

(b) Additional deductions. (1) For public housing, a PHA may adopt additional deductions from annual income. The PHA must establish a written policy for such deductions.

(2) For the HUD programs listed in Sec. 5.601(d), the responsible entity shall calculate such other deductions as required and permitted by the applicable program regulations.

Attachment B: Housing Quality Standards – HOPWA Habitability Standards

All housing assisted under the Rent Stabilization Program must provide safe and sanitary housing that is in compliance with the habitability standards outlined below and any state or local requirements. Mark each statement P for Pass or F(ail). Property must meet all standards in order to be approved:

- ___ i. Structure and materials: The structures must be structurally sound so as not to pose any current threat to the health and safety of the occupants and so as to protect the residents from hazards.
- ___ ii. Access: The housing must be accessible and capable of being utilized without unauthorized use of other private properties. Structures must provide multiple and sufficient means of egress in case of fire.
- ___ iii. Space and Security: Each resident must be afforded adequate space and security for themselves and their belongings. An acceptable place to sleep must be provided for each resident.
- ___ iv. Interior air quality: Every room or space must be provided with natural or mechanical ventilation. Structures must be free of apparent pollutants in the air at levels that threaten the health of residents.
- ___ v. Water Supply: The water supply must be free from contamination at levels that threaten the health of individuals.
- ___ vi. Thermal environment: The housing must have adequate heating and/or cooling facilities in proper operating condition.
- ___ vii. Illumination and electricity: The housing must have adequate natural and artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliances while assuring safety from fire. All electrical outlets and connections are free of hazard.
- ___ viii. Food preparation and refuse disposal: All food preparation areas must contain a clean running water source, safely operating stoves/ovens and refrigerators, and suitable space and equipment to store, prepare, and serve food in a sanitary manner.
- ___ ix. Sanitary Conditions: The housing and all equipment and appliances are maintained in sanitary condition; all sinks and toilets are operating with their own water supplies from public utilities.
- ___ x. Lead-based paint: If the structure was built prior to 1978, and a child under the age of six or a pregnant woman will reside in the property, and the property has a defective paint surface inside or outside the structure, the property cannot be approved until the defective surface is repaired by at least scraping and painting the surface with two coats of non-lead based paint. Defective paint surface means: applicable surface on which paint is cracking, scaling, chipping, peeling or loose. *LBP brochure provided to household and signature of receipt on file* ___.
- ___ xi. Smoke detectors: The program must comply with the Fire Administration Authorization Act of 1992 (P.L. 102-522). Smoke detectors must be installed in accordance with NFPA 74, or more stringent local policies as applicable. Existing units must contain a single or multiple station smoke detectors outside each sleeping area; on each level; battery operated or hard wired; and clearly audible or interconnected. Accommodations must be made for individuals with sensory impairments.

(Source: U.S. Department of Housing and Urban Development: 24 CFR Part 574, B574.310 (b), B882.404(c)(3); and CPD-94-05.)

CERTIFICATION STATEMENT

I certify that I am not a HUD certified inspector, and I have evaluated the property located at the address below to the best of my ability and find the following at the time of inspection:

_____ The property appears to meet all of the above standards _____ The property did not meet all of the above standards.

_____ The property is Rent Reasonable _____ The property is not Rent Reasonable

Therefore, I make the following determination: _____ The property is approved. _____ The property is not approved.

Housing Unit or Facility Name/Number: _____

Street Address _____ Apt./Unit # _____

City _____ Zip _____

Inspector's Signature: _____ Date Inspected: _____

Please Print Name: _____ Phone _____

Inspecting Agency: _____ Phone _____

**Attachment C: HQS - HOPWA Habitability Standards
Housing Quality Inspection Checklists**

Property _____

Living room	Pass	Fail	Incon- clusive	Comment	Approve Date
Electric outlets					
Electrical hazards					
Window condition					
Ceiling condition					
Wall condition					
Flooring condition					
Lead paint					
Adequate in-/egress					
Emergency/fire exit					
Other:					

Main Kitchen	Pass	Fail	Incon- clusive	Comment	Approve Date
Electric outlets					
Electrical hazards					
Window condition					
Ceiling condition					
Wall condition					
Flooring condition					
Stove/oven					
Refrigerator					
Clean food prep. area					
Sanitary food storage					
Water faucet					
Hot/cold water					
Water clean running					
Sink condition					
Sink fixtures and under-sink plumbing					
Lead paint					
Adequate in-/egress					
Adequate ventilation					
Emergency/fire exit					
Other:					

**Attachment C: HQS - HOPWA Habitability Standards
Housing Quality Inspection Checklists**

Property _____

Main Bathroom	Pass	Fail	Incon- clusive	Comment	Approve Date
Electric outlets					
Electrical hazards					
Window condition					
Ceiling condition					
Wall condition					
Flooring condition					
Sink condition					
Fixtures, plumbing					
Toilet condition					
Water faucet					
Hot/cold water					
Water clean running					
Shower stall or bath					
Lead paint					
Adequate in-/egress					
Emergency/fire exit					
Adequate ventilation					
Other:					

2nd Bathroom*	Pass	Fail	Incon- clusive	Comment	Approve Date
Electric outlets					
Electrical hazards					
Window condition					
Ceiling condition					
Wall condition					
Flooring condition					
Sink condition					
Fixtures, plumbing					
Toilet condition					
Water faucet					
Hot/cold water					
Water clean running					
Shower stall or bath					
Lead paint					
Adequate in-/egress					
Emergency/fire exit					

*Identify location of bathroom for future reference.

Attachment C: HQS - HOPWA Habitability Standards Housing Quality Inspection Checklists

Property _____

2nd Kitchen	Pass	Fail	Incon- clusive	Comment	Approve Date
Electric outlets					
Electrical hazards					
Window condition					
Ceiling condition					
Wall condition					
Flooring condition					
Stove/oven					
Refrigerator					
Clean food prep. area					
Sanitary food storage					
Water faucet					
Hot/cold water					
Water clean running					
Sink condition					
Sink fixtures and under-sink plumbing					
Lead paint					
Adequate in-/egress					
Adequate ventilation					
Emergency/fire exit					
Other:					

3rd Bathroom*	Pass	Fail	Incon- clusive	Comment	Approve Date
Electric outlets					
Electrical hazards					
Window condition					
Ceiling condition					
Wall condition					
Flooring condition					
Sink condition					
Fixtures, plumbing					
Toilet condition					
Water faucet					
Hot/cold water					
Water clean running					
Shower stall or bath					
Lead paint					
Adequate in-/egress					
Emergency/fire exit					

*Identify location of bathroom for future reference.

Attachment C: HQS - HOPWA Habitability Standards
Housing Quality Inspection Checklists

Property _____

1st bedroom*	Pass	Fail	Incon- clusive	Comment	Approve Date
Electric outlets					
Electrical hazards					
Window condition					
Ceiling condition					
Wall condition					
Flooring condition					
Lead paint					
Adequate in-/egress					
Emergency/fire exit					
Other:					

2nd bedroom	Pass	Fail	Incon- clusive	Comment	Approve Date
Electric outlets					
Electrical hazards					
Window condition					
Ceiling condition					
Wall condition					
Flooring condition					
Lead paint					
Adequate in-/egress					
Emergency/fire exit					
Other:					

3rd bedroom	Pass	Fail	Incon- clusive	Comment	Approve Date
Electric outlets					
Electrical hazards					
Window condition					
Ceiling condition					
Wall condition					
Flooring condition					
Lead paint					
Adequate in-/egress					
Emergency/fire exit					
Other:					

*For inspection purposes, bedrooms must be assigned specific numbers (e.g., #1, #2, #3 etc.) as positive identification for later reference if deficiencies are found and/or corrective actions need to be taken.

Attachment C: HQS - HOPWA Habitability Standards
Housing Quality Inspection Checklists

Property _____

Other Rooms Used as Living Space (indicate as e.g. dining room, den, family room, hallways, etc.)

4th Bedroom	Pass	Fail	Incon- clusive	Comment	Approve Date
Electric outlets					
Electrical hazards					
Window condition					
Ceiling condition					
Wall condition					
Flooring condition					
Lead paint					
Adequate in-/egress					
Emergency/fire exit					
Other:					

5th Bedroom	Pass	Fail	Incon- clusive	Comment	Approve Date
Electric outlets					
Electrical hazards					
Window condition					
Ceiling condition					
Wall condition					
Flooring condition					
Lead paint					
Adequate in-/egress					
Emergency/fire exit					
Other:					

6th bedroom	Pass	Fail	Incon- clusive	Comment	Approve Date
Electric outlets					
Electrical hazards					
Window condition					
Ceiling condition					
Wall condition					
Flooring condition					
Lead paint					
Adequate in-/egress					
Emergency/fire exit					
Other:					

Attachment C: HQS - HOPWA Habitability Standards
Housing Quality Inspection Checklists

Property _____

Other Rooms Used as Living Space (indicate as e.g. dining room, den, family room, hallways, etc.)

Room:	Pass	Fail	Incon- clusive	Comment	Approve Date
Electric outlets					
Electrical hazards					
Window condition					
Ceiling condition					
Wall condition					
Flooring condition					
Lead paint					
Adequate in-/egress					
Emergency/fire exit					
Other:					

Room:	Pass	Fail	Incon- clusive	Comment	Approve Date
Electric outlets					
Electrical hazards					
Window condition					
Ceiling condition					
Wall condition					
Flooring condition					
Lead paint					
Adequate in-/egress					
Emergency/fire exit					
Other:					

Room:	Pass	Fail	Incon- clusive	Comment	Approve Date
Electric outlets					
Electrical hazards					
Window condition					
Ceiling condition					
Wall condition					
Flooring condition					
Lead paint					
Adequate in-/egress					
Emergency/fire exit					
Other:					

Attachment C: HQS - HOPWA Habitability Standards
Housing Quality Inspection Checklists

Property _____

Structure Exterior	Pass	Fail	Incon- clusive	Comment	Approve Date
Stairs, rails, and porches					
Condition of foundation					
Roof, gutters					
Exterior surfaces					
Condition of chimney					
Lead paint					
Adequate in-/egress					
Emergency/fire exit					
General site conditions					
Other					

Heating, Plumbing, Electrical	Pass	Fail	Incon- clusive	Comment	Approve Date
Furnace condition					
Base board heating					
Approved circuit box					
Other observed electrical hazards					
Bathroom, kitchen vents					
Water heater					
Approved water supply					
Kitchen & bathroom plumbing fixtures					
Other readily observable plumbing and piping					
Emergency/fire exit					
Other					

Attachment C: HQS - HOPWA Habitability Standards
Housing Quality Inspection Checklists

Property _____

General Health and Safety	Pass	Fail	Incon- clusive	Comment	Approve Date
Smoke detectors					
All City-provided utility services connected					
Fire exits*					
Space heaters or uncertified wood stove for heat**					
Ready access to unit					
Mold, vermin infestation					
Approved water supply					
Garbage and debris					
Refuse disposal					
Emergency/fire exit					
Other					

Certification Statement

I certify that I am not a HUD-certified inspector, and, I have inspected the above-indicated property to the best of my ability on (date) _____ in accordance with HUD intent in determining the habitability and eligibility of said housing unit for HUD rent subsidies, and, have made findings or comments as indicated herein about this property as of the date of this inspection. I make no claims as to the condition of this property after the date of this inspection, except as may be noted in subsequent inspection reports, if any, on this property prepared by me.

By _____

Name (print) _____

Organization: _____

*All multi-unit residential buildings of four (4) stories or more built after 1994 must have internal fire suppression sprinkler systems.

**Any other possible HUD standards notwithstanding, these are not acceptable in Seattle for use as a unit's heat source in place of central oil/gas/electric furnaces, properly installed electric baseboard heaters, or certified wood stoves. To pass inspection, the unit/house must have a properly operating central heating system, electric baseboard heaters, or certified wood stoves. The unit must be failed on the basis of high fire/toxic fume hazard if space heaters or uncertified wood stoves are the only working heat sources.

(JB 6/07)