



# City of Seattle

## Human Services Department

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

### ***PROJECT SERVICES AGREEMENT***

PROJECT NAME: **Legal Action Center**

FUND SOURCES: **HSD General Fund**

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

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

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

### ***I. SERVICES RENDERED***

#### ***Section 100. Term and Scope of Services***

Throughout the term of this Agreement, which shall begin on **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 **One Hundred Twelve Thousand Two Hundred Dollars and No Cents --- (\$112,200.00)**.

### **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**

**THE CITY OF SEATTLE**

B3A017FCFF164EF  
*Susan J Vaughn*  
 DocuSigned By: Susan J Vaughn

A9395F2F3DC64BF  
*Sara Levin*  
 DocuSigned By: Sara Levin

By/For

By/For

**Susan Vaughn**

Name (Typed)

**Regional Chief of Operations**

Title

12/28/2012

Date

100 23rd Avenue South

Address

Seattle, WA 98144

City, State, Zip Code

(206) 323-6336

Phone Number (Include Area Code)

susanv@ccsww.org

E-Mail Address (Required)

**Dannette R. Smith**

Name (Typed)

**Director,  
Human Services Department**

Title

12/18/2012

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 Legal Action Center (LAC) is part of a larger proactive, seamless service system investment that helps meet the basic needs of our community's most vulnerable residents and that helps people become and remain independent.

### **PROGRAM DESCRIPTION**

The Agency is funded by the City to integrate the legal services provided by its Legal Action Center program to eligible households residing in the city of Seattle with the city-wide Homelessness Prevention Program. The Homelessness Prevention Program is intended to provide needed housing assistance services primarily to eligible low income households that are currently housed but are at defined imminent risk of housing loss and homelessness.

Legal services available through the Legal Action Center are intended to reduce the barriers and difficulties that low-income tenants at imminent risk of eviction typically experience in accessing attorneys for legal advice and representation. LAC will address these issues by providing legal services to eligible households in these circumstances, and will work closely with other homelessness prevention and tenant stabilization programs in the community to receive referrals and provide the appropriate legal assistance. Services include landlord-tenant negotiation to avoid or prevent eviction; litigation and other legal actions on behalf of the participants to prevent illegal eviction; legal advice and counseling on tenancy issues; and coordination with other low-income housing assistance and homelessness prevention programs in the community to locate alternate housing opportunities for participants as necessary. Although most low-income people accepted for services will receive counseling, legal advice, and further referral assistance, the Program will carefully screen applicants for legal representation for the purposes of litigation or arbitration. Only eviction cases with legitimate defenses will be accepted for litigation.

The basic outcomes sought for all LAC participants are to stabilize their current housing and their ability to obtain housing in the future by protecting their rental history and credit. These results will be accomplished through litigation when necessary, landlord-tenant negotiation when possible, and through legal assistance in resolving other issues that are directly causing housing instability, notably with regard to debtor/creditor issues arising out of past tenancies.

### **Systems Participation**

The Agency will operate LAC as a component of a City-wide approach to homelessness prevention, which includes participation in:

**Access** – Agencies will take referrals from callers to King County Community Information Line’s 2-1-1 program and also receive walk-ins and referrals from partner agencies. Programs that provide services to families with children will participate in coordinated entry and assessment process when that system has been developed.

**Housing Stability Case Management** – Each household will be assessed by the Agency and will develop an individualized written action plan for each with goals to ensure that housing stability is achieved and maintained. Comprehensive assessments, housing plans, and program referrals will address strengths, needs, and plans.

**Financial Assistance** – For programs providing financial assistance, including rental assistance, such assistance is limited to the activities and costs as described by this Agreement. Any individual or family provided with financial assistance must have at least an initial assessment with a case manager who can determine the appropriate amount, type and duration of assistance to meet the household’s needs or to make referrals to appropriate resources or services.

**One Stop Access to Mainstream Benefits** - The Washington Connection benefits portal will be utilized by the Agency to connect households to services and benefits that increase overall household income. The Agency will register with the Washington State Department of Social and Health Services (DSHS) to assist its Program clients to apply for City and State benefits seamlessly through the Washington Connection electronic benefits portal.

**Legal Services** – Legal services may be provided by the Agency itself utilizing staff qualified to render legal services in the state of Washington, or may make these services available by entering a partnership with local legal aid programs for such services. Legal services must be provided by an attorney, or other person(s) under the direct supervision of an attorney, primarily services directly related to rendering legal advice and providing representation in administrative or court procedures related to tenant/ landlord matters or housing issues.

**Financial Empowerment** – The Agency will work with the Seattle-King County Asset Building Collaborative (SKCABC) and the Seattle-King County Financial Education Providers Network to incorporate financial empowerment into housing stabilization services offered to participants. Financial empowerment includes improving access to

financial services, advancing financial education/counseling/coaching, encouraging asset building and protection, and promoting the uptake of public benefits and free tax preparation and tax credits such as the Earned Income Tax Credit.

**Current and Accurate Program Information** – The Agency is required to enter program data as described by this Agreement directly into the Safe Harbors Homelessness Management Information System (HMIS), and, submit other reporting relating to the milestones and performance commitment established by this Agreement.

**Participation in the King County Ending Family Homelessness Initiative** – When serving households with dependent children, the program must participate in this initiative, where applicable. This initiative provides an opportunity to realign the family homeless assistance network and funding opportunities with promising practices in ways designed to serve families experiencing housing instability which may result in homelessness.

**PERFORMANCE COMMITMENTS**

By investing in the Agency’s Legal Action Center, the Human Services Department seeks to stabilize low income people in housing through eviction/housing loss prevention services.

Program Investment Area Number & Description	A1A – Housing Stability Services
SIP Code	Performance Milestones and Performance Commitments
A1A1-M	<ul style="list-style-type: none"> <li>• <b>At least 60</b> low-income tenants residing in the city of Seattle who are at high risk of homelessness due to eviction or other cause of housing instability will become program participants and receive appropriate legal services to avert housing loss and maintain housing stability:</li> <li>• <b>At least 80%</b> of participants will successfully avert eviction or other imminent cause of housing loss with Program assistance. (Participants are exited from HMIS at this point.)</li> </ul> <p><b>Verification:</b> Agency records, case management files, and required contract reports.</p>
A1A2-O	<ul style="list-style-type: none"> <li>• The Agency commits to documenting that at least <b>80%</b> of program participants who are contacted for their six-month follow up contacts are verified to have successfully maintained their housing in stable permanent housing.</li> </ul> <p><b>Verification:</b> Agency records, case management files, and required contract reports.</p>

## **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 **Mark Chattin**, 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. This program will serve only households and individuals residing in the city of Seattle and whose incomes do not exceed 50% of the applicable HUD PMSA (see below). The Agency will document and verify the income eligibility of each person and household enrolled for program services. Documentation must be from each client's specific income sources, or be verified in writing by a third party Federal or State agency currently serving the client, and whose services require proof of income.

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.

12. This program must be implemented on the basis of a formal case management program. An additional requirement for applicant eligibility is that client housing circumstances must meet the criteria of high and immediate risk of housing loss through eviction action or other cause. "High and imminent risk" of housing loss or eviction means that the housing crisis identified at the time of program intake must provide reasonable grounds for program staff to conclude that housing loss will result within 60 days without successful program intervention. These circumstances must be described and documented in the participant's case management records.
13. All Milestone and Performance Commitment attainments claimed for each participant in submitted Monthly Program Reports (see Attachment 2 of this Agreement) must be clearly documented in the participant's case management records as to specific action(s), date(s), and specific Monthly Program Reports on which these achievements appear.
14. Regarding the implementation of this program, the Agency will provide HSD's Safe Harbors Homeless Management Information System (HMIS), a database system, with demographic and housing services related information concerning participants served by this program, as Safe Harbors HMIS or HSD may require. Safe Harbors HMIS staff will provide the Agency with any instructions, training, and orientation it may need to comply with its data preparation and input requirements (see Exhibit A-3, Reporting Requirements, herein).
15. The Agency will maintain both client and employee grievance procedures, which include how individuals are informed of their rights to resolve grievances. The Agency shall maintain documentation of all grievances filed against the program including, but not limited to, name of the person filing the grievance, date the grievance is filed, nature of the grievance, outcome of the grievance resolution, and the date of resolution. Agency grievance procedures must be prominently posted in public and employee areas.
16. The Agency shall maintain and post client grievance procedures which include how clients will be informed of their right to resolve grievances.

17. **King County Families Initiative Participation** - The Seattle Human Services Department is committed to realigning existing resources and supporting system transformations to meet the objectives of the King County Families Initiative, which are intended to reduce the number of families that experience homelessness in Seattle. As part of this commitment, HSD-funded Family Shelter and Transitional Housing Programs, and other programs as may be designated, are required to participate in the implementation of the King County Families Initiative. As the policies and procedures for implementing the Families Coordinated Entry System and agency assessments are made available, HSD may notify the Agency that participation is mandatory for this program, and will subsequently develop an amendment to this Agreement to specify agency participation timelines and requirements in that case.

## **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 (Program) 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.

### **Other Documentation Required**

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

### **Safe Harbors/HMIS**

The Agency is required to report (input) client demographic, financial assistance, and other program data as prescribed and directed by HSD into the Safe Harbors Homeless Management Information System (HMIS). The Agency will enter all required client data timely, continuously, and in as close to real time as possible, such that the data is correct, accurate, and current for all Program participants to within 10 calendar days of any current day, and, by not later than the 10th calendar day after the close of each month.

From time to time, HSD will provide specific instructions to the Agency separately on HMIS data input, required data elements, and maintenance processes and procedures to be implemented. Agency staff responsible for HMIS data oversight, collection, input, and maintenance must attend all HSD and Safe Harbors trainings on HMIS as may be required by HSD.

Safe Harbors Homelessness Management Information System (HMIS) participant requirements for the Agency are as follows:

- a. The Agency shall actively participate in the Safe Harbors HMIS to be eligible for cost reimbursement under the provisions and terms of this Agreement.
- b. Active participation will be evidenced by the program entering a complete data set for all clients served during the Agreement period. This complete data set will be entered no later than the tenth day of the month following service and as directed in the Safe Harbors Standard Operating Procedures and the Agency Partner Agreement incorporated herein by reference.
- c. The Agency shall submit a complete data set on all program clients served. This includes universal, program specific and local continuum data elements for required report completion. The universal data elements are name, date of birth, race, ethnicity, gender, social security number, veteran status, disabling condition, residence prior to program entry, and zip code of last permanent address. The additional program specific data elements are income and sources, non-cash benefits, physical disability, developmental disability, mental health, substance abuse, services received, chronically homeless status, exit destination, and reasons for leaving the program. Required local continuum elements include veteran status, refugee / immigrant, cause of homelessness, episodes of homelessness, and residence in incorporated or unincorporated King County. Programs approved for Easy Entry/Exit shall submit the approved sub-set of the data elements.
- d. Obtaining Client Consent: The Agency will obtain consent before submitting personally identifying information according to procedures outlined in the partner agreement and in compliance with state law. The Informed Consent and Release of Information Form is available on the Safe Harbors website at [www.safeharbors.org](http://www.safeharbors.org). For this provision personally identifying information is defined as complete name, complete date of birth and social security number. Agencies are required to submit birth year, gender, and race which are not subject to informed consent. The Agency must enter all other data elements on each client served regardless of informed consent using a system generated client ID in place of personally identifying information.
- e. The Agency shall share personally identifying information (name, birth date, social security number) at the system designated regional level with client consent. The system designated regional level includes all participating programs within the Seattle / King County Continuum of Care. Only agencies with signed agreements with the Safe Harbors system will have access to the data collected.

- f. Clients may not be refused services based solely on their refusal to provide personally identifying information for the HMIS. This is not meant to prevent agencies from collecting information required for eligibility screening or other internal agency requirements.
- g. Acknowledging the paramount need for confidential domestic violence programs to protect the safety of survivors of domestic violence, personally identifying information should not be entered into Safe Harbors by said programs. Agencies are required to enter all other data elements as stated in Section IV, REPORTING REQUIREMENTS in accordance with the Washington State Department of Commerce Data Collection Directives incorporated herein by reference.

**Exhibit B, Budget**  
**Line Item Budget**  
**Catholic Community Services of Western Washington**  
**Legal Action Center**  
**PY 2013 Contract Term 1/1/2013 - 12/31/2013**

Funding for the Legal Action Center is made possible with revenue from the HSD General Fund and City Housing Levy funds. 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.

Eligible Activities and Budget Line Items		Seattle HSD Funds Available: 1/1/2013 - 12/31/2013				Other Program Funding				Total 2013 Program
		Financial Assistance Housing Levy Funds	Housing Stability Case Management Seattle HSD General Fund	Program Admin. Costs Seattle HSD General Fund	SubTotal Seattle HSD Funds 2013	Financial Assistance	Housing Stability Case Management	Program Admin. Costs	SubTotal Other 2012 Funds	
1100	Salaries - Full & Part Time		84,150	0	84,150		35,944	15,570	51,514	\$135,664
1300	Fringe Benefits		5,250	0	5,250		28,114	13,534	41,648	\$46,898
<b>1000</b>	<b>Subtotal Personnel</b>		<b>\$89,400</b>	<b>\$0</b>	<b>\$89,400</b>		<b>\$64,058</b>	<b>\$29,104</b>	<b>\$93,162</b>	<b>\$182,562</b>
2100	Office Supplies		500		500				0	\$500
2200	Operating Supplies								0	0
<b>2000</b>	<b>Subtotal Supplies</b>		<b>\$500</b>	<b>\$0</b>	<b>\$500</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$500</b>
3100	Consultant Services				0				0	0
3190	Other Professional Svcs.				0				0	0
3210	Telephone		300		300				0	300
3220	Postage		300		300				0	300
3320	Private Auto Allowance		500		500				0	500
3500	Printing & Duplicating		500		500				0	500
3600	Insurance			1,500	1,500				0	1,500
3700	Public Utility Service				0				0	0
3900a	Rentals – Office Space		15,000		15,000				0	15,000
3900b	Rentals – Equipment		1,000		1,000				0	1,000
3900c	Rentals - Facility Lease/Rental				0				0	0
4210	Staff Education Expense				0				0	0
4290	Other: Direct Financial Assistance				0				0	0
<b>3000</b>	<b>Other Services and Charges</b>	<b>\$0</b>	<b>\$17,600</b>	<b>\$1,500</b>	<b>\$19,100</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$19,100</b>
<b>4999</b>	<b>Indirect Costs</b>			3,200	3,200				0	\$3,200
<b>Total Program Funds</b>		<b>\$0</b>	<b>\$107,500</b>	<b>\$4,700</b>	<b>\$112,200</b>	<b>\$0</b>	<b>\$64,058</b>	<b>\$29,104</b>	<b>\$93,162</b>	<b>\$205,362</b>

**Exhibit B, Budget  
Personnel Detail  
Catholic Community Services of Western Washington  
Legal Action Center  
PY 2013 Contract Term 1/1/2013 - 12/31/2013**

Pos. No.*	Position Title	Seattle HSD 2013 General Fund						Other Program Funding					Total 2013 Program
		Hourly Rate	FTE*	No. of Hours	Housing Stability Case Management	Program Admin. Costs	SubTotal 2012 Seattle HSD General Fund	FTE*	No. of Hours	Housing Stability Case Management	Program Admin. Costs	SubTotal Other Funds 2013	
1	Directing Attorney	\$35.21	0.38	793.81	27,950		\$27,950	0.51	1,052.17	25,000	12,047	\$37,047	\$64,997
2	Staff Attorney	\$29.58	0.56	1,156.19	34,200		\$34,200	0.19	403.79	10,944	1,000	\$11,944	\$46,144
3	Admin./Paralegal	\$15.72	0.67	1,399.49	22,000		\$22,000	0.08	160.50		2,523	\$2,523	\$24,523
4							\$0					\$0	\$0
5							\$0					\$0	\$0
6							\$0					\$0	\$0
7							\$0					\$0	\$0
8							\$0					\$0	\$0
9							\$0					\$0	\$0
10							\$0					\$0	\$0
11							\$0					\$0	\$0
12							\$0					\$0	\$0
13							\$0					\$0	\$0
14							\$0					\$0	\$0
<b>Totals</b>			<b>1.61</b>	<b>3,349</b>				<b>0.78</b>	<b>1,616</b>				
<b>Sub Total Salaries:</b>					<b>\$84,150</b>	<b>\$0</b>	<b>\$84,150</b>			<b>\$35,944</b>	<b>\$15,570</b>	<b>\$51,514</b>	<b>\$135,664</b>
<b>Personnel Fringe Benefits</b>													
					FICA	1,886		\$1,886		5,212	2509	\$7,721	\$9,607
					Pension/Retirement	1,250		\$1,250		8,254	3974	\$12,228	\$13,478
					Industrial Insurance	432		\$432		1,357	653	\$2,010	\$2,442
					Health/Dental	1,250		\$1,250		11,766	5665	\$17,431	\$18,681
					Unemployment Comp.	432		\$432		1,525	733	\$2,258	\$2,690
								\$0				\$0	\$0
<b>Sub Total Personnel Fringe Benefits:</b>					<b>\$5,250</b>	<b>\$0</b>	<b>\$5,250</b>			<b>\$28,114</b>	<b>\$13,534</b>	<b>\$41,648</b>	<b>\$46,898</b>
<b>Total Personnel Costs (Salaries and Benefits):</b>					<b>\$89,400</b>	<b>\$0</b>	<b>\$89,400</b>			<b>\$64,058</b>	<b>\$29,104</b>	<b>\$93,162</b>	<b>\$182,562</b>

\*FTE based on 2,080 hours over the one-year term of this Agreement.

**Exhibit B, Budget  
Terms and Conditions of Payment  
Catholic Community Services of Western Washington - Legal Action Center  
PY 2013 Contract Term 1/1/2013 - 12/31/2013**

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 City funds actually authorized by the Seattle City Council 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 City reserves the right to withhold or deny payment if expenditure or program performance reporting is incomplete; incorrect; 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 otherwise compliant with all terms and provisions of this Agreement relating to its operation and financial management of this City-funded program.
5	The all of the client service data for each of the total number of program Households Served tallied in the Milestone 1 field of the <u>Monthly Program Report</u> (see Attachment 2 of this Agreement) must be fully current and up-to-date in the Safe Harbors HMIS before submitting a monthly invoice. The client data required to complete the Monthly Program Report will be drawn only from the HMIS in accordance with the guidance indicated on the <u>Monthly Program Report</u> form. If the numerical data reported are not up to date and accurate, the invoice to which the Monthly Program Report is attached will not be reimbursed until the data is corrected and brought up to date.
6	Failure to achieve the performance commitment measure(s) by the end of the term of this Agreement may result in denial or cancellation of future funding for this program.
7	Only Agency staff persons specifically named on the " <b>Contract Payment Authorization Form</b> " (" <b>CPA</b> "), which form has been provided to the Agency separately, and whose original signatures appear on the CPA, are authorized to sign invoices on the Agency's behalf for payment through this Agreement. To be valid, the original signature of the Agency's CEO, Executive Director, or designee formally authorized by the CEO or Executive Director to sign contracts on behalf of the Agency, must appear on the CPA where indicated. A CPA form pertaining to this Agreement has been provided to the Agency by HSD separately, for completion and return to HSD prior to the beginning of the term of the Agreement. The CPA must be correctly completed and on file with HSD before any payment to the Agency may be made on the basis of this Agreement. Please note that upon the effective date of permanent separation of the authorizing CEO, Executive Director, or designee from Agency employment, the authorizations of the designated invoice signers expire and are no longer valid. Invoices signed by such persons will not be paid until a new CPA is correctly completed and submitted with the signatures of the same or new invoice signers, and signed by the incoming interim or permanent CEO, Executive Director, or authorized designee to authorize or re-authorize the displayed invoice signers. It is of the utmost importance, therefore, to notify the HSD program specialist for this Agreement immediately of changes in the employment status of the Agency's authorized contract signer(s), so that a new CPA form may be issued and completed if necessary. <u>Failure to notify the program specialist timely per <b>Exhibit A-2, Performance Standards and Guidelines</b>, of this Agreement will result in suspension of payments and potentially lengthy delays to reinstate them.</u>
8	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, must be made available by the Agency upon request by HSD.
9	The budgeted grand object subtotal amounts funded by the City and/or the budgeted allocations of any Activity as shown in the Exhibit B, <u>Budget</u> and Attachment 1, <u>Contractor Invoice</u> , herein, may not be overspent without prior notification to and approval of the HSD program specialist. The program specialist must approve budget revisions, formal or informal, and will determine whether any budget revision requested requires a formal contract amendment. Final notification of and requests for budget revisions for the term of this Agreement must be received by the HSD program specialist not later than <b>October 31, 2013</b> .
10	The City-provided funding for the salary and fringe benefit costs of staff positions listed on the Personnel Detail of Exhibit B, <u>Budget</u> , herein, may not be overspent. If the City funding for the salary costs of a position, or the budgeted amount for a specific fringe benefit item, must be revised upward, a formal Amendment to the Budget is required to effect the change. The over- expenditure of the budgeted salary amount for any staff position, or of any budgeted fringe benefit amount, will result in an audit finding with the obligation on the part of the Agency to repay the amount of the overexpenditure to HSD for reallocation to the specific fund source(s).
11	The Agency may charge indirect administrative costs to the City-provided funding of this Agreement only if it has been granted an indirect cost rate covering the term of this Agreement by a cognizant Federal agency. The Agency must provide to HSD documentation of the rate granted before the full execution of this Agreement. HSD will allow a maximum rate of 15% against City-provided funds, unless a fund source restricts Administrative or Indirect costs to less. If an indirect rate has not been granted, the Agency must budget overhead administrative costs as direct costs. The allocation of overhead administrative costs to City-provided funding must be consistent with the standards of Federal generally accepted accounting practices as provided for by the Federal Office of Management and Budget (OMB), regardless of whether the City funding is from Federal sources.
12	Before paying a property owner or landlord rent or other payments on behalf of a program participant, if applicable to this program, the Agency will verify and document that the vendor is the legal property owner or the property owner's authorized representative, and that they are legally authorized to receive rent payments for the participant's residential unit.
13	The total reimbursement for the period <u>January 1, 2013</u> through <u>December 31, 2013</u> shall not exceed: <span style="float: right;"><b><u>\$112,200.00</u></b></span>

**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 Division	Phone: 206-684-0273
Contractor Name:	<b>Catholic Community Services of Western Washington</b>		Contract No.: <b>DA13-1122</b>
Contractor Address:	<b>100 23rd Avenue South</b>		Invoice Number:
	<b>Seattle WA 98144</b>		
Program Name:	<b>Legal Action Center</b>		Invoice Period:
Contact Names and Phone Numbers:	Program:	Mark Chattin 206-328-5943	Contract Period: <b>1/1/2013 - 12/31/2013</b>
	Finance:		
<b>Line Item Descriptions</b>			<b>Total Costs</b>
Costs and Services as Described Herein:			
Adjustments:			\$
Net Amount of this Request:			\$

Please distribute the amounts of actual incurred costs among the Activities shown below. Budgeted amounts for each Activity may not be overspent or changed, except by formal Contract Budget amendment.

2013 Program Year	Financial Assistance	Housing Stability Case Management	Administrative Costs		Total 2013 Budget, Costs, and Balances
Budget:	<b>\$0.00</b>	<b>\$107,500.00</b>	<b>\$4,700.00</b>		<b>\$112,200.00</b>
Previous Payments:					
Current Request:					
Balances:					

**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

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

\_\_\_\_\_  
Date

**Seattle Human Services Department**

<b>Program Specialist Certification</b>		<b>Finance Analyst Certification</b>	
		Appropriation Number: _____	
		Amount to be Paid: _____	
Program Specialist's Signature	Date	Examiner's Signature	Date

**City of Seattle - Human Services Department  
Contract Attachment 1: Contractors Invoice**

**Detailed Statement of Costs**

**Catholic Community Services of Western Washington - Legal Action Center  
PY 2013 Contract Term 1/1/2013 - 12/31/2013**

Invoice # \_\_\_\_\_

Reporting Period: \_\_\_\_\_

		Contract Budget, 2013 Seattle HSD Funding	Total of Previous Payments	Current Reimbursement Request	Contract Budget Balances
<b>Financial Assistance</b>		<b>2013 Housing Levy</b>			
1100	Salaries, Full & PT				
1300	Fringe				
<b>Subtotal Personnel Costs</b>					
2100	Office Supplies				
4290	Direct Financial Assistance				
<b>Subtotal Other Svcs. &amp; Charges</b>					
<b>SubTotal Financial Assistance</b>					
			Total of Previous Payments	Current Reimbursement Request	Contract Budget Balances
<b>Housing Stability Case Management</b>		<b>2013 Seattle HSD General Fund</b>			
1100	Salaries, Full & PT	84,150.00			
1300	Fringe	5,250.00			
<b>1000 Subtotal Personnel Costs</b>		<b>\$89,400.00</b>			
2100	Office Supplies	500.00			
<b>2000 Subtotal Office Supplies</b>		<b>500.00</b>			
3100	Consultant Services	0.00			
3190	Other Professional Svcs.	0.00			
3210	Telephone	300.00			
3220	Postage	300.00			
3320	Private Auto Allowance	500.00			
3500	Printing, Duplicating	500.00			
3600	Insurance	0.00			
3700	Public Utilities	0.00			
3900a	Rentals-Office Space	15,000.00			
3900b	Rentals-Equipment	1,000.00			
<b>3000 Subtotal Other Svcs. &amp; Charges</b>		<b>\$17,600.00</b>			
<b>Subtotal Housing Stabilization Case Management</b>		<b>\$107,500.00</b>			
			Total of Previous Payments	Current Reimbursement Request	Contract Budget Balances
<b>Program Administrative Costs</b>		<b>2013 Seattle HSD General Fund</b>			
1100	Salaries, Full & PT	0.00			
1300	Fringe	0.00			
<b>1000 Subtotal Personnel Costs</b>		<b>\$0.00</b>			
2100	Office Supplies	0.00			
<b>2000 Office Supplies</b>		<b>\$0.00</b>			
3210	Telephone	0.00			
3220	Postage	0.00			
3500	Printing, Duplicating	0.00			
3600	Insurance	1,500.00			
3700	Public Utilities	0.00			
3900a	Rentals-Office Space	0.00			
3900b	Rentals-Equipment	0.00			
4210	Staff Education Expense				
<b>Subtotal Other Svcs. &amp; Charges</b>		<b>\$1,500.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
4999	Indirect Costs	3,200.00			
<b>Subtotal Administration</b>		<b>\$4,700.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Total Seattle HSD Funded Program</b>		<b>\$112,200.00</b>			

**City of Seattle - Human Services Department**  
**Attachment 1: Contractors Invoice**  
**Cash Disbursement Form for Personnel Costs**  
**Catholic Community Services of Western Washington - Legal Action Center**  
**PY 2013 Contract Term 1/1/2013 - 12/31/2013**

Inv. # \_\_\_\_\_

Reporting Period: \_\_\_\_\_

**Housing Stability Case Management**

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	Directing Attorney				\$0.00	27,950.00	FICA			\$0.00	1,886.00
2	Staff Attorney				\$0.00	34,200.00	Pensions/Retirement			\$0.00	1,250.00
3	Admin./Paralegal				\$0.00	22,000.00	Industrial Insurance			\$0.00	432.00
4					\$0.00	0.00	Health/Dental			\$0.00	1,250.00
5					\$0.00	0.00	Unemployment Compensation			\$0.00	432.00
6					\$0.00	0.00					
<b>Totals:</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$84,150.00</b>	<b>Totals:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$5,250.00</b>

**Administration**

1	Directing Attorney				\$0.00	0.00	FICA			\$0.00	0.00
2					\$0.00	0.00	Pensions/Retirement			\$0.00	0.00
3					\$0.00	0.00	Industrial Insurance			\$0.00	0.00
					\$0.00	0.00	Health/Dental			\$0.00	0.00
					\$0.00		Unemployment Compensation			\$0.00	0.00
<b>Totals:</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>Totals:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

\*Total salary charges for a position may not exceed its budgeted amount per Exhibit B, Budget, Personnel Detail, herein; a formal contract amendment is required to increase budgeted salary amounts.

\*Total charges against any fringe benefit item may not exceed its budgeted amount per Exhibit B, Budget, Personnel Detail, herein.



## Contract Attachment 2: Monthly Program Report\*

**Agency:** \_\_\_\_\_ **Program:** \_\_\_\_\_

**Reporting Period:** \_\_\_\_\_ **Person Completing Report:** \_\_\_\_\_ **Tel.#:** \_\_\_\_\_

Program Results	New This Period	Total Served From Beginning of Current Year Through This Period	Program Target	
<b>Milestone 1:</b> Households are enrolled to become program participants, and are qualified to receive program assistance.			<b>Minimum of 60</b>	
<b>Milestone 2:</b> Households Exited at the conclusion of program services or for other reasons.	<b>Exits This Period</b>	<b>Total Exited From Beginning of Current Year Through This Period</b>	Total Exits	
			N/A	
<b>Milestone 3:</b> Of all Exits, the number that indicated client housing status remained or achieved stable appropriate housing at exit (i.e. did not exit to unknown or to a form of homelessness).			Successful prevention Exits, minimum of <b>80%</b> of all Exits:	
			<b>#DIV/0!</b>	
<b>Performance Commitment:</b>  The Agency commits to verifying and documenting that at least <b>80%</b> of program participant households who are eligible for their six-month follow up contacts have successfully maintained stable permanent housing (i.e., for at least six months):	<b>Column (a)</b>		<b>Column (b)</b>	
	Number eligible to be contacted (Number of Exits in the month <b>6</b> months prior to this reporting month):		Total number eligible to be contacted (Cumulative of all monthly <b>Column (a)</b> exit counts thru current reporting month):	Total number actually contacted:
	Number Actually Contacted:		Number confirmed in stable permanent housing at six months:	Total number confirmed in stable permanent housing at six months:
			<b>Percentage to date of 6-month housing stability achievers, of the total Contacted for their 6-month follow up contacts:</b>	
			<b>#DIV/0!</b>	

\*Please note that all numbers reported on this form must be pulled or originate from your HMIS data; therefore, your HMIS data input must be fully up to date up through the current reporting period; any discrepancies between the HMIS data and the numbers you report on this Monthly Program Report may delay invoice processing. If the numbers needed aren't in regular updated HMIS reports, you can run an ad hoc reports to customize the report parameters of any of the reporting items in the Milestone/Performance Commitment table above. **Please contact your HMIS technical support specialist for assistance in formulating the ad hoc reports to complete this form.**

**Other Reporting:**

1. Of the **Milestone 1** Total Served count above, number of unduplicated households this count represents: \_\_\_\_\_ (Cumulative through this reporting period)  
 (Any difference with Milestone 1 will indicate how many households were exited earlier this year but which come back later in the year to re-enroll with a new crisis.)

	Cumulative Through This Reporting Period	
2. From HMIS, the number of Households who received program <u>financial assistance</u> : _____		(Unduplicated count of HHS)

**Contract Attachment 2: Monthly Program Report\***

**Instructions**

Agency: \_\_\_\_\_ Program: \_\_\_\_\_

Reporting Period: \_\_\_\_\_ Person Completing Report: \_\_\_\_\_ Tel.#: \_\_\_\_\_

Program Results	Served This Period	Total Served From Beginning of Current Year Through This Period	Program Target
<b>Milestone 1:</b> Households are enrolled to become program participants, and are qualified to receive program assistance.	(Please run an ad hoc report; <u>enter the count of HHs served during the current reporting month</u> )	(Please run an ad hoc report for total HHs Served from 1/1/20XX through the end of the current reporting period - This may be a Duplicated count for re-enrollments)	<b>Minimum of</b>
<b>Milestone 2:</b> Households Exited at conclusion of program services or for other reasons.	(Please run an ad hoc report; <u>enter the count of HHs Exited during the current reporting month</u> )	(Please run an ad hoc report for total HHs Exited from 1/1/20XX through end of the current reporting period - may be a Duplicated count considering re-enrollments)	<b>Total Exits</b> N/A
<b>Milestone 3:</b> Of all Exits, the number that indicated client housing status remained or achieved stable appropriate housing at exit (i.e. did not exit to unknown or to a form of homelessness).	(Please run an ad hoc report; <u>enter household count of this Exit type that occurred in this period</u> )	(Please run an ad hoc report; <u>enter household count of this Exit type that occurred from 1/1/20XX through end of the current reporting period</u> )	<b>#VALUE!</b>
<b>Performance Commitment:</b>  The Agency commits to verifying and documenting that at least <b>80%</b> of program participant households who are eligible for their six-month follow up contacts have successfully maintained stable permanent housing (i.e., for at least six months):	<b>Column (a)</b> Number eligible to be contacted (Number of Exits in the month <u>6 months prior</u> to this reporting month):	Number confirmed in stable permanent housing at six months:	Percentage to date of 6-month housing stability achievers, of the total Contacted for their 6-month follow up contacts:
	(Run an ad hoc report in HMIS)	(Run an ad hoc report in HMIS)	
	(Run an ad hoc report in HMIS)	(Run an ad hoc report in HMIS)	(Ad hoc rpt: enter actual number)

Agency must enter an actual FA and/or CM service, or plan for service, for each client for each month until Exit to keep the HH Served count accurate.

Buff/tan colored cells denote contract Performance goals.

\*Please note that all numbers reported on this form must be pulled or originate from your HMIS data; therefore, your HMIS data input must be fully up to date up through the current reporting period; any discrepancies between the HMIS data and the numbers you report on this Monthly Program Report may delay invoice processing. If the numbers needed aren't in regular updated HMIS reports, you can run an ad hoc reports to customize the report parameters of any of the reporting items in the Milestone/Performance Commitment table above. **Please contact your HMIS technical support specialist for assistance in formulating the ad hoc reports to complete this form.**

**Other Reporting**

1. Of the **Milestone 1** Total Served count above, number of unduplicated households this count represents: \_\_\_\_\_ (Cumulative through this reporting period)

(Any difference with Milestone 1 will indicate how many households were exited earlier this year but which come back later in the year and re-enroll with a new crisis.)

	<b>Cumulative Through This Reporting Period</b>	
2. <b>From HMIS</b> , the number of Households who received program <u>financial assistance</u> :		(Unduplicated count of HHs)



**City of Seattle**  
Human Services Department

**Attachment 3: Client Profile Report - Demographic Standards**

Agency Name:	Catholic Community Services of Western Washington
Project Name:	Legal Action Center
Contract Number:	DA13-1122
Person Completing Report:	

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

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

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



**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.

	<b>Data Element</b>	<b>Description</b>
<b>Section I</b>	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.
<b>Section II</b>	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.<sup>5</sup> 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>
<b>Section III</b>	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.
<b>Section IV</b>	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**

<b>Section V</b>	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>
<b>Section VI</b>	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>
<b>Section VII</b>	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"> <li>• Persons with restricted use of their hands, arms or have mobility problems (may use a wheelchair, walker, etc.).</li> <li>• Persons who cannot do simple household tasks such as making a bed or washing dishes.</li> <li>• Persons who cannot take care of their own basic needs such as feeding or bathing themselves.</li> <li>• Persons with learning disabilities.</li> <li>• Persons who score 50 or below on the Global Assessment Scale.</li> <li>• Persons who are incapacitated by alcoholism or substance abuse.</li> <li>• Children with speech or language delays that are not caused by English being their second language.</li> </ul>

### Attachment 3a: Client Profile Report

<p><b>Section VIII</b></p>	<p><b>Race/ Ethnicity</b></p>	<p>A group of persons related by common descent or heredity, or who share a common culture, language, religion or other significant social characteristics. Clients are asked to select the category that <u>best</u> expresses how they see themselves. Record the category that is <u>most</u> preferred by the client. 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 <b>and/or</b> 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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<b>Section IX</b>	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.
<b>Section X</b>	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.