



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: SACRED HEART SHELTER

FUND SOURCES: HSD General Fund

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

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

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

I. SERVICES RENDERED

Section 100. Term and Scope of Services

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

II. PAYMENT, RECORDS, AND OTHER CONDITIONS

Section 200. Payment

The City shall compensate the Agency according to the Contract Budget and Payment attached as Exhibit B for satisfactory performance of the scope and range of services identified in the attached exhibits; provided, however, that in no event shall the total compensation provided to the Agency by the City hereunder exceed the sum of **One Hundred Forty Six Thousand Six Hundred Thirty Two Dollars (\$146,632.00)**.

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

Section 230. Termination and Suspension

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

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

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

III. SPECIAL CONDITIONS

Section 300.

The Agency will comply with the following Special Conditions:

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

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

IV. SIGNATURES

Section 400. Entire Agreement

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

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

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

AGENCY

THE CITY OF SEATTLE

DocuSigned by:

 42B042AA270843B...

DocuSigned by:

 9BDA53799D684C3

By/For

By/For

Susan Vaughn

Name (Typed)

Regional Chief of Operations

Title

7/11/2013

Date

100 23rd Avenue South

Address

Seattle, WA 98144

City, State, Zip Code

(206) 323-6336

Phone Number (Include Area Code)

susanv@ccsww.org

E-Mail Address (Required)

Catherine Lester

Name (Typed)

**Interim Director,
Human Services Department**

Title

6/20/2013

Date

EXHIBIT A-1 GOALS AND OBJECTIVES

INTRODUCTION

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

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

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

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

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

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

PROGRAM DESCRIPTION

A. Service/Program Model (ex. Service delivery model and components, staffing, location, days/hours of operation)

The Sacred Heart Shelter (SHS) will transition from a shelter serving families and women to a facility-based housing program exclusively for homeless families with children as of May 25, 2013. The outcomes in this contract reflect the program's transition. After the transition is complete, the population served will be chronically and episodically homeless families with multiple barriers to stable housing. Prior to the transition, SHS will house a minimum six single women. SHS will refer its single women residents to appropriate shelter/housing programs, and will follow-up with clients to ensure that referrals are appropriate to their needs. Referrals will be provided prior to May 25, 2013.

The SHS program will serve at minimum 14 homeless families during the contract period. Sacred Heart Shelter provides comprehensive and unique programs and services directed to families with dependent children, and offers a continuum of enriched support services, comprehensive case management, and programming geared towards children and families. Family-based support services include onsite children's programming; crisis intervention through a Children's Advocate; one-on-one counseling for parents and children; and parenting classes. In addition, an onsite health care team is available to provide mental and medical services.

Sacred Heart Shelter provides the following basic needs and services to residents: safe, clean shelter; food; hygiene products; children's needs (such as diapers and clothing); supervised children's activities; childcare for parental respite; comprehensive and client-driven case management; specialized children's programming; resource and referrals; a Children's Advocate who provides after school and evening programming as well as advocacy with educational needs and transfers/enrollments; parenting classes; access to a nurse for medical care services; and mental health services and individual counseling.

SHS receives referrals from Family Housing Connection, completes an intake with families prior to placement in the shelter, and follows up with a comprehensive assessment within 10 days of residency. Intake and assessments for families will include identification and sufficient documentation of family members, including children accompanying adults into family shelter, in order to determine eligibility and appropriateness of services. Any required supporting documentation not available at intake will be submitted upon completion of an assessment.

Services focus on housing searches, educational and employment goals, domestic violence services, mental health and/or substance abuse issues as well as the medical needs of all family members. SHS maintains formal relationships with Puget Sound Neighborhood Health Centers, Valley Cities Counseling and Consultation Services, the YWCA and Health Care for the Homeless to provide health care services.

SHS will provide seven units of family housing effective June 1, 2013, and eight units effective August 1, 2013. Families may stay for up to six months; exceptions on length of

stay are evaluated on a case by case basis as needed to allow access to additional housing and to stabilize the household. SHS is located in a secure two-story apartment building at 232 Warren Avenue North, in the lower Queen Anne neighborhood. Each unit is furnished. Common area amenities include shower and bathrooms, kitchen and dining rooms, a community lounge, a private "quiet room" and adjacent grounds for recreational use by residents. Common areas are also utilized for special programming, entertainment, studying, support groups and counseling. Private rooms are available for individual counseling sessions, and provide privacy and confidentiality for residents. Phones are available for use by residents, and there are laundry facilities on site. The facility is staff 24 hours a day, 7 days a week.

B. Participant Eligibility Requirements

Sacred Heart Shelter (SHS) is an extremely low barrier program. SHS requires only that households are verifiably homeless and do not have a history of crime against others. SHS accepts families who are chronically homeless, undocumented, have evictions, poor credit, debt, criminal history, mental health issues, chemical dependency and/or no income.

Households will be families with dependent child(ren) and/or youth ages 0-18 years. Families include single and two parent households and families headed by single males.

C. Program Regulations and Guidelines

Households will be required to actively participate with staff to plan and establish achievable goals and objectives to address barriers contributing to their homelessness. Each head of household will complete an intake and assessment, and develop a comprehensive Individual Service Plan (Goal Plan) which will include specific and measurable goals to address the causes of homelessness. The plan will identify individual needs, programmatic goals, concrete interventions and connections to resources needed, and strategies to move to transitional and permanent housing. Each household will participate in weekly meetings with their case manager to review goals and objectives, set priorities, and measure progress towards removing barriers that contribute to their homelessness. The Case Managers and Children's Advocate will also regularly evaluate family case plans during the course of the household's stay.

PERFORMANCE COMMITMENTS

By investing in Catholic Community Services of Western Washington's Sacred Heart Shelter, HSD expects to transition families from homelessness to housing by achieving the following performance commitments:

SIP Investment Area Number & Name:		<i>A2A: Emergency Shelters</i>
SIP Code	PERFORMANCE COMMITMENTS (PC)	
A2A1-O	<p>14 unduplicated homeless families meet their emergency or immediate shelter needs.</p> <p>Verification: Agency Records, Client Files, Monthly Reports, Safe Harbors HMIS</p>	
	<p>14 unduplicated homeless families will complete an assessment and establish a goal plan to continue to address underlying causes of homelessness.</p> <p>Verification: Client files, monthly reports</p>	
A2A4-O	<p>12 homeless families enter transitional or permanent housing.</p> <p>Verification: Agency Records, Client Files, Monthly Reports, and Safe Harbors HMIS</p>	
A2A5-O	<p>10 homeless individuals or families, who enter transitional or permanent housing, remain for more than 6 months following placement.</p> <p>Verification: Agency Records, Client Files, Monthly Reports, and Safe Harbors HMIS</p>	
	<p>Average monthly occupancy will be at least 75% (6 units occupied on the first day of every month).</p> <p>Verification: Agency Records, Client Files, Monthly Reports, and Safe Harbors HMIS</p>	
	<p>SHS will refer its single women residents to appropriate shelter/housing programs by May 25, 2013, and will follow-up with clients to ensure that referrals are appropriate to their needs.</p> <p>Verification: Client files, monthly 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, Roxane Botz, or her 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. Gillian Parke, the Agency's lead program contact, is responsible for communicating with Roxane Botz 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 Roxane Botz of all staff changes affecting the program funded through this contract within seven (7) days of the resignation, firing or any other change. A plan for replacing the staff person including a timeline will be submitted to the City within fourteen (14) days of the resignation, firing or any other change. This will include the names of the staff involved in and/or impacted by staff changes.
5. The Agency shall not require individuals who are eligible for services under the terms of this contract to participate in other Agency services or programs as a prerequisite to receiving services under this Agreement.
6. The Agency shall provide information and referral to other appropriate agencies if clients cannot be served by the Agency.
7. The Agency shall establish and operate according to policies and procedures that align with expectations set forth by the City of Seattle as well as any other investor and/or authority or entity (i.e. State of Washington, King County, etc.).
8. The Agency is responsible for all performance standards and agreements under the most recently executed Master Agency Services Agreement with the City of Seattle Human Services Department.
9. The Agency shall identify the services as funded by the City of Seattle Human Services Department in all communication with members of the public and recipients of services. The Agency shall also post a notice to this effect in a prominent place at each Agency location where such services are provided.

10. The Agency shall demonstrate that services are client-centered and strength-based and shall use individualized service planning to coordinate housing-focused supportive services. Programs will seek input from current and/or former clients in areas of program planning, program development, policy development and program evaluation, including exit and/or post exit interviews or surveys, focus groups, and/or client meetings.
11. The Agency shall integrate financial empowerment into services. Agencies will provide information and services to increase the services accessed by clients to increase financial stability and self-sufficiency. Programs will assist clients to access benefits through connections with programs such as PeoplePoint and Washington Connection Web portal.
12. The Agency shall demonstrate sound financial practices and policies, including adequate accounting and administrative procedures and controls to safeguard proper use of funds. Programs will complete line-item budgets that show reasonable expenses for proposed services.
13. The Agency shall address services gaps and increase access to resources by communities of color through collaborative services, building capacity and relationships.
14. The Agency shall coordinate with City departments and HSD divisions to maximize access to services for clients.
15. The Agency shall demonstrate capacity to locate and leverage new community partners on an ongoing basis.
16. The Agency shall demonstrate linkage agreements and partnerships with providers for appropriate, tailored services to promote housing access and stability, such as case management; health care; substance abuse detox and recovery treatment; mental health assessment and treatment; employment training, placement, and retention; housing placement; child care and after-school programs (for programs serving families); legal assistance; credit counseling; and life skills training.
17. The Agency shall participate in system-wide strategies designed to improve information, resources and services, such as Family Housing Connection (FHC). If the Agency serves families staff shall direct them work with FHC when filling vacancies in the program, as part of the coordinated effort to decrease homelessness and rapidly re-house families.
18. The Agency may not release participant information to any third party without the written consent of the participant, except to the HSD program specialist for this Agreement, or other HSD staff as may be designated by the Department, for the purposes of program review and evaluation.

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 Roxane Botz, Transitional Living and Support; City of Seattle Human Services Department; 700 5th Avenue, Suite 5800; PO Box 34215; Seattle, WA 98124-4215.

REQUIRED MONTHLY REPORTS

1. The Contractor's Invoice Form, Contractor's Detailed Statement of Costs, Contractor's Detailed Statement of Personnel, and Cash Disbursement Form (all referenced as Attachment 3) 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 4) shall be submitted with each invoice. The Agency will submit one monthly report and one copy.

REQUIRED QUARTERLY REPORTS

1. The Quarterly Narrative Report (Attachment 5) shall be submitted with the following invoices: July, October and December.
2. The Quarterly HMIS Data Report (Attachment 6) shall be submitted with the following invoices: July, October and December.

REQUIRED ANNUAL REPORTS

1. The Standard Demographic Client Profile Report (Attachment 7) for the period **April 1, 2013 - December 31, 2013** shall be submitted in hard copy by **January 31, 2014**. The 2013 Income Guidelines (Attachment 8) shall be used to complete the Standard Demographic Client Profile Report.
2. The Agency will provide data about the daily capacity and service levels for the "Housing Inventory for Homeless Persons" report as requested by HSD and will complete the survey form for the annual One Night Count as requested by the Seattle King County Coalition on Homelessness.

OTHER DOCUMENTATION REQUIRED

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

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

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

EXHIBIT B BUDGET AND PAYMENT

Funding for the Sacred Heart Shelter is made possible through revenue from the HSD General Fund. Budget funds may not be used for costs incurred prior to the beginning date of the term specified. Unspent funds from one grant period may not be carried forward to the subsequent grant period. Continued funding is contingent upon program performance and availability of funds.

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.

April 1, 2013 - December 31, 2013 BUDGET

ITEM	HDS General Fund	Other ¹	Total Project
1000 - PERSONNEL SERVICES			
1110 Salaries – Full- & Part-Time	\$106,491	\$77,613	\$184,104
1300 Fringe Benefits	\$38,175	\$23,541	\$61,716
SUBTOTAL – PERSONNEL SERVICES	\$144,666	\$101,154	\$245,820
2000 - SUPPLIES			
2100 Office Supplies		\$1,875	\$1,875
2200 Operating Supplies ²		\$5,325	\$5,325
2300 Repairs & Maintenance Supplies			
SUBTOTAL – SUPPLIES	\$0	\$7,200	\$7,200
3000 - 4000 OTHER SERVICES & CHARGES			
3100 Expert & Consultant Services			
3140 Contractual Employment		\$11,181	\$11,181
3150 Data Processing			
3190 Other Professional Services ³			
3210 Telephone		\$4,050	\$4,050
3220 Postage		\$2,100	\$2,100
3300 Automobile Expense		\$750	\$750
3310 Convention & Travel		\$594	\$594
3400 Advertising		\$114	\$114
3500 Printing & Duplicating		\$2,850	\$2,850
3600 Insurance		\$3,096	\$3,096
3700 Public Utility Services	\$1,966	\$17,191	\$19,157
3800 Repairs & Maintenance			
3900 Rentals – Buildings			
Rentals – Equipment			
4210 Education Expense			
4290 Other Miscellaneous Expenses ⁴		\$5,745	\$5,745
4999 Administrative Costs/Indirect Costs ⁵		\$37,101	\$37,101
SUBTOTAL – OTHER SERVICES & CHARGES	\$1,966	\$84,772	\$86,738
TOTAL EXPENDITURES	\$146,632	\$193,126	\$339,758

¹ Identify specific funding sources included under "Other" above:	
Private fund raising	\$142,726
Catholic Community Services	\$39,150
King County	\$11,250
TOTAL	\$193,126

² Operating Supplies - Itemize below (Do Not Include Office Supplies):	
Food	\$1,500
General shelter	\$1,500
Cleaning	\$2,325
TOTAL	\$5,325

³ Other Professional Services - Itemize below:	
n/a	\$
	\$
	\$
	\$
TOTAL	\$

⁴ Other Miscellaneous Expenses - Itemize below:	
Storage	\$630
Pest control	\$900
Computer maintenance	\$3,750
Dues/fees	\$465
TOTAL	\$5,745

⁵ Administrative Costs/Indirect Costs - Itemize below:	
General admin and overhead	\$37,101
	\$
	\$
	\$
TOTAL	\$37,101

⁵ Administrative Costs/Indirect Costs: Human Services Department policy places a fifteen (15%) cap on reimbursement for agency indirect cost, based on the total contract budget. Restrictions related to federal approved rates and grant sources still apply.

Does agency have a federally approved rate? YES NO
If yes, provide the rate.

Sacred Heart Shelter – Personnel Detail

Position Title	Hourly Rate	Number of Hours	HSD General Fund	Other Funds	Total Program
Volunteer Resource Coordinator	\$16.92	890		\$15,072	\$15,072
Fund Developer	\$19.96	594		\$11,859	\$11,859
Director	\$29.85	1261		\$37,653	\$37,653
Case Manager	\$18.61	1484	\$17,874	\$9,753	\$27,627
Direct Service Advocate	\$14.24	5465	\$77,822		\$77,822
Sick/Holiday/Vacation Coverage	\$14.24	758	\$10,795		\$10,795
MSW Sup.	\$28.00	117		\$3,276	\$3,276
Subtotal – Salaries & Wages			\$106,491	\$77,613	\$184,104
Personnel Benefits:	FICA		\$8,046	\$6,021	\$14,067
	Pensions/Retirement		\$4,575	\$4,801	\$9,376
	Industrial Insurance		\$3,156	\$1,610	\$4,766
	Health/Dental		\$20,295	\$9,600	\$29,895
	Unemployment Compensation		\$2,103	\$1,509	\$3,612
	Subtotal – Personnel Benefits		\$38,175	\$23,541	\$61,716
Total Personnel Costs (Salaries & Benefits)			\$144,666	\$101,154	\$245,820

City of Seattle
Human Services Department
Investment Principles

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

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

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

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

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

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

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

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

**City of Seattle – Human Services Department
Contractor’s Invoice Form – Line Item Reimbursement**

Program Specialist: Roxane Botz	Division: Transitional Living and Support	Phone: 206/684-0258	Contract #: DA13-1345	Contract Period: 4/1/2013 -12/31/2013	Invoice #:	Invoice Period:
Contractor’s Name: Catholic Community Services of Western Washington		Contractor’s Address: 100 23rd Avenue South Seattle, WA 98144		Program Name: SACRED HEART SHELTER		Contact Person & Phone #: Gillian Parke, 206/285-7489

Line Item Description	Cost	Total Cost
HSD General Fund Actual Costs		\$
	Subtotal	\$
	Deductions	\$
	Net Amount of Request	\$

Fund Sources & Amounts	HSD General Fund	Total
HSD General Fund: \$146,632.00		
Contract Budget	\$146,632.00	\$146,632.00
Less PREVIOUS Reimbursement		
Less Net Amount of This Request		
Equals Contract Balance		

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

Print Name: _____ Authorized Signature: _____ Date: _____

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

City of Seattle – Human Services Department
Contractor's Detailed Statement of Costs

Contractor's Name: Catholic Community Services of Western Washington		Name of Person Completing Form:	
Project/Program Name: SACRED HEART SHELTER		Phone Number: 206/285-7489	Contract Number: DA13-1345
Contractor's Address: 100 23rd Avenue South Seattle, WA 98144		Date Form Completed:	Invoice Number:
		Contract Period: 4/1/2013 - 12/31/2013	Invoice Period:

Cost Category	Contract Budget HSD General Fund	Cumulative Costs to Date	Cost for Report Month	Budget Balance
Personnel Services				
1100 Salaries & Wages	\$106,491			
1300 Fringe Benefits	\$38,175			
Subtotal Personnel Services	\$144,666			
Other Expenses				
3700 Public Utility Service	\$1,966			
Subtotal Other Expenses	\$1,966			
Total Contract Costs	\$146,632			

City of Seattle – Human Services Department
Contractor’s Detailed Statement of Costs—Personnel Detail

Contractor’s Name: Catholic Community Services of Western Washington	Name of Person Completing Form:		
Project/Program Name: Sacred Heart Shelter	Phone Number: 206/285-7489	Contract Number: DA13-1345	Fund Source: HSD General Fund
Contractor’s Address: 100 23rd Avenue South Seattle, WA 98144	Date Form Completed:	Contract Period: 4/1/2013 - 12/31/2013	Fund Source: HSD General Fund

	HSD General Fund	Cumulative Costs to Date	Costs for Report Month	Budget Balance
Salaries and Wages				
Position Title				
Case Manager	\$17,874			
Direct Service Advocate	\$77,822			
Sick/Holiday/Vacation Coverage	\$10,795			
Subtotal – Salaries & Wages	\$106,491			
Benefits				
FICA	\$8,046			
Pensions/ Retirement	\$4,575			
Industrial Insurance	\$3,156			
Health/Dental	\$20,295			
Unemployment Compensation	\$2,103			
Subtotal –Benefits	\$38,175			
Total Personnel Costs	\$144,666			

Contractor's Disbursement Form

Contractor's Name: Catholic Community Services of Western Washington		Name of Person Completing Form:	
Project/Program Name: Sacred Heart Shelter		Phone Number:	Contract Number: DA13-1345
Contractor's Address: 100 23rd Avenue South Seattle, WA 98144		Date Form Completed:	Contract Period: 4/1/2013 - 12/31/2013
			Invoice Number:
			Invoice Period:

Date	Check Number	Payee	Check Amount	Cost Category				

MONTHLY STATUS REPORT

Agency Name/Program Name:	Catholic Community Services/Sacred Heart Shelter		
Person Completing Form:		For Month Ending:	
Contract Number:	DA13-1345	Contract Period:	4/1/2013 - 12/31/2013

Performance Commitments	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
A2A1-O: # of unduplicated homeless families that use SHS's emergency shelter services.													
# of unduplicated families that complete an assessment and establish a goal plan to continue to address underlying causes of homelessness.													
# of families exited during the month.													
A2A4-O: # of homeless families who secure transitional housing.													
A2A4-O: # of homeless families who secure permanent housing.													
Homeless participants eligible for housing retention: Number of families placed into transitional or permanent housing 6-months prior to reporting month.													
A2A5-O: # of unduplicated homeless families that remain in transitional or permanent housing at least six months after placement.													
Capacity for family units: # of units occupied on the first day of the month (Average Occupancy Rate)													
Capacity for individuals (singles): # of bed nights per month													
# of individuals (singles) referred to appropriate shelter/housing programs													
# of individuals (singles) confirming the transition to appropriate shelter/housing programs													

QUARTERLY NARRATIVE REPORT

Agency Name/ Program Name:	Catholic Community Services/Sacred Heart Shelter		
Person Completing Form:		For Month Ending:	
Contract Number:	DA13-1345	Contract Period:	4/1/2013 - 12/31/2013

Narrative

Describe any significant program events, milestones or community trends.

Explain any deviations in program performance or unexpected challenges.

Optional: Provide a program success story.

QUARTERLY HMIS DATA REPORT

Agency Name/ Program Name:	Catholic Community Services/Sacred Heart Shelter		
Person Completing Form:		For Month Ending:	
Contract Number:	DA13-1345	Contract Period:	4/1/2013 - 12/31/2013

Program Type:

Capacity:

Target Population:

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

Data Completeness:

Zip Codes

Prior living situation

HUMAN SERVICES DEPARTMENT STANDARD CLIENT PROFILE REPORT FORM INSTRUCTIONS

Reporting methods and frequencies will vary according to the terms that agencies negotiate for are intended to provide a general overview to assist you in completing the aggregate demographic report. For more detailed definitions of each element, please refer to the Definition of Terms.

Each category includes an area to report the number of clients for whom the information is unknown. Many of the categories also include a line for clients who responded "no" to the particular question on the intake form. The sum of the subtotals for each section should equal the total number of clients reported.

Total Number of Clients

Enter the total number of clients. Clients should be counted only once during the program year. Clients should be counted as "new" in the report period in which they first received service. The total number of new clients at the end of the year should be an unduplicated count of clients served. In order to determine the total clients, count each client only the first time s/he receives services during the contract period. Include existing clients who were served during the previous program year who are continuing to receive services at the start of the new program year.

I. Geographic Location

A. Sub-Regions and Seattle Neighborhoods

Enter the total number of clients for each Seattle Neighborhood and/or King County Sub-Region. Use the client's zip code to determine the Sub-Region and/or Neighborhood in which the client resides. The spreadSheet, King County Sub-Regional Districts and Seattle Neighborhoods, is sorted in 3 ways to assist you in locating the correct category for each client: Sort by Zip Code, Sort by Sub-Region, and Sort by Seattle Neighborhood (see table next page).

Some zip codes in the North Urban and South Urban Sub-Regions cross into Seattle City boundaries. If you are able to determine that a client resides within the City of Seattle, please enter them into the appropriate neighborhood within the Seattle Sub-Region. If you are unable to determine whether or not a client resides in the City of Seattle, or if this would prove difficult to determine, enter as North Urban or South Urban.

For clients who identify as homeless, report the Sub-Region which corresponds with the zip code of their last permanent address.

SEATTLE ZIP CODES

	Zip Code	City	Seattle Neighborhood		
	98101	Seattle	Downtown		
	98102	Seattle	Capitol Hill		
	98103	Seattle	Lake Union		
	98104	Seattle	Downtown		
	98105	Seattle	Northeast		
	98106	Seattle	Delridge		
	98107	Seattle	Ballard		
	98108	Seattle	Duwamish		
	98109	Seattle	Queen Anne/Magnolia		
	98111	Seattle	Downtown		
	98112	Seattle	Capitol Hill		
	98114	Seattle	Downtown		
	98116	Seattle	Southwest		
	98117	Seattle	Ballard		
	98118	Seattle	Southeast		
	98119	Seattle	Queen Anne/Magnolia		
	98121	Seattle	Downtown		
	98122	Seattle	Central		
	98124	Seattle	Duwamish		
	98125	Seattle	North		
	98126	Seattle	Delridge		
	98129	Seattle	Downtown		
	98133	Seattle	Northwest		
	98134	Seattle	Duwamish		
	98136	Seattle	Southwest		
	98144	Seattle	Southeast		
	98145	Seattle	Northeast		
	98146	Seattle	Southwest		
	98154	Seattle	Downtown		
	98161	Seattle	Downtown		
	98164	Seattle	Downtown		
	98174	Seattle	Downtown		
	98177	Seattle	Northwest		
	98195	Seattle	Northeast		
	98199	Seattle	Queen Anne/Magnolia		
	98181	Seattle	Downtown		
	98184	Seattle	Downtown		
	98191	Seattle	Downtown		
	98115	Seattle	Northeast		
	98185	Seattle	Northeast		

B. Unincorporated King County

Enter the number of clients who reside in unincorporated King County. These are clients who have checked "outside any city limits" or whose address you know to be in unincorporated King County.

C. Homeless

Enter the number of clients who responded "Yes" to the question, "Are you homeless?" These clients should report the zip code as that of their last permanent address. An individual that does not have a permanent residence. An individual who sleeps over with friends or relatives to avoid being on the street or who uses Shelters or emergency housing is considered homeless. Such an individual should give the ZIP Code of his or her last residence and check the Homeless box.

II. Household Composition

The number of people living in the household. Household is defined as a single person or group of people living together sharing common household resources and expenses, even if not related. Individual tenants in an apartment building or communal domicile (detention center, dormitory, barracks) are not members of the same household; such individuals should indicate household of one when responding.

A. Single Adult Living Alone

Clients in this category should have reported a household size of one and be age 18 or over.

B. Single Parent Households

A household in which one parent without the assistance of a domestic partner assumes primary responsibility for any child or children under age 18 enter the number single parent or non-partnered parent households. Clients in this category should have responded "yes" to the question, "Do you live in a Single Parent (non-partnered) household?"

III. Income

Enter the number of clients for each income category based on the clients response to the income question. The income categories are from HUD and are based on household size. Agencies that collect actual income or whose programs dictate using another set of income guidelines will refer to the HUD chart on the Core List in order to determine the HUD category for each client.

**Human Services Department
2013 INCOME GUIDELINES
Gross Annual Income by Family Size**

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

- PMSA (Primary Metropolitan Statistical Areas)

**HUD Income Guidelines
Gross Annual Income by Family Size**

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

Note: - Income Guidelines for the standards above are usually published by March of each year:

- FY 2013, Washington State Median 4-Person Family Income = \$86,700

- HUD (U.S. Department of Housing & Urban Development)

IV. Ages

Enter the total number of clients per each age category. Age is determined at the time of intake.

V. Gender

Enter the total number of clients per each gender category. Female individuals should mark the Female box. Male individuals should mark the Male box. Transgender is defined as an individual whose gender, gender display or gender identity differs from the perceived norm. Such an individual may – or may not – have undergone or be currently undergoing gender-altering surgery or transgender counseling. Other and Unknown may be used if an individual does not identify with the available categories.

VI. Persons with Disabilities

Enter the total number of clients who responded "yes" to the question "Do you consider yourself to be a person with a disability?"

Self-reported by client with exception of programs where status is determined by a caseworker or other professional. .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, or 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.

Examples:

Persons with restricted use of their hands or arms or have mobility problems; they may use a wheelchair, a walker, etc.

Persons who cannot do simple household tasks like 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 in 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.

VII. Race/Ethnicity

Enter the total number of clients for each category. Use the "Multi-Racial" category for clients who identified as more than one category on the intake form. Although most of the ethnic/racial categories are self-explanatory, the following definitions may provide clarification: A group of persons related by common descent or heredity, or who share a common culture, language, religion or other significant

social characteristics. An individual may select more than one category. The available categories are based on those used by the US Census Bureau.

VIII. Refugee/Immigrant

Enter the total number of clients who responded "yes" to the question, "Are you an immigrant or refugee or a new arrival to this country?" An individual who has voluntarily migrated to this country from another country or who has left his or her native country for reasons of safety. This category is not intended to capture information regarding legal resident status or citizenship.

IX. Limited English Speaking:

Enter the total number of clients who responded "yes" to the question, "Are you limited or non-English speaking?" An individual with a reduced or restricted ability to communicate using the English language, or with virtually no ability to communicate using the English language.

**City of Seattle – Human Services Department
Client Profile Report –Annual**

Agency Name: Catholic Community Services

Project Name: Sacred Heart Shelter

Contract Number: DA13-1345

		April-December
Total Number of Households Served		
I.	Total Number of Individual Clients Served	
Total	Geographic Location* (Count Households) (Sub Region/Neighborhood Based on Zip Code)	
A.	Seattle Neighborhoods	
	Ballard	
	Capitol Hill	
	Central Seattle	
	Delridge	
	Downtown	
	Duwamish	
	Lake Union	
	North Seattle	
	NE Seattle	
	NW Seattle	
	Queen Anne	
	SE Seattle	
	SW Seattle	
	East Rural	
	East Urban	
	North Urban	
	South Rural	
	South Urban	
	Vashon	
	Other (Outside King County)	
	Unknown	
B.	Number Who Live in Unincorporated King County	
	Outside City Limits	
	Unknown	
C.	Homeless (Count Households)	
	Yes	
	No	
	Unknown	
III.	Income Based on HUD Guidelines (Count Households)	
	Very Low (< 30% Median)	
	Low (< 50% Median)	
	Moderate (<80% Median)	
	Above Moderate (> 80% Median)	
	Unknown	

		April - December
IV.	Ages (Count Individuals)	
	0 to 5	
	6 to 10	
	11 to 13	
	14 to 17	
	18 to 34	
	35 to 59	
	60 to 74	
	75 to 84	
	85 and Over	
	Unknown	
V.	Gender (Count Individuals)	
	Female	
	Male	
	Transgendered/Other	
	Unknown	
VI.	Persons with Disabilities (Count Individuals)	
	Yes	
	No	
	Unknown	
VII.	Race/Ethnicity (HUD MANDATED) (Count Individuals)	
	American Indian or Alaska Native	
	Asian, Asian-American	
	Black, African-American, Other African	
	Hawaiian Native/Other Pacific Islander	
	White or Caucasian	
	American Indian/Alaska Native & Black/African-American	
	American Indian/Alaska Native & White	
	Asian & White	
	Black/African-American & White	
	Other Multiracial	
	Hispanic/Latino	Hispanic/No Racial Category Identified
		Hispanic-American Indian
		Hispanic-Asian
		Hispanic-Black
		Hispanic-Pacific Islander
		Hispanic-White
		Hispanic-American Indian & Black
		Hispanic-American Indian & White
		Hispanic-Asian & White
		Hispanic-Black & White
	Hispanic-Other Multiracial	
	Other/Unknown	
	Total	

		April - December
VIII.	Refugee/Immigrant (Count Individuals)	
	Yes	
	No	
	Unknown	
IX.	Limited English Speaking (Count Individuals)	
	Yes	
	No	
	Unknown	

Report Supplement Section A. (Do not complete if you completed Section II.)

A.	Household Composition	
	Single Adult Households (Household Size = 1)	
	Male	
	Female	
	Unknown	
	Subtotal Single Adult Households	
	Households with Children Under 18	
	Single Parent Female Head of Household	
	Single Parent Male Head of Household	
	Two Parent Household	
	Unknown	
	Subtotal Households with Children Under 18	
	Shared Adult Households	
	Partnered/Married	
	Not Partnered/Not Married	
	Unknown	
	Subtotal Shared Adult Households	
	Total Number of Households	

* See Client Profile Instructions for list of areas and zip codes within the geographical locations.