



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: Aloha Inn Transitional Housing Program

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 Eighty Six Thousand Six Hundred Eighteen Dollars (\$186,618.00)**.

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:

 9BBA55799D684C3...

By/For

By/For

Susan Vaughn

Catherine Lester

Name (Typed)

Name (Typed)

Regional Chief of Operations

**Interim Director,
Human Services Department**

Title

Title

7/18/2013

6/25/2013

Date

Date

100 23rd Avenue South

Address

Seattle, WA 98144

City, State, Zip Code

(206) 328-5641

Phone Number (Include Area Code)

susanv@ccsww.org

E-Mail Address (Required)

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 Aloha Inn Transitional Housing Program is part of a larger proactive, seamless service system investment that helps meet the basic needs of our community's most vulnerable residents and that helps people become and remain independent.

PROGRAM DESCRIPTION

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

The Aloha Inn is a resident-managed transitional housing program serving single adults and couples who are homeless, extremely low income and need assistance to obtain housing. The program serves 66 people at any given time and roughly 140 over the course of a year. The program's goals are to move residents into sustainable permanent housing at exit and help them obtain sufficient income to live as independently as possible.

The Aloha Inn strives to help residents secure permanent housing at exit and increase their financial stability. To achieve these goals, the Aloha Inn employs a full time Housing Specialist who works with every resident to develop a housing plan, as well as a part time Benefits Specialist who works one-on-one with residents to either apply for benefits or secure employment.

Residents will have the opportunity to access an array of services including employment assistance, chemical dependency counseling and group meetings, mental health therapy, a computer lab and computer training, limited dental and vision care, and bus tickets. Residents also receive assistance to identify housing options and complete housing applications, as well as other housing related assistance

The Aloha Inn is located at 1911 Aurora Ave North, Seattle, WA 98109. The building was formerly a hotel. Each room has a private bathroom. Residents may initially be assigned a roommate, and may attain a single room as they progress and meet program requirements. The program will allow couples to stay together as well as parents with their adult children.

B. Participant Eligibility Requirements

The Aloha Inn serves single adults and couples. Residents must be homeless, as defined by the Department of Housing and Urban Development. They are also required to be clean and sober (although not abstinent from alcohol if they are not in recovery or in need of a recovery program), below 30% of median family income as determined by HUD, and able to live with a roommate and get along with others in a residential setting.

The program typically serves individuals who are chronically homeless (approximately 50%), transitionally homeless (approximately 25%) and episodically homeless (approximately 25%).

C. Program Regulations and Guidelines

The Aloha Inn uses an innovative process of resident management. Aloha Inn residents perform administrative tasks, housekeep, grounds keep, and ensure the safety and security of the building. Residents also help to develop and implement house rules, screen program applicants and mentor one another. Residents are required to contribute 15 hours of service each week. They are also required to pay a nominal fee towards rent and save a significant proportion of their income (generally \$25 to \$80 a week) to contribute to a savings account for permanent housing stability.

PERFORMANCE COMMITMENTS

By investing in Catholic Community Services of Western Washington's Aloha Inn Transitional Housing Program, HSD expects to move homeless adults into sustainable permanent housing and help them obtain sufficient income to live by achieving the following performance commitments:

| SIP Investment Area Number & Name: | | <i>A2B: Transitional Housing</i> |
|---|---|---|
| SIP Code | PERFORMANCE COMMITMENTS (PC) | |
| A2B3-O | 48 individuals will enter permanent housing. Verification: Agency Records, Client Files, Monthly Reports, and Safe Harbors HMIS | |
| A2B4-O | 33 individuals will enter permanent housing, and remain for six months or more following placement (75%). Verification: Agency Records, Client Files, Monthly Reports, and Safe Harbors HMIS | |

EXHIBIT A-2 PERFORMANCE STANDARDS

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

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

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

EXHIBIT A-3 REPORTING REQUIREMENTS

REPORTING GUIDELINES

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

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

REQUIRED MONTHLY REPORTS

1. The Contractor's Invoice Form, Contractor's Detailed Statement of Costs, Contractor's Detailed Statement of Personnel, Contractor's Disbursement Form, and a Generated Funds Report (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.

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 Aloha Inn Transitional Housing Program 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 | HSD General Fund | Other ¹ | Total Project |
|---|------------------|--------------------|------------------|
| 1000 - PERSONNEL SERVICES | | | |
| 1110 Salaries – Full- & Part-Time | \$80,240 | \$78,551 | \$158,791 |
| 1300 Fringe Benefits | \$29,070 | \$27,512 | \$56,582 |
| SUBTOTAL – PERSONNEL SERVICES | \$109,310 | \$106,063 | \$215,373 |
| 2000 - SUPPLIES | | | |
| 2100 Office Supplies | \$3,900 | \$0 | \$3,900 |
| 2200 Operating Supplies ² | \$2,200 | \$1,500 | \$3,700 |
| 2300 Repairs & Maintenance Supplies | \$0 | \$7,650 | \$7,650 |
| SUBTOTAL – SUPPLIES | \$6,100 | \$9,150 | \$15,250 |
| 3000 - 4000 OTHER SERVICES & CHARGES | | | |
| 3100 Expert & Consultant Services | \$0 | \$0 | \$0 |
| 3140 Contractual Employment | \$0 | \$0 | \$0 |
| 3150 Data Processing | \$0 | \$0 | \$0 |
| 3190 Other Professional Services ³ | \$28,046 | \$0 | \$28,046 |
| 3210 Telephone | \$0 | \$4,500 | \$4,500 |
| 3220 Postage | \$0 | \$375 | \$375 |
| 3300 Automobile Expense | \$0 | \$2,719 | \$2,719 |
| 3310 Convention & Travel | \$0 | \$0 | \$0 |
| 3400 Advertising | \$0 | \$0 | \$0 |
| 3500 Printing & Duplicating | \$0 | \$5,700 | \$5,700 |
| 3600 Insurance | \$0 | \$13,500 | \$13,500 |
| 3700 Public Utility Services | \$0 | \$62,813 | \$62,813 |
| 3800 Repairs & Maintenance | \$0 | \$12,825 | \$12,825 |
| 3900 Rentals – Buildings | \$0 | \$0 | \$0 |
| Rentals – Equipment | \$0 | \$0 | \$0 |
| 4290 Other Miscellaneous Expenses ⁴ | \$24,500 | \$27,241 | \$51,741 |
| 4999 Administrative Costs/Indirect Costs ⁵ | \$18,662 | \$36,471 | \$55,133 |
| SUBTOTAL – OTHER SERVICES & CHARGES | \$71,208 | \$166,144 | \$237,352 |
| TOTAL EXPENDITURES | \$186,618 | \$281,357 | \$467,975 |

Aloha Inn Budget—Personnel Detail

| Position Title | Hourly Rate | Number of Hours | General Fund | Other Funds | Total Program |
|--|------------------------------|-----------------|------------------|------------------|------------------|
| Housing Specialist | \$16.96 | 1,375 | \$23,314 | \$0 | \$23,314 |
| Services Manager | \$18.24 | 1,504 | \$27,435 | \$0 | \$27,435 |
| Benefits Specialist | \$17.60 | 686 | \$12,068 | \$0 | \$12,068 |
| Kitchen Organizer | \$14.83 | 1,175 | \$17,423 | \$0 | \$17,423 |
| Program Manager | \$21.86 | 1,490 | \$0 | \$32,582 | \$32,582 |
| Division Director | \$31.23 | 148 | \$0 | \$4,622 | \$4,622 |
| Program Assistant/ Driver | \$12.63 | 383 | \$0 | \$4,842 | \$4,842 |
| Bookkeeper | \$17.60 | 774 | \$0 | \$13,619 | \$13,619 |
| Housing Manager | \$16.82 | 443 | \$0 | \$7,448 | \$7,448 |
| Maintenance Manager | \$15.31 | 836 | \$0 | \$12,805 | \$12,805 |
| Janitor | \$13.20 | 199 | \$0 | \$2,633 | \$2,633 |
| Subtotal – Salaries & Wages | | | \$80,240 | \$78,551 | \$158,791 |
| Personnel Benefits: | FICA | | \$5,891 | \$5,814 | \$11,705 |
| | Pensions/Retirement | | \$4,090 | \$3,291 | \$7,381 |
| | Industrial Insurance | | \$2,509 | \$3,721 | \$6,230 |
| | Health/Dental | | \$14,975 | \$13,115 | \$28,090 |
| | Unemployment Compensation | | \$1,605 | \$1,571 | \$3,176 |
| Subtotal – Personnel Benefits | | | \$29,070 | \$27,512 | \$56,582 |
| Total Personnel Costs (Salaries & Benefits) | | | \$109,310 | \$106,063 | \$215,373 |

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 Reimbursemtn**

| | | | | | | |
|--|---|---|---------------------------------|--|------------|--|
| Program Specialist: Mary Flowers | Division: Transitional Living and Support | Phone: 206/684-0231 | Contract #: DA13-1420 | 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: Aloha Inn Transitional Housing Program | | Contact Person & Phone #: Katie Baum, 206/383-6070, katieb@ccsww.org |

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

| Fund Sources & Amounts | HSD General Fund | Total |
|------------------------------------|------------------|--------------|
| HSD General Fund: \$186,618.00 | | |
| Contract Budget | \$186,618.00 | \$186,618.00 |
| 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: Aloha Inn Transitional Housing Program | | Phone Number: | Contract Number: DA13-1420 |
| 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: \$186,618.00 | Cumulative Costs to Date | Cost for Report Month | Budget Balance |
|--|--|-----------------------------|--------------------------|-------------------|
| Personnel Services | | | | |
| 1100 Salaries & Wages | \$80,240 | | | |
| 1300 Fringe Benefits | \$29,070 | | | |
| Subtotal Personnel Services | \$109,310 | | | |
| Supplies | | | | |
| 2100 Office Supplies | \$3,900 | | | |
| 2200 Operating Supplies | \$2,200 | | | |
| Subtotal Supplies | \$6,100 | | | |
| Other Services & Charges | | | | |
| 3190 Other Professional Services | \$28,046 | | | |
| 4290 Other Miscellaneous Expenses | \$24,500 | | | |
| 4999 Administrative Costs/Indirect Costs | \$18,662 | | | |
| Subtotal Other Services & Charges | \$71,208 | | | |
| Total Contract Costs | \$186,618 | | | |

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

| | | | |
|---|---------------------------------|--|---|
| Contractor’s Name: Catholic Community Services of Western Washington | Name of Person Completing Form: | | |
| Project/Program Name: Aloha Inn Transitional Housing Program | Phone Number: | Contract Number: DA13-1420 | 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 | | | | |
| Housing Specialist | \$23,314 | | | |
| Services Manager | \$27,435 | | | |
| Benefits Specialist | \$12,068 | | | |
| Kitchen Organizer | \$17,423 | | | |
| Subtotal – Salaries & Wages | \$80,240 | | | |
| Benefits | | | | |
| FICA | \$5,891 | | | |
| Pensions/ Retirement | \$4,090 | | | |
| Industrial Insurance | \$2,509 | | | |
| Health/Dental | \$14,975 | | | |
| Unemployment Compensation | \$1,605 | | | |
| Subtotal – Benefits | \$29,070 | | | |
| Total Personnel Costs | \$109,310 | | | |

Generated Funds Report

| |
|---|
| Agency's Name: Catholic Community Services of Western Washington |
| Project/Program Name: Aloha Inn Transitional Housing Program |

| | |
|-----------------------------------|-----------------|
| Name of Person Completing Report: | Date of Report: |
|-----------------------------------|-----------------|

| | |
|--|----|
| Generated Funds Received During Report Month | \$ |
| Generated Funds Received Year-to-Date | \$ |

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

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

MONTHLY STATUS REPORT

| | | | |
|----------------------------|--|-------------------|------------------------------|
| Agency Name/ Program Name: | Catholic Community Services of Western Washington/Aloha Inn | | |
| Person Completing Form: | | For Month Ending: | |
| Contract Number: | DA13-1420 | Contract Period: | 4/1/2013 - 12/31/2013 |

| Milestones | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
|---|------------|------------|------------|------------|------------|------------|------------|------------|------------|--------------|
| Number newly enrolled in the program this month: | | | | | | | | | | |
| # Leavers (Exited program) this month | | | | | | | | | | |
| # Stayers (in program the last day of the month) | | | | | | | | | | |
| How many residents completed a housing plan this month? Goal=67 | | | | | | | | | | |
| How many residents opened a bank account this month? | | | | | | | | | | |
| How many residents completed housing applications this month? | | | | | | | | | | |
| What was the average occupancy this month? | | | | | | | | | | |
| Performance Commitments | | | | | | | | | | |
| A2B3-0 48 individuals will enter permanent housing. How many individuals entered permanent housing this month? | | | | | | | | | | |
| A2B4-0 33 individuals will enter permanent housing and remain for six months following placement. How many individuals remained housed for six months? | | | | | | | | | | |

QUARTERLY NARRATIVE REPORT

| | | | |
|----------------------------|--|-------------------|---------------------|
| Agency Name/ Program Name: | Catholic Community Services of Western Washington/Aloha Inn | | |
| Person Completing Form: | | For Month Ending: | |
| Contract Number: | DA13-1420 | 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.

Please provide a program success story.

QUARTERLY HMIS DATA REPORT

| | | | |
|----------------------------|--|-------------------|---------------------|
| Agency Name/ Program Name: | Catholic Community Services of Western Washington/Aloha Inn | | |
| Person Completing Form: | | For Month Ending: | |
| Contract Number: | DA13-1420 | 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 %

Client Profile Report - Demographic Standards

| |
|---|
| Agency Name: Catholic Community Services of Western Washington |
| Project Name: Aloha Inn Transitional Housing Program |
| Contract Number: DA13-1420 |
| Person Completing Report: |

| | |
|---------------------------------|--|
| Total Number of Adults Served | |
| Total Number of Children Served | |
| Total Number of Clients Served | |

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

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

Client Profile Report - Demographic Standards

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

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

| | | |
|----------------------------|----------------------------------|--|
| <p>VI</p> | <p>Orientation</p> | <p>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> |
| <p>Section VII</p> | <p>Persons with Disabilities</p> | <p>Self report by client except in programs where status is determined by a caseworker or other professional.</p> <p>A client with a disability has a physical, sensory or mental impairment that substantially limits one or more major life activities. Major life activities are functions such as caring for one's self, performing manual tasks, walking, seeing, breathing, learning and working. Clients who are developmentally disabled, chronically ill, hearing or visually impaired, homebound and/or have diagnosed emotional disorders are included in this category. Children/youth in this category include those in special education classes and those receiving SSI.</p> <p><u>Examples:</u></p> <ul style="list-style-type: none"> • Persons with restricted use of their hands, arms or have mobility problems (may use a wheelchair, walker, etc.). • Persons who cannot do simple household tasks such as making a bed or washing dishes. • Persons who cannot take care of their own basic needs such as feeding or bathing themselves. • Persons with learning disabilities. • Persons who score 50 or below on the Global Assessment Scale. • Persons who are incapacitated by alcoholism or substance abuse. • Children with speech or language delays that are not caused by English being their second language. |
| <p>Section VIII</p> | <p>Race/Ethnicity</p> | <p>A group of persons related by common descent or heredity, or who share a common culture, language, religion or other significant social characteristics. Clients are asked to select the category that <u>best</u> expresses how they see themselves. Record the category that is <u>most</u> preferred by the client.</p> <p>Do not let clients check more than one category. If a client prefers not to identify with one group, the “multi-racial” should be checked. The “unknown” category should be used if unable ask/request the information. The high-level categories are those used by the U.S. Census Bureau.</p> <p><u>American Indian, Alaska Native, Aleut, Eskimo:</u> Individuals whose race/ethnicity is native to the continent of North America (including Mexico), Alaska or the northern-most parts of Canada.</p> <p><u>Asian/Asian-American:</u> Individuals whose race/ethnicity is native to the continent of Asia, Philippine Islands or sub-continent of India. Count clients with the listed national origins in the specific categories, which will be rolled up to give the ‘Asian’ total. Hawaiian Natives or Other Pacific Islanders are excluded from this group.</p> <p><u>Black, African-American, Other African:</u> Individuals whose race/ethnicity is native to the continent of Africa and/or individuals who are North, Central or South American or Caribbean Islanders of African descent. Count clients with the listed</p> |

| | | |
|--------------------------|---------------------------------|---|
| | | <p>national origins in the specific categories, which will be added to give the "Black" total. Africans who identify as "Caucasians" (e.g. Afrikaners and North African Arabs or Caucasians) are excluded from this group.</p> <p><u>Hawaiian Native or Pacific Islander:</u> Individuals whose race/ethnicity is native to Pacific Island areas such as American Samoa, Caroline Islands, Guam, Hawaiian Islands, Mariana Islands, Tonga, Marshall Islands or Micronesia. Count clients with the listed national origins in the specific categories, which will be rolled up to give the "Hawaiian Native/OPI" total.</p> <p><u>Hispanic/Latino:</u> Individuals whose heritage can be traced to any Spanish speaking country in the western Hemisphere. Includes people who identify as Mexican/Chicano, Puerto Rican, Caribbean Islander, Cuban, Central American or South American. Does not include persons of indigenous heritage from these areas. Check only one of the options for each person. Persons of Latino heritage may be of any race. The question comes from the US Census, and we ask it to assure that Latinos have access to services.</p> <p><u>White or Caucasian:</u> Individuals whose race/ethnicity is native to the continent of Europe, Middle East or North Africa. Count clients with the listed national origins in the specific categories, which will be rolled up to give the "White" total.</p> <p><u>Multi-racial (2 or more identified races):</u> Individuals who do not wish to identify more strongly with one race and who prefer to select <u>more than one category</u> should be counted as "Multi-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> |
| <p>Section IX</p> | <p>Refugee/ Immigrant</p> | <p>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.</p> |
| <p>Section X</p> | <p>Limited English Speaking</p> | <p>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.</p> |

Human Services Department

2013 INCOME GUIDELINES

Gross Annual Income by Family Size

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

2013 HUD Income Guidelines

Gross Annual Income by Family Size

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

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