



COUNTY OF HUMBOLDT

AGENDA ITEM NO.

C-7

For the meeting of: January 24, 2017

Date: December 29, 2016

To: Board of Supervisors

From: Connie Beck, Director
Department of Health and Human Services-Social Services

Subject: Best Chance Rapid Rehousing Grant from the U.S. Department of Housing and Urban Development to the Humboldt County Department of Health and Human Services and Supplemental Budget (4/5 Vote).

RECOMMENDATION(S):

That the Board of Supervisors;

1. Ratify all previous actions taken by the Department of Health and Human Services (DHHS) pertaining to the Best Chance Rapid Rehousing project grant;
2. Authorize the director of DHHS to execute future amendments and/or documents related to the attached Best Chance Rapid Rehousing grant agreement after review and approval by county counsel and risk management;
3. Approve Attachment B: Supplemental budget to increase revenues and expenditures by \$117,366 in fund 1160 Social Services, budget unit 511 Social Services (4/5 vote);
4. Direct Auditor-Controller to supplement Fund 1160, per Attachment A;

SOURCE OF FUNDING:

Social Services Fund

Prepared by Robert Ward

CAO Approval

REVIEW:

Auditor ASW

County Counsel HZ

Human Resources _____

Other _____

TYPE OF ITEM:

- Consent
- Departmental
- Public Hearing
- Other _____

PREVIOUS ACTION/REFERRAL:

Board Order No. _____

Meeting of: _____

BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT

Upon motion of Supervisor Fennell (Seconded by Supervisor Wilson)

Ayes Sundberg, Fennell, Bass, Bohn, Wilson

- Nays _____
- Abstain _____
- Absent _____

and carried by those members present, the Board hereby approves the recommended action contained in this Board report.

Dated: Jan. 24, 2017

By: [Signature]

Kathy Hayes, Clerk of the Board

DISCUSSION:

The U.S. Department of Housing and Urban Development's (HUD) Continuum of Care program provides funds for rapid rehousing grants. DHHS submitted the Best Chance Rapid Rehousing grant application for the 2015 competition in the amount of \$108,630. The Best Chance Rapid Rehousing project will provide rapid rehousing, including housing search and identifications, move-in and rental assistance, and supportive services including case management, to a minimum of 13 chronically homeless individuals for up to two years. Participants will be referred from the Coordinated Entry System, which is designed to prioritize persons that have experienced long periods of homelessness and have the most severe service needs. Participants will receive case management services after becoming housed that is intended to provide services and support that are tailored to each household's need in order to limit return to homelessness.

The Best Chance Rapid Rehousing grant application was submitted to HUD on March 22, 2016. HUD approved the application for the Best Chance Rapid Rehousing project grant and sent a grant agreement which was signed by the DHHS director on October 7, 2016 in the amount of \$117,366 an increase of \$8,736. On October 10, 2016 the grant agreement was subsequently approved by HUD with an effective date of October 19, 2016. This grant may be renewed annually through Continuum of Care funding.

Due to a misunderstanding on the part of staff preparing the grant application and a subsequent supervisory oversight, the Director of DHHS executed the Best Chance Rapid Rehousing Grant Agreement without the prior approval of the Board of Supervisors. DHHS requests that the Board of Supervisors ratify the Department's previous actions to allow the Department to draw down these federal funds for this high-priority anti-homelessness project.

In addition, DHHS requests that the director of DHHS be authorized to execute future amendments and/or documents related to the attached Best Chance Rapid Rehousing grant agreement.

FINANCIAL IMPACT:

Ratification of the Best Chance Rapid Rehousing grant will allow the Department of Health and Human Services – Social Services to be reimbursed a maximum of \$117,366. This grant is federally funded through the HUD Continuum of Care program rapid rehousing. HUD requires a 25% match, (\$29,342) which will be provided in the form of Medi-Cal funded case management services. The supplemental budget before your board will increase expenditure line 3-109 Grant Fund Disbursement and revenue line 590069-HUD Grant in the amount of \$117,366 in fund 1160, budget unit 511 – Social Services in fiscal year 2016-17. This will increase the overall budget from \$84,131,316 to \$84,248,682. There is no negative impact to the county general fund.

This agreement supports the Board's Strategic Framework by protecting vulnerable populations, supporting self-reliance of citizens and improving the safety and health of our communities.

OTHER AGENCY INVOLVEMENT:

U.S. Department of Housing and Urban Development

ALTERNATIVES TO STAFF RECOMMENDATIONS:

The Board can choose not to ratify the previous actions taken by the department and authorize the Director of the Department of Health and Human Services to execute future amendments and/or documents related to the attached Best Chance Rapid Rehousing Grant agreement; however DHHS does not recommend this alternative. This grant would substantially increase the supply of rental assistance dedicated to housing persons experiencing chronic homelessness.

ATTACHMENTS:

Continuum of Care Program Grant Agreement.

Attachment B – Supplemental Budget Adjustment

Before Starting Technical Submission

HUD strongly encourages ALL grant recipients to review the following information BEFORE beginning Technical Submission.

Technical Submission

Congratulations on your FY 2015 Continuum of Care (CoC) Program conditional New, CoC Planning or UFA Costs Project award. All conditionally selected New, CoC Planning, and UFA Costs grant recipients must go through a "Technical Submission" process before HUD can execute a grant agreement. This process includes the acknowledgment and resolution of Issues and Conditions, the submission of additional project detail concerning administration costs and project milestones, and in some cases, minor adjustments to project information.

Completing the Technical Submission process in e-snaps ensures that accurate and current project information is available to HUD and the recipient at all times and that it will be correct for the next competition in which the grant is eligible for renewal. The screens in e-snaps that follow are very similar to the screens from the Project Application, and so should be easy to navigate.

Communication between HUD and recipients is essential to the proper and timely completion of the Technical Submission process. If you have questions about the specific information that you need to provide, contact your local HUD CPD field office for guidance. If you have technical questions about completing this form in e-snaps, please submit a question to the HUD Exchange via Ask A Question, which is accessible online at <https://hudexchange.info/ask-a-question/>.

Grant Agreements

HUD will enter into a grant agreement with the recipient who applied for and was conditionally awarded funding once the information provided at this step is received and approved by the local HUD CPD field office.

Things to Remember

- Only adjustments to project information submitted with the project application that resolve issues and conditions or reconcile budget changes made by HUD are allowed before grant agreement. Open conversation with the local HUD CPD field office is key to quickly addressing required adjustments and completing the technical submission. Adjustment requests must be addressed with HUD before submitting this form to make sure that the requests are eligible.
- Throughout the Technical Submission you will see frequent reference to the following terms:
 - Form: The word "form" is used to describe the entire submission - e.g. The Technical Submission Form
 - Screen: The word "screen" is used to describe each screen within a Form - e.g. The Attachments Screen
 - Additional training resources can be found on the HUD Resource Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>.
 - Program policy questions and problems related to completing the Technical Submission in e-snaps may be directed to HUD through the HUD Exchange via Ask A Question, which is accessible online at <https://hudexchange.info/ask-a-question/>.
 - To ensure that this form is completed correctly, refer to 24 CFR 578, the FY 2013 – FY 2014 CoC Program NOFA, the FY 2014 Funding Notice and the FY 2014 General Section NOFA.
 - All grant recipients should verify the accuracy of their applicant profile in e-snaps before submitting this form.
 - HUD reserves the right to reject any New, CoC Planning, or UFA Costs Project that fails to acknowledge and then satisfy Issues and Conditions as listed on this form, or that fails to satisfy the requirements detailed in this technical submission request.

Recipient Acknowledgement

Instructions:

This text box presents comments and alerts, recorded by HUD, that do not qualify as issues or conditions: This text box includes comments and alerts written by HUD for the grant recipient. These comments cannot be edited, and are meant to clarify issues, conditions, and other nuances of the post award process that HUD wishes to communicate.

A red message will display below the text box if Issues or Conditions were placed on this project by HUD and the recipient has not acknowledged them. As long as the message is visible, the recipient will not be able to submit the Issues and Conditions form. Additional red messages may appear to alert the recipient to actions that must be taken using screens that appear later in this form or to expectations that HUD has set for the operation of the project (e.g. adhering to Housing First principles, if applicable).

For the itemized issues and conditions, three columns appear. The first column, "HUD Award," includes a check box for each row and each relevant issue or condition. Boxes in this column have been selected by HUD during the HUD application review. The second column, "Recipient Acknowledgement," includes a check box for each row. Recipients must click the check box for each relevant issue or condition selected by HUD to acknowledge the issue or condition. If either #6F or #16 has been selected additional issues and conditions have been placed on the award using the 6 "Other" check boxes and text boxes at the bottom of the screen. Recipients must check the box to acknowledge row #6f or #16 and the box associated with the "Other" conditions recorded at the bottom of the screen. The third column contains the actual issues and conditions.

Issues, Conditions, and Alerts

Issue - a concern or a point of clarification that may require HUD field office monitoring and may require the recipient to submit additional information to ensure compliance with program requirements. An issue may or may not be resolved before grant agreement execution.

Condition - a deficiency in the project application that is related to a regulation, statute, or program requirement and must be satisfied before a grant agreement can be executed.

Alert - a general comment or warning related to one or more potential problems with the recipient, subrecipient(s), or project application.

Additional Resources:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

This text box presents comments and alerts, recorded by the Field Office, that do not qualify as issues or conditions.

Please ensure the appropriately revised match documentation is included.
Please ensure the appropriate environmental clearance documentation is provided. Please ensure the appropriate site control documentation is provided.

Additional alert(s) for recipients:

Recipients must submit match documentation to HUD before grant agreement. Upload match commitments using the Attachments Screen.

HUD has made at least one budget change that may require reconciliation before submission by adjusting budget subcategories on the following screen(s). This may also require a change to the total match commitment on the Match/Leverage screen.

- Rental Assistance
- Match

HUD Award	Recipient Acknowledgement	Conditions Applicable to ALL Projects
		1. Incomplete or missing certification forms. The following certification forms were either incomplete or missing from the e-snaps Applicant Profile. The form(s) must be completed and uploaded into the Applicant Profile in e-snaps before HUD can execute a grant agreement. Please notify the local HUD Field Office once this condition has been satisfied in e-snaps.
<input type="checkbox"/>	<input type="checkbox"/>	a. Recipient Disclosure/Update Report (HUD form 2880)
<input type="checkbox"/>	<input type="checkbox"/>	b. Drug-Free Workplace (HUD form 50070)
<input type="checkbox"/>	<input type="checkbox"/>	2. Conducting business in accordance with core values and ethical standards not confirmed.
<input type="checkbox"/>	<input type="checkbox"/>	3. The Central Contract Registration (CCR)/System for Award Management (SAM) was not recorded.
<input type="checkbox"/>	<input type="checkbox"/>	4. Confirm Eligibility of proposed project participants.
<input type="checkbox"/>	<input type="checkbox"/>	5. Assisting homeless under other Federal statutes.
		6. Special performance/capacity.
		Before grant agreement execution, the recipient must provide a written, comprehensive management plan addressing the capacity concern(s) listed below.
<input type="checkbox"/>	<input type="checkbox"/>	a. Outstanding obligation to HUD that is in arrears or no payment schedule established.
<input type="checkbox"/>	<input type="checkbox"/>	b. Unresolved construction delays, or monitoring or audit findings.
<input type="checkbox"/>	<input type="checkbox"/>	c. History of poor financial management/drawdown issues.
<input type="checkbox"/>	<input type="checkbox"/>	d. History of low occupancy levels.
<input type="checkbox"/>	<input type="checkbox"/>	e. Lack of experience in administering the project type.
<input type="checkbox"/>	<input type="checkbox"/>	f. Other capacity issues (specified below).
<input type="checkbox"/>	<input type="checkbox"/>	7. CoC Program interim rule costs compliance.

<input type="checkbox"/>	<input type="checkbox"/>	9. Unclear expansion activities.
		10. Ineligible budget combinations. The following funds were requested within the same project and cannot be used for the same unit and/or structure:
<input type="checkbox"/>	<input type="checkbox"/>	a. Leasing and acquisition, rehabilitation, and new construction
<input type="checkbox"/>	<input type="checkbox"/>	b. Tenant-based rental assistance and acquisition, rehabilitation, and new construction
<input type="checkbox"/>	<input type="checkbox"/>	c. Short-term/Medium term rental assistance and acquisition, rehabilitation, and new construction
<input type="checkbox"/>	<input type="checkbox"/>	d. Rental assistance and leasing
<input type="checkbox"/>	<input type="checkbox"/>	e. Rental assistance and operating
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11. Insufficient Match. The recipient must supply evidence of the appropriate match, cash or in-kind match for the total grant amount; except for leasing, with no less than 25 percent of cash and/or in-kind contributions. Written documentation of match, cash and/or in-kind match must be submitted to the Local HUD Field Office before HUD can execute the grant agreement. [24 CFR 578.73]
<input type="checkbox"/>	<input type="checkbox"/>	12. Conflict of Interest - Leasing.
<input type="checkbox"/>	<input type="checkbox"/>	13. Special Award PH Projects. All new PH-PSH projects applying for funds under reallocation or the Permanent Housing Bonus must serve 100% chronically homeless households.
<input type="checkbox"/>	<input type="checkbox"/>	15. HMIS Lead does not match the HMIS Lead listed in the CoC Applicant Profile.
		16. Other policy and program related conditions:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other 1
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other 2
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other 3
<input type="checkbox"/>	<input type="checkbox"/>	Other 4
<input type="checkbox"/>	<input type="checkbox"/>	Other 5
<input type="checkbox"/>	<input type="checkbox"/>	Other 6

Other 1

Please ensure the appropriately revised match documentation is included.

Other 2

Please ensure the appropriate environmental clearance documentation is provided.

Other 3

Please ensure the appropriate site control documentation is provided.

Other 4

Other 5

Other 6

Administrative Costs

Instructions:

Please complete the chart below for the administrative costs budget. If there are no subrecipients to the grant, complete lines 1 through 7. If there are subrecipients to the grant, and the subrecipients receive administrative costs, complete lines 1 through 9.

Administrative Costs: In this column, indicate the administrative activity to be paid for using CoC funds.

Year 1: In this column, enter the amount of CoC funds to be used to pay administrative costs in the first year.

If the grant is multi-year, enter the amount of CoC funds to be used for Years 2, 3, 4, and 5, as applicable.

Total: This column is read only. This column will automatically calculate when the screen is saved. The total amount must match the total for Admin Costs on the summary budget screen.

Amount for the Subrecipient: If a subrecipient(s) will receive Admin costs, enter the amounts out of the Totals for Itemized Administrative Costs in row 8 that will be allocated to the subrecipient(s). Complete the row according to the column instructions above. The amount under each column must be less than the amount calculated in the same column in row 8.

Additional Resources:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**Total Assistance Requested for \$678
Administration:**

	Administrative Costs:	Year 1	Year 2	Year 3	Year 4	Year 5	Total
1.	Salaries, wages, and related costs of the recipient's staff engaged in program administration.	\$678					\$678
2.							\$0
3.							\$0
4.							\$0
5.							\$0
6.							\$0
7.							\$0
8.	Totals for Itemized Administrative Costs	\$678	\$0	\$0	\$0	\$0	\$678
9.	Amount for the Subrecipient						\$0

Project Milestones

Instructions:

Enter the number of days it will take to complete each milestone that is relevant to your project. You must complete at least one milestone to submit the technical submission. You must enter a number. Text will not be accepted.

Additional Resources:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

For each structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur. If the project has only one structure or no structures, complete only column A. If a milestone is not applicable, leave the associated fields blank. If a milestone has already occurred, enter 0 in the associated field(s).

Project Milestone	Days from Execution of Grant Agreement Structure	Days from Execution of Grant Agreement Structure	Days from Execution of Grant Agreement Structure	Days from Execution of Grant Agreement Structure
	A	B	C	D
Closing on purchase of land, structure, or execution of lease				
Last unit leased, if leasing scattered units				
Rehabilitation started				
Rehabilitation completed				
New construction started				
New construction completed				
Operations staff hired	1			
Residents begin to occupy	60			
Supportive services begin				
Facility near 100% occupied				
Enrollment in supportive services near 100% capacity				

Attachments

Instructions

The Attachments screen provides the standard links necessary for all project types to complete a technical submission. Please note that many of the documents below are component type, project type, and activity specific and so may not be relevant to your project. Recipients are only required to attach match documentation in order to submit the technical submission form; however, additional attachments may be required for approval of the technical submission by HUD. Review the details below, the recipients post award guide, and the CoC Program interim rule for further details. You can also contact your local HUD CPD representative for more information.

Under the "Document Type" heading, select the most appropriate attachment slot related to the document you are uploading.

Match Documentation: (Required) Documentation that confirms the match commitments entered into the project application. Before grant execution, cash and in-kind services to be provided by a third party must be documented between the recipient or subrecipient and the third party that will provide the services. For more information, please review 24 CFR 578.73.

Job Descriptions: Documentation that describes the roles and responsibilities of staff employed to carry out the project activities. Attach narrative statements indicating job title(s) for each position to be funded. For each position describe the job responsibilities as they relate to the project.

Site Control: The recipient's contracted control over the properties that will be used during project implementation. If the project has more than three structures that require site control, please combine documentation into one attachment. For more information on what types of projects and structures require site control, please review 24 CFR 578.25.

Environmental Review: Documentation that confirms an environmental review has been performed with satisfactory results in accordance with 24 CFR Part 58 and 578.31. Recipients, subrecipients, project partners, and their contractors may not acquire, rehabilitate, convert, lease, repair, dispose of, demolish, or construct property for a project, or commit or expend HUD or local funds for eligible activities until an environmental review has been completed. For more information, please review 24 CFR 578.31 and <https://www.hudexchange.info/resource/4045/coc-program-environmental-review-flow-chart/>.

Zoning Documentation: One of three documents verifying that new construction and rehabilitation projects conform to local zoning and building codes:

1. A statement on letterhead stationery from the unit of general local government indicating that the proposed use is permissible under applicable zoning ordinances and regulations
2. A statement that the zoning will be changed to allow for the proposed use within one year from the date of HUD's award letter
3. An existing lawsuit filing or HUD complaint, or a commitment that a filing or complaint will be filed within three months challenging the legality of the current zoning ordinance or regulations under the Fair Housing Act.

For more information on this type of documentation, please review 24 CFR 578.75.

Documentation of Financial Feasibility: Documentation that confirms the financial feasibility of both implementing and operating the eligible costs requested in the project application. A project must demonstrate that it has enough cash resources to carry out project activities and that the resources will be available to meet the reported project milestones. For more information, please refer to 24 CFR 578.21(c).

Restrictive Covenant: Documentation required for projects that have capital costs (e.g. construction, rehabilitation and/or acquisition). Projects with acquisition costs are also required to provide the purchase agreement. For more information, please refer to 24 CFR 578.81.

Other Attachments: Upload additional documentation that relates to the technical submission,

including justification for project adjustments. Use a zip file to attach multiple documents.

Additional Resources:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

Document Type	Required?	Document Description	Date Attached
01) Match Documentation	Yes	Match Documentati...	10/03/2016
02) Job Descriptions	No		
03) Site Control 1	No	Site Control- Adm...	10/03/2016
04) Site Control 2	No		
05) Site Control 3	No		
06) Environmental Review 1	No	Environmental Review	10/03/2016
07) Environmental Review 2	No		
08) Environmental Review 3	No		
09) Documentation of Financial Feasibility (New Construction, Acquisition, Rehabilitation)	No		
10) Zoning Documentation	No		
11) Restrictive Covenant	No		
12) Other Attachment(s)	No		

Attachment Details

Document Description: Match Documentation- increased match due to increased FMR

Attachment Details

Document Description:

Attachment Details

Document Description: Site Control- Admin site

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Environmental Review

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Adjustments

Instructions:

HUD will only accept adjustments that specifically address and resolve an issue or condition or reconcile a budget change made by HUD to the conditional award.

Select "Yes" or "No" to the question, "Has HUD required that you adjust information submitted with your application to resolve Issues and Conditions and/or reconcile budget changes made by HUD?"

If "No" then select "Next".

If "Yes" then a text box will appear that asks, "Briefly describe the adjustments being requested." List the adjustments (bullets are appropriate) and then select "Save & Next".

Additional Resources:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

Has HUD required that you adjust information submitted with your application to resolve Issues and Conditions and/or reconcile budget changes made by HUD? Yes

Adjustments can only be made to resolve issues and conditions and to reconcile budget changes made by HUD before award. No new requests for changes to your project may be initiated using this form. All adjustments will be reviewed by HUD before grant agreement and may be rejected.

Briefly describe the adjustments being requested.

Increasing match amount. Correcting type of match from in kind to cash. Attaching match documentation. Attaching Environmental Review documentation.

1A. Application Type

This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 10/03/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:
(e.g., expiring grant number)

6. Date Received by State:

7. State Application Identifier:

1B. Legal Applicant

This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.

8. Applicant

a. Legal Name: Humboldt, County of, DBA-Dept. of Health and Human Services

b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000513

c. Organizational DUNS:	793165098	PLUS 4	
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d. Address

Street 1: 507 F Street

Street 2:

City: Eureka

County: Humboldt

State: California

Country: United States

Zip / Postal Code: 95501

e. Organizational Unit (optional)

Department Name: Health and Human Services

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Robert

Middle Name:

Last Name: Ward

Suffix: Esq.

Title: Administrative Analyst

Organizational Affiliation: Humboldt, County of, DBA-Dept. of Health and Human Services

Telephone Number: (707) 441-4613

Extension:

Fax Number: (707) 444-9522

Email: rward@co.humboldt.ca.us

1C. Application Details

This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.

9. Type of Applicant: B. County Government

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-5900-N-18B

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. Congressional District(s)

Instructions:

All fields on this screen will populate with information from the project application. These fields can be adjusted.

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project screen when the project application was created. To change the project name, click Back to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. **Applicant:** This field populates from the Project Applicant Profile. Project applicants cannot modify the data in this field. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. **Project:** This field is required. Select the congressional district(s) in which the project operates. For new projects, select the district(s) in which the project is expected to operate.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project. For new project applications, indicate the estimated operating start and end date of the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

14. Area(s) affected by the project (State(s) only): California
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Best Chance RRH

16. Congressional District(s):

a. **Applicant:** CA-002

b. **Project:** CA-002

(for multiple selections hold CTRL key)

17. Proposed Project

a. **Start Date:** 07/01/2016

b. **End Date:** 06/30/2017

18. Estimated Funding (\$)

- a. Federal:**
- b. Applicant:**
- c. State:**
- d. Local:**
- e. Other:**
- f. Program Income:**
- g. Total:**

1E. Compliance

This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.

- 19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

- 20. Is the Applicant delinquent on any Federal debt?** No

If "YES," provide an explanation:

1F. Declaration

This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE:

21. Authorized Representative

Prefix: Ms.

First Name: Connie

Middle Name:

Last Name: Beck

Suffix:

Title: Director of Health and Human Services

Telephone Number: (707) 441-5400
(Format: 123-456-7890)



Fax Number: (707) 441-5586
(Format: 123-456-7890)

Email: cbeck@co.humboldt.ca.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 10/03/2016

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$0

Number of Subrecipients: 0

Organization	Type	Sub-Award Amount
This list contains no items		

2B. Experience of Applicant, Subrecipient(s), and Other Partners

Instructions:

All fields on this screen will populate with information from the project application. These fields can be adjusted.

Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations: This is a required field. Describe why the applicant, subrecipients, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) are the appropriate entities to receive funding. Provide concrete examples that illustrate their experience and expertise in the following: 1) working with and addressing the target population's identified housing and supportive service needs; 2) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation; 3) identifying and securing matching funds from a variety of sources; and 4) managing basic organization operations including financial accounting systems.

Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds: This is a required field. Include experience with all Federal, State, local and private sector funds. If the applicant and subrecipient have no experience leveraging other funds, include the phrase "No experience leveraging other Federal, State, local, or private sector funds."

Describe the basic organization and management structure of the applicant and subrecipients (if any): Include evidence of internal and external coordination and an adequate financial accounting system: This is a required field. Include the organization and management structure of the applicant and all subrecipients, making sure to include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.

Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any): This is a required field. Select "Yes" or "No" to indicate whether or not the subrecipient has open OIG audit findings; poor or non-compliance with applicable Civil Rights Laws and/or Executive Orders; or open McKinney-Vento related monitoring findings. The question is related to those projects for which the subrecipient organization is either a direct recipient or a subrecipient.

Describe the unresolved monitoring or audit findings: This is a required field if "Yes" to the previous question. Use the space provided to explain the details of the unresolved monitoring or audit findings and the steps the applicant or subrecipient will take to resolve the findings.

Additional Resources:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

Humboldt County Department of Health & Human Services (DHHS) is a unit of local government and has extensive experience in managing and utilizing federal funds. DHHS is an integrated agency and provides social services to individuals, families and children such as TANF and Child Welfare Services, Calfresh (SNAP), Medi-Cal and General Assistance. DHHS is the provider of services under Medi-Cal managed care to persons with serious mental illness

and substance use disorders. Street Outreach Services (SOS) is the unit of DHHS that will be responsible for this project. DHHS is able to provide substantial match in the form of services to our CoC projects and other Federal grants. SOS currently operates two PSH projects using CoC funding for persons who are chronically homeless with serious mental illness. The first, Humboldt Housing, began operating in 2008 and has met performance standards every year. Drawdowns have been timely and there have been no monitoring findings. SOS has provided outreach and street level services to persons experiencing homelessness for over 15 years and is adept at engagement, screening and assessment for service needs and mainstream benefit eligibility.

SOS staff members have a proven track record of helping people experiencing homelessness to identify suitable permanent housing options, addressing issues that may impede access to housing such as credit history, arrears and legal issues, negotiating appropriate lease agreements with landlords, and in providing appropriate services and supports to reduce returns to homelessness. Because of this substantial experience, Best Chance RRH could be implemented quickly. SOS has developed relationships with several area property managers that are willing to work with persons experiencing homelessness.

Fiscal systems for management and rental payments are already in place as well as procedures for outreach to clients and methods of identifying homeless persons in need of RRH.

Street Outreach Services has been operating an informal RRH project for years. Our staff has been involved in engaging homeless persons living in unsheltered conditions, identifying housing options that are affordable and available to the clients, and in providing case management and other supportive services to the clients once they have been housed. We serve many more clients than we have PSH beds available, so our staff has had to find creative ways to use the clients' own resources to end their homelessness as rapidly as possible. In the summer of 2015, we launched a new RRH project funded with local tax revenues to provide help with move-in costs such as first month's rent and security deposits. This project would give our staff a critical tool that has been missing- the ability to provide time-limited rental assistance.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

DHHS has leveraged funds from multiple sources, including SAMHSA and ACF, to enhance services to residents of Humboldt County. Recently DHHS has been working closely with the City of Eureka on solutions to its sizable population of mostly unsheltered homeless persons. DHHS has joined forces with the Eureka Police Department, local small businesses and chamber of commerce, city and county officials and homeless activists in a group known as CHIP - Community Homeless Improvement Project -that uses private sector funds for a walking outreach and engagement program and other emergency services such as an extreme weather shelter project.

DHHS recently used State Mental Health Services Act (MHSA) funds to develop 15 more PSH units with a housing development partner that is also part of the HHC (Humboldt Housing & Homeless Coalition CoC CA-522). The partner, Humboldt Bay Housing Development Corporation, recently received a high score from California's Tax Credit Allocation Committee and was awarded tax credits for the project in September 2014. MHSA contributed \$1.6 million to the

project and the City of Arcata has designated and approved a site. The project, known as Arcata Bay Crossing (ABC), opened in September 2015 and is already operating at 100% capacity.

DHHS bills Medicaid programs and other insurance for eligible services whenever possible to provide supportive services to participants.

FEDERAL SOURCES SAMHSA, ACF, Medicaid
STATE SOURCES MHSA, Tax Credits
LOCAL SOURCES County General Fund, City of Eureka, City of Arcata
PRIVATE SOURCES Humboldt Area Foundation, Fundraising

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

Humboldt County Department of Health & Human Services (DHHS) is a unit of local government. DHHS is an integrated Health and Human Services Agency under the State's Integrated Services Initiative (AB315 Berg). DHHS includes the former Departments of Mental Health, Public Health, Employment Training, Veterans Services, Public Guardian and Social Services.

DHHS is now organized under its Administration as Children, Youth & Family Services; Adult Services; Older Adults; and Community. Administration includes Fiscal, Facilities, Employee Services, Public Information and Media, Research & Evaluation and Integrated Services & Supports. DHHS has close to 1,200 employees and is managed by a Director with two Assistant Directors: one for Programs and one for Administration. Integrated Services & Supports is supervised directly by the Assistant Director for Programs and includes the Office of Client & Cultural Diversity (OCCD). Street Outreach Services (SOS) exists within OCCD as part of DHHS Mobile Outreach and is supervised by a Senior Program Manager.

SOS will directly manage Best Chance RRH. SOS currently provides and coordinates services to chronically homeless persons in two existing HUD CoC projects: Humboldt Housing and Humboldt Housing Expansion. SOS is an "integrated" unit and employees are drawn from multiple disciplines: behavioral health, public health and social work, and includes peer support specialists in recovery from mental illness and substance use disorders. Some staff members are bilingual in Spanish and English, others are American Indian and some have histories of homelessness, moving SOS in the direction of cultural proficiency.

DHHS Administration includes a Fiscal unit responsible for accounting of DHHS funds. As local government, DHHS Fiscal Services is linked to the larger Humboldt County system and subject to audit reviews internal and external, obligations of transparency and accountability to the public, and procedures that ensure appropriate use of funds. Fiscal Services uses Sunguard's IFAS 7i web-based accounting system. Requests for purchases and payments are sent to DHHS Fiscal Services, reviewed for accuracy and appropriateness, and sent forward to the County Administrator. After review there, requests go to the County Auditor-Controller for final review and issuance of checks. Checks are returned to the Accounts Payable unit of DHHS Fiscal Services for final processing and distribution.

DHHS provides substantial support to CoC projects serving homeless through in kind services, through direct payment for TANF services and through contracts for services for SNAP outreach and behavioral health services to youth and families. DHHS is an active member of CA-522 and provides staff support to the Continuum.

4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)? No

3A. Project Detail

Instructions:

The majority of the fields on this screen are for reference only. Questions 4, 5, and 6 may only be adjusted to resolve identified issues and conditions.

Additional Resources:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1a. CoC Number and Name: CA-522 - Humboldt County CoC

2. Project Name: Best Chance RRH

3. Project Status: Standard

	New Submission	HUD Award	Adjustment
4. Component Type:	PH	PH	PH

5. Is Energy Star used at one or more of the proposed properties? No

6. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

Instructions:

All fields on this screen will populate with information from the project application. Many fields can be adjusted directly. For others, data can only be entered under the Adjustment column. Data under the New Submission column populates from the project application. Data under the HUD Award column populates from the HUD conditional award.

A description that addresses the entire scope of the proposed project: This field populated with the information from the project application. It cannot be adjusted.

Provide changes, if required, to the description that addresses the entire scope of the proposed project: This field populates with information from the project application. It can be adjusted. A project description should be complete and concise. It must address the entire scope of the amended project, including the details from Terminating grants under a grant consolidation. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work: This is a required field. Provide a schedule and describe both a management plan and implementation methodology that will ensure that the project will begin operating within the requirements described in the FY 2015 CoC Program NOFA and CoC Program interim rule.

Will your project participate in a CoC Coordinated Assessment System: This is a required field. Select "Yes" if the project is currently participating in a coordinated assessment system. If a coordinated assessment system does not exist in the CoC or if the project does not participate, select "No" and the following question will be visible:

- Please explain why your project does not participate in a CoC Coordinated Entry Process as required by 24 CFR part 578

Will your project have a specific population focus: This is a required field. Select "Yes" if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If "Yes" is selected, select the relevant checkbox(es) to identify the project's population focus. Please remember that applicants may only request new reallocated funds for PSH projects that serve the chronically homeless or for RRH projects that serve households with children. At a minimum, the appropriate subpopulation should be reflected in the answer to this question.

Will the project follow a "Housing First" approach: The following three questions are required for PH projects and does not apply to SSO Coordinated Entry or HMIS projects.

Confirm whether the project quickly moves participants into permanent housing and select checkboxes that indicate whether the participants are not screened out or terminated from the program based on the listed reasons.

Will the project quickly move participants into permanent housing? This is a required field. The recipient must select "Yes" or "No" from the dropdown.

Will the project ensure that participants will not be screened out based on the listed reasons?(Check all that apply): The recipient must select at least one checkbox and should select "None of the above" if all of the listed reasons are used to screen out participants.

Will the project ensure that participants are not terminated from the program for listed reasons?

(Check all that apply): The recipient must select at least one checkbox and should select "None of the above" if all of the listed reasons are used to terminate participants from the program.

Will the project follow a "Housing First" approach? This is auto-scored based upon the responses to the questions above and "Yes" or "No" will indicate whether the project is using the Housing First approach to house program participants.

If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property. This field must be completed if the project applicant will request capital costs (e.g., acquisition, rehabilitation, or new construction) in the project application. Provide a detailed list of the activities and responsibilities assigned to the applicant and each subrecipient (if any).

PH PROJECTS ONLY

Will the PH Project provide PSH or RRH: This is a required field if PH. Select "PSH" if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select "RRH" if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

Will the project request costs under the rental assistance budget line item? This is a required field. If requesting rental assistance, select "Yes" from the dropdown menu. If not requesting rental assistance in this project application, select "No".

Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation: This is a required field. If "Yes" is selected, explain how and why the project will implement this requirement for participants to live in particular structure, unit, or locality during all or a portion of the period of participation.

Will more than 16 persons live in one structure: This is a required field. If "Yes" is selected, describe the local market conditions that necessitate a project of this size and describe how the project will be integrated into the neighborhood.

Additional Resources:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1a. Application description that addresses the entire scope of the proposed project.

This project will provide rapid re-housing, including housing search and identifications, move-in and rental assistance, and supportive services including case management, to a minimum of 13 individuals during the first operating year.

During the 2015 PIT Count, our CoC counted 993 homeless persons in households without children, 372 of whom were chronically homeless, leaving 621 that were homeless without children and not chronically homeless. There were a total of 1180 homeless persons counted during our 2015 PIT Count. Therefore, according to the latest PIT data for our CoC, more than half of all homeless persons in Humboldt County were in households with no children and were not chronically homeless. Despite this fact, there are currently almost no housing resources available in the CoC to assist this population, the vast majority of whom are not veterans and are living in unsheltered conditions. Given the difficulty of counting unsheltered homeless persons, and the fact that emergency shelter in the CoC is extremely limited and insufficient for community needs, we suspect that this number is a substantial undercount. CoC Program support is required for this project because without such support the project will not be funded.

If awarded, this project would focus on rapidly rehousing homeless persons in households without children that are coming directly from the streets or

emergency shelters, or that are fleeing or attempting to flee domestic violence. DHHS was recently awarded a \$496,000 grant from the California Department of Social Services to provide RRH for households with children, so those households would be referred to that project.

Outreach workers will use a standardized assessment tool, the VI-SPDAT, to assist in determining the most appropriate intervention for a given homeless household and to identify suitable candidates for RRH. The SOS team will assist clients in locating suitable housing, in removing barriers to housing whenever possible, and will provide services and supports that are tailored to each household's needs in order to limit returns to homelessness. We project that at least 80% of participants will remain in permanent housing at project exit and that at least 80% will maintain or increase their incomes. The SOS unit will coordinate with other units of DHHS as well as other service providers such as Open Door Community Health Services in order to ensure that participants receive the support they need to remain in permanent housing.

1b. Provide changes, if required, to the description that addresses the entire scope of the proposed project.

This project will provide rapid re-housing, including housing search and identifications, move-in and rental assistance, and supportive services including case management, to a minimum of 13 individuals during the first operating year.

During the 2015 PIT Count, our CoC counted 993 homeless persons in households without children, 372 of whom were chronically homeless, leaving 621 that were homeless without children and not chronically homeless. There were a total of 1180 homeless persons counted during our 2015 PIT Count. Therefore, according to the latest PIT data for our CoC, more than half of all homeless persons in Humboldt County were in households with no children and were not chronically homeless. Despite this fact, there are currently almost no housing resources available in the CoC to assist this population, the vast majority of whom are not veterans and are living in unsheltered conditions. Given the difficulty of counting unsheltered homeless persons, and the fact that emergency shelter in the CoC is extremely limited and insufficient for community needs, we suspect that this number is a substantial undercount. CoC Program support is required for this project because without such support the project will not be funded.

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receive the support they need to remain in permanent housing.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

The SOS unit will begin rapidly rehousing clients within a few months of notification of grant award. The SOS team has been operating a sort of rapid rehousing program for several years under the auspices of SAMSHA's PATH program. Our case managers are already providing assistance with housing identification and supportive services once a homeless person has been housed. While the PATH program includes some funding for security deposits, it does not provide the time-limited rental subsidies that this program would provide. One of the primary obstacles that our staff has struggled to overcome is that many homeless persons that are not disabled and do not have children are not eligible for any type of financial assistance other than the very limited assistance provided by DHHS's General Relief Program. This project will give our staff a critical tool that they have been missing and we fully expect the project to reach 100% capacity during the first year of operation. SOS has good experience in how best to engage tenants in supportive services, assessing needs of tenants and getting tenants enrolled in mainstream benefits when they are eligible. DHHS Fiscal works closely with SOS to manage rental payments and deposits so that clients can move in quickly when a unit is secured. Lessors receive rent timely and DHHS Fiscal pays the full amount of rent to lessor and then bills tenant for any portion they are responsible for. If the tenant is on General Assistance or uses the Public Guardian or other payee, client portion of rent is collected directly from that source. These procedures help ensure that tenant does not lose housing due to non-payment of rent. Lessors are asked to call SOS if there are any concerns about the tenant to allow for intervention by SOS staff before problems that could result in eviction develop. This increases housing retention for residents, as most problems are quickly resolved. When intervention fails and eviction is pending, SOS has successfully relocated two clients to alternative housing to forestall the eviction process. Best Chance RRH will be subject to oversight by HHHC (CA-522) and by DHHS Administration and will be required to report monthly on implementation progress as this project will be extremely important to the community.

3. Will your project participate in a CoC Coordinated Entry Process?

Please explain why your project will not participate in a CoC Coordinated Entry Process.

A Coordinated Entry Process is under development in Humboldt County. We intend to participate as soon as a process is implemented for RRH projects.

4. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
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Veterans	<input type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

5. Housing First

a. Will the project quickly move participants into permanent housing? Yes

b. Will the project remove the following barriers to accessing housing and services? (Check all that apply)

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance abuse	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

c. Will the project remove the following as reasons for program termination?

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Domestic violence	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found in the project's geographic area.	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

d. Will the project follow a "Housing First" approach? Yes

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

	New Submission	HUD Award	Adjustment
7. Will the PH project provide PSH or RRH? (Click 'Save' to update)	RRH	RRH	RRH

	New Submission	Adjustment
8. Will the project request costs under the rental assistance budget line item?	Yes	Yes

9. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

10. Will more than 16 persons live in one structure? No

3C. Project Expansion Information

Instructions:

All fields on this screen will populate with information from the project application. These fields can be adjusted.

Will the project use an existing housing facility or incorporate activities provided by an existing project: This is a required field. Select "Yes" or "No" to indicate whether the proposed project expands an existing project in any way either by increasing the number of persons served, providing additional supportive services, bringing existing facilities up to state or local government health and safety standards, or if the funding replaces the loss of non-renewable funding. If "Yes," select all of the applicable expansion activities and provide a description for each as described below.

Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details. Select one or more of the following activities that describe the type of expansion being proposed. Once all selections have been made, click on the "Save" button in order for follow-up questions related to the applicable selections to be made visible.

Increase the number of homeless persons served
The project applicant will complete a table to indicate what the current level of effort (i.e., number of persons currently being served) and what the new level of effort will be as a result of this expansion project. The project applicant should enter the number of persons/units/beds based on the full capacity (currently and after expansion) at a single point in time and not based on the number of persons served over the course of an operating year.

Provide additional supportive services to homeless persons
Select from the available items in the first menu and click "Add" or "Add All" to move them to the second menu. To cancel selection of one or more items added to the second menu, click on the appropriate selection(s) and then click "Remove" or "Remove All."
Use the text box provided to justify the supportive service increase indicated in the second menu screen above.

Bring existing facilities up to state or local government health and safety standards
Use the text box provided to describe how the project is proposing to "bring the existing facility(ies) up to state/local government health and safety standards." Please reference the applicable standard(s).

Replace the loss of nonrenewable funding
a) Use the text box provided to describe the source of non-renewable funding. b) Use the text box provided to describe why the funds are non-renewable.
c) Select the date from the date field corresponding to the date when the non-renewable funds will expire.
d) Use the text box provided to describe what steps were taken to obtain other funding sources.
e) Use the text box provided to describe why CoC Program funds are needed to continue operating the project.

Additional Resources:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? No

4A. Supportive Services for Participants

Instructions:

All fields on this screen will populate with information from the project application. These fields can be adjusted.

Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families: This is a required field. Select "Yes," "No," or "N/A" to indicate whether the project policies provide for educational and related services to individuals and families experiencing homelessness, and if the policies are consistent with local and federal educational laws, including the McKinney-Vento Act. Only projects that do not serve families with children or unaccompanied youth should select "N/A." If "No" is selected, the project applicant will be required to answer an additional question.

Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? This is a required field. Select "Yes," "No," or "N/A" to indicate whether the project has a designated staff person responsible for ensuring that children and youth are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services. Only projects that do not serve families with children or unaccompanied youth should select "N/A." If "No" is selected, the project applicant will be required to answer an additional question.

Describe the manner in which the project applicant will take into account the educational needs of children when youth and/or families are placed in housing: This is a required field if a response of "No" is given for either one of the two preceding questions. Use this space to explain how the project will plan to meet the educational needs of children and youth participants according to the requirements specified under section 426.B.4 of the McKinney-Vento Act as amended by HEARTH.

Describe how participants will be assisted to obtain and remain in permanent housing: This is a required field. Describe how the project applicant will assist project participants to obtain and remain in permanent housing. The response should address how the applicant will take into consideration the needs of the target population and the barriers that are currently preventing them from obtaining and maintaining permanent housing. The applicant should describe how those needs and barriers how those will be addressed through the case management and/or other supportive services that will be offered through the project. If participants will be housed in units not owned by the project applicant, the narrative must also indicate how appropriate units will be identified and how the project applicant or subrecipient will ensure that rents are reasonable. Established arrangements and coordination with landlords and other homeless services providers should be detailed in the narrative.

Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently: This is a required field. Describe the supportive services that will be provided to help project participants locate employment and access mainstream resources so that they are more likely to be able to live independently.

For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider or mode of Access is relevant for a single service, please select the provider and mode of access that corresponds to the highest frequency.

- Provider: select one of the following: "Applicant" to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; "Partner" to indicate that an organization that is not a subrecipient of project funds but with whom

a formal agreement or MOU has been signed will provide the service directly; or, "Non-Partner" to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as "—select—" when services are not applicable.

To what extent are most community amenities available to project participants: This field is required. Select the answer that best fits the accessibility of community amenities such as: schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks or recreation facilities. If accessibility varies significantly by amenity, choose the level that best describes most of the amenities or the average accessibility of amenities.

Please identify whether the project will include the following activities:

Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs: This is a required field. Select "Yes" if the project provides regular or as requested transportation assistance to mainstream and community resources, including appointments, employment training, or jobs. Select "No" if transportation is not regularly provided or cannot be provided consistently as requested.

Use of a single application form for four or more mainstream programs: This is a required field. Select "Yes" if the project uses a single application form that allow participants to sign up for four or more mainstream programs. Select "No" if mainstream forms are for 3 or fewer programs.

At least annual follow-ups with participants to ensure mainstream benefits are received and renewed: This is a required field. Select "Yes" if the project regularly follows-up with participants to ensure that they are receiving their mainstream benefits and to renew benefits when required. Select "No" if there are no follow-ups or the follow-ups are irregular concerning mainstream benefits.

Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency: This is a required field. Select "Yes" if project participants have access to SSI/SSDI technical assistance. The assistance can be provided by the applicant, a subrecipient, or a partner agency – through a formal or informal relationship. Select "No" if there is no or significantly limited access to SSI/SSDI technical assistance.

Indicate the last SOAR training date for the staff person providing the technical assistance: This is a required field. Indicate the date of the last SOAR training date for the staff person who is providing the technical assistance.

Additional Resources:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Yes

1b. Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? Yes

2. Describe how participants will be assisted to obtain and remain in permanent housing.

The project will assist households in finding and securing appropriate rental housing, provide assistance to cover move-in costs, deposits and rental assistance to allow household to move immediately out of homelessness and to stabilize in permanent housing. We will implement a landlord recruitment strategy that involves explaining the benefits of working with our program, such as a point person that landlords may contact if problems arise, regular in-home visits by case managers, and time-limited rental subsidies. Case management and services will be provided to help households address issues that may impede access to housing, negotiate manageable and appropriate lease agreements with landlords, make appropriate and time-limited services and supports available to allow participants to quickly stabilize in permanent housing. Staff will provide or assist households with connections to resources that help them improve their safety and well-being and achieve their long-term goals.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

Staff will provide or ensure that households have access to resources related to benefits, employment and community-based services (if needed/appropriate) so that they can sustain rent payments independently when rental assistance ends. Case managers will assist households in obtaining all benefits that they are eligible for, and will assist clients in accessing employment resources offered by the Job Market and DHHS's Employment and Training Division. DHHS determines eligibility for mainstream benefits, we have experts that train the case managers on how to connect clients to these benefits and we have a demonstrated track record of success in this area.

4. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click 'Save' to update.

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	As needed
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	As needed
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Applicant	As needed
Food	Non-Partner	As needed
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Applicant	As needed
Mental Health Services	Applicant	As needed
Outpatient Health Services	Non-Partner	As needed
Outreach Services	Applicant	Daily



Substance Abuse Treatment Services	Applicant	As needed
Transportation	Applicant	As needed
Utility Deposits	Applicant	As needed

5. Please identify whether the project will include the following activities:

- 5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? **Yes**
- 5b. Use of a single application form for four or more mainstream programs? **No**
- 5c. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? **Yes**

- 6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? **Yes**
- 6a. Indicate the last SOAR training date for the staff person providing the technical assistance. **10/01/2013**

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 13

Total Beds: 13

Housing Type	Units	Beds	Dedicated CH Beds	Non-Dedicated CH Beds
Scattered-site apartments (...)	13	13	0	13

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

All fields on this screen will populate with information from the project application. These fields can be adjusted.

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project. The total cannot be less than number of units requested in the recipient's budget.

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field. Enter the total number of beds that are not dedicated to the chronically homeless. If all none of the beds are not dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2015 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

How many of the beds listed in question "2c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

SSO PROJECTS ONLY

Is this project a coordinated assessment project? This is a required field if No to question 2. Select 'Yes' or 'No' to indicate whether the project is for the development and/or implementation of a CoC-wide Centralized or Coordinated Assessment. All other projects not represented by the three categories must select 'No.'

By answering this question and saving the screen, unique performance measurement charts will be available in Section 6 of the project application and are designed specifically for the type of Supportive Services Only project identified.

Additional Resources:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 13

b. Beds: 13

3. Address:

Street 1: 507 F Street

Street 2:

City: Eureka

State: California

ZIP Code: 95501

4. Select the geographic area(s) associated with the address: 069023 Humboldt County
(for multiple selections hold CTRL Key)

5A. Project Participants - Households

Instructions:

ALL PROJECTS EXCEPT HMIS

All fields on this screen will populate with information from the project application. These fields can be adjusted.

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

- Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

- Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

- Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

- Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

- Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the "Total Number..." and "Total Persons" rows will automatically calculate when the "Save" button is clicked.

Additional Resources:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households		13		13

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24		12		12

Adults ages 18-24		1		1
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	13	0	13

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

All fields on this screen will populate with information from the project application. These fields can be adjusted.

*This form can only be completed once form "5A. Project Participants – Households" has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on the form according to household types.

Persons in Households with at Least One Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the "Total Persons" rows will calculate automatically when the "Save" button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column "Persons not represented by listed subpopulations." Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not repre sented by listed subpopu lations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronic Homeless Non- Veterans	Chronic Homeless Veterans	Non- Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24				4		1	3			4
Adults ages 18-24				1						
Total Persons	0	0	0	5	0	1	3	0	0	4

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic Homeless Non- Veterans	Chronic Homeless Veterans	Non- Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

Describe the unlisted subpopulations referred to above:

100% of the population served will come from the streets or other places not meant for human habitation, or emergency shelters or safe havens, or will be fleeing or attempting to flee domestic violence.

5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

All fields on this screen will populate with information from the project application. These fields can be adjusted.

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- Persons fleeing domestic violence

* If the project entered a value into the row "From Transitional Housing..." that value has been set to zero as no New Projects have been approved to serve persons coming from these locations.

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the "Save" button is clicked. A warning message will appear if the total is greater than 100%.

If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements: If the total percentage calculated above is less than 100 percent, explain where the unaccounted for participants will come from. All participants served in CoC Program funded projects must meet eligibility criteria set forth in the CoC Program interim rule and the FY 2015 CoC Program NOFA.

Describe the outreach plan to bring these homeless participants into the project: This field is required. Describe how the applicant/subrecipient plans to bring homeless persons into the project. Also describe the contingency plan that the applicant/subrecipient will implement if the project experiences difficulty in meeting the requirements to serve exclusively chronically homeless individuals and/or families. The contingency plan may include re-evaluating the intake assessment procedures or outreach plan.

Please note that the definition of Chronic Homelessness qualifies persons as chronically homeless only when they come from the street or other locations not meant for human habitation, emergency shelter, or safe havens. Additionally, to qualify for rapid rehousing, persons may only come from the street or other locations not meant for human habitation, emergency shelter, or safe havens.

Additional Resources:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations.

55%	Directly from the street or other locations not meant for human habitation.
20%	Directly from emergency shelters.
	Directly from safe havens.
25%	Persons fleeing domestic violence.
100%	Total of above percentages

2. If the total is less than 100 percent, identify the other location(s) and how the persons meet HUD's definition of homeless and/or homeless under other federal statutes.

3. Describe the outreach plan to bring these homeless participants into the project.

The SOS unit conducts outreach to homeless persons on the street and other locations not meant for human habitation and in emergency shelter on a daily basis. DHHS has multiple points of contact with homeless individuals. Various arms of DHHS will refer persons living in these locations to the project. Other homeless assistance providers will also refer participants to the project. We will also take referrals from 211, and the project will only accept referrals from the Coordinated Entry System, once there is a system for RRH projects to participate in. If the project experiences difficulty in meeting requirements regarding the service population, we will re-evaluate the intake assessment procedures and/or outreach plan.

5D. Discharge Planning Policy

1. Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs? Yes

6A. Standard Performance Measures

Instructions:

ALL PROJECTS EXCEPT SSO and HMIS

All fields on this screen will populate with information from the project application. These fields can be adjusted.

Housing Measures: This is a required field. Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year: Count each participant who is still living in your units supported by your facility, or clients who have exited your units and moved into another permanent housing situation.

Income Measure: This is a required field where at least one option must be chosen by the project applicant.

a. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Total income can include all sources, public and private.

b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Earned income should only include income from wages and private investments, and not public benefits.

For each measure, enter a number in the blank cells according to the following instructions:

Universe (#): Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.

Target (#): Enter the number of applicable clients from the universe who are expected to achieve the measure within the operating year. The Target is the total number of persons from the pool that are affected.

Target (%): This field will be calculated automatically when all required fields are entered and saved. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be "80%."

Additional Resources:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. Specify the universe and target for the housing measure.
Click 'Save' to calculate the target percent (%).**

Housing Measure	Target (#)	Universe (#)	Target (%)
a. RRH: Persons exiting to permanent housing destinations (per data element 3.12 of the 2014 HMIS Data Standards) during the operating year.	11	13	85%
b. RRH: Persons who were placed in permanent housing within 30 days of entry into project.			0%

2. Choose one income-related performance measure from below, and specify the universe and target numbers for the goal. Click 'Save' to calculate the target percent (%).

Income Measure	Target (#)	Universe (#)	Target (%)
2a. Adults who increased their total income (from all sources) as of the end of the operating year or project exit.	11	13	85%
OR			
2b. Adults who increased their earned income as of the end of the operating year or project exit.			0%

6B. Additional Performance Measures

Specify up to three additional measures on which the project will report performance in the Annual Performance Report (APR).
To add information to this list, click on the icon and enter the requested information.

Proposed Measure
This list contains no items

7A. Funding Request

Instructions:

For some fields on this screen data can only be entered under the Adjustment column. Data under the New Submission column populates from the project application. Data under the HUD Award column populates from the HUD conditional award. Questions with only one field and no columns can be adjusted directly.

Is it feasible for the project to be under grant agreement by September 30, 2017? This field cannot be edited.

Is the project proposing to use funds reallocated from the CoC's annual renewal demand

OR

Is the project applying for funding through the permanent housing bonus? Select "Reallocation" if the project was created through the use of funds reallocated from one or more eligible renewal projects. Select "Permanent Housing Bonus" if this project was awarded using permanent housing bonus funds.

Does this project propose to allocate funds according to an indirect cost rate? Select 'Yes' or 'No' to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award.

For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2015 NOFA and contact your local HUD office. The following questions become visible if "Yes" is selected:

- Please complete the indirect cost rate schedule below: Applicant must complete at least one row in the grid.
 - Has this rate been approved by your cognizant agency? Select "Yes" or "No" from the dropdown menu.
 - Do you plan to use the 10% de minimis rate?: Select "Yes" or "No" from the dropdown menu.
- Select a grant term: This field cannot be edited.

Select the costs for which funding is being requested: These checkboxes should only be adjusted when HUD has either removed or created a new budget line item for the project during its review of the project application. Review the budget summary for information concerning the HUD conditional award and then select or deselect budget line items from this chart only if necessary.

There are three columns with check boxes. The "New Submission" column is for reference only and represents the budget costs selected by the recipient on the new grant application. The check boxes in this column cannot be edited. The "HUD Award" column is for reference only and represents the budget costs awarded by HUD. The check boxes in this column cannot be edited. The "Adjustment" column represents the amendment request. These check boxes are available for edit. Depending on the project type, the following eligible costs may be listed: new construction/acquisition/rehabilitation, leased units, leased structures, rental assistance, supportive services, operating, and HMIS.

Additional Resources:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Will it be feasible for the project to be under grant agreement by September 30, 2017? Yes

2. Is the project proposing to use funds reallocated from the CoC's annual renewal demand OR is the project applying for funding through the permanent supportive housing bonus? Permanent Housing Bonus

	New Submission	HUD Award	Adjustment
3. Does this project propose to allocate funds according to an indirect cost rate?	No	No	No

	New Submission	HUD Award	Adjustment
4. Select a grant term:	1 Year	1 Year	1 Year

5. Select the costs for which funding is being requested:

Acquisition/Rehabilitation/New Construction	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input type="checkbox"/>
HMIS	<input type="checkbox"/>

7E. Rental Assistance Budget

Instructions:

Rental Assistance Administration Costs (Max Amount): Enter the maximum amount of funds out of the total request for grant term that might be used for the administration of rental assistance. The number entered here does not increase the total award, but rather alerts the local HUD office to how much of the total rental assistance costs will be used for administering rental assistance. The total amount may not exceed the total request for grant term.

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

		New Submission	HUD Award	Adjustment
Total Request for Grant Term:		\$107,952	\$116,688	\$116,688
Total Units:		13	13	13
Rental Assistance Type (Applicant)	Rental Assistance Type (Award)	Rental Assistance Type (Adjustment)	Total Units Requested	Total Request
TRA	TRA	TRA	13	\$116,688

Rental Assistance Budget Detail

Instructions:

Data can only be entered under the Adjustment column. Data under the New Submission column populates from the project application. Data under the HUD Award column populates from the HUD conditional award. The total amount for this budget line item cannot be adjusted during the resolution of issues and conditions.

Type of Rental Assistance: This is the only field that can be edited on this screen. Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection. **Metropolitan or non-metropolitan fair market rent area:** This is a required field. Select the FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "7A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

Type of Rental Assistance: TRA
Applicant

Rental Assistance Type: TRA
From Award

Rental Assistance Type: TRA
Adjustment

	FMR Area	
Applicant Technical Submission	Page 54	12/06/2016

New Submission	CA - Humboldt County, CA (0602399999)
HUD Award	CA - Humboldt County, CA (0602399999)
Adjustment	CA - Humboldt County, CA (0602399999)

Size of Units	# of Units (New Submission)	# of Units (HUD Award)	# of Units (Adjustment)	FMR Area (New Submission)	FMR Area (HUD Award)	FMR Area (Adjustment)	12 Months	Total Request (New Submission)	Total Request (HUD Award)	Total Request (Adjustment)
SRO			x	\$473	\$501	\$501	x 12	= \$0	= \$0	= \$0
0 Bedroom			x	\$630	\$668	\$668	x 12	= \$0	= \$0	= \$0
1 Bedroom	13	13	13	x \$692	\$748	\$748	x 12	= \$107,952	= \$116,688	= \$116,688
2 Bedrooms			x	\$933	\$999	\$999	x 12	= \$0	= \$0	= \$0
3 Bedrooms			x	\$1,375	\$1,444	\$1,444	x 12	= \$0	= \$0	= \$0
4 Bedrooms			x	\$1,600	\$1,713	\$1,713	x 12	= \$0	= \$0	= \$0
5 Bedrooms			x	\$1,840	\$1,970	\$1,970	x 12	= \$0	= \$0	= \$0
6 Bedrooms			x	\$2,080	\$2,227	\$2,227	x 12	= \$0	= \$0	= \$0
7 Bedrooms			x	\$2,320	\$2,484	\$2,484	x 12	= \$0	= \$0	= \$0
8 Bedrooms			x	\$2,560	\$2,741	\$2,741	x 12	= \$0	= \$0	= \$0
9 Bedrooms			x	\$2,800	\$2,998	\$2,998	x 12	= \$0	= \$0	= \$0
Total Units and Annual Assistance Requested	13	13	13					\$107,952	\$116,688	\$116,688
Grant Term								1 Year	1 Year	1 Year
Total Request for Grant Term								\$107,952	\$116,688	\$116,688

Click the 'Save' button to automatically calculate totals.

7J. Sources of Match/Leverage

The following list summarizes the funds that will be used as leverage for the project. To add a leveraging source to the list, select the icon. To view or update a leveraging source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	\$29,342
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$29,342

Summary for Leverage

Total Value of Cash Commitments:		\$0			
Total Value of In-Kind Commitments:		\$173,743			
Total Value of All Commitments:		\$173,743			
Match/Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments
Leverage	In-Kind	Government	Humboldt County D...	11/18/2015	\$173,743
Match	Cash	Government	Humboldt County D...	09/12/2016	\$29,342

Sources of Match/Leverage Detail

Instructions:

All fields on this screen will populate with the most current grant information. These fields can be adjusted.

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this screen. Please review 24 CFR Part 578 and the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project recipients are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage form will populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Will this commitment be used towards Match or Leverage? Leverage
2. Type of Commitment: In-Kind
3. Type of Source: Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) Humboldt County Department of Health & Human Services
5. Date of Written Commitment: 11/18/2015
6. Value of Written Commitment: \$173,743

Sources of Match/Leverage Detail

Instructions:

All fields on this screen will populate with the most current grant information. These fields can be adjusted.

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this screen. Please review 24 CFR Part 578 and the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project recipients are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage form will populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Will this commitment be used towards Match or Leverage? Match
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) Humboldt County Department of Health and Human Services
5. Date of Written Commitment: 09/12/2016

6. Value of Written Commitment: \$29,342

7K. Summary Budget

Instructions:

Data can only be entered under the Adjustment column. Data under the New Submission column populates from the project application. Data under the HUD Award column populates from the HUD conditional award. The total amount for this budget line item cannot be adjusted during the resolution of issues and conditions.

The system populates a summary budget based on the information entered into each preceding budget screen. Review the data in each preceding screen and, if necessary, in both the HUD Conditional Award Summary and the Project Application accessed through the "Reference Submissions", and return to the screens to correct any inaccurate information. All fields are read only with exception to field "8. Admin (Up to 10%)."

Admin (Up to 10%): This value cannot be increased above the amount that appears under the HUD Award column. It can however be reduced. The grant will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2015 CoC Program Competition.

Cash Match: This field is automatically populated based on the amount of Cash Match entered on screen 7J. Sources of Match/Leverage.

In-Kind Match: This field is automatically populated based on the amount of In-Kind Match entered on screen 7J. Sources of Match/Leverage.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to screen "7J. Sources of Match/Leverage" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs		Total Assistance Requested for Grant	Total Assistance Requested for Grant	Total Assistance Requested for Grant	Budget Change (Adjust)
Applicant Technical Submission	Page 60	12/06/2016			

							Term (New Submission)	Term (HUD Award)	Term (Adjustment)	ment)
1a. Acquisition							\$0	\$0	\$0	
1b. Rehabilitation							\$0	\$0	\$0	
1c. New Construction							\$0	\$0	\$0	
	Annual Assistance Requested (New Submission)	Annual Assistance Requested (HUD Award)	Annual Assistance Requested (Adjustment)	Grant Term (New Submission)	Grant Term (HUD Award)	Grant Term (Adjustment)				
2a. Leased Units	\$0	\$0	\$0	1 Year	1 Year	1 Year	\$0	\$0	\$0	
2b. Leased Structures	\$0	\$0	\$0	1 Year	1 Year	1 Year	\$0	\$0	\$0	
3. Rental Assistance	\$107,952	\$116,688	\$116,688	1 Year	1 Year	1 Year	\$107,952	\$116,688	\$116,688	
4. Supportive Services	\$0	\$0	\$0	1 Year	1 Year	1 Year	\$0	\$0	\$0	
5. Operating	\$0	\$0	\$0	1 Year	1 Year	1 Year	\$0	\$0	\$0	
6. HMIS	\$0	\$0	\$0	1 Year	1 Year	1 Year	\$0	\$0	\$0	
7. Sub-total Costs Requested							\$107,952	\$116,688	\$116,688	
8. Admin (Up to 10%)							\$678	\$678	\$678	
9. Total Assistance plus Admin Requested							\$108,630	\$117,366	\$117,366	
10. Cash Match							\$0	\$0	\$29,342	Yes
11. In-Kind Match							\$27,158	\$27,158	\$0	Yes
12. Total Match							\$27,158	\$27,158	\$29,342	Yes
13. Total Budget							\$135,788	\$144,524	\$146,708	Yes

MAXIMUM ADMIN ALLOWABLE HIDDEN: 11,669

Submission Summary

Page	Last Updated
Acknowledgement	09/22/2016
Admin Costs	09/22/2016
Project Milestones	10/03/2016

Applicant Technical Submission	Page 62	12/06/2016
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Attachments	10/03/2016
Adjustments	09/12/2016
1A. Application Type	No Input Required
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	09/12/2016
1E. Compliance	No Input Required
1F. Declaration	No Input Required
2A. Subrecipients	No Input Required
2B. Experience	09/12/2016
3A. Project Detail	09/12/2016
3B. Description	09/12/2016
3C. Expansion	09/12/2016
4A. Services	09/12/2016
4B. Housing Type	09/12/2016
5A. Households	09/12/2016
5B. Subpopulations	09/12/2016
5C. Outreach	09/12/2016
5D. Discharge Policy	09/12/2016
6A. Standard	Please Complete
6B. Additional Performance Measures	No Input Required
7A. Funding Request	09/12/2016
7E. Rental Assistance	09/12/2016
7J. Match/Leverage	09/12/2016
7K. Summary Budget	No Input Required

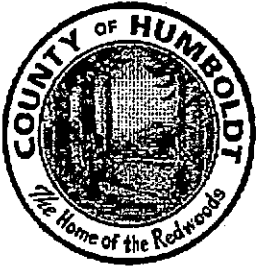


DOCUMENTATION OF MATCH

In the chart below is information regarding match being provided by this agency.

Name of organization providing the leveraged resource or cash match	Humboldt County Department of Health & Human Services
Type of contribution*	Cash: DHHS case management services and program income
Value of the contribution**	\$29,342
Name of project	Best Chance RRH
Name of sponsor	Humboldt County Department of Health & Human Services
Date the contribution will be available***	October 1, 2016
Name of person authorized to commit these resources	Connie Beck
Title of person authorized to commit these resources.	Director
Signature of person authorized to commit these resources.	
Date	9/13/16





AGENDA ITEM NO. _____

COUNTY OF HUMBOLDT

For meeting of: November 18, 2003

DATE: NOVEMBER 10, 2003

TO: BOARD OF SUPERVISORS

FROM: KIMBERLY KERR, GENERAL SERVICES DIRECTOR

SUBJECT: ASSIGNMENT AND FIRST AMENDMENT TO HEALTH AND HUMAN SERVICES (HHS) LEASE AT 507 F STREET, EUREKA, AND TENANT ESTOPPEL AGREEMENT, AND SUBORDINATION, NON-DISTURBANCE AND ATTORNMENT AGREEMENT

RECOMMENDATIONS:

That the Board of Supervisors:

1. Approve the Draft Assignment and First Amendment for the lease for 507 F Street, executed on January 14, 2003, with Kramer Properties, Inc. and authorize the Chair of the Board to sign upon approval from County Counsel and General Services Director regarding the language.
2. Approve and authorize the General Services Director to execute the Tenant Estoppel provided by the Bond Street Capital Corporation upon approval by County Counsel.
3. Approve and authorize the General Services Director to execute the Subordination, Non-Disturbance and Attornment Agreement provided by the Bond Street Capital Corporation upon approval by County Counsel.

Prepared by: Kim Kerr, General Services Director CAO Approval: 

REVIEW:
Auditor _____ County Counsel RK Personnel _____ Risk Manager KK Other _____

TYPE OF ITEM:

Consent

Departmental

Public Hearing

Other _____

BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT

Upon motion of Supervisor
seconded by Supervisor
and unanimously carried by those members
present, the Board hereby adopts the
recommended action contained in this report.

PREVIOUS ACTION/REFERRAL:

Board Order No. _____

Meeting of: _____

Dated: _____

LORA CANZONERI Clerk of the Board

by: _____

DISCUSSION:

In January 2003, the County entered into a lease with Kramer Properties, Inc. for the property at 507 F Street in Eureka. The County took possession of the property in October 2003 after the improvements were completed.

In September 2003, Kramer Properties, Inc. transferred the property and premises by Corporation Deed to A&K Properties due to requirements from the financing entity. Because of the transfer of the property the lease now needs to be assigned to A&K Properties. Additionally, after the improvements at the property were completed, it was determined that the rentable space is less than originally indicated in the lease. Based on the reduction in rentable space, from 25,595 square feet to 25,131.6 square feet, the monthly rent is reduced from \$45,815.05 to \$44,986.00 resulting in \$829.05 savings per month. This requires that the lease be amended.

Finally, the County needs to agree to and sign the SNDA and Estoppel as indicated in the lease. Currently, these documents are under review and being modified to bring them into compliance with the lease. Upon approval from County Counsel, we are requesting that the General Services Director be authorized to sign these documents.

ALTERNATIVE:

The Board can elect not to approve the recommendations, but this will impact the Landlord and his ability to finalize his loan on the leased property.

FINANCIAL:

Approving the assignment and first amendment will reduce the rent by approximately \$829.05 per month due to the reduction in rentable space.

ATTACHMENTS:

Original Lease
Draft Tenant Estoppel
Draft Subordination, Non-Disturbance and Attornment Agreement

OTHER AGENCY:

County Counsel

ASSIGNMENT AND FIRST AMENDMENT TO LEASE

This Assignment and First Amendment to the Lease entered on January 14, 2003, by and between the COUNTY OF HUMBOLDT, a political subdivision of the State of California, hereinafter called Tenant, Kramer Properties, Inc., a California Corporation, hereinafter called Assignor, and A&K Investments, LLC, an Alaska limited liability company hereinafter called Assignee and Landlord, is entered into this _____ day of _____, 20__.

WHEREAS, on January 14, 2003 Tenant and Kramer Properties, Inc., entered into a Lease for the use of the premises at 507 F Street, Eureka, for the purpose of Department of Health and Human Services, Administration offices; and

WHEREAS, on September 11, 2003 Kramer Properties, Inc., conveyed the property and premises by Corporation Deed to A&K Investments, LLC, thereby assigning the lease to A&K Investments, LLC; and

WHEREAS, Kramer Properties, Inc., and A&K Investments, LLC, seek Tenant's approval and consent to the assignment of the lease to A&K Investments, LLC; and

WHEREAS, A&K Investments, LLC, assumes all obligations, liabilities and responsibilities of Landlord as set forth in the lease; and

WHEREAS, Tenant and A&K Investments, LLC, as Landlord, desire to amend the lease to change the rentable square footage of premises; and

WHEREAS, TENANT and A&K Investments, LLC, as Landlord, desire to reduce the monthly rental amount.

NOW, THEREFORE, it is mutually agreed as follows:

ASSIGNMENT AND CONSENT TO ASSIGNMENT OF LEASE

1. Assignor, Kramer Properties, Inc., assigns to Assignee, A&K Investments, LLC, all of Assignor's right, title and interest in the lease entered into on January 14, 2003 between Tenant and Kramer Properties, Inc.
2. Assignee, A&K Investments, LLC, hereby accepts the assignment and assumes and agrees to perform each and every obligation of Assignor under the lease.
3. Assignee, A&K Investments, LLC, hereby assumes all obligations, liabilities and responsibilities of Assignor as Landlord under the lease.
4. Assignee, A&K Investments, LLC, and Assignor, Kramer Properties, Inc., shall be jointly and severally liable for any and all damages or breaches of the lease resulting from actions of Assignor, Kramer Properties, Inc., from January 14, 2003 to the date this assignment is

signed. Nothing in this assignment shall relieve Assignor, Kramer Properties, Inc., from liability for actions which occurred under the lease from January 14, 2003 to the date this assignment is signed.

5. Tenant hereby approves and consents to the assignment. This Consent will not be deemed consent to any subsequent assignment, but rather any subsequent assignment will require the consent of the Tenant pursuant to the Lease.

AMENDMENT TO LEASE

1. Paragraph 1.1 of the Lease is amended to read as follows:

1.1 Lease of Premises. Subject to Section 1.5 relating to Tenant's right to expand and contract the Premises, Landlord leases to Tenant and Tenant leases from Landlord those certain premises described in Exhibits A, and A1 attached hereto ("Premises"), which are located in the building commonly known as 507 F Street, Assessor's parcel No's 001-146-001, 001-146-008 and 001-104-002 in the City of Eureka, County of Humboldt ("Building"). Subject to verification as provided in Subsection 1.4.2, the Rentable Area (as defined in Section 1.4) and Useable Area (as defined in Section 1.4) of the Premises are 25,131.6 square feet and 22,070.6 square feet, respectively. The Building, the areas servicing the Building (including any adjacent parking structure and parking area), and the land on which the Building and those areas are located (as shown on the site plan attached to this Lease as Exhibit B) are sometimes collectively referred to as the "Real Property".

2. Paragraph 2.5.2.1 of the Lease is amended to read as follow:

2.5.2.1 First Option Term. Commencing on the first day of the First Option Term and continuing each year thereafter of the First Option Term, annual rent shall be adjusted by the percentage increase in the revised Consumer Price Index for all items (1967=100) U.S. City Average, West Cities Size B-C, as published by the United States Department of Labor, Bureau of Labor Statistics (called "the Index" in this Lease) for the prior calendar year. In calculating this percentage increase, the most current Index immediately preceding the date of annual adjustment during the extended term shall be used. In the event the Index is either unavailable, is no longer published, or is calculated on a significantly different basis following the date of this Lease, the most comprehensive official Index published which most closely approximates the rate of inflation shall be substituted in place of the Index. July 2003 shall be the base month for this adjustment. On adjustment of the rent in accordance with this paragraph, Landlord shall execute a letter stating the adjustment. In no event shall the rent be less than Forty Four Thousand Nine Hundred Eighty Six Dollars (\$44,986.00) per month. Regardless of the CPI percentage change, the increase or decrease for any one year will be no more than three percent (3%).

3. Paragraph 4.1 of the Lease is amended to read as follows:

4.1 Definition of "Rent"--Limited Setoff. Tenant shall pay to Landlord rent ("Rent") in equal monthly installments of Forty Four Thousand Nine Hundred Eighty Six Dollars (\$ 44,

986.00 [\$1.79] per sq. ft. of the Rentable Area) in advance on or before the first day of every calendar month during the Lease Term, without any setoff or deduction except as provided in Section 5.1 and Section 20.2. Commencing on the first day of the second year and continuing each year thereafter during the initial term and first option term, annual rent shall be adjusted by the percentage increase in the revised Consumer Price Index for all items (1967=100) U.S. City Average, West Cities Size B-C, as published by the United States Department of Labor, Bureau of Labor Statistics (called "the Index" in this lease) for the prior calendar year. In calculating this percentage increase, the most current Index available on the date of commencement of the prior term and the most current Index available immediately preceding the date of annual adjustment during the extended term shall be used. In the event the Index is either unavailable, is no longer published, or is calculated on a significantly different basis following the date of this Lease, the most comprehensive official Index published which most closely approximates the rate of inflation shall be substituted in place of the Index. July 2003 shall be the base month for this adjustment. On adjustment of the rent in accordance with this section, Landlord shall execute a letter stating the adjustment. In no event shall the rent be less than Forty Four Thousand Nine Hundred Eighty Six Dollars (\$44,986.00) per month. Regardless of the U.S. City Average, West Cities, B-C, the increase or decrease for any one year will be no more than 3 percent (3%). Payment shall be made at the address set forth in Section 19.3 or at any other place that Landlord may from time to time designate in writing.

4. Paragraph 19.3 of the Lease is amended to read as follows:

Addresses. Addresses for purposes of giving notice are set forth below:

Tenant	County of Humboldt General Services Real Property Division 825 Fifth Street, Room 103 Eureka, CA 95501
Landlord	A&K Investment, LLC 1653 Myrtle Avenue Eureka, CA 95501

5. In all other respects the Lease entered into on January 14, 2003 shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Assignment and First

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Amendment to the Lease dated January 14, 2003 on the date indicated above.

(SEAL)
ATTEST:
CLERK OF THE BOARD

COUNTY OF HUMBOLDT

By _____

By _____

Chair, Board of Supervisors
County of Humboldt
State of California

APPROVED AS TO FORM:
TENANT COUNSEL

ASSIGNOR
KRAMER PROPERTIES, INC.

By R. Zuber
DEPUTY

By Kurt J. Kramer
Title PRESIDENT

By Sirley A. Kramer
Title secretary

ASSIGNEE/LANDLORD
A&K INVESTMENTS, LLC

By Kurt J. Kramer
Title Member

By Sirley A. Kramer
Title Member

DRAFT

SUBORDINATION, NON DISTURBANCE AND ATTORNMENT AGREEMENT

Prepared by and upon recordation,
return to:

Stites & Harbison, PLLC
400 W. Market Street
Suite 1800
Louisville, Kentucky 40202
Attention: Amy J. Burnette, Esq.
Joel T. Beres, Esq.

SUBORDINATION, NONDISTURBANCE AND ATTORNMENT AGREEMENT

This Subordination, Nondisturbance and Attornment Agreement (the "Agreement") is dated as of the ___ day of _____, 2003, among **BOND STREET CAPITAL CORP.**, a California corporation (the "Lender") having an address at 5236 Colodny Drive, Suite 101, Agoura Hills, California 91301, **A&K INVESTMENTS, LLC**, an Alaska limited liability company ("Landlord"), having an address at 1653 Myrtle Avenue, Eureka, California 95501, and **COUNTY OF HUMBOLDT**, a political subdivision of the state of California (the "Tenant") having an address at 825 Fifth Street, Room 103, Eureka, California 95501.

RECITALS

1. Tenant is the tenant under a certain Lease (the "Lease"), dated _____, of premises described in the Lease (the "Premises") located in Eureka, California and constituting a portion of the real property more particularly described in Exhibit A attached hereto and made a part hereof (being hereinafter referred to as the "Property"). Landlord is the current landlord under the Lease or, as a result of the acquisition of the Property, will become the current landlord under the Lease.

2. This Agreement is being entered into in connection with a mortgage loan (the "Loan") being made by Lender to Landlord, to be secured inter alia, by: (a) a first mortgage on the Property (the "Security Instrument") to be recorded in the real estate records of Humboldt County, California (the "Official Records"); and (b) a first assignment of leases and rents on the Property (the "Assignment of Leases and Rents") to be recorded in the Official Records. The Security Instrument and the Assignment of Leases and Rents are hereinafter collectively referred to as the "Security Documents".

AGREEMENT

For mutual consideration, including the mutual covenants and agreements set forth below, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

1. Tenant and Landlord agree that the Lease is and shall be subject and subordinate to the Security Documents and to all present and future advances under the obligations secured thereby and all renewals, amendments, modifications, consolidations, replacements and extensions of the secured obligations and the Security Documents, to the full extent of all amounts secured by the Security Documents from time to time. Said subordination is to have the same force and effect as if the Security Documents and such renewals, modifications, consolidations, replacements and extensions thereof had been executed, acknowledged, delivered and recorded prior to the Lease, any amendments or modifications thereof and any notice thereof.

2. Tenant agrees that, in the event of a foreclosure of the Security Instrument by Lender or the acceptance of a deed in lieu of foreclosure by Lender or any other succession of Lender to fee ownership, Tenant shall attorn to and recognize Lender as its landlord under the Lease for the remainder of the term of the Lease (including all extension periods which have

been or are hereafter exercised) upon the same terms and conditions as are set forth in the Lease, and Tenant hereby agrees to pay and perform in favor of Lender all of the obligations of Tenant under the Lease as if Lender were the original lessor under the Lease.

3. In the event that Lender succeeds to the interest of Landlord under the Lease, Lender and Tenant hereby agree to be bound to one another under all of the terms, covenants and conditions of the Lease for the balance of the term of the Lease, and so long as Tenant complies with and performs its obligations under the Lease, Lender shall not disturb Tenant's possession of the leased premises.

4. Tenant agrees that, in the event Lender succeeds to the interest of Landlord under the Lease, Lender shall not be:

(a) liable for any act or omission of any prior Landlord (including, without limitation, the then defaulting Landlord), or

(b) subject to any defense or offsets which Tenant may have against any prior Landlord (including, without limitation, the then defaulting Landlord), or

(c) bound by any payment of rent or additional rent which Tenant might have paid for more than one (1) month in advance of the due date under the Lease to any prior Landlord (including, without limitation, the then defaulting Landlord), or

(d) bound by any obligation to make any payment to Tenant which was required to be made prior to the time Lender succeeded to any prior Landlord's interest, or

(e) accountable for any monies deposited with any prior Landlord (including security deposits), except to the extent such monies are actually received by Lender in segregated cash amounts identified to Lender in writing as such at the time received, or

(f) bound by any termination, amendment or modification of the Lease made without the consent of Lender with the exception of those termination rights specified in Sections 2.6.1, 2.6.2, 6.2, 10.3 and 11.4.2 of the Lease.

(g) Intentionally Omitted.

(h) Intentionally Omitted.

(i) Intentionally Omitted.

(j) Intentionally Omitted.

5. Tenant covenants and acknowledges that it has no right or option of any nature whatsoever, whether pursuant to the Lease or otherwise, to purchase the Property or the real property of which the Property is a part, or any portion thereof or any interest therein and to the extent that Tenant has had, or hereafter acquires any such right or option, the same is hereby acknowledged to be subject and subordinate to the Security Instrument and is hereby waived and released as against Lender.

6. Anything herein or in the Lease to the contrary notwithstanding, in the event that Lender shall acquire title to the Property, Lender shall have no obligation, nor incur any liability, beyond Lender's then interest in the Property, and Tenant shall look exclusively to such interest of Lender in the Property for the payment and discharge of any obligations imposed upon Lender hereunder or under the Lease, or otherwise, subject to the limitation of Lender's obligations provided for in Paragraph 4 above.

7. Tenant hereby agrees to execute and deliver upon request an appropriate agreement of attornment to any subsequent mortgage holder or owner of the Premises.

8. Tenant hereby agrees to give to Lender copies of all notices of Landlord default(s) under the Lease in the same manner as, and whenever, Tenant shall give any such notice of default to Landlord, and no such notice of default shall be deemed given to Landlord unless and until a copy of such notice shall have been so delivered to Lender. Lender shall have the right to remedy any Landlord default under the Lease, or to cause any default of Landlord under the Lease to be remedied, and for such purpose Tenant hereby grants Lender an additional 30 day period to enable Lender to remedy, or cause to be remedied, any such default in addition to the period given to Landlord for remedying, or causing to be remedied, any such default. Tenant shall accept performance by Lender of any term, covenant, condition or agreement to be performed by Landlord under the Lease with the same force and effect as though performed by Landlord. No Landlord default under the Lease shall exist or shall be deemed to exist (i) as long as Lender, in good faith, shall have commenced to cure such default within the above referenced time period and shall be prosecuting the same to completion with reasonable diligence, subject to force majeure, or (ii) if possession of the Premises is required in order to cure such default, or if such default is not susceptible of being cured by Lender, as long as Lender, in good faith, shall have notified Tenant that Lender intends to institute proceedings under the Security Documents, and, thereafter, as long as such proceedings shall have been instituted and shall be prosecuted with reasonable diligence. The Lease shall not be assigned (except in the event of an assignment that is permitted in the Lease without Landlord's consent) by Tenant, modified, amended or terminated (except in the event of a termination that is permitted in the Lease without Landlord's consent) without Lender's prior written consent in each instance. Neither Lender nor its designee or nominee shall become liable under the Lease unless and until Lender or its designee or nominee becomes, and then only with respect to periods in which Lender or its designee or nominee becomes, the fee owner of the Premises. Lender shall have the right, without Tenant's consent, to foreclose the Security Instrument or to accept a deed in lieu of foreclosure of the Security Instrument or to exercise any other remedies under the Security Documents.

9. Tenant has no knowledge of any prior assignment or pledge of the rents accruing under the Lease by Landlord. Tenant hereby consents to that certain Assignment of Leases and Rents from Landlord to Lender executed in connection with the Loan. Tenant acknowledges that the interest of the Landlord under the Lease is to be assigned to Lender solely as security for the purposes specified in said assignments, and Lender shall have no duty, liability or obligation whatsoever under the Lease or any extension or renewal thereof, either by virtue of said assignments or by any subsequent receipt or collection of rents thereunder, unless Lender shall specifically undertake such liability in writing. Tenant agrees that upon receipt of a written notice from Lender of a default by Landlord under the Loan, Tenant will thereafter, if requested by Lender, pay rent to Lender in accordance with the terms of the Lease. In the event of a

termination pursuant to Section 2.6 of the Lease, Tenant hereby agrees to pay to Lender the lease termination fee set forth in Section 2.6.3 and Landlord hereby consents to the payment of such costs directly to Lender. Tenant hereby agrees that such lease termination fee is equal to the product of: (a) the number of months of the Lease Term (as defined in Section 2.1 of the Lease) remaining after the Lease Termination Date (as defined in Section 2.6 of the Lease) until the original Lease Expiration Date (as defined in Section 2.1 of the Lease) and (b) Ten Thousand One Hundred Seventy and No/100 Dollars (\$10,170.00).

10. If Tenant is a corporation, each individual executing this Agreement on behalf of said corporation represents and warrants that s/he is duly authorized to execute and deliver this Agreement on behalf of said corporation, in accordance with a duly adopted resolution of the Board of Directors of said corporation or in accordance with the by-laws of said corporation, and that this Agreement is binding upon said corporation in accordance with its terms. If Tenant is a partnership or limited liability company, each individual executing this Agreement on behalf of said partnership or limited liability company, as the case may be, represents and warrants that he is duly authorized to execute and deliver this Agreement on behalf of said partnership or limited liability company, as the case may be, in accordance with the partnership agreement or operating agreement for said entity.

11. Any notice, election, communication, request or other document or demand required or permitted under this Agreement shall be in writing and shall be deemed delivered on the earlier to occur of (a) receipt, or (b) the date of delivery, refusal or nondelivery indicated on the return receipt, if deposited in a United States Postal Service Depository, postage prepaid, sent certified or registered mail, return receipt requested, or if sent via a recognized commercial courier service providing for a receipt, addressed to Tenant or Lender, as the case may be, at the following addresses:

If to Tenant:

County of Humboldt
General Services
Real Property Division
825 Fifth Street
Room 103
Eureka, California 95501

If to Lender:

Bond Street Capital Corp.
5236 Colodny Drive
Suite 101
Agoura Hills, California 91301

with a copy to:

Stites & Harbison, PLLC
400 W. Market Street

Suite 1800
Louisville, Kentucky 40202
Attention: Barry A. Hines, Esq.

If to Landlord:

A&K Investments, LLC
1653 Myrtle Avenue
Eureka, California 95501
Attention: Patricia Hoy

with a copy to:

Barnum & Herman
525 Second Street, Suite 204
Eureka, California 95501
Attention: William Barnum, Esq.

12. The term "Lender" as used herein includes any successor or assign of the named Lender herein, including without limitation, any co-lender at the time of making the Loan, any purchaser at a foreclosure sale and any transferee pursuant to a deed in lieu of foreclosure, and their successors and assigns, and the terms "Tenant" and "Landlord" as used herein include any successor and assign of the named Tenant and Landlord herein, respectively; provided, however, that such reference to Tenant's or Landlord's successors and assigns shall not be construed as Lender's consent to any assignment or other transfer by Tenant or Landlord.

13. If any provision of this Agreement is held to be invalid or unenforceable by a court of competent jurisdiction, such provision shall be deemed modified to the extent necessary to be enforceable, or if such modification is not practicable, such provision shall be deemed deleted from this Agreement, and the other provisions of this Agreement shall remain in full force and effect.

14. Intentionally Omitted.

(NO FURTHER TEXT ON THIS PAGE)

This Agreement shall be construed in accordance with the laws of the state in which the Property is located.

Witness the execution hereof under seal as of the date first above written.

TENANT:

COUNTY OF HUMBOLDT, a political subdivision of the state of California

By: _____
Name: _____
Title: _____

<p>[State of _____) County of _____)</p> <p>On _____, 2003 before me, _____, Name, Title/Office, e.g., Notary Public</p> <p>Personally appeared _____ Name of signer(s)</p> <p>personally known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.</p> <p>Witness my hand and official seal.</p> <p>_____ Signature of Notary</p>	<p style="text-align: center;">CAPACITY CLAIMED BY SIGNER(S)</p> <p>_____</p> <p><input type="checkbox"/> INDIVIDUAL</p> <p><input type="checkbox"/> CORPORATE OFFICER(S)</p> <p>_____</p> <p style="text-align: center;">Title(s)</p> <p>_____</p> <p style="text-align: center;">Title(s)</p> <p><input type="checkbox"/> PARTNER(S) <input type="checkbox"/> LIMITED <input type="checkbox"/> GENERAL</p> <p><input type="checkbox"/> ATTORNEY-IN-FACT</p> <p><input type="checkbox"/> TRUSTEE(S)</p> <p><input type="checkbox"/> GUARDIAN/CONSERVATOR</p> <p><input type="checkbox"/> OTHER: _____</p> <p>_____</p> <p>SIGNER IS REPRESENTING: Name of person(s) or entity(ies)</p> <p>_____</p> <p>_____</p>
--	--

LANDLORD:

A&K INVESTMENTS, LLC, a _____ limited liability company

By: _____
Name: _____
Title: _____

<p>(State of _____) County of _____)</p> <p>On _____, 2003 before me, _____ Name, Title/Office, e.g., Notary Public</p> <p>Personally appeared _____ Name of signer(s)</p> <p>personally known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.</p> <p>Witness my hand and official seal.</p> <p>_____ Signature of Notary</p>	<p style="text-align: center;">CAPACITY CLAIMED BY SIGNER(S)</p> <hr/> <p><input type="checkbox"/> INDIVIDUAL</p> <p><input type="checkbox"/> CORPORATE OFFICER(S)</p> <hr/> <p style="text-align: center;">Title(s)</p> <hr/> <p style="text-align: center;">Title(s)</p> <p><input type="checkbox"/> PARTNER(S) <input type="checkbox"/> LIMITED <input type="checkbox"/> GENERAL</p> <p><input type="checkbox"/> ATTORNEY-IN-FACT</p> <p><input type="checkbox"/> TRUSTEE(S)</p> <p><input type="checkbox"/> GUARDIAN/CONSERVATOR</p> <p><input type="checkbox"/> OTHER: _____</p> <hr/> <p>SIGNER IS REPRESENTING: Name of person(s) or entity(ies)</p> <hr/>
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EXHIBIT A

Legal Description

DRAFT

TENANT ESTOPPEL

Upon Completion, Please Return to:
BOND STREET CAPITAL CORP.
5236 Colodny Drive
Suite 101
Agoura Hills, California 91301

Today's Date: _____ Lease Date: _____

Lease Commencement Date: _____ Lease Expiration Date: _____

Dates of Amendments or Modifications: _____

Property Name: _____

Landlord: A&K Investments, LLC, an Alaskan limited liability company, successor in interest to
Kramer Properties, Inc., a California corporation

Tenant: _____

Leased Premises: _____ Leased Square Footage: _____

Monthly Rental (excluding CAM): _____ Annual Rental (excluding CAM): _____

Percentage Rent: _____ Breakpoint: _____ Security Deposit Paid: _____

CAM Expenses Paid:
operating expenses _____ insurance _____ taxes _____ other _____

Amount of Financial Reimbursements owed from Landlord, if any: _____

The undersigned states that he/she is fully authorized on behalf of the Tenant in the above-described Lease to execute this letter and hereby certifies to the Landlord and Bond Street Capital Corp., its successors and/or assigns (hereinafter, "Lender"), that the information set forth herein is true and accurate:

1. The Lease is in full force and effect; there are no other promises, agreements, understandings or commitments between Landlord and Tenant relating to the Leased Premises; and Tenant is open for business and in operation in the Leased Premises and has not given Landlord any notice of termination thereunder.

2. No uncured default, event of default, or breach by Landlord or Tenant currently exists under the Lease and no facts or circumstances exist that with the passage of time, will or could constitute a default, event of default, or breach under the Lease. Tenant has made no claim against Landlord alleging Landlord's default under the Lease.

3. Tenant is obligated to pay rent to Landlord at the rate set forth in the Lease. Tenant has not prepaid any rent or other amounts to Landlord other than rent and other charges due and payable in the calendar month of this certification.

4. In connection with its use and occupancy of the Leased Premises, Tenant is not and will not become engaged in the production, treatment, release or storage of hazardous or toxic substances which pose a substantial risk of imminent damage to public health or safety or to the environment.

5. Tenant is not currently a debtor in any bankruptcy, reorganization, arrangement or insolvency proceedings.

6. Tenant has received no notice of prior sale, transfer, assignment, hypothecation or pledge of the said Lease or of the rents secured therein, except to above described Lender.

7. Tenant has no options, rights of first refusal, termination, or exclusive business rights except as follows: Tenant has two (2) options to extend the Lease. See Sections 2.5.2.1 and 2.5.2.2. Tenant has certain termination rights under the Lease. See Sections 2.6, 6.2, 10.3, and 11.4.2 under the Lease.

8. Tenant agrees to provide Lender copies of any and all notices given under the Lease. Such notices shall be sent to Lender at the following address (or such other address as Lender may designate): BOND STREET CAPITAL CORP., 5236 Colodny Drive, Suite 101, Agoura Hills, California 91301

9. Tenant agrees and acknowledges that the Lease is and shall be subordinate to the mortgage of Lender. Tenant agrees that, in the event Lender becomes the owner of the Leased Premises by foreclosure, conveyance in lieu of foreclosure or otherwise, then Tenant shall attorn to and recognize Lender as the landlord under the Lease for the remainder of the term thereof, and Tenant shall perform and observe its obligations thereunder, subject only to the terms and conditions of the Lease. Tenant further covenants and agrees to execute and deliver upon request an appropriate agreement of attornment to any subsequent mortgage holder or titleholder of the Leased Premises. So long as Tenant is not in default under its Lease, the Tenant's interests under the Lease shall not be disturbed by Lender or any purchaser at a foreclosure sale.

10. Tenant understands and acknowledges that you are about to make a loan to Landlord and receive as part of the security for such loan (i) a Mortgage/Deed of Trust encumbering Landlord's fee interest in the Leased Premises and the rents, issues and profits of the Lease (the "Mortgage"), and (ii) an Assignment of Leases and Rents (the "Assignment of Leases") which affects the Lease, and that you (and persons or entities to whom the Mortgage and/or the Assignment of Leases may subsequently be assigned) are relying upon the representations and warranties contained herein in making such loan. Further, Tenant has notice that the Lease and the rent and all other sums due thereunder have been assigned or are to be assigned to you as security for the aforesaid loan secured by the Mortgage. In the event that you (or any person or entity to whom the Mortgage and/or the Assignment of Leases may subsequently be assigned) notify Tenant of a default under the Mortgage or the Assignment of Leases and demand that Tenant pay its rent and all other sums due under the Lease to you (or such future lender), Tenant shall honor such demand and pay its rent and all other sums due under the Lease directly to you (or such future lender) or as otherwise required pursuant to such notice. Tenant agrees to notify Lender of any default(s) by Landlord under the Lease, and Lender shall have the same right to cure such default(s) as is provided to the landlord under the Lease.

TENANT:

By: _____

Name: _____

Title: _____

GUARANTOR:

By: _____

Name: _____

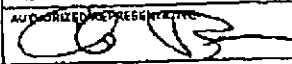
Title: _____

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID TB KRAMER-1	DATE (MM/DD/YYYY) 09/24/03
PRODUCER George Petersen Ins Agency Inc P. O. Box 1227 416 E Street Eureka CA 95501 Phone: 707-442-2971 Fax: 707-442-7281		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Kramer Properties Incorporated Kramer Investment Corp. K&K Rentals, Sole Proprietorship 1453 Myrtle Avenue Eureka CA 95502-0000		INSURERS AFFORDING COVERAGE INSURER A: Allied Insurance INSURER B: INSURER C: INSURER D: INSURER E:	NAIC #

COVERAGES
 THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDT. INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$500 PD Ded <input type="checkbox"/> Per Claim GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC	ACP7820922761	02/13/03	02/13/04	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	ACP7820922761	02/13/03	02/13/04	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER INAA AUTO ONLY: EA ACC \$ AGG \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ \$ \$
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$	ACP7820922761	02/13/03	02/13/04	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS BELOW OTHER				NO STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Re: Loc #6/BPR Section: 507 F Street Eureka, CA Certificate holder, it's officers, employees and agents are named as additional insured with regard to the lease of the above location per attached PB 04 48 (01-01) Allied endorsement. *10 days notice in event canceled for non payment.

CERTIFICATE HOLDER COUNTY2 County of Humboldt Real Property Division General Services 825 Fifth Street Eureka CA 95501	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30*</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO DEDUCTION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE: 
---	--

EFFECTIVE DATE: 12:01 AM Standard Time,
(at your principal place of business)

BUSINESSOWNERS
PB 04 48 (01-01)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED -
DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

PREMIER BUSINESSOWNERS LIABILITY COVERAGE FORM
SCHEDULE

Name Of Person Or Organization: COUNTY OF HUMBOLDT
REAL PROPERTY DIVISION
GENERAL SERVICES
825 FIFTH STREET, RM 103
EUREKA, CA. 95501
RE: LOCATION #6

The following is added to Section II: WHO IS AN INSURED:

Any person or organization shown in the Schedule of this endorsement is also an insured, but only with respect to liability arising out of your ongoing operations performed for such additional insured or arising out of premises owned by or rented to you, subject to the following additional exclusion:

This insurance, including any duty we have to defend "suits", does not apply to:

- a. "Bodily injury" or "property damage" that arises out of, in whole or in part, or is a result of, in whole or in part, the active negligence of the additional insured shown in the Schedule of this endorsement
- b. "Personal and advertising injury" that arises out of any independent "personal and advertising injury" offense committed by the additional insured shown in the Schedule of this endorsement.

All terms and conditions of this policy apply unless modified by this endorsement.

Includes copyrighted material of Insurance Services Office, Inc., with its permission.
Copyright, Insurance Services Office, Inc., 1997

**STATE
COMPENSATION
INSURANCE
FUND**

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

OCTOBER 1, 2003

POLICY NUMBER: 1676178 - 03
CERTIFICATE EXPIRES: 10-1-04

COUNTY OF HUMBOLDT
GENERAL SVCS REAL PROPERTY DIVISION
825 FIFTH ST RM 108
EUREKA CA 95501

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon ³⁰~~15~~ days' advance written notice to the employer.

We will also give you ~~15~~³⁰ days' advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

J. Sador

AUTHORIZED REPRESENTATIVE

Shirley C. Oki

PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS NOTICE EFFECTIVE 10/01/03 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

ENDORSEMENT #2570 ENTITLED WAIVER OF SUBROGATION EFFECTIVE 10/01/03 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

THIRD PARTY NAME: COUNTY OF HUMBOLDT.

EMPLOYER

KRAMER PROPERTIES INC
1653 MYRTLE AVE
EUREKA CA 95501



U.S. Department of Housing and Urban Development
451 Seventh Street, SW
Washington, DC 20410
www.hud.gov
espanol.hud.gov

Environmental Review for Activity/Project that is Exempt or:
(CENST) Categorically Excluded Not Subject To Section 58.5
Pursuant to 24 CFR Part 58.34(a) and 58.35(b)

Project Information

Project Name: Best Chance RRH

Responsible Entity: Humboldt County Department of Health and Human Services

Grant Recipient (if different than Responsible Entity): N/A

State/Local Identifier: N/A

Preparer: Robert Ward

Certifying Officer Name and Title: Connie Beck, Director

Consultant (if applicable): _____

Project Location: 507 F St. Eureka, CA 95501

Description of the Proposed Project [24 CFR 58.32; 40 CFR 1508.25]: Tenant Based Rental Assistance- scattered site Rapid Rehousing

Project Name

Project Locality and State

HEROS Number

Level of Environmental Review Determination:

Activity/Project is Exempt per 24 CFR 58.34(a): _____

Activity/Project is Categorically Excluded Not Subject To §58.5 per 24 CFR 58.35(b): (1) tenant-based rental assistance

Funding Information

Grant Number	HUD Program	Funding Amount
CA1485L9T221500	Continuum of Care	\$117,336

Estimated Total HUD Funded Amount:

This project anticipates the use of funds or assistance from another Federal agency in addition to HUD in the form of (if applicable):

N/A

Estimated Total Project Cost (HUD and non-HUD funds) [24 CFR 58.32(d)]:

\$146,708

Compliance with 24 CFR §50.4 and §58.6 Laws and Authorities

Record below the compliance or conformance determinations for each statute, executive order, or regulation. Provide credible, traceable, and supportive source documentation for each authority. Where applicable, complete the necessary reviews or consultations and obtain or note applicable permits of approvals. Clearly note citations, dates/names/titles of contacts, and page references. Attach additional documentation as appropriate.

Compliance Factors: <i>Statutes, Executive Orders, and Regulations listed at 24 CFR 50.4 and 58.6</i>	Are formal compliance steps or mitigation required?	Compliance determinations
STATUTES, EXECUTIVE ORDERS, AND REGULATIONS LISTED AT 24 CFR §58.6		
Airport Runway Clear Zones and Accident Potential Zones 24 CFR Part 51 Subpart D	Yes - No <input type="checkbox"/> - <input checked="" type="checkbox"/>	24 CFR Part 51, Subpart D does not apply because this project will not "provide assistance, subsidy or insurance for construction, land development, community development or redevelopment or any other provision of facilities and services which are designed to make land available for construction."
Coastal Barrier Resources Coastal Barrier Resources Act, as amended by the Coastal Barrier Improvement Act of 1990 [16 USC 3501]	Yes - No <input type="checkbox"/> - <input checked="" type="checkbox"/>	Project is not within a CBRS unit. There are no CBRS units in California and the project is located entirely within California.

Project Name

Project Locality and State

HEROS Number

Flood Insurance Flood Disaster Protection Act of 1973 and National Flood Insurance Reform Act of 1994 [42 USC 4001-4128 and 42 USC 5154a]	Yes - No <input type="checkbox"/> - <input checked="" type="checkbox"/>	Project does not involve financial assistance for construction, rehabilitation, or acquisition of a mobile home, building, or insurable personal property or the purchase of machinery, equipment, fixtures, or furnishings that are insurable under NFIP.
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Mitigation Measures and Conditions [40 CFR 1505.2(c)]

Summarize below all mitigation measures adopted by the Responsible Entity to reduce, avoid, or eliminate adverse environmental impacts and to avoid non-compliance or non-conformance with the above-listed authorities and factors. These measures/conditions must be incorporated into project contracts, development agreements, and other relevant documents. The staff responsible for implementing and monitoring mitigation measures should be clearly identified in the mitigation plan.

Law, Authority, or Factor	Mitigation Measure

Preparer Signature: Robert Ward Date: 9/16/16

Name/Title/Organization: Robert Ward, Administrative Analyst, Humboldt County Department of Health and Human Services

Responsible Entity Agency Official Signature: [Signature]
Date: 9/16/16

Name/Title: Connie Beck, Director

This original, signed document and related supporting material must be retained on file by the Responsible Entity in an Environmental Review Record (ERR) for the activity/project (ref: 24 CFR Part 58.38) and in accordance with recordkeeping requirements for the HUD program(s).

Attachment B
Supplemental Budget
County of Humboldt
1160511 - Social Services
Revenues and Expenditures with Encumbrances
Fiscal Year 2016-17

	Adopted Budget	Adjusted Budget	Supplemental Request	Revised Budget
Revenues				
20 Licenses and Permits				
Total Licenses and Permits	21,200.00	21,200.00	-	21,200.00
50 Other Governmental Agencies				
507000 State Welfare Administration	8,789,709.00	8,789,709.00	-	8,789,709.00
507010 St Welfare Realignment St Tax	3,714,100.00	3,714,100.00	-	3,714,100.00
507020 St Welfare-Realign St Tax IHSS	3,714,100.00	3,714,100.00	-	3,714,100.00
507030 State 2011 Realignment Admin	10,670,337.00	10,670,337.00	-	10,670,337.00
510020 Performance Incentives	8,608.00	8,608.00	-	8,608.00
524075 Grants - Local	-	10,000.00	-	10,000.00
526000 Federal Welfare Administration	42,369,516.00	42,369,516.00	-	42,369,516.00
526445 Cnty Medical Services Program	1,370.00	1,370.00	-	1,370.00
526450 State Medical Admin Advances	13,000,000.00	12,990,000.00	-	12,990,000.00
585810 Inter-Governmental Transfer	1,227,374.00	1,227,374.00	-	1,227,374.00
587004 St Aid-Realignment-S T CCS/DSS	196,513.00	196,513.00	-	196,513.00
590069 HUD Grant	69,500.00	69,500.00	117,366.00	186,866.00
Total Other Governmental Agenc	83,761,127.00	83,761,127.00	117,366.00	83,878,493.00
60 Charges for Current Services				
Total Charges for Current Serv	14,000.00	14,000.00	-	14,000.00
70 Other Revenues				
Total Other Revenues	334,989.00	334,989.00	-	334,989.00
Total Revenues	84,131,316.00	84,131,316.00	117,366.00	84,248,682.00
Expenditures				
01 Salaries & Employee Benefits				
Total Salaries & Employee Bene	44,335,325.00	44,335,325.00	-	44,335,325.00
02 Services and Supplies				
Total Services and Supplies	31,632,254.00	31,490,024.00	-	31,490,024.00

**Attachment B
Supplemental Budget
County of Humboldt
1160511 - Social Services
Revenues and Expenditures with Encumbrances
Fiscal Year 2016-17**

	Adopted Budget	Adjusted Budget	Supplemental Request	Revised Budget
03 Other Charges				
3109 Grant Fund Disbursements	-	10,000.00	117,366.00	127,366.00
3125 Information Services Charges	594,925.00	594,925.00	-	594,925.00
3137 A-87 Overhead Charges	2,535,312.00	2,535,312.00	-	2,535,312.00
3138 Homeless Management Info System	69,500.00	69,500.00	-	69,500.00
3202 DHHS Administration	2,242,138.00	2,242,138.00	-	2,242,138.00
3320 Misc Fraud Services	8,608.00	8,608.00	-	8,608.00
3335 CAPCC	35,000.00	35,000.00	-	35,000.00
3346 Family Housing-Medical Support	377,374.00	367,374.00	-	367,374.00
3434 U.C. Davis Training	92,430.00	92,430.00	-	92,430.00
3436 DA AFDC/Food Stmp Fraud Prosec	24,000.00	24,000.00	-	24,000.00
3513 Communications/Utility Charges	1,552.00	1,552.00	-	1,552.00
3621 RCAA	850,000.00	850,000.00	-	850,000.00
3703 Area Council on Aging	81,656.00	81,656.00	-	81,656.00
3928 Expense Transfers	2,513,685.00	2,513,685.00	-	2,513,685.00
3940 Central Service Charges	51,821.00	51,821.00	-	51,821.00
Total Other Charges	9,478,001.00	9,478,001.00	117,366.00	9,595,367.00
08 Fixed Assets				
Total Fixed Assets	1,401,787.00	1,544,017.00	-	1,544,017.00
09 Intrafund Transfers				
9328 General Relief	(1,323,031.00)	(1,323,031.00)	-	(1,323,031.00)
Total Intrafund Transfers	(1,323,031.00)	(1,323,031.00)	-	(1,323,031.00)
90 General Fund Contribution				
9360 General Fund Contributions	(1,393,020.00)	(1,393,020.00)	-	(1,393,020.00)
Total General Fund Contributio	(1,393,020.00)	(1,393,020.00)	-	(1,393,020.00)
Total Expenditures	84,131,316.00	84,131,316.00	117,366.00	84,248,682.00
Net Revenues Over (Under) Expenditures)	-	-	-	-