

**SECOND AMENDMENT TO
GRANT AGREEMENT FOR HOMELESS OUTREACH SERVICES TEAM PROGRAM
WITH CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA (FISCAL YEAR
2017/2018)**

This Second Amendment to Grant Agreement for Homeless Outreach Services Team Program, dated June 20, 2017 ("Agreement") is made as of this _____ day of _____, 2018, by and between the City of Santa Rosa, a municipal corporation ("City"), and Catholic Charities of the Diocese of Santa Rosa, a California non-profit corporation ("Contractor").

RECITALS

- A. City and Contractor entered into the Agreement for Contractor to administer a Homeless Outreach Services Team (HOST) Program for the period July 1, 2017 to June 30, 2018 in the amount of \$466,450.00. HOST is a multi-disciplinary outreach team that works to engage unsheltered homeless into services such as substance abuse treatment, mental health treatment, shelter services, and other services for the homeless with its primary function to supply housing as part of the "Housing First" model. HOST also works with law enforcement, parks systems and water agencies to address issues that arise from activities related to homelessness.
- B. City and Contractor entered into a First Amendment to the Agreement for the purpose of modifying the total funding under the Agreement from \$466,450.00 to \$486,450.00 for the purpose of reimbursing Catholic Charities for expenses incurred to assume operation of the shelter at the Finley Community Center for a one-week period and to assess shelter clients and develop a shelter and/or housing placement plan.
- C. City and Contractor now desire to amend the Agreement for the purpose of modifying the total funding under the Agreement from \$486,450.00 to \$686,450.00 for the purpose of providing additional resources for landlord incentives and rapid re-housing to further assist unsheltered homeless persons obtain permanent housing.

AMENDMENT

NOW, THEREFORE, the parties agree to amend the Agreement as follows:

- 1. Section 1. Scope of Services

Exhibit A to the Agreement is replaced by Exhibit A-2 to this Amendment.

- 2. Section 3. Grant

Section 3(A) is amended to increase the Program funding under the Agreement by \$200,000.00 to read as follows:

"Notwithstanding any other provision of this Agreement, PROGRAM funding from CITY to CONTRACTOR shall not exceed \$686,450.00. The City's Chief Financial Officer is authorized to pay all proper claims under this Agreement from Fund 1209 and Key 340707."

Exhibit B (Budget) to the Agreement is replaced by Exhibit B-2 to this Amendment.

3. Section 15. Program Monitoring and Evaluation.

Exhibit C (Quarterly Status Report) to the Agreement is replaced by Exhibit C-2 to this Amendment.

All other terms of the Agreement shall remain in full force and effect.

Executed as of the day and year first above stated.

CONTRACTOR:

Catholic Charities of the Diocese of Santa Rosa

CITY OF SANTA ROSA

a Municipal Corporation

TYPE OF BUSINESS ENTITY:

- Individual/Sole Proprietor
- Partnership
- Corporation
- Limited Liability Company
- Other (please specify: _____)

By: _____

Print Name: _____

Title: _____

Signatures of Authorized Persons:

APPROVED AS TO FORM:

By: _____

Print Name: _____

Title: _____

By: _____

Print Name: _____

Title: _____

Office of the City Attorney

ATTEST:

City Clerk

- Attachment:
- Exhibit A-2 – Scope of Work
 - Exhibit B-2 – Budget
 - Exhibit C-2 – Quarterly Status Report

EXHIBIT A-2: SCOPE OF SERVICES
HOMELESS OUTREACH SERVICES TEAM PROGRAM
(Catholic Charities of the Diocese of Santa Rosa)

Planned Outcome

The Santa Rosa Homeless Outreach Services Team (HOST) program (PROGRAM) is a multi-disciplinary outreach team that works to engage unsheltered homeless into services such as substance abuse treatment, mental health treatment, shelter services, and other services for the homeless with its primary function to supply housing as part of the “Housing First” model. HOST also works with law enforcement, parks systems and water agencies to address issues that arise from activities related to homelessness.

The PROGRAM will provide a number of services including but not limited to the following: outreach and engagement through coordination with benevolent community events and other cross-sector collaborations; housing and health assessments; housing assistance – temporary placement, reunification to supportive living situation, rapid-rehousing; case management to include follow-up engagements; coordinated abandoned camp clean-ups to include Conservation Crew* participation; operation of a 24/7 response line; and outreach and engagement through the operation of a mobile bathroom-shower trailer (Trailer). Additionally, the PROGRAM will leverage the County of Sonoma’s HOST program resources including storage, transportation, benefits enrollment assistance, and Coordinated Intake and VI-SPDAT (Vulnerability Index, Service Prioritization Decision Assistance Tool) assessments.

PROGRAM services will be provided by CONTRACTOR in partnership with Social Advocates for Youth and Buckelew Programs. The PROGRAM’s service area will be within the CITY limits with the primary service area to be downtown Santa Rosa which includes the area surrounded by College Avenue, E Street, Highway 12 and Cleveland Avenue/Madison Street.

CONTRACTOR will operate the Trailer weekly providing up to 90 showers at the following locations: City Hall parking lot, Roseland Village, and Doyle Community Park. Any changes to these locations must be approved by CITY. CONTRACTOR will coordinate operation of the Trailer so as not to conflict with CITY business, events, or programs. CONTRACTOR will also operate the Trailer on properties owned by the County of Sonoma and by private parties, which serve Santa Rosa residents, subject to approval by the CITY, and the respective property owner. Each location is to be restored to its original condition after use of the Trailer by CONTRACTOR. All trash and debris is to be disposed of offsite. All Trailer waste must be disposed of offsite at a designated waste disposal facility. The Trailer will be staffed at all times by CONTRACTOR’S employees and will be stored at CONTRACTOR’S property after every use.

**Conservation Crew – CONTRACTOR will provide recently or currently homeless individuals with financial incentives to help with clean-up of abandoned encampments.*

EXHIBIT A-2: SCOPE OF SERVICES

Planned Outputs

- 400 unsheltered homeless persons screened utilizing VI-SPDAT, of these:
 - 200 housing needs assessments completed utilizing Coordinated Intake and VI-SPDAT
- 800 calls made to 24/7 response line
- 50 coordinated abandoned camp clean-ups to include 25 Conservation Crew participants
- 4,000 showers will be provided through the operation of the Trailer (up to 90 showers per week)
- Continue operation of the shelter at the Finley Community Shelter for a one-week period and assess shelter clients and develop a shelter and/or or housing placement plan

Planned Indicators

- 70% of participants screened using VI-SPDAT will engage into supportive services, including those engaged through Trailer
- 50% of participants screened using VI-SPDAT will be provided safe shelter (safe parking, hotels, campgrounds, emergency shelters, reunification to supportive living situations)
- 25% of participants screened using VI-SPDAT will be housed (transitional or permanent housing), of the housed cohort that CONTRACTOR can track through agency specific HMIS:
 - 40% will retain or increase their income or benefit status
 - 50% will enroll into health coverage (measured at 3 months and 6 months)
 - 80% of respondents will retain their housing (measured at 6 months and 12 months)

EXHIBIT B-2 BUDGET

HOMELESS OUTREACH SERVICES TEAM PROGRAM
(Catholic Charities of the Diocese of Santa Rosa)

Contract Expenses	Budget Amounts
Catholic Charities Outreach Workers (Salaries and Benefits) plus subcontract work to Buckelew Programs and Social Advocates for Youth	\$184,000
Technology and Communication	\$1,000
Conservation Crew	\$20,000
Safe Shelter, Reunification, Housing Placement	\$200,000
Administrative Support	<u>\$10,000</u>
Landlord Incentives and Rapid Re-Housing	<u>\$200,000</u>
Total Contract Expenses	\$615,000
Trailer Expenses	
Catholic Charities Trailer Worker (Salaries and Benefits)	\$ 29,700
Trailer costs (dumping, water, propane, generator, pressure washer, cleaning supplies, back-up water supply, maintenance, insurance, miscellaneous expenses)	<u>\$ 21,750</u>
Total Trailer Expenses	\$51,450
Continuation of Finley Community Shelter	\$20,000
TOTAL EXPENSES	\$686,450

EXHIBIT C-2: QUARTERLY STATUS REPORT

HOMELESS OUTREACH SERVICES TEAM PROGRAM
(Catholic Charities of the Diocese of Santa Rosa)

Reporting is required as a condition of funding. The CITY will receive quarterly updates based on the information provided in this report (*and for HMIS participants as it compares to the HMIS reports*). Reports may be submitted electronically.

Each quarter should be reported **cumulative** (or for the quarter if requested below) beginning July 1, 2017, and ending through the quarter for which the report is being submitted.

Agency Name: Catholic Charities of the Diocese of Santa Rosa
Program Title: Homeless Outreach Services Team Program
Term: July 1, 2017 to June 30, 2018

Reporting Due Dates and Period (please check only one):

Report	Due Date	Report Period Covered
<input type="checkbox"/> 1 st Quarter Rpt:	October 10 th 2017	July 1, 2017 – September 30, 2017
<input type="checkbox"/> 2 nd Quarter Rpt:	January 10 th 2018	July 1, 2017 – December 31, 2017
<input type="checkbox"/> 3 rd Quarter Rpt:	April 10 th 2018	July 1, 2017 – March 31, 2018
<input type="checkbox"/> 4 th Quarter Rpt:	July 10 th 2018	July 1, 2017 – June 30, 2018

1. Total Number of Unduplicated Participants Assisted (cumulative through report period and enter only numbers for only 1a OR 1b depending on your project):

1a. For projects serving only individuals **OR** families (households) enter the total number of unduplicated participants or families/households served (but not both):

_____ Individuals (singles) **OR** _____ Families (households)

1b. For projects serving **both** individuals (singles) AND family (households) enter the total number of participants (singles + all household members) served (enter one number only): _____

2. Please include a brief narrative of 50 words or less on your program's progress:

EXHIBIT C-2: QUARTERLY STATUS REPORT

- 3. INCOME DETERMINATION:** complete the table below indicating the total number of participants assisted for the **QUARTER and CUMULATIVE TO DATE**. For each year in which ANY grant funds were expended, direct benefit data will be required for the entire year.

Number of Participants Directly Assisted

	Total No. of Participants Assisted	Below 30% (Extremely Low)	31% to 50% (Very Low)	51% to 80% (Low Income)	Over 80% (Non-low Moderate)
For the quarter					
Cumulative to date					

- 4. RACE/ETHNICITY DETERMINATION;** The total number of participants shown in the first column below should equal the number of participants directly assisted in #3 above.

	<i>For the quarter</i>	<i>Cumulative</i>
RACE/ETHNICITY DATA	<i>(Total) No. of participants served</i>	<i>(Total) No. of participants served</i>
White		
Black or African American		
Asian		
Mexican/American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
Mexican/American Indian or Alaska Native and White		
Asian and White		
Black/African American and White		
Mexican American Indian/Alaska Native & Black/African Am.		
Other multi-racial		
Total number assisted (must equal the total number of participants in Q #1 and #3 above):		
*this number should be equal to or less than the total # of participants served		

This report has been created using the project's HMIS data: _____ Yes _____ No
 If HMIS data has not been used, indicate the data source:

EXHIBIT C-2: QUARTERLY STATUS REPORT

5. Performance Outcomes (CUMULATIVE):

Using the approved outcomes sheet included with your project's funding agreement Exhibit A, please complete the table below indicating the actual number of project participants who have achieved outcomes from July 1, 2017, through the reporting period.

Project Quantitative Measure Text	Actual Outcomes Achieved from July 1, 2017 through this report period
<p>1) 400 unsheltered homeless persons screened utilizing VI-SPDAT</p> <ul style="list-style-type: none"> ○ # of persons screened (VI-SPDAT) ○ # of housing needs assessments completed (VI-SPDAT and Coordinated Intake) ○ 70% will engage into supportive services ○ 50% will be provided safe shelter (safe parking, hotels, campgrounds, emergency shelters, reunification to supportive living situations) ○ 25% will be housed (transitional or permanent housing), <u>of the housed cohort</u> that CONTRACTOR can track through agency specific HMIS: <ul style="list-style-type: none"> ➤ 40% will retain or increase their income or benefit status ➤ 50% will enroll into health coverage (measured at 3 months and 6 months) ➤ 80% of respondents will retain their housing (measured at 6 months and 12 months) 	<p>Number who achieved Outcome(s):</p> <p>1)</p>
<p>2) 800 calls made to 24/7 response line</p>	<p>2)</p>
<p>3) 50 coordinated abandoned camp clean-ups to include 25 Conservation Crew participants.</p>	<p>3)</p>
<p>4) 4,000 showers will be provided through the operation of the Trailer</p> <ul style="list-style-type: none"> ○ # of showers provided ○ # of participants served (unduplicated), of those served the # that engaged into supportive services 	<p>4)</p>
<p>5) # of persons served at the shelter at Finley Community Center, of these:</p> <ul style="list-style-type: none"> ○ # exit to safe shelter 	<p>5)</p>

EXHIBIT C-2: QUARTERLY STATUS REPORT

6. For those participants which complete the VI-SPDAT, please complete the table below indicating the **CUMULATIVE** number of those assisted from July 1, 2017, through the reporting period.

Type of place where participant sleeps most often:	
Shelter	
Street, sidewalk, or doorway	
Car, van, or RV	
Creek or park	
Other (SPECIFY):	
Where did participant live prior to becoming homeless?	
Sonoma County	
Other part of California	
Other (SPECIFY):	

Signature: _____

Date: _____

Name: _____
(type/print)

Phone: _____

Title: _____