**CITY OF SANTA ROSA**
**SECOND AMENDMENT TO**
**GRANT AGREEMENT FOR**
**HOME INVESTMENT PARTNERSHIPS - AMERICAN RESCUE PLAN (HOME-ARP) PROGRAM**
**CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA**
**DBA CATHOLIC CHARITIES OF NORTHWEST CALIFORNIA**
**ALN 14.239/F002759**

This Second Amendment to Grant Agreement Number F002759, dated January 1, 2024 (Agreement) is made as of this ___ day of August 2025 by and between the **CITY OF SANTA ROSA** (City) and **CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA DBA CATHOLIC CHARITIES OF NORTHWEST CALIFORNIA**, a California non-profit corporation (Contractor).

## RECITALS

A. In Fiscal Year 2021/2022, the City was awarded $2.7 million in HOME-ARP funds by the U.S. Department of Housing and Urban Development (HUD) to benefit defined qualifying populations through defined eligible activities.

B. Through HUD's required consultation and public participation process, the City developed a HOME-ARP Allocation Plan which identified the use of HOME-ARP funds for supportive services.

C. On August 31, 2023, a Request for Proposals (RFP) was issued for the provision of supportive services for persons at-risk of or experiencing homelessness and other vulnerable populations. Following this process, Contractor was selected as a provider for HOME-ARP Program (Program).

D. On January 1, 2024, City and Contractor entered into a Grant Agreement for the Program for the period January 1, 2024 – June 30, 2025.

E. On March 11, 2025, City and Contractor amended the Grant Agreement for the purpose of extending time of performance for an additional fiscal year (Fiscal Year 2025/26) with no changes to the total funding amount.

F. On April 30 2025, the City was awarded an additional $4,095 in HOME-ARP funds by HUD. The City also identified $100,000 in previously awarded HOME-ARP funds for administration to be re-allocated for supportive services and non-profit operating costs.

G. Through HUD's required consultation and public participation process, the City completed a substantial amendment to the HOME-ARP Allocation Plan to use the funds ($104,095) for supportive services and non-profit operating costs.

H. City and Contractor now desire to amend the Grant Agreement for the purpose of increasing the budget by $104,095 for a total of $1,719,539.

I. The parties have negotiated upon the terms pursuant to which Contractor will administer and conduct the Program and City will fund the Program and have herein reduced such terms to writing.

**AMENDMENT**

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

1. Section 1: Scope of Services

   Exhibit A-Scope of Services is replaced by **Exhibit A-2** to this Amendment

2. Section 3: Grant

   Exhibit A-Scope of Services is replaced by **Exhibit A-2** to this Amendment

   Exhibit B-1 Budget is replaced by **Exhibit B-2** to this Amendment

   Section 3(A) is amended to read as follows:

   "Notwithstanding any other provision of this Agreement, Program funding from City to Contractor shall not exceed One Million, Seven-Hundred Nineteen Thousand, Five-Hundred Thirty-Nine Dollars ($1,719,539.00) for the period of January 1, 2024 through June 30, 2026. The City's Chief Financial Officer is authorized to pay all proper claims from Key 42140 and Fund 2269."

3. Section 13: Program Monitoring and Evaluation

   Exhibit D-1 Quarterly Status Report Form is replaced by **Exhibit D-2** to this Amendment.

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

[SIGNATURES APPEAR ON NEXT PAGE]

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Executed as of the day and year first above stated.

**CONTRACTOR**
Catholic Charities of the Diocese
of Santa Rosa DBA Catholic Charities of
Northwest California

By _____

Name: Jennielynn Holmes
Title: CEO

Taxpayer ID # 94-2479393

**CITY OF SANTA ROSA**
A Municipal Corporation

By _____

Name: Megan Basinger
Title: Housing & Community Services Director

**APPROVED AS TO FORM**

By_____
Office of the City Attorney

**Attachments:**

Exhibit A-2: Scope of Services
Exhibit B-2: Budget
Exhibit D-2: Quarterly Status Report Form

# EXHIBIT A-2: SCOPE OF SERVICES

**January 1, 2024 - June 30, 2026**

**HOME-ARP PROGRAM**
**CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA**
**DBA CATHOLIC CHARITIES OF NORTHWEST CALIFORNIA**

## 1. Program Summary

Contractor's HOME-ARP Program (Program) seeks to prevent and end episodes of homelessness for Santa Rosa's most vulnerable adults and families with children, including those fleeing or attempting to flee domestic/dating violence and human trafficking. The two main goals of the Program include:

1) Prevent and end episodes of homelessness through housing counseling, financial and income growth education, and temporary financial assistance.
2) Support individuals and families experiencing or at-risk of homelessness by supporting their mental health as a key contributor to the ability to secure and retain housing.

The Program is intended to provide supportive services to qualifying individuals or families aligned with U.S. Department of Housing and Urban Development's (HUD) Notice CPD-21-10 (HOME-ARP Final Notice[1]) and City of Santa Rosa's HOME-ARP Allocation Plan.

## 2. Qualifying Populations

Services **must** be used to benefit the HOME-ARP Qualifying Populations and **all** services **must** be available to **all** qualifying populations under the HOME-ARP program. These populations are described in detail in HOME-ARP Final Notice Section IV and summarized as follows:

- Homeless, as defined in 24 CFR 91.5 *Homeless* (1), (2), or (3);
- At risk of Homelessness, as defined in 24 CFR 91.5 *At risk of homelessness*;
- Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking as defined by HUD;
- Other populations where providing supportive services or assistance under section 212(a) of the HOME Act 42 U.S.C. § 12742 (a) would prevent the family's homelessness or would serve those with the greatest risk of housing instability;
- Veterans and families that include a veteran family member that met one of the proceeding criteria.

[1] HOME-ARP Final Notice can be found at https://www.hud.gov/sites/dfiles/OCHCO/documents/2021-10cpdn.pdf

Contractor will be required to set forth a City-approved certification and selection process to ensure that individuals and families receiving the supportive services meet the eligibility requirements.

Contractor must establish a City-approved waiting list for the activity(ies). All qualifying individuals and/or families must have access to apply for placement on the waiting list for the activity. Qualifying individuals or families on a waiting list must be accepted in chronological order, insofar as practicable.

**3. Supportive Services**

Contractor may provide a broad range of supportive services to qualifying individuals or families as a separate activity or in combination with other eligible activities.

Eligible activities for provision of supportive services fall under three primary categories as defined by HUD in the HOME-ARP Final Notice:

- McKinney-Vento Supportive Services, services listed in section 401(29) of the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11360(29);
- Homelessness Prevention Services, as described in HOME-ARP Final Notice Section VI.D.3. and Section VI.D.4; and
- Housing Counseling Services.

Contractor will provide the following eligible supportive services (further detailed in HOME-ARP Final Notice Section VI.D.4.c.i.):

- Housing Counseling;
- Financial Assistance; and
- Mental Health Services.

Financial assistance will be provided to pay housing owners, utility companies, and other third parties for the following costs, as applicable:

- Rental application fees;
- Security deposits;
- Utility deposits/payments;
- Moving costs;
- First and last month's rent;
- Payment of rental arrears; and
- Rental payments, not to exceed 24 months over any 3-year period subject to conditions described in HOME-ARP Final Notice Section VI.D.4.c.i.S.

Eligible HOME-ARP topics under Housing Counseling include Rental Housing Counseling Topics under 24 CFR 214/300(e)(4), Pre-Purchase Homebuying Topics under 24 CFR 214/300(e)(1), and Homeless Services Topics under 24 CFR 214/300(e)(5).

Housing Counseling services will include, as applicable:

- Development of a housing counseling workplan;
- Financial and housing affordability analysis;
- Action plans that outline what Contractor and the client will do to meet the client's housing goals and that address the client's housing problem(s); and
- Follow-up communication with program participants.

The costs of implementing a specific activity or project, including staff costs to deliver supportive services, are considered HOME-ARP project delivery costs. Project delivery costs will include: 1) The costs of labor or supplies and materials incurred in directly providing supportive services to program participants. 2) The salary and benefit packages of the staff who directly deliver the services.

Operating expenses are defined as reasonable and necessary costs of operating the nonprofit organization. These costs include employee salaries, wages and other employee compensation and benefits; employee education, training, and travel; rent; utilities; communication costs; taxes; insurance; equipment, materials, and supplies. Operating expenses are to be used for the “general operating costs” of the non-profit organization that do not have a particular final cost objective. For example, operating expenses may not be used for staffing costs to provide supportive services.

**4. Planned Outputs**

- 350 participants will receive housing counseling services and access to financial assistance to exit homelessness or retain housing.
- 50 participants will receive mental health services.
- Contractor will engage clients and elicit feedback to incorporate in program planning and implementation.

**5. Planned Indicators**

- 75% of participants at-risk of homelessness will maintain or improve their housing status at program exit.
- 80% of participants will retain their permanent housing, as measured by returns to homelessness in Homeless Management Information System (HMIS).

**EXHIBIT B-2: BUDGET**

**January 1, 2024 - June 30, 2026**

**HOME-ARP PROGRAM**
**CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA**
**DBA CATHOLIC CHARITIES OF NORTHWEST CALIFORNIA**

| Expenses | Budget Amounts |
|---|---|
| Salaries and Benefits: | $721,000 |
| Financial Assistance | $646,000 |
| Mental Health Services | $230,000 |
| Operating Expenses (Technology and Supplies) | $27,893 |
| Indirect Costs | $94,646 |
| **Total Contract Expenses** | **$1,719,539** |

**EXHIBIT D-2: QUARTERLY STATUS REPORT FORM**
**HOME-ARP PROGRAM**
**CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA**
**DBA CATHOLIC CHARITIES OF NORTHWEST CALIFORNIA**

**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. Submit all back-up data for numbers provided in reports.**

Each quarter should be reported **cumulative** (or for the quarter if requested below) beginning January 1st, 2024 and ending through the quarter for which the report is being submitted.

| | |
|---|---|
| **Agency Name:** | **CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA DBA CATHOLIC CHARITIES OF NORTHWEST CALIFORNIA** |
| **Program Title:** | **HOME-ARP PROGRAM** |
| **Term:** | **January 1, 2024 to June 30, 2026** |
| **QUARTER:** | **FY 25/26 Q1: JULY 1, 2025 - SEPTEMBER 30, 2025** |

**Instructions:** An entry is required in every yellow cell. Once data has been entered, the cell will revert to white. You may need to enter 0 to indicate no applicable response. There should be no yellow cells when report is submitted to the City. Cells that show up in red indicate discrepancies, your numbers should be double checked.

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

**1. TOTAL SERVED**
**Total Number of Participants Assisted (This Quarter & Cumulative)**

| INDIVIDUALS | QUARTERLY TOTAL | CUMULATIVE |
|---|---|---|
| Total Number of Participants Assisted | | |
| Total Number of Participants Newly Housed | | |

**2. SERVICE TYPE**
**Financial Assistance and Mental Health Services are Supportive Services.**
**The counseling to participants on seeking, financing, maintaining, renting, or owning a home is Housing Counseling.**

If a household receives both Supportive Services and Housing Counseling in a single quarter, the household should be counted in both sections of the report. If a household was experiencing homelessness in one quarter but then became housed and continued receiving services in the next quarter, the household should be counted under "Homeless " in the first quarter and under "Non-Homeless" in the next quarter.

| Total Number of Households Assisted (QUARTERLY UNDUPLICATED) | | |
|---|---|---|
| | Homeless | Non-Homeless |
| **Supportive Services** | | |
| **Housing Counseling** | | |

| Total Number of Households Assisted (QUARTERLY TOTAL) | | |
|---|---|---|
| | Homeless | Non-Homeless |
| Supportive Services | | |
| Housing Counseling | | |

**3. HOUSEHOLD SIZE (QUARTERLY TOTAL)**

If a household receives both Supportive Services and Housing Counseling in a single quarter, the household should be counted in both sections of the report. If a household was experiencing homelessness in one quarter but then became housed and continued receiving services in the next quarter, the household should be counted under "Homeless " in the first quarter and under "Non-Homeless" in the next quarter.

| HOUSEHOLD SIZE | Supportive Services Homeless | Supportive Services Non-Homeless | Housing Counseling Homeless | Housing Counseling Non-Homeless |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8+ | | | | |
| **Total Households** | 0 | 0 | 0 | 0 |

Total households should match quarterly total households reported in Question 2.

**4. HOUSEHOLD TYPE (QUARTERLY TOTAL)**

If a household receives both Supportive Services and Housing Counseling in a single quarter, the household should be counted in both sections of the report. If a household was experiencing homelessness in one quarter but then became housed and continued receiving services in the next quarter, the household should be counted under "Homeless " in the first quarter and under "Non-Homeless" in the next quarter.

| HOUSEHOLD TYPE | Supportive Services Homeless | Supportive Services Non-Homeless | Housing Counseling Homeless | Housing Counseling Non-Homeless |
|---|---|---|---|---|
| Single, non-elderly | | | | |
| Elderly | | | | |
| Single Parent | | | | |
| Two Parents | | | | |
| Other | | | | |
| **Total Households** | 0 | 0 | 0 | 0 |

Total households should match quarterly total households reported in Question 2.

**5. RACE/ETHNICITY DETERMINATION (QUARTERLY TOTAL)**

If a household receives both Supportive Services and Housing Counseling in a single quarter, the household should be counted in both sections of the report. If a household was experiencing homelessness in one quarter but then became housed and continued receiving services in the next quarter, the household should be counted under "Homeless " in the first quarter and under "Non-Homeless" in the next quarter.

| RACE/ETHNICITY OF HEAD OF HOUSEHOLD | Supportive Services Homeless | Supportive Services Non-Homeless | Housing Counseling Homeless | Housing Counseling Non-Homeless |
|---|---|---|---|---|
| White | | | | |
| Black, African American, African | | | | |
| Asian or Asian American | | | | |
| America Indian, Alaka Native, or Indigenous | | | | |
| Hispanic/Latina/e/o | | | | |
| Other/Multi-Racial | | | | |
| **Total Households** | 0 | 0 | 0 | 0 |

Total households should match quarterly total households reported in Question 2.

**6. VETERAN STATUS (QUARTERLY TOTAL)**

If a household receives both Supportive Services and Housing Counseling in a single quarter, the household should be counted in both sections of the report. If a household was experiencing homelessness in one quarter but then became housed and continued receiving services in the next quarter, the household should be counted under "Homeless " in the first quarter and under "Non-Homeless" in the next quarter.

| VETERAN STATUS | Supportive Services Homeless | Supportive Services Non-Homeless | Housing Counseling Homeless | Housing Counseling Non-Homeless |
|---|---|---|---|---|
| Veterans and families/households that include a veteran family member | | | | |

This report has been created using the project's HMIS data: YES (Enter Yes or No)

**If HMIS data has not been used, indicate the data source:**

I certify that each qualifying household is eligible for HOME-ARP assistance based on the requirements listed in the HOME-ARP Final Notice (Notice CPD-21-10). I certify that records are available demonstrating that each qualifying household is eligible for HOME-ARP assistance based on these requirements. YES (Enter Yes or No)

**7. PLANNED OUTPUTS:**

Please complete the table below indicating the actual number of project participants who have achieved outcomes This Quarter and Cumulative.

| Project Quantitative Measure Text (Planned Outputs) | | Cumulative Actual Outcomes |
|---|---|---|
| **350** participants will receive housing counseling services and access to financial assistance to exit homelessness or retain housing. | # of participants who receive housing counseling services and access to financial assistance to exit homelessness or retain housing. | |
| | # of participants who received financial assistance. | |
| **50** participants will receive mental health services. | # of participants who received mental health services | |
| | # of hours of mental health services provided | |

Please include a brief narrative on the process for engaging clients and how feedback is incorporated into program planning and implementation:

Please include a brief summary of any specific feedback received from any clients during this quarter. Please include any response or anticipated changes in response to this feedback.

| Project Quantitative Measure Text (Planned Indicators) | | Cumulative Actual Outcomes | Cumulative Percentage |
|---|---|---|---|
| **75%** of participants at-risk of homelessness will maintain or improve their housing status at program exit. | # of participants at-risk of homelessness served (Supportive Services and/or Housing Counseling) | | |
| | # of those participants that exited | | |
| | # of those exited participants that remained in permanent housing. | | |
| **80%** of participants will retain their permanent housing, as measured by returns to homelessness in Homeless Management Information System (HMIS) | # of participants that retained or exited to permanent housing | | |
| | # of those participants that returned to homelessness (as measured by re-entry into HMIS). | | |
| | # of participants that retained their permanent housing. | 0 | |

Name of Person Preparing Report:

(type/print)

Date:

(type/print)

Title:

(type/print)

Signature: