

CITY AND COUNTY OF SAN FRANCISCO

FIRST AMENDMENT  
TO THE GRANT BETWEEN THE CITY AND COUNTY OF SAN FRANCISCO AND  
COMMUNITY HOUSING PARTNERSHIP

THIS AMENDMENT (this "Amendment") is made as of May 26<sup>th</sup>, 2016 in San Francisco, California, by and between **Community Housing Partnership, 20 Jones Street, Suite 200 San Francisco, CA 94102**, hereinafter referred to as "Grantee", and the City and County of San Francisco,

RECITALS

WHEREAS, City and Grantee have entered into the Agreement (as defined below); and

WHEREAS, over the course of the term of this Agreement, it is anticipated that management of this grant on behalf of the City shall transfer from the Human Services Agency to a new department which shall be established for the purpose of coordinating homeless services. As part of the transfer, the departmental contact and invoicing procedures specified in this Agreement may shift from the Human Services Agency to the new department; however the responsibilities under this grant shall not change. The Human Services Agency shall notify Grantee of the new departmental contact and invoicing procedures. At such time as notice is given, all references in this Agreement to the Human Services Agency or the "Agency" shall be construed as a reference to the new department.

WHEREAS, City and Grantee desire to modify the Agreement on the terms and conditions set forth herein to **increase the contract amount to operate the navigation center program** and,

WHEREAS, Grantee represents and warrants that it is qualified to perform the services required by City as set forth under this Grant and Modification Agreement;

NOW, THEREFORE, Grantee and the City agree as follows:

1. **Definitions.** The following definitions shall apply to this Amendment:

- a) **Agreement.** The term "Agreement" shall mean the Agreement dated **July 1, 2015** between Grantee and City.
- b) **Contract Monitoring Division. Contract Monitoring Division.** Effective July 28, 2012, with the exception of Sections 14B.9(D) and 14B.17(F), all of the duties and functions of the Human Rights Commission under Chapter 14B of the Administrative Code (LBE Ordinance) were transferred to the City Administrator, Contract Monitoring Division ("CMD"). Wherever "Human Rights Commission" or "HRC" appears in the Agreement in reference to Chapter 14B of the Administrative Code or its implementing Rules and Regulations, it shall be construed to mean "Contract Monitoring Division" or "CMD" respectively.
- c) **Other Terms.** Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

2. **Modifications to the Agreement.** The Agreement is hereby modified as follows:

- a) **Article 5.1 Maximum Amount of Grant Funds** of the Agreement currently reads as follows:

“The amount of the Grant Funds disbursed hereunder shall not exceed **Six Million, Six Hundred Fifty Eight Thousand, Seven Hundred Twenty One Dollars (\$6,658,721)** for the period from **July 1, 2015 to June 30, 2018, plus any contingent amount authorized by City and certified as available by the Controller.**”

Contingent amount: Up to **Six Hundred Sixty Five Thousand, Eight Hundred Seventy Two Dollars (\$665,872)** for the period from **July 1, 2017 to June 30, 2018 (Y3), may be available, in the City’s sole discretion, as a contingency subject to authorization by the City and certified as available by the Controller.**

The maximum amount of Grant Funds disbursed hereunder shall not exceed **Seven Million, Three Hundred Twenty Four Thousand, Five Hundred Ninety Three Dollars (\$7,324,593)** for the period from **July 1, 2015 to June 30, 2018 (Y1-Y3).**”

Such section is hereby replaced in its entirety to read as follows:

The amount of the Grant Funds disbursed hereunder shall not exceed **Eight Million, Six Hundred Eighty Seven Thousand and Six Hundred and Eighty Three Dollars (\$8,687,683)** for the period from **July 1, 2015 to June 30, 2018, plus any contingent amount authorized by City and certified as available by the Controller.**

Contingent amount: Up to **Eight Hundred Sixty Eight Thousand and Seven Hundred Sixty Eight Dollars (\$868,768)** for the period from **July 1, 2017 to June 30, 2018 (Y3), may be available, in the City’s sole discretion, as a contingency subject to authorization by the City and certified as available by the Controller.**

The maximum amount of Grant Funds disbursed hereunder shall not exceed **Nine Million, Five Hundred Fifty Six Thousand and Four Hundred Fifty One Dollars (\$9,556,451)** for the period from **July 1, 2015 to June 30, 2018 (Y1-Y3).**

- b) **Appendix A.** Appendix A, of the agreement describes the services to be provided.

Such section is hereby replaced in its entirety by Appendix A-1, attached to this Modification Agreement, which displays the additional services to be provided under this Modification Agreement.

- c) **Appendix B.** Appendix B, Calculation of Charges, of the Agreement displays the original total amount of \$6,658,721.

Such section is hereby replaced in its entirety by Appendix B-1, Calculation of Charges, which displays the budget as herein modified.

- d) **Sugar-Sweetened Beverage Prohibition.** Section 16.22 is hereby added in its entirety to read as follows:

**16.22 Sugar-Sweetened Beverage Prohibition.** Contractor agrees that it will not sell, provide, or otherwise distribute Sugar-Sweetened Beverages, as defined by San Francisco Administrative Code Chapter 101, as part of its performance of this Agreement.

- e) **Section 16.17 Graffiti Removal.** Section 16.17 is hereby replaced in its entirety to read as follows:

**16.17 Graffiti Removal (reserved)**

f) **Civil service commission approval:**

The following clause below is removed in its entirety.

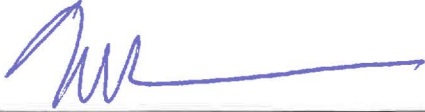
WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number **2004-08/09** on **June 16, 2014**;

3. **Effective Date.** Each of the modifications set forth in Section 2 shall be effective on and after **June 1, 2016**.
4. **Legal Effect.** Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.

IN WITNESS WHEREOF, Grantee and City have executed this Amendment as of the date first referenced above.

**CITY**

Recommended by:



Trent Rhorer  
Executive Director  
Human Services Agency

6/17/16

**GRANTEE**

**COMMUNITY HOUSING PARTNERSHIP**



Gail Gilman  
Executive Director  
20 Jones St. Suite 200  
San Francisco CA, 94102  
(415) 929-2470

Approved as to Form:



By:

**Adrienne Tong**  
Deputy City Attorney

6/17/16

City vendor number: **20365**  
Federal Employer ID number: **94-3112338**

**Appendix A-1 – Services to be Provided  
Community Housing Partnership (CHP)  
Civic Center Hotel  
Single Adult Housing and Temporary Placement in a Master Lease Site  
Term: 7/1/15-6/30/18**

**I. Purpose of Contract**

The purpose of this grant is to fund the CHP to lease, provide property management and support services at the Single Room Occupancy (SRO) hotel located at 20 12<sup>th</sup> Street in San Francisco, known as the Civic Center Hotel. The units will be used for permanent housing for the pre-existing tenants of the building and all other residential units will be used for temporary, non-rent placements of homeless individuals who are referred by agencies and programs approved by the Human Services Agency (HSA) to become clients of the on-site Navigation Center program.

The goals of the support services are to empower permanent tenants to become self-sufficient and retain their housing or move to other appropriate housing.

The temporary units will be utilized for placement of Navigation Center program clients to provide emergency accommodations and case management services. This will be done in coordination with HSA, various City departments, agencies and programs that provide outreach, intake and referrals, client services and evaluation of the program. Emergency services include; the provision of safe and clean emergency sleeping accommodations for up to approximately 93 homeless adults each night, 24 hour access 7 days a week, on site security, janitorial services, a pet friendly environment, access to food, showers, and laundry facilities. Support services include; intake and assessment to 100% of all clients upon move-in, development of a case plan with a goal of moving clients quickly to an exit from homelessness and the Navigation Center, wellness checks as necessary, coordination and scheduling with collaborating service partners and subcontractors, case conferencing, and data collection throughout the process.

**II. Definitions**

Adult	An individual or married/domestic partnership couple 18 years old or older without custody of minors below 18 years of age
CAAP	County Adult Assistance Programs including: General Assistance (GA), Personally Assisted Employment Services (PAES), Social Security Income Pending (SSIP), County Assistance Linked to Medi-Cal (CALM)
DBI	Department of Building Inspection
DPH	Department of Public Health
Grantee	Community Housing Partnership
HSA	Human Service Agency City and County of San Francisco
Client	Homeless adults without custody of minor children, defined as clients who have no fixed, regular and adequate nighttime residence, are residing on the street,

	have a need for adequate emergency nighttime sleeping accommodations and have been accepted into the Civic Center Hotel (CCH) Navigation Center (i.e. non-tenant resident)
Referrals	Clients referred to and placed into the Civic Center Hotel Navigation Center program will be identified by referral points that are established by HSA in collaboration with other city partners, such as the HOPE Office and DPH.
SRO	Single Room Occupancy Hotel
Tenant	Any individual who is a legal rent-paying resident in the building and units covered by this grant
Property Management	24 hours a day, 7 days a week of physical management of the property by a property manager who provides oversight of the property's maintenance and repairs; supervision of desk clerks, janitorial, and maintenance staff; handling the signing of agreements and other tasks related to the placement process; handling complaints; emergencies and notifications related to property violations; tenant evictions; and move-outs. Client exits from the Navigation Center program will be coordinated with on-site support services.
Master-lease	Maintain a long-term master-lease with the owners of buildings described in this scope of services for the purpose of sub-leasing permanent housing units to homeless individuals.
HOPE	The Mayor's Office of Housing Opportunities, Partnerships & Engagements

**Further Definition of Support Services**

The Grantee will publicize and invite tenants to access services as needed. The Grantee will create a regular schedule of outreach to the non-tenant residents. Grantee shall provide services based on tenant requests and as required by the contract. Grantee shall provide services based on the non-tenant residents' services plans and goals. Tenants are not required to participate in support services. Non-tenant residents may have required support services participation. Support services may include but are not limited to:

- A. Outreach. Staff efforts to contact, interact, inform and invite tenants to make use of support services to assist with and address individual needs or issues. These efforts shall include written messages, in person interactions, phone messages and calls, as available and appropriate to reach the individual tenant and non-tenant resident.
- B. Intake and Assessment. Provide one or more meetings or interviews with a tenant or non-tenant resident to establish strengths, skills, needs, plans and goals that are useful and shall help the tenant maintain housing and the non-tenant resident move out of homelessness.
- C. Case Management. Provide on-going meetings and counseling services with a tenant or non-tenant resident to establish goals, support individualized action and service plans, and track progress toward meeting the goals.

- D. Benefits Advocacy and Assistance. Provide assistance and referral to support a tenant and non-tenant resident to obtain or maintain benefits and solve problems related to county, state and federal benefits programs. This can also include assistance in identifying, applying for and establishing appointments with available services such as food programs, medical clinics and in-home support.
- E. Referrals. Assist clients to identify and access services available within the community that meet specific needs or support progress toward identified goals. This can include providing information about services, calling to help establish appointments, assisting with the completion of applications, helping with appointment reminders, follow up/checking in with clients regarding the process, and, as necessary, re-referral.
- F. Support and assistance in the completion of applications for services, benefits and available housing placements. The support will include assistance/guidance with the completion of applications and be related to promoting and assisting non-tenant residents with keeping related appointments.
- G. Mediation and assistance in communicating with Property Management and the HSA-approved referral agencies and programs. This can include helping a client understand the meaning of messages/letters/warnings from property management, assisting a tenant to write requests, responses or complaints, and participating in meetings between the tenant and property management to assist the tenant in communicating with property management.
- H. Conflict Resolution. Offer to meet with two or more tenants and or non-tenant residents to assist in problem solving and resolution of conflicts.
- I. Support Groups, Social Events and Organized Tenant and non-tenant Resident Activities. Provide clients with opportunities to participate in organized gatherings for peer support, to gain information from presenters and each other, to form social connections with other tenants/staff, or to celebrate/commemorate significant individual, holiday and community events. These events are held on-site and are often planned with or based on the input from tenants. A monthly calendar of events shall be posted and provided to tenants and non-tenant residents.
- J. Wellness Checks. Using passive observation of the entire hotel population and coordinating with property management to identify clients who have not been seen or have shown signs of concern to staff on at least a weekly basis. Outreach efforts are used to make contact and check in with these tenants and non-tenant residents.
- K. Tenant and non-tenant Resident Feedback and Complaint/Grievance Policies and Procedures. A written mechanism for accepting and responding to tenant and non-tenant resident complaints and concerns.
- L. Monthly Community Meetings. Meetings conducted by staff for tenants and/or non-tenant residents.

### **III. Target Population**

The Grantee will serve single adults and adult couples who are pre-existing tenants of the Civic Center Hotel at the time of the initiation of the master lease.

For the Navigation Center program, the Grantee will serve: Homeless adults without custody of minor children, defined as clients who have no fixed, regular and adequate nighttime residence, are residing on the street, and have a need for adequate emergency nighttime sleeping accommodations.

Referral Process: Homeless adults who utilize the Navigation Center will exclusively be referred by the process established by HSA in collaboration with the San Francisco City and County agencies involved with this project, or entities under contract with the City. All referral points will be identified by the Human Services Agency. An example of a referral point would be the San Francisco Homeless Outreach Team. The actual identification, targeting, outreach and referral of specific adults or groups of adults will be coordinated under the supervision of HSA. The grantee will provide significant input into this process regarding information about the number of available Navigation Center openings and the pending openings based on up-coming exits.

The Navigation Center is not designed for or intended as a program that will accept open referrals or for client drop-in/self-presentation to the program. Any individuals who are referred by entities other than the established referral points or who self-present at the Navigation Center shall be directed to other resources, such as the Homeless Outreach Team or shelters. The grantee shall have information regarding other existing services to provide to potential walk-up individuals interested in the Navigation Center.

### **IV. Description of Services**

The Grantee will publicize and invite tenants to access services as needed. Grantee shall provide services based on tenant requests and as required by the contract. Tenants are not required to participate in support services but the Grantee is required to outreach to any tenants showing indication of housing instability.

The Grantee will actively engage with Navigation Center clients to support their connection to needed services, progress on their individual service plans and eventual placement in programs that can end their homelessness. Participation in support services will be a requirement for continued placement in the Navigation Center program for its clients.

The Grantee shall provide emergency services in compliance with Standards of Care (although this program is not a shelter program, the Standards of Care provides program guidelines that are useful as appropriate to this specific Navigation Center program), to include but not be limited to:

#### **Emergency Services**

- A. The Grantee shall provide emergency sleeping accommodations for homeless clients. Access to the Navigation Center program shall be through the HSA confirmed referral process.



- B. Provide safe and clean emergency sleeping accommodations for approximately 93 homeless adults each night (subject to change based on number of pre-existing tenants).
- C. Provide building access 24 hours a day, seven days a week for those clients referred and active with the program.
- D. Provide a method to control access, track clients and manage/document participation. Coordinate site security and facilitate uniform and effective program entry utilizing screening equipment and provide property searches, as appropriate. Site security includes review of the areas/sidewalks around the program site and functions related to the Good Neighbor Policy (below).
- E. Provide staff oversight, janitorial service and maintenance coordination for the emergency sleeping areas, bathrooms/showers, client laundry facilities, the dining/client community room and general grounds of the program site.
- F. Create policies and procedures, including client responsibilities, to create a program site that is pet-friendly, as well as accommodating to companion, service and support animals.
- G. Create an MOU with identified meal provider regarding reporting daily clients meals needed, delivery schedule and related communications. In the community room, provide access for clients to delivered meals and some beverages and snacks throughout the day outside of meal times.
- H. Provide at least one staff member on each shift who has at least one year of experience in providing services to homeless people, or comparable experience.
- I. Promote and support staff training and development including training on ethics, health, professionalism, cultural competency, showing respect for clients and fellow staff, mental health and substance abuse issues, ADA accommodation and other pertinent issues.
- J. Coordinate access to client laundry facilities and provide detergents, etc. to facilitate fair use by all on-site clients.
- K. Promote peer support, community and team building among participants and between participants and staff.

### **Support Services**

The Grantee shall provide the following support services to Navigation Center clients during the term of this grant. Tenants may access these services on a voluntary basis as well.

- A. Provide Welcome, Intake and Assessment to 100% of all initial clients (and updates for clients that may return). Intake will include an established consent form that supports exchange of client information with program partners, including the Controller's Office for purposes of program analysis.
- B. Develop a case plan for each Navigation Center client with the general final goal of placement into a stable, on-going program, such as permanent supportive housing, to provide an exit from homelessness and the Navigation Center.
- C. Support communication with city departments, particularly DPH and HSA, regarding client service plan needs for benefits, medical services, treatment options and mental health programs.
- D. Conflict Resolution: Offer to meet with two or more clients to assist in problem solving and resolution of conflicts.
- E. Wellness Checks as necessary: Using passive observation of the client population and coordinating with management to identify clients showing behavior which concern staff.
- F. Coordination and scheduling with collaborating service partners and subcontractors.
- G. Escorting clients to critical appointments offsite, particularly those related to benefits and exit placements, and supporting clients to follow through on appointments on-site.
- H. Case conferencing, as needed, with service partners and subcontractors to coordinate individual client care and support.
- I. Development and utilization of a client exit survey and case summary to support documentation of outcomes and program analysis.
- J. Outreach to and offer onsite services and/or referrals to all tenants who display indications of housing instability. This includes but is not limited to non-payment of rent, lease violations or warnings from Property Management, and conflicts with staff or tenants.

### **Property Management**

Property Management will be responsible for the following:

- A. Maintenance and repair of facility systems, plumbing, HVAC, electrical, Safety issues. Facility security and pest control.
- B. Rent collection from tenants.

- C. Written notice or warning to tenants related to any issue that may affect on-going tenancy including, but not limited to, failure to pay rent on time or in full, violations of house rules and actions that are in violation of the rental agreement.
- D. When necessary, notice and actions related to the eviction process in accordance with laws in effect in San Francisco.
- E. The site must be inspected by DPH, DBI and SFFD prior to the site becoming an active part of the program. After that, inspections shall occur at legally required intervals based on the policies and procedures of the inspection units of DPH, DBI and SFFD. HSA and the Grantee shall notify the other party within 24 hours of any change in the hotel status upon notification of the inspecting agency.

**General**

Staff will communicate with the HSA and the HSA-approved referral agencies and programs regarding every vacant unit, including units that become vacant when a pre-existing tenant exits.

The Grantee will conduct an annual Tenant Satisfaction Survey that will be publicized and offered to all tenants. The Grantee will conduct a parallel Navigation Center Client Satisfaction Survey that will be publicized and offered to all clients on a schedule to be negotiated with HSA.

The Grantee will report critical incidents to HSA using the Critical Incident Report. Examples of critical incidents include death, fire, acts of violence, or any other incident, which requires the involvement of emergency services.

The Grantee will attend all meetings as required by HSA.

**I. Location and Time of Services**

The Grantee will lease the Civic Center Hotel, located at 20 12<sup>th</sup> Street in San Francisco to provide on-going housing for the pre-existing tenants and units for placement of temporary residents/clients who are referred by HSA-approved agencies and programs.

Housing and property management services will be available 24 hours a day, seven days a week. Support services staff will be available during regular work and scheduled evening hours, excluding legal holidays as determined by the Grantee's personnel policies.

**V. Service and Outcome Objectives**

The Navigation Center is a new program model. HSA will work with the Grantee, in conjunction with the Controller's Office and the Mayor's Office of HOPE, to establish the records and measures to be maintained in this program.

Under the direction of the Director of the Navigation Center, a staff person of the Mayor's Office of HOPE, and HSA, the grantee's primary objective is to provide safe, clean and welcoming space for clients to sleep, eat and stay during the time with the program. Additionally, case management is focused on using intake and

assessment, service plans, and coordination with City departments and service providers to identify and facilitate clients moving quickly to exit from homelessness and the Navigation Center.

In general, the Navigation Center program is seeking positive placements into permanent housing, treatment services, successful Homeward Bound relocations, or transitional settings beyond the Navigation Center that will lead eventually to permanent placements for every client.

Over the course of time, specific service and outcome objectives may be set but criteria key to evaluation of the program will include:

- A. Information and demographics of program clients (collection of information begins with intake and assessment).
- B. Written service plans with clear goals, service connections, progress, follow up, and identified barriers.
- C. Documentation regarding program participation with the Grantee and other service providers involved with Navigation Center clients should be maintained and available to validate what is contained in client summaries.
- D. Outcomes, including follow up, details related to client exits from the programs, length of stay, and factors that resulted in a return to the streets.
- E. Critical Incident Reports related to program clients on and around the program site, as well as records of calls to/visits from police, fire and/or other emergency services.

## **VI. Reporting Requirements**

### **Monthly Reporting**

- A. Number of permanent tenants living in the building as of the end of each month. Number of clients in the program at the start of the month, the number that entered, the number that exited for positive placements, the number of exits for other reasons and the number of active clients in the program at the end of the month.

### **Quarterly Reporting**

- A. Grantee will provide a quarterly report of activities, referencing the tasks as described in Section V- Service and Outcome Objectives for clients.
- B. For pre-existing tenants: Report using the Survey Monkey Tool: Reporting Evictions and Exits from City-Sponsored Supportive Housing by the 30<sup>th</sup> of the month following the end of the Quarter.

### **Annual Reporting**

- A. Grantee will provide an **annual** report summarizing the contract activities, referencing the tasks as described in Section V - Service and Outcome Objectives for clients. This report will also include accomplishments and challenges encountered by the Grantee.

B. Housing Stability of permanent/pre-existing Tenants:

At least 70% of permanent tenants will remain in the housing for one year, have moved to other permanent housing or have exited the program in good standing.

*Explanation of measuring this outcome:* **For each reporting quarter, the grantee will look at the current housing status (or status regarding an exit from the hotel) for all permanent tenants who were in the hotel the end of the same quarter in the previous year. (Example: If reporting on Fiscal year 2015-16, any tenant of the Civic Center hotel as of 7/1/2015 will be tracked and counted regarding measuring this outcome. These tenants become the pool of people being tracked for the year.**

For each of the tenants being tracked, there should be one of three situations as of the last day of the year: 1) Still a tenant in the Civic Center Hotel. 2) Left building in “good standing” such as reporting a new address/destination, entering residential treatment, death and/or leaving with notice and without rent debt. 3) Left building under threat of eviction, because of eviction, abandonment without notice and/or leaving a rent debt. The total tenants with the first or second situations divided by the total tenants being tracked provides the percentage to be reported for this outcome.

C. Regarding the annual Client Satisfaction Survey for tenants:

a. 50% of the permanent tenants will complete the survey.

D. Data regarding tenant and client demographics will be reported annually, in a template provided by HSA.

The Grantee will enter the required metrics, including any required templates to be uploaded, into the CARBON database by the 15<sup>th</sup> of the month at the end of each month, quarter, and fiscal year, except where noted (Quarterly Reporting D. above has a reporting deadline of 30 days after the end of the quarter).

The Grantee will provide Ad Hoc reports as required by the Department.

Arata Goto GB15, Contract Manager, Office of Contract Management  
[Arata.Goto1@sfgov.org](mailto:Arata.Goto1@sfgov.org)

and/or

Scott Walton ZB35, Manager, Adult Services, Housing and Homeless Division  
[Scott.Walton@sfgov.org](mailto:Scott.Walton@sfgov.org)

## VII. Monitoring Activities

Program Monitoring: Program monitoring will include review of operations, client eligibility, client records, back-up documentation for reporting progress towards meeting service and outcome objectives, coordination and communication with the HOPE Office, the Controller’s Office, and coordination with service providers who come to the site or serve as client referrals, and overall building management and operations.

Fiscal Compliance and Contract Monitoring: Fiscal monitoring will include review of the Grantee's organizational budget, the general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring will include review of Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, subcontracts, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

	B	C	D	E	F	G	H	I	
1								Appendix B-1, Page 1	
2								Document Date: 5/18/2016	
3	<b>HUMAN SERVICES AGENCY BUDGET SUMMARY</b>								
4	<b>BY FISCAL YEAR</b>								
5	Name						Term		
6	Community Housing Partnership						7/1/15-6/30/18		
7	(Check One) New      Renewal <input type="checkbox"/> Modification <input checked="" type="checkbox"/>								
8	If modification, Effective Date of Mod. 6/1/16      No. of Mod. 1								
9	Program: Civic Center Hotel	Current	Revised	Current	Revised	Current	Revised	Revised	
10	Fiscal Year	FY15-16 Total	FY15-16 Total	FY16-17 Total	FY16-17 Total	FY17-18 Total	FY17-18 Total	Total	
11	Program Term	7/1/15-6/30/16	7/1/15-6/30/16	7/1/16-6/30/17	7/1/16-6/30/17	7/1/17-6/30/18	7/1/17-6/30/18	7/1/15-6/30/18	
12	Expenditures								
13	Salaries & Benefits	\$1,103,408	\$575,885	\$1,130,224	\$1,204,877	\$1,204,877	\$1,204,877	\$2,985,639	
14	Operating Expense	\$369,728	\$645,454	\$369,728	\$900,423	\$900,423	\$900,423	\$2,446,300	
15	Master Lease	\$408,000	\$253,867	\$408,000	\$408,000	\$408,000	\$408,000	\$1,069,867	
16	Subtotal	\$1,881,137	\$1,475,205	\$1,907,952	\$2,513,300	\$2,513,300	\$2,513,300	\$6,501,806	
17	Indirect Percentage (%)	15%	15%	15%	15%	15%	15%	15%	
18	Indirect Cost (Line 16 X Line 15)	\$220,971	\$183,201	\$224,993	\$315,795	\$315,795	\$315,795	\$814,791	
19	Capital Expenditure								
20	Start Up - Capital	\$290,726	\$290,726					\$290,726	
21	New Renovation Capital 1 6/1/16 - 6/30/16	\$0	\$89,500					\$89,500	
22	New Renovation Capital 2 6/1/16 - 9/30/16	\$0	\$421,430		\$569,430			\$990,860	
23	Total Expenditures	\$2,102,107	\$2,460,062	\$2,132,944	\$3,398,525	\$2,829,095	\$2,829,095	\$8,687,683	
24	HSA Revenues								
25	General Fund	\$2,102,107	\$2,460,062	\$2,132,944	\$3,398,525	\$2,829,095	\$2,829,095	\$8,687,683	
26									
27									
28									
29									
30									
31									
32									
33	TOTAL HSA REVENUES	\$2,102,107	\$2,460,062	\$2,132,944	\$3,398,525	\$2,829,095	\$2,829,095	\$8,687,683	
34	Other Revenues								
35									
36									
37									
38									
39									
40	Total Revenues	\$2,102,107	\$2,460,062	\$2,132,944	\$3,398,525	\$2,829,095	\$2,829,095	\$8,687,683	
41	Full Time Equivalent (FTE)								
43	Prepared by: Kani Lin								
44	HSA-CO Review Signature: _____								
45	HSA #1								

	B	C	D	E	F	G	H	I	J	K	L
1											
2											
3	<b>BUDGET SUMMARY FOR PROPERTY MANAGEMENT</b>										
4											
5	Name									Term	
6	<input type="checkbox"/> Community Housing Partnership									7/1/15-6/30/18	
7	(Check One) New      Renewal ____      Modification <b>X</b>										
8	If modification, Effective Date of Mod. 6 /1 /16      No. of Mod. 1										
9	Program: Civic Center Hotel	Current	Modification	Revised	Current	Modification	Revised	Current	Modification	Revised	Revised
10	Fiscal Year	FY15/16	FY15/16	FY15/16	FY16/17	FY16/17	FY16/17	FY17/18	FY17/18	FY17/18	Total
11	Program Term	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/16-6/30/17	7/1/16-6/30/17	7/1/16-6/30/17	7/1/17-6/30/18	7/1/17-6/30/18	7/1/17-6/30/18	7/1/15-6/30/18
12	Expenditures										
13	Salaries & Benefits	\$695,150	(\$440,576)	\$254,574	\$695,150	(\$241,754)	\$453,397	\$695,150	(\$241,754)	\$453,397	\$1,161,368
14	Operating Expense	\$313,360	\$200,691	\$514,051	\$313,360	\$241,653	\$555,013	313,360	\$241,653	555,013	\$1,624,077
15	Master Lease	\$408,000	(\$154,133)	\$253,867	\$408,000		\$408,000	408,000	\$0	408,000	\$1,069,867
16	Subtotal	\$1,416,510	(\$394,018)	\$1,022,492	\$1,416,510	(\$100)	\$1,416,410	\$1,416,510	(\$100)	\$1,416,410	\$3,855,311
17	Indirect Percentage (%)	15%		15%	15%		15%	15%		15%	
18	Indirect Cost (Line 16 X Line 15)	\$151,276.50	(\$35,983)	\$115,293.75	\$151,276	(\$15)	\$151,261	\$151,276.50	(\$15)	\$151,261.48	\$417,817
19	Capital Expenditure										
20	Start Up - Capital	\$252,319		\$252,319							\$252,319
21	New Renovation Capital 1 6/1/16 - 6/30/16		\$89,500	\$89,500							\$89,500
22	New Renovation Capital 2 6/1/16 - 9/30/16		\$421,430	\$421,430	\$0	\$569,430	\$569,430				\$990,860
23	Total Expenditures	\$1,567,786	\$371,655	\$1,939,441	\$1,567,786	\$569,315	\$2,137,101	\$1,567,786	(\$115)	\$1,567,671	\$5,644,214
24	HSA Revenues										
25	General Fund	\$1,567,786	\$371,655	\$1,939,441	\$1,567,786	\$569,315	\$2,137,101	\$1,567,786	(\$115)	\$1,567,671	\$5,644,214
26											
27											
28											
29											
30											
31											
32											
33	TOTAL HSA REVENUES	\$1,567,786	\$371,655	\$1,939,441	\$1,567,786	\$569,315	\$2,137,101	\$1,567,786	(\$115)	\$1,567,671	\$5,644,214
34	Other Revenues										
35											
36											
37											
38											
39											
40	Total Revenues	\$1,567,786	\$371,655	\$1,939,441	\$1,567,786	\$569,315	\$2,137,101	\$1,567,786	(\$115)	\$1,567,671	\$5,644,214
41	Full Time Equivalent (FTE)	12.95		12.95							
43	Prepared by: Kani Lin										
44	HSA-CO Review Signature: _____										
45	HSA #1										







	A	B	C	D	E
1	Appendix B-1, Page 5 Document Date: 5/18/2016  Program Name: (Same as Line 9 on HSA #1)  <b>Property Management Capital Startup Cost Expenditure Detail</b>  TOTAL				
2					
3					
4					
5					
6					
7					
8					
9					
10	EQUIPMENT		7/1/15-6/30/16		7/1/15-6/30/16
11	No.	ITEM/DESCRIPTION			
12					
13					
14					
15	1	IT Expenses	\$25,000		\$25,000
16					
17					
18					
19					
20	TOTAL EQUIPMENT COST		\$25,000		\$25,000
21					
22	REMODELING				
23	Description:		7/1/15-6/30/16		7/1/15-6/30/16
24	1	Contracts	\$42,938		\$42,938
25	2	Furnishings	\$102,639		\$102,639
26	3	Security System	\$35,000		\$35,000
27	4	Professional Services	\$14,742		\$14,742
28	5	Office	\$5,000		\$5,000
29	6	Repairs	\$20,000		\$20,000
30	7	Janitorial	\$7,000		\$7,000
31					
32	TOTAL REMODELING COST		\$227,319		\$227,319
33					
34	TOTAL CAPITAL EXPENDITURE		\$252,319		\$252,319
35	(Equipment and Remodeling Cost)				
36	HSA #4				11/15/2007

	A	B	C	D	E
1	Appendix B-1, Page 6 Document Date: 5/18/2016  Program Name: (Same as Line 9 on HSA #1)  <b>Renovation Capital 1 - Cost Expenditure Detail</b>				
2					
3					
4					
5					
6					
7					
8					
9					
10	EQUIPMENT		6/1/16-6/30/16		6/1/16-6/30/16
11	No.	ITEM/DESCRIPTION			
12					
13					
14					
15		Office set up/small office equipment	\$25,000		\$25,000
16					
17					
18					
19					
20	TOTAL EQUIPMENT COST		\$25,000		\$25,000
21					
22	REMODELING				
23	Description:				
24	1				
25	2	Staff Training	\$2,500		\$2,500
26	3	Advertising	\$2,000		\$2,000
27	4	Project Management CHP	\$60,000		\$60,000
28	5				
29	6				
30	7				
31					
32	TOTAL REMODELING COST		64,500		\$64,500
33					
34	TOTAL CAPITAL EXPENDITURE		\$89,500		\$89,500
35	(Equipment and Remodeling Cost)				
36	HSA #4				11/15/2007

	A	B	C	D	E
1					Appendix B-1, Page 7
2					Document Date: 5/18/2016
3					
4		Program Name:			
5		(Same as Line 9 on HSA #1)			
6					
7		<b>Renovation Capital 2 - Cost Expenditure Detail</b>			
8					
9					TOTAL
10	EQUIPMENT		6/1/16- 6/30/16	7/1/16- 9/30/16	6/1/16-9/30/16
11	No.	ITEM/DESCRIPTION			
12					
13					
14	1	Furnishing	\$45,000	\$60,000	\$105,000
15					
16					
17					
18					
19					
20	TOTAL EQUIPMENT COST		\$45,000	\$60,000	\$105,000
21					
22	REMODELING				
23	Description:		6/1/16- 6/30/16	7/1/16- 9/30/16	
24					
25	1	Community Room	\$367,000		\$367,000
26	2	Residential Bathroom	\$9,430	\$9,430	\$18,860
27	2	Office Space		\$500,000	\$500,000
28					
29					
30					
31					
32					
33	TOTAL REMODELING COST		376,430	\$509,430	\$885,860
34					
35	TOTAL CAPITAL EXPENDITURE		\$421,430	\$569,430	\$990,860
36	(Equipment and Remodeling Cost)				
37	HSA #4				5/16/2016

**BUDGET SUMMARY FOR SUPPORT SERVICES**

	B	C	D	E	F	G	H	I	J	K	L
1											
2											
3	<b>BUDGET SUMMARY FOR SUPPORT SERVICES</b>										
4											
5	Name										Term
6	Community Housing Partnership										7/1/15-6/30/18
7	(Check One) New    Renewal ____    Modification X										
8	If modification, Effective Date of Mod. 6 / 1 / 16    No. of Mod. 1										
9	Program: Civic Center Hotel	Current	Modification	Revised	Current	Modification	Revised	Current	Modification	Revised	Revised
10	Fiscal Year	FY15/16	FY15/16	FY15/16	FY16/17	FY16/17	FY16/17	FY17/18	FY17/18	FY17/18	FY15/18
11	Program Term	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/16-6/30/17	7/1/16-6/30/17	7/1/16-6/30/17	7/1/17-6/30/18	7/1/17-6/30/18	7/1/17-6/30/18	7/1/15-6/30/18
12	Expenditures										
13	Salaries & Benefits	\$408,258	(\$86,947)	\$321,311	\$435,073	\$316,407	\$751,480	\$435,073	\$316,407	\$751,480	\$1,824,271
14	Operating Expense	\$56,369	\$75,034	\$131,403	\$56,369	\$289,041	\$345,410	\$56,369	\$289,041	\$345,410	\$822,223
15	Master Lease										
16	Subtotal	\$464,627	(\$11,913)	\$452,714	\$491,442	\$605,448	\$1,096,890	\$491,442	\$605,448	\$1,096,890	\$2,646,495
17	Indirect Percentage (%)	15%		15%	15%		15%	15%		15%	
18	Indirect Cost (Line 16 X Line 15)	\$69,694	(\$1,787)	\$67,907	\$73,716	\$90,817	\$164,534	\$73,716	\$90,817	\$164,534	\$396,974
19	Capital Expenditure										
20	Start Up - Capital	\$38,407		\$38,407							
21	Total Expenditures	\$534,321	(\$13,700)	\$520,621	\$565,158	\$696,266	\$1,261,424	\$565,158	\$696,266	\$1,261,424	\$3,043,469
22	HSA Revenues										
23	General Fund	\$534,321	(\$13,700)	\$520,621	\$565,158	\$696,266	\$1,261,424	\$565,158	\$696,266	\$1,261,424	\$3,043,469
24											
25											
26											
27											
28											
29											
30											
31	TOTAL HSA REVENUES	\$534,321	(\$13,700)	\$520,621	\$565,158	\$696,266	\$1,261,424	\$565,158	\$696,266	\$1,261,424	\$3,043,469
32	Other Revenues										
33											
34											
35											
36											
37											
38	Total Revenues	\$534,321	(\$13,700)	\$520,621	\$565,158	\$696,266	\$1,261,424	\$565,158	\$696,266	\$1,261,424	\$3,043,469
39	Full Time Equivalent (FTE)	16.00		16.00							
41	Prepared by: Kani Lin										
42	HSA-CO Review Signature: _____										
43	HSA #1										

Name: Civic Center Support Services  
(Same as Line 9 on HSA #1)

**Support Services Salaries & Benefits Detail**

	A	B	C	D	Agency Totals		For HSA Program		For DHS Program	For DHS Program	For DHS Program	For DHS Program	For DHS Program	For DHS Program	TOTAL
					Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	Current Budgeted Salary 7/1/15-6/30/16	Revised Budgeted Salary 7/1/15-6/30/16	Current Budgeted Salary 7/1/16-6/30/17	Revised Budgeted Salary 7/1/16-6/30/17	Current Budgeted Salary 7/1/17-6/30/18	Revised Budgeted Salary 7/1/17-6/30/18	
13	Positions														
14	Director of Support Services	Dara Papo	48.85		101,616	100%	10%	10%	\$7,892	\$22,445.00	\$7,892	\$10,162	\$7,892	\$10,162	\$42,768
15	Director of Clinical Services	Anal Leonard	45.58		94,811	100%	20%	20%	\$18,756	\$19,768	\$18,756	\$18,962	\$18,756	\$18,962	\$57,692
16	Clinical Services Manager	Vacant	34.86		72,519	100%	30%	30%				\$21,756		\$21,756	
17	Program/Partnership Manager	Elisa Baeza	34.01		70,739	10%	10%	10%	\$6,966	\$10,511	\$6,966	\$7,074	\$6,966	\$7,074	\$24,659
18	Program Analyst	Jamie Schecter/ Deepti Nagulapally	23.44		48,754	10%	10%	10%	\$5,170	\$17,475	\$5,170	\$4,875	\$5,170	\$4,875	\$27,226
19	Program Director	Jasmin Marquez	36.06		75,000	100%	100%	100%	\$71,642	\$56,649	\$71,642	\$75,000	\$71,642	\$75,000	\$206,649
20	Intensive Case Manager	Maximilian Baccarat	23.00		47,842	100%	100%	100%	\$49,650	\$17,952	\$49,650	\$47,842	\$49,650	\$47,842	\$113,636
21	Intensive Case Manager	Katherine Infusino	22.50		46,802	100%	100%	100%	\$43,214	\$16,044	\$51,857	\$46,802	\$51,857	\$46,802	\$109,648
22	Program Coordinator	Josh Steinberger	21.22		44,147	100%	50%	50%	\$43,030	\$39,231	\$43,030	\$22,073	\$43,030	\$22,073	\$83,378
23	Support Services Case Manager	Alfonso Cortinas	17.76		36,947	100%	100%	100%	\$37,697	\$29,858	\$45,237	\$36,947	\$45,237	\$36,947	\$103,753
24	Support Services Case Manager	Vacant	17.68		36,774	50%	100%	100%	\$18,396	\$5,437	\$22,076	\$36,774	\$22,076	\$36,774	\$78,986
25						870%	630%								
26	Support Services Supervisor		27.46		57,125	100%	100%	100%		\$4,760.42		\$57,125		\$57,125	\$119,010
27	Program Coordinator		21.73		45,198	100%	100%	100%		\$3,766.53		\$45,198		\$45,198	\$94,163
28	Support Services Case Manager		19.88		41,340	100%	100%	100%		\$3,445.00		\$41,340		\$41,340	\$86,125
29	Support Services Case Manager		19.88		41,340	100%	100%	100%		\$3,445.00		\$41,340		\$41,340	\$86,125
30	Support Services Case Manager	\$41340 + Fringe \$14469 = \$55,809 move to Program Monitor Operating Line Item	19.88		41,340	100%	100%	100%		\$0.00					\$0
31	Intensive Case Manager		24.93		51,857	100%	100%	100%		\$4,321.40		\$51,857		\$51,857	\$108,035
32						600%	600%								
33															
34	TOTALS				\$675,951	14.70	12.30	12.30	\$302,413	\$255,108	\$322,276	\$565,128	\$322,276	\$565,128	\$1,385,364
35	FRINGE BENEFIT RATE					35%									
37	EMPLOYEE FRINGE BENEFITS				\$236,583				\$105,845	\$66,202	\$112,797	\$186,352	\$112,797	\$186,352	\$438,907
38															
39															
40	TOTAL SALARIES & BENEFITS				\$912,535				\$408,258	\$321,311	\$435,073	\$751,480	\$435,073	\$751,480	\$1,824,271





	A	B	C	D	E
1					Appendix B-1, Page 11
2					Document Date: 5/18/2016
3					
4	Program Name:				
5	(Same as Line 9 on HSA #1)				
6					
7	<b>Support Services Capital Startup Cost Expenditure Detail</b>				
8					
9					TOTAL
10	EQUIPMENT		7/1/15-6/30/16		7/1/15-6/30/16
11	No.	ITEM/DESCRIPTION			
12					
13					
14					
15	1	Office set up/small office equipment	\$25,000		\$25,000
16					
17					
18					
19					
20	TOTAL EQUIPMENT COST		\$25,000		\$25,000
21					
22	REMODELING				
23	Description:		7/1/15-6/30/16		7/1/15-6/30/16
24	1	Supplies	\$7,000		\$7,000
25	2	Staff Training	\$2,000		\$2,000
26	3	Advertising	\$500		\$500
27	4	Professional Services /Project Management CHP	\$3,907		\$3,907
28					
29	TOTAL REMODELING COST		\$13,407		\$13,407
30					
31	TOTAL CAPITAL EXPENDITURE		\$38,407		\$38,407
32	(Equipment and Remodeling Cost)				

	A	B	C	D	E	F	G	H	I	J
1	Appendix B-1.1									
2	<b>Navigation Center at Civic Center Hotel</b>									
3	Updated 5/16/16									
4				Phase 1			Phase 2			
				April	May	June	July	August	Sept	Total
5	<b>Phase 1A Construction</b>	1,300 SF		\$367,000						\$367,000
6	Community Room / Restroom / Laundry									
7	Exterior Windows / Doors									
8	<b>Phase 1B Construction</b>									
9	Change Order 1: Modify 2 bathtubs to showers on floors 4/5				\$9,430					\$9,430
10	Change Order 2: Modify 2 bathtubs to showers on floors 2/3					\$9,430				\$9,430
11	<b>Phase 2 Construction</b>	2,000 SF					\$500,000			\$500,000
12	Office Spaces / Meeting Areas / Workstations									
13	Exterior Windows / Doors									
14	<b>Allowance for Furniture, Fixtures and Equipment (Phase 1 / Phase 2)</b>				\$45,000			\$60,000		\$105,000
15	<b>Construction TOTAL</b>			\$367,000	\$54,430	\$9,430	\$500,000	\$60,000	\$0	\$990,860



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**07/23/2015**

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> Farallone Pacific Insurance Services, License# 0F84441 859 Diablo Avenue Novato, CA 94947 Daniel J. Costello	Phone: 415-493-2500 Fax: 415-493-2505	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b></td> </tr> <tr> <td>PHONE (A/C, No., Ext):</td> <td>FAX (A/C, No.):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> </tr> <tr> <td style="width: 80%;">INSURER A : Philadelphia Indemnity Ins Co.</td> <td style="width: 20%;">NAIC #</td> </tr> <tr> <td>INSURER B : Cypress Insurance Company</td> <td></td> </tr> <tr> <td>INSURER C : Federal Insurance Company</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	<b>CONTACT NAME:</b>		PHONE (A/C, No., Ext):	FAX (A/C, No.):	E-MAIL ADDRESS:		<b>INSURER(S) AFFORDING COVERAGE</b>		INSURER A : Philadelphia Indemnity Ins Co.	NAIC #	INSURER B : Cypress Insurance Company		INSURER C : Federal Insurance Company		INSURER D :		INSURER E :		INSURER F :	
<b>CONTACT NAME:</b>																						
PHONE (A/C, No., Ext):	FAX (A/C, No.):																					
E-MAIL ADDRESS:																						
<b>INSURER(S) AFFORDING COVERAGE</b>																						
INSURER A : Philadelphia Indemnity Ins Co.	NAIC #																					
INSURER B : Cypress Insurance Company																						
INSURER C : Federal Insurance Company																						
INSURER D :																						
INSURER E :																						
INSURER F :																						
<b>INSURED</b> Community Housing Partnership 20 Jones Street, Suite 200 San Francisco, CA 94102																						

**COVERAGES                                      CERTIFICATE NUMBER:                                      REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		X	PHPK1367821	08/01/2015	08/01/2016	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
A	<input checked="" type="checkbox"/> SS Prof 1M/2M <input type="checkbox"/> Prop Mgr Prof 1M			PHPK1367821	08/01/2015	08/01/2016	MED EXP (Any one person) \$ 20,000
A	<input checked="" type="checkbox"/> Prop Mgr Prof 1M			PHSD1061735	08/01/2015	08/01/2016	PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Emp Ben. \$ 1M/1M	
A	AUTOMOBILE LIABILITY		X	PHPK1367821	08/01/2015	08/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per person) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			PHUB508238	08/01/2015	08/01/2016	EACH OCCURRENCE \$ 15,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						AGGREGATE \$ 15,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/>	X	COWC605536	08/03/2015	08/03/2016
						<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
						E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	
C	CRIME			8208-5666	08/16/2015	08/16/2016	EE DISHON 1,000,000 DEDUCTIBL 5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 See NOTEPAD for complete Additional Insured wording.

<p><b>CERTIFICATE HOLDER</b></p> City & County of San Francisco Human Services Agency Dir.Housing & Homeless Program P.O. Box 7988 San Francisco, CA 94120	<p><b>CANCELLATION</b></p> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	--

**NOTEPAD**

INSURED'S NAME Community Housing Partnership

COMMU-9  
OP ID: KIPAGE 2  
DATE 07/23/15

## NAMED INSURED continued:

- \* Community Housing Partnership
- \* 650 Eddy LP, A California Limited Partnership
- \* CHP Eddy LLC
- \* CHP Essex, LLC
- \* Hotel Essex LP, A California Limited Partnership
- \* Treasure Island Family Service Space, LLC
- \* CHP Arendt LLC
- \* Arendt House, LP, A California Limited Partnership
- \* Folsom Essex, LLC
- \* San Cristina, LP A California Limited Partnership
- \* CHP San Cristina LLC
- \* 365 Fulton, LP
- \* CHP Fulton Street LLC
- \* 473 Ellis, LP, A California Limited Partnership
- \* CHP Ellis, LLC, a California limited liability company
- \* 25 Essex, LP
- \* CHP Scott Street, LLC
- \* CHP Fifth Street, LLC
  
- \* CHP Scott Street, LP
- \* 666 Ellis, LP
- \* CHP 666 RAD LLC
- \* 1750 McAllister, L.P.
- \* CHP 1750 RAD LLC
- \* Mercy Housing Calwest (solely as respects Richardson Apts)

## General Liability - Sexual Abuse - Philadelphia

Dates: 8/1/14 to 8/1/15  
Policy #PHPK1209895  
Limit of liability: \$1,000,000  
Deductible: \$ 0

## Boiler &amp; Machinery - Philadelphia

Dates: 8/1/14 to 8/1/15  
Policy #PHPK1209895  
Loss limit: \$191,978,975  
Deductible: \$ 5,000

## Directors &amp; Officers/Employment Practices Liability - RSUI

Dates: 8/1/14 to 8/1/15  
Policy # NHP658534  
Limit of liability: \$2,000,000  
Retention: \$50,000 D&O, \$100,000 EPL

- \* SS Prof 1M/2M = Social Services/Human Services Professional Liability  
\$1,000,000 Each Professional Incident / \$2,000,000 Aggregate

**NOTEPAD:**

HOLDER CODE

INSURED'S NAME

Community Housing Partnership

COMMU-9

OP ID: KI

PAGE 3

DATE 07/23/15

The City & County of San Francisco, Human Services Agency and their officers, employees and agents are included as Additional Insureds for General Liability and Auto Liability, but only as respects operations of the Named Insured per attached forms CG20260704, CG00010413 & CA20480299. Insurance is primary and applies separately to each insured, except with respects to limits of liability.

A Waiver of Subrogation applies to Workers Compensation, per attached form WC 99 04 02C (Ed. 9-14).

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

**SCHEDULE**

<b>Name of Additional Insured Person(s) or Organization(s):</b>
The City & County of San Francisco, Human Services Agency and their officers, employees and agents Director of Housing & Homeless Program P.O. Box 7988 San Francisco, CA 94120
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A.** In the performance of your ongoing operations; or
- B.** In connection with your premises owned by or rented to you.

POLICY NUMBER: PHPK1367821

COMMERCIAL AUTO  
CA 20 48 02 99

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## DESIGNATED INSURED

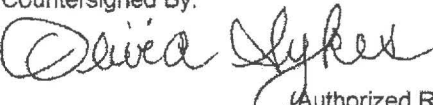
This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 08/01/15	Countersigned By:  (Authorized Representative)
Named Insured: Community Housing Partnership	

### SCHEDULE

<b>Name of Person(s) or Organization(s):</b> The City & County of San Francisco, Human Services Agency and their officers, employees and agents
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(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in **Section II** of the Coverage Form.

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be 5% of the applicable manual premium otherwise due on such remuneration subject to a policy maximum charge for all such waivers of 5% of total manual premium.

The minimum premium for this endorsement is \$350.

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

<b>Specific Waiver</b>	City & County of San Francisco, Human Services Agency and their officers, employees and agents
<b>Person/Organization:</b>	Director of Housing & Homeless Program
<b>Job Description:</b>	P.O. Box 7988, San Francisco, CA 94120
<b>Waiver Premium:</b>	All California Operations

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective: 08/01/2015 Policy No.: COWC605536 Endorsement No.:

Insured: Community Housing Partnership Premium \$

Insurance Company: Cypress Insurance Company

WC 99 04 02C

Countersigned by Olivia Sykes



#### 4. Other Insurance

If other valid and collectible insurance is available to the insured for a loss we cover under Coverages A or B of this Coverage Part, our obligations are limited as follows:

##### a. Primary Insurance

This insurance is primary except when Paragraph b. below applies. If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in Paragraph c. below.

##### b. Excess Insurance

(1) This insurance is excess over:

(a) Any of the other insurance, whether primary, excess, contingent or on any other basis:

(i) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";

(ii) That is Fire insurance for premises rented to you or temporarily occupied by you with permission of the owner;

(iii) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises rented to you or temporarily occupied by you with permission of the owner; or

(iv) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of Section I – Coverage A – Bodily Injury And Property Damage Liability.

(b) Any other primary insurance available to you covering liability for damages arising out of the premises or operations, or the products and completed operations, for which you have been added as an additional insured.

(2) When this insurance is excess, we will have no duty under Coverages A or B to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.

(3) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:

(a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and

(b) The total of all deductible and self-insured amounts under all that other insurance.

(4) We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

##### c. Method Of Sharing

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

#### 5. Premium Audit

a. We will compute all premiums for this Coverage Part in accordance with our rules and rates.

b. Premium shown in this Coverage Part as advance premium is a deposit premium only. At the close of each audit period we will compute the earned premium for that period and send notice to the first Named Insured. The due date for audit and retrospective premiums is the date shown as the due date on the bill. If the sum of the advance and audit premiums paid for the policy period is greater than the earned premium, we will return the excess to the first Named Insured.

c. The first Named Insured must keep records of the information we need for premium computation, and send us copies at such times as we may request.

#### 6. Representations

By accepting this policy, you agree:

a. The statements in the Declarations are accurate and complete;