

File No. 230105

Committee Item No. 16

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date February 15, 2023

Board of Supervisors Meeting Date _____

Cmte Board

<input type="checkbox"/>	<input type="checkbox"/>	Motion
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Resolution
<input type="checkbox"/>	<input type="checkbox"/>	Ordinance
<input type="checkbox"/>	<input type="checkbox"/>	Legislative Digest
<input type="checkbox"/>	<input type="checkbox"/>	Budget and Legislative Analyst Report
<input type="checkbox"/>	<input type="checkbox"/>	Youth Commission Report
<input type="checkbox"/>	<input type="checkbox"/>	Introduction Form
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Department/Agency Cover Letter and/or Report
<input type="checkbox"/>	<input type="checkbox"/>	MOU
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grant Information Form
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grant Budget
<input type="checkbox"/>	<input type="checkbox"/>	Subcontract Budget
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contract/Agreement
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Form 126 – Ethics Commission
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Award Letter
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application
<input type="checkbox"/>	<input type="checkbox"/>	Public Correspondence

OTHER (Use back side if additional space is needed)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grant Expenditure Plan
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Updated Grant Application Budget
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Encampment Resolution Funding Request for Applications
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HSH Memo on Retroactivity 1/13/2023
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HSH Presentation 2/15/2023
<input type="checkbox"/>	<input type="checkbox"/>	_____
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<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Brent Jalipa Date February 9, 2023

Completed by: Brent Jalipa Date _____

1 [Execute Standard Agreement and Accept and Expend - Retroactive - California Business
2 Consumer Service and Housing Agency - Encampment Resolution Funding Program - Not to
3 Exceed \$10,849,033]

4 **Resolution retroactively authorizing the Department of Homelessness and Supportive**
5 **Housing (“HSH”) to execute a Standard Agreement with the California Business,**
6 **Consumer Service and Housing Agency (“BCHS”), through the California Interagency**
7 **Council on Homelessness, for a total amount not to exceed \$10,849,033 of**
8 **Encampment Resolution Funding Program grant funds; to retroactively accept and**
9 **expend those funds to support people experiencing unsheltered homelessness for**
10 **costs incurred upon approval of the Standard Agreement by BCSH through June 30,**
11 **2025; and authorizing HSH to enter into any additions, amendments, or other**
12 **modifications to the Standard Agreement and grant documents that do not materially**
13 **increase the obligations or liabilities of the City or materially decrease the benefits to**
14 **the City.**

15
16 WHEREAS, The Department of Homelessness and Supportive Housing’s (“HSH”) mission is to prevent homelessness when possible and to make homelessness a rare, brief, and one-time experience in San Francisco through the provision of coordinated, compassionate, and high-quality services; and

20 WHEREAS, The California Business, Consumer Services and Housing Agency’s (“BCSH”) Interagency Council on Homelessness (“Cal ICH”) issued a Request for Applications dated October 29, 2021, for the Encampment Resolution Funding Program (“ERF Grant”), a copy of which is on file with the Clerk of the Board in File No. 230105; and

24 WHEREAS, The ERF Grant is a competitive grant program available to assist local jurisdictions in ensuring the wellness and safety of people experiencing unsheltered
25

1 homelessness by providing services and supports that address their immediate physical and
2 mental wellness and result in meaningful paths to safe and stable shelter and housing; and

3 WHEREAS, HSH applied to Round 1 of the ERF Grant, and was awarded a
4 disbursement of Round 2 funds which were provided to Round 1 applicants that satisfactorily
5 met all program requirements, a copy of the Application is on file with the Clerk of the Board of
6 Supervisors in File No. 230105; and

7 WHEREAS, In an award letter ("Award Letter") dated October 27, 2022, Cal ICH
8 notified the City and County of San Francisco of an award in an amount not to exceed
9 \$10,849,032.35 subject to the terms and conditions of the Standard Agreement
10 ("Agreement"), a copy of the Award Letter is on file with the Clerk of the Board of Supervisors
11 in File No. 230105; and

12 WHEREAS, An executed copy of the Agreement was required within 30 days of receipt
13 of the Award Letter in order to secure grant funding, and HSH requests retroactive
14 authorization to enter into the Agreement with BCSH for ERF Grant funds, a copy of the
15 executed Agreement is on file with the Clerk of the Board in File No. 230105; and

16 WHEREAS, The Agreement reflects BCHS's grant disbursement term commencing
17 upon BCHS approval of the Agreement; and

18 WHEREAS, The Agreement requires 100% of the grant funds to be obligated by
19 June 30, 2024, and at least 50% of the funds must be expended by June 30, 2024, with 100%
20 of the funds expended by June 30, 2025; and

21 WHEREAS, The Agreement requires that all proceeds from interest-bearing accounts
22 established by HSH and subrecipients for the deposit of the grant funds must be used for
23 eligible activities and reported as required by Cal ICH; and
24
25

1 WHEREAS, As the Agreement requires HSH to begin expending ERF Grant funds
2 within 30 days of BCHS approval of the standard agreement, HSH requests retroactive
3 approval to accept and expend ERF Grant funds; and

4 WHEREAS, HSH will use the \$10,849,032.35 to support people experiencing
5 unsheltered homelessness exit homelessness as reflected in the Grant Expenditure Form and
6 Grant Budget for retroactive costs incurred as of date BCHS approves the Agreement through
7 June 30, 2025, a copy of the Grant Expenditure Form and Grant Budget are on file with the
8 Clerk of the Board of Supervisors in File No. 230105; and

9 WHEREAS, Upon receipt of award, HSH submitted an updated Grant Application
10 Budget ("Grant Application Budget") to Cal ICH that reflected a slightly modified expenditure
11 plan for ERF Grant funds, a copy of the Grant Application Budget approved by Cal ICH is on
12 file with the Clerk of the Board of Supervisors in File No. 230105; and

13 WHEREAS, The ERF Grant does not create any new positions, and does not require
14 an amendment to the Annual Salary Ordinance; and

15 WHEREAS, HSH proposes to maximize use of available grant funds on program
16 expenditures by not including indirect costs in the grant budget; now, therefore, be it

17 RESOLVED, That the Board of Supervisors hereby waives inclusion of indirect costs in
18 the ERF Grant budget; and, be it

19 FURTHER RESOLVED, The Executive Director of HSH or their designee is hereby
20 retroactively authorized, in consultation with the City Attorney, to enter into, execute, and
21 deliver a Standard Agreement for a total amount not to exceed \$10,849,033 and any and all
22 other documents required or deemed necessary or appropriate to secure the ERF Grant funds
23 from BCSH and to participate in the ERF Grant program, and all amendments thereto
24 (collectively, the "ERF Grant Documents"); and, be it
25

1 FURTHER RESOLVED, HSH is hereby retroactively authorized to accept and expend
2 up to \$10,849,033 of ERF Grant funds to provide services and supports to people
3 experiencing homelessness in encampments as detailed in the Grant Budget; and, be it

4 FURTHER RESOLVED, HSH will ensure that all such funds are used in a manner
5 consistent and in compliance with all applicable state and federal statutes, rules, regulations,
6 and laws, including without limitation all rules and laws regarding ERF Grant program, as well
7 as any and all contracts HSH may have with BCSH; and, be it

8 FURTHER RESOLVED, HSH is hereby authorized and directed to ensure that funds
9 awarded are expended by June 30, 2025; and, be it

10 FURTHER RESOLVED, The City acknowledges and agrees that it shall be subject to
11 the terms and conditions specified in the Standard Agreement, and that the NOFA and the
12 Application will be incorporated in the Standard Agreement by reference and made a part
13 thereof; any and all activities, expenditures, information and timelines represented in the
14 Application are enforceable through the Standard Agreement; funds are to be used for the
15 allowable expenditures and activities identified in the Standard Agreement; and, be it

16 FURTHER RESOLVED, The Executive Director of HSH or their designee is authorized
17 to enter into any additions, amendments, or other modifications to the Standard Agreement
18 and the ERF Grant Documents that they determine, following consultation with the City
19 Attorney, are in the best interests of the City and that do not materially increase the
20 obligations or liabilities of the City or materially decrease the benefits to the City; and, be it

21 FURTHER RESOLVED, That all actions authorized and directed by this Resolution and
22 heretofore taken are ratified, approved, and confirmed by this Board of Supervisors.

RECOMMENDED:

/s/

Shireen McSpadden
Homelessness and Supportive Housing
Executive Director

Approved: /s/

Controller's Office

Approved: /s/

Mayor's Office

File Number: 230105
(Provided by Clerk of Board of Supervisors)

Grant Resolution Information Form
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: Encampment Resolution Funding (ERF-2-L)
2. Department: Department of Homelessness and Supportive Housing
3. Contact Person: Dylan Schneider Telephone: 628.652.7742
4. Grant Approval Status (check one):
☒ Approved by funding agency ☐ Not yet approved
5. Amount of Grant Funding Approved or Applied for: not to exceed \$10,849,033
6. a. Matching Funds Required: None.
b. Source(s) of matching funds (if applicable): n/a
7. a. Grant Source Agency: California Business, Consumer Services and Housing Agency (BCSH)
b. Grant Pass-Through Agency (if applicable): n/a
8. Proposed Grant Project Summary:

The Encampment Resolution Funding Program is a competitive grant program available to assist local jurisdictions in ensuring the wellness and safety of people experiencing homelessness in encampments by providing services and supports that address their immediate physical and mental wellness and result in meaningful paths to safe and stable housing. HSH will use these grant funds to support people experiencing unsheltered homelessness exit homelessness.

9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Grant Disbursement Timeline:

Start-Date: Upon BCSH approval of Standard Agreement
End-Date: March 31, 2026

HSH Grant Expenditure Schedule:

Start-Date: Upon BCSH approval of Standard Agreement
100% of the grant funds to be obligated: June 30, 2024
At least 50% of the funds must be expended: June 30, 2024
100% of the funds expended by June 30, 2025.
End-Date: June 30, 2025

10. a. Amount budgeted for contractual services: \$10,784,032.35

- b. Will contractual services be put out to bid? No, funds will be added to existing grant agreements as reflected in the Grant Expenditure Form.
- c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? n/a
- d. Is this likely to be a one-time or ongoing request for contracting out? n/a

11. a. Does the budget include indirect costs?

☐ Yes ☒ No

1. If yes, how much?

2. How was the amount calculated?

3. If no, why are indirect costs not included?

☐ Not allowed by granting agency

☒ To maximize use of grant funds on direct services

☐ Other (please explain):

- c. 1. If no indirect costs are included, what would have been the indirect costs? Approximately 5% or \$542,451

12. Any other significant grant requirements or comments: None.

****Disability Access Checklist** (Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)**

13. This Grant is intended for activities at (check all that apply):

<input checked="" type="checkbox"/> Existing Site(s) Service(s)	<input checked="" type="checkbox"/> Existing Structure(s)	<input checked="" type="checkbox"/> Existing Program(s) or Service(s)
<input type="checkbox"/> Rehabilitated Site(s)	<input type="checkbox"/> Rehabilitated Structure(s)	<input type="checkbox"/> New Program(s) or Service(s)
<input type="checkbox"/> New Site(s)	<input type="checkbox"/> New Structure(s)	

14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Mecca Cannariato

(Name)

Director of Shelter and Outreach, Department of Homelessness and Supportive Housing

(Title)

Date Reviewed: 1/13/2023

DocuSigned by:
Mecca Cannariato
AC96C59452544D5...
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Gigi Whitley

(Name)

Deputy Director of Administration and Finance

(Title)

Date Reviewed: 1/13/2023

DocuSigned by:
Gigi Whitley
967F7BF0D97A4C5...
(Signature Required)

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT

STD 213 (Rev. 04/2020)

AGREEMENT NUMBER	PURCHASING AUTHORITY NUMBER (If Applicable)
22-ERF-2-L-10001	010725

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME
Business, Consumer Services and Housing Agency

CONTRACTOR NAME
San Francisco Department of Homelessness and Supportive Housing

2. The term of this Agreement is:

START DATE
Upon BCSH Approval

THROUGH END DATE
9/30/2025

3. The maximum amount of this Agreement is:
\$10,849,032.35 (Ten Million Eight Hundred Forty Nine Thousand Thirty Two Dollars and Thirty Five Cents)

4. The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of the Agreement.

Exhibits	Title	Pages
Exhibit A	Authority, Purpose and Scope of Work	6
Exhibit B	Budget Detail and Disbursement Provisions	4
Exhibit C	State of California General Terms and Conditions	1
+ - + - Exhibit D	General Terms and Conditions	10
+ - Exhibit E	Special Terms and Conditions	2

Items shown with an asterisk (*), are hereby incorporated by reference and made part of this agreement as if attached hereto.
These documents can be viewed at <https://www.dgs.ca.gov/OLS/Resources>

IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.

CONTRACTOR

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.)
San Francisco Department of Homelessness and Supportive Housing

CONTRACTOR BUSINESS ADDRESS	CITY	STATE	ZIP
440 Turk Street	San Francisco	CA	94102

PRINTED NAME OF PERSON SIGNING	TITLE
Shireen McSpadden	Executive Director

CONTRACTOR AUTHORIZED SIGNATURE	DATE SIGNED
 CAD7B781896B449...	12/6/22

 F013CEBF5B1B482...	12/16/2022
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STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT

STD 213 (Rev. 04/2020)

AGREEMENT NUMBER 22-ERF-2-L-10001	PURCHASING AUTHORITY NUMBER (If Applicable) 010725
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STATE OF CALIFORNIA

CONTRACTING AGENCY NAME Business, Consumer Services and Housing Agency			
CONTRACTING AGENCY ADDRESS 915 Capitol Mall, Suite 350-A	CITY Sacramento	STATE CA	ZIP 95814
PRINTED NAME OF PERSON SIGNING Lourdes Castro Ramírez	TITLE Secretary		
CONTRACTING AGENCY AUTHORIZED SIGNATURE	DATE SIGNED		
CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL	EXEMPTION (If Applicable)		

**Encampment Resolution Funding Program
Round 2, Lookback Disbursement (ERF-2-L)
Standard Agreement**

**EXHIBIT A
AUTHORITY, PURPOSE, AND SCOPE OF WORK**

1) Authority

The State of California has established the Encampment Resolution Funding Program (“ERF” or “Program”) pursuant to Chapter 7 (commencing with Section 50250) of Part 1 of Division 31 of the Health and Safety Code. Amended by SB 197 (Statutes of 2022, Chapter 70, Sec.3-8, effective June 30, 2022).

The Program is administered by the California Interagency Council on Homelessness (Cal ICH) in the Business, Consumer Services and Housing Agency (“Agency”). ERF provides one-time, competitive grant funds to continuums of care and / or local jurisdictions as defined below. To date, there have been two rounds of the Encampment Resolution Funding Program. This Standard Agreement governs the Lookback Disbursement in Round 2 of the ERF Program (“ERF-2-L”). For this Standard Agreement, ERF-2-L is synonymous with “ERF” or “Program”.

This Standard Agreement along with all its exhibits (“Agreement”) is entered into by the Cal ICH and a continuum of care or a local jurisdiction (“Grantee”) under the authority of, and in furtherance of, the purpose of the Program. In signing this Agreement and thereby accepting this award of funds, the Grantee agrees to comply with the terms and conditions of this Agreement, the Request for Applications (“RFA”) under which the Grantee applied, the representations contained in the Grantee’s application, Cal ICH guidance or directives, and the requirements appearing in the statutory authority for the Program cited above.

2) Purpose

As stated in the RFA, the program incorporates two interdependent objectives.

- a) The Program funds local demonstration projects that feature data-informed, innovative service delivery models and cross systems collaborations that support individuals experiencing homelessness in encampments towards a meaningful path to safe and stable housing through non-punitive, low-barrier, person-centered, Housing First approaches. These projects must comply with the principles of Housing First as defined in Welfare and Institutions Code Section 8255, must serve a specific encampment site, and be designed to achieve sustainable outcomes for both recipients of services and the encampment site to be resolved.

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- b) In close partnership with Grantees, Cal ICH or its agents will analyze Grantee's demonstration projects to evaluate activities and outcomes for the purpose of sharing scalable and replicable encampment resolution models that may be implemented across the state.

3) **Definitions**

The following Encampment Resolution Funding Program terms are defined in accordance with Health and Safety Code Section 50250, Subdivisions (a) – (l);

- (a) "Additional funding round moneys" means moneys appropriated for the program in or after fiscal year 2022–23.
- (b) "Agency" means the Business, Consumer Services, and Housing Agency.
- (c) "Applicant" means a continuum of care or local jurisdiction
- (d) "Continuum of care" has the same meaning as in Section 578.3 of Title 24 of the Code of Federal Regulations.
- (e) "Council" means the California Interagency Council on Homelessness, previously known as the Homeless Coordinating and Financing Council created pursuant to Section 8257 of the Welfare and Institutions Code.
- (f) "County" includes, but is not limited to, a city and county.
- (g) "Funding round 1 moneys" means moneys appropriated for the program in fiscal year 2021–22.
- (h) "Homeless" has the same meaning as in Section 578.3 of Title 24 of the Code of Federal Regulations.
- (i) "Local jurisdiction" means a city, including a charter city, a county, including a charter county, or a city and county, including a charter city and county.
- (j) "Program" means the Encampment Resolution Funding program established pursuant to this chapter.
- (k) "Recipient" means an applicant that receives grant funds from the council for the purposes of the program.
- (l) "State right-of-way" means real property held in title by the State of California

Additional definitions for the purposes of ERF program:

"Grantee" is synonymous with "Recipient"

"Subrecipients" or "subgrantees" are entities that receive subawards from "recipients" or "grantees" to carry out part of the Program.

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“Expended” means all ERF funds obligated under contract or subcontract that have been fully paid and receipted, and no invoices remain outstanding.

“Obligate” means that the Grantee has placed orders, awarded contracts, received services, or entered into similar transactions that require payment using ERF funding. Grantees must obligate the funds by the statutory deadlines set forth in this Exhibit A.

4) **Scope of Work**

This Scope of Work identifies the terms and conditions necessary to accomplish the Program’s intended objectives.

As detailed in [Exhibit A.2](#), the Program has two, interdependent objectives. First, grantees will implement ERF funded local demonstration projects. Second, in close partnership with Grantees, Cal ICH will evaluate the manner and outcomes of this implementation. Those learnings will be shared across the state.

Grantees will implement their ERF funded local demonstration projects in compliance with the terms and conditions of this Agreement, the Request for Applications (“RFA”) under which the Grantee applied, the representations contained in the Grantee’s application, Cal ICH guidance or directives, and the requirements per the authorizing statute.

Permissible eligible uses and activities are detailed below in [Exhibit B](#), Budget Details and Disbursement Provisions. Prior to fully executing this agreement, Grantees must standardize their budget using an Cal ICH provided budget template.

Because of the legislative intent to share scalable and replicable encampment resolution models, Grantees are expected to be close partners with Cal ICH. This means timely and accurate reporting, candid communication of successes and challenges, and availability of persons, information, or materials.

Quarterly reporting requirements are detailed below in [Exhibit D.4](#). Reporting, Evaluation, and Audits.

Fiscal deadlines are detailed below in [Exhibit A.6](#). Effective Date, Term of Agreement, and Deadlines.

Grantees shall complete a Final Work Product (As detailed below in [Exhibit A.6.d.](#)) and participate in a program evaluation regarding their implementation of ERF awards. To support this effort, Cal ICH will make Technical Assistance available.

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Cal ICH maintains sole authority to determine if a grantee is acting in compliance with the program objectives and may direct grantees to take specified actions or risk breach of this Agreement. Grantees will be provided reasonable notice and Cal ICH's discretion in making these determinations are absolute and final.

5) **Cal ICH Contract Coordinator**

The Cal ICH's Contract Coordinator for this Agreement is the Council's Grant Development Section Chief or the Grant Development Section Chief's designee. Unless otherwise instructed, any communication shall be conducted through email to the Cal ICH Contractor Coordinator or their designee. If documents require an original signature, the strongly preferred form is an e-Signature in accordance with the Uniform Electronic Transactions Act (UETA). If an Awardee is unwilling or unable to sign a document electronically, BCSH shall accept wet or original signed documents. These documents containing wet signatures should be both mailed to Cal ICH and scanned and emailed as instructed. State law or policy may require the use of wet signatures for specific documents. The Representatives during the term of this Agreement will be:

	PROGRAM	GRANTEE
ENTITY:	Business, Consumer Services and Housing Agency	San Francisco Department of Homelessness and Supportive Housing
SECTION/UNIT:	California Interagency Council on Homelessness (Cal ICH)	
ADDRESS:	801 Capital Mall, 6 th floor Sacramento, CA, 95814	440 Turk Street San Francisco, CA 94102
CONTRACT COORDINATOR	Jeannie McKendry	Christine Rolan
PHONE NUMBER:	(916) 510-9446	(628) 652-7917
EMAIL ADDRESS:	Jeannie.McKendry@bcsh.ca.gov and calichgrants@bcsh.ca.gov	christine.rolan@sfgov.org

The Council reserves the right to change their Cal ICH Contractor Coordinator, designee, and / or contact information at any time with reasonable notice to the Grantee.

All requests to update the Grantee information listed within this Agreement shall be emailed to the Cal ICH grant's general email box at calichgrants@bcsh.ca.gov.

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6) Effective Date, Term of Agreement, and Deadlines

- a) This Agreement is effective upon execution by Cal ICH. This is indicated by the Cal ICH provided signature and date on the second page of the accompanying STD. 213, Standard Agreement.
- b) Performance shall start no later than 30 days, or on the express date set by Cal ICH and the grantees, after all approvals have been obtained and the Grant Agreement is fully executed. Should the grantee fail to commence work at the agreed upon time, Cal ICH, upon five (5) days written notice to the grantee, reserves the right to terminate the Agreement.
- c) Grantees will continue to perform until the Agreement is terminated, including data reporting and participation in program evaluation activities, as needed.
- d) This Agreement will terminate on March 31, 2026.

Grantees shall submit a Final Work Product by September 30, 2025. The Final Work Product will include programmatic and fiscal data and a narrative on the outputs and outcomes of the program on a reporting template to be provided by Cal ICH

Cal ICH will review submitted Final Work Products and collaborate with Grantees to cure any deficiencies by March 31, 2026.

Grantees are expected to continue performing until March 31, 2026. This means timely and accurate reporting, candid communication of success or shortcomings, and availability of persons, information, or materials.

e) Expenditure Deadlines:

- i. Grantees shall expend no less than 50 percent of Program funds by June 30, 2024. Any funds not expended by this date shall be returned to the council pursuant to HSC Section 50253(d). Cal ICH will use quarterly fiscal reporting as required in [Exhibit D.4.a.](#) of this agreement to determine the amount to be returned.
- ii. All Program funds (100 percent) shall be expended by June 30, 2025. Any funds not expended by this date shall revert to the fund of origin pursuant to HSC Section 50253(d).

f) Obligation Deadlines:

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All Program funds (100 percent) shall be obligated by June 30, 2024. Recipients that do not meet this requirement shall submit to the council within 60 days of the end of the second fiscal year a plan for obligating 100 percent of their allocation within six months. The council may subject recipients that do not meet the underlying 100 percent obligation requirement to additional corrective action determined by the council.

7) **Special Conditions**

Cal ICH maintains sole authority to determine if a grantee is acting in compliance with the program objectives and may direct grantees to take specified actions or risk breach of this Agreement. Grantees will be provided reasonable notice and Cal ICH's discretion in making these determinations are absolute and final.

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**Encampment Resolution Funding Program
Standard Agreement****EXHIBIT B
BUDGET DETAIL and DISBURSEMENT PROVISIONS****1) General Conditions Prior to Disbursement**

All Grantees must submit the following completed forms prior to Encampment Resolution funds being released:

- Request for Funds Form ("RFF")
- STD 213 Standard Agreement form and initialed Exhibits A through E
- STD 204 Payee Data Record or Government Agency Taxpayer ID Form

2) Disbursement of Funds

Encampment Resolution funds will be disbursed to the Grantee upon receipt, review and approval of the completed Standard Agreement and RFF by Cal ICH, the Department of General Services (DGS), and the State Controller's Office (SCO).

The RFF must include the total amount of Program funds proposed to be expended. The Encampment Resolution funds will be disbursed in one allocation via mailed check once the RFF has been received by the SCO. Checks will be mailed to the address and contact name listed on the RFF.

3) Budget Details and Expenditure of Funds

The Grantee shall expend Program funds on eligible uses and activities as detailed in the submitted standardized budget. Grantees must standardize their budget using an Cal ICH provided budget template. Cal ICH reserves the right to direct specific line-item changes in the originally submitted Application budget or subsequently submitted standardized budgets.

To ensure efficient and reliable processing, grantees shall submit budget change requests through a designated submission portal (i.e., currently Cognito, though subject to change). These requests will be reviewed in the first week of each month. Failure to submit by 5 pm on the 1st day of the month subjects a Grantee to having their budget change request being reviewed the following month. Cal ICH may consider budget change requests outside of this timeline and through email as needed due to documented, exigent circumstances. Grantees carry the burden to anticipate foreseeable budget change requests and should plan accordingly.

Cal ICH reserves the right to amend or adjust this process as necessary.

Budget Changes

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Changes may be made to the timing (e.g., fiscal year) of eligible use expenditures without prior approval by Cal ICH so long as the total expenditures (actual and projected) for each eligible use category remain the same as approved in the standardized budget.

Any decrease or increase to the total expenditures for any eligible use category must otherwise be approved by the Council's Grant Development Section Chief or their designee, in writing, before the Grantee may expend Program funds according to an alternative standardized budget. The Grant Development Section Chief will respond to Grantee with approval or denial of request. Failure to obtain written approval from the Grant Manager or their designee as required by this section may be considered a breach of this Agreement. A breach of this agreement may result in remedies listed below in [Exhibit D.6](#). Breach and Remedies.

Regardless of an increase or decrease of an expenditure amount, any significant or material programmatic or fiscal change as considered by a reasonable project manager should be submitted to Cal ICH for approval.

These eligible uses and activities must be consistent with Health and Safety Code (HSC) Sections 50250 – 50254, other applicable laws, the terms and conditions of this Agreement, Cal ICH guidance or directives, the Request for Applications ("RFA") under which the Grantee applied, representations contained in the Grantee's application, and the Purpose of the Program as detailed in [Exhibit A.2](#). Purpose.

Eligible uses and activities include, but are not limited to, the following:

Direct Services and Housing Options: activities to address immediate crisis needs and paths towards safe and stable housing for people living in encampments including, but not limited to, street outreach and engagement, housing and/or systems navigation, interim housing, and permanent housing.

Capacity Building: activities to enhance the systems carrying out the demonstration project including, but not limited to, service coordination efforts, establishing and strengthening cross-system partnerships, and workforce development including specialized training and contracting with providers of culturally specific interventions.

Sustainable Outcomes: activities and interventions to ensure sustained outcomes for the people served and to support sustained restoration of encampment sites to their intended or original state.

Administration: up to 5% of awarded Program funds may be applied to administrative costs.

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Program funds shall not be expended on Ineligible Costs as detailed immediately below.

4) **Ineligible Costs**

Encampment Resolution funds shall not be used for costs associated with activities in violation, conflict, or inconsistent with Health and Safety Code (HSC) Sections 50250 – 50254, other applicable laws, the terms and conditions of this Agreement, Cal ICH guidance or directives, the Request for Applications (“RFA”) under which the Grantee applied, representations contained in the Grantee’s application, and the Purpose of the Program as detailed in [Exhibit A.2](#). Purpose.

Costs shall not be used for any use or activity that is in violation, conflict, or inconsistent with the legislative intent of the authorizing statute to ensure the safety and wellness of people experiencing homelessness in encampments.

Moreover, no parties to this contract nor their agents shall directly or indirectly use ERF awards for any use or activity that is in violation, conflict, or inconsistent with the legislative intent of the authorizing statute to ensure the safety and wellness of people experiencing homelessness in encampments. ERF funded activities that cause a traumatic effect are inconsistent with ensuring the safety and wellness of people experiencing homelessness in encampments.

Cal ICH, at its sole and absolute discretion, shall make the final determination regarding the allowability of Encampment Resolution fund expenditures.

Cal ICH reserves the right to request additional clarifying information to determine the reasonableness and eligibility of all uses of the funds made available by this Agreement. If the Grantee or its funded subrecipients use Encampment Resolution funds to pay for ineligible activities, the Grantee shall be required to reimburse these funds to Cal ICH at an amount and timeframe determined by Cal ICH.

An expenditure which is not authorized by this Agreement, or by written approval of the Grant Manager or his/her designee, or which cannot be adequately documented, shall be disallowed, and must be reimbursed to Cal ICH by the Grantee at an amount and timeframe determined by Cal ICH.

Program funds shall not be used to supplant existing local funds for homeless housing, assistance, prevention, or encampment resolution including site restoration or waste management.

Unless expressly approved by Cal ICH in writing reimbursements are not permitted for any Program expenditures prior to this Agreement’s date of execution.

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**Encampment Resolution Funding Program
Standard Agreement**

**EXHIBIT C
STATE OF CALIFORNIA GENERAL TERMS AND CONDITIONS**

This exhibit is incorporated by reference and made part of this agreement. The General Terms and Conditions (GTC 04/2017) can be viewed at the following link:

<https://www.dgs.ca.gov/-/media/Divisions/OLS/Resources/GTC-April-2017-FINALapril2017.pdf?la=en&hash=3A64979F777D5B9D35309433EE81969FD69052D2>

In the interpretation of this Agreement, any inconsistencies between the State of California General Terms and Conditions (GTC - 04/2017) and the terms of this Agreement and its exhibits/attachments shall be resolved in favor of this Agreement and its exhibits/attachments.

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**Encampment Resolution Funding Program
Standard Agreement****EXHIBIT D
GENERAL TERMS AND CONDITIONS****1) Termination and Sufficiency of Funds****a) Termination of Agreement**

Cal ICH may terminate this Agreement at any time for cause by giving a minimum of 14 days' notice of termination, in writing, to the Grantee. Cause shall consist of violations of any conditions of this Agreement, any breach of contract as described in [paragraph 6](#) of this Exhibit D; violation of any federal or state laws; or withdrawal of Cal ICH's expenditure authority. Upon termination of this Agreement, unless otherwise approved in writing by Cal ICH, any unexpended funds received by the Grantee shall be returned to Cal ICH within 30 days of Cal ICH's specified date of termination.

b) Sufficiency of Funds

This Agreement is valid and enforceable only if sufficient funds are made available to Cal ICH by legislative appropriation. In addition, this Agreement is subject to any additional restrictions, limitations or conditions, or statutes, regulations or any other laws, whether federal or those of the State of California, or of any agency, department, or any political subdivision of the federal or State of California governments, which may affect the provisions, terms or funding of this Agreement in any manner.

2) Transfers

Grantee may not transfer or assign by subcontract or novation, or by any other means, the rights, duties, or performance of this Agreement or any part thereof, except as allowed within [Exhibit D.12](#). (Special Conditions – Grantees/Sub Grantee) or with the prior written approval of Cal ICH and a formal amendment to this Agreement to affect such subcontract or novation.

3) Grantee's Application for Funds

Grantee submitted a budget to Cal ICH as part of their application for the Program. Prior to fully executing this agreement, Grantees must standardize their application's budget using an Cal ICH provided budget template.

Grantee warrants that all information, facts, assertions and representations contained in the application and approved modifications (e.g., standardized budget)

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and additions thereto are true, correct, and complete to the best of Grantee's knowledge. In the event that any part of the application and any approved modification and addition thereto is untrue, incorrect, incomplete, or misleading in such a manner that would substantially affect Cal ICH approval, disbursement, or monitoring of the funding and the grants or activities governed by this Agreement, then Cal ICH may declare a breach of this Agreement and take such action or pursue such remedies as are legally available.

4) **Reporting, Evaluation, and Audits**

a) **Reporting Requirements**

- i. Grantee is required to provide Cal ICH or its agents with all data and outcomes that may inform an assessment of the funded project. Grantees shall report quarterly and have one Final Work Product submitted prior to this Agreement's termination. Grantees will be required to provide:
 - Outreach and service path data at the anonymized, individual level;
 - Current housing status of persons served in the aggregate;
 - Status of funding as presented in the Cal ICH approved, standardized budget; and
 - Continued confirmation that projects receiving ERF funds are populated timely into HMIS and use Cal ICH supplied funding codes.

Cal ICH's discretion in identifying which information shall be included in these reports is absolute and final.

Pursuant to Health and Safety Code (HSC) Section 50254, grantees shall provide data elements, including, but not limited to, health information, in a manner consistent with state and federal law, to their local Homeless Management Information System for tracking in the statewide Homeless Data Integration System.

Pursuant to HSC Section 50254(b)(3), Grantees shall report individual, client-level data for persons served by grant funding to the council, in addition to any data reported through local Homeless Management Information System, as required by the council for the purposes of research and evaluation of grant performance, service pathways, and outcomes for people served.

Pursuant to HSC Section 50254(b)(4), Council staff may use information reported directly from grantees and through statewide Homeless Data Integration System for the purposes of research and evaluation of grant performance, service pathways, and outcomes for people served.

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- ii. The quarterly reports shall be submitted on a template to be provided by Cal ICH at least 90 days prior to the first reporting deadline. Cal ICH may request interim reports as needed and will provide no less than 30 days' notice to Grantees.
- iii. If the Grantee fails to provide any such report, Cal ICH may recapture any portion of the amount authorized by this Agreement with a 14-day written notification.

b) Evaluation

- i. At Cal ICH's discretion, Grantees shall participate in a program evaluation regarding their implementation of ERF awards. To support this effort, the Cal ICH will contract a third party to complete the evaluation.
- ii. Grantees are expected to be close partners with Cal ICH for this program evaluation and for all evaluative aspects of this Program. This means timely and accurate reporting, candid communication of success or challenges, and availability of persons, information, or materials. More specifically, Grantees must cooperate with Cal ICH or its designee as reasonably required to implement an evaluation plan. This includes providing or facilitating the collection of data and materials as reasonably requested by Cal ICH or its designee.
- iii. For the purpose of evaluation, Cal ICH or its designee may visit sites related to the project and film, tape, photograph, interview, and otherwise document Grantee's operations during normal business hours and with reasonable advance notice. Cal ICH will comply with Grantee's site visit terms during any site visits.
- iv. Grantees should maintain active data, documents, and filings in anticipation of this evaluation. Special care should be taken to organize and preserve internal work products that guided implementation by the Grantee or subgrantee.
- v. Grantees shall notify Cal ICH and provide copies of any reports or findings if Grantee conducts or commissions any third-party research or evaluation regarding their funded project.
- vi. All terms and conditions that apply to reporting similarly apply to evaluation.

c) Auditing

Cal ICH reserves the right to perform or cause to be performed a financial audit. At Cal ICH request, the Grantee shall provide, at its own expense, a financial

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audit prepared by a certified public accountant. Should an audit be required, the Grantee shall adhere to the following conditions:

- i) The audit shall be performed by an independent certified public accountant.
- ii) The Grantee shall notify Cal ICH of the auditor's name and address immediately after the selection has been made. The contract for the audit shall allow access by Cal ICH to the independent auditor's working papers.
- iii) The Grantee is responsible for the completion of audits and all costs of preparing audits.
- iv) If there are audit findings, the Grantee must submit a detailed response acceptable to Cal ICH for each audit finding within 90 days from the date of the audit finding report.

5) **Inspection and Retention of Records**

a) **Record Inspection**

Cal ICH or its designee shall have the right to review, obtain, and copy all records and supporting documentation pertaining to performance under this Agreement. The Grantee agrees to provide Cal ICH, or its designee, with any relevant information requested. The Grantee agrees to give Cal ICH or its designee access to its premises, upon reasonable notice and during normal business hours, for the purpose of interviewing employees who might reasonably have information related to such records, and of inspecting and copying such books, records, accounts, and other materials that may be relevant to an investigation of compliance with the Encampment Resolution Funding Program laws, Cal ICH guidance or directives, and this Agreement.

b) **Record Retention**

The Grantee further agrees to retain all records described in subparagraph A for a minimum period of five (5) years after the termination of this Agreement.

If any litigation, claim, negotiation, audit, monitoring, inspection, or other action has been commenced before the expiration of the required record retention period, all records must be retained until completion of the action and resolution of all issues which arise from it.

6) **Breach and Remedies**

a) **Breach of Agreement**

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Breach of this Agreement includes, but is not limited to, the following events:

- i. Grantee's failure to comply with the terms or conditions of this Agreement.
- ii. Use of, or permitting the use of, Encampment Resolution funds provided under this Agreement for any ineligible activities.
- iii. Any failure to comply with the deadlines set forth in this Agreement.

b) Remedies for Breach of Agreement

In addition to any other remedies that may be available to Cal ICH in law or equity for breach of this Agreement, Cal ICH may:

- i. Conduct a program monitoring which will include a corrective action plan (CAP) with findings, remedies, and timelines for resolving the findings.
 - ii. Bar the Grantee from applying for future Encampment Resolution funds;
 - iii. Revoke any other existing Encampment Resolution award(s) to the Grantee;
 - iv. Require the return of any unexpended Encampment Resolution funds disbursed under this Agreement;
 - v. Require repayment of Encampment Resolution funds disbursed and expended under this Agreement;
 - vi. Require the immediate return to Cal ICH of all funds derived from the use of Encampment Resolution funds
 - vii. Seek, in a court of competent jurisdiction, an order for specific performance of the defaulted obligation or participation in the technical assistance in accordance with Encampment Resolution requirements.
- c) All remedies available to Cal ICH are cumulative and not exclusive.
- d) Cal ICH may give written notice to the Grantee to cure the breach or violation within a period of not less than 14 days.

7) Waivers

No waiver of any breach of this Agreement shall be held to be a waiver of any prior or subsequent breach. The failure of Cal ICH to enforce at any time the provisions of this Agreement, or to require at any time, performance by the Grantee of these

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provisions, shall in no way be construed to be a waiver of such provisions nor to affect the validity of this Agreement or the right of Cal ICH to enforce these provisions.

8) **Nondiscrimination**

During the performance of this Agreement, Grantee and its subrecipients shall not unlawfully discriminate, harass, or allow harassment against any employee or applicant for employment because of sex (gender), sexual orientation, gender identity, gender expression, race, color, ancestry, religion, creed, national origin (including language use restriction), pregnancy, physical disability (including HIV and AIDS), mental disability, medical condition (cancer/genetic characteristics), age (over 40), genetic information, marital status, military and veteran status, denial of medical and family care leave or pregnancy disability leave, or any other characteristic protected by state or federal law. Grantees and Sub grantees shall ensure that the evaluation and treatment of their employees and applicants for employment are free from such discrimination and harassment. Grantee and its subrecipients shall comply with the provisions of California's laws against discriminatory practices relating to specific groups: the California Fair Employment and Housing Act (FEHA) (Gov. Code, Section 12900 et seq.); the regulations promulgated thereunder (Cal. Code Regs., tit. 2, Section 11000 et seq.); and the provisions of Article 9.5, Chapter 1, Part 1, Division 3, Title 2 of the Government Code (Gov. Code, Section 11135 - 11139.5). Grantee and its subrecipients shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other agreement.

9) **Conflict of Interest**

All Grantees are subject to state and federal conflict of interest laws. Failure to comply with these laws, including business and financial disclosure provisions, will result in the application being rejected and any subsequent contract being declared void. Other legal action may also be taken. Additional applicable statutes include, but are not limited to, Government Code Section 1090 and Public Contract Code Sections 10410 and 10411.

- a) Current State Employees: No State officer or employee shall engage in any employment, activity, or enterprise from which the officer or employee receives compensation or has a financial interest, and which is sponsored or funded by any State agency, unless the employment, activity, or enterprise is required as a condition of regular State employment. No State officer or employee shall contract on his or her own behalf as an independent Grantee with any State agency to provide goods or services.
- b) Former State Employees: For the two-year period from the date he or she left State employment, no former State officer or employee may enter into a contract

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in which he or she engaged in any of the negotiations, transactions, planning, arrangements, or any part of the decision-making process relevant to the contract while employed in any capacity by any State agency. For the twelve-month period from the date he or she left State employment, no former State officer or employee may enter into a contract with any State agency if he or she was employed by that State agency in a policy-making position in the same general subject area as the proposed contract within the twelve-month period prior to his or her leaving State service.

- c) Employees of the Grantee: Employees of the Grantee shall comply with all applicable provisions of law pertaining to conflicts of interest, including but not limited to any applicable conflict of interest provisions of the Political Reform Act of 1974 (Gov. Code, Section 81000 et seq.).
- d) Representatives of a County: A representative of a county serving on a board, committee, or body with the primary purpose of administering funds or making funding recommendations for applications pursuant to this chapter shall have no financial interest in any contract, program, or project voted on by the board, committee, or body on the basis of the receipt of compensation for holding public office or public employment as a representative of the county.

10) **Drug-Free Workplace Certification**

Certification of Compliance: By signing this Agreement, Grantee hereby certifies, under penalty of perjury under the laws of State of California, that it and its subrecipients will comply with the requirements of the Drug-Free Workplace Act of 1990 (Gov. Code, Section 8350 et seq.) and have or will provide a drug-free workplace by taking the following actions:

Publish a statement notifying employees and subrecipients that unlawful manufacture distribution, dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees, Grantees, or subrecipients for violations, as required by Government Code Section 8355, subdivision (a)(1).

- a) Establish a Drug-Free Awareness Program, as required by Government Code Section 8355, subdivision (a)(2) to inform employees, Grantees, or subrecipients about all of the following:
 - i. The dangers of drug abuse in the workplace;
 - ii. Grantee's policy of maintaining a drug-free workplace;
 - iii. Any available counseling, rehabilitation, and employee assistance program; and

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- iv. Penalties that may be imposed upon employees, Grantees, and subrecipients for drug abuse violations.
- b) Provide, as required by Government Code Section 8355, subdivision (a)(3), that every employee and/or subrecipient that works under this Agreement:
 - i. Will receive a copy of Grantee's drug-free policy statement, and
 - ii. Will agree to abide by terms of Grantee's condition of employment or subcontract.

11) **Child Support Compliance Act**

For any Contract Agreement in excess of \$100,000, the Grantee acknowledges in accordance with Public Contract Code 7110, that:

- a) The Grantee recognizes the importance of child and family support obligations and shall fully comply with all applicable state and federal laws relating to child and family support enforcement, including, but not limited to, disclosure of information and compliance with earnings assignment orders, as provided in Chapter 8 (commencing with Section 5200) of Part 5 of Division 9 of the Family Code; and
- b) The Grantee, to the best of its knowledge is fully complying with the earnings assignment orders of all employees and is providing the names of all new employees to the New Hire Registry maintained by the California Employment Development Department.

12) **Special Conditions – Grantees/Subgrantee**

The Grantee agrees to comply with all conditions of this Agreement including the Special Conditions set forth in [Exhibit E](#). These conditions shall be met to the satisfaction of Cal ICH prior to disbursement of funds. The Grantee shall ensure that all Subgrantees are made aware of and agree to comply with all the conditions of this Agreement and the applicable State requirements governing the use of Encampment Resolution funds. Failure to comply with these conditions may result in termination of this Agreement.

- a) The Agreement between the Grantee and any Subgrantee shall require the Grantee and its Subgrantees, if any, to:
 - i. Perform the work in accordance with Federal, State and Local housing and building codes, as applicable.

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- ii. Maintain at least the minimum State-required worker's compensation for those employees who will perform the work or any part of it.
- iii. Maintain, as required by law, unemployment insurance, disability insurance, and liability insurance in an amount that is reasonable to compensate any person, firm or corporation who may be injured or damaged by the Grantee or any Subgrantee in performing the Work or any part of it.
- iv. Agree to include and enforce all the terms of this Agreement in each subcontract.

13) **Compliance with State and Federal Laws, Rules, Guidelines and Regulations**

The Grantee agrees to comply with all state and federal laws, rules and regulations that pertain to construction, health and safety, labor, fair employment practices, environmental protection, equal opportunity, fair housing, and all other matters applicable and/or related to the Encampment Resolution program, the Grantee, its subrecipients, and all eligible activities.

Grantee shall also be responsible for obtaining any and all permits, licenses, and approvals required for performing any activities under this Agreement, including those necessary to perform design, construction, or operation and maintenance of the activities. Grantee shall be responsible for observing and complying with any applicable federal, state, and local laws, rules or regulations affecting any such work, specifically those including, but not limited to, environmental protection, procurement, and safety laws, rules, regulations, and ordinances. Grantee shall provide copies of permits and approvals to Cal ICH upon request.

14) **Inspections**

- a) Grantee shall inspect any work performed hereunder to ensure that the work is being and has been performed in accordance with the applicable federal, state and/or local requirements, and this Agreement.
- b) Cal ICH reserves the right to inspect any work performed hereunder to ensure that the work is being and has been performed in accordance with the applicable federal, state and/or local requirements, and this Agreement.
- c) Grantee agrees to require that all work that is determined based on such inspections not to conform to the applicable requirements be corrected and to withhold payments to the subrecipient until it is corrected.

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15) **Litigation**

- a) If any provision of this Agreement, or an underlying obligation, is held invalid by a court of competent jurisdiction, such invalidity, at the sole discretion of Cal ICH, shall not affect any other provisions of this Agreement and the remainder of this Agreement shall remain in full force and effect. Therefore, the provisions of this Agreement are and shall be deemed severable.
- b) The Grantee shall notify Cal ICH immediately of any claim or action undertaken by or against it, which affects or may affect this Agreement or Cal ICH, and shall take such action with respect to the claim or action as is consistent with the terms of this Agreement and the interests of Cal ICH.

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**Encampment Resolution Funding Program
Standard Agreement****EXHIBIT E
SPECIAL TERMS AND CONDITIONS**

- 1) All proceeds from any interest-bearing account established by the Grantee for the deposit of funds, along with any interest-bearing accounts opened by subrecipients to the Grantee for the deposit of funds, must be used for eligible activities and reported on as required by Cal ICH.
- 2) Grantee shall utilize its local Homeless Management Information System (HMIS) to track Encampment Resolution funded projects, services, and clients served. Grantee will ensure that HMIS data are collected in accordance with applicable laws and in such a way as to identify individual projects, services, and clients that are supported by funding (e.g., by creating appropriate - Encampment Resolution specific funding sources and project codes in HMIS).
- 3) Grantee shall participate in and provide data elements, including, but not limited to, health information, in a manner consistent with federal law, to the statewide Homeless Management Information System (known as the Homeless Data Integration System or "HDIS"), in accordance with their existing Data Use Agreement entered into with the Council, if any, and as required by Health and Safety Code Section 50254. Any health information provided to, or maintained within, the statewide Homeless Management Information System shall not be subject to public inspection or disclosure under the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code). For purposes of this paragraph, "health information" means "protected health information," as defined in Part 160.103 of Title 45 of the Code of Federal Regulations, and "medical information," as defined in subdivision (j) of Section 56.05 of the Civil Code. The Council may, as required by operational necessity, amend or modify required data elements, disclosure formats, or disclosure frequency. Additionally, the Council, at its discretion, may provide Grantee with aggregate reports and analytics of the data Grantee submits to HDIS in support of the Purpose of this Agreement and the existing Data Use Agreement.
- 4) Grantee agrees to accept technical assistance as directed by Cal ICH or by a contracted technical assistance provider acting on behalf of Cal ICH and report to Cal ICH on programmatic changes the grantee will make as a result of the technical assistance and in support of their grant goals.
- 5) Grantee should establish a mechanism for people with lived experience of homelessness to have meaningful and purposeful opportunities to inform and shape

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all levels of planning and implementation, including through opportunities to hire people with lived experience.

- 6) Cal ICH maintains sole authority to determine if a grantee is acting in compliance with the program objectives and may direct grantees to take specified actions or risk breach of this Agreement. Grantees will be provided reasonable notice and Cal ICH's discretion in making these determinations are absolute and final.

DocuSigned by:
Virginia Dario Elizondo
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12/16/2022

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Populate All Cells in Green, Add Rows As Necessary Save as Jurisdiction Type, dash, Name, comma, Date Ex: City - Modesto, 5.1.22	ELIGIBLE USE CATEGORY	<5 WORD DESCRIPTION	NAME OF IMPLEMENTER, SITE, AND / OR PROJECT AS REFERENCED IN THE PROPOSAL	ERF PROPOSED BUDGET	IF ANY, LEVERAGED FISCAL SUPPORT	2 SENTENCE DESCRIPTION OF LINE ITEM
<p>This budget template may be slightly modified to meet local needs.</p> <p>Principle: Cal ICH should be able to navigate only your standardized budget and understand the general parameters of the project and how it will be implemented.</p>	<i>Use dropdown.</i>	Enables Cal ICH to immediately understand the line item.	Enables Cal ICH to associate the line item with specific entities or parts of a project. Take care to be consistent with the previously submitted Work Plan.	Only Encampment Resolution Funding	Non ERF Dollars That WILL be Used to Support this Project	Enables Cal ICH to better understand the line item, context, and / or other pertinent information related to the line item.

PERSONNEL COSTS				SALARY	FTE	MONTHS FUNDED			
	Direct Services and Housing Options	Senior Outreach Worker	Heluna Health	70,140	4	21	\$ 490,980.00		90 days to hire - ERF Bucket: Direct Services and Housing
	Direct Services and Housing Options	Outreach Supervisor	Heluna Helath	77,746	1	21	\$ 136,055.50		90 days to hire - ERF Bucket: Direct Services and Housing
	Direct Services and Housing Options	Employee Fringe Benefits	Heluna Health				\$ 207,629.58		33% of total salaries
Subtotal - Personnel Costs							\$ 834,665.08	\$ -	

NON-PERSONNEL COSTS				UNIT	RATE	TIME			
	Direct Services and Housing Options	Shelter Operations	33 Gough Cabin Project				\$ 2,333,768.00		- ERF Bucket: Direct Services and Housing
	Direct Services and Housing Options	Shelter Operations	1515 South Van Ness Safe Sleep				\$ 1,467,284.00		- ERF Bucket: Direct Services and Housing
	Direct Services and Housing Options	Shelter Operations	Monarch Non-Congregate Shelter				\$ 3,277,334.32		- ERF Bucket: Direct Services and Housing
	Direct Services and Housing Options	Shelter Operations	Cova Non-Congregate Shelter				\$ 2,870,981.00		- ERF Bucket: Direct Services and Housing
	Direct Services and Housing Options	ADA Vehicle for Transport		1			\$ 65,000.00		- ERF Bucket: Direct Services and Housing
Subtotal - Non-Personnel Costs							\$ 10,014,367.32	\$ -	

ADMINISTRATIVE COSTS (5% Cap)									
Subtotal - Administrative Costs							\$ -	\$ -	

TOTAL BUDGET							\$ 10,849,032.40	\$ -	
							Grant Award	(10,849,032.40)	
							Overage	\$ (0.00)	
							\$ 542,451.60		
							(10,306,580.80)		

ATTACHMENT 1

Application Organization and Required Document Checklist

A complete application package must consist of the items identified below. Complete this checklist to confirm the items are included in your application. Place a check mark or "X" next to each item that you are submitting to the State. For your application to be responsive, **all required documents listed below must be returned with bid**. This checklist must also be returned with your bid package.

Name/Description

☒ Required Attachment Check List (Attachment 1)

☒ Cover Sheet (Attachment 2) signed by authorized representative

☒ Work Plan (maximum of 20 pages)

☒ Work Plan Budget

☒ Proof of insurance coverage

☒ Two Letters of Support

☒ Staff resumes or Duty Statements for key personnel or position identified who will provide RFA related duties during the grant period

ATTACHMENT 2

Cover page sheet

1. Applicant

(Organization): San Francisco Department of Homelessness and Supportive Housing
Address: 440 Turk Street
City: San Francisco
County San Francisco
ZIP Code: 94102
Tax ID Number: 94-6000417

2. Project Director:

Name: Mecca Cannariato
Title: Director of Outreach and Temporary Shelter
Telephone: 415-525-1257
Email: Umecke.cannariato@sfgov.org

3. Grant Administrator:

Name: Lisa Rachowicz
Title: Manager of Navigation Centers and Shelter Programs
Telephone: 628-652-7724
Email: lisa.rachowicz@sfgov.org

4. Contact person for application, if different than Project Director:

Name: Olivia Lenson
Title: Funding Compliance Analyst
Telephone: 628-652-7822
Email: olivia.m.lenson@sfgov.org

The applicant certifies that, to the best of his or her knowledge and belief, the data in this application are true and correct.

Name of Authorized Official Print: Mecca Cannariato

Signature  _____
DocuSigned by:
Umecke Cannariato
AC96C59452544D5...

Date 12/31/2021



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/28/2021

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 have ADDITIONAL INSURED provisions or 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).

PRODUCER Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc. 505 N Brand Blvd, Suite 600 Glendale CA 91203	CONTACT NAME: Jenny Kim PHONE: 818.539.8511 FAX: 818.539.8711 E-MAIL: Jenny_Kim@ajg.com ADDRESS: Jenny Kim@ajg.com
INSURED Dolores Street Community Services, Inc. 938 Valencia Street San Francisco, CA 94110	INSURER(S) AFFORDING COVERAGE INSURER A: Nonprofits' Insurance Alliance of CA INSURER B: New York Marine And General Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:

License#: 0726293
DOLOSTR-01

NAIC #

16608

COVERAGES

CERTIFICATE NUMBER: 242508598

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		2021-0-1167	6/1/2021	6/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPROP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			2021-0-1167	6/1/2021	6/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			2021-0-1167-UMB	6/1/2021	6/1/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
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"/>	N/A	WC202100006473	6/1/2021	6/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability			2021-0-1167	6/1/2021	6/1/2022	Each Claim Aggregate \$ 1,000,000 \$ 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Nonprofits' Insurance Alliance of CA - A.M. Best #: 011845

Policy: Sexual Abuse and Molestation
Policy Term: 6/1/2021 to 6/1/2022
Policy #: 2021-01167
Carrier: Nonprofits' Insurance Alliance of CA
Each Claim: \$1,000,000 / Aggregate: \$3,000,000

See Attached...

CERTIFICATE HOLDER

CANCELLATION

City & County of San Francisco Mayors Office of Housing
Attn: Lydia Ely
1 S. Van Ness, 5th Floor
San Francisco CA 94103

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

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ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Arthur J. Gallagher & Co.		NAMED INSURED Dolores Street Community Services, Inc. 938 Valencia Street San Francisco, CA 94110
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Policy: Cyber Liability
 Policy Term: 6/1/2021 to 6/1/2022
 Policy #: RPS-P-50175018M
 Carrier: BCS Insurance Company
 Each Claim: \$1,000,000 / Aggregate: \$1,000,000 / Retention \$2,500

Certificate holder: City & County of San Francisco, including its boards, commissions, officers, agents, and employees are named as additional with respects to operations of the named insured per attached form CG 2010. Endorsement to Follow



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/28/2021

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 have ADDITIONAL INSURED provisions or 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).

PRODUCER Arthur J. Gallagher & Co. Insurance Brokers of CA, Inc. 505 N Brand Blvd, Suite 600 Glendale CA 91203	CONTACT NAME: Jenny Kim	PHONE (A/C, No, Ext): 818.539.8611	FAX (A/C, No): 818.539.8711
	E-MAIL ADDRESS: Jenny_Kim@ajg.com		
INSURED Dolores Street Community Services, Inc. 938 Valencia Street San Francisco, CA 94110	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Nonprofits' Insurance Alliance of CA		
	INSURER B: New York Marine And General Insurance Company		16908
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES CERTIFICATE NUMBER: 386592898 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		2021-01167	6/1/2021	6/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/PROP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		2021-01167	6/1/2021	6/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0 <input type="checkbox"/> CLAIMS-MADE			2021-01167-UMB	6/1/2021	6/1/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
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"/>	N/A	WC202100006473	6/1/2021	6/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability			2021-01167	6/1/2021	6/1/2022	Each Claim Aggregate \$1,000,000 \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Nonprofits' Insurance Alliance of CA - A.M. Best #: 011845Policy: Sexual Abuse and Molestation
Policy Term: 6/1/2021 to 6/1/2022
Policy #: 2021-01167
Carrier: Nonprofits' Insurance Alliance of CA
Each Claim: \$1,000,000 / Aggregate: \$3,000,000
See Attached...

CERTIFICATE HOLDER

City & County of San Francisco Department of Human Services
Office of Contract Compliance
P.O. Box 7988
San Francisco CA 94120

CANCELLATION

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

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ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Arthur J. Gallagher & Co.		NAMED INSURED Dolores Street Community Services, Inc. 938 Valencia Street San Francisco, CA 94110	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Policy: Cyber Liability
Policy Term: 6/1/2021 to 6/1/2022
Policy #: RPS-P-50175018M
Carrier: BCS Insurance Company
Each Claim: \$1,000,000 / Aggregate: \$1,000,000 / Retention \$2,500

The City and County of San Francisco, its officers, employees and agents are included as Additional Insureds for General Liability and Auto Liability but only with respects to operations of the Named Insured. Waiver of Subrogation on Workers Compensation applies in favor of certificate holder. Such insurance is Primary. Endorsement to Follow



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/28/2021

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 have ADDITIONAL INSURED provisions or 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).

PRODUCER Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc. 505 N Brand Blvd, Suite 600 Glendale CA 91203		CONTACT NAME: Jenny Kim PHONE (A/C, No, Ext): 818.539.8611 FAX (A/C, No): 818.539.8711 E-MAIL ADDRESS: Jenny.Kim@ajg.com	
INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURER A: Nonprofits' Insurance Alliance of CA			
INSURER B: New York Marine And General Insurance Company		16608	
INSURER C:			
INSURER D:			
INSURER E:			
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** 822663693 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER			2021-01167	5/1/2021	5/1/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$20,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMPROP AGG \$3,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			2021-01167	5/1/2021	5/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ <input type="checkbox"/>			2021-01167-UMB	5/1/2021	5/1/2022	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
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"/>	N/A	WC20210006473	5/1/2021	5/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Professional Liability			2021-01167	5/1/2021	5/1/2022	Each Claim Aggregate \$1,000,000 \$3,000,000

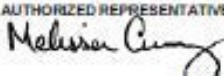
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Nonprofits' Insurance Alliance of CA - A.M. Best #: 011845

Policy: Sexual Abuse and Molestation
Policy Term: 6/1/2021 to 6/1/2022
Policy #: 2021-01167
Carrier: Nonprofits' Insurance Alliance of CA
Each Claim: \$1,000,000 / Aggregate: \$3,000,000

See Attached...

CERTIFICATE HOLDER

CANCELLATION

City & County of San Francisco Mayor's Office of Housing 1 S. Van Ness, 5th Floor San Francisco, CA 94103	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 
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ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Arthur J. Gallagher & Co.		NAMED INSURED Dolores Street Community Services, Inc. 938 Valencia Street San Francisco, CA 94110
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Policy: Cyber Liability
Policy Term: 6/1/2021 to 6/1/2022
Policy #: RPS-P-50175018M
Carrier: BCS Insurance Company
Each Claim: \$1,000,000 / Aggregate: \$1,000,000 / Retention \$2,500

Evidence of Coverage.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/28/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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).

PRODUCER Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc. 505 N Brand Blvd, Suite 600 Glendale CA 91203		CONTACT NAME: Jenny Kim PHONE (A/C, No, Ext): 818.539.8611 FAX (A/C, No): 818.539.8711 E-MAIL ADDRESS: Jenny_Kim@ajg.com	
INSURED Dolores Street Community Services, Inc. 938 Valencia Street San Francisco, CA 94110		INSURER(S) AFFORDING COVERAGE INSURER A: Nonprofits' Insurance Alliance of CA INSURER B: New York Marine And General Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	

License#: 0726293
DOLOSTR-01

NAIC #

16608

COVERAGES

CERTIFICATE NUMBER: 1943009906

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y		2021-01167	6/1/2021	6/1/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$20,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMPIOP AGG \$3,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		2021-01167	6/1/2021	6/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ n			2021-01167-UMB	6/1/2021	6/1/2022	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
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	N/A	WC202100006473	6/1/2021	6/1/2022	<input checked="" type="checkbox"/> PER STATUTE <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
A	Professional Liability			2021-01167	6/1/2021	6/1/2022	Each Claim Aggregate \$1,000,000 \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Nonprofits' Insurance Alliance of CA - A.M. Best #: 011845

Policy: Sexual Abuse and Molestation
 Policy Term: 6/1/2021 to 6/1/2022
 Policy #: 2021-01167
 Carrier: Nonprofits' Insurance Alliance of CA
 Each Claim: \$1,000,000 / Aggregate: \$3,000,000

See Attached...

CERTIFICATE HOLDER

CANCELLATION

City and County of San Francisco
 Department of Homelessness and Supportive Housing
 440 Turk Street
 San Francisco CA 94120

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

Melissa C...

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ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Arthur J. Gallagher & Co.		NAMED INSURED Dolores Street Community Services, Inc. 938 Valencia Street San Francisco, CA 94110
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Policy: Cyber Liability
Policy Term: 6/1/2021 to 6/1/2022
Policy #: RPS-P-50175018M
Carrier: BCS Insurance Company
Each Claim: \$1,000,000 / Aggregate: \$1,000,000 / Retention \$2,500

The City and County of San Francisco, its officers, employees and agents are included as Additional Insureds for General Liability and Auto Liability but only with respects to operations of the Named Insured. Waiver of Subrogation on Workers Compensation applies in favor of certificate holder. Such Insurance is Primary. Endorsement to Follow



Encampments - RFA

Submission Requirements

Submission Requirements

Is the Application a "Test" Submission?
No, this is my official Submission.

Applicant Type Selection

Applicant Type Selection

Eligible Applicant

Select your jurisdiction type.

County

If the applicant is a CoC, select from the list of Continuums of Care.

If the applicant is a city or county, what is the name of the city or county?

San Francisco

Applicant Contact Information

Applicant Contact Information

Applicant and Implementing Organization

Applicant

San Francisco County

Implementing Organization

San Francisco Department of Homelessness and Supportive Housing

Specific unit or office within the implementing organization

Outreach and Temporary Shelter Team

Imp. Org's Address

440 Turk Street

City

San Francisco

County

San Francisco

Zip Code

94102

Imp. Org's Tax ID Number

94-6000417

Project Director

Name

Mecca Cannariato

Title

Director of Outreach and Temporary Shelter

Phone

(415) 525-1257

Email

Umecke.cannariato@sfgov.org

Grant Administrator

Name

Lisa Rachowicz

Title

Manager of Navigation Centers and Shelter

Phone

(628) 652-7724

Email

lisa.rachowicz@sfgov.org

Contact Person for Application, If Different than Project Director

Name

Olivia Lenson

Title

Funding Compliance Analyst

Phone

(628) 652-7822

Email

olivia.m.lenson@sfgov.org

Authorized Official**Name**

Mecca Cannariato

Document Upload

Document Upload

Attachment #1 - Application Organization and Required Document Checklist

Attachment 1 - Application Checklist_San Francisco.docx

Attachment #2 - Cover Sheet

Attachment 2 - Cover Sheet_San Francisco.pdf

Work Plan (maximum of 20 pages)

Work Plan_San Francisco.docx

Work Plan Budget

Work Plan Budget - 33 Gough Cabins_San Francisco.xlsx

Work Plan Budget - 711 Post_San Francisco.xlsx

Work Plan Budget - 1515 South Van Ness_San Francisco.xlsx

Work Plan Budget - Shelter Transportation_San Francisco.xlsx

Work Plan Budget - Street Outreach Workers_San Francisco.xlsx

Proof of Insurance Coverage

Urban Alchemy - Proof of Insurance 1_San Francisco.pdf

Urban Alchemy - Proof of Insurance 2_San Francisco.pdf

Urban Alchemy - Proof of Insurance_San Francisco.pdf

Heluna Health - Proof of Insurance_San Francisco.pdf

Dolores Street Community Services - Proof of Insurance_San Francisco.pdf

Two Letters of Support - saved as ONE file

Letters of Support_San Francisco.pdf

Personnel Documents - saved as ONE file

Personnel Documents_San Francisco.pdf

Certification

Certification

Before certifying, applicants are strongly encouraged to review the RFA's **Addendums** [here](#).

I certify that all information included in this Application is true and accurate to the best of my knowledge.

Name

Olivia Lenson

Title

Funding Compliance Analyst

Email

olivia.m.lenson@sfgov.org



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/5/2021

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 have **ADDITIONAL INSURED** provisions or 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).

PRODUCER Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc. 505 N Brand Blvd, Suite 600 Glendale CA 91203		CONTACT NAME: Michelle Gonzalez PHONE (A/C, No, Ext): 818-539.8630 FAX (A/C, No): E-MAIL ADDRESS: Michelle_Gonzalez@ajg.com	
INSURED Public Health Foundation Enterprises, Inc. dba Heluna Health 13300 Crossroads Parkway North, #450 City Of Industry CA 91746		INSURER(S) AFFORDING COVERAGE INSURER A: Landmark American Insurance Company INSURER B: Coverys Specialty Insurance Company INSURER C: Quality Comp Inc INSURER D: Hudson Insurance Company INSURER E: Philadelphia Indemnity Insurance Company INSURER F:	
License#: 0726293 PUBLHEA-02		NAIC # 33138 15686 25054 18058	

COVERAGES

CERTIFICATE NUMBER: 891042350

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y		LHC789352	6/1/2021	6/1/2022	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 \$
E	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		PHPK2278841	6/1/2021	6/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp & Collision \$ 1,000/\$1,000
B	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$			005CA000026300	6/1/2021	6/1/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	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	N/A	150910618	1/1/2021	1/1/2022	<input checked="" type="checkbox"/> PER STATUTE <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
D	Directors & Officers Liability			HFP-HN-NPP-5659-060121	6/1/2021	6/1/2022	Per Claim \$3,000,000 Aggregate \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Policy: Cyber Liability
 Policy#: BCM-CB-0A0QL1AAA
 Carrier: Benchmark Insurance Company
 Policy Term: 6/1/2021 To 6/1/2022
 Limit: \$5,000,000 / Aggregate: \$5,000,000 / Retention: \$50,000

Policy: Sexual Abuse Liability
 Policy#: LHC789352
 See Attached...

CERTIFICATE HOLDER

CANCELLATION

City and County of San Francisco, its Officers, Agents and Employees Office of the Treasurer and Tax Collector
 City Hall - Room 140
 1 Dr. Carlton B. Goodlett Place
 1 Dr. Carlton B. Goodlett Place
 San Francisco CA 94102

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

Melissa Cury

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ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Arthur J. Gallagher & Co.		NAMED INSURED Public Health Foundation Enterprises, Inc. dba Heluna Health 13300 Crossroads Parkway North, #450 City Of Industry CA 91746	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Carrier: Landmark American Insurance Company
 Policy Term: 6/1/2021 To 6/1/2022
 Per Claim: \$1,000,000 / Aggregate: \$1,000,000

Policy: Professional Liability
 Policy#: LHC789352
 Carrier: Landmark American Insurance Company
 Policy Term: 6/1/2021 To 6/1/2022
 Limit: \$5,000,000 / Aggregate: \$6,000,000 / Retention: \$25,000

Policy: Fidelity/Crime Coverage
 Policy#: MML-18978-21
 Carrier: Atlantic Specialty Insurance Company
 Policy Term: 6/1/2021 To 6/1/2022
 Employee Theft: Limit: \$2,000,000 / Deductible: \$50,000
 ERISA: Limit: \$500,000
 Forgery or alteration: Limit: \$2,000,000 / Deductible: \$25,000
 Theft of money and securities: Limit: \$2,000,000 / Deductible: \$25,000
 Money and securities: Limit: \$2,000,000 / Deductible: \$25,000
 Computer fraud: Limit: \$2,000,000 / Deductible: \$25,000
 Funds transfer fraud: Limit: \$2,000,000 / Deductible: \$25,000
 Money orders and counterfeit paper currency: Limit: \$2,000,000 / Deductible: \$25,000
 Theft of Client Property: Limit: \$2,000,000 / Deductible: \$50,000

City and County of San Francisco, its Officers, Agents and Employees are named additional insured under General Liability and Auto Liability Coverage with respect to the operations of the named insured. Waiver of subrogation on Workers Compensation applies in favor of certificate holder.



RE: Quality Comp, Inc.—Self-Insured Workers' Compensation Group

To Whom It May Concern:

As proof of workers' compensation coverage, I would like to provide you with the attached Certificate of Consent to Self-Insure issued to Quality Comp, Inc. by the Department of Industrial Relations, Office of Self-Insurance Plans. This Certificate carries an effective date of December 1, 2004 and does not have an expiration date. The Quality Comp, Inc. program has excess insurance coverage with Safety National Casualty Corporation. Safety National is a fully licensed and admitted writer of Excess Workers' Compensation Insurance in the State of California (NAIC #15105). The company is rated "A++ Superior" Category "XV" by A.M. Best & Company.

Specific Excess Insurance

Excess Workers' Compensation: Statutory per occurrence excess of \$500,000

Employers Liability: \$1,000,000 Limit

Term of Coverage

Effective Date: January 1, 2021

Expiration: January 1, 2022

Please contact me if you have any questions or require additional information. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Jacqueline Harris". The signature is written in a cursive, flowing style.

Jacqueline Harris
Director of Underwriting
RPS Monument

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

NUMBER 4515

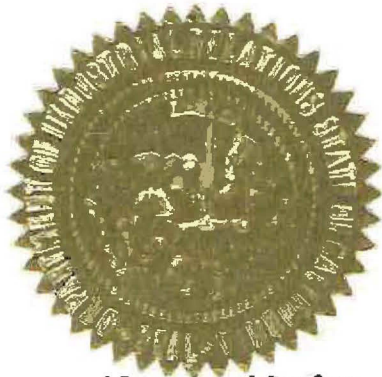
CERTIFICATE OF CONSENT TO SELF-INSURE

Quality Comp, Inc.

THIS IS TO CERTIFY, That (a CA corporation)

has complied with the requirements of the Director of Industrial Relations under the provisions of Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this Certificate of Consent to Self-Insure.

This certificate may be revoked at any time for good cause shown.*



EFFECTIVE:

THE 1st DAY OF December 2004


MARK T. JOHNSON
MANAGER

DEPARTMENT OF INDUSTRIAL RELATIONS
OF THE STATE OF CALIFORNIA


JOHN M. REA
DIRECTOR

* Revocation of Certificate.—“A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a hearing. Good cause includes, among other things, the impairment of the solvency of such employer, the inability of the employer to fulfill his obligations, or the practice by such employer or his agent in charge of the administration of obligations under this division of any of the following: (a) Habitually and as a matter of practice and custom inducing claimants for compensation to accept less than the compensation due or making it necessary for them to resort to proceedings against the employer to secure the compensation due; (b) Discharging his compensation obligations in a dishonest manner; (c) Discharging his compensation obligations in such a manner as to cause injury to the public or those dealing with him.” (Section 3702 of Labor Code.) The Certificate may be revoked for noncompliance with Title 8, California Administrative Code, Group 2—Administration of Self-Insurance.

DEPARTMENT OF INDUSTRIAL RELATIONS

OFFICE OF SELF-INSURANCE PLANS

11050 Olson Drive, Suite 230

Rancho Cordova, CA 95670

Phone No. (916) 464-7000

FAX (916) 464-7007



CERTIFICATION OF SELF-INSURANCE OF WORKERS' COMPENSATION

TO WHOM IT MAY CONCERN:

This certifies that Certificate of Consent to Self-Insure No. **4515** was issued by the Director of Industrial Relations to:

Quality Comp, Inc.

under the provisions of Section 3700, Labor Code of California with an effective date of **December 1, 2004**. The certificate is currently in full force and effective.

Dated at Sacramento, California

This day the 03rd of December 2020

A handwritten signature in black ink, appearing to read 'Lyn Asio Booz'.

Lyn Asio Booz, Chief

ORIG: Jackie Harris
Director Of Underwriting
Monument Insurance Services
255 Great Valley Pkwy, Ste 200
Malvern, Pa 19355

NUMBER : 4515 - 0112

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

CERTIFICATE OF CONSENT TO SELF-INSURE

THIS IS TO CERTIFY, That

Public Health Foundation Enterprises, Inc.

(Name of Affiliate)

STATE OF INCORPORATION CA

Quality Comp, Inc.

(Master CertificateHolder)

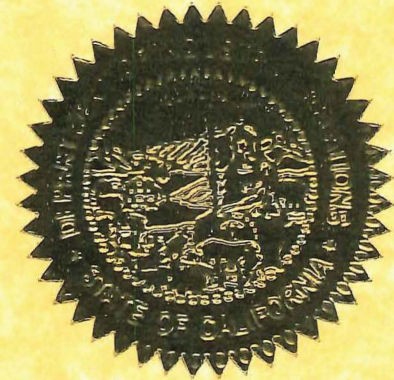
STATE OF INCORPORATION CA

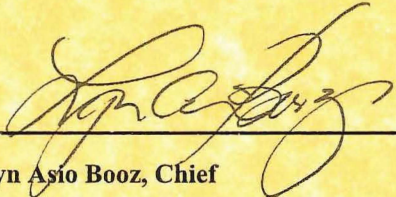
has complied with the requirements of the Director of Industrial Relations under the provisions of Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this Certificate of Consent to Self-Insure, holder of Master Certificate No, 4515.

This certificate may be revoked at any time for good cause shown.*

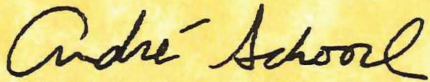
EFFECTIVE DATE : June 1, 2018

DEPARTMENT OF INDUSTRIAL RELATIONS
OF THE STATE OF CALIFORNIA





Lyn Asio Booz, Chief



Andre Schoorl, Acting Director

*Revocation of Certificate.--"A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a hearing. Good cause includes, among other things, the impairment of solvency of such employer, the inability of the employer to fulfill his obligations, or the practice of such employer or his agent in charge of the administration of obligations, under the this division of any of the following: (a) Habitually and as a matter of practice and custom inducing claimants for compensation to accept less than the compensation due or making it necessary for them to resort to proceedings against the employer to secure the compensation due; (b) Discharging his compensation obligations in a dishonest manner; (c) Discharging his compensation obligations in such a manner as to cause injury to the public or those dealing with him."(Section 3702 of Labor Code.) The Certificate may be revoked for non compliance with Title 8, California Administrative Code, Group 2 -- Administration of Self Insurance

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: 6/1/2021	Countersigned By: (Authorized Representative)
Named Insured: Public Health Foundation Enterprises	

SCHEDULE

Name of Person(s) or Organization(s): City and County of San Francisco, its Officers, Agents and Employees
--

(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

Quality Comp, Inc. is a Group Self-Insurance Program authorized by the Office of Self-Insurance Plans to provide workers' compensation to approved members. The Board of Directors of Quality Comp, Inc. has authorized the Program Administrator to waive rights of subrogation in certain instances.

This change in coverage, effective 12:01 AM January 1, 2021, forms part of the member's coverage in Self-Insurance Group No. 4515.

Issued to Public Health Foundation Enterprises, Inc. dba Heluna Health

By Quality Comp, Inc.

The Program has the right to recover our payments from anyone liable for an injury covered by this employer. 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.)

The additional premium for this change shall be **\$2,500.00**.


Schedule

Person or Organization

ANY PERSON OR ORGANIZATION FOR WHOM THE NAMED INSURED HAS PROVIDED BY WRITTEN CONTRACT TO FURNISH THIS WAIVER

Job Description

BLANKET WAIVER OF SUBROGATION

Countersigned by 
Vicki Eberwein, Program Administrator, Authorized Representative

Risk Placement Services, Inc.

255 Great Valley Parkway, Suite 200
Malvern, PA 19355



California Department of Public Health, WIC Program Local Agency Support Branch 3901 Lennane Drive, MS 8600 Sacramento, CA 95834	County of San Bernardino Human Services Contracts Unit San Bernardino, CA 92415-0515	San Francisco Dept of Public Health 101 Grove Street, Room 402 San Francisco CA 94102
City and County of San Francisco 25 Van Ness Avenue, Suite 750 San Francisco, CA 94102	County of San Bernardino, Department of Public Health Attn: Caryn Nunley, Special Projects Coordinator 172 W Third Street San Bernardino, CA 92415-0010	Shasta County Health and Human Services Agency Business and Support Services Branch Contracts 1810 Market St. Redding, CA 96001
City of Berkeley Health, Housing & Community Services Department Berkeley, CA 94704	County of San Diego, Department of General Services, Real Estate Services Division 5560 Overland Avenue, Suite 410 San Diego, CA 92123	Smart & Final Inc. Smart & Final Stores LLC Risk Management Dept. P. O. Box 512377 Los Angeles, CA 90051
County of Los Angeles - Department of Public Health Contract Monitoring Unit 5555 Ferguson Drive, Suite 210 Commerce, CA 90022	Los Angeles County Children and Families First – Proposition 10 Commission its officials, officers, directors, agents, consultants and employees First 5 LA Los Angeles, CA 90012	The City and County of San Francisco Dept. of Public Health 25 Van Ness Avenue, #500 San Francisco, CA 94102
County of Los Angeles, Department of Health Services - Contracts and Grants Division cgcontractorinsurance@dhs.lacounty.gov 313 Figueroa Street, 6E Los Angeles, CA 90012	Sacramento Regional Transit District Attn: Senior Paralegal Office of Chief Counsel P O Box 2110 Sacramento, CA 95812-2110	TNREF III PLAZA 360 LLC C/O RiverRock Real Estate Group 360 22nd Street Oakland, CA 94612

Risk Placement Services, Inc.

255 Great Valley Parkway, Suite 200
Malvern, PA 19355



Trinity County Health and Human Services Attn: Arina Erwin P.O. Box# 1470 Weaverville, CA 96093	Univision Los Angeles Attn: Reggie Texada, Univision Risk Mgt 2323 Bryan Street, Suite 1900 Dallas, TX 75201	
Knowledge Services and the State of Arizona 5875 Castle Creek Parkway, Suite 400 Castleton, IN 46250	City and County of San Francisco Office of the Treasurer and Tax Collector City Hall – Room 140, 1 Dr. Carlton B. Goodlett Place San Francisco CA 94102	
L & O Aliso Viejo, LLC dba: Renaissance ClubSport Aliso Viejo 50 Enterprise Drive Aliso Viejo, CA 92656		
WIC Supplemental Nutrition Contract Management Unit 3901 Lennane Avenue Sacramento, CA 95814		
County of Sacramento 7001A East Parkway Sacramento, CA 95823		

Risk Placement Services, Inc.

255 Great Valley Parkway, Suite 200
Malvern, PA 19355

This Endorsement Changes The Policy. Please Read It Carefully.

ADDITIONAL INSURED BLANKET - PRIMARY

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM - OCCURRENCE

SCHEDULE

Name of Person or Organization:

Any person or organization to whom or to which you are obligated by virtue of a written contract or by the issuance or existence of a written permit, to provide insurance such as is afforded by this policy.

A. SECTION II - WHO IS AN INSURED is amended to include as an additional insured the person(s) or organization(s) shown on 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:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insured, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

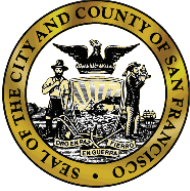
1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

If you are required by a written contract to provide primary insurance, this policy shall be primary as respects to your negligence and **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, 4. Other Insurance** does not apply, but only with respect to coverage provided by this policy.

All other terms, conditions and warranties remaining unchanged.

This endorsement effective 6/1/2021
forms part of Policy Number LHC789352
issued to PUBLIC HEALTH FOUNDATION
ENTERPRISES, INC DBA HELUNA HEALTH
by: Landmark American Insurance Company

Endorsement No.: 11



London N. Breed
Mayor

Department of Emergency Management
1011 Turk Street, San Francisco, CA 94102
Phone: (415) 558-3800 Fax: (415) 558-3843



Mary Ellen Carroll
Executive Director

December 30, 2021

RE: Letter of Intent for HSH Grant Application

To whom it may concern,

As Executive Director of the San Francisco Department of Emergency Management, I hereby offer my support and partnership on the following encampment resolution strategy proposed by the Department of Homelessness and Supportive Housing (HSH).

- Operation of the 33 Gough Street Safe Sleep site
- Operation of the 1515 South Van Ness Avenue Safe Sleep Site
- Operation of the semi-congregate shelter planned at 711 Post Street
- Client transportation costs

The San Francisco Department of Emergency Management will partner with HSH to implement this strategy through the Healthy Streets Operations Center (HSOC), a collaboration between multiple San Francisco City departments to offer a coordinated response to encampments and to provide access to City services for those living on the streets.

Thank you for your consideration of this application.

Sincerely,

DocuSigned by:

Mary Ellen Carroll

29F685F5254A4F0...

12/30/2021

Mary Ellen Carroll
Executive Director
Department of Emergency Management
1011 Turk Street
San Francisco, CA 94102



San Francisco Fire Department
698 Second Street
San Francisco, CA 94107

December 30, 2021

RE: Letter of Intent for HSH Grant Application

To whom it may concern,

As Chief of the San Francisco Fire Department, I hereby offer my support and partnership on the following encampment resolution strategy proposed by the Department of Homelessness and Supportive Housing (HSH).

- Operation of the 33 Gough Street Safe Sleep site
- Operation of the 1515 South Van Ness Avenue Safe Sleep Site
- Operation of the semi-congregate shelter planned at 711 Post Street
- Client transportation costs

The San Francisco Fire Department will partner with HSH to implement this strategy through the Healthy Streets Operations Center (HSOC), a collaboration between multiple San Francisco City departments to offer a coordinated response to encampments and to provide access to City services for those living on the streets.

Thank you for your consideration of this application.

Sincerely,

DocuSigned by:

Jeanine Nicholson

BD2C4E1ABA08446...

12/30/2021

Jeanine R. Nicholson

Chief of Department
San Francisco Fire Department
698 Second Street,
San Francisco, CA 94107



San Francisco Department of Public Health

December 30, 2021

RE: Letter of Intent for HSH Grant Application

To whom it may concern,

As Director of the San Francisco Department of Public Health, I hereby offer my support and partnership on the following encampment resolution strategy proposed by the Department of Homelessness and Supportive Housing (HSH).

- Operation of the 33 Gough Street Safe Sleep site
- Operation of the 1515 South Van Ness Avenue Safe Sleep Site
- Operation of the semi-congregate shelter planned at 711 Post Street
- Client transportation costs

The San Francisco Department of Public Health will partner with HSH to implement this strategy through the Healthy Streets Operations Center (HSOC), a collaboration between multiple San Francisco City departments to offer a coordinated response to encampments and to provide access to City services for those living on the streets.

Thank you for your consideration of this application.

Sincerely,

A handwritten signature in black ink, appearing to read "Grant Colfax", written over a horizontal line.

Grant Colfax, MD
Director of Health
San Francisco Department of Public Health
101 Grove Street
San Francisco, CA 94102



URBAALC-01

PKAUR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/13/2021

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 have ADDITIONAL INSURED provisions or 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).

PRODUCER Asero Insurance Services 200 N. Almaden Blvd., 3rd Floor San Jose, CA 95110	CONTACT NAME: Chris Lee PHONE (A/C, No, Ext): (408) 289-5903 E-MAIL ADDRESS: chris@aseroins.com FAX (A/C, No):
INSURED Urban Alchemy 72 6th St San Francisco, CA 94103	INSURER(S) AFFORDING COVERAGE INSURER A: Prime Insurance Company INSURER B: State Compensation Insurance Fund of California INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 12588 35076

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Assault & Battery <input checked="" type="checkbox"/> Sexual Abuse GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		SC21090616-0	9/1/2021	9/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ Excluded MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ Excluded GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included Prof. Liab. \$ 1,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			SC21090616-0	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		9258536	8/1/2021	8/1/2022	<input checked="" type="checkbox"/> PER STATUTE <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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Additional Insured Endorsement has been requested from the carrier.

CERTIFICATE HOLDER

CANCELLATION

City and County of San Francisco Department of Homelessness and Supportive Housing PO Box 427400 San Francisco, CA 94142	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 Prabhjot Kaur
---	--



URBAALC-01

PKAUR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/13/2021

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 have ADDITIONAL INSURED provisions or 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).

PRODUCER Asero Insurance Services 200 N. Almaden Blvd., 3rd Floor San Jose, CA 95110	CONTACT NAME: Prabh Kaur PHONE (A/C, No, Ext): (408) 271-2300 FAX (A/C, No): E-MAIL ADDRESS: certs@aseroins.com
	INSURER(S) AFFORDING COVERAGE INSURER A: State Compensation Insurance Fund of California
	NAIC # 35076
INSURED Urban Alchemy 1035 Market Street, Suite 150 San Francisco, CA 94110	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N / A		9258536	8/1/2021	8/1/2022	<input checked="" type="checkbox"/> PER STATUTE <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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Additional Insured Endorsement has been requested from the carrier.

CERTIFICATE HOLDER

CANCELLATION

City and County of San Francisco Department of Homelessness and Supportive Housing PO Box 427400 San Francisco, CA 94142	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 <i>Prabhjot Kaur</i>
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CERTIFICATE OF INSURANCE				DATE (MM/DD/YY) 12/10/2021
PRODUCER AND THE NAMED INSURED Prime Insurance Company 8722 S. Harrison St. Sandy, UT 84070 (801) 304-5500		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE INSURANCE POLICIES BELOW.		
INSURED Urban Alchemy 1035 Market St Ste 150 San Francisco , CA 94103		INSURERS AFFORDING COVERAGE INSURER A: Prime Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:		
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> "LIMITS SHOWN ARE THOSE IN EFFECT AS OF POLICY INCEPTION" </div>		- Company #12588		
COVERAGES The policies of insurance listed below have been issued to the insured named above for the policy indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.				
TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input checked="" type="checkbox"/> Commercial Liability <input checked="" type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Include Products <input checked="" type="checkbox"/> Include Completed Operations	SC21090616	9/1/2021	9/1/2022	\$1,000,000 Per Accident \$2,000,000 Policy Aggregate \$1,000,000 Per Act \$1,000,000 Assault and Battery \$1,000,000 Sexual Abuse and Molestation
<input checked="" type="checkbox"/> Commercial Auto Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input checked="" type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Drive Away <input type="checkbox"/> Specifically Described Autos	SC21090616	9/1/2021	9/1/2022	\$1,000,000 Per Accident \$194,000 Physical Damage-total scheduled val \$15,000 U.M. Per Person \$30,000 U.M. Per Accident \$3,500 U.M. Property Damage
<input type="checkbox"/> Commercial Garage Liability G.K.L.L. O.T.R.P.D. D.O.C. Cargo On Hook Employee Dishonesty Wrongful Repossession Claims Made Exclude Products Exclude Completed Operations				
<input type="checkbox"/> Excess Liability <input type="checkbox"/> Claims Made				
LIMITATION OF COVERAGE FOR ADDITIONAL INSURED Please see the attached Additional Insured Endorsement.				
DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Coverage is limited to only insured activities or operations identified in the Policy. Security & Patrol Agencies - Unarmed, Janitorial Service., Camps., Bathhouses or Bathing Pavilions., Buildings or Premises - Office occupied by Employees of the Insured., Scheduled Employees., Administrative Employees - Professional Liability., Assault & Battery., Sexual Abuse Endorsement.				
<input checked="" type="checkbox"/> CERTIFICATE HOLDER	<input checked="" type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE		
City and County of San Francisco Department of Homelessness and Supportive Housing 440 Turk Street San Francisco , CA 94102		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 0 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.		
		AUTHORIZED REPRESENTATIVE <div style="text-align: right; font-family: cursive; font-size: 1.2em;"> Caroline Geiger </div>		

ADDITIONAL INSURED ENDORSEMENT

PAP-99-12

This Endorsement changes the terms and conditions of the Policy issued. Please read it carefully!

The following requirements govern coverage under the Policy and must be adhered to for coverage to be provided to the Insured under the Policy. No activities conducted by the Insured are covered under the Policy unless they are conducted in full compliance with all of the requirements specified below and in the Policy. The Insured must advise its employees, agents, contractors, and/or subcontractors of these requirements and ensure that they also abide by them for coverage to be provided. The Insured agrees and understands that any noncompliance with the following specified requirements and/or the terms and conditions set forth in the Policy will result in the denial of coverage under the Policy meaning the Insurer will not be obligated to indemnify or defend you.

Policy Number: SC21090616

Insured: Urban Alchemy

Effective Date: 12/7/2021

Additional Insured: City and County of San Francisco
Department of Homelessness and Supportive Housing

440 Turk Street
San Francisco, CA 94102

Generating an additional premium of: \$50.00

The "Who is a Insured" provision of the Policy shall be amended to include the person or organization scheduled in this Endorsement as an Additional Insured for the limited purpose of liability arising from Your Work, as that term applies to the Insured only, and subject to all other terms and conditions of the Policy and this Endorsement.

The coverage provided by this Endorsement only extends to cover the Additional Insured for allegations of liability based upon alleged, actionable conduct of the Insured and only to the extent the Insured would have been liable and coverage would have been afforded to the Insured under the terms and conditions of this Policy had such Claim been made against the Insured.

The Policy expressly provides that coverage is to be construed and enforced in accordance with the laws of the State of Utah, and the Insured has consented to the jurisdiction of the courts of the State of Utah and has agreed that those courts shall be the exclusive forum to hear and decide disputes consisting of or relating to coverage issues.

The Additional Insured is subject to all of the terms, provisions, conditions, exclusions, definitions, limitations, representations, and Endorsements of the Policy issued to the Insured, and all related documents providing coverage to the Insured. The failure of the Insured to adhere to any such provisions will also defeat coverage under the Policy for all Additional Insureds.

The Insurance afforded by the Policy to the Additional Insured(s) scheduled in this Endorsement as an Additional Insured, at the location scheduled in this Endorsement, for the limited purpose of liability arising from Your Work, as that term applies to the Insured only, and subject to all other terms and conditions of the Policy and this Endorsement is primary insurance. Any other insurance or self-insurance maintained by the Additional Insured(s) is excess of this insurance and shall not contribute to it.

Endorsement No.: 30

Evolution Insurance Brokers, LC

	A	B	C	D	G	J	AK
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING						
2	APPENDIX B, BUDGET						
7	Provider Name	Urban Alchemy					
8	Program	Safe Sleep @ 33 Gough Cabins					
17					12/1/2021 - 6/30/2022	7/1/2022 - 3/31/2023	12/1/2021 - 3/31/2023
19	Expenditures						
20	Salaries & Benefits				\$ 1,388,770	\$ 1,743,690	\$ 3,132,460
21	Operating Expense				\$ 221,369	\$ 285,674	\$ 507,043
22	Subtotal				\$ 1,610,139	\$ 2,029,364	\$ 3,639,503
23	Indirect Percentage				15.00%	15.00%	
24	Indirect Cost (Line 21 X Line 22)				\$ 241,521	\$ 304,405	\$ 545,925
25	Other Expenses (Not subject to indirect %)				\$ -	\$ -	\$ -
26	Capital Expenditure				\$ -	\$ -	\$ -
28	Total Expenditures				\$ 1,851,660	\$ 2,333,768	\$ 4,185,428
29							

	A	B	C	D	E	H	I	J	K	L	O	BV	
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING												
2	SALARY & BENEFIT DETAIL												
8		Year 1					Year 2					All Years	
9	POSITION TITLE	Agency Totals		For HSH Funded Program		12/1/2021 - 6/30/2022	Agency Totals		For HSH Funded Program		7/1/2022 - 3/31/2023	12/1/2021 - 3/31/2023	
New						New					New		
10		Annual Full Time Salary (for 1.00 FTE)	Position FTE	% FTE funded by this budget	Adjusted Budgeted FTE	Budgeted Salary	Time Salary (for 1.00 FTE)	Position FTE	% FTE funded by this budget	Adjusted Budgeted FTE	Budgeted Salary	Budgeted Salary	
11	CEO	\$ 168,480	1.00	2%	0.02	\$ 1,966	\$ 168,480	1.00	2%	0.02	\$ 2,527	\$ 4,493	
12	COO	\$ 122,720	1.00	3%	0.03	\$ 2,148	\$ 122,720	1.00	3%	0.03	\$ 2,761	\$ 4,909	
13	Operations Manager	\$ 95,680	1.00	13%	0.13	\$ 6,977	\$ 95,680	1.00	13%	0.13	\$ 8,970	\$ 15,947	
14	Operations Specialist	\$ 64,480	1.00	13%	0.13	\$ 4,702	\$ 64,480	1.00	13%	0.13	\$ 6,045	\$ 10,747	
15	Program Compliance & Data Reporting Manager	\$ 43,680	1.00	25%	0.25	\$ 6,370	\$ 43,680	1.00	25%	0.25	\$ 8,190	\$ 14,560	
16	Program Director	\$ 66,560	1.00	100%	1.00	\$ 38,827	\$ 66,560	1.00	100%	1.00	\$ 49,920	\$ 88,747	
17	Care Coordinator	\$ 64,480	2.00	100%	2.00	\$ 75,227	\$ 64,480	2.00	100%	2.00	\$ 96,720	\$ 171,947	
18	Program Supervisor	\$ 62,400	4.20	100%	4.20	\$ 21,840	\$ -				\$ -	\$ 21,840	
19	Shower Supervisor	\$ 54,080	1.00	100%	1.00	\$ 4,507	\$ -				\$ -	\$ 4,507	
20	General Practitioner	\$ 54,080	8.40	100%	8.40	\$ 37,856	\$ -				\$ -	\$ 37,856	
21	Security Practitioner	\$ 54,080	8.40	100%	8.40	\$ 37,856	\$ -				\$ -	\$ 37,856	
22	Maintenance Practitioner	\$ 54,080	7.00	100%	7.00	\$ 31,547	\$ -				\$ -	\$ 31,547	
23	Shower Practitioner	\$ 54,080	2.00	100%	2.00	\$ 9,013	\$ -				\$ -	\$ 9,013	
24	Program Supervisor (Salary cost as of 1/1/2022)	\$ 54,080	2.80	100%	2.80	\$ 75,712	\$ 54,080	2.80	100%	2.80	\$ 113,568	\$ 189,280	
25	Shower Supervisor (Salary cost as of 1/1/2022)	\$ 54,080	1.00	100%	1.00	\$ 27,040	\$ 54,080	1.00	100%	1.00	\$ 40,560	\$ 67,600	
26	General Practitioner (Salary cost as of 1/1/2022)	\$ 43,680	7.00	100%	7.00	\$ 152,880	\$ 43,680	7.00	100%	7.00	\$ 229,320	\$ 382,200	
27	Security Practitioner (Salary cost as of 1/1/2022)	\$ 43,680	5.60	100%	5.60	\$ 122,304	\$ 43,680	5.60	100%	5.60	\$ 183,456	\$ 305,760	
28	Maintenance Practitioner (Salary cost as of 1/1/2022)	\$ 43,680	2.80	100%	2.80	\$ 61,152	\$ 43,680	2.80	100%	2.80	\$ 91,728	\$ 152,880	
29	Shower Practitioner (Salary cost as of 1/1/2022)	\$ 43,680	2.00	100%	2.00	\$ 43,680	\$ 43,680	2.00	100%	2.00	\$ 65,520	\$ 109,200	
30	Graveyard Program Supervisor (Salary cost as of 1/1/2022)	\$ 56,160	1.40	100%	1.40	\$ 39,312	\$ 56,160	1.40	100%	1.40	\$ 58,968	\$ 98,280	
31	Graveyard General Practitioner (Salary cost as of 1/1/2022)	\$ 45,760	4.20	100%	4.20	\$ 96,096	\$ 45,760	4.20	100%	4.20	\$ 144,144	\$ 240,240	
32	Graveyard Maintenance Practitioner (Salary cost as of 1/1/2022)	\$ 45,760	1.40	100%	1.40	\$ 32,032	\$ 45,760	1.40	100%	1.40	\$ 48,048	\$ 80,080	
33	Graveyard Security Practitioner (Salary cost as of 1/1/2022)	\$ 45,760	2.80	100%	2.80	\$ 64,064	\$ 45,760	2.80	100%	2.80	\$ 96,096	\$ 160,160	
34	Director Care Coordination	\$ 66,560	1.00	25%	0.25	\$ 9,707	\$ 66,560	1.00	25%	0.25	\$ 12,480	\$ 22,187	
35	Director of Partnerships & Contracts	\$ 140,000	1.00	3%	0.03	\$ 2,450	\$ 140,000	1.00	3%	0.03	\$ 3,150	\$ 5,600	
55		TOTAL SALARIES				\$ 1,005,262	TOTAL SALARIES				\$ 1,262,171	\$ 2,267,434	
56		TOTAL FTE			65.83		TOTAL FTE			34.83			
57		FRINGE BENEFIT RATE				38.15%	FRINGE BENEFIT RATE				38.15%		
58		EMPLOYEE FRINGE BENEFITS				\$ 383,508	EMPLOYEE FRINGE BENEFITS				\$ 481,518	\$ 865,026	
59		TOTAL SALARIES & BENEFITS				\$ 1,388,770	TOTAL SALARIES & BENEFITS				\$ 1,743,690	\$ 3,132,460	
60													
61													
62													

	A	D	G	AH
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING			
2	OPERATING DETAIL			
8				
9		Year 1	Year 2	All Years
10		12/1/2021 - 6/30/2022	7/1/2022 - 3/31/2023	12/1/2021 - 3/31/2023
12	<u>Operating Expenses</u>	Budgeted Expense	Budgeted Expense	Budgeted Expense
13	Rental of Property	\$ -	\$ -	\$ -
14	Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 42,700	\$ 54,900	\$ 97,600
15	Office Supplies, Postage	\$ 1,050	\$ 1,350	\$ 2,400
16	Building Maintenance Supplies and Repair	\$ 6,125	\$ 7,875	\$ 14,000
17	Printing and Reproduction	\$ 1,286	\$ 1,000	\$ 2,286
18	Insurance	\$ 18,561	\$ 23,864	\$ 42,424
19	Staff Training	\$ 7,000	\$ 9,000	\$ 16,000
20	Staff Travel-(Local & Out of Town)	\$ -	\$ -	\$ -
21	Rental of Equipment	\$ 112,875	\$ 150,000	\$ 262,875
22	Communications/IT	\$ 9,752	\$ 10,435	\$ 20,188
23	Client Expenses	\$ 14,583	\$ 18,750	\$ 33,333
24	Uniforms	\$ 7,438	\$ 8,500	\$ 15,938
25				\$ -
26				\$ -
27				\$ -
28				\$ -
42	<u>Consultants</u>			\$ -
43				\$ -
44				\$ -
45				\$ -
46				\$ -

	A	D	G	AH
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING			
2	OPERATING DETAIL			
8				
9		Year 1	Year 2	All Years
54	Subcontractors (First \$25k Only)			\$ -
55				\$ -
56				\$ -
57				\$ -
58				\$ -
68	TOTAL OPERATING EXPENSES	\$ 221,369	\$ 285,674	\$ 507,043
69				
70	Other Expenses (not subject to indirect cost %)			
71				\$ -
72				\$ -
73				\$ -
74				\$ -
75				\$ -
76				\$ -
84	TOTAL OTHER EXPENSES	\$ -	\$ -	\$ -
85				
86	Capital Expenses			
87				\$ -
88				\$ -
89				\$ -
95	TOTAL CAPITAL EXPENSES	\$ -	\$ -	\$ -

BUDGET NARRATIVE

Salaries & Benefits

CEO

COO

Operations Manager

Operations Specialist

Program Compliance & Data Reporting Manager

Program Director

Care Coordinator

Program Supervisor

Shower Supervisor

General Practitioner

Security Practitioner

Maintenance Practitioner

Shower Practitioner

Program Supervisor (Salary cost as of 1/1/2020)

Shower Supervisor (Salary cost as of 1/1/2020)

General Practitioner (Salary cost as of 1/1/2020)

Security Practitioner (Salary cost as of 1/1/2020)

Maintenance Practitioner (Salary cost as of 1/1/2020)

Shower Practitioner (Salary cost as of 1/1/2020)

Graveyard Program Supervisor (Salary cost as of 1/1/2020)

Graveyard General Practitioner (Salary cost as of 1/1/2020)

Graveyard Maintenance Practitioner (Salary cost as of 1/1/2020)

Graveyard Security Practitioner (Salary cost as of 1/1/2020)

Director Care Coordination

Director of Partnerships & Contracts

Operating Expenses

Rental of Property

Utilities(Elec, Water, Gas, Phone, Scavenger)

Office Supplies, Postage

Building Maintenance Supplies and Repair

Printing and Reproduction

Insurance

Staff Training

Staff Travel-(Local & Out of Town)

Rental of Equipment

Communications/IT

Client Expenses

Uniforms

Justification

Program oversight
Program oversight
Program oversight, training, and compliance
Program support, procurement
Analyst, data, compliance
Director program oversight and training
Case management, care management
Site operations management, 24 hours a day/7 days a week, 3 shifts
Shower operations capability, 5 days a week (day shift)
General monitoring, 6 practitioners/3 shifts per day
Operations, gate management, 6 practitioners/3 shifts per day
Maintenance, 5 practitioners/3 shifts per day
Shower maintenance, 5 days a week (day shift)
Site operations management, 7 days a week, 2 Day shifts, reduced rate per hour from \$30 to \$26
Shower operations capability, 5 days a week (day shift), reduced rate per hour from \$30 to \$26
General monitoring, 6 practitioners/ 2 shifts (day and swing), reduced rate from \$26 to \$21 per hour
Operations, gate management, 6 practitioners/2 shifts (day and swing), reduced rate from \$26 to \$21 per hour
Maintenance, 5 practitioners/ 2 shifts (day and swing), reduced rate from \$26 to \$21 per hour
Shower maintenance, 5 days a week (day shift), reduced rate from \$26 to \$21 per hour
Site operations management, 7 days a week, 1 Graveyard shift, reduced rate per hour from \$30 to \$27 (\$1 pay differential)
General monitoring, 6 practitioners/1 graveyard shift per day, reduced rate from \$26 to \$22 per hour (\$1 pay differential)
Maintenance, 5 practitioners/1 graveyard shift per day, reduced rate from \$26 to \$22 per hour (\$1 pay differential)
Operations, gate management, 6 practitioners/1 graveyard shift per day, reduced rate from \$26 to \$22 per hour (\$1 pay differential)
25% of Director of Care Coordination who supervises Care Coordinators across Safe Sleep Programs
Program oversight and point of contact with HSH

Justification

Share of 1035 market st
General water/gas at \$5 per month. Recology @ \$6.05K/mo
\$150 per month
\$500 per month - cleaning supplies, site maintenance; Adding fire extinguisher cost to this line \$375/mo (\$112.37/ea)
\$140.50 per month
Share of annual General Liability, D&O, and Umbrella insurance
\$1,000 per month

Toilet, Sink and Shower rental (avg cost) @ \$12.5K/mo
Computers, radios, internet
PPE, gloves, hygiene items
34 FTE *\$250 for uniforms

Employee Name

Lena Miller

Ron Wilson

Artie Gilbert

Heather Cardenas

Erika Drayton, Caresha Carter, Gavilan Chavez, Teonte Thomas

Kevin Lee/Nadon King

Tekia Oliver, TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

Zach Revell

Mike Anderer

	A	B	C	D	G	J	M	AK
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING							
2	APPENDIX B, BUDGET							
7	Provider Name	Urban Alchemy						
8	Program	711 Post (Ansonia Hotel)						
17					2/1/2022 - 6/30/2022	7/1/2022 - 6/30/2023	7/1/2023 - 6/30/2024	2/1/2022 - 6/30/2024
19	Expenditures							
20	Salaries & Benefits				\$ 1,312,297	\$ 3,149,512	\$ 3,149,512	\$ 7,611,320
21	Operating Expense				\$ 244,208	\$ 551,100	\$ 551,100	\$ 1,346,408
22	Subtotal				\$ 1,556,505	\$ 3,700,612	\$ 3,700,612	\$ 8,957,728
23	Indirect Percentage				15.00%	15.00%	15.00%	
24	Indirect Cost (Line 22 X Line 23)				\$ 233,476	\$ 555,092	\$ 555,092	\$ 1,343,659
25	Other Expenses (Not subject to indirect %)				\$ 836,000	\$ 2,041,400	\$ 2,041,400	\$ 4,918,800
26	Capital Expenditure				\$ 13,000	\$ -	\$ -	\$ 13,000
27	Admin Cost (HUD Agreements Only)							\$ -
28	Total Expenditures				\$ 2,638,980.58	\$ 6,297,103.40	\$ 6,297,103.40	\$ 15,233,187.38

	A	B	C	D	E	R	S	V	BV	
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING									
2	SALARY & BENEFIT DETAIL									
4	Provider Name		Urban Alchemy							
5	Program		711 Post (Ansonia Hotel)							
8		Year 1						Year 3		All Years
9	POSITION TITLE	Agency Totals		For HSH Funded Program		For HSH Funded Program		7/1/2023 - 6/30/2024	2/1/2022 - 6/30/2024	
New								New		
10		Annual Full Time Salary (for 1.00 FTE)	Position FTE	% FTE funded by this budget	Adjusted Budgeted FTE	% FTE funded by this budget	Adjusted Budgeted FTE	Budgeted Salary	Budgeted Salary	
11										
12	CEO	\$ 220,000	1.00	2%	0.02	2%	0.02	\$ 4,400	\$ 10,633	
13	COO	\$ 170,000	1.00	3%	0.03	3%	0.03	\$ 5,100	\$ 12,325	
14	Director of Partnerships & Contracts	\$ 140,000	1.00	3%	0.03	3%	0.03	\$ 4,200	\$ 10,150	
15	Operations Manager	\$ 95,680	1.00	13%	0.13	13%	0.13	\$ 12,438	\$ 30,059	
16	Operations Specialist	\$ 74,880	1.00	13%	0.13	13%	0.13	\$ 9,734	\$ 23,525	
17	Program Compliance & Data Reporting Manager	\$ 49,920	1.00	25%	0.25	25%	0.25	\$ 12,480	\$ 30,160	
18	Director Care Coordination	\$ 66,560	1.00	25%	0.25	25%	0.25	\$ 16,640	\$ 40,213	
19	Program Director	\$ 66,560	1.00	100%	1.00	100%	1.00	\$ 66,560	\$ 160,853	
20	Care Coordinator	\$ 62,400	4.00	100%	4.00	100%	4.00	\$ 249,600	\$ 603,200	
21	Program Supervisor	\$ 54,080	2.80	100%	2.80	100%	2.80	\$ 151,424	\$ 365,941	
22	Program Supervisor - Night Shift	\$ 56,160	1.40	100%	1.40	100%	1.40	\$ 78,624	\$ 190,008	
23	General Practitioner	\$ 43,680	18.20	100%	18.20	100%	18.20	\$ 794,976	\$ 1,921,192	
24	Security Practitioner	\$ 43,680	2.80	100%	2.80	100%	2.80	\$ 122,304	\$ 295,568	
25	Maintenance Practitioner	\$ 43,680	5.60	100%	5.60	100%	5.60	\$ 244,608	\$ 591,136	
26	General Practitioner - Night Shift	\$ 45,760	5.60	100%	5.60	100%	5.60	\$ 256,256	\$ 619,285	
27	Security Practitioner - Night Shift	\$ 45,760	1.40	100%	1.40	100%	1.40	\$ 64,064	\$ 154,821	
28	Maintenance Practitioner - Night Shift	\$ 45,760	2.80	100%	2.80	100%	2.80	\$ 128,128	\$ 309,643	
29	Facilities Manager	\$ 58,240	1.00	100%	1.00	100%	1.00	\$ 58,240	\$ 140,747	
30								\$ -	\$ -	
31								\$ -	\$ -	
32								\$ -	\$ -	
55		TOTAL SALARIES				TOTAL SALARIES		\$ 2,279,777	\$ 5,509,461	
56		TOTAL FTE		47.44	TOTAL FTE		47.44			
57		FRINGE BENEFIT RATE			FRINGE BENEFIT RATE			38.15%		
58		EMPLOYEE FRINGE BENEFITS						\$ 869,735	\$ 2,101,859	
59		TOTAL SALARIES & BENEFITS						\$ 3,149,512	\$ 7,611,320	
60										
61										
62										

	A	D	G	J	AH
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING				
2	OPERATING DETAIL				
9		Year 1	Year 2	Year 3	All Years
10		2/1/2022 - 6/30/2022	7/1/2022 - 6/30/2023	7/1/2023 - 6/30/2024	2/1/2022 - 6/30/2024
12	<u>Operating Expenses</u>	Budgeted Expense	Budgeted Expense	Budgeted Expense	Budgeted Expense
13	Rental of Property	\$ -	\$ -	\$ -	\$ -
14	Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 91,250	\$ 219,000	\$ 219,000	\$ 529,250
15	Office Supplies, Postage	\$ 1,250	\$ 3,000	\$ 3,000	\$ 7,250
16	Building Maintenance Supplies and Repair	\$ 62,500	\$ 150,000	\$ 150,000	\$ 362,500
17	Printing and Reproduction	\$ 250	\$ 600	\$ 600	\$ 1,450
18	Insurance	\$ 41,667	\$ 100,000	\$ 100,000	\$ 241,667
19	Staff Training	\$ 2,500	\$ 6,000	\$ 6,000	\$ 14,500
20	Staff Travel-(Local & Out of Town)	\$ -	\$ -	\$ -	\$ -
21	Rental of Equipment	\$ -	\$ -	\$ -	\$ -
22	Client Supplies (hygiene, etc)	\$ 8,333	\$ 20,000	\$ 20,000	\$ 48,333
23	Cable/internet	\$ 5,000	\$ 12,000	\$ 12,000	\$ 29,000
24	Uniforms	\$ 6,458	\$ 15,500	\$ 15,500	\$ 37,458
25			\$ -	\$ -	\$ -
26			\$ -	\$ -	\$ -
42	<u>Consultants</u>		\$ -	\$ -	\$ -
43			\$ -	\$ -	\$ -
44			\$ -	\$ -	\$ -
54	<u>Subcontractors (First \$25k Only)</u>		\$ -	\$ -	\$ -
55	Laundry Services - Vendor name TBD	\$ 25,000	\$ 25,000	\$ 25,000	\$ 75,000
56			\$ -	\$ -	\$ -
57			\$ -	\$ -	\$ -
58				\$ -	\$ -
59					\$ -
60					\$ -
68	TOTAL OPERATING EXPENSES	\$ 244,208	\$ 551,100	\$ 551,100	\$ 1,346,408

	A	D	G	J	AH
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING				
2	OPERATING DETAIL				
9		Year 1	Year 2	Year 3	All Years
69					
70	<u>Other Expenses (not subject to indirect cost %)</u>				
71	Rental of Property - Lease Costs	\$ 823,500	\$ 1,976,400	\$ 1,976,400	\$ 4,776,300
72	Laundry Services - Subcontractor TBD	\$ 12,500	\$ 65,000	\$ 65,000	\$ 142,500
73					\$ -
74					\$ -
84	TOTAL OTHER EXPENSES	\$ 836,000	\$ 2,041,400	\$ 2,041,400	\$ 4,918,800
85					
86	<u>Capital Expenses</u>				
87	Communications/IT	\$ 13,000	\$ -	\$ -	\$ 13,000
88					\$ -
89					\$ -
95	TOTAL CAPITAL EXPENSES	\$ 13,000	\$ -	\$ -	\$ 13,000
96					
97	HSH #3				9/1/2021

BUDGET NARRATIVE

Salaries & Benefits

CEO

COO

Director of Partnerships & Contracts

Operations Manager

Operations Specialist

Program Compliance & Data Reporting Manager

Director Care Coordination

Program Director

Care Coordinator

Program Supervisor

Program Supervisor - Night Shift

General Practitioner

Security Practitioner

Maintenance Practitioner

General Practitioner - Night Shift

Security Practitioner - Night Shift

Maintenance Practitioner - Night Shift

Facilities Manager

Operating Expenses

Rental of Property

Utilities(Elec, Water, Gas, Phone, Scavenger)

Building Maintenance Supplies and Repair

Insurance

Staff Training

Staff Travel-(Local & Out of Town)

Rental of Equipment

Client Supplies (hygiene, etc)

Cable/internet

Uniforms

Subcontractors (First \$25k Only)

Laundry Services - Vendor name TBD

Other Expenses (not subject to indirect cost %)

Rental of Property - Lease Costs

Laundry Services - Subcontractor TBD

Capital Expenses

Communications/IT

Justification

Program oversight
Program oversight
Program oversight and point of contact with HSH
Program oversight, training, and compliance
Program support, procurement
Analyst, data, compliance
25% of Director of Care Coordination who supervises Care Coordinators across
Safe Sleep Programs
Director program oversight and training
Case management, care management
Site operations management # shifts / # days per week
Site operations management - night shift
General monitoring # of practitioners / # shifts / # days per week
Operations, gate management # of practitioners / # shifts / # days per week
Maintenance # of practitioners / # shifts / # days per week
General monitoring - night shift # of practitioners / # shifts / # days per week
Operations, gate management - night shift # of practitioners / # shifts / # days per
week
Maintenance - night shift # of practitioners / x shifts / x days per week
Facility operations, maintenance, and logistics

Justification

Electric, gas, water, sewer, trash removal, pest control, fire alarm system, elevator
fee
Site maintenance, cleaning supplies, repairs
Share of annual General Liability, D&O, and Umbrella insurance
Staff trainings in safety and de-escalation, harm reduction, and site operations.

PPE, gloves, hygiene kits, other client supplies.
WiFi internet for entire building
\$250 per uniform

Laundry service for client bedding and linens - weekly and for bed turnover

Justification

Per lease agreement with building owner, annual rent of \$1,976,400 (pro-rated).
Laundry service for client bedding and linens - weekly and for bed turnover

Justification

IT infrastructure upgrades (one-time in first year)

Employee Name

Lena Miller

Ron Wilson

Mike Anderer

Artie Gilbert

Heather Cardenas

Erika Drayton, Caresha Carter, Gavilan Chavez, Teonte Thomas

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

Work Plan Budget - 1515 South Van Ness_San Francisco
Summary (1)

	A	B	C	D	G	J	M	AK
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING							
2	APPENDIX B, BUDGET							
7	Provider Name	Dolores Street Community Services						
8	Program	Safe Sleep @1515 S. Van Ness						
17					9/1/2020 - 6/30/2021	7/1/2021 - 6/30/2022	7/1/22- 12/31/22	9/1/2020 - 12/31/2022
18					New	New	New	New
19	Expenditures							
20	Salaries & Benefits				\$ 1,721,605	\$ 2,079,020	\$ 1,039,510	\$ 4,840,135
21	Operating Expense				\$ 438,691	\$ 472,778	\$ 236,389	\$ 1,147,858
22	Subtotal				\$ 2,160,296	\$ 2,551,798	\$ 1,275,899	\$ 5,987,993
23	Indirect Percentage				15.00%	15.00%	15.00%	
24	Indirect Cost (Line 21 X Line 22)				\$ 324,044	\$ 382,770	\$ 191,385	\$ 898,199
25	Other Expenses (Not subject to indirect %)				\$ -	\$ -	\$ -	\$ -
26	Capital Expenditure				\$ -	\$ -	\$ -	\$ -
28	Total Expenditures				\$ 2,484,341	\$ 2,934,567	\$ 1,467,284	\$ 6,886,192

Work Plan Budget - 1515 South Van Ness_San Francisco
Summary (1)

	A	B	C	D	G	J	M	AK
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING							
2	APPENDIX B, BUDGET							
7	Provider Name	Dolores Street Community Services						
8	Program	Safe Sleep @1515 S. Van Ness						

	A	H	I	J	K	L	O	P	Q	R	S	V	BV
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING												
2	SALARY & BENEFIT DETAIL												
8		Year 1	Year 2					Year 3					All Years
9	POSITION TITLE	9/1/2020 - 6/30/2021	Agency Totals		For HSH Funded Program		7/1/2021 - 6/30/2022	Agency Totals		For HSH Funded Program		7/1/22-12/31/22	9/1/2020 - 12/31/2022
		Budgeted Salary	Annual Full Time Salary (for 1.00 FTE)	Position FTE	% FTE funded by this budget	Adjusted Budgeted FTE	Budgeted Salary	Annual Full Time Salary (for 1.00 FTE)	Position FTE	% FTE funded by this budget	Adjusted Budgeted FTE	Budgeted Salary	Budgeted Salary
11	Shelter Monitor	\$ 457,600	\$ 49,920	11.19	100%	11.19	\$ 558,605	\$ 49,920	5.60	100%	5.60	\$ 279,302	\$ 1,295,507
12	Lead Shelter Monitor	\$ 182,000	\$ 52,000	4.94	100%	4.94	\$ 256,880	\$ 52,000	2.47	100%	2.47	\$ 128,440	\$ 567,320
13	Program Manager	\$ 27,083	\$ 73,000	0.34	100%	0.34	\$ 24,820	\$ 73,000	0.17	100%	0.17	\$ 12,410	\$ 64,313
14	Janitor	\$ 84,933	\$ 34,125	2.80	100%	2.80	\$ 95,550	\$ 34,125	1.40	100%	1.40	\$ 47,775	\$ 228,258
15	Program Director	\$ 17,708	\$ 85,000	1.00	25%	0.25	\$ 21,250	\$ 85,000	0.50	25%	0.13	\$ 10,625	\$ 49,583
16	Cooks	\$ 22,935	\$ 34,125	3.00	27%	0.81	\$ 27,522	\$ 34,125	1.50	27%	0.40	\$ 13,761	\$ 64,218
17	Cooks	\$ 10,720	\$ 47,850	1.00	27%	0.27	\$ 12,864	\$ 47,850	0.50	27%	0.13	\$ 6,432	\$ 30,015
18	Facilities Technician	\$ 4,385	\$ 52,624	0.10	100%	0.10	\$ 5,262	\$ 52,624	0.05	100%	0.05	\$ 2,631	\$ 12,279
19	Community Ambassadors	\$ 436,800	\$ 52,000	9.62	100%	9.62	\$ 500,240	\$ 52,000	4.81	100%	4.81	\$ 250,120	\$ 1,187,160
20	Care Coordinator	\$ 41,600	\$ 49,920	1.00	100%	1.00	\$ 49,920	\$ 49,920	0.50	100%	0.50	\$ 24,960	\$ 116,480
21	Cooks	\$ 28,438	\$ 34,125	1.00	100%	1.00	\$ 34,125	\$ 34,125	0.50	100%	0.50	\$ 17,063	\$ 79,625
22		\$ -					\$ -					\$ -	\$ -
23		\$ -					\$ -					\$ -	\$ -
24		\$ -					\$ -					\$ -	\$ -
51		\$ -					\$ -					\$ -	\$ -
52		\$ -					\$ -					\$ -	\$ -
53		\$ -					\$ -					\$ -	\$ -
54		\$ -					\$ -					\$ -	\$ -
55		\$ 1,314,203	TOTAL SALARIES				\$ 1,587,038	TOTAL SALARIES				\$ 793,519	\$ 3,694,760
56			TOTAL FTE		32.32			TOTAL FTE		16.16			
57		31.00%	FRINGE BENEFIT RATE		31.00%			FRINGE BENEFIT RATE		31.00%			
58		\$ 407,403	EMPLOYEE FRINGE BENEFITS				\$ 491,982	EMPLOYEE FRINGE BENEFITS				\$ 245,991	\$ 1,145,375
59		\$ 1,721,605	TOTAL SALARIES & BENEFITS				\$ 2,079,020	TOTAL SALARIES & BENEFITS				\$ 1,039,510	\$ 4,840,135
60													
61													
62													

Work Plan Budget - 1515 South Van Ness_San Francisco
Operating Detail (1)

	A	D	G	J	AH	AI	AJ
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING						
2	OPERATING DETAIL						
3	Document Date						
4	Provider Name						
5	Program						
6	F\$P Contract ID#						
7	Budget Name						
8							
9		Year 1	Year 2	Year 3	All Years		
10		9/1/2020 - 6/30/2021	7/1/2021 - 6/30/2022	7/1/22-12/31/22	9/1/2020 - 12/31/2022		
12	<u>Operating Expenses</u>	Budgeted Expense	Budgeted Expense	Budgeted Expense	Budgeted Expense		
13	Rental of Property	\$ -	\$ 18,000	\$ 9,000	\$ 27,000		
14	Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	\$ -	\$ -	\$ -		
15	Office Supplies, Postage	\$ 12,000	\$ 27,000	\$ 13,500	\$ 52,500		
16	Building Maintenance Supplies and Repair	\$ -	\$ -	\$ -	\$ -		
17	Printing and Reproduction	\$ 1,200	\$ 2,600	\$ 1,300	\$ 5,100		
18	Insurance	\$ 9,240	\$ 15,000	\$ 7,500	\$ 31,740		
19	Staff Training	\$ -	\$ -	\$ -	\$ -		
20	Staff Travel-Local & Out of Town)	\$ 4,800	\$ -	\$ -	\$ 4,800		
21	Rental of Equipment	\$ -	\$ 133,530	\$ 66,765	\$ 200,295		
22	Laundry Service	\$ 10,000	\$ 12,000	\$ 6,000	\$ 28,000		
23	Shared Costs	\$ 8,500	\$ 10,200	\$ 5,100	\$ 23,800		
24	One time expendable equipment	\$ 40,000	\$ -	\$ -	\$ 40,000		
25	Food Breakfast	\$ 87,296	\$ -	\$ -	\$ 87,296		
26	Food Dinner	\$ 145,659	\$ 150,000	\$ 75,000	\$ 370,659		
27	Food Lunch	\$ 87,296	\$ -	\$ -	\$ 87,296		
28	Program Supplies	\$ 20,000	\$ 30,000	\$ 15,000	\$ 65,000		
29	Food Transportation Costs	\$ 3,000	\$ 3,600	\$ 1,800	\$ 8,400		
30	Equipment and Furniture	\$ 8,500	\$ 10,200	\$ 5,100	\$ 23,800		
31	Recology Services	\$ -	\$ 54,900	\$ 27,450	\$ 82,350		
32	Fire Extinguishers		\$ 1,348	\$ 674	\$ 2,022		
33			\$ -		\$ -		
41			\$ -		\$ -		
42	<u>Consultants</u>		\$ -		\$ -		
43	IT Consulting Shared	\$ 1,200	\$ 4,400	\$ 2,200	\$ 7,800		
53					\$ -		
54	<u>Subcontractors</u>				\$ -		

Work Plan Budget - 1515 South Van Ness_San Francisco
Operating Detail (1)

	A	D	G	J	AH	AI	AJ
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING						
2	OPERATING DETAIL						
3	Document Date						
4	Provider Name						
5	Program						
6	F\$P Contract ID#						
7	Budget Name						
8							
9		Year 1	Year 2	Year 3	All Years		
55					\$ -		
68	TOTAL OPERATING EXPENSES	\$ 438,691	\$ 472,778	\$ 236,389	\$ 1,147,858		
69							
70	Other Expenses (not subject to indirect cost %)						
71					\$ -		
83							
84	TOTAL OTHER EXPENSES	\$ -	\$ -	\$ -	\$ -		
85							
86	Capital Expenses						
87					\$ -		
94							
95	TOTAL CAPITAL EXPENSES	\$ -	\$ -	\$ -	\$ -		
96							
97	HSH #3				1/22/2020		
98							
99							
100							

Work Plan Budget - 1515 South Van Ness_San Francisco
Budget Narrative (1)

	A	D	F
1	BUDGET NARRATIVE		
3	<u>Salaries & Benefits</u>	<u>Justification</u>	<u>Employee Name</u>
4	Shelter Monitor	2 Monitors per shift 24/7, plus 20% over time related to COVID time off and coverage	TBD
5	Lead Shelter Monitor	1 Lead per shift	TBD
6	Program Manager	1 Program Manager at 50% in this budget	Yesenia Lacayo
7	Janitor	1 Janitor per shift	TBD
8	Program Director	1 Program Director 25% in this budget	Anthony Albanese
9	Cooks	3 FT cooks at a combined average of 26.8835 in this budget	Jose Avile Kubara, Emilia Ruiz, and Alicia Ruiz
10	Cooks	1 FT lead cook at .27 average	Habib Cutulo
11	Facilities Technician	1 Facilities Technician at 5% in this budget	TBD
12	Community Ambassadors	2 Community Ambassadors per shift 24/7. The Community Ambassador position aims to provide skilled intervention in regards to safety, security and crisis management within and around the site perimeter. The position will be responsible for de-escalation, emergency intervention, and maintaining strong relations between clients and the surrounding community.	TBD
13	Care Coordinator	1 Care Coordinator at 100%	TBD
14	Cooks	1 cook 1 FTE needed to support the additional meal cooking, preparation and packaging of individual meal boxes for the site due to COVID-19.	TBD
49			

Work Plan Budget - 1515 South Van Ness_San Francisco
Budget Narrative (1)

	A	D	F
50	<u>Operating Expenses</u>	<u>Justification</u>	
51	Rental of Property		
52	Utilities(Elec, Water, Gas, Phone, Scavenger)		
	Office Supplies, Postage	Shared supply costs Shared copying and printing Shared postage and delivery Office and program supplies	
53			
54	Building Maintenance Supplies and Repair		
55	Printing and Reproduction	Printing costs	
56	Insurance	Shared insurance costs	
57	Staff Training		
58	Staff Travel-(Local & Out of Town)	Daily transportation stipend provided to staff (\$24/day)	
59	Rental of Equipment		
60	Laundry Service	Monthly laundry service	
61	Shared Costs	Shared agency costs	
62	One time expendable equipment	Large outdoor canopy tents (2 @ \$20,000 each)	
63	Food Breakfast	Food for daily Breakfast meals	
64	Food Dinner	Food for daily Dinner meals	
65	Food Lunch	Food for daily Lunch meals	
	Program Supplies	First aid kits Personal protective equipment Sleeping bags, sleeping mats, and tents (weather appropriate) Disposable food containers and utensils Clothing and shoes for clients as needed Safety/security flashlights, portable radios	
66			
67	Food Transportation Costs	Costs related to the transportation of food from main kitchen to safe sleeping site	
	Equipment and Furniture	3 laptops @ \$2000/each 1 refrigerator @ \$2,500	
68			
69	Recology Services		
79			
80	Consultants		
81	IT Consulting Shared	Shared IT consulting costs	
82			
108			

Work Plan Budget - 1515 South Van Ness_San Francisco
Budget Narrative (1)

	A	D	F
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	A	B	C	D	E	G
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING					
2	APPENDIX B, BUDGET					
4	Contract Term	Begin Date	End Date	Duration (Years)		
5	Current Term	7/1/2021	3/1/2024	3		
7	Provider Name	Heluna Health				
8	Program	Shelter Transportation & Outreach				
17					7/1/2021 - 6/30/2022	7/1/2021 - 6/30/2022
19	Expenditures					
20	Salaries & Benefits				\$ -	\$ 302,378
21	Operating Expense				\$ -	\$ 82,200
22	Subtotal				\$ -	\$ 384,578
23	Indirect Percentage				13.00%	13.00%
24	Indirect Cost (Line 21 X Line 22)				\$ -	\$ 49,995
25	Other Expenses (Not subject to indirect %)				\$ -	\$ -
26	Capital Expenditure				\$ -	\$ 135,000
27	Admin Cost (HUD Agreements Only)					
28	Total Expenditures				\$ -	\$ 569,573.14

	A	B	C	D	E	H
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING					
2	SALARY & BENEFIT DETAIL					
4	Provider Name	Heluna Health				
5	Program	Shelter Transportation & Outreach				
8		Year 1				
9	POSITION TITLE	Agency Totals		For HSH Funded Program		7/1/2021 - 6/30/2022
11		Annual Full Time Salary (for 1.00 FTE)	Position FTE	% FTE funded by this budget	Adjusted Budgeted FTE	Budgeted Salary
12	Fleet Manager	\$ 74,404	1.00	100%	1.00	\$ 74,404
13	Driver Lvl 1	\$ 50,920	1.00	100%	1.00	\$ 50,920
14	Driver Lvl 1	\$ 50,920	1.00	100%	1.00	\$ 50,920
15	Driver Lvl 1	\$ 50,920	1.00	100%	1.00	\$ 50,920
16						\$ -
17						\$ -
18						\$ -
19						\$ -
20						\$ -
21						\$ -
22						\$ -
23						\$ -
54						\$ -
55		TOTAL SALARIES				\$ 227,164
56		TOTAL FTE			4.00	
57		FRINGE BENEFIT RATE				33.11%
58		EMPLOYEE FRINGE BENEFITS				\$ 75,214
59		TOTAL SALARIES & BENEFITS				\$ 302,378
60						
61						
62						

	A	D
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING	
2	OPERATING DETAIL	
10		7/1/2021 - 6/30/2022
12	<u>Operating Expenses</u>	Budgeted Expense
13	Rental of Property	\$ -
14	Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -
15	Office Supplies, Postage	\$ -
16	Building Maintenance Supplies and Repair	\$ -
17	Printing and Reproduction	\$ -
18	Insurance	\$ -
19	Staff Training	\$ -
20	Staff Travel-(Local & Out of Town)	\$ -
21	Rental of Equipment	\$ -
22		
23	Program Supplies	\$ 30,000
24	Vehicle Maintenance	\$ 46,000
25	Parking	\$ 6,200
68	TOTAL OPERATING EXPENSES	\$ 82,200
69		
70	<u>Other Expenses (not subject to indirect cost %)</u>	
71		
72		
73		
74		
75		
76		
77		

	A	D
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING	
2	OPERATING DETAIL	
78		
79		
80		
81		
82		
83		
84	TOTAL OTHER EXPENSES	\$ -
85		
86	<u>Capital Expenses</u>	
87	Vehicle Purchases	\$ 135,000
88		
89		
90		
91		
92		
93		
94		
95	TOTAL CAPITAL EXPENSES	\$ 135,000
96		
97	HSH #3	

BUDGET NARRATIVE

Salaries & Benefits

Fleet Manager

Driver Lvl 1

Driver Lvl 1

Driver Lvl 1

Operating Expenses

Program Supplies

Vehicle Maintenance

Parking

Capital Expenses

Vehicle Purchases

Justification

Fleet Manager manage vehicles and associated logistics (repairs, accident recovery, etc.)

Drivers will perform essential services, transporting encampment residents from their current residence to Safe Sleep Sites and to other systems of care.

Drivers will perform essential services, transporting encampment residents from their current residence to Safe Sleep Sites and to other systems of care.

Drivers will perform essential services, transporting encampment residents from their current residence to Safe Sleep Sites and to other systems of care.

Justification

Supplies include, but are not limited to, office supplies and water for clients engaged.

Costs associated with vehicle upkeep.

Costs associated with parking facilities for storing vehicles.

Justification

Costs associated with purchasing the vehicles necessary to operate this intervention.

ts, Administrative budgets may only be spent on specific HUD-authorized Eligible Costs, whi

Description	Notes
(i) Salaries, wages, and related costs of the recipient's staff, the staff of subrecipients, or other staff engaged in program administration, including staff who:	In charging costs to this category, the recipient may include the entire salary, wages, and related costs allocable to the program of each person whose primary responsibilities with regard to the program administration assignments, or the pro rata share of the salary, wages, and related costs of each person whose job includes any program administration assignments. The recipient may use only one of these methods
A) Prepare and update program budgets and schedules;	
B) Develop systems for assuring compliance with program requirements;	
C) Develop agreements with subrecipients and contractors to carry out program activities;	
D) Monitor program activities for progress and compliance with program requirements;	
E) Prepare reports and other documents directly related to the program for submission to HUD;	
F) Coordinate the resolution of audit and monitoring findings;	
G) Evaluate program results against stated objectives; or	
H) Manage or supervise persons whose primary responsibilities with regard to the program include these administrative tasks.	
(ii) Travel costs incurred for monitoring of subrecipients;	
(iii) Administrative Services performed under third-party contracts or agreements	
(iv) Other costs for goods and services required for administration of the program	
Costs of providing training on Continuum of Care requirements and attending HUD-sponsored Continuum of Care trainings.	
Costs of carrying out the environmental review responsibilities under § 578.31.	

Administrative Costs, see Section 578.59 (page 87) of the CoC Program Interim Rule, 24 CFR:

https://www.fhcrules.com/documents/CoCProgramInterimRule_FormattedVersion.pdf

DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING
PROPOSED BUDGET

POSITION TITLE	Position FTE
Street Outreach Worker Level III	4
Street Outreach Worker Level I	2
Total	6

Fringe Benefit Rate	33.11%
Total Salaries & Benefits	\$ 494,237.43

7/1/2022-6/30/23			
% FTE Funded By This Budget		Budgeted Salary	Total Budgeted Salary
100%	\$	68,103.00	\$ 272,412.00
100%	\$	49,444.00	\$ 98,888.00
			\$ 371,300.00

BUDGET NARRATIVE

Salaries & Benefits
Street Outreach Worker Level III
Street Outreach Worker Level I

Justification
Specialized long-term outreach to those living on the street and in the proposed encampment
Street outreach to those living on the street

Employee Name
TBD
TBD

Part 1: Implementation Unit Structure and Capacity

The San Francisco Department of Homelessness and Supportive Housing (HSH) is seeking grant funding to support several complementary interventions to resolve local encampments. HSH seeks funding for the following:

- Two senior street outreach workers to spend increased time in the proposed encampment area, deepen relationships with inhabitants, and better assess individual needs, with the goal of improved placement outcomes and long-term encampment resolution.
- Several temporary housing programs to diversify available interventions and pilot innovative solutions. Specifically, HSH seeks funding for the following:
 - A Cabin Pilot Project at 33 Gough Street;
 - A Safe Sleep Site at 1515 South Van Ness Avenue; and
 - A semi-congregate shelter site at 711 Post Street.
- To ensure smooth transportation out of the existing encampment, HSH requests funds for client transportation from encampments to Safe Sleep sites.

These interventions are proposed to resolve the chronically encamped areas of the Van Ness and Polk Street Alleys in downtown San Francisco, and link residents to placements including Safe Sleep, cabins, shelter, transitional housing, and supportive housing.

The City and County of San Francisco (CCSF) has an interagency partnership that works to address street conditions in San Francisco called the Healthy Streets Operations Center (HSOC). Founded in 2018, HSOC is a collaboration including the San Francisco Department of Emergency Management, Department of Homelessness and Supportive

Housing, Department of Public Health, Police Department, Fire Department, Municipal Transportation Agency Parking Enforcement, and Recreation and Parks Department. HSOC also collaborates and meets weekly with Community Benefits Districts, and non-profits and religious organizations that outreach to those experiencing homelessness to coordinate efforts. HSOC proactively responds to encampments with the understanding that planned and collaborative outreach and engagement will more likely resolve existing conditions. HSOC strives to ensure healthy streets for all residents, regardless of housing status. Departments in this interagency partnership lead with services first. HSOC will serve as the key partnership and unit in the successful implementation of HSH's proposed encampment resolution interventions. HSOC will make placements from the encampment into the programs outlined in this application. Within HSH, Programs teams will partner with trusted contractors to operate the proposed interventions.

Additional Street Outreach Workers

HSH's current outreach model allows for four street outreach workers to provide a rapid response model to resolve encampments quickly and allow for placements into the shelter system and Safe Sleep Sites. Through the Encampment Resolution Grant, HSH requests funding for an additional two senior street outreach workers to provide focused outreach in the proposed encampment for four to six weeks to develop clinical assessments and to link clients to services focused on resolving chronic conditions leading to homelessness. These two outreach workers will be hired through the San Francisco Homeless Outreach Team contract with Heluna Health to serve on the Encampment Resolution Team. These individuals will have a specialized training focusing on

encampment outreach and will then be assigned to HSOC. Services linkages will include substance use treatment programs, mental health referrals, a Coordinated Entry Housing Assessment, and priority placements into Navigation Centers for the longest-term homeless clients.

Cabin Pilot Project at 33 Gough Street: HSH is developing a Cabin Pilot Project – similar to a tiny home village – at 33 Gough Street. When complete, the site will include 70 individual cabin units for people experiencing homelessness; many will be dedicated resources for resolving encampments. This project is a collaboration between CCSF and a project team including Tipping Point Foundation, Dignity Moves, Home First, Urban Alchemy, Swinerton, and Gensler. Tipping Point provided a generous grant to buy the cabins, Dignity Moves is the project developer, Home First will own/maintain the cabins, Urban Alchemy will operate the program, Swinerton is the contractor, and Gensler is the architect. HSH will also partner with service partners including the Department of Public Health's Shelter Health Division for a medical clinic on-site. HSOC will be the lead program making placements into the site focusing on encampment residents.

Safe Sleep at 1515 South Van Ness Avenue: The Safe Sleep program at 1515 South Van Ness is a collaboration between HSH and the non-profit operator Dolores Street Community Services. HSOC is the lead program making placements into the site. Placements focus on unsheltered individuals living in encampments. HSH also provides services at the site including benefits linkage and Coordinated Entry housing assessments. The CBO provider, Dolores Street, ensures a safe environment at the

program and helps to support the well-being of guests through regular check-ins and management of inflow/outflow. HSH has partnered with a number of agencies to connect clients to harm reduction services, medical attention, and public benefits. Service partnerships at the site include daily harm reduction services through Glide, weekly medical services through the Department of Public Health Street Medicine Team and Tom Waddell Urban Health Clinic, weekly mental health and recovery services through San Francisco Community Clinic, bi-weekly basic needs supplies through Urban Angels, monthly food and clothing support through Glide and the Food Bank, General Assistance and benefits enrollment support through the Human Services Agency, and Coordinated Entry housing and problem-solving assessments through Episcopal Community Services.

Semi-Congregate Shelter at 711 Post Street: The semi-congregate shelter planned at 711 Post Street will be a collaboration between HSH and the non-profit operator Urban Alchemy. HSOC will be allocated placements for encampment residents living in the surrounding area. HSH will provide services at this site, including case management, medical care via the Department of Public Health's shelter health division, benefits linkage, and Coordinated Entry housing and problem-solving assessments.

Transportation Costs: To support logistical needs of those relocating from encampments, HSH requests funds for a transportation contract. Heluna Health has been awarded a contract to provide transportation between encampments and Safe Sleep sites.

Part 2: Prioritized Encampment Site and Population to be Served

The Proposed Encampment Site: HSH proposes focusing on the chronically encamped areas of the Van Ness and Polk Street Alleys located in downtown San Francisco. Currently, the area from Bush to McAllister Street and Franklin to Larkin Street hosts more than 70 tents among the alleys and streets, with the largest concentration on the 100 block of Willow, which regularly holds over 20 tents and structures. The community of Lower Polk Street and Cathedral Hill and the Tenderloin in the project area has several schools, senior and disabled housing, health clinics, children's parks, and service centers.

This encampment represents approximately 100 under-sheltered individuals on any given day. The demographics of the client population in this area show higher concentrations of Transgender clients, seniors, and women than the overall San Francisco street-homeless population. Demographic information is an approximation based on HSH's best available information. With the proposed hiring of additional outreach workers, HSH will develop more accurate information by developing trust with encampment residents.

This encampment is being prioritized due to several key considerations:

- Location – This encampment is in downtown San Francisco, with proximity to City Hall, local businesses, service providers, and homes. This highly trafficked area makes it a dangerous location for tents, both for inhabitants and for pedestrians who are often forced to walk in the street in heavy vehicle traffic.
- ADA Compliance – Sidewalks in this neighborhood are narrow and often unpassable due to tents and makeshift housing structures. This often results in ADA non-compliance as there is not minimum required passage.

- **Chronicity** – Despite extensive outreach by the San Francisco Homeless Outreach Team, Healthy Streets Operations Center, and Encampment Resolution Team, this area continues to be heavily encamped, and has been for many years. This grant funding would allow for an outreach team to spend longer periods of time focused on the location, resulting in more permanent placements and the area being cleared for safer access to the sidewalks and other community amenities. Given the lack of success in getting this group into temporary shelter or permanent housing, additional staff are needed for focused and long-term engagement to understand individual needs and provide appropriate linkages.
- **Neighborhood Provider Concerns** – This neighborhood hosts food service programs, specifically nonprofit partners who have voiced concerns regarding hygiene and sidewalk blockages.
- **Environmental and Health Challenges** – This location often has a large accumulation of garbage, leading to neighborhood environmental, health, and hygiene concerns.
- **Concerns of Violence** – Several community members have reported concerns related to intimidation and violence with regards to encampment residents.

Through the Encampment Resolution Grant, HSH hopes to deepen its relationships with these residents through increased outreach and longer periods of time spent in these areas, and fund multiple programs providing alternatives to encampment as outlined in Part 3.

Part 3: Core Service Delivery and Provision of Housing Options

The following section provides in-depth descriptions of the programming HSH seeks to fund to resolve the encampment located in the Van Ness and Polk Street Alleys. Each intervention provides a function integral to encampment resolution through service linkage and innovative programming. These closely interrelated programs represent a network of services necessary to provide diverse programming options to encampment residents, to tailor solutions to their needs, and to transition encampment residents to sustainable housing solutions. These interventions exemplify housing first principles by centering flexibility, client choice, autonomy, and individualized supports.

33 Gough Cabins: The 33 Gough Cabin Pilot Program provides an alternative to congregate shelter through individual room cabin units. This program serves single adults 18 years old and older. The Cabin Pilot Project site is comprised of two parking lots at 33 Gough Street, leased by the CCSF. The project will replace the existing 44-tent Safe Sleep Site with approximately 70 private, dignified rooms for individuals experiencing homelessness. Each room will have a bed, a desk and chair, heating, a window, and most importantly, a door that locks. Contrary to traditional congregate shelters, residents will have the safety and dignity of a private space to call home while they work towards a permanent exit from homelessness. The site has been thoughtfully designed by Gensler Architects to create a welcoming community and foster a sense of belonging.

The state-of-the-art units are durable, as well as attractive with two-inch thick walls and four-inch roofs to provide excellent insulation and energy efficiency. The wall materials

are 30% recycled plastics, and the frames are durable steel. They are designed to fit in with the look and feel of the neighborhood. The project is temporary and will remain at 33 Gough for approximately 18 months and then may relocate to another site. The site will have offices for staff and case managers, dining and community space, restrooms, showers, and secure storage for guests to keep their extra belongings. Of the 70 cabins, 34 will be taken by the existing Safe Sleep guests living in tents at 33 Gough. The remaining 36 cabins will be used by HSOC to support strategic encampment resolution.

This specific site was chosen for the Encampment Resolution Grant as it is an innovative and new approach that HSH is piloting as an alternative to traditional congregate shelters and navigation centers. Many encamped residents have expressed hesitation about entering congregate shelters due to a lack of privacy and storage space. Based on a recent survey of Safe Sleep residents at 33 Gough, there was nearly universal interest in individual cabin units as an alternative living situation. Additionally, HSH has identified a budget gap in this program's operations – receiving funding from the Encampment Resolution Grant would prevent an early closure and resulting re-encampment.

1515 South Van Ness Safe Sleep Site: 1515 South Van Ness is a Safe Sleep Site, one of a handful of City sanctioned tent encampments for people experiencing homelessness. Safe Sleep is a new approach for encampment resolution adopted by the City's Emergency Operations Center in response to COVID-19, and serves as a low-barrier, COVID-informed program to slow virus spread. CCSF recognizes the importance of this intervention within the Homelessness Response System. Making placements for those

that fall through other parts of the safety net into Safe Sleep is a critical need. Safe Sleep programs offer a designated, safe space for people in tents to stay outdoors and off sidewalks, while gaining access to resources, services, sanitation, and hygiene stations. The layout of Safe Sleep Sites was developed in consultation with the Department of Public Health to support distancing, hygiene, and early detection of COVID-19 symptoms. Safe Sleep is also a good resource for individuals who are not yet ready to move indoors.

1515 South Van Ness is located on two enclosed parking lots in the Mission neighborhood. The site has space for 39 tents and allows couples and tent mates, which results in capacity between 45 and 50 people. The site utilizes a low barrier model where guests have 24/7 site access, couples and pets are allowed, and rules are minimal. 1515 South Van Ness offers access to hygiene services (showers, toilets, and handwashing), 24/7 security, privacy fencing, charging stations, garbage services, and daily meals. This specific site was chosen for the Encampment Resolution Grant as its continued operation provides an innovative, temporary solution to prevent large-scale re-encampment, while providing service linkage and access to the Homelessness Response System.

711 Post Semi-Congregate Shelter: 711 Post Street is a former youth hostel located in the lower Nob Hill neighborhood and will serve as a semi-congregate shelter. The building has five floors and 123 units, of which 70 are authorized as residential and 53 as tourist rooms. The 123 units are a mix of singles, doubles, triples, and quads, which equates to a maximum capacity of 318 beds. All floors have access to shared bathrooms and showers, and 48 units have private baths. 711 Post has several amenities including a

lobby and front desk, basement, community area, commercial kitchen, dining space, laundry room, office space, security camera system, elevator, lockers and luggage storage, Wi-Fi, trash/recycling, and ADA chair lift at the entrance.

HSH expects to operate this program at a COVID capacity of 250. This site is key to HSH's encampment resolution strategy as it will provide a soft landing for approximately 100 current occupants of two soon to be demobilized Safe Sleep Sites located at 198 Fulton and 180 Jones, expected to close in March 2022. The remaining bed capacity will be opened to general shelter referrals, including strategic encampment resolution through HSOC. HSH has found that semi-congregate shelter options reflect the preferences of many individuals exiting Safe Sleep Sites. HSH completed a Safe Sleep Clinical Assessment to gather Safe Sleep guest feedback, including on shelter preferences – 45% of interviewed clients identified a hostel setting as their first choice of placement.

HSH's interventions at 33 Gough, 1515 South Van Ness, and 711 Post will center housing first principles including trauma-informed systems, harm reduction philosophy, non-punitive approaches, and culturally appropriate services. All three programs are extremely low barrier for guests transitioning from encampments. Each program will have 24/7 access, minimal rules, and a service participation encouraged, but not mandatory policy. Service providers offer human centered and trauma-informed services that empower guests as they work toward stability. HSH's interventions recognize the intersectionality of homelessness, substance use, mental illness, and justice-involvement and the way that multiple overlapping crises deepen the barriers to future housing

stability. HSH's programs seek to address each issue individually, while recognizing the collective impact. Each program has dedicated Care Coordination staff that provide case management services and connection to benefits, medical care, employment, and housing. HSH will make a concerted effort to assess all program residents for Coordinated Entry to connect guests to permanent supportive housing as quickly and efficiently as possible.

The Two-Person Street Outreach Team: The additional two-person senior street outreach team would lead an Encampment Resolution Team for HSOC focused on the Polk Street Alleys. This investment would leverage access to San Francisco's low threshold, housing-focused and trauma informed Navigation Center shelter system and the interventions of safe sleep, cabins, and semi-congregate shelter. With funding for the 33 Gough cabin project, the 1515 South Van Ness Safe Sleep Site, and semi-congregate shelter at 711 Post, individuals in the Polk and Van Ness alley encampments will be offered a placement that best fits their needs. Having these programmatic options will allow for a tailored, individualized approach to encampment resolution, allowing for individual preferences to be taken into account while transitioning from the encampment. The longer-term goal of these programs will be to stabilize individuals and support them in obtaining permanent housing. Services at the proposed sites may include care coordination, medical care, benefits linkage, and Coordinated Entry housing assessments. These programs employ a low-threshold, harm reduction model, with limited rules.

The Street Outreach Team will also work to transition people from street homelessness into the supportive housing system whenever possible. Currently, San Francisco has the highest per capita rate of supportive housing in the United States and is expanding through building, purchasing, renovating, and converting buildings. This Encampment Resolution Team would connect people to these units through the Coordinated Entry System, the backbone of a highly functional Housing First system, as it expedites housing placement and ensures that San Francisco's most vulnerable are linked to robust housing interventions. Services will be tailored to the specific needs of those served as individuals will be linked to services based on eligibility, availability, and their interest.

Sustainable Restoration of the Encampment Site: After deep engagement, assessment, and placement, the Public Works Street and Environmental Services team will clean, repair, and restore impacted sidewalks and streets for public activation. Together with the Community Benefits District and the City-funded ambassador programs, HSH and its HSOC partners will encourage residents back to these public spaces and maintain them.

Part 4: Coordination of Services and Housing Options

The Health Streets Operations Center (HSOC) will be a key partnership and will facilitate interagency coordination. Among its other roles, HSOC will refer residents to the interventions HSH is requesting funding for. Founded in 2018, HSOC is already responsible for coordinating the City's response to homeless encampments.

Interagency partnerships and service linkages will be integral to the success of the interventions proposed in this application. The two-person Encampment Resolution Team within HSOC will provide service linkages to substance use treatment programs, mental health referrals, and a Coordinated Entry Housing Assessment. The Coordinated Entry Assessment is an integral part in HSH's coordination strategy as it will match encampment residents to appropriate resources.

The interventions at 33 Gough, 1515 South Van Ness, and 711 Post leverage dynamic partnerships to create safe, stable living arrangements for formerly encamped individuals. As detailed earlier, the 33 Gough Cabins Pilot Project is a first of its kind tiny home village in San Francisco, which will leverage a partnership between HSH, the Tipping Point Community Foundation, and Dignity Moves. The capital cost of up to \$1.7 million for building and installing the 70 individual cabin units and dining and other facilities will be paid for exclusively by Tipping Point Community Foundation and Dignity Moves. The Cabin Pilot Project serves as a strong example of leveraging public-private partnership to develop innovative homeless interventions, which balance cost-efficiency with programmatic priorities of client safety, privacy, and flexibility. The cabin site will also include an on-site medical clinic through a partnership with the Department of Public Health's Shelter Health Division to allow for immediate consultation with nurses and health workers and connection to medical services.

All three of these interventions provide direct connection to the Homelessness Response System to assist residents toward an exit from homelessness, along with other service

linkages. Guests at these sites will be able to connect with on-site support services to complete a Coordinated Entry housing assessment, which serves as the HSH's low-barrier front door to housing opportunities including permanent supportive housing, rapid rehousing, and other innovative interventions such as problem-solving. To further lower the obstacles to housing, HSH leverages a partnership with a mobile team of problem solvers who meet clients on-site to provide Coordinated Entry assessments in-person. Clients can also obtain housing assessments over the phone via a mobile phone number or obtain an assessment at several drop-in "Access Point" offices strategically located throughout San Francisco.

HSH plans to utilize a data-informed approach, both to track outcomes among encampment residents and to measure neighborhood impacts of the proposed resolution strategies. HSH will revisit the alleys after the encampments have been resolved to perform counts of re-incamped individuals. This method will be used to determine whether HSH's strategy has made a lasting impact; the neighborhood will also be studied to determine broader impacts. If re-encampment is found, other strategies will be considered for resolution. Individual level data in the Online Navigation and Entry (ONE) System will also be tracked to determine outcomes of encampment residents, and whether they have re-incamped, engaged in programming, or have found long-term housing stability. Regardless of outcome, former encampment residents will be engaged in conversation to determine contributing factors.

Part 5: Ensuring Dignity, Safety, and Wellness

HSH has conducted a Safe Sleep Clinical Assessment, interviewing contractor staff from a Safe Sleep provider and Safe Sleep guests to get direct feedback on shelter preferences and the types of services they were interested in receiving. Of 138 Safe Sleep clients, 61 were interviewed for this report. This qualitative input will be used to shape proposed programming and service linkages offered to guests specifically at these sites, along with strategy for future Safe Sleep Site demobilization. This study found overwhelming desire for service linkages (90% among residents interviewed); a more detailed look at specific service requests has been recommended to shape future Safe Sleep demobilization strategies. Specifically, 50% of residents identified substance use support as a desired service. Many residents also identified a congregate setting or a navigation center as their first choice of alternative placement (42% across the two categories). This percentage increased to 64% when offered storage. Furthermore, 45% of people chose a hostel setting as their top preference for placement. These findings have been used to shape the programs included in this application and will continue to be utilized to shape service offerings.

The San Francisco Homeless Outreach Team (SFHOT) makes every effort to hire individuals with lived experience. SFHOT aims to employ these individuals as outreach workers and to draw on the diversity of those who have experienced homelessness in its hiring as this allows for relationship building between staff and encampment residents. These staff members will play an integral role in program implementation and contribute to the success of HSH's encampment resolution efforts, particularly in outreach.

Currently, there is a strong desire among local stakeholders to resolve this encampment site. Its geographic location, particularly its proximity to City Hall, downtown businesses, and CCSF service providers, would make its resolution particularly impactful as it would alleviate environmental, hygiene, and safety concerns of those in the neighborhood.

HSH's interventions at 33 Gough, 1515 South Van Ness, and 711 Post will exemplify key housing first values including being trauma-informed, harm reduction focused, non-punitive and culturally appropriate. All three programs are extremely low barrier for guests transitioning from encampments. Each program will have 24/7 access, minimal rules, and a service participation encouraged, but not mandatory policy. CBO providers offer human centered and trauma informed services that empower guests as they work toward stability and recognize the past traumas that may have led to or persist during homelessness. HSH's interventions recognize the intersectionality of homelessness, substance use, mental illness, and justice-involvement and the way that multiple overlapping crises deepen the barriers to future housing stability. Programs look to address each issue individually, while recognizing the collective impact. Each program has dedicated Care Coordination staff that provide case management services connecting clients to benefits, medical care, employment, and housing. HSH will make a concerted effort to assess all residents of these programs for Coordinated Entry to ensure connection to permanent supportive housing as quickly as possible.

Part 6: Personnel

Please see the provided budgets for: a list of all required positions for these interventions, required FTEs, and budget narratives including duties associated with these positions.

HSH contracts with trusted community-based organizations to staff and operate proven and innovative interventions to homelessness. The Cabin Pilot Project at 33 Gough and the Semi-Congregate Shelter at 711 Post will be operated by the non-profit Urban Alchemy. Urban Alchemy was founded in 2018 to address the most pressing issues in urban areas at the intersection of extreme poverty, homelessness, substance use, and mental health. Urban Alchemy operates using a social enterprise model with a focus on hiring people with lived experience of homelessness, substance use, and incarceration as a core value. Diversity, Equity, and Inclusion are also a hallmark of their hiring and retention strategy. HSH contracted with Urban Alchemy because of their strong track record of success with other programs including a street ambassador program, street cleaning program, and a total of 3 Safe Sleep Sites. Urban Alchemy also operated San Francisco's first vehicle triage center pilot program. Urban Alchemy provides extensive training to their front-line practitioner staff including trainings on safety and de-escalation, harm reduction, trauma-informed systems, and cultural competency, and ADA.

The Safe Sleep site at 1515 South Van Ness will be operated by the non-profit Dolores Street Community Services (DSCS). DSCS was founded in 1982 when they set up a shelter in the mission neighborhood of San Francisco in response to the crisis of refugees fleeing Central America. Ever since, DSCS has maintained a strong community presence in the Mission Neighborhood and has developed a strong connection to the

neighborhood's historically Latinx and monolingual Spanish-speaking population and well as the LGBTQ population. 1515 South Van Ness is in the Mission Neighborhood and is one of the few homeless resources available in the Mission outside of the Dolores Shelter Program. Given their deep roots in the community, DSCS is uniquely equipped to staff the 1515 South Van Ness Safe Sleep site.

Part 7: Proposed Budget and Fiscal Planning

Shelter Transportation: HSH is requesting that the Encampment Resolution Grant fund the operating costs of transportation from encampments to Safe Sleep Sites for FY21-22. The requested grant funding is a total of \$569,573.14. This service has been contracted through Heluna Health. As of now, no other funding sources have been identified to support this service, which is anticipated to operate through FY23-24.

711 Post Semi-Congregate Shelter: HSH is requesting that the Encampment Resolution Grant fund program costs for this semi-congregate site for FY22-23, for a total of \$6,297,103.40. FY21-22 program costs (budget of \$2,638,980.58) are currently covered by revenue from the Our City Our Home Fund. Funding for FY23-24 has yet to be identified.

33 Gough Cabin Pilot Program: HSH is requesting \$2,333,768.00 to cover nine months of program costs from 7/1/2022 through 3/31/2023. FY21-22 program costs (budget of \$1,851,660) are currently covered by revenue from the Our City Our Home Fund.

1515 South Van Ness Safe Sleep Site: HSH is requesting \$1,467,284 to operate this Safe Sleep Site for six months from 7/1/2022 through 12/31/2022. The ESG CARES Act funded operation for FY20-21 (budget of \$2,484,341) and the Our City Our Home Fund is funding operation for FY21-22 (budget of \$2,934,567.00).

Encampment Resolution Team Outreach Workers: HSH is requesting \$181,303.81 to pay salaries for two Level III Street Outreach Workers for FY22-23. These individuals will provide longer term focused outreach to the encampment site proposed. Funding for the other positions on this team come from the General Fund.

HSH has determined the requested funding amounts based on funding gaps for programming that the Department views as integral to resolving the targeted encampment. The requested amounts for each intervention within this application reflect the current funding gap within each program. If less funding is available than what is proposed, HSH would accept funding for a subset of the proposed programs. If more funding is available, HSH would utilize it to cover a longer duration of the proposed programs.

To resolve the proposed encampment, HSH must provide diverse programming options to tailor resolution to individual needs and preferences. The operation of these interventions is imperative to the goal of transitioning residents to safer alternatives, with the understanding that more robust services than just these interventions is needed to resolve their homelessness. The proposed programming provides service linkages to

support healthy outcomes, including a link to the Homelessness Response System to access available housing resources, wraparound services, case management, and other service linkages tailored to individual needs, with the goal of transitioning to stable long-term housing interventions.

Providing multiple programs represents a cost efficiency as opposed to leaving encampments as they currently stand. Individuals in encampments utilize emergency health services at high rates. Leaving encampments intact can also lead to increased interactions with police and justice involvement for residents. The programming proposed in this application would be significantly less expensive than the potential financial impacts that leaving encampments intact could have on these other City services and is a more humane and more proactive use of funding. Resolving these encampments will also result in less strain on these other impacted City services.

To ensure a timely spend down, HSH's Funding Compliance Analyst will partner closely with the Department's Budget and Finance staff to track grant expenditures on a quarterly basis. The Funding Compliance Analyst is already completing quarterly tracking of other HCFC grants to complete required reporting and will perform the same tracking activities for this funding source.



California Interagency Council on Homelessness

October 27, 2022

County of San Francisco
Attn: Mecca Cannariato
440 Turk St.
San Francisco, CA 94102

RE: Award Announcement – County of San Francisco
Award Amount: \$10,849,032.35

Dear Mecca Cannariato:

The Business, Consumer Services and Housing Agency's (BCSH) California Interagency Council on Homelessness (Cal ICH) is pleased to announce that the County of San Francisco has been awarded an Encampment Resolution Funding (ERF-2-L) grant in the amount of **\$10,849,032.35**. This letter constitutes notice of the award of ERF-2-L funds for use in the County of San Francisco.

The County of San Francisco will receive its full disbursement of funds after the Standard Agreement is fully executed. Please be advised that this award is subject to the terms and conditions of the Standard Agreement. Failure to sign and return the Standard Agreement within 30 days of receipt from BCSH may result in a delay of disbursement of funds.

Congratulations on your successful application. For further information or if you have any questions, please contact Jeannie McKendry, Grants Development Section Chief at Cal-ICH at Jeannie.McKendry@bcsh.ca.gov or calichgrants@bcsh.ca.gov.

Sincerely,

Victor Duron

Victor Duron,
Grants Director, Cal ICH

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY

Gavin Newsom,
Governor

Lourdes M.
Castro Ramirez,
Secretary

801 Capitol Mall
Suite 601
Sacramento, CA 95814

(916) 651-2820
bcsh.ca.gov/calich



ERF – Grant Budget	
City and County of San Francisco	
Contract No.: 22-ERF-2-L-10001	
Sources:	
ERF-2-L Award	
State General Fund	\$10,849,032.35
Total Sources:	\$10,849,032.35
Professional Services:	
SFHOT Outreach Services	\$834,665.00
Grants to Non-Profits:	
Shelter Operations	\$9,949,367.35
Equipment:	
ADA Vehicle for Transport	\$65,000.00
Total Uses:	\$10,849,032.35

Grant Expenditure Plan - Encampment Resolution Grant



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Provider Name	Project Name	Project Description	Proposed Amount
Urban Alchemy	33 Gough Cabin Project	Direct Services and Housing Options	\$2,333,768.00
Dolores Street Community Services	1515 South Van Ness Safe Sleep	Direct Services and Housing Options	\$1,467,284.00
WeHope	Monarch Non-Congregate Shelter	Direct Services and Housing Options	\$3,277,334.32
Episcopal Community Services (ECS)	Cova Non-Congregate Shelter	Direct Services and Housing Options	\$2,870,981.00
Heluna Health	SFHOT Outreach Services	Direct Services and Housing Options	\$834,665.08
HSH	ADA Vehicle for Transport	Direct Services and Housing Options	\$65,000.00
			\$10,849,032.40

Populate All Cells in Green, Add Rows As Necessary Save as Jurisdiction Type, dash, Name, comma, Date Ex: City - Modesto, 5.1.22	ELIGIBLE USE CATEGORY	<5 WORD DESCRIPTION	NAME OF IMPLEMENTER, SITE, AND / OR PROJECT AS REFERENCED IN THE PROPOSAL	ERF PROPOSED BUDGET	IF ANY, LEVERAGED FISCAL SUPPORT	2 SENTENCE DESCRIPTION OF LINE ITEM
<p>This budget template may be slightly modified to meet local needs.</p> <p>Principle: Cal ICH should be able to navigate only your standardized budget and understand the general parameters of the project and how it will be implemented.</p>	<i>Use dropdown.</i>	Enables Cal ICH to immediately understand the line item.	Enables Cal ICH to associate the line item with specific entities or parts of a project. Take care to be consistent with the previously submitted Work Plan.	Only Encampment Resolution Funding	Non ERF Dollars That WILL be Used to Support this Project	Enables Cal ICH to better understand the line item, context, and / or other pertinent information related to the line item.

PERSONNEL COSTS				SALARY	FTE	MONTHS FUNDED			
Direct Services and Housing Options	Senior Outreach Worker	Heluna Health		70,140	4	21	\$ 490,980.00		90 days to hire - ERF Bucket: Direct Services and Housing
Direct Services and Housing Options	Outreach Supervisor	Heluna Health		77,746	1	21	\$ 136,055.00		90 days to hire - ERF Bucket: Direct Services and Housing
Direct Services and Housing Options	Employee Fringe Benefits	Heluna Health					\$ 207,630.00		33% of total salaries
Subtotal - Personnel Costs							\$ 834,665.00	\$ -	

NON-PERSONNEL COSTS				UNIT	RATE	TIME			
Direct Services and Housing Options	Shelter Operations	33 Gough Cabin Project					\$ 2,333,768.00		- ERF Bucket: Direct Services and Housing
Direct Services and Housing Options	Shelter Operations	1515 South Van Ness Safe Sleep					\$ 1,467,284.00		- ERF Bucket: Direct Services and Housing
Direct Services and Housing Options	Shelter Operations	Monarch Non-Congregate Shelter					\$ 3,277,334.35		- ERF Bucket: Direct Services and Housing
Direct Services and Housing Options	Shelter Operations	Cova Non-Congregate Shelter					\$ 2,870,981.00		- ERF Bucket: Direct Services and Housing
Direct Services and Housing Options	ADA Vehicle for Transport		1				\$ 65,000.00		- ERF Bucket: Direct Services and Housing
Subtotal - Non-Personnel Costs							\$ 10,014,367.35	\$ -	

ADMINISTRATIVE COSTS (5% Cap)									
Subtotal - Administrative Costs							\$ -	\$ -	

TOTAL BUDGET							\$ 10,849,032.35	\$ -	
							Grant Award	(10,849,032.40)	
							Overage	\$ (0.05)	
							\$ 542,451.60		
							(10,306,580.80)		

<div>Populate All Cells in Green, Add Rows As Necessary</div> <div>Save as Jurisdiction Type, dash, Name, comma, Date</div> <div>Ex: City - Modesto, 5.1.22</div> <div>This budget template may be slightly modified to meet local needs.</div> <div>Principle : Cal ICH should be able to navigate only your standardized budget and understand the general parameters of the project and how it will be implemented.</div>	ELIGIBLE USE CATEGORY	<5 WORD DESCRIPTION	NAME OF IMPLEMENTER, SITE, AND / OR PROJECT AS REFERENCED IN THE PROPOSAL	ERF PROPOSED BUDGET	IF ANY, LEVERAGED FISCAL SUPPORT	2 SENTENCE DESCRIPTION OF LINE ITEM
	Use dropdown.	Enables Cal ICH to immediately understand the line item.	Enables Cal ICH to associate the line item with specific entities or parts of a project. Take care to be consistent with the previously submitted Work Plan.	Only Encampment Resolution Funding	Non ERF Dollars That WILL be Used to Support this Project	Enables Cal ICH to better understand the line item, context, and / or other pertinent information related to the line item.

PERSONNEL COSTS			SALARY		FTE	MONTHS FUNDED				
Direct Services and Housing Options	Program Manager	ABC INC.	72000	0.25	12	\$	18,000.00	\$	54,000.00	Supervises CM
Direct Services and Housing Options	Case Manager for	ABC INC.	49500	0.5	12	\$	1,000.00	\$	24,750.00	.5 FTE, Field-based CM services via SO.
Direct Services and Housing Options	Fringe Benefits - 23%	ABC INC.	27945	0.1	6	\$	4,140.00	\$	18,113.00	Health benefits.
Subtotal - Personnel Costs							\$	23,140.00	\$	96,863.00

NON-PERSONNEL COSTS			UNIT	RATE	TIME			
Direct Services and Housing Options	Motel/Hotel (interim hoing)	Motel 6	50 persons	123 per night	100 nights	\$	600,000.00	Hotel as form of NCS
Direct Services and Housing Options	Meals	Shelter INC 7th Street	75 persons	23 per day	180 days	\$	15,000.00	
Capacity Building	Case conference software	Roundtable Inc				\$	5,000.00	establishing and strengthening cross-system partnerships
Sustainable Outcomes	Site restoration	Haul Inc				\$	10,000.00	Grading of land for site restoration
</								

ADMINISTRATIVE COSTS (5% Cap)									
Administrative Costs	Office Supplies for Grant Man	Implementing Org					\$	4,500.00	\$ 15,000.00
Subtotal - Administrative Costs						\$	4,500.00	\$ 15,000.00	

TOTAL BUDGET						\$	657,640.00	\$ 111,863.00	
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Encampment Resolution Funding Program

REQUEST FOR APPLICATIONS

October 29th, 2021

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CALIFORNIA HOMELESS COORDINATING AND FINANCING COUNCIL

Encampment Resolution Funding Program

REQUEST FOR APPLICATIONS (RFA)

I. GRANT OVERVIEW

A. Authority

Under the authority of Chapter 7 of Part 1 of Division 31 of the California Health and Safety Code (sections 50250 et seq.), the Encampment Resolution Funding (ERF) Program was established to increase collaboration between the Homeless Coordinating and Financing Council, local jurisdictions, and continuums of care to accomplish the following:

- Assist local jurisdictions in ensuring the wellness and safety of people experiencing homelessness in encampments, including their immediate physical and mental wellness and safety needs arising from unsheltered homelessness and their longer-term needs addressed through a path to safe and stable housing.
- Provide encampment resolution grants to local jurisdictions and continuums of care to support innovative and replicable efforts to resolve critical encampment concerns and to support individuals to access safe and stable housing, using Housing First approaches.
- Encourage a data-informed, coordinated approach to address unsheltered homelessness at encampments by establishing, through the encampment resolution grants, effective, scalable, and replicable demonstration projects.

B. Background

The Homeless Coordinating and Financing Council (HCFC) was created in 2017 to oversee the implementation of Housing First policies, guidelines, and regulations to reduce the prevalence and duration of homelessness in California. The Council's mission is to develop policies, identify resources, benefits, and services to prevent and work toward ending homelessness in California. In addition to interagency coordination and policy development, HCFC is mandated to coordinate funding while also promoting systems integration to increase efficiency and effectiveness of the homelessness response system at the state and local level.

The ERF grants awarded through this RFA will support HCFC's mandates by funding local demonstration projects that provide services to address

the immediate crisis of experiencing unsheltered homelessness in encampments, to support people living in encampments onto paths to safe and stable housing and result in sustainable restoration of public spaces to their intended uses while safeguarding the needs of unhoused people seeking shelter. This program is established in recognition of a need to develop effective, scalable, and replicable strategies that meet the specific complex needs of individuals living in encampments. The total funding available to be awarded is \$47.5 million divided amongst selected grantees through the competitive RFA process.

C. Objectives

Statute provides three express purposes for the ERF Program. This RFA incorporates those purposes into two, interdependent objectives.

First, the ERF Program will fund local demonstration projects for innovative service delivery models and cross systems collaborations that support individuals experiencing homelessness in encampments towards a meaningful path to safe and stable housing, using non-punitive, low-barrier, person-centered, Housing First approaches. These projects must comply with the principles of Housing First as defined in Welfare and Institutions Code section 8255, must serve a specific encampment site (See *below*, “III. C. Part 2: Prioritized Encampment.”), and must be designed to achieve sustainable outcomes for both recipients of services and the encampment site to be resolved.

Second, HCFC will analyze awarded demonstration projects to evaluate activities and outcomes for the purpose of sharing scalable and replicable encampment resolution models that may be implemented across the state.

D. Key Action Dates

Event	Responsible Party	Due Date
RFA Release Date	HCFC	10/29/2021
Submit Questions for Applicants Conference	Applicant	11/12/2021
Applicants Conference	HCFC	11/19/2021 See addendum1
FAQ posted to HCFC Website	HCFC	12/3/2021
Application Submission Deadline	Applicant	12/31/2021
Application Scoring and Ranking	HCFC	Jan/Feb 2022
Notice of Intent to Award	HCFC	3/1/2022

II. ELIGIBLE ACTIVITIES

Successful grantees will design a demonstration project that builds capacity to provide services that are relevant and responsive to the needs of individuals experiencing homelessness in encampments. The project activities will support new or enhanced cross-systems collaboration and service strategies to help people experiencing homelessness transition out of encampments and onto pathways towards safe and stable housing. Project activities will also support efforts to restore encampment sites to their original state and intended purposes, but must prioritize protecting the health, safety, and well-being of the individuals who had been living in those encampments.

All ERF Program activities must comply with Housing First and HDIS data submission requirements. Pursuant to Welfare and Institutions Code section 8256, all recipients of ERF funding shall comply with the core components of Housing First, as defined in Welfare and Institutions Code section 8255.

Additionally, Health and Safety Code Section 50254 mandates that all ERF funding recipients participate in the statewide Homeless Data Integration System (HDIS) by entering data and information regarding individuals served by this funding, and services and housing options provided, into their local Homeless Management Information System (HMIS). Health and Safety Code Section 50254 and Welfare and Institutions Code section 8256 (as amended by AB 1220) detail specifications related to the data elements to be provided to the statewide HDIS.

Eligible Applicants:

- Local Jurisdiction – a city or charter city, a county or charter county, or a city and county, including a charter city and county.
- Continuum of Care – as defined in Section 578.3 of Title 24 of the Code of Federal Regulations.

Grant funds may be used for activities that advance the goal of the proposed project in any one of the following four categories:

Direct Services and Housing Options: activities to address immediate crisis needs and paths towards safe and stable housing for people living in encampments including, but not limited to, street outreach and engagement, housing and/or systems navigation, interim housing, and permanent housing.

Capacity Building: activities to enhance the systems carrying out the demonstration project including, but not limited to, service coordination efforts, establishing and strengthening cross-system partnerships, and workforce development including specialized training and contracting with providers of culturally specific interventions.

Sustainable Outcomes: activities and interventions to ensure sustained outcomes for the people served and to support sustained restoration of encampment sites to their intended or original state.

Administration: up to 5% of grant funds may be applied to administrative costs.

III. APPLICATION

A. Programmatic Scope

Each application must identify and focus on one encampment site; however, the encampment site may be broadly defined. *See below*, “C. Part 2: Prioritized Encampment Site.” The Application must identify the number and demographics of individuals living in the encampment site who will be served through this program and how outcomes for those individuals will be tracked.

B. Fiscal Scope

This grant is not intended to be the sole funding source for a new encampment resolution project. Awarded grant funding should be used to accelerate promising programs and practices that are in development and that enhance partnerships and leverage other resources, including initiatives funded by other HCFC grants.

C. Application Requirements

Applications are required to include seven parts described in a Work Plan. The seven parts are as follows:

1. *Part 1: Implementation Unit Structure and Capacity*

- Describe the specific unit or office within your organization that will implement the ERF Program grant. Please identify the implementing unit’s mission, goals, values, geographic service area, and existing efforts and practices related to serving people living in encampments.
- Describe your organization’s relevant existing partnerships and ability to develop new partnerships and collaborations in support of services to people experiencing homelessness in encampments.
- Describe how the entity’s structure and partnerships will lead to efficient and effective implementation of the proposed ERF Program.

2. *Part 2: Prioritized Encampment Site and Population to be Served*

- In detail, describe the specific encampment site, section of an encampment, or closely linked community of encampments, being resolved. The description must include the specific location, physical size of the area to be served, the types of structures people are

residing in at the site, and any other relevant or notable physical characteristics of the site to be served.

- Provide the number of the individuals living in the area that the applicant is requesting funding to serve, any available demographic information, and how this information was determined, including the extent to which estimates were used.
- In detail, describe why *this* specific encampment site is being prioritized for resolution support. This may include concerns related to public health, safety, and environmental hazards that pose a particular risk to the people living in the target area as compared to other encampments, or demographic factors related to addressing racial equity or serving populations disproportionately impacted by homelessness. This may also include the environmental, health, and safety impact of the encampment site to the community at large.

3. *Part 3: Core Service Delivery and Provision of Housing Options*

- In detail, describe the proposed services and interim and permanent housing options that will be provided to individuals experiencing homelessness in this specific encampment site and describe how the proposed services will be aligned with Housing First principles, tailored to meet the specific needs of the people served and address the health and safety challenges posed by the specific encampment site.
- State how many individuals experiencing homelessness will be served by the proposed project and how the services and interim and permanent housing options to be provided will prioritize the physical and mental health and wellness of the people served while supporting their transition out of the encampment and onto meaningful pathways to safe and stable housing.
- Describe how the proposed activities will result in sustainable restoration of the encampment site to its original state or intended use while prioritizing the health and wellness of people experiencing homelessness.

4. *Part 4: Coordination of Services and Housing Options*

- In detail, describe how the entity will coordinate with other systems and describe any new or innovative partnerships established in support of this program. This may include partnerships with healthcare, behavioral health, workforce development, long term services and supports, interim and permanent housing options, and other systems of service delivery.
- Describe any new, enhanced, or innovative partnerships the entity intends to carry out with State entities and/or philanthropy to create new or enhanced models of service delivery in support of this project.

- Describe how these new or enhanced partnerships will mitigate risk and address safety concerns, while ensuring a pathway for individuals living in encampments to move into safe and stable housing.
- Describe how the applicant will implement a coordinated approach that is data-informed to assist individuals in the encampment and ensure future outcomes can be measured.
- Provide Two Letters of Intent from at least two different partners demonstrating support and collaboration on the encampment resolution strategy. Note: Letters of Intent will not count towards the application page limit described in section D below.

5. Part 5: *Ensuring Dignity, Safety, and Wellness*

- Describe how people with lived experience were included or consulted in the planning of this project and how people with lived experience will be involved in implementing and/or assessing the impact of the project. Describe the extent to which the people living in the encampment to be served will be engaged in the implementation and assessment of the proposed project.
- Briefly describe how the proposed project and strategies exemplify Housing First values and will be non-punitive, trauma-informed, and culturally appropriate.
- Briefly describe any local laws, ordinances, and current or planned responses to community concerns regarding the encampment to be served, including any existing local encampment resolutions plans that may impact the project site. Describe how the entity will implement the proposed project and navigate potentially conflicting intentions, to ensure that the proposed activities support the dignity, safety, and wellness of people experiencing homelessness within the encampment site.

6. Part 6: *Personnel*

- Provide a list of all positions (both administrative and programmatic) which are integral to providing services under this proposal, including their title, a brief description of their duties, and the approximate full-time equivalent (FTE) of staffing for the grant project.
- Briefly describe any factors that make the key staff for this project uniquely qualified to carry out this grant successfully. This may include specialized training, cultural competency, lived expertise, and demonstrable past success with similar projects.
- Include a resume or, if the position is currently vacant, a duty statement for all positions (both administrative and programmatic) which are integral to providing services under this proposal. Note: resumes and duty statements will not count towards the application page limit described in section D below.

7. *Part 7: Proposed Budget and Fiscal Planning*

- Briefly explain how the award amount requested from the available funds was determined for the size of the proposed project and number of people to be served and how this project could be scaled if more or less than the requested funds are available.
- Identify all the funds currently being used or anticipated to be used in support of the proposed project, including all federal, state, philanthropic and/or local funds, and the proportion of the project cost that will be supported directly through this grant.
- Describe how the proposal will maximize use of resources for program services and how the funds requested through this grant and other leveraged funds reflect an efficient use of public dollars for the intended activities and outcomes.
- Describe the strategies to ensure that 50% of allocated funds are expended by June 30, 2023, and 100% by June 30, 2024, as required in Health and Safety Code Section 50253.
- Provide a budget narrative and line-item budget that demonstrate how resources made available through this grant will be allocated. Note: The budget narrative and line-item budget will not count towards the application page limit described in section D below.

D. Format Requirements

The **Work Plan** must be in the following format:

- 20 page maximum, double spaced, typed, Word document that uses Arial 12-point font with 1-inch margins and standard spacing between letters
- Utilizes the same Nomenclature as this RFA (e.g., Part 6: Personnel)
- Each prompt must be organized and answered separately

A Work Plan submitted that deviates from these requirements may be considered nonresponsive and may be disqualified from the evaluation.

The required **Attachments** must be in the following format:

- Application Checklist (Attachment 1), as instructed on Cognito Planning PDF
- Application Cover Page (Attachment 2), as instructed on Cognito Planning PDF
- Two Letters of Commitment or Intent

- Each letter is limited to 2 pages, one-sided
- The letter's heading must clearly indicate the Eligible Applicant
- Work Plan Budget

Attachments that deviate from these requirements may be considered nonresponsive and may be disqualified from the evaluation.

E. Submission Requirements

Applicants will utilize the Cognito platform to submit which can be found at <https://www.cognitoforms.com/HomelessCoordinatingAndFinancingCouncil/EncampmentsRFA>

A complete Application is required to be submitted and received by 5:00 p.m. on December 31, 2021 as reflected on the Cognito portal. Because HCFC does not have control over the platform's timing apparatus and uploading speed, and to mitigate for unforeseen occurrences, applicants are strongly encouraged to submit by noon on December 31, 2021.

HCFC may not consider any submission that is timestamped 5:01 pm or later as indicated on the Cognito platform. Unless there are *extraordinary* circumstances that have been documented, HCFC will not consider submissions by email. Applicants are permitted to submit a "Test" Submission at a time of their choosing to familiarize their understanding of the Platform. The Cognito platform will instruct applicants how to navigate this process.

General questions and requests for assistance may be submitted by email to HHAP@bcsh.ca.gov, heading "Encampment Resolution Funding Program"; please know that HCFC will likely respond to any inquiries through official channels that are directed to the entire eligible applicant pool.

HCFC cannot guarantee a response before the Application deadline to general questions or requests for assistance submitted after December 20, 2021.

IV. REVIEW AND AWARD

A. Funding Priorities

When determining grant awards, funding shall be prioritized for:

- Jurisdictions that can demonstrate a commitment to cross-systems collaboration and innovative efforts to resolve encampment issues, while focusing on protecting the health and well-being of the individuals living in those encampments.

- Jurisdictions that have 50 or more individuals living in the encampment that they are seeking to support with these funds.
- Awarding grants that, to the extent feasible, reflect a range of applicants that represent the diversity of communities across the state, including rural, urban, and suburban communities.

B. Review and Scoring

Phase 1 – Administrative Review: Applications will be reviewed and evaluated for timeliness and completeness of RFA specifications. In this review stage, reviewers will compare the contents of each application to the Required Documents Checklist ensuring that all required items are received. Applications that do not contain all the required items listed on the Required Documents Checklist will be considered non-responsive and may be disqualified from the evaluation. Any materials that are not required by the RFA will not be used for scoring purposes, will be separated from the application, and returned to applicant.

Phase 2 – Evaluation Panel: An Evaluation Panel will be convened comprised of qualified individuals who have knowledge and experience with the state grantmaking process and the subject matter of this RFA. The Evaluation Panel will review and score the Applications in accordance with the RFA scoring criteria and the RFA scoring matrix (Attachment 3).

Rating/Scoring Criteria	Maximum Possible Points
Part 1: <i>Implementation Unit Structure and Capacity</i>	10
Part 2: <i>Prioritized Encampment and Population to be Served</i>	15
Part 3: <i>Core Service Delivery and Provision of Housing Options</i>	20
Part 4: <i>Coordination of Services and Housing Options</i>	20
Part 5: <i>Ensuring Dignity, Safety, and Wellness</i>	15
Part 6: <i>Personnel</i>	10
Part 7: <i>Proposed Budget and Fiscal Planning</i>	10
Total Possible Points	100

C. Award

A Notice of Intent to Award shall be posted on the HCFC website and shall be sent by email to intended awardees.

If a bidder declines to accept an award, the HCFC reserves the right to make an award to subsequent applicants per the evaluation process.

V. AGREEMENT

A. Performance

Performance shall start no later than 30 days, or on the express date set by HCFC and the grantees, after all approvals have been obtained and the Grant Agreement is fully executed. Should the grantee fail to commence work at the agreed upon time, HCFC, upon five (5) days written notice to the grantee, reserves the right to terminate the Agreement. All performance under the Agreement shall be completed on or before the termination date of the Agreement.

B. Reporting

The Grantee shall submit an annual report to HCFC by December 31st each year following award with fiscal and programmatic data reflecting the progress of the grantee in a format provided by HCFC. The grantee shall also submit quarterly expenditure reports to HCFC on a form and method provided by HCFC that includes the ongoing tracking of funds. Grantees may also receive ad hoc requests for information from HCFC or its contractors in support of program monitoring, research, and evaluation.

At the end of the grant period, or upon request by HCFC, all grantees shall provide information and products developed with grant funds on service delivery models in support of the overall program goal to mitigate risk and address safety concerns in encampments, including any materials that may be necessary to study the program or replicate it for implementation across the state.

C. Additional Requirements

Once grants have been awarded, grantees will be required to adhere to the following additional requirements:

CONTRACTING PROCESS

Once awards have been determined by HCFC, a contract packet including the Standard Agreement and Request for Funds Form (RFF) form will be prepared and sent to the Grantee. The Grantee will return the signed Standard Agreement and RFF which will initiate the process to execute the final contract and disburse funding. Funds will be disbursed to the

Grantee upon receipt, review and approval of the completed Standard Agreement and RFF by HCFC, the Department of General Services (DGS) and the State Controller's Office (SCO). The RFF must include the proposed eligible uses and the amount of funds proposed for expenditure under each eligible use. Grant funds will be disbursed via mailed check once the RFF has been received by the SCO. Checks will be mailed to the address and contact name listed on the RFF.

INSURANCE

Applicants must provide proof of insurance coverage. Coverage needs to be in force for the complete term of the Grant Agreement. If insurance expires during the term of the grant, applicants may be required to provide a new certificate to the State prior to the expiration of this insurance. Any new insurance must still comply with the original terms of the grant.

In the event Grantee fails to keep in effect at all times the specified insurance coverage, the State may, in addition to any other remedies it may have, terminate this Grant upon the occurrence of such event, subject to the provisions of this Grant.

Deductible – Grantee is responsible for any deductible or self-insured retention contained within their insurance program.

Primary Clause – Any required insurance contained in this grant shall be primary, and not excess or contributory, to any other insurance carried by the State.

Insurance Carrier Required Rating – All insurance companies must carry a rating acceptable to the Department of General Services Office of Risk and Insurance Management. If the Grantor is self-insured for a portion or all of its insurance, review of financial information including a letter of credit may be required.

Inadequate Insurance – Inadequate or lack of insurance does not negate the grantee's obligations under the grant.

PROHIBITION ON TAX DELINQUENCY

Any Agreement that a state agency enters into after July 1, 2012, is void if the grant is between a state agency and a grantee, or subcontractor, whose name appears on either list of the 500 largest tax delinquencies pursuant to Section 7063 or 19195 of the Revenue and Taxation Code. (Public Contract Code section 10295.4). In accordance with Public Contract Code section 10295.4, agencies are required to cancel Agreements with entities that appear on either list.

(Franchise Tax Board)

https://www.ftb.ca.gov/aboutFTB/Delinquent_Taxpayers.shtml,

(Board of Equalization) <http://www.boe.ca.gov/cgi-bin/deliq.cgi>

VI. ATTACHMENTS

ATTACHMENT 1

Application Organization and Required Document Checklist

A complete application package must consist of the items identified below. Complete this checklist to confirm the items are included in your application. Place a check mark or "X" next to each item that you are submitting to the State. For your application to be responsive, **all required documents listed below must be returned with bid**. This checklist must also be returned with your bid package.

Name/Description

- | | |
|-------|---|
| _____ | Required Attachment Check List (Attachment 1) |
| _____ | Cover Sheet (Attachment 2) signed by authorized representative |
| _____ | Work Plan (maximum of 20 pages) |
| _____ | Work Plan Budget |
| _____ | Proof of insurance coverage |
| _____ | Two Letters of Support |
| _____ | Staff resumes or Duty Statements for key personnel or position identified who will provide RFA related duties during the grant period |

ATTACHMENT 2

Cover page sheet

1. Applicant (Organization):

5rfcd v _____

Address _____

City _____ County _____ ZIP Code _____

Tax ID Number _____

2. Project Director:

Name _____

Title _____

Telephone _____

Email _____

3. Grant Administrator:

Name _____

Title _____

Telephone _____

Email _____

4. Contact person for application, if different than Project Director:

Name _____

Title _____

Telephone _____

Email _____

The applicant certifies that, to the best of his or her knowledge and belief, the data in this application are true and correct.

Name of Authorized Official

Print _____

Signature _____ Date _____

ATTACHMENT 3

Benchmarks for Scoring ERF Program Work Plan Sections

Evaluators will use a 5-point rating scale to score the narrative responses. 0 is the lowest value and 5 is the highest value. The evaluators are guided by a benchmark for each category that explains a well-qualified response, a somewhat qualified response, and an unqualified response. Each score will be weighted to align with the total points possible for each section of the grant narrative (for example, section 1 is worth 10 points so a raw score of 3 out of 5 would translate to a weighted score of 6 out of 10.)

Raw score	Benchmark range
4-5	Well-qualified
2-3	Somewhat Qualified
0-1	Unqualified

#	Response	Possible total per section
1	Implementation Unit Structure/Capacity	10
2	Encampment Site & Population to be Served	15
3	Core Services Delivery & Provision of Housing	20
4	Coordination of Services & Housing Options	20
5	Ensuring Dignity, Safety, and Wellness	15
6	Personnel	10
7	Proposed Budget and Fiscal Planning	10
Total possible Score		100

Part 1: Implementation Unit Structure and Capacity

Well Qualified (4-5)

Fully addresses all elements under this category in the RFA, as described below:

- Provides *detailed* descriptions of the specific unit or office that will implement the grant. *Clearly identifies* the implementing unit's mission, goals, values, geographic service area, and existing efforts and practices related to serving people living in encampments and *how these elements tie to the success* of the proposed project.
- Provides *clear and detailed* descriptions of the organization's relevant existing partnerships and their ability to *effectively* develop new partnerships and collaborations. *Clearly connects* the new and existing partnership to success in support of services to people experiencing homelessness in encampments.
- Provides *clear and detailed* descriptions for how the entity's structure and partnerships will specifically lead to efficient and effective implementation of the proposed project.

Somewhat Qualified (2-3)

Addresses at least two elements under this category in the RFA, as described below:

- *Generally* describes the specific unit or office that will implement the proposed project. *Partially* describes the implementing unit's mission, goals, values, geographic service area, and existing efforts and practices related to serving people living in encampments.
- *Generally* describes relevant existing partnerships and ability to develop new partnerships and collaborations in support of services to people experiencing homelessness in encampments. *Does not provide specific details* of how those partnerships will further the goals of the proposed project.
- *Generally* describes how the entity's structure and partnerships will support implementation of the proposed ERF Program *but lacks specificity* on the impact of those structures and partnerships on the proposed program.

Not Qualified (0-1)

Fails to adequately address at least two elements under this category in the RFA:

- *Omits* a description of the unit or office that will implement the grant or provides a description that is *vague and unclear*. *Does not identify or fully omits* the implementing unit's mission, goals, values, geographic service area, and existing efforts and practices related to serving people living in encampments.
- Fails to describe or fully omits the organization's relevant existing partnerships. *Omits or inadequately describes* their ability to develop new partnerships and collaborations in support of services to people experiencing homelessness in encampments.
- *Omits* or provides a description that is *vague or confusing* of, how the entity's structure and partnerships will lead to efficient and effective implementation of the proposed ERF Program.

Part 2: Prioritized Encampment Site and Population to be Served

Well Qualified (4-5)

Fully addresses all elements under this category in the RFA, as described below:

- Provides a *clear and detailed* description of the specific encampment site (as defined in RFA) and population to be served. The description *clearly describes all of the following*: the specific location, physical size of the area to be served, the types of structures people are residing in at the site, and any other relevant or notable physical characteristics of the site to be served.
- Provides the number of the individuals living in the area that the applicant is requesting funding to help resolve, any available demographic information or relevant shared characteristics of the people to be served, and a *clear and logical* description of the methodology used to determine this demographic information.
- Describes *clearly and thoroughly* why the selected encampment is being prioritized for resolution support including all relevant factors considered such as public health, safety, environmental hazards, demographic factors related to addressing racial equity or serving populations disproportionately impacted by homelessness, and/or impact of the encampment to the community at large.

Somewhat Qualified (2-3)

Addresses at least two elements under this category in the RFA, as described below:

- Describes the specific encampment site (as defined within the RFA) and population to be served. The description *does not include* all of or *lack details* for the following factors: the specific location, physical size of the area to be served, the types of structures people are residing in at the site, and any other relevant or notable physical characteristics of the site to be served.
- Provides *only general* information on the number and demographics of the individuals living in the area that the applicant is requesting funding to serve. Provides a brief description of the methodology used to determine this demographic information, but the information may be vague or not well supported
- Generally describes why *this* specific encampment is being prioritized for resolution support and only *partially* addresses factors considered such as public health, safety, environmental hazards, demographic factors related to addressing racial equity or serving populations disproportionately impacted by homelessness, and/or impact of the encampment to the community at large.

Not Qualified (0-1)

Fails to adequately address at least two elements under this category in the RFA:

- *Fails to* describe the specific encampment site (as defined in the RFA) and population to be served. The description *lacks most, or all* required factors including the specific location, physical size of the area to be served, the types of structures people are residing in at the site, and any other relevant or notable physical characteristics of the site to be served.
- *Omits or does not clearly* describe the number of the individuals living in the area that the applicant is requesting funding to serve. *Lacks meaningful* data on demographic information or relevant shared characteristics of the people to be served. *Omits* a description of the methodology used to determine this demographic information or describes a methodology that *does not make sense*.
- *Omits or fails* to describe and provide details for why the encampment is being prioritized for resolution support. *Mostly or entirely omits* factors considered such as public health, safety, environmental hazards, demographic factors related to addressing racial equity or serving populations disproportionately impacted by homelessness, and/or impact of the encampment to the community at large.

Part 3: Core Service Delivery and Provision of Housing Options

Well Qualified (4-5)

Fully addresses all elements under this category in the RFA, as described below:

- *Thoroughly* describes the proposed services, interim, and permanent housing solutions to be offered through the proposed project and how those services and housing options will be *tailored to effectively* meet the *specific* needs of the people served and address the health and safety challenges posed by the specific encampment site.

- Provides a *clear* description of how many individuals experiencing homelessness will be served by the proposed services and housing interventions and *specifically describes* how those services will *effectively* prioritize the health and wellness of the people served while supporting their transition out of the encampment site and into safe and stable housing.
- Provides a *clear and specific* description of how the proposed activities will *effectively* result in sustainable restoration of the encampment site to its original state or intended use *and* how this will be achieved while prioritizing the health and wellness of people experiencing homelessness.

Somewhat Qualified (2-3)

Addresses at least two elements under this category in the RFA, as described below:

- The response *lacks the detail* of a well-qualified responses but provides a *general and logical* description of the proposed services, interim, and permanent housing solutions to be offered through the proposed project and *generally* describes how those services and housing options will be tailored to meet the *overall* needs of the people served.
- Describes how many individuals experiencing homelessness will be served by the proposed services and housing options and but *lacks specificity* on how services will prioritize the health and wellness of the people served while support their transition out of the encampment site and into safe and stable housing.
- Provides a *general* description of how the proposed activities will result in sustainable restoration of the encampment site to its original state or intended use but *lacks specificity* on how this will be achieved while prioritizing the health and wellness of people experiencing homelessness.

Not Qualified (0-1)

Fails to adequately address at least two elements under this category in the RFA:

- *Does not* include a description of a plan that provides all of the proposed services, interim, and permanent housing solutions to be offered through the proposed project or provides a description that *is not relevant* or *clearly tied to outcomes* for the population to be served.
- *Does not* address how many individuals experiencing homelessness will be served by the proposed services and housing options. *Omits* details on how the proposed services and housing options will be tailored to meet the specific needs of the people served and address the health and safety challenges posed by the specific encampment site.
- *Omits or fails* to describe of how the proposed activities will result in restoration of the encampment site to its original state or intended use or how this will be achieved while prioritizing the health and wellness of people experiencing homelessness.

Part 4: Coordination of Services and Housing Options

Well Qualified (4-5)

Fully addresses all elements under this category in the RFA, as described below:

- Describes *clearly and specifically* how the entity will coordinate with local partners and align with other systems and *including* any new or innovative partnerships established in support of this program. *Clearly articulates how* those partnerships support the success of the proposed project.
- Provides *clear and specific* descriptions of new, enhanced, or innovative partnerships with State entities and/or philanthropy makes a *compelling and relevant* case for how they will result in new or enhanced models of service delivery in support of this project.
- Provides a *clear, relevant and logical* description of the intended coordinated approach and *specifically describes how* the approach is data-informed to assist individuals in the encampment and ensuring future outcomes can be measured.
- Provides Two Letters of Intent from at least two different partners. The letters of intent provide *clear, specific, and relevant* information demonstrating support and collaboration on the proposed project.

Somewhat Qualified (2-3)

Addresses at least two elements under this category in the RFA, as described below:

- *Generally* describes how the entity will coordinate with local partners and align with other systems but *may lack specificity* on any new or innovative partnerships established in support of this program. *Clearly articulates how* those partnerships support the success of the proposed project.
- *Generally* describes proposed partnerships with State entities and/or philanthropy and how they will result in new or enhanced models of service delivery in support of this project, but may be *less clear or compelling* than a well-qualified response.
- Provides a *logical but only general* description of the intended coordinated approach and *generally addresses* how the approach is data-informed to assist individuals in the encampment and ensuring future outcomes can be measured.
- Provides Two Letters of Intent from at least two different partners. The letters of intent provide *relevant but only general* information demonstrating support and collaboration on the proposed project.

Not Qualified (0-1)

Fails to adequately address at least two elements under this category in the RFA:

- *Omits or fails* to describe how the entity will coordinate with local partners and align with other systems and *lacks details* on any new or innovative partnerships established in support of this program. *Lacks or provides irrelevant information* on how those partnerships support the success of the proposed project.
- *Omits* a description of proposed partnerships with State entities and/or philanthropy and how they will result in new or enhanced models or provides a description that is *vague, illogical, or not relevant* to the project.
- *Omits or fails* to describe the intended coordinated approach and *does not address* how the approach is data-informed to assist individuals in the

- encampment and ensuring future outcomes can be measured. *Lacks specific or relevant* data-informed method towards a sustainable solution.
- *Fails to* provides two Letters of Intent from at least two different partners or provides letters that *do not provide relevant* information demonstrating support and collaboration on the proposed project.

Part 5: Ensuring Dignity, Safety, and Wellness

Well Qualified (4-5)

Fully addresses all elements under this category in the RFA, as described below:

- Provides a *clear and detailed* description of how people with lived experience were included or consulted in the planning of this project. Describes *specific and relevant* activities that will support engagement with the people living in the encampment site in the implementation and assessment of the proposed project.
- Provide *clear and specific examples* for how the proposed project and activities exemplify Housing First values and how the proposed services and interventions will be non-punitive, trauma-informed and culturally appropriate.
- Provides a *clear and relevant* description of any local laws, ordinances, current or planned responses to community concerns regarding the encampment to be served, including any existing local encampment resolutions plans that may impact the intended project site. Describe any possible *specific* impacts on the proposed project and *clearly articulates* how they will navigate potentially conflicting intentions, to ensure that the proposed activities support the dignity, safety, and wellness of people experiencing homelessness within the encampment site.

Somewhat Qualified (2-3)

Addresses at least two elements under this category in the RFA, as described below:

- Provides a *general* description of how people with lived experience were included or consulted in the planning of this project and the activities that will support engagement with the people living in the encampment site in the implementation and assessment of the proposed project.
- Provide a *general but relevant and clear* description for how the proposed project and activities exemplify Housing First values and how the proposed services and interventions will be non-punitive, trauma-informed and culturally appropriate.
- Provides a *broad* description of any local laws, ordinances, current or planned responses to community concerns regarding the encampment to be served, including any existing local encampment resolutions plans that may impact the intended project site, but may *lack specific details* on impacts to the proposed project and how they will navigate potentially conflicting intentions, to ensure that the proposed activities support the dignity, safety, and wellness of people experiencing homelessness within the encampment site.

Not Qualified (0-1)

Fails to adequately address at least two elements under this category in the RFA:

- *Omits or provides a vague and irrelevant* description of how people with lived experience were included or consulted in the planning of this project. *Fails to describe meaningful activities* to support engagement with the people living in the encampment site in the implementation and assessment of the proposed project.
- *Omit a response or demonstrates a fundamental lack of understanding for* Housing First, trauma-informed, culturally appropriate, and non-punitive strategies.
- *Omits or provides a vague and irrelevant* of local laws, ordinances, current or planned responses to community concerns regarding the encampment to be served. *Fails to describe relevant* possible impacts on the proposed project or how they will navigate potentially conflicting intentions, to ensure that the proposed activities support the dignity, safety, and wellness of people experiencing homelessness within the encampment site.

Part 6: Personnel

Well Qualified (4-5)

Fully addresses all elements under this category in the RFA, as described below:

- Provides a *clear* list of all *relevant* administrative and programmatic positions serving under this proposal, including *all* of the following elements: their title, a brief description of their duties, and their approximate FTE for the grant project.
- Provides a *clear and relevant* description of factors that make the key staff for this project uniquely qualified to carry out this grant successfully, including factors such as specialized training, cultural competency, lived expertise, and demonstrable past success with similar projects.
- Includes a resume or, if the position is currently vacant, a duty statement for all positions providing services under this proposal.

Somewhat Qualified (2-3)

Addresses at least two elements under this category in the RFA, as described below:

- Provide a list of all administrative and programmatic positions serving under this proposal, though the connection of the positions to this project make be *less clear* than in a well-qualified response. Includes *all* the following elements: their title, a brief description of their duties, and their approximate FTE for the grant project.
- Provides a *general* description of factors that make the key staff for this project qualified to carry out this grant successfully but *may lack details* including factors such as specialized training, cultural competency, lived expertise, and demonstrable past success with similar projects.
- Includes a resume or, if the position is currently vacant, a duty statement for all positions providing services under this proposal.

Not Qualified (0-1)

Fails to adequately address at least two elements under this category in the RFA:

- Minimum qualifications or duty statements are *missing or insufficient detailed*.
- Staff training and/or qualifications are not detailed.

- Narrative fails to provide evidence to show the organization's personnel are qualified or how their time will be used.
- *Does not* include a resume or a duty statement for all positions providing services under this proposal.

Part 7: Proposed Budget and Fiscal Planning

Well Qualified (4-5)

Fully addresses all elements under this category in the RFA, as described below:

- Provides a *clear, logical, and relevant* explanation of how the award amount requested was determined for the size of the proposed project and number of people to be served and a *clear and specific* description of how the project budget could be scaled up or down if more or fewer funds than the requested funds are available.
- *Clearly* identifies all the funds currently being used or anticipated to be used in support of the proposed project, including all federal, state, philanthropic and/or local funds, and the proportion of the project cost to be supported through this grant.
- Provides a *clear, relevant, and compelling* explanation of how the proposal will maximize use of resources for program services and how the funds requested through this grant and other leveraged funds reflect an efficient use of public dollars for the intended activities and outcomes.
- Describes *clear, specific, and relevant* strategies to ensure that 50% of allocated funds are expended by June 30, 2023, and 100% by June 30, 2024.
- Provides a *clear, relevant, and logical* budget narrative and line-item budget that demonstrates how resources made available through this grant will be allocated.

Somewhat Qualified (2-3)

Addresses at least three elements under this category in the RFA, as described below:

- Provides a *general but clear and relevant* explanation of how the award amount requested was determined for the size of the proposed project and number of people to be served. Provides a description of how the project budget could be scaled up or down if more or fewer funds than the requested funds are available but *lacks specificity*.
- *Clearly* identifies all the funds currently being used or anticipated to be used in support of the proposed project, including all federal, state, philanthropic and/or local funds, and the proportion of the project cost to be supported through this grant.
- Provides a *broad* explanation of how the proposal will maximize use of resources for program services but is *less detailed and compelling* in their case for how the funds requested through this grant and other leveraged funds reflect an efficient use of public dollars for the intended activities and outcomes.
- *Generally* describes *relevant* strategies to ensure that 50% of allocated funds are expended by June 30, 2023 and 100% by June 30, 2024.

- Provides a *clear, relevant, and logical* budget narrative and line-item budget that demonstrates how resources made available through this grant will be allocated.

Not Qualified (0-1)

Fails to adequately address at least two elements under this category in the RFA:

- *Omits or provides a vague, illogical, or not relevant* explanation of how the award amount requested was determined for the size of the proposed project and number of people to be served and how the project budget could be scaled up or down if more or fewer funds than the requested funds are available.
- *Fails to identify* all the funds currently being used or anticipated to be used in support of the proposed project, including all federal, state, philanthropic and/or local funds, and the proportion of the project cost to be supported through this grant.
- *Omits or provides a vague, illogical, or not relevant* explanation of how the proposal will maximize use of resources for program services and how the funds requested through this grant and other leveraged funds reflect an efficient use of public dollars for the intended activities and outcomes.
- *Omits* strategies to ensure that all funds will be spent by the required timelines or submits strategies that are *illogical or not relevant* to the requirement.
- *Omits* budget narrative and line-item budget or provides submission that *does not* demonstrate how resources made available through this grant will be allocated.

HOMELESS COORDINATING AND FINANCING COUNCIL (HCFC)

Encampment Resolution Funding (ERF) Program

915 Capitol Mall

Sacramento, CA 95814

(916) 651-2820

www.hcfc.ca.gov



November 2, 2021

**Encampment Resolution Funding (ERF) Program
Applicant Conference**

ADDENDUM #1

To all Prospective Applicants:

This addendum hereby revises the RFA for the Encampment Resolution Funding (ERF) program released on 10/29/2021. The revision are as follows:

1. HCFC has added the following item under Section II. ELIGIBLE ACTIVITIES:

ELIGIBLE APPLICANTS:

- Local Jurisdiction – a city or charter city, a county or charter county, or a city and county, including a charter city and county.
- Continuum of Care – as defined in Section 578.3 of Title 24 of the Code of Federal Regulations.

2. HCFC has added the following details for the Applicant Conference as follows:

HCFC is excited to announce that there will be two ERF Applicant Conferences on November 19, 2021. Applicants can choose to attend the first conference at 9:30 am or the second conference at 1:00 pm. These conferences will last an hour each and are for informational purposes only, attendance is not mandatory. Please email all questions to hnap@bcsh.ca.gov by 5pm November 12, 2021. See next page for conference registration information.

Conference Agenda:

- I. Welcome and Introduction
- II. RFA Overview
- III. Answer questions submitted to HCFC
- IV. Live Question (if time permits)

Register for the session you would like to attend conference by clicking the links below.
Register before November 19, 2021.

Session 1: November 19, 2021 @ **09:30 AM** Pacific Time (US and Canada)

Register in advance for this webinar:

https://us06web.zoom.us/webinar/register/WN_nwhj5lYyQhSPMSHv8PIZAq

Session 2: November 19, 2021 @ **01:00 PM** Pacific Time (US and Canada)

Register in advance for this webinar:

https://us06web.zoom.us/webinar/register/WN_INrWdRdsSqC1O39xNPT9hg



To: Honorable Members of the San Francisco Board of Supervisors

From: San Francisco Department of Homelessness and Supportive Housing

Date: January 13, 2023

Subject: Accept and Expend State Encampment Resolution Grant Funds -- Retroactive Request

This Resolution seeks authorization for the Department of Homelessness and Supportive Housing ("HSH") to retroactively execute a Standard Agreement ("Agreement") with the California Business, Consumer Service and Housing Agency ("BCSH") for a total amount not to exceed \$10,849,033 of Encampment Resolution Funding Programs grant funds, and to retroactively accept and expend those funds to support people experiencing unsheltered homelessness for costs incurred upon approval of the Standard Agreement by BCSH through June 30, 2025.

A request for retroactive authorization to enter into a Standard Agreement with BCSH is being sought as an Executed Copy of the Agreement was required within 30 days of the receipt of the Award Letter to secure grant funding. The Award Letter, a copy of which is on file with the Clerk of the Board of Supervisors, is dated October 27, 2022. As the Agreement requires HSH to begin expending grant funds within 30 days of BCSH approval of the Agreement, HSH requests retroactive approval to accept and expend grant funds.

If you have questions about this grant or the retroactive request for approval, please contact Dylan Schneider, HSH Manager of Legislative Affairs, at dylan.schneider@sfgov.org.



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 230105

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

1. FILING INFORMATION

TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD

OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER
Board of Supervisors	Members

3. FILER'S CONTACT

NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Bryn Miller	(978) 460-2875
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HOM Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Episcopal Community Services	TELEPHONE NUMBER (415) 487-3300
STREET ADDRESS (including City, State and Zip Code) 165 8th St, San Francisco, CA 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230105
DESCRIPTION OF AMOUNT OF CONTRACT \$2,870,981		
NATURE OF THE CONTRACT (Please describe) Direct services and housing options at the Cova non-congregate shelter.		

7. COMMENTS
Description of Amount of Contract reflected in the "Grant Expenditure Plan" attachment in File.

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Stokes	Beth	CEO
2	Larra	Eric	CFO
3	Calandrillo	Chris	Other Principal Officer
4	Handley Andrus	Marc	Board of Directors
5	Bond	Doug	Board of Directors
6	Clayter	Todd	Board of Directors
7	Geeslin	Keith	Board of Directors
8	Ho	Heidi	Board of Directors
9	Jones	Martin	Board of Directors
10	Ketcham	Susan	Board of Directors
11	Martinez	Alejandro	Board of Directors
12	McTiernan	Megan	Board of Directors
13	Metoyer	Eric	Board of Directors
14	Rodriguez	Jonathan	Board of Directors
15	Shah	Tajel	Board of Directors
16	Silveira	Dara	Board of Directors
17	Singer	Susanna	Board of Directors
18	Solomon	Barbara	Board of Directors
19	Springwater	Richard	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Tatsuno	Yvonne	Board of Directors
21	Zaidi	Hassan	Board of Directors
22			
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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☐ Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
BOS Clerk of the Board	



San Francisco Ethics Commission

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Phone: 415.252.3100 . Fax: 415.252.3112

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Bryn Miller	(978) 460-2875
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HOM Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR WeHope	TELEPHONE NUMBER (650) 330-8000
STREET ADDRESS (including City, State and Zip Code) 1854 Bay Rd, East Palo Alto, CA 94303	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230105
DESCRIPTION OF AMOUNT OF CONTRACT \$3,277,334.35		
NATURE OF THE CONTRACT (Please describe) Direct services and housing options at the Monarch non-congregate shelter.		

7. COMMENTS
Description of Amount of Contract reflected in the "Grant Expenditure Plan" attachment in File.

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Baines	Paul	CEO
2	Garcia	Alivia	COO
3	Baines	Cheryl	Other Principal Officer
4	Adger	Denise	CFO
5	Bunce	Jonathan	Board of Directors
6	Sherrard	Robert	Board of Directors
7	Henderson	Irv	Board of Directors
8	Archer	Thomas	Board of Directors
9	Ericson	Bruce	Board of Directors
10	Granberry	Noel	Board of Directors
11	Hughey	Rosalyn	Board of Directors
12	Reiton	Jeroald	Board of Directors
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9. AFFILIATES AND SUBCONTRACTORS

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10. VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
BOS Clerk of the Board	



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 230105

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

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1. FILING INFORMATION

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Board of Supervisors	Members

3. FILER'S CONTACT

NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Bryn Miller	(978) 460-2875
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HOM Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Dolores Street Community Services	TELEPHONE NUMBER (415) 282-6209
STREET ADDRESS (including City, State and Zip Code) 938 Valencia Street, San Francisco, CA 94110	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230105
DESCRIPTION OF AMOUNT OF CONTRACT \$1,467,284		
NATURE OF THE CONTRACT (Please describe) Direct services and housing options at the 1515 South Van Ness Safe Sleep site.		

7. COMMENTS
Description of Amount of Contract reflected in the "Grant Expenditure Plan" attachment in File.

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Valdez	Laura	CEO
2	Hidalgo	Saul	CFO
3	winn	Michael	Board of Directors
4	Hernandez	Pedro	Board of Directors
5	Lin	Kani	Board of Directors
6	Cameron	Anjali	Board of Directors
7	Tanaka	Chelsey	Board of Directors
8	Leonard-wookey	Anat	Board of Directors
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Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
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4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Bryn Miller	(978) 460-2875
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HOM Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Heluna Health	TELEPHONE NUMBER (800) 201-7320
STREET ADDRESS (including City, State and Zip Code) 13300 Crossroads Pkwy N #450, City of Industry, CA	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230105
DESCRIPTION OF AMOUNT OF CONTRACT \$834,665		
NATURE OF THE CONTRACT (Please describe) San Francisco Homeless Outreach Team direct services.		

7. COMMENTS
Description of Amount of Contract reflected in the "Grant Expenditure Plan" attachment in File.

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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1	Baker	Alexander	Board of Directors
2	Vetticaden	Santosh	Board of Directors
3	Jenks	Robert	Board of Directors
4	Joseph	Tamara	Board of Directors
5	Mago	Hope Tatirai	Board of Directors
6	Garrido	Terhilda	Board of Directors
7	Anyaku	Nwando	Board of Directors
8	Macarchuk	Nicole	Board of Directors
9	Rich	Sarah	Board of Directors
10	Vasallo	Vivian	Board of Directors
11	Casciato	Georgia	Board of Directors
12	Edwards	Carladenise	Board of Directors
13	O'Connor	Jean	Board of Directors
14	Yip	Edward	Board of Directors
15	Gorre	Celina	Board of Directors
16	Midura	Bonnie	Board of Directors
17	Cutler	Blayne	CEO
18	Dale	Peter	COO
19	Gieseler	Brian	CFO

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Robinson	Elizabeth	Other Principal Officer
21	Seifert	Tim	COO
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FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Bryn Miller	978-460-2875
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HOM Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR 33 Gough, LLC	TELEPHONE NUMBER (404) 224-1860
STREET ADDRESS (including City, State and Zip Code) 191 Peachtree Street, Suite 4100, Atlanta, GA 30303	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230105
DESCRIPTION OF AMOUNT OF CONTRACT \$1,723,472		
NATURE OF THE CONTRACT (Please describe) Funding from the State Encampment Resolution Fund for one year of lease costs at \$1,372,000 and taxes and insurance costs payable by the City on behalf of 33 Gough LLC estimated at \$351,472 annually.		

7. COMMENTS
Description of Amount of Contract reflected in the "Grant Expenditure Plan" attachment in File.

8. CONTRACT APPROVAL	
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1	Perry	Egbert LJ	CEO
2	Edwards	Valerie	Other Principal Officer
3	Powell	Mitch	CFO
4	Sanusi	Adetayo	Other Principal Officer
5	Lundy Wilbon	Vicky	Other Principal Officer
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FULL DEPARTMENT NAME	EMAIL
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4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Bryn Miller	(978) 460-2875
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HOM Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Urban Alchemy	TELEPHONE NUMBER (415) 757-0896
STREET ADDRESS (including City, State and Zip Code) 1035 Market Street, Suite 150, San Francisco, CA 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230105
DESCRIPTION OF AMOUNT OF CONTRACT \$2,333,768		
NATURE OF THE CONTRACT (Please describe) Direct services and housing options at the 33 Gough non-congregate cabin program.		

7. COMMENTS
Description of Amount of Contract reflected in the 'Grant App Budget' attachment on file.

8. CONTRACT APPROVAL	
This contract was approved by:	
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2	wilson	Bayron	CFO
3	Growney	Kristin	CFO
4	whittle	Lola	Board of Directors
5	Baskin	James	Board of Directors
6	Brookter	Dion-Jay	Board of Directors
7	Davis	Darolyn	Board of Directors
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☐ Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
BOS Clerk of the Board	



TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Dylan Schneider, Manager of Policy and Legislative Affairs,
Department of Homelessness and Supportive Housing

DATE: January 13, 2023

SUBJECT: Retroactive Accept and Expend Resolution for Encampment
Resolution Funding Grant

GRANT TITLE: Encampment Resolution Funding Grant

Attached please find the original* and 1 copy of each of the following:

- X Proposed grant resolution; original* signed by Department, Mayor, Controller
(Document 2)
- X Grant information form, including disability checklist (Document 3)
- x Grant budget (Document 4)
- X Grant application (Document 5)
- X Letter of Intent or grant award letter from funding agency (Document 6)
- X Ethics Form 126 (if applicable) (Document 12)
- x Contracts, Leases/Agreements (if applicable) – Standard Agreement (Document 7)
- x Other (Explain):
- Document 8: Grant Expenditure Form
 - Document 9: Encampment Resolution Funding Request for Applications
 - Document 10: Updated Grant Application Budget

Special Timeline Requirements:

Please schedule at earliest available date.

Departmental representative to receive a copy of the adopted resolution:

Name: Dylan Schneider

Phone: 628.652.7742

Interoffice Mail Address: 440 Turk Street, San Francisco CA, 94102

Certified copy required: Yes ☐

No ☒

(Note: certified copies have the seal of the City/County affixed and are occasionally required by funding agencies. In most cases ordinary copies without the seal are sufficient).

