



CALIFORNIA DEPARTMENT OF

Mental Health

1600 9th Street, Sacramento, CA 95814
(916) 654-3551

December 8, 1998

DMH INFORMATION NOTICE NO.: 98-22

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, MENTAL HEALTH ADVISORY BOARDS

SUBJECT: SUPPORTIVE HOUSING DEMONSTRATION PROJECTS

The Department of Mental Health (DMH) is pleased to announce the availability of \$700,000 for funding of demonstration projects that will provide supportive housing for persons with serious mental illness who are homeless. The funds are part of DMH's federal Projects for Assistance in Transition From Homelessness (PATH) grant.

The Department anticipates funding up to four demonstration projects. The enclosed Request for Applications (RFA) describes the specific requirements for funding consideration.

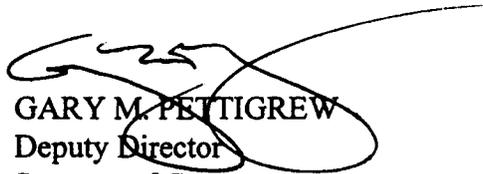
Counties will be required to contribute matching funds in the amount of one dollar (in cash or in kind) for every three dollars of federal funds provided. The county will have to agree to participate in an evaluation component in order to qualify for an award. The awards will be made on a competitive basis with the intention that at least one award will go to a small county or a regional consortium of small counties. Consideration also will be given to a geographical distribution of awards. Applications must be signed by the county mental health authority and include detailed letters of commitment outlining specific resources and collaboration.

The Department has kept the RFA requirements as brief and flexible as possible to minimize staff time to complete the application while allowing DMH to rate the applications on a competitive basis. The proposed services must be consistent with Federal PATH guidelines, and the supportive housing definition as described in the RFA.

There will be a pre-bidders/technical assistance conference in January 1999. The due date for the applications is February 26, 1999. Project implementation must begin no later than June 1999. Duration of the demonstration projects is expected to be three years contingent on the availability of federal PATH funds. It is anticipated that technical assistance will be provided throughout this three year period.

Questions about this Supportive Housing RFA should be directed to Mel Voyles, Chief, Planning, Grants, and Revenue Enhancement, at (916) 327-9322 , Don Rittenhouse, PATH/Housing Coordinator, at (916) 327-9315, or Jim Collins, PATH Fiscal Coordinator, at (916) 327-9314.

Sincerely,



GARY M. PETTIGREW
Deputy Director
Systems of Care

Enclosures

cc: California Mental Health Planning Council
Chief, Technical Assistance and Training

TABLE OF CONTENTS

	<u>PAGE</u>
I. Introduction and Purpose of Program	1
A. Background	1
B. Goals	2
C. Eligible Respondents	2
D. Target Population	3
II. Program Guidelines	3
A. Needs Statement/Tenancy Mix	3
B. Housing Description	4
C. Services Rendered	4
D. Budget	4
E. Letters of Commitment/Collaboration	4
III. PATH Guidelines and Match Requirements	5
IV. Tenant's Rights Requirements	6
V. Program Evaluation	6
A. Instrumentation	6
B. Instrument Administration	7
1. Training	7
2. Administering the Instruments	7
3. Reporting the Data	7
4. Use of Instrument Data	7
VI. Grant Application Scoring	8
A. Needs Statement/Expected Tenancy Mix	8
B. Demonstrated Linkage with Local Housing Provider	8
C. Service Model	9
D. Budget/Staffing	9
E. Letters of Commitment/Collaboration	9
VII. Request for Application Process	10
VIII. Checklist/Table of Contents	11
IX. Submission Guidelines	11
X. Appendix	13

REQUEST FOR APPLICATIONS SUPPORTIVE HOUSING

NOTICE TO APPLICANTS

SECTION I - INTRODUCTION AND PURPOSE OF PROGRAM

For State Fiscal Year 1998-99, the state's federal formula grant for Projects for Assistance in Transition from Homelessness (PATH) was increased by \$700,000. The Department of Mental Health (DMH), with the support of consumers, families, and the California Mental Health Directors Association (CMHDA), has dedicated this funding to encourage innovative supportive housing projects for persons who have serious mental illness and are homeless or at imminent risk of becoming homeless.

The DMH proposes to fund up to four projects for a period of up to three years contingent upon the continued availability of federal funds. It is anticipated that the maximum award will be \$175,000 per year and that at least one grant will be awarded to a small county (population under 200,000) or to a regional proposal by small counties.

A. BACKGROUND

The California Legislature, in Assembly Bill 2780 (Gallegos, Chapter 310, Statutes of 1998), Chapter 4, the California Statewide Supportive Housing Initiative Act, declares that:

"Decent, affordable housing is an essential human need that relates directly to families and persons achieving self-sufficiency and maximizing their independence;

the presence of homeless persons on our streets and the existence of unsafe, unsanitary housing constitute conditions that increase public health and safety problems;

at least 150,000 people are homeless in California and studies indicate that at least one-half are disabled with mental illness, medical problems, other health conditions, or special needs;

very low income people with disabilities cycle through costly, short-term crisis programs, such as hospital emergency rooms, psychiatric hospitalization, emergency shelters, and jails, and fail to make a long-term transition to stability and permanent housing;

evidence from around the country shows that a significant percentage of those who are trying to move from welfare to work face substantial barriers, including mental health and other health-related disabilities;

supportive housing which blends affordable housing with necessary support and employment services has been shown to be effective in stabilizing tenants so that they regain a stake in the community;

supportive housing has been shown to decrease by 50 percent the use of emergency medical services and incarceration, reduce recidivism among substance abusers by more than 50 percent, and successfully retain tenants at rates exceeding 80 percent;

supportive housing has previously been developed and operated primarily with local government, federal government, philanthropic, and private sector support; and

supportive housing is currently available to only one or two of every ten Californians who could benefit from it."

In late 1997, DMH committed \$700,000 from its PATH grant to fund the supportive services component of selected supportive housing programs. Also, in late 1997, DMH was approached by the Corporation for Supportive Housing (CSH), a national organization, and asked for its support of a supportive housing initiative that had been introduced to the State Legislature. The bill subsequently passed, and the Supportive Housing Initiative Act was created; however, due to budgetary limitations, there was no appropriation for the current fiscal year. The DMH remains committed to the supportive housing principles outlined in the initiative and has enlisted the technical support of CSH. The CSH has experience with local programs in California and has engaged in partnerships with other states, including Connecticut, New York, Illinois, and Michigan.

B. GOALS

The DMH is committed to the development and expansion of supportive housing. The goals are:

1. To increase housing for persons with serious mental illness (SMI) who may also have co-occurring disorders, including substance abuse;
2. To decrease homelessness and its associated fiscal and social costs;
3. To increase work force participation as a result of housing stability;
4. To increase philanthropic support as a result of government's increased commitment to matching this support; and
5. To identify characteristics of supportive housing programs that maximize clinical and functional outcomes for seriously mentally ill consumers.

C. ELIGIBLE RESPONDENTS

Only county departments of mental health are eligible to respond. The application must demonstrate commitment to the principles of supportive housing and show the ability to

form collaborations with other appropriate government agencies (e.g., federal Housing and Urban Development (HUD), local housing authority) and other interested service providers and housing developers.

The application process also requires a review by the local Mental Health Board and approval of the County Board of Supervisors. Due to the meeting schedules of these two bodies, it is *not required that evidence of these reviews accompany the application. The County Board of Supervisors' resolution and the local Mental Health Board letter should be forwarded to DMH following the next meetings of these two boards.*

D. TARGET POPULATION

Services must be provided to persons with SMI who are homeless or are at imminent risk of becoming homeless without the proposed supportive services. These may include individuals with co-occurring disorders of SMI and substance abuse or other disabilities. Many potential clients for these programs will have multiple disorders. The following are definitions of terms:

Homeless - The person regularly has no place of his/her own to go during a significant part of any 24-hour period.

Imminent Risk of Becoming Homeless - The person, in the foreseeable future, is threatened with homelessness as a result of lack of income, lack of a stable housing/living situation or because of mental symptomatology.

Serious Mental Illness - Section 5600.3 of the California Welfare and Institutions Code defines serious mental disorder as: *" . . . a mental disorder which is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite time. Serious mental disorders include, but are not limited to, schizophrenia, as well as major affective disorders or other severely disabling mental disorders. This section shall not be construed to exclude persons with a serious mental disorder and a diagnosis of substance abuse, developmental disability, or other physical or mental disorder."*

Co-Occurring Disorder and Dual or Multiple Diagnosis or Disorder - These terms refer to persons who have a diagnosis of mental illness *and* a diagnosis of substance abuse, HIV/AIDS or other health conditions.

SECTION II - PROGRAM GUIDELINES

A. NEEDS STATEMENT/TENANCY MIX

Describe the housing needs of persons with SMI in the community to be served. Discuss the current availability and types of housing. Include estimated numbers of persons with SMI who are homeless and their geographic location within the service area. The

applicant should describe the ethnic/cultural characteristics of the population from which potential residents would be chosen. Discuss the provider's capability to provide culturally and linguistically appropriate services, if relevant. Describe the anticipated characteristics of the tenants with regard to SMI, dual or multiple diagnosis (substance abuse or other disabilities), age and other pertinent demographics. Include a brief statement of quantitative objectives for the project, e.g., the number of persons to be served, the number of housing units to be created, the number of persons who will achieve stable tenancy in the project, etc.

If the applicant anticipates significant barriers (e.g., community opposition) may arise with which the applicant may require technical assistance, describe the specific issues involved.

B. HOUSING DESCRIPTION

Housing may be scattered, i.e., houses or individual apartments at various sites in the community or complexes with single room occupancy or shared apartments. Describe the number of houses, bedrooms, and anticipated residents per house or apartment. Discuss ownership of the properties and lease arrangements if applicable (include sample lease or rental agreement). Identify the local housing agencies that have committed to collaboration on the project, including the housing developer, the housing manager, the financial resources, and other specific resources that have been committed (see Section E below).

C. SERVICES RENDERED

Describe how the community support services will be provided. This must include a detailed description of the core service coordination/case management services that will coordinate the acquisition, delivery, and use of support services by the project. Identify the service access modality to be used, e.g., on-site, linkage, mobile and/or multidisciplinary teams, including the flexibility and availability of services; e.g., 24 hour, seven days a week, and on-call coverage. Specify how the selected support services address the special needs of the target population and would assist them as tenants to retain housing. However, since the tenant's lease or rental agreement is with the landlord and separate from his service plan, it should *not* be a requirement for a person to accept mental health services in order to be provided, or to remain in, housing.

D. BUDGET

The required fiscal forms (see appendix) must be properly completed along with detailed staffing information. There must be a completed PATH budget form and budget narrative as well as a budget and narrative describing all other fiscal resources committed to the project. The PATH budget must include clearly identified matching funds of one local dollar for every three PATH dollars. Include a description of how the various funding streams are to be blended and/or coordinated to support both the housing and service components.

E. LETTERS OF COMMITMENT/COLLABORATION

Include as attachments copies of Memoranda of Understanding (MOU) or other agreements with each participant, including state and local housing providers and funding sources, local office of rehabilitation, and others, e.g., Department of Education, community college, medical providers, etc.

SECTION III - PATH GUIDELINES INCLUDING MATCH REQUIREMENT

Projects will be funded by PATH formula grant funds and must comply with PATH spending and data reporting guidelines. Allowable services under the PATH federal guidelines include:

- **Primary Service Referrals**
- **Habilitation and Rehabilitation**
- **Alcohol/Drug Treatment**
- **Service Coordination**
- **Screening and Diagnostic Treatment**
- **Outreach**
- **Community Mental Health**
- **Staff Training**
- **Housing Services (see below)**
- **Supportive Services in Residential Settings**

Housing services (not more than 20 percent of total grant) may include:

- Minor renovation, expansion, and repair of housing
- Planning for housing
- Technical assistance in applying for housing assistance
- Improving coordination of housing and services
- Security deposits
- The cost of matching individuals with appropriate housing
- One-time rental payments to prevent eviction

Housing alterations and renovations are subject to the limitations set forth in the Public Health Services (PHS) Grants Policy Statement. Specifically, requests in excess of \$25,000 per site must include, at a minimum, additional information including a single line drawing of existing space and proposed alterations and details explaining the need, character, and extent of the proposed alterations and renovations.

Not more than four percent of the payments received under the PATH Formula Grant Program may be expended for administrative expenses.

As required by Section 523 of the PHS Act, the grant recipient must agree to make available, directly or through donations from public or private entities, nonfederal contributions that are not less than one dollar (in cash or in kind) for every three dollars of federal funds provided in such grants. Other federal funds *cannot* be credited toward

this matching requirement. Other federal funds can be used, however, to fund the housing or other nonmatch services.

It is anticipated that successful applicants will use these funds to leverage additional funds beyond the required match to meet the housing costs of the project. It is expected that the grant funds will be used primarily to fund the services component of the supportive housing project.

SECTION IV - TENANTS' RENT REQUIREMENTS

Describe how the proposed tenants' rental amount will be determined. For example, persons who are eligible for federal Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) might be assessed at a uniform rate. Other individuals may have no income at all until eligibility for a specific assistance program can be established. Will there be a fund apart from the grant to enable those persons to be housed for the interim period? Is there a maximum allowable income for tenants? Discuss the formula for determining rents and the specifics of rent requirements.

SECTION V - PROGRAM EVALUATION

The proposal must contain a clear commitment (see appendix) to collection of all federally required PATH data (see appendix) and all of the program evaluation data. In addition, the proposal must identify on the face sheet the person who will be responsible for overseeing the data collection, as well as working with DMH evaluation staff to ensure that the demonstration projects can successfully produce data on the effects of the program. The DMH staff will complete the data analysis and program evaluation component.

Several specific components will be required to ensure that appropriate data are available for an adequate evaluation of the effectiveness of the supportive housing demonstration projects on improving the symptoms, functioning, and overall quality of life of seriously mentally ill clients. These are outlined below with specific explanations.

A. INSTRUMENTATION

Three assessment instruments, a client satisfaction survey, and a face sheet will be completed for each client participating in the demonstration projects at intake/entry into the program annually and at discharge/conclusion of the projects. These instruments include:

- *Kennedy Outcomes Set (Previously called the Axis V Subscales)*
Clinician ratings of client functioning on seven domains; requires approximately 10 minutes to complete.

- *California Quality of Life Survey (CA-QOL)*
Designed to be a self-administered survey collecting information relating to quality of life. Usually client can complete without or with only minimal assistance. Usually takes about 20 to 30 minutes to complete.
- *MHSIP Consumer Survey (26 Item Short Form)*
Designed to be a self-administered survey of satisfaction and overall perception of the usefulness of mental health services. Most people can complete the form without assistance and require about 10 minutes.
- *Individual Client Face Sheet*
Collects demographic and other information that will aid in the evaluation of the demonstration project. The Clinician completes this one-page form with information collected from the client; takes about 10 minutes to complete.

B. INSTRUMENT ADMINISTRATION

There are four components that are required relating to instrument administration:

1. Training

Staff from the State Department of Mental Health will participate with county staff to provide administration training for each of the instruments. In addition, the training will explain how to use the information from the instruments in clinical practice. Finally, an explanation and demonstration of how to report the data will be provided.

2. Administering the Instruments

The instruments will be administered to clients who are participating in the projects at the following time intervals:

- **Intake/Entry into the Program:** This includes those clients who have been receiving services prior to the beginning of the demonstration project AND clients who are new to receiving services but upon contact with the county, are enrolled in the project. All of the instruments (*except* the MHSIP Consumer Survey which is not administered until the client's annual anniversary and/or discharge from services) must be administered within two months of entering the demonstration project.
- **Annually:** The Axis V, CA-QOL, and MHSIP Consumer Survey must be administered annually while the client is in the program. The term "annually" is defined as 11 to 13 months after the previous administration.
- **At Discharge/Conclusion of the Project:** If the client officially discharges from the project before the three years have concluded, the Axis V and CA-QOL must

be completed. At the conclusion of the project, the Axis V, CA-QOL, and MHSIP Consumer Survey must be completed to identify the client's current status at the close of the project. If the client self discharges and no instrument information is available, this information must be documented on a form to be provided and reported to the State Department of Mental Health. All reasonable effort must be made to collect the required data according to the time frames that have been identified.

3. Reporting the Data

Data from the instruments and face sheet will be reported directly to DMH on an "as collected" basis. The data reporting will be in the form of faxing the instruments and face sheet to a phone number to be specified. These incoming faxes will automatically be converted to a digital format and entered into a database.

Scored reports or summary information resulting from the instruments will be faxed back to the originating county within one week for use in planning and/or evaluating the client's treatment. Aggregate summary reports will be provided to the county on a regular basis (time frame to be decided).

4. Use of Instrument Data

Once the county receives scored reports and summary information from DMH, this information will be provided to the primary clinician for use in treatment planning and ongoing evaluation.

SECTION VI - GRANT APPLICATION SCORING

Applications will be evaluated on a competitive basis using the scoring mechanism described below. Submissions are limited to one proposal per county. It is anticipated that at least one grant will be awarded to a small county (population under 200,000) or to a regional proposal by small counties; however, a minimum score of 75 points is required for funding consideration. Up to four applications with the highest scores will receive awards. A maximum score of 100 points will be awarded according to the following criteria:

A. NEEDS STATEMENT/EXPECTED TENANCY MIX - 15 POINTS

Include in the application a detailed description of the unmet need for supportive housing services in the county including the estimated number of persons with serious mental illness who are homeless or at risk of homelessness. Also required is a description of the target population and expected tenancy mix in terms of age, gender, ethnicity, other disabilities, etc., discussion of the cultural background/ethnicity, and linguistic capabilities of mental health staff when relevant to demonstrate the agency's competency to provide services to the target population. Finally, include a clear statement of the project's objectives.

B. DEMONSTRATED LINKAGE WITH LOCAL HOUSING PROVIDER - 25 POINTS

Include a description of the general locale in which the housing will be situated as well as the number of units and design; description of the type of housing, e.g., single site, SRO, scattered site, etc. Also required is identification of the collaborating local housing agencies that have committed to the project, including the housing developer, the housing manager, the financial sources, and other specific resources that have been committed. Finally, include a description of the experience that the local housing provider has had with providing low cost housing to persons with disabilities and a description of how the housing will be financed, including anticipated rental amounts for tenants.

C. SERVICE MODEL - 30 POINTS

Include detailed description of the integrated supportive services that are to be provided in the housing project, how those services will be provided, and by what agencies. This must include a detailed description of the treatment coordination/case management services. Identify each agency that will be involved in providing the services, the specific services to be provided by each agency, and the county's demonstrated ability to develop and implement such service collaboration.

D. BUDGET/STAFFING - 10 POINTS

The required fiscal forms must be properly completed, along with detailed staffing information. There must be a completed PATH budget form and budget narrative, as well as a budget and narrative describing all other fiscal resources committed to the project. The PATH budget must include clearly identified matching funds of one local dollar for every three PATH dollars. The application must include a description of how the various funding streams are to be blended and/or coordinated to support both the housing and service components.

E. LETTERS OF COMMITMENT/COLLABORATION - 20 POINTS

The proposal must contain letters of commitment from all involved agencies, including the housing financing agency, housing developer, housing manager, and all service providers. The letters must contain specific details about the role and commitments of each agency. The letters must specify what staffing, financial, and other resources are to be provided by each agency.

SECTION VII - REQUEST FOR APPLICATIONS PROCESS

- All applications must be received by 5:00 p.m. on February 26, 1999, at the address specified below:

**Sandy Lyon, Contracts Office
Department of Mental Health
1600 Ninth Street, Room 150
Sacramento, CA 95814**

- Mark the envelope Attention: Supportive Housing Project. RFA # 98-78199, Due Date 2-26-99.
- New programs or expansion of existing programs will be considered. If the proposal is a modification of an existing program, describe how the "new" program and the proposed modification will meet the requirements of this RFA.
- All proposals must meet federal Projects for Assistance in Transition from Homelessness (PATH) guidelines for funding. Funds must be spent primarily for services intended to ensure the client's continued success as a tenant with no more than 20 percent of the funds spent on housing costs.
- A selection committee of state, county, client, family, and other representatives will review the applications during the month of March 1999 and select the projects to be funded. Applications will be evaluated on a competitive basis. Awards will be announced on April 1, 1999, and all competing counties will be notified of the results of the RFA process.
- The projects selected are expected to begin program implementation by June 1999.
- Funds will be allocated for three years contingent on the availability of federal funds. The proposal should describe the planned three-year project, including a three-year budget. The DMH PATH allocation process will be used.
- Written quarterly project progress reports will be required. These reports should include a description of progress toward objectives, barriers encountered, and any corrective actions taken to address identified problems. There may also be additional PATH reporting requirements as needed for the PATH Annual Report.
- A prebidders'/technical assistance conference to answer questions and provide information will be scheduled in January. The date, time, and exact location of this conference will be announced when determined.

SECTION VIII - CHECKLIST/TABLE OF CONTENTS/PAGE LIMITATIONS

- Face Sheet (provided)
- Certifications (provided)
- Needs Statement/Tenancy Mix - 1 to 2 pages
- Housing Linkage - 5 pages
- Description of Service Model - 5 pages
- Budget
 - Forms - 2 pages
 - Narrative - 1 page
- Letters of Commitment - No page limit. Required from providers.

SECTION IX - SUBMISSION GUIDELINES

1. Applicants must respond to all items as specified in the RFA.
2. The DMH may reject any or all applications which do not meet the criteria set forth in this RFA and may waive any immaterial defect in an application. An immaterial defect is a flaw, incompleteness, defect, or condition in an application which may not warrant disqualification of the application. However, if an application is found to contain a substantial number of immaterial defects, it may be determined to be substantially noncompliant and be rejected.
3. All components of the budget and narrative sections of the application, including certification forms and letters of commitment, must be received at DMH by the specified closing date. Modifications or corrections received after the specified closing date will not be considered.
4. The length of the application narrative may not exceed 15 pages, excluding attached budget and PATH certification forms and letters of commitment. Additional attachments or other materials will not be considered.
5. Submit an original (clearly marked "original") and ten copies of the application documents. Number the application pages consecutively throughout the package. Do not number separate sections independently. Do not staple or fold. Use only binder clips or rubber bands to secure package if necessary. The enclosed face sheet must be completed. The grant application must be signed and dated by the local mental health director. The application must be typed in size 12 point font or larger with one inch margins or larger. Applications will not be accepted via fax.
6. Following the application process, DMH reserves the right to negotiate with the successful applicants any redistribution or reduction of costs within the budget deemed necessary by the State in order to achieve the demonstration grant's purpose and goals.

7. The following shall cause the immediate rejection or disqualification of the application:

- Any application not received at the location and time specified in the RFA.
- Any application not submitted in a sealed envelope/box, plainly marked with the applicant's name and address, and clearly labeled Supportive Housing Project - RFA #98-78199, when such an omission results in a delayed opening of the application and compromises the integrity of the competitive process.
- Any application submitted without the completed and signed face sheet.
- Substantial nonresponsiveness to program requirements.
- An unwillingness to negotiate any aspect of the application deemed necessary by DMH to enhance the quality of services proposed in the application.

8. All applicants will be notified by fax of DMH's intention to award to the selected applicants. A letter will also be sent. Applicants wishing to protest/appeal the awards must notify DMH of their protest, including a description of the factors which cause the applicant to conclude that the reviewers did not follow the prescribed rating standards. Explain why the score is in conflict with the rating standards or the award process described in the RFA, and identify specific information in the application that the applicant believes was overlooked or misinterpreted. The letter of protest may not provide information that should have been included in the application. The letter of protest must be *received* at the above stated address no later than ten calendar days after the date on the *faxed* notification of awards. The letter of protest may be faxed to (916) 654-2440 if the applicant chooses. The director of DMH will make a final decision regarding the substantial merit of the protest, and the applicant will be notified within ten working days of receipt of the letter of protest. All decisions will be final.

X. APPENDIX	PAGE
Application Face Sheet	I
Certifications	II
Assurances	V
PATH Expenditure Plan (MH 1779A)	VII
PATH Fiscal Periodic Reporting Requirements Sheet	IX
A. Quarterly Reporting	
1. MH 1784	
2. MH 1785	
B. Annual Reporting	
1. MH 1767A	
Grant Financial Status Report Form (MH 1784)	X
Grant Cash Transaction Report Form (MH 1785)	XII
Federal Grant Expenditure Report and Advance Payment Reconciliation Form (MH 1767A)	XIV
PATH Annual Report Data	XVI
General Provisions	XXII
Supportive Housing Definition	XXVII

Department of Mental Health
Application Face Sheet
Request for Applications #98-78199

County _____

Signature below constitutes agreement to comply with all requirements specified in the Request for Applications including data collection.

Mental Health Director/Authority _____
Typed name

Signature/Date

Designated Project Director _____

Designated Project Evaluator _____
Typed name(s)

Project Director
Address: _____

Phone - _____
Fax - _____

Project Evaluator
Address: _____

Phone - _____
Fax - _____

Proposed Budget
Year 1 - _____
Year 2 - _____
Year 3 - _____
Total - _____

Primary Contractor(s)	1)	2)
Name -	_____	_____
Address -	_____	_____
	_____	_____
	_____	_____
Phone -	_____	_____
Fax -	_____	_____

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion—Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a

central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted—
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Division of Grants Policy and Oversight
 Office of Management and Acquisition
 Department of Health and Human Services; Room 517-D
 200 Independence Avenue, S.W.
 Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the under-

signed, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	DATE SUBMITTED

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§ 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§ 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§ 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§ 276a to 276a-7), the Copeland Act (40 U.S.C. § 276c and 18 U.S.C. § 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327-333), regarding labor standards for federally assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§ 1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§ 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§ 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. § 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§ 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	DATE SUBMITTED

EXPENDITURE PLAN
PATH SUPPORTIVE HOUSING DEMONSTRATION PROJECT
 State Fiscal Year 1999/2000

Date: _____

County: _____
 County Contact: _____
 Provider Name: _____
 Provider Address: _____

Telephone Number: _____
 Co. Internet address: _____

Line	PATH ALLOWABLE EXPENDITURE LINE ITEM	PROJECT BUDGET
1	Staff (List by title of position and number of FTE)	
2		
3		
4		
5		
6		
7		
8		
9		
10		
11	Total staff expenses(sum lines 1 thru 10)	0
12	Consultant Costs:	
13		
14		
15	Equipment (Where feasible lease or rent) (itemize):	
16		
17		
18		
19		
20		
21	Supplies (itemize):	
22		
23		
24		
25		
26	Travel:	
27		
28	Other Expenses (itemize):	
29		
30		
31		
32		
33		
34		
35		0
36	TOTAL PROVIDER EXPENSES (sum lines 11 thru 35)	
37	Required Match (Not less than 33.3% of line 40)	
38	Subtotal: Total Federal PATH funds (subtract line 37 from line 36)	0
39	County MHP Administrative Expenses (4% of line 40)	
40	Total costs From Grant Funds (Add lines 38 and 39)	0

BUDGET :
INSTRUCTIONS
PATH SUPPORTIVE HOUSING DEMONSTRATION PROJECT
INSTRUCTIONS FOR FEDERAL GRANT DETAILED PROVIDER BUDGET - MH 1779A

I. HEADING INSTRUCTIONS- Complete all items

II. FORM INSTRUCTIONS- Submit ONE mh 1779A for each service provider included in the project proposal.

A. COLUMN INSTRUCTIONS:

PROJECT BUDGET. Enter in this column project budget.

NOTE: The budget must include federal PATH funds and county matching funds. While in kind matching is allowed it must be shown in dollar value.

B. LINE INSTRUCTIONS.

1-10: Staff - Enter POSITION TITLE, FULL TIME EQUIVALENT (FTE) PERCENTAGE, and the salaries plus benefits applicable to the identified FTE.

11: TOTAL STAFF EXPENSES - Lines 1 thru 10.

12-14: CONSULTANT COSTS. ENTER consultant title, subject and the maximum cost of the contract.

15-20: EQUIPMENT - REFER to CR/DC manual which specifies limit on equipment. Equipment is capitalized when each item purchased is over \$10,000.

21-25: SUPPLIES Identify office, printing products involved in selling or for therapeutic purposes, etc.

26-27: TRAVEL - total cost of Per Diem and mileage reimbursements.

28-35: OTHER EXPENSES - CR/DC defined operating expenses and any other expenses that are extraordinary and not in any other category. (DO NOT ENTER COUNTY ADMINISTRATIVE EXPENSES) ITEMIZE AND BE SPECIFIC.

36: TOTAL PATH FUNDED PROVIDER EXPENSES (SUM LINES 10 THRU 334)

37: TOTAL REQUIRED MATCHING FUNDS (This figure must be not less than 33.3% of line 40)

38: Subtotal Federally funded program: (Subtract line 37 from line 36)

39: County Mental Health Program Allowable Administrative Expenses. (This line must be equal to not more than 4% of line 40)

40: Total Program Reimbursed from Federal PATH funds. (Add lines 38 and 39)

PATH FISCAL PERIODIC REPORTING REQUIREMENTS SUPPORTIVE HOUSING DEMONSTRATION PROJECTS

1. QUARTERLY REPORTING REQUIREMENTS

The following reports and data are required from PATH SUPPORTIVE HOUSING DEMONSTRATION PROJECT participants on a quarterly basis beginning the twentieth of October for the first quarter and the twentieth of the month following the end of each succeeding quarter. NOTE: These reports must be submitted only with respect to those programs operating under the RFA # _____ as issued by the Department of Mental Health of the State of California and entitled "Supportive Housing Demonstration Projects".(SHDP) County mental health programs which operate additional homeless programs under the PATH auspices must not mix data and/or forms with the SHDP. Instructions are included with these forms with RFA # _____

1. MH 1784: GRANT FINANCIAL STATUS REPORT

2. MH 1785: GRANT CASH TRANSACTION REPORT

2. ANNUAL REPORTING REQUIREMENTS.

Annually on or before the thirtieth of August each county program participating in the SHDP must submit an annual cost report detailing by line item in a manner congruent with the budget submitted pursuant to RFA #..... a cost report on MH 1767A. This report shall record actual cost for all program components providing PATH eligible services. Forms and instructions are included with RFP #..... The data so submitted must be supported by written documentation of program expenses and is subject to audit as needed.

1. MH 1767A:FEDERAL GRANT EXPENDITURE REPORT AND ADVANCE PAYMENT RECONCILIATION.

GRANT FINANCIAL STATUS REPORT

MH 1784 (5/96)

INSTRUCTIONS ARE ON THE REVERSE SIDE.

COUNTY _____ I.D.# (IF APPLICABLE) _____

TYPE OF GRANT (Check One Only): SAMHSA _____ PATH _____

SUBMISSION (Check One): _____ FIRST _____ SECOND _____ THIRD _____ FOURTH _____ COST REPORT

A. Grantee Information:

1 Name of Contact Person: _____

2 Address: _____ Unit: _____

City and Zip Code: _____ Telephone: _____

3 Accounting Basis: _____ Cash _____ Accrual _____ Modified Accrual

B. Provider Information: (Attach separate list if more than one provider)

1 Provider: _____

2 Address: _____

City and Zip: _____

3 Employer Identification Number (If Applicable): _____

C. Fiscal Information Related to COUNTY (Not by Provider) Operations of the Grant:

1 Net expenditures previously reported (line C.3. from prior quarters report) \$ _____

2 Total net expenditures this report period (worksheet on back) \$ _____

3 Net expenditures to date (line C.1. plus line C.2.) \$ _____

4 Less: Nongrant share of expenditures \$ _____

5 Total grant share of expenditures (line C.3. minus C.4.) \$ _____

6 Total unliquidated obligations \$ _____

7 Less: Nongrant share of unliquidated obligations \$ _____

8 Grant share of unliquidated obligations (line C.6. minus line C.7.) \$ _____

9 Total grant share of expenditures and unliquidated obligations (line C.5. plus line C.8.) \$ _____

10 Total amount of grant funds authorized \$ _____

11 Unobligated balance of grant funds (line C.10 minus line C.9.) \$ _____

D. Nonfiscal Information:

1 Certification: I certify, to the best of my knowledge and belief, under penalty of perjury, that this report is correct and complete and that all disbursements have been made in accordance with the grant agreement.

2 Signature: _____ Date: _____

3 Name and Title: (Print or Type) _____

4 Telephone Number: () _____ Extensions: _____

E. Remarks:

INSTRUCTIONS FOR GRANT FINANCIAL STATUS REPORT - MH 1784

Heading Information - Complete all of the heading information.

A. **Grantee Information** - Refers to the county. Complete all information.

B. **Provider Information** - Refers to service providers. Enter employer identification number assigned by the U.S. Internal Revenue Services (applicable for private nonprofit organizations). Attach a separate list if more than one provider.

C. **Fiscal Information** - Complete all applicable information.

1. **Expenditures previously reported** - Line C.3. from previous quarters report. If not, please attach an explanation. Show zero if this is the first time the report is required.
2. **Expenditures for the report period** - from the Federal Grant Quarterly Expenditure Report and Advance Payment Reconciliation (MH 1767) form, line g.
3. **Expenditures to date** - Line C.1. plus line C.2.
4. **Less: Nongrant share of expenditures** - Includes amounts on line C.3. Enter all program income received in this quarter that is required by the terms and conditions of the federal grant or State policies to be deducted from total project costs. For reports prepared on a cash basis, enter amounts of cash income received during the report quarter. For reports prepared on an accrued expenditure basis, enter the amount of income earned since the beginning of the report quarter. (When the remarks, the terms or conditions allow program income to be added to the total award, the grantee will explain in remarks, source, amount and disposition of the income.)
5. **Total grant share of expenditures** - Deduct line C.4. from line C.3.
6. **Total unliquidated obligations** - Includes unliquidated obligations to providers and contractors. For cash basis only, these are obligations incurred but not paid. For accrued expenditure basis, these are obligations incurred, but for which an expenditure has not been recorded.

NOTE: Do not include any amounts that have been included on lines C.1. through C.5. On the final report, line C.6. should have a zero balance.

7. **Less: Nongrant share of unliquidated obligations** - Included in line C.4.
8. **Grant share of unliquidated obligations** - Difference between line C.6. and C.7.
9. **Total...** - Sum of lines C.5. and C.8.
10. **Total amount of grant funds authorized** - Gross Expenditure Level on current Allocation Worksheet
11. **Unobligated balance of grant funds** - Difference of lines C.9. and C.10.

D. **Nonfiscal Information** - Complete as requested.

E. **Remarks** - Explanation of unusual entries.

The figures provided in this report must be supported by detailed accounting records. The records will be retained and available for audit purposes in accordance with federal requirements.

PATH SUPPORTIVE HOUSING DEMONSTRATION PROJECT

GRANT CASH TRANSACTION REPORT
MH 1785 (10/98)

INSTRUCTIONS ARE ON THE REVERSE SIDE.

COUNTY _____ I.D.# (IF APPLICABLE) _____

TYPE OF GRANT (Check One Only): SAMHSA _____ PATH _____

SUBMISSION (Check One): _____ FIRST _____ SECOND _____ THIRD _____ FOURTH _____ COST REPORT

A. Grantee Information:

- 1. Name of Contact Person: _____
- 2. Address: _____ Unit: _____
City and Zip Code: _____ Telephone: _____

B. Provider Information: (Attach separate list if more than one provider)

- 1. Provider: _____
- 2. Address: _____
City and Zip: _____
- 3. Employer Identification Number (If Applicable): _____

C. Fiscal Information Related to COUNTY (Not by Provider) Operations of the Grant:

- 1. Cash on hand beginning of period (from line 6 prior qtr. report): \$ _____
- 2. Receipts:
 - A. Reimbursements \$ _____
 - B. Advances \$ _____
 - C. Grant Share of Income \$ _____
 - D. Interest Income \$ _____Total \$ _____
- 3. Total Cash Available (sum of line C.1. and C.2.): \$ _____
- 4. Disbursements: \$ _____
- 5. Adjustments of prior quarters: \$ _____
- 6. Cash on hand at end of quarter: \$ _____
- 7. The amount shown on line 6. represents cash requirements for the next _____ days (should not exceed 3 days).
- 8. Advances during the quarter: All Providers \$ _____

D. Nonfiscal Information:

- 1. Certification: **I certify, to the best of my knowledge and belief, under penalty of perjury, that this report is correct and complete and that all disbursements have been made in accordance with the grant agreement.**
- 2. Signature: _____ Date: _____
- 3. Name and Title: (Print or Type) _____
- 4. Telephone Number: () _____ Extension: _____

E. Remarks:

INSTRUCTIONS FOR GRANT CASH TRANSACTION REPORT MH 1785

Heading Information - Complete all of the heading information.

- A. Grantee Information - Refers to the county. Complete all information.
- B. Provider Information - Refers to service providers. Enter employer identification number assigned by the U.S. Internal Revenue Services (applicable for private nonprofit organizations). Attach a separate list if more than one provider.

Fiscal Information - Complete all applicable information.

- C. 1. Enter the grant cash on hand at the beginning of the reporting period including funds on deposit, funds on hand, and undeposited checks/warrants.
2. A. Enter the funds received during the quarter as grant reimbursements.
- B. Enter the funds received during the quarter as grant advances.
- C. Enter the grant share of program income that was required to be used on the project by the terms of the grant. Grant program income are those dollar amounts received from all other sources to help defray block grant program costs.
- D. Enter the interest earned during the quarter on grant advances.
3. Enter the total cash available, sum of line C.1. and C.2.
4. Enter the total cash disbursements made during the reporting period. Disbursements as used here includes advances and payments to subgrantees or contractors, salaries and wages plus employer's share of benefits, interdepartmental charges for supplies and services, and indirect costs to which the recipient is entitled.
5. Enter all adjustments pertaining to prior quarters which affects the ending balance that have not been included in any lines above. Explain all adjustments in the remarks section; use plain sheets of paper if additional space is required.
6. Enter the grant cash on hand at the end of the reporting period. This amount will include all funds on deposit, funds on hand, and undeposited funds (line C.3 less C.4., plus or minus line C.5.)
7. Enter the estimated number of days until the cash on hand, shown on line C.6. will be expended.
8. Enter the advances made to secondary recipients included in line C.4.
- D. Nonfiscal Information - Complete as requested
- E. Remarks - Explanation of C.5. or any other unusual entries or explanations.

The figures provided in this report must be supported by detailed accounting records. The records will be retained and available for audit purposes in accordance with federal requirements.

FEDERAL GRANT EXPENDITURE REPORT
 MH 1767A (10/98)

SUPPORTIVE HOUSING DEMONSTRATION PROJECT
 PATH HOMELESS PROGRAM

STATE FISCAL YEAR _____

COUNTY: _____ SUBMISSION DATE: _____

CONTACT PERSON: _____ TELEPHONE NUMBER: _____

PROGRAM: _____

PROVIDER NUMBER(S): _____

1. GRANT PROGRAM	YEAR END ACTUAL COST
a. Total Staff Expenses	\$ -
b. Consultant Costs	\$ -
c. Equipment	\$ -
d. Supplies	\$ -
e. Travel	\$ -
f. Other	\$ -
g. County Administrative Cost (see instructions on back)	\$ -
h. NET COST (sum of a. thru g.)	\$ -
i. OTHER FUNDING SOURCES: Federal Funds	\$ -
Required Matching Funds	\$ -
j. TOTAL OF OTHER FUNDING SOURCES (sum of i.)	\$ -
k. GROSS COST (sum lines h. and j.)	\$ -
2. GRANT FUND RECONCILIATION	
a. Authorized Gross Expenditure Level	\$ -
b. Total Expenditures (line 1.h.)	\$ -
c. Remaining Balance (Roll-forward)	\$ -

I HEREBY CERTIFY THAT THE AMOUNTS ABOVE ARE TRUE AND CORRECT, AND IN ACCORDANCE WITH LAW. I AM THE OFFICIAL RESPONSIBLE FOR THE ADMINISTRATION OF THE COUNTY MENTAL HEALTH DEPARTMENT.

I AM THE DULY QUALIFIED AND AUTHORIZED OFFICIAL OF THE COUNTY RESPONSIBLE FOR THE EXAMINATION AND SETTLEMENT OF ACCOUNTS.

SIGNATURE: _____

SIGNATURE: _____

DATE: _____

DATE: _____

INSTRUCTIONS FOR FEDERAL GRANT EXPENDITURE REPORT - MH 1767A

HEADING: Enter State Fiscal Year, Submission Date, County, Contact Person, Contact Person's Telephone Number, Program Name, Provider Number(s).

1. Grant Program: - Report county actual expenditures by line item. **NOTE:** The line items for cost report purposes are to be identical to those identified on MH 1779 FEDERAL GRANT DETAILED PROVIDER BUDGET. On Lines 1.a. through 1.g. report only the amounts charged to the grant.

a. Total Staff Expenses

b. Consultant Costs

c. Equipment

d. Supplies

e. Travel

f. Other

g. County Administrative Cost - This amount includes Contract Administration costs, and/or County Overhead, and/or the Distribution of Administrative Support cost. The amount is limited to not more than 4% of the total federal PATH funds

i. Other Funding Sources - Federal Funds - Includes other federal grants (not the SAMHSA Block Grant), Medicare/Medicaid; Non-Federal Funds - State and County General Funds, Patient Fees, Third-Party Insurance, Private Grants.

j. Total of Other Funding Sources - Total of line i.

k. GROSS COST - Enter the sum of lines 1.h. and 1.j.

2. GRANT FUND RECONCILIATION

a. Authorized Gross Expenditure Level - This is the amount from your Final Allocation Worksheet (Section I).

b. Total Expenditures - The amount from Line 1.h.

c. Remaining Balance - Subtract Line 2.b. from Line 2.a. - This is the amount to be rolled into the following State Fiscal Year.

CERTIFICATION - Have the appropriate county official sign and date form where indicated.

TABLE A: BUDGET INFORMATION

PATH Annual Report Data #1

Fiscal Year 199 ____

(Beginning _____, 199_ Ending _____, 199_)

Please report data for the Federal fiscal year, beginning October 1. If not possible, indicate the beginning and end dates of the 12 month period reported.

State _____

Organization Contact Person: _____

Organization _____

Telephone Number: _____

Please indicate if the number reported is estimated or actual:

1. Total annual dollar amount for services dedicated to persons who are homeless and have serious mental illnesses (includes PATH, matching, and non-PATH funds)

	\$ _____	____ estimated	____ actual
--	----------	----------------	-------------
2. Federal PATH funds received from the State

	\$ _____	____ estimated	____ actual
--	----------	----------------	-------------
3. Matching funds from State, local, or other resources to support the provision of PATH services

	\$ _____	____ estimated	____ actual
--	----------	----------------	-------------
4. Indicate the number of staff persons supported by federal PATH funds

	_____	____ estimated	____ actual
--	-------	----------------	-------------
5. Indicate the full time equivalent (FTE) of staff persons supported by federal PATH funds
(Please see the definition of FTE in the PATH Annual Report Instructions)

	_____	____ estimated	____ actual
--	-------	----------------	-------------
6. Indicate the type of organization in which the PATH program operates by entering a number one (1) in the space next to the corresponding letter (select only ONE category):

- a. community mental health center
- b. consumer-run mental health agency
- c. other mental health agency
- d. other social service agency
- e. health care for homeless/other health agency
- f. substance abuse treatment agency
- g. shelter or other temporary housing resource
- h. other housing agency
- i. other (specify) _____

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____
- h. _____
- i. _____

TABLE B: PERSONS SERVED

State: _____ Reporting Organization: _____

To the extent possible, the annual reporting information should include **unduplicated counts of persons served** during the fiscal year. It is recognized that some duplication will occur, especially for services such as outreach. Duplication may also occur when persons receive services from more than one provider or when clients relocate from one geographic area to another. Information on persons served should also include individuals who had been, but are no longer receiving services from the provider. In some instances, a provider may only be able to provide an estimate of these numbers. Estimates should be noted in the appropriate location on Table B. Footnotes are also encouraged for explanation of the reported data. Please use the definition for "PATH Client" provided in the PATH Annual Report Instructions.

1. Persons Who are Homeless and have Serious Mental Illnesses Served by PATH AND Other Sources
Please indicate if the number reported is estimated or actual:

Number of persons (who are homeless and have a serious mental illness) who received services during the fiscal year supported by PATH and by all other sources
(Includes BOTH PATH supported persons and other persons who are homeless and have serious mental illnesses served by the PATH funded organization.)

_____ estimated _____ actual

2. Persons Served by Federal PATH Funds -- Outreach
(Include persons served by outreach supported at least in part by Federal PATH funds)

a. Number of persons contacted through PATH-supported outreach during the year

_____ estimated _____ actual

b. Number of outreach contacts who became enrolled during the year as PATH clients
(Count as clients, persons for whom a clinical or other formal record has been prepared. Usually, these will be persons who received PATH-supported services in addition to outreach.)

_____ estimated _____ actual

c. Number of outreach contacts who do not become enrolled during the year as PATH clients
(Note: Item 2.c = Item 2.a - Item 2.b)

_____ estimated _____ actual

3. Persons Served by PATH Funds -- Enrolled Clients
(Include PATH clients enrolled in a previous year who were carried over into Fiscal Year 1997)

Total number of persons served during the year who are enrolled PATH clients
(Count as clients, persons for whom a clinical or other formal record has been prepared. These may include PATH clients enrolled through means other than outreach, i.e. self referrals, walk-ins, etc.)

_____ estimated _____ actual

4. Total number of persons receiving any PATH-supported services during the year.
(Include persons who received any PATH services (1) even if only outreach services and (2) whether or not a clinical or other formal record has been prepared. Note: Item 4 = Item 2.c + Item 3.)

_____ estimated _____ actual

TABLE C: AVAILABLE SERVICES

State: _____ Reporting Organization: _____

The following services can be supported with PATH funds: Few PATH providers offer all of these services. Please indicate with a check mark (✓) in the applicable column whether each service is supported fully by Federal PATH funds, supported partially by Federal PATH funds, not supported by Federal PATH funds or not provided by your organization to clients who are homeless and have serious mental illnesses. If the service is fully or partially PATH funded, please indicate the number of enrolled PATH clients who received each PATH funded service (column 3) and, at your option, indicate the total number of persons who received each PATH funded service (column 4).

Services	100% PATH Funded (✓ if applicable)	Partially PATH Funded (✓ if applicable)	Number of Enrolled PATH Clients served by PATH Funded Service	Total Number of persons served by PATH Funded Service (Optional)	Service Provided, But Not PATH Funded (✓ if applicable)	Service Not Provided (✓ if applicable)
[a] Outreach services						
[b] Screening and diagnostic treatment services						
[c] Rehabilitation and rehabilitation services						
[d] Community mental health services						
[e] Alcohol or drug treatment services						
[f] Staff training, including the training of individuals who work in shelters, MH clinics, SA programs, and other sites.						
[g] Case management services						
[h] Supportive and supervisory services in residential settings						
[i] Referrals for primary health services, job training, educational services, and relevant housing services						
[j] Housing services						
[1] Minor renovation, expansion, and repair of housing						
[2] Planning of housing						
[3] The costs associated with matching eligible homeless individuals with appropriate housing situations						
[4] Technical assistance in applying for housing assistance						
[5] Improving the coordination of housing services						
[6] Security deposits						
[7] One-time rental payments to prevent eviction						
[8] Other (please specify)						

A person served may be counted in more than one category, but not more than once within a category. The SAME person receiving the SAME service repeatedly should be counted ONCE.

TABLE D: DEMOGRAPHICS

PATH Annual Report Data #4

State _____ Reporting Organization: _____

Include as much demographic information as is available on each enrolled PATH client. The sum total of clients recorded for each demographic category (i.e. each numbered question) in this table should be the same as the number recorded for question 3 of Table B. If demographic information is not available for certain data elements, enter the clients into the "Unknown" category for that data element. Certain data elements include information which may change over the course of the year (i.e. age). Where available, information should be provided which shows the status of the person at first contact, even if the first contact occurred in a prior fiscal year. However, for persons who have enrolled, left and then re-entered the service system, indicate status upon re-entry.

1 AGE

- a. Less than 13 years
- b. 13-17 years
- c. 18-34 years
- d. 35-64 years
- e. 65-74 years
- f. 75 years and older
- g. Unknown

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Please indicate if the number reported is estimated or actual:

_____ estimated _____ actual

2 GENDER

- a. Male
- b. Female
- c. Unknown

- a. _____
- b. _____
- c. _____

_____ estimated _____ actual

3 ETHNICITY

- a. White, Non-Hispanic
- b. Black/African American
- c. Native American/Alaskan Native
- d. Asian or Pacific Islander
- e. Hispanic
- f. Other
- g. Unknown

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

_____ estimated _____ actual

State: _____

Reporting Organization: _____

Please indicate if the number reported is estimated or actual:

____ estimated ____ actual

4. PRINCIPAL MENTAL ILLNESS DIAGNOSIS

(Where available, include a clinical diagnosis that reflects the principal reason for which the client received services. If a diagnosis has not been made by a qualified clinician, include clinical impressions noted by outreach worker or other provider.)

- a. Schizophrenia and Related Disorders _____
- b. Other Psychotic Disorders _____
- c. Affective Disorders _____
- d. Personality Disorders _____
- e. Other Serious Mental Illness _____
- f. No Serious Mental Illness _____
- g. Unknown or Undiagnosed Mental Illness _____

5. CO-OCCURRING SUBSTANCE USE DISORDERS:

- a. Co-occurring Substance Use Disorders _____
- b. No Co-occurring Substance Use Disorders _____
- c. Unknown If Substance Use Disorder _____

6. VETERAN STATUS

- a. Veteran _____
- b. Non-veteran _____
- c. Unknown _____

State: _____

Reporting Organization: _____

Please indicate if the number reported is estimated or actual:

4. PRINCIPAL MENTAL ILLNESS DIAGNOSIS

(Where available, include a clinical diagnosis that reflects the principal reason for which the client received services. If a diagnosis has not been made by a qualified clinician, include clinical impressions noted by outreach worker or other provider.)

____ estimated ____ actual

- a. Schizophrenia and Related Disorders
- b. Other Psychotic Disorders
- c. Affective Disorders
- d. Personality Disorders
- e. Other Serious Mental Illness
- f. No Serious Mental Illness
- g. Unknown or Undiagnosed Mental Illness

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

5. CO-OCCURRING SUBSTANCE USE DISORDERS:

- a. Co-occurring Substance Use Disorders
- b. No Co-occurring Substance Use Disorders
- c. Unknown If Substance Use Disorder

____ estimated ____ actual

- a. _____
- b. _____
- c. _____

6. VETERAN STATUS

- a. Veteran
- b. Non-veteran
- c. Unknown

____ estimated ____ actual

- a. _____
- b. _____
- c. _____

State: _____ Reporting Organization: _____

Please indicate if the number reported is estimated or actual:

_____ estimated _____ actual

7. HOUSING STATUS (AT FIRST CONTACT)

- a. Outdoors (e.g., street, abandoned or public building, automobile)
- b. Short term shelter
- c. Long term shelter
- d. Own or someone else's apartment, room, or house
- e. Hotel, SRO, boarding house
- f. Halfway house, residential treatment program
- g. Institution (psychiatric or other hospital, nursing home, etc.)
- h. Jail or correctional facility
- i. Other
- j. Unknown

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____
- h. _____
- i. _____
- j. _____

8. LENGTH OF TIME LIVING OUTDOORS OR IN SHORT TERM SHELTER AT FIRST CONTACT

(The sum total for this category should be the same as the sum of the numbers in items 7.a and 7.b above)

- a. Less than 2 days
- b. Two to 30 days
- c. 31-90 days
- d. 91 days to 1 year
- e. Over 1 year
- f. Unknown

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

_____ estimated _____ actual

Contract No. :
Contractor :

EXHIBIT "C"

General Provisions

Subcontracts

Contractor shall submit any subcontracts to the State for approval prior to implementation. Upon Termination of any subcontract, the State shall be notified immediately.

National Labor Relations Board Certification

By signing this contract, Contractor swears under penalty of perjury that no more than one final unappealable finding of contempt of court by a Federal court has been issued against this Contractor within the immediately preceding two-year period because of the Contractor's failure to comply with an order of a federal court which orders the Contractor to comply with an order of the National Labor Relations Board. (Public Contract Code Section 10296).

Cancellation

This contract may be canceled at any time by either party, by giving 30 days written notice to the other party, and may be amended upon mutual consent.

Funding Provisions

This contract is valid and enforceable, only if sufficient funds are made available by the United States Government for this fiscal year for the purposes of this program. In addition, this contract is subject to any additional restrictions, limitations, or conditions enacted by the Congressor any statute enacted by the Congress which may affect the provision, terms, or funding of this contract in any manner.

It is mutually agreed that if the Congress does not appropriate sufficient funds for the program, this contract shall be amended to reflect any reduction in funds. The Department has the option to void the contract or to amend the contract to reflect any reduction in funds.

Tax Withholdings

Contractor understands that no Federal or State income tax will be withheld from the payments under this contract. However, the State is required to report all payments to the Internal Revenue Service for tax purposes. No distinction of fee, travel or per diem will be made. No wage and tax statement (1099) will be issued by the Department of Mental Health for the services performed under this agreement, but will be issued by the State Controller's Office.

Contract No. :
Contractor :

Audits and Reviews

Contractor agrees to place in each of its subcontracts, which are in excess of \$10,000.00 and utilized State funds, a provision that: "The contracting parties shall be subject to the examination and audit of the Office of the State Auditor for a period of three years after final payment under contract (Government Code Section 10532)". The Contractor shall also be subject to the examination and audit of the Office of the State Auditor for a period of three years after final payment under contract (Government Code Section 10532).

Retention of Records

For the purpose of determining compliance with Public Contract Code Section 10115, et seq. and Title 21, California Code of Regulations, Chapter 21, Section 2500 et. seq., when applicable, and other matters connected with the performance of the contract pursuant to Government Code Section 8546.7, the Contractor, subcontractors and the State shall maintain all books, documents, papers, accounting records and other evidence pertaining to the performance of the contract, including but not limited to, the cost of administering the contract. all parties shall make such materials available at their respective offices at all reasonable time during the contract period and for three years from the date of final payment under the contract. The State, the Office of the State Auditor or any duly authorized representative of the Federal government shall have access to any books, records and documents of the Contractor that are pertinent to the Contract for audits, examinations, excerpts and transactions, and copies thereof shall be furnished if requested.

Drug Free Workplace Certification

By signing this contract, the Contractor hereby certifies under penalty of Perjury under the laws of the State of California that the Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 (Government Code Section 8350 et seq.) and will provide a drug-free workplace doing all of the following:

- A. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations, as required by Government Code Section 8355(a).
- B. Establish a Drug-Free Awareness Program as required by Government Code Section 8355(a), to inform employees about all of the following:
 - 1. the dangers of drug abuse in the workplace,
 - 2. the person's or organization's policy of maintaining a drug-free workplace,
 - 3. any available counseling, rehabilitation and employee assistance programs, and

Contract No. :
Contractor :

4. penalties that may be imposed upon employees for drug abuse violations.
- C. Provide as required by Government Code Section 8355(a) that every employee who works on the proposed contract or grant:
1. will receive a copy of the company's drug-free policy statement, and
 2. will agree to abide by the terms of the company's statement as a condition of employment on the contract or grant.

Failure to comply with these requirements may result in suspension of payments under the contract or termination of the contract or both and the contractor may be ineligible for award of any future state contracts if the Department determines that any of the following has occurred: (1) the contractor has made a false certification or, (2) violates the certification by failing to carry out the requirements as noted above.

Nondiscrimination

- A. During the performance of this contract, Contractor and its subcontractors shall not unlawfully discriminate, harass or allow harassment, against any employee or applicant for employment because of sex, race, color, ancestry, religious creed, national origin, disability (including HIV and AIDS), medical condition (cancer), age, mental disability, physical disability, marital status, denial of family and medical care leave, and denial of pregnancy disability leave. Contractors and subcontractors shall insure that the evaluation and treatment of their employees and applicants for employment are free from such discrimination and harassment. Contractor and subcontractors shall comply with the provisions of the Fair Employment and Housing Act (Government Code Section 12900 et seq.) and the applicable regulations promulgated thereunder (California Code of Regulations, Title 2, Section 7285.0 et seq.). The applicable regulations of the Fair Employment and Housing Commission implementing Government Code, Section 12900 (a-f), set forth in Chapter 5 of Division 4 of Title 2 of the California Code of Regulations are incorporated into this contract by reference and made a part hereof as if set forth in full. Contractor and its subcontractors shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other agreement.
- B. This contractor shall include the nondiscrimination and compliance provisions of this clause in all subcontracts to perform work under this contract (SAM 1226).

Nondiscrimination against Handicapped Persons

Contractor agrees to the provisions of Section 504 of the Rehabilitation Act of 1973, as amended, pertaining to the prohibition of discrimination against qualified handicapped persons in all federally assisted programs or activities, as detailed in regulations signed by the Secretary of the Health and Welfare Agency, effective June 3, 1997, and found in the Federal Register, Volume 42, No. 86, dated May 4, 1997.

Contract No. :
Contractor :

Client Confidentiality

- A. Contractor shall protect from unauthorized disclosure, names and other identifying information concerning persons receiving services pursuant to this contract, except for statistical information not identifying any client. Client is defined as "those persons receiving services pursuant to a Department of Mental Health funded program". Contractor shall not use such identifying information for any purpose other than carrying out the Contractor's obligations under this contract.
- B. Contractor shall promptly transmit to the State all requests for disclosure of such identifying information not emanating from the client.
- C. Contractor shall not disclose, except as otherwise specifically permitted by this contract or authorized by the client, any such identifying information to anyone other than the State without prior written authorization from the State.
- D. For purposes of this section, identity shall include but not be limited to name, identifying number, symbol or other identifying particular assigned to the individual, such as finger or voice print or a photograph.

Disputes

Any dispute concerning a question of fact arising under this contract that is not disposed of by agreement shall be decided by the Deputy Director of Administration. All issues pertaining to this dispute will be submitted in written statements and addressed to the Deputy Director of Administration, Division of Administration, Department of Mental Health, 1600 Ninth Street, Sacramento, CA 95814. Such written notice must contain the Contract Number. The Deputy Director's decision shall be final and binding to all parties. Within ten days of receipt of such notice, the Deputy Director, Division of Administration shall advise Contractor of his/her findings. These findings do not preclude Contractor from any other resolution allowed by the laws of the State of California. (Public Contract Code Section 10381)

Neither the pendency of a dispute nor its consideration by the Deputy Director of Administration will excuse the Contractor from full and timely performance in accordance with the terms of the contract.

National Voter Registration

Contractor agrees to implement the provisions of the National Voter Registration Act (42 USC Section 1973gg), in accordance with the State's Procedure for Implementing the National Voter Registration Act and as the courts shall otherwise direct.

Recycled Materials

Contractor hereby certifies under penalty of perjury that a percentage (0% to 100%) of the materials, goods, supplies offered, or products used in the performance of this

Contract No. :
Contractor :

contract meets or exceeds the minimum percentage of recycled material as defined in Section 12161 and 12220 of the Public Contract Code.

Working Definition of Supportive Housing

Supportive housing combines permanent affordable housing with a range of support services that help people with disabilities (mental illness, substance abuse, HIV/AIDS, and physical health conditions) stabilize their lives and function as tenants and good neighbors in the community. There are a variety of models which offer a range of options for individuals with different preferences, abilities, and disabilities. Features of supportive housing for persons with disabilities include:

- A philosophy that such persons have the right to a stable living situation (permanent housing).
- Case management services provided on-site or within easy access.
- Subsidized rent for those with limited incomes, e.g., Supplemental Security Income (SSI).
- Programs that provide a stable network of social supports and encourage social integration.
- Self-help groups easily accessible to tenants.
- Recognition that supportive housing works best for persons with special needs who fall outside mainstream services and experience difficulty accessing and/or retaining housing.
- Consumer residential choice, e.g., single room occupancy (SRO), individual apartments, shared housing (apt. or house), or individualized rental housing options based on consumer needs and preferences.
- Service staff support available for landlords and housing site managers.

While there is no single "best" model, quality supportive housing relies on the interaction and coordination of three key functions: housing development; support services; and operations/property management. It is safe and secure rental housing which is affordable to people coming out of homelessness; independent; and permanent. Support services are provided by staff trained in working with people who are homeless and people with disabilities. The services do not consist of a single program but are flexible, responsive and accessible; they are available to tenants but are not mandatory. The services are tenant-centered rather than agency-centered. Effective property management is sensitive to the population being housed, understands and supports the idea that the housing is a dynamic environment, and part of the community-building effort. The management must be reliable to the bottom line: performing the duties of rent collection, repairs, maintenance and asset management, and in coordinating with and supporting the philosophies of the project sponsor.

Housing	Support Services	Property Management
<i>Safe and well-designed rental housing that is:</i>	<i>Support services are provided by staff trained in working with people who are homeless and people with disabilities. The support services are:</i>	<i>Specially trained property management staff who are:</i>
<ul style="list-style-type: none"> • <i>affordable</i> to people coming out of homelessness 	<ul style="list-style-type: none"> • <i>designed to maximize independence</i> 	<ul style="list-style-type: none"> • <i>sensitive</i> to the population with whom they are working
<ul style="list-style-type: none"> • <i>independent</i>, with each tenant in his/her own apartment, holding his/her own lease, responsible for paying his/her own rent 	<ul style="list-style-type: none"> • <i>flexible</i> and responsive to tenant needs 	<ul style="list-style-type: none"> • <i>partners</i> in building a community and in enhancing the project sponsor's social goals
<ul style="list-style-type: none"> • <i>permanent</i>, a tenant can stay as long as s/he pays his/her rent and complies with the terms of his/her lease. 	<ul style="list-style-type: none"> • <i>available</i> as and when needed and <i>accessible</i> where the tenant lives. 	<ul style="list-style-type: none"> • <i>reliable</i> in performing the duties of rent collection, repairs, maintenance and asset management.