

ATTACHMENT A-2: NORTH AND EAST COUNTY HUMAN SERVICES POOLED PROGRAM, SCOPE OF WORK

1. Agency & Program: Congregations for the Homeless-Eastside Winter Shelter			
2. Funds Awarded (Maximum reimbursement amount, contingent on each city's funding availability, agency performance, and other contract factors.)			
SOW ID# GF289 APP# 7	% of 2017 Request Awarded	First Term: 1/1/2017 - 12/31/2017	Second Term: 1/1/2018 - 12/31/2018
Bellevue	100%	\$106,000	\$109,487
Bothell	66%	\$2,000	\$2,000
Issaquah	65%	\$15,000	\$15,000
Kirkland	.25%	\$54	\$54
Redmond	100%	\$25,108	\$25,108
Sammamish	100%	\$3,000	\$3,000
TOTAL		\$151,162	\$154,649
3. Single Point of Contact: David Bowling; davidb@cfhomeless.org Address: 2650 148th ave SE #202, Bellevue, Washington, 98007			
4. Program Description: CFH provides low barrier shelter for up to 100 men. Services include mats, blankets, showers, laundering of the blankets, bus tickets, site supervision, staff supervision, neighborhood security, coffee and snacks, cleaning kitchen supplies, donated meals, and rent for the facility. In addition, CFH has some case management, and would like to expand to have half time case management provided at the low barrier shelter year round. Total 2017 Program Budget: \$501,906			

5. Contract Goals: Clients, Service Units, and Outcomes

5a. Unduplicated Clients Served	ANNUAL # OF CLIENTS <i>Unduplicated Clients Served with Each City's Award.</i>														
Bellevue	141														
Bothell	3														
Issaquah	20														
Kirkland	1														
Redmond	33														
Sammamish	4														
TOTAL	202														
5b. Outcomes Resulting from Service Units (max. three outcomes statements)					TARGET SUCCESS RATE										
<p><u>Outcome Name Housing/Shelter</u> All Home has identified system-wide performance targets to be used for programs providing housing and shelter to homeless individuals. Cities will be tracking these targets but will not reduce or eliminate funding if minimum standards are not achieved. 100% is defined as meeting 1 of the minimum standards.</p> <table border="1"> <tr> <td>Exit Rate to PH</td> <td>Length of Stay (days)</td> <td>Return Rate to Homelessness</td> <td>Entries from Homelessness</td> <td>Utilization Rate</td> </tr> <tr> <td>40%(S)</td> <td>90 (S/F)</td> <td>10% (S/F)</td> <td>90%</td> <td>85% (S/F)</td> </tr> </table>					Exit Rate to PH	Length of Stay (days)	Return Rate to Homelessness	Entries from Homelessness	Utilization Rate	40%(S)	90 (S/F)	10% (S/F)	90%	85% (S/F)	100%
Exit Rate to PH	Length of Stay (days)	Return Rate to Homelessness	Entries from Homelessness	Utilization Rate											
40%(S)	90 (S/F)	10% (S/F)	90%	85% (S/F)											

5c.1. Service Unit #1	City	ANNUAL UNIT GOAL <i>Units provided with that City's Award.</i>
Service Unit Name: Shelter Measurement: Bed Nights. Every man who accesses the low barrier shelter does an intake and then signs in each night he stays at the low barrier shelter. Each bed night a man has is captured in the sign-in sheet.	Bellevue	2,789
	Bothell	53
	Issaquah	395
	Kirkland	1
	Redmond	661
	Sammamish	79
	TOTAL	3,978

6.Funding Reimbursement Method

LINE ITEM REIMBURSEMENT METHOD

PERSONNEL Position Title(s)	Year 1: Salary & Benefits	Year 1: % of Salary Charged to Grant	Amount Charged to Year 1 Grant	Year 2: Salary & Benefits	Year 2: % of Salary Charged to Grant	Amount Charged to Year 2 Grant
Shelter Manager	\$27,755	100%	\$27,755	\$28,866	100%	\$28,866
Shelter Staff	\$164,043	73%	\$119,830	\$170,605	72.9%	\$124,424
Shelter Operations Coord.	\$55,000	6.5%	\$3,577	\$57,200	2.4%	\$1,359
Subtotal Personnel Costs	\$246,798		\$151,162	\$256,671		\$154,649

OTHER Line Item Categories	Description: Details as to what types of costs are included in each line item.	Amount Charged to Year 1 Grant	Amount Charged to Year 2 Grant
Other		\$	\$
		\$	\$
		\$	\$
Subtotal Other Costs		\$	\$

GRAND TOTAL POOLED PROGRAM FUNDS: <small>(Maximum reimbursement amount, contingent on each city's funding availability, agency performance, and other contract factors.)</small>	Year 1	Year 2
		\$151,162

7. Authorized Signatures (Agency signs ONLY AFTER City of Bellevue approves the Scope of Work)	
Chair, Board of Directors	Staff authorized to sign reimbursement requests:
Signature	1. Signature
Pat McDermott	2. Signature
Printed Name	David Bowling
	Sally Moore
	1. Printed Name
	2. Printed Name

8. Reporting Requirements

Required reports shall be submitted using Excel templates provided by the city or through another format approved by the City for the period applicable to this contract.

- A. **Reimbursement Request** – A Reimbursement Request form, as provided by the City, shall be submitted quarterly, unless otherwise directed by the City. This shall be submitted to the City no later than fifteen calendar days following the end of the month/quarter. Failure to submit reports within this time period may jeopardize the payment of funds for that month/quarter.
 - i. **Supporting Documentation** is required. This may be copies of receipts or consultant invoices paid, or other forms of proof related to costs for which your agency is requesting reimbursement.
- B. **Service Unit Report** – A report of program accomplishments will list progress toward service unit goals. This shall be submitted to the City no later than fifteen calendar days following the end of the month/quarter. Failure to submit reports within this time period may jeopardize the payment of funds for that month/quarter.
 - i. **Narrative Report** – Successes and challenges shall be submitted under the Narrative portion of the Service Unit form. This shall be submitted to the City no later than fifteen calendar days following the end of the month/quarter. Failure to submit reports within this time period may jeopardize the payment of funds for that month/quarter.
- C. **Demographic Report** – A Demographic Report form, as provided by the City, shall be submitted annually, unless otherwise directed by the City. The Report shall be submitted to the City no later than fifteen calendar days following the end of the year, for the year ending December 31.
- D. **Outcomes Report** – An Outcomes Report form, as provided by the City, shall be submitted annually, unless otherwise directed by the City. The Report shall be submitted to the City no later than fifteen calendar days following the end of the program year, for the most recent 12-month period for which the Agency has complete outcomes data.
- E. **Audit and Board Roster** –The Agency shall annually submit to the City a copy of the most recent independent financial audit and a current list of the Agency’s board of directors.