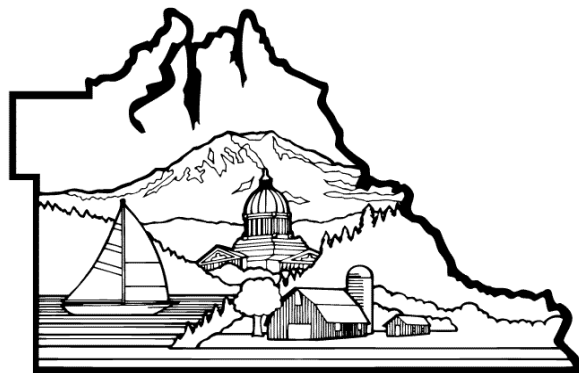


THURSTON COUNTY

**AFFORDABLE
&
HOMELESS HOUSING
PROGRAMS**

**2012
REQUEST FOR PROPOSAL
GUIDELINES**



THURSTON COUNTY

W A S H I N G T O N

SINCE 1852

NOTICE OF FUNDING AVAILABILITY

PROGRAMS: Affordable and Homeless Housing

APPLICATIONS AVAILABLE: May 18, 2012

APPLICATIONS DUE DATE: **Monday, June 18, 2012, no later than 4:00 pm**
Late applications will not be accepted.

CONTRACT EFFECTIVE START DATE: September 1, 2012

SUBMIT TO: Thurston County Public Health & Social Services
Housing and Community Renewal
ATTN: Dwight Edwards, Program Coordinator
412 Lilly RD NE
Olympia, WA 98506-5132

Phone: (360) 867-2531
Email: edwardd@co.thurston.wa.us

Application packets will be available at the address listed above, and downloadable from the department's website at: www.co.thurston.wa.us/health, under "Hot Topics."

FUNDING: Thurston County will provide up to **\$436,963** in Affordable Housing funds and **\$752,025** in Homeless Housing funds towards projects that provide affordable housing or meet one (1) or more of the Ten-Year Homeless Housing Goals and Objectives outlined on page five (5) of this document.

Total Available Funding: \$1,188,938

Questions related to this notice may be directed to: Dwight Edwards at (360) 867-2531 or by emailing edwardd@co.thurston.wa.us. Technical Assistance is available upon request.



THURSTON COUNTY

AFFORDABLE HOUSING AND HOMELESS HOUSING GUIDELINES

INTRODUCTION

The Washington State Legislature passed two major sources of housing legislation to fund the Affordable Housing Program (House Bill 2060) and the Homeless Housing Program (House Bill 2163). Funding for both programs is derived from portions of a ten-dollar surcharge fee on recording documents that are shared between the state and counties.

TEN-YEAR HOMELESS HOUSING GOALS AND OBJECTIVES

Thurston County and the HOME Consortium have recently committed to invest in a twelve (12) month project to study the existing system of homeless housing and services in Thurston County. This effort will assess where needs are and strive to make the system more efficient and effective. The Consortium is interested in funding programs and projects that meet one or more of the following goals and objectives:

- Collaboration with providers in addressing specific populations on a regional basis;
- Creating efficiencies in the current homeless system in service delivery and cost-effectiveness;
- Create or coordinate with a coordinated point of entry, or “no wrong door” system to ensure access to the most effective and appropriate services for an individual;
- Identifying better or best practices that are effective in eliminating homelessness;
- Leveraging of other funding sources;
- Project’s that are sustainable;
- Priority consideration will be given to proposals utilizing successful program models (e.g. Rapid Re-housing or Single Point of Entry referral and support systems);
- Priority consideration will be given to programs and projects that can be implemented in a timely manner and that are ready to move forward.

ELIGIBLE APPLICANTS

Non-profit organizations, local municipalities within the county, profit developers and faith-based organizations that provide affordable housing in accordance with the requirements of the Affordable Housing Program and Homeless Housing Program.

PROGRAM FUNDING AND ELIGIBLE ACTIVITIES

The Affordable Housing Program assists in the development and preservation of affordable low-income housing (households at below 50% of the area median income) that address critical local housing needs. Eligible activities include:

- **Capital Projects:** acquisition, construction, or rehabilitation of housing projects that are affordable to low-income persons at or below 50% of the area median.
- **Rental Assistance:** Housing vouchers for non-homeless persons below 50% of median income, which may be for short or long term use, and for tenant-based or project-based use.
- Rapid Rehousing programs

The Homeless Housing Program assists homeless persons and families. Eligible activities include:

- O&M costs for emergency shelters and licensed overnight youth shelters;
- Rental Assistance for homeless or persons below 30% of the median income, or are in immediate danger of becoming homeless;
- Costs of developing affordable housing and services for formerly homeless persons residing in transitional housing or permanent housing;
- Rapid Rehousing programs;
- Rental and furnishing of dwelling units;
- Outreach services;
- Temporary services to assist persons leaving state institutions and other state programs;
- Services to prevent homelessness, such as emergency eviction and prevention programs, including temporary rental assistance, and coordinated assessment and entry programs;
- Operating subsidies for transitional housing or permanent housing.
- Other activities to reduce and prevent homelessness as identified in Thurston County's Ten-Year Homeless Plan
- Development and management of local homeless plans including homeless census data collection, goals, performance measures, strategies, and cost and evaluation of progress towards established goals.

Operation and Maintenance Funds (O&M) assists housing programs that are experiencing a hardship in maintaining current level services. Eligible activities include:

- O&M costs for emergency shelters and licensed overnight youth shelters;
- On-site salaries and benefits including all personnel costs directly associated with operating the building;
- Off-site management including overhead and personnel costs that are necessary to operate the building, but are not located at the site;

- The cost of a financial audit in relation to the total Thurston County investment in the project;
- Administrative expenses such as, but not limited to, accounting, legal, advertising and marketing, insurance, collection loss, and real estate taxes;
- On-going maintenance expenses such as materials, janitorial supplies, maintenance contracts, security, and other maintenance expenses.

TERMS AND CONDITIONS OF FUNDING

- Funding for Capital Projects (new construction or rehabilitation) will be provided in the form of a 0% interest forgivable loan, provided the property is occupied by income-eligible households that meet the following income limits:

Thurston County 2012 Median Income Limits*

| Percent | 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person | 7 Person | 8 Person |
|---------|----------|----------|----------|----------|----------|----------|----------|----------|
| 30% | \$15,750 | \$18,000 | \$20,250 | \$22,500 | \$24,300 | \$26,100 | \$27,900 | \$29,700 |
| 50% | \$26,250 | \$30,000 | \$33,750 | \$37,500 | \$40,500 | \$43,500 | \$46,500 | \$49,500 |

- Capital projects funded **as match** for the HOME Investment Partnership Program will be required to adhere to the HOME Affordability Period requirements, which are based on the amount of the per unit investment of Affordable Housing and Homeless Housing surcharge funds:

Affordability Periods (FOR MATCH PROJECTS Only)

| Surcharge Investment Per Unit | Length of the Affordability Period |
|------------------------------------|------------------------------------|
| Less than \$15,000 | 5 years |
| \$15,000 - \$40,000 | 10 years |
| More than \$40,000 | 15 years |
| New Construction of rental housing | 20 years |

- The county may require the use of a Restrictive Covenant against the property in the event the property is sold or is no longer considered affordable.
- All projects must serve very low-income persons (50% of median income) or lower (30%);
- Successful applicants are required to adhere to HUD's Fair Housing Act standards and State laws that govern the landlord-tenant relationship as set forth at RCW 59.18;
- Housing projects must adhere to and meet HUD Housing Quality Standards and Thurston County's Housing Property Standards;
- **Contracts for Operation and Maintenance (O&M) will not exceed one year nor \$50,000;**

- Up to 5% of the funding awards for capital projects may be used for administrative costs;
- Successful applicants will provide a quarterly performance report to the county;
- Thurston County reserves the right to negotiate additional terms and conditions as deemed appropriate.

PROJECT EVALUATION CRITERIA

Affordable and Homeless Housing Projects

The organization's proposal will be evaluated on a competitive and comparative basis with other proposals and rated on a point scale with a maximum of 100 points.

PROPOSALS WILL BE EVALUATED AND RATED BASED ON A POINT SYSTEM USING THE FOLLOWING GENERAL CRITERIA:

***RATING
CRITERIA***

- HOUSING NEED – What is the extent of the project need and how effectively and efficiently can the project meet the need? What best practices are being used? How effective is the program model? (50 points)
- READINESS – How well does the organization leverage other funding sources? To what extent are all necessary financial and non-financial project participants firmly committed? How ready is the project to proceed? How accurate and reasonable are the budget documents? What potential obstacles may impact the timeliness of the project? (30 points)
- ORGANIZATIONAL CAPACITY – Does the organization have the technical and administrative experience to manage the project? Does the organization have the capacity to successfully complete the stated goals? To what extent has the organization successfully performed under previous Consortium contracts? What is the extent of partner collaboration and coordination? (20 points)

PROJECT EVALUATION CRITERIA

O&M Funded Projects

The organizations application will be scored on a competitive and comparative basis with other applications, and rated using a point scale of a maximum of 100 points.

Applications will be evaluated and assigned points based on the following criteria:

O&M PROPOSALS WILL BE EVALUATED AND RATED BASED ON A POINT SYSTEM USING THE FOLLOWING CRITERIA:

RATING CRITERIA

- **NEED** – How compelling and critical is the need for the funding and the extent to which the funded activity is consistent with the Ten-Year Homeless Goals and Objectives? (80 points)
- **ORGANIZATIONAL CAPACITY** – Does the organization have the financial and administrative capacity to undertake the activity? To what extent has the organization successfully performed under previous Consortium contracts? (20 points)

SUBMISSION PROCEDURES

The following forms are threshold requirements and must be submitted with the proposal:

- Application Form;
- Project Summary Form;
- Narrative Statements;
- A project schedule with timelines;
- All budget attachment forms;
- A copy of your organizational chart;
- A copy of your last Audited Financial Statement if not on file with PHSS-Housing.

*Note: **Incomplete or missing documents may impact the eligibility of your project.** Depending on the complexity of the project, you may be required to provide additional information.*

**Proposals (Original and Electronic) are due no later than
June 18, 2012 at 4:00 P.M**

Submit three (3) original and one (1) electronic copy of the proposal:

**Thurston County Public Health & Social Services
Housing and Community Renewal
ATTN: Dwight Edwards, Program Coordinator
412 Lilly RD NE
Olympia, WA 98506-5132**

Phone: (360) 867-2531

Email: edwardd@co.thurston.wa.us

Electronic versions of the forms may be requested by contacting Dwight Edwards.

FORMAT REQUIREMENTS

- Print Size – No smaller than 12-point font.
- Spacing – Double space.
- Source Documentation – Provide all source documents as attachments. If the documents exceed two pages, excerpt or summarize them and note the source(s).
- Letters of Support – Letters documenting participation or support by sectors of the community or letters verifying contribution of resources are appropriate. These letters should be submitted as attachments to the application.

REQUEST FOR PROPOSALS 2012 APPLICATION CHECKLIST

This is a combined Request for Proposals soliciting proposals from organizations wishing to apply for Affordable and Homeless funds, and funding for O&M Projects.

I. CHECKLIST FOR HOUSING PROJECTS APPLICATION

| | | |
|----|--|--------------------------|
| 1. | Complete and sign application | <input type="checkbox"/> |
| 2. | Narratives: | |
| | Housing Need Statement (page 14) | <input type="checkbox"/> |
| | Project Readiness Statement (page 15) | <input type="checkbox"/> |
| | Organization Capacity Statement (page 16) | <input type="checkbox"/> |
| 3. | Forms: | |
| | Project Pro-forma Budget Capital Projects- Form 1 | <input type="checkbox"/> |
| | Operating Revenue Pro-Forma Budget – Form 2 | <input type="checkbox"/> |
| | Income Level and Unit Size- Form 4 | <input type="checkbox"/> |
| | Project Area Benefit - Form 6 | <input type="checkbox"/> |
| | Special Needs Housing- Form 7 (if applicable) | <input type="checkbox"/> |
| | Rental Vouchers – Form 8 (if applicable) | <input type="checkbox"/> |
| | Project Work Plan- Form 9 | <input type="checkbox"/> |
| 4. | Submit Staff Organizational Chart | <input type="checkbox"/> |
| 5. | Secretary of State registration with the application (if not already on file with PHSS-Housing) | <input type="checkbox"/> |
| 6. | Submit most recent financial audit report (if not already on file with PHSS-Housing) | <input type="checkbox"/> |

II. CHECKLIST FOR OPERATION & MAINTENANCE APPLICATION

| | | |
|----|--|--------------------------|
| 1. | Complete and sign application | <input type="checkbox"/> |
| 2. | Narratives: | |
| | Need Statement (page 17) | <input type="checkbox"/> |
| | Organization Capacity Statement (page 16) | <input type="checkbox"/> |
| 3. | Forms: | |
| | O & M Budget - Form 3 | <input type="checkbox"/> |
| 4. | Submit Staff Organizational Chart | <input type="checkbox"/> |
| 5. | Secretary of State registration with the application (if not already on file with PHSS-Housing) | <input type="checkbox"/> |
| 6. | Submit most recent financial audit report (if not already on file with PHSS-Housing) | <input type="checkbox"/> |

**2012 AFFORDABLE AND HOMELESS HOUSING PROGRAMS
Project Summary Form**

| | | | | | |
|---|--------------------|---|-----------------|----------------|--|
| Organization/Agency Name: | | Tax Identification Number (TIN): | | DUNS #: | |
| | | | | | |
| Mailing Address: | | City: | State: | Zip: | |
| | | | | | |
| Telephone: | | Website: | | | |
| | | | | | |
| Type of Agency: | | | | | |
| Check one (1) agency type Nonprofit community or neighborhood-based organizations and regional or statewide nonprofit housing assistance organizations must submit a copy of the Secretary of State registration with the application (if not already on file with PHSS-Housing). | | | | | |
| <input type="checkbox"/> Local government <input type="checkbox"/> Nonprofit community or neighborhood-based organization <input type="checkbox"/> Regional or statewide nonprofit housing assistance organization | | | | | |
| Audit Information: | | | | | |
| Date of last audit: | | | Type of audit: | | |
| Name of company performing the audit: | | | | | |
| Audit findings or management letter: <input type="checkbox"/> No <input type="checkbox"/> Yes, please detail: | | | | | |
| License(s): | | | | | |
| If required by local government, do you have the necessary license to operate this proposed housing program? | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No, please explain: | | | | | |
| Contacts: | | | | | |
| | Executive Director | Program Contact | Finance Contact | | |
| Name: | | | | | |
| Title: | | | | | |
| Address: (*if different from mailing address) | | | | | |
| Phone: | | | | | |
| Fax: | | | | | |
| E-Mail: | | | | | |
| Project | | | | | |
| Project Name: | | | | | |
| Project Location/Address: | | | | | |
| Project Summary: (provide a brief summary of the project and the targeted population.) | | | | | |
| | | | | | |

| Housing Project Type: (Check all boxes that apply) | | | |
|---|--------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | Acquisition | <input type="checkbox"/> | Permanent housing |
| <input type="checkbox"/> | New construction | <input type="checkbox"/> | Special Needs housing |
| <input type="checkbox"/> | Homeowner rehabilitation | <input type="checkbox"/> | Transitional housing |
| <input type="checkbox"/> | Homebuyer assistance | <input type="checkbox"/> | Other: |
| <input type="checkbox"/> | Rental Assistance | <input type="checkbox"/> | Other: |
| <input type="checkbox"/> | | <input type="checkbox"/> | Other |
| <input type="checkbox"/> | | <input type="checkbox"/> | Other: |

| Project Households Benefiting: | |
|--|--|
| What is the number of low-income households that will benefit from this project? Use current year HUD Income Limits for family size. | |
| At or below 30% of Median Income: | |
| At or below 50% of Median Income: | |
| TOTAL Number of Households: | |

| Total Budget: | | | |
|----------------------|----------|-----------|-------|
| Source | Proposed | Committed | Total |
| Affordable Housing | \$ | \$ | \$ |
| Homeless Housing | \$ | \$ | \$ |
| Other Local Public | \$ | \$ | \$ |
| Private | \$ | \$ | \$ |
| Other | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| Total | \$ | \$ | \$ |

| Housing Project Readiness | | | |
|--|--|------------------------------------|--|
| Project Start Date (after Aug. 31 st): | | Estimated Project Completion Date: | |

I attest that all information, including program responsibilities and associated budget, described herein for our agency as an applicant for the 2012 Housing Project and/or O&M application has been reviewed, and is true and accurate.

| Submitted by Executive Director or other Authorizing Official | |
|--|-------|
| _____ | _____ |
| Authorized Signature | Date |
| _____ | _____ |
| Name (typed or printed) | Title |

NARRATIVE

HOUSING NEED STATEMENT

(50 points)

Purpose Statement: To assess the degree and extent of need and the effectiveness of the proposed solution (project).

1. Describe the compelling need within the community and how your project will specifically address that need.
2. Describe your proposed project. Be specific and include who will benefit, how many units will be produced or households served. If you are applying for rental assistance funding:
 - a. Describe the type of program;
 - b. The duration of assistance;
 - c. Estimated per household subsidy amount;
 - d. Estimated administrative costs to operate the program (not including case management costs);
 - e. Estimated case management costs, if any.
3. How effective and efficient is your approach to meeting the need?
4. What best practices are being used and the model of service delivery?
5. If this is a Capital Project involving acquisitions, new construction, or substantial rehabilitation, also include: the physical description of the project, location, and unit square footage. Attach any preliminary designs or drawings and site photos.
6. Describe and identify how the project is consistent with the County's Ten-Year Homeless Goals and Objectives identified on page five (5).
7. Identify any homeless or special need populations that will be served.

NARRATIVE

PROJECT READINESS STATEMENT

(30 Points)

Purpose Statement: To evaluate the project's financial feasibility and effectiveness in implementing and completing the project in a timely manner.

1. Provide a brief narrative identifying the amounts and sources of other project funds that will be leveraged. Identify what funds are committed and explain when all uncommitted funds will be secured. The response must also address:
 - How the requested funds will be used in the project;
 - How other funding sources will be used;
 - What potential obstacles may impact the timeliness of your project?
2. If the project is a capital or construction project involving acquisition and/or new construction, provide evidence of site control or describe when site control will be secured.

NARRATIVE

ORGANIZATIONAL CAPACITY STATEMENT

(20 Points)

Purpose Statement: To evaluate the organization's technical and administrative capacity to successfully manage the project.

1. A brief history of your organizational experience in managing housing programs or services.
2. Clearly explain in detail the staffing and resources needed to implement the project.
3. Describe your organization's administrative and technical experience to implement the project or services.
4. Describe efforts to collaborate and coordinate with other partners regarding the project/program.

**O&M
NARRATIVE**

NEED STATEMENT

(80 Points)

1. Identify the activity or project you are requesting O&M funding for and the reason.
2. Explain how the O&M request will reduce the unsheltered homeless population?
3. Describe how the funds will be used.
4. Identify the amount of the existing gap between your revenue and operating costs, and the amount of funding requested.
5. Are the funds for the continuation of an existing activity? If not, identify the new activity, and any new staffing costs that will be paid from the funds.
6. Describe how your organization intends to cover O&M expenses beyond the next twelve (12) months.
7. Explain how your organization has historically resolved budget shortfalls.
8. Describe the impact on the project/program if the activity is not funded.

PROJECT PRO-FORMA BUDGET
(Construction Projects Only)

| PROJECT NAME: | | | | | |
|-------------------------------------|--------------|------------------------|------------------------|------------------------|----------|
| | HOME REQUEST | OTHER FUNDS (Identify) | OTHER FUNDS (Identify) | OTHER FUNDS (Identify) | Total |
| Land | | | | | 0 |
| Building | | | | | 0 |
| CONSTRUCTION * | | | | | |
| Rehabilitation | | | | | 0 |
| Site work/Demolition | | | | | 0 |
| Structures | | | | | 0 |
| Construction Contingency | | | | | 0 |
| Construction Loan Interest | | | | | 0 |
| Construction Loan Origin Fee | | | | | 0 |
| Construction Loan Other | | | | | 0 |
| Perm Origin Fee | | | | | 0 |
| DEVELOPMENT SOFT COSTS | | | | | |
| Appraisals | | | | | 0 |
| Architect | | | | | 0 |
| Developer Fee * | | | | | 0 |
| Engineering | | | | | 0 |
| Survey | | | | | 0 |
| Environmental | | | | | 0 |
| Relocation Payments | | | | | 0 |
| Other Development costs | | | | | 0 |
| CHDO Pre-Development Costs * | | | | | |
| Direct Financial Assistance | | | | | 0 |
| Technical Assistance | | | | | 0 |
| Seed Loan* | | | | | 0 |
| Total Costs | 0 | 0 | 0 | 0 | 0 |

* Denotes eligible CHDO activity

Form 2 (continued)

| PROJECT NAME: | | | | |
|------------------------------|--|--|--|--|
| CATEGORY | | | | |
| Personnel Salaries and Wages | | | | |
| Personnel Benefits | | | | |
| Education and Training | | | | |
| Travel | | | | |
| Rent/Lease | | | | |
| Utilities | | | | |
| Taxes | | | | |
| Insurance | | | | |
| Equipment | | | | |
| Materials and Supplies | | | | |
| Supplies | | | | |
| Off-Site Management | | | | |
| | | | | |
| REVENUE SOURCES | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total Operating _____
Total Revenue _____

O&M Budget

FORM 3

| PROJECT NAME: | | | | |
|------------------------------|-------------------------------|-------------------------------|--------------|----------------------------------|
| CATEGORY | Homeless Housing FUNDS | OTHER FUNDS (Identify) | Total | Explanation/Justification |
| Personnel Salaries and Wages | | | 0 | |
| Personnel Benefits | | | 0 | |
| Education and Training | | | 0 | |
| Travel | | | 0 | |
| Rent/Lease | | | 0 | |
| Utilities | | | 0 | |
| Taxes | | | 0 | |
| Insurance | | | 0 | |
| Equipment | | | 0 | |
| Materials and Supplies | | | 0 | |
| Supplies | | | | |
| Off-Site Management | | | | |
| | | | 0 | |
| REVENUE SOURCES | | | 0 | |
| | | | 0 | |
| | | | 0 | |
| | | | 0 | |
| | | | 0 | |
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| | | | 0 | |
| | | | 0 | |
| | | | 0 | |

| | | | | |
|------------------------|----------|----------|----------|--|
| Total Operating | 0 | 0 | 0 | |
| Total Revenue | 0 | 0 | 0 | |

INCOME LEVEL AND UNIT SIZE

FORM 4

| % of Median Income | Studio | One Bedroom | Two Bedroom | Three Bedroom | Four Bedroom | Totals |
|--------------------|--------|----------------|----------------|------------------|-----------------|--------|
| 30% or below | | | | | | |
| 50% or below | | | | | | |
| 60% or below | | | | | | |
| 80% or below | | | | | | |

PROJECT AREA BENEFIT

Form 6

Indicate the number of units and people the project will serve:

| | Units | Households | Persons |
|--------------------------|-------|------------|---------|
| Bucoda | | | |
| Lacey | | | |
| Olympia | | | |
| Rainier | | | |
| Tenino | | | |
| Tumwater | | | |
| Yelm | | | |
| Unincorporated County | | | |
| | | | |

Total 0 0 0

SPECIAL NEEDS HOUSING

Form 7

Specify number of units/beds per target population and income level:

| Population | Number at or below 30% AMI | | Number at or below 50% AMI | |
|--------------------------------|----------------------------|-------|----------------------------|-------|
| | Beds | Units | Beds | Units |
| Homeless | | | | |
| Seasonal farm workers | | | | |
| Developmentally disabled | | | | |
| HIV/AIDS | | | | |
| Domestic violence | | | | |
| Alcohol/substance abuse | | | | |
| Chronically mentally ill | | | | |
| Physically disabled | | | | |
| Youth under 21 | | | | |
| Frail elderly | | | | |
| Other <i>(please describe)</i> | | | | |
| Other <i>(please describe)</i> | | | | |

RENTAL VOUCHER ASSISTANCE

FORM 8

| 30% of Median Income or Below Served | Number of Households | Household Size |
|--------------------------------------|----------------------|----------------|
| | | |
| Studio | | |
| 1 Bedroom | | |
| 2 Bedroom | | |
| 3 Bedroom | | |
| 4 Bedroom | | |
| 5 Bedroom | | |
| 6 Bedroom | | |
| TOTAL | | |

| 50% of Median Income or Below Served | Number of Households | Household Size |
|--------------------------------------|----------------------|----------------|
| | | |
| Studio | | |
| 1 Bedroom | | |
| 2 Bedroom | | |
| 3 Bedroom | | |
| 4 Bedroom | | |
| 5 Bedroom | | |
| 6 Bedroom | | |
| TOTAL | | |

PROJECT WORK PLAN

FORM 9

Instructions:

- Action Steps/Tasks: Identify the specific work tasks required to complete the project.
- Implementation Date: When the task begins.
- Expected Completion Date: When the task will be completed
- Responsible Party: who or what organization is responsible for completing the task.
-

| Action Steps /Tasks | Implementation Date | Expected Completion Date | Responsible Party |
|---------------------|---------------------|--------------------------|-------------------|
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