

## HOMELESS HOUSING PROGRAM GRANT AGREEMENT

This Homeless Housing Program Grant Agreement ("Agreement") is entered into between KITTITAS COUNTY, a political subdivision of the State of Washington (the "County"), and HOPESOURCE, a Washington non-profit corporation ("Recipient") for the Senior Support and Advocacy Program (SSAP).

### ARTICLE I — PURPOSE AND TERM

**Section 1.1** Purpose: The purpose of this Agreement is to distribute homeless housing surcharge funds awarded pursuant to the applicable provisions of RCW 36.22.179-1791.

**Section 1.2** Term: This Agreement shall take effect January 1, 2018 and terminate on December 31, 2019.

### ARTICLE II — GRANT AMOUNT, USE AND BUDGET

**Section 2.1** Grant Amount: The Recipient is awarded a total of up to one hundred-twenty-five thousand, five hundred and seven dollars (\$125,507.00) (the "Grant Award") to be administered as follows as Grant Award HH 2018- 003-HopeSource, to be used for the Senior Support and Advocacy Program.

**Section 2.2** Use of Grant. The Recipient shall use the Grant Award solely for the purposes and in the manner described in **Exhibit A – Attached Application and Exhibit B – Attached Supplemental Application Information**. Adjustments to Proposed Project Timelines may be requested of the Committee in writing and the Committee may recommend adjustments to the Board of Kittitas County Commissioners. These recommendations may be granted or denied at the discretion of the Board of Kittitas County Commissioners.

**Section 2.3** Budget. The Grant Award shall be expended by the Recipient as set forth in **Exhibits A and B - Application and Supplemental Application Information**. Adjustments to Proposed Project Budgets may be requested of the Committee in writing and the Committee may recommend adjustments to the Board of Kittitas County Commissioners. These recommendations may be granted or denied at the discretion of the Board of County Commissioners (BOCC).

### ARTICLE III — DISBURSEMENTS

**Section 3.1** Disbursement of Grant Award Funds. Not more frequently than once a

month, the Recipient may request disbursement from the Grant Award. Each disbursement request must be made by the Recipient submitting to the County at the address specified in Section 5.2 a properly completed Reimbursement Request form. The request must identify the work performed and be accompanied by detailed invoices of all allowable costs and expenses incurred for which the Recipient is seeking disbursement, unless further documentation is requested by the Committee, the Kittitas County Auditor's Office, or the BOCC. The Recipient will be subject to periodic on-site audits to ensure that satisfactory supporting documentation of all allowable costs and expenses are being kept.

**Section 3.1-A Post Disbursement.** Within 30 days of its receipt of the request and satisfactory supporting documentation, and subject to the other terms and conditions contained in this Agreement, the County shall pay the amount of the invoice to the Recipient at the address specified in Section 5.2.

**Section 3.1-B Advance Disbursement.** The Recipient may under extraordinary circumstances request disbursement from the Grant Award in advance of actual expenditure. Please contact the BOCC for additional information.

**Section 3.2 Disbursement Limitations.** In no event will the County ever be required to disburse funds in excess of the Grant Award. In addition, unless expressly provided otherwise in this Agreement: (a) no disbursements will be made in advance of costs or expenses being incurred; and (b) no costs or expenses incurred by the Recipient prior to the effective date of this Agreement, or after its termination, are eligible for reimbursement.

**Section 3.3 Disbursement Without Prejudice.** Any disbursement made by the County to the Recipient shall be without prejudice to the County's rights later to challenge the propriety of the Recipient's claimed costs or expenses.

**Section 3.4 Withholding Disbursements.** If the Recipient fails to perform any obligation under this Agreement and the failure has not been cured within 10 days following oral or written notice from the County or the Committee, the County may, without penalty and in its sole discretion and upon written notice to the Recipient, withhold all monies otherwise due the Recipient until such failure to perform is cured. This right to withhold disbursements is in addition to all other rights and remedies the County may have available to it under this Agreement or under law.

#### **ARTICLE IV—REPORTS AND RECORDKEEPING**

**Section 4.1 Quarterly Progress Reports.** At least once a quarter, and upon request from time to time, the Recipient shall provide a report on the progress made to date on the Project, using such form and meeting such requirements as determined by the Committee in Exhibit "C". Such progress reports shall be provided by the Recipient to the Committee and to the

County at its address specified in Section 5.2. The Recipient shall also provide an annual report as specified in the grant guidelines.

**Section 4.2 Record Retention; Review.** The Recipient shall maintain records sufficient to fully document its compliance with all contractual, grant and legal requirements, for not less than six years from the last date of work performed or reimbursement pursuant to this agreement, whichever is later. Upon reasonable advance notice, the Recipient shall provide the County its authorized agents, and State or Federal agencies having audit authority related to this Agreement with full access to all of the Recipient's records relating to this Agreement or the Project. The Recipient shall defend, indemnify and hold harmless the County and its appointed and elective officers, agents and employees, from and against all loss or expense for any audit exceptions or other irregularities in its performance or recordkeeping, including but not limited to impermissible or unauthorized use of Grant Award funds. This section shall survive termination of this Agreement.

#### ARTICLE V — CONTRACT ADMINISTRATION AND NOTICES

**Section 5.1 Personnel.** The Recipient will secure at its own expense all labor and materials required to perform any work in connection with the Project. The Recipient shall be responsible for all applicable payroll, labor and industries premiums, and taxes. All employees and subcontractors of the Recipient shall be covered by Industrial Insurance in full compliance with title 51 of the Revised Code of Washington ("RCW").

**Section 5.2 Contract Representatives.** The parties' designated representatives shall be responsible for the administration of this Agreement and for receiving notices given in connection with this Agreement. The following are designated as the representatives of the parties.

FOR THE COUNTY: Judy Pless, Budget & Finance Manager  
County Auditor's Office  
205 West 5<sup>th</sup> – Suite 105  
Ellensburg WA 98926  
509-962-7502  
[judy.pless@co.kittitas.wa.us](mailto:judy.pless@co.kittitas.wa.us)

FOR THE RECIPIENT: Susan Grindle  
HopeSource  
700 East Mountain View Avenue, Suite 501  
Ellensburg, WA 98926  
509-925-1448  
[skgrindle@hopesource.us](mailto:skgrindle@hopesource.us)

A party may change its designated representative or address by providing written notice to the other party.

**Section 5.3** Notices. Any notice required or permitted to be made under this Agreement may be given personally, by facsimile, or by first-class, registered or certified mail. A notice personally delivered to the other party is deemed given upon proper delivery. A notice sent by first-class, registered or certified mail is deemed given three days after mailing, if properly addressed and having proper postage. Notices delivered by facsimile shall be deemed to have been given on the date of transmission if received during the recipient's business day or, if not, on the recipient's next business day. E-mail addresses, if listed in this Agreement, are provided only for convenience and not for notice purposes.

## ARTICLE VI — INSURANCE

**Section 6.1** Professional Legal Liability. The Recipient will maintain professional legal liability or professional errors and omissions coverage appropriate to the Recipient's profession. The coverage will have a limit of not less than One Million Dollars (\$1 million) per occurrence. The coverage will apply to liability for a professional error, act or omission arising out of the Recipient's services under the Agreement. The coverage will not exclude bodily injury or property damage. The coverage will not exclude hazards related to the work rendered as part of the Agreement or within the scope of the Recipient's services under the Agreement, including testing, monitoring, measuring operations or laboratory analysis where such services are rendered under the Agreement.

**Section 6.2** Workers' Compensation and Employer Liability. The Recipient will maintain workers' compensation insurance as required by Title 51 RCW, and will provide evidence of coverage to the BOCC. If the Contract is for over \$50,000, then the Recipient will also maintain employer liability coverage with a limit of not less than One Million Dollars (\$1 million). The Recipient will request that the Washington State Department of Labor and Industries, Workers Compensation Representative, send written verification to the County that the Recipient is currently paying workers' compensation.

**Section 6.3** Commercial General Liability. The Recipient will maintain commercial general liability coverage for bodily injury, personal injury and property damage, subject to a limit of not less than One Million Dollars (\$1 million) per occurrence. The general aggregate limit will apply separately to the Contract and be no less than Two Million Dollars (\$2 million). The Recipient will provide commercial general liability coverage that does not exclude any activity to be performed in fulfillment of the Agreement. Specialized forms specific to the industry of the Recipient will be deemed equivalent, provided coverage is no more restrictive than would be provided under a standard commercial general liability policy, including contractual liability coverage.

**Section 6.4** Miscellaneous Insurance Provisions.

- A. The Recipient will place insurance with insurers licensed to do business in the State of Washington and having A.M. Best Company ratings of no less than A-VII, with the exception that excess and umbrella coverage used to meet the requirements for limits of liability or gaps in coverage need not be placed with insurers or re-insurers licensed in the State of Washington.
- B. The insurance limits established by this section are not intended to indicate the Recipient's exposure, nor are they limitations on the Recipient's indemnification duties. This section shall survive termination of this Agreement.
- C. The policy shall be endorsed and the certificate shall reflect that the County, its officers, officials, employees, agents and representatives, are an additional insured with respect to activities under the contract, and the policy will contain no special limitations on the scope of protection afforded to the County, its officers, officials, employees, agents and representatives as an additional insured.
- D. The certificate will, at a minimum, list limits of liability and coverage. The Recipient will furnish the County with properly executed certificates of insurance or a signed policy endorsement, including the additional-insured provision, which will clearly evidence all insurance required in this Section, before work under this Agreement shall commence, but no later than Ten (10) days after the effective date of this Agreement. Acceptable forms of evidence are the endorsement pages of the policy showing the County as an additional insured.
- E. The Recipient will maintain all required policies in force from the time services commence until services are completed. The Recipient will provide a current or updated copy of all insurance policies specified in the Agreement upon the request of the County. Certificates, policies and endorsements scheduled to expire before completion of services will be renewed before expiration. The certificate will provide that the underlying insurance contract may not be canceled, or allowed to expire, except on 30-days' prior written notice to the County. Any certificate or endorsement limiting or negating the insurer's obligation to notify the County of cancellation or changes must be amended so as not to negate the intent of this provision. Written notice of cancellation or change must be delivered to the County as set forth in Sections 5.2 and 5.3.
- F. If the Recipient's liability coverage is written as a claims-made policy, then the Recipient must evidence the purchase of an extended-reporting period or "tail" coverage for a three-year period after completion of the services.
- G. The Recipient's liability insurance provisions shall be primary and shall be non-contributing with any other insurance maintained by Kittitas County with respect

to any insurance or self-insurance programs covering the County, its elected and appointed officers, officials, employees, agents and representatives.

- H. Any failure to comply with reporting provisions of the policies will not affect coverage provided to the County, its officers, officials, employees, agents or representatives.
- I. The Recipient's insurance will apply separately to each insured against whom claim is made or suit is brought, subject to the limits of the insurer's liability. The Recipient will include all subcontractors as insurers under its policies or will furnish separate certificates and endorsements for each subcontractor. All coverage for subcontractors will be subject to all of the requirements stated in these provisions.

## ARTICLE VII – INDEMNIFICATION

**Section 7.1** Indemnification. To the fullest extent permitted by law, the Recipient shall indemnify, defend and hold harmless the County, the Committee and the BOCC, and all County officials, officers, employees, agents and each of them, from and against all claims in any way resulting from or arising out of the performance of this Agreement, whether such claims arise from the actual or alleged acts, errors or omissions of the Recipient, its subcontractors, third parties, the County, the Committee or the BOCC, or anyone directly or indirectly employed or supervised by any of them or anyone for whose acts, errors or omissions any of them may be liable. "Claim" means any loss, claim, suit, action, liability, damage or expense of any kind or nature whatsoever, including but not limited to attorneys' fees and costs, attributable to personal or bodily injury, sickness, disease or death, or to injury to or destruction of property, including the loss of use resulting therefrom.

**Section 7.2** Recipient's Duty to Indemnify. The Recipient's duty to indemnify, defend and hold harmless includes but is not limited to claims by the Recipients or any subcontractor's officers, employees or agents. The Recipient's duty, however, does not extend to claims arising from the sole negligence or willful misconduct of the County, the Committee or the BOCC, or of the officials, officers, employees, agents or representatives of the County, the Committee or the BOCC.

**Section 7.3** Waiver of RCW Title 51 Immunity. Solely for purposes of this indemnification provision, the Recipient expressly waives its immunity under Title 51 RCW and acknowledges that this waiver was mutually negotiated by the parties. The Recipient's duty to indemnify, defend and hold harmless shall survive termination of this Agreement.

**ARTICLE VIII—NONDISCRIMINATION AND LEGAL COMPLIANCE**

**Section 8.1** Nondiscrimination. The Recipient shall not discriminate against any employee or applicant for employment, or program participant or program participant applicant, on account of race, color, sex, religion, national origin, creed, marital status, age, Vietnam era or disabled veterans status, the presence of any sensory, mental or physical handicap, or any other basis prohibited by law with respect to any program participation, employment upgrading, demotion, transfer, recruitment or selection for training, including apprenticeships and volunteers. This prohibition does not apply, however, to a religious corporation, association, educational institution or society with respect to the employment of individuals of a particular religion to perform work connected with the carrying on by such corporation, association, educational institution or society of its activities.

**Section 8.2** Compliance with Laws. The Recipient and its officials, officers, employees, agents and subcontractors shall comply with all applicable federal, state and local laws, regulations, rules and policies. The County, the Committee and the BOCC shall have no obligation to ensure such compliance.

**ARTICLE IX — TERMINATION**

**Section 9.1** Termination for Loss of Funding. The County shall have the right to terminate this Agreement at any time after providing written notice consistent with sections 5.2 and 5.3 of this agreement if the funds relied upon for the Grant Award are terminated, suspended or otherwise lost or impaired in whole or in part.

**Section 9.2** Termination for Convenience. Either party may terminate this Agreement for convenience upon giving the other party at least 30 days' advance written notice. In that event, the Recipient will be entitled to payment only for those expenses and costs reasonably and actually incurred prior to the effective date of the termination.

**Section 9.3** Termination for Default. If either party defaults in its performance under this Agreement, the nondefaulting party may give the defaulting party written notice that it has 30 days in which to cure the default. If the default is not cured within 30 days of notice, the nondefaulting party may terminate the contract. In the event of such a termination, the nondefaulting party shall have all rights and remedies available to it under law.

**ARTICLE X — MISCELLANEOUS**

**Section 10.1** Permissible-Use Warranty. The Recipient warrants that its planned and actual uses of the Grant Award constitute permissible uses for homeless housing surcharge funds as established by RCW 36.22.179. This section shall survive termination of this Agreement.

**Section 10.2 Organizational-Status Warranty.** The Recipient warrants that it is duly organized, existing and in good standing under the laws of the State of Washington.

**Section 10.3 Relationship of Parties.** This Agreement, and the parties' and the Committee's and the County's activities under it, shall not be construed as creating any kind of partnership or joint venture, nor shall it be construed as creating any kind of independent contractor, agency or employment relationship between the parties, the Committee, or the County.

**Section 10.4 No Third-Party Rights.** This Agreement is entered into by the parties solely for their own benefit and it creates or grants no rights of any kind in any other party.

**Section 10.5 Assignment.** The Recipient shall not assign any of its rights or delegate any of its duties under this Agreement without the prior express written consent of the County, which may be granted or refused in the County's sole discretion.

**Section 10.6 Choice of Law; Venue; Jurisdiction.** This Agreement shall be governed by the laws of the State of Washington. In the event of a legal proceeding, venue shall be only in a court of competent jurisdiction in Kittitas County. Each party hereby consents to the personal jurisdiction of the courts of the State of Washington, County of Kittitas. This section shall survive the termination of this Agreement.

**Section 10.7 Waiver.** No term or condition of this Agreement shall be deemed waived unless such waiver is expressly agreed to in writing by the party granting the waiver. In addition, waiver of any breach of this Agreement shall not be deemed a waiver of any prior or subsequent breach.

**Section 10.8 Amendment.** This Agreement can be amended only by a writing executed by the parties.

**Section 10.9 Entire Agreement.** The parties acknowledge that this Agreement is the complete expression of their agreement regarding the subject matter of this Agreement. Any oral or written representations or understandings not incorporated into this Agreement are specifically excluded.

**Section 10.10 Headings.** The headings in this Agreement are for convenience only and shall not be deemed to affect the meaning of its provisions.

**Section 10.11 Severability.** If any provision of this Agreement is held by a court of competent jurisdiction to be invalid, such invalidity shall not affect the validity of the remaining provisions that can be given effect without the invalid provision, provided that the underlying intent of the parties can still be given effect.

**Section 10.12 Signature Authority.** Each person signing this Agreement on behalf of a party warrants that he or she has full authority to sign this Agreement on that party's

behalf.

**Section 10.13 Counterparts.** This Agreement may be executed in counterparts, each of which shall be deemed an original and all of which together shall be deemed one agreement. Each counterpart may be executed and delivered by facsimile to the other party.

**Section 10.14 Exhibits.** The following exhibits are incorporated into this Agreement by reference: (a) Exhibit A - Attached Application.

(b) Exhibit B - Attached Supplemental Application Information

(c) Exhibit C - Attached Quarterly Reporting format

**KITTITAS COUNTY:**

**KITTITAS COUNTY BOARD  
OF COUNTY COMMISSIONERS**

ATTEST:

\_\_\_\_\_  
Board Chair

\_\_\_\_\_  
Clerk of the Board

\_\_\_\_\_  
Board Vice-Chair

DATE: \_\_\_\_\_

\_\_\_\_\_  
Commissioner

**RECIPIENT:**

\_\_\_\_\_  
By: (Print Name)

Title: \_\_\_\_\_

DATE: \_\_\_\_\_

### III REPORTING

\*For each Quarterly Report, the agency will use the standardized reporting form developed by the Homeless and Affordable Housing Committee.

Quarterly Reports are due on the following:

April 15, 2018

July 15, 2018

October 15, 2018

January 15, 2019 (Only for contracts lasting longer than one year.)

Please provide a brief description of work paid for by County funds and total amount of County funds expended per reporting period.

Agencies may report information beyond the standard reporting form if desired.

Please send an electronic copy of each report to:

Kittitas County Homeless and Affordable Housing Committee

Debbie Myers, Kittitas County Board of Commissioners office

Kittitas County Auditor's Office, Judy Pless

\*Reporting requirements may be amended by the Committee so that appropriate data can be gathered.



**Homelessness and Affordable Housing Funds  
2017 Request for Proposals Application Form**

*\*\*Fields outlined in red are required\*\**

**PROJECT INFORMATION**

**Project Title:** Senior Support and Advocacy Program (SSAP)

**Project Site Name(s):** HopeSource

**Project Site Address(s):** 700 East Mountain View Avenue, Suite 501, Ellensburg, WA 98926

**Which fund source is this proposal for? (select one, see Section 1 of the RFP for details)**

- Affordable Housing Funds
- Homeless and Housing Assistance Funds

**Total Project Costs (including other funding and resources):** \$133,968.00

**Total Amount Requested (from Kittitas County Homeless Housing and Assistance or Affordable Housing funds):** \$125,507.00

**Time Frame for Utilization of Requested Funds:** January 21, 2018- December 31, 2023

**City, Town or Unincorporated Area to be served:** Kittitas County

**APPLICANT INFORMATION**

**Name of Applicant Organization:** HopeSource

**Mailing Address:** 700 East Mountain View Avenue, Suite 501

**City, State, Zip:** Ellensburg, Washington 98926

**Phone:** 509-925-1448

**Fax:** 509-925-1204

**Email Address:** skgrindle@hopesource.us

**Website:** www.hopesource.us

**Federal Tax Identification Number:** 91-0814544

**Type of Organization:**

- Government
- Non-Profit
- For-Profit
- Local housing authority
- Tribe

**PROJECT CONTACTS**

**Name of Organization Director:** Susan Grindle

**Phone:** 509-925-1448 ext. 222

**Email:** skgrindle@hopesource.us

**Project Contact Name:** Mark Hollandsworth

**Title:** Transportation/SSVF/Housing Manager

**Phone:** 509-925-1448

**Email Address:** mhollandsworth@hopesource.us

**Fiscal Contact Name:** Ariam Mehtsentu

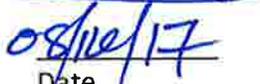
**Phone:** 509-312-0844

**Email Address:** amehtsentu@hopesource.us

**AUTHORIZATION**

Acceptance of this application may be subject to subsequent compliance reviews, including a review of the latest audit of financial statement. Preparation of an application does not guarantee that applicants will receive funds. By signing this grant application form the undersigned certifies that all information is accurate to the best of his/her knowledge.

  
\_\_\_\_\_  
Signature of Authorized Representative

  
Date

## PROPOSAL DETAILS

1. **Applicant Profile and Qualifications:** Tell us about your organization including the purpose of your work, your goals, any history, and experience working in homeless and/or affordable housing services, experience managing public funds, and anything else that describes the organization's qualifications. (250 words max.)

The purpose of HopeSource is to protect those who cannot protect themselves and to encourage those who can. Our goals are to serve clients based on the CASTLE (Courage, Authenticity, Service, Truth, Love and Effectiveness) values of the organization, to end homelessness in our community and support people in building self-sufficient lives. HopeSource has a 50 year history as a private, non-profit community action agency operating in a rural environment, making a difference through programs that stabilize households in crisis including housing, nutrition, energy assistance, home weatherization, transportation, rental assistance, and youth recreation assistance. HopeSource has served as the Continuum of Care lead for Kittitas County, operated the Coordinated Entry system for Kittitas County, conducted the annual Point In Time count, completed the Community Needs Assessment, operated the only homeless shelter in the county, built 26 units of new affordable housing in Cle Elum, kept 167 units of affordable housing units from going market rate, operated Polaris housing in Cle Elum, and provided a Pathway to Permanence model in Ellensburg. HopeSource case managers are trained in trauma-informed care, motivational interviewing, WSCAP family development, home health worker, mental health first aid, and family stability planning. HopeSource oversees administration of 38 federal, state and local contracts including; Consolidated Homeless Grant, Housing and Essential Needs, Supportive Services for Veteran Families, McKinney-Ventor, HUD, Rural Development, Housing Trust Fund, Housing Finance Commission, and private funding from the ROE Foundation, Mercer Creek Church, the Shoemaker Foundation, and the Suncadia Associate Fund.

2. **Project Description Summary:** Provide a brief summary the project being proposed and a general description of how it will address homelessness or affordable housing in Kittitas County. Be sure and indicate whether the proposal is intended to provide direct client services or construction, maintenance, or improvement of housing facilities. (250 words max.)

The Senior Support & Advocacy Program (SSAP) formerly Senior Rent Assistance, Addresses homelessness for seniors who are homeless or at risk of homelessness and who are over the age of 65 and stabilizes them in safe housing. The advocate case manager administers a thorough assessment of need and connects seniors to food, energy assistance, public transportation, mental and physical health, socialization, and to Hope University coaching in budgeting, saving money when you shop, credit and debt, energy conservation, healthy eating and exercise. This supports vulnerable seniors in moving as far toward self-sufficiency as is possible given their age and situation.

HopeSource is requesting funding for direct service rental assistance of \$125,507 initially with an escalator of 5% per year through 2023. These funds will immediately remove the wait list. SSAP has historically ensured that 24 vulnerable seniors annually are prevented from remaining or returning to homelessness. Data indicate that 70 additional seniors could require assistance or become homeless in the next three to five years.

3. **County Priorities:** Indicate which of the following priorities are being addressed by the proposed project. (Select all that apply and give a brief 100 word description for each selected.)

Increase capacity and sustainability for homeless sheltering.

The 759 units of subsidized housing in the county are full and have wait lists, identified in the Ten Year Plan as exceeding two years. The Ten Year plan further identified subsidized senior housing as being at the top of the list of needs to be addressed. The increased assessment, advocacy and case management hours will greatly reduce the need for formal shelter units by preparing and moving seniors on fixed incomes into market units, units based solely on income, or permanent subsidized housing and out of the SSAP unit.

Connect shelter clients to services to reduce homelessness.

Increase site-based rental vouchers for people who are homeless with wrap-around case management through current partnerships.

A number of new senior clients who are literally or at risk of homelessness, because of lack of units in the community, are placed at our senior partner site, Briarwood, in either subsidized or non-subsidized units. Briarwood is the premier housing for able bodied seniors on fixed incomes combined with SSAP wrap around case management. HopeSource utilizes Briarwood's common area for senior education on life skills and information on community resources. The Polaris project in Upper County also accommodates homeless seniors with rent and wrap around case management.

New affordable housing development.

Increased access to rental vouchers.

The SSAP traditionally has provided 24 vouchers to literally or immediately homeless seniors, and with this proposal would add to a scarce resource for seniors. The increase in rent assistance funding would clear the current wait list of seniors who are homeless or at risk of homelessness. It would not alleviate the full need as there are an additional 70 seniors identified as potentially eligible for subsidized rent and who are at risk, with any small disruption in their situation, of becoming homeless over the next five years.

Promotion of private landlord usage of Section 8 rental vouchers.

Programs which increase access to affordable home ownership.

4. **Partnerships:** List your key community partnerships for the proposed project and what their role will be. (250 words max.)

The Housing Authority is a recipient of VASH for veterans and Section 8 housing vouchers for qualified households. Central Washington Healthcare provides mental health supportive housing for individuals coming out of therapeutic treatment. WorkSource employment specialists coordinate with HopeSource to provide employment search and preparation resources if the client is able to work. DSHS - SNAP and temporary financial benefits provide needed security as clients construct their safety net. The Social Security SOAR program assists in moving from disability to ability. The Department of Licensing provides resolution of licensing issues. The Ministerial Association offers spiritual counseling and can assist with small essential needs. Central Transit, HopeSource Dial-A-Ride, and The Apple Line provide transportation services for the community to mitigate the expense of traveling in the county and connecting with family outside the county. RSVP provides guidance on insurance questions. Aging and Long Term Care and People for People provide aging in place and support for seniors. Kittitas County Commissioners provide funding for homeless and at risk seniors over the age of 65. Central Washington Disability Resources and Elmview provide training and disability support. FISH offers food and social support. Free Clinic Dental & Vision provide access to medical treatment. Goodwill and the Methodist Clothing Bank provide basic clothing and household needs. Hospice is available for seniors who face end of life issues. Senior Centers in Ellensburg and Cle Elum give access to activities and socialization opportunities. Social Security Administration administers the basic income support of most seniors.

5. **Gaps and Duplication in Services:** Describe how your proposed project fills a gap in homeless and/or affordable housing services in Kittitas County. Include a description of how the project is or isn't a duplication of current services. (250 words max.)

The Ten Year Plan analysis identifies the extreme need for additional case management services for the homeless. Seniors are hesitant to independently seek out resources and often are unable to understand or interpret how to use resources. Full utilization of community resources can lower the senior's expenses and allow them to move from SSAP into permanent subsidized housing environments, opening up the path for those on the waiting list, which can exceed two years' time.

There are no other programs in Kittitas County that stabilize homeless seniors over the age of 65 with housing and wrap around case management. The only emergency shelter in the county is reserved for homeless families with children. No motel has exceptions that allow for homeless individual placement without payment. To qualify for the few units at Comprehensive Mental Health you have to be a mental health client. For ASPEN's minimal units you must be a victim of domestic violence. Elmview does have some units but the criteria does not address homelessness. Local churches do not have access to organized homeless rooms in parishioner's houses. Housing Authority does not provide for homeless units or case management services. ALTC advocates for seniors but has no housing subsidy or a focus on homeless individuals. Some providers deal with senior specific concerns such as insurance and Medicaid/Medicare, but not housing. SSAP is unique and the only program that helps seniors to move from homelessness to stably housed and the only option for subsidized housing.

**6. Sustainability:** Describe your ability, experience, and resources to implement and sustain the project during the term of the project. (250 words max.)

The SSAP program is not sustainable without Kittitas County funds. The county has consistently and rightly said that it is vital to ensure that no senior (65 or older) in Kittitas County suffers from housing insecurity, that they maintain their integrity and sense of honor in time of significant need, and that our community protects and cares for its valued senior members.

HopeSource continues to seek sustainable funding sources for this invaluable program such as the ROE Foundation grant for seniors, and is in discussion with foundations and other State and Federal grants. Funding specifically for homeless seniors is scarce at every level of government and in every community. HopeSource utilizes other grant sources such as the Consolidated Homeless Grant to backfill the county funding, and sponsors annual fund-raisers to augment government and foundation grants.

HopeSource Senior Advocates are trained in family dynamics, home health worker certification, care coordination, mental first aid, SOARs benefits training, de-escalation and trauma informed care. Advocates have a combined 38 years of experience working with vulnerable populations and seniors. HopeSource has worked with ALTC and Medicaid for over ten years serving seniors.

HopeSource financial controls include adherence to Fiscal Policies supported by OMB Circular requirements and accounting practices. HopeSource pays attention to every opportunity to decrease costs so that funding goes directly to serving vulnerable households.

7. **Goals & Objectives:** Use the Goals and Objectives Form below to fill in the following table with your project's goals, measures, strategies, and objectives. See the examples below for guidance and use as many forms as necessary.

Example #1:

<b>GOAL: Increase number of people enrolled in health insurance by 25% by December 31, 2017.</b>	
<b>Measures (How will you know you are making progress toward your goal?)</b>	<b>Data Source</b>
Number of new enrollees in health insurance	Internal tracking sheet
<b>Strategy #1 (What will you do to achieve your goal?)</b>	<b>Create promotional materials to distribute to local partners advertising health insurance enrollment assistance.</b>
Measurable Objectives:	<ul style="list-style-type: none"> <li>Promote the service with at least 5 community partners each quarter through December 2017.</li> <li>Distribute at least 100 flyers around the community by December 2017.</li> </ul>
<b>Strategy #2 (What will you do to achieve your goal?)</b>	<b>Offer health insurance enrollment assistance at local community events.</b>
Measurable Objectives:	<ul style="list-style-type: none"> <li>Attend at least 2 community events per quarter in both Upper Kittitas County and Lower Kittitas County through December 2017.</li> </ul>
<b>Strategy #3 (What will you do to achieve your goal?)</b>	<b>Offer health insurance enrollment assistance appointments in the office.</b>
Measurable Objectives:	<ul style="list-style-type: none"> <li>Schedule at least 40 hours per month of open walk-in assistance through December 2017.</li> <li>Ensure staff availability for at least 25 scheduled appointments each month through December 2017.</li> </ul>

Example #2:

<b>GOAL: Increase the number of trail systems available to the general public within the City of Ellensburg from 5 to 7 by December 2019.</b>	
<b>Measures (How will you know you are making progress toward your goal?)</b>	<b>Data Source</b>
Number of trail systems open to the public and clearly labeled	Trails report
<b>Strategy #1 (What will you do to achieve your goal?)</b>	<b>Establish public-private partnerships for funding trail construction and maintenance.</b>
Measurable Objectives:	<ul style="list-style-type: none"> <li>Create tailored presentation about project by March 2017.</li> <li>Meet with at least 2 potential partners each quarter through June 2018.</li> <li>Establish at least 2 primary public-private partnerships for trails by December 2018.</li> </ul>
<b>Strategy #2 (What will you do to achieve your goal?)</b>	<b>Identify sites for new trail systems.</b>
Measurable Objectives:	<ul style="list-style-type: none"> <li>Conduct site visits with partners of potential new sites by March 2018.</li> <li>Identify pros and cons of potential new sites by June 2018.</li> <li>Solidify 2 new trail sites by December 2018.</li> </ul>
<b>Strategy #3 (What will you do to achieve your goal?)</b>	<b>Build new trail systems.</b>
Measurable Objectives:	<ul style="list-style-type: none"> <li>Create plans for construction of new trail systems by March 2019.</li> <li>Two new trail systems will be built by December 2019.</li> </ul>

**GOALS AND OBJECTIVES FORM**

*Fill out white sections only.*

<b>GOAL:</b>	
Enhanced outreach to vulnerable seniors who are homeless or at risk of imminent homelessness because of high cognitive, physical and financial barriers in Upper and Lower Kittitas County.	
<b>Measures (How will you know you are making progress toward your goal?)</b>	<b>Data Source</b>
Number of responses to materials	call tracking
Number of connections	internal tracking sheet
<b>Strategy #1: (What will you do to achieve your goal?)</b>	Provide focused educational materials at locations throughout the community
Measurable Objectives:	<ul style="list-style-type: none"> <li>- Compile initial outreach documents</li> <li>- Format materials with community partners</li> <li>- Distribute materials to senior centers, food sites, convenience stores, clinics, and Medicaid service providers.</li> </ul>
<b>Strategy #2: (What will you do to achieve your goal?)</b>	Research potential SSAP qualified seniors
Measurable Objectives:	<ul style="list-style-type: none"> <li>- search energy assistance database</li> <li>- make contact with known (in system) qualifying seniors</li> </ul>
<b>Strategy #3: (What will you do to achieve your goal?)</b>	Community partner outreach and education
Measurable Objectives:	<ul style="list-style-type: none"> <li>- Interview current and potential partners who serve seniors</li> <li>- Offer education on the needs of this specific population and the services offered by SSAP</li> <li>- Conduct partner training</li> </ul>
<i>*Use copies of the same form if you have more than 3 strategies for the same goal*</i>	

## GOALS AND OBJECTIVES FORM

*Fill out white sections only.*

<b>GOAL:</b> Ensure seniors fully utilize all community resources to decrease their living cost and move them closer to independence, preparing them for Goal 3	
<b>Measures (How will you know you are making progress toward your goal?)</b>	<b>Data Source</b>
Assessments	Internal assessment tracking
Number and type of resource per senior	Resource tracking sheet
<b>Strategy #1:</b> <b>(What will you do to achieve your goal?)</b>	Conduct comprehensive whole-person assessment to identify senior's barriers
Measurable Objectives:	<ul style="list-style-type: none"> <li>- Identify the assessment to be used</li> <li>- Complete assessment with each senior admitted to SSAP</li> </ul>
<b>Strategy #2:</b> <b>(What will you do to achieve your goal?)</b>	Connect Seniors and community resources
Measurable Objectives:	<ul style="list-style-type: none"> <li>- Personally connect seniors to resources and ensure a warm hand-off to resources as vulnerable seniors suffer from low self-confidence</li> <li>- Assist seniors in moving through complex benefit and resource systems</li> <li>- Keep up to date resource use list</li> </ul>
<b>Strategy #3:</b> <b>(What will you do to achieve your goal?)</b>	Sustain effective resource utilization
Measurable Objectives:	<ul style="list-style-type: none"> <li>- Employ 2-3 month follow-up period</li> <li>- Schedule weekly check-ins with seniors to ensure resources are being utilized</li> </ul>
<i>*Use copies of the same form if you have more than 3 strategies for the same goal*</i>	

## GOALS AND OBJECTIVES FORM

*Fill out white sections only.*

<b>GOAL:</b> Whenever possible move seniors from SSAP into Permanent Subsidized Housing which is based solely on income (not permanent supportive housing which requires continuing case management)	
<b>Measures (How will you know you are making progress toward your goal?)</b>	<b>Data Source</b>
Utilization of community resources	resource tracking sheet
successful moves	move tracking
<b>Strategy #1:</b> <b>(What will you do to achieve your goal?)</b>	Evaluate seniors for match with criteria of subsidized units available in county including financial, physical, and emotional needs
Measurable Objectives:	<ul style="list-style-type: none"> <li>- Compile list of seniors who meet requirements to-date</li> <li>- Compile list of seniors who meet basic requirements, but need connection to community resources in order to successfully complete a move</li> </ul>
<b>Strategy #2:</b> <b>(What will you do to achieve your goal?)</b>	Prepare senior to meet criteria of available units
Measurable Objectives:	<ul style="list-style-type: none"> <li>- Connect senior to community resources</li> <li>- Provide coaching and education</li> </ul>
<b>Strategy #3:</b> <b>(What will you do to achieve your goal?)</b>	Plan resources necessary to complete senior move to new units
Measurable Objectives:	<ul style="list-style-type: none"> <li>- Create resource plan with individual seniors</li> <li>- assess seniors ability to meet the criteria of the available units</li> </ul>
<i>*Use copies of the same form if you have more than 3 strategies for the same goal*</i>	

## BUDGET NARRATIVE

- 1. Funding Utilization:** Describe how the funds will be used to support the proposed project. For example, will the funds be used for staff time, supplies, consultants, contractors, construction costs, direct customer services, etc.? (250 words max.)

Funds will be utilized to provide direct services to low income seniors over the age of sixty five with permanent housing support and supportive services to assist in managing their daily lives. Some funds will be used to partially support case managers activity in provides assessment, stability planning, referrals to needed supports and one on one educational support in life skills. A portion of the funds will be utilized for program support for case management staff and overall program administration. Program Administration will equal 9% with 75% dedicated to direct services, 13% to staff activity and 3% to operational costs. Staff activity and program operations will be supported with funding leveraged from other non-county funding sources.

HopeSource is requesting an initial award of \$125,507 for a five year grant period, January 1, 2108 through December 31, 2023 with an annual increase of 5%. Total request equals \$693, 504.30.

- 2. Other Support:** Describe any monetary, in-kind, donations, grants, or other types of support that will be used for the project. Include both guaranteed support and support that may still be uncertain. (250 words max.)

Funding for staff activity and program operation for this program will be augmented through the use of funds from various federal, state and private grants. CHG funds are currently and could be continually used for addressing senior homelessness and stabilization. One of our private partners, Crestview has a cash allotment paid to us for case management of their qualifying senior tenants. HopeSource also has community donated funds to be used to augment senior stability and case management from the Upper County Fund and Mercer Creek Church.

3. **Sustainability:** Describe how this project would or wouldn't be sustained if these Homelessness Prevention and Affordable Housing funds were not available either currently or in the future. (250 words max.)

The SSAP would be sustained sporadically with private funds such as the ROE Foundation, serving vulnerable seniors only and when there were funds available. It is a constant search to find grants and foundations that provide funding for homeless seniors and they have been very few and very far between.

4. **Partial Funding:** If this project were to receive only partial funding from this source, how would the project be impacted? How would the proposal be adjusted for less than the requested amount of funds? (250 words max.)

If the SSAP were to only receive partial funding it would mean reducing the number of homeless seniors that could be served, those who have no alternative resources or options, and suffering as a community for those who cannot be served and have to live in their cars or other unsuitable structures.



Department of the Treasury  
Internal Revenue Service

P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0248514008  
Oct. 07, 2008 LTR 4168C EO  
91-0814544 000000 00 000  
00015105  
BODC: TE

HOPE SOURCE  
601 W 5TH AVE  
ELLENSBURG WA 98926



16972

Employer Identification Number: 91-0814544  
Person to Contact: MRS. LUTES  
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your request of Sep. 29, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in MARCH, 1967, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

*Michele M. Sullivan*

Michele M. Sullivan, Oper. Mgr.  
Accounts Management Operations I

**Kititas County**  
Homeless and Affordable Housing Funds  
Budget Template

\*\*\*Please fill in only gray shaded areas.\*\*\*

Applicant Name: **HopeSource - Senior Support & Advocacy Program**

Funding Start Date: **January 1, 2018**

Funding End Date: **December 31, 2022**

Project Start Date: **January 1, 2018**

Project End Date: **December 31, 2022**

Number of Funding Years	Year 1 \$	Year 2 (5% inc) \$	Year 3 (5% inc) \$	Year 4 (5% inc) \$	Year 5 (5% inc) \$	TOTAL
1	125,506.80	131,782.14	138,371.25	145,289.81	152,554.30	693,504.30
Total County Request w/ 0.5% Increase	\$ 125,506.80	\$ 131,782.14	\$ 138,371.25	\$ 145,289.81	\$ 152,554.30	\$ 693,504.30
Total from Other Sources	\$ 88,461.20	\$ 91,876.26	\$ 95,666.27	\$ 100,000.00	\$ 105,000.00	\$ 480,000.00
Total Project Budget	\$ 213,968.00	\$ 223,658.40	\$ 234,037.52	\$ 245,289.81	\$ 257,554.30	\$ 1,173,504.30

**ANNUAL PROJECT BUDGET**

Amount from County Request

Amount from Other Sources

TOTAL

Details/Description/Justification

Non-Administrative Staff Costs	Amount from County Request	Amount from Other Sources	TOTAL	Details/Description/Justification
Salaries and Wages	\$ 13,104.00	\$ 5,616.00	\$ 18,720.00	Senior Services Advocate .35 FTE @ \$18/hr. x 2080 * In Kind 15 FTE @ \$18/hr. x 2080
Benefits	\$ 2,882.88	\$ 1,235.52	\$ 4,118.40	FGA, PUTA, Employers portion, L&I, Medical Benefits @ 22% - In Kind
<b>Non-Administrative Staff Cost Totals</b>	<b>\$ 15,986.88</b>	<b>\$ 6,851.52</b>	<b>\$ 22,838.40</b>	

Direct Client Services	Amount from County Request	Amount from Other Sources	TOTAL	Details/Description/Justification
Rental Assistance	\$ 93,840.00	\$ -	\$ 93,840.00	14 Senior Homebodies @ \$230/mon. x 12
Home/Hotel costs	\$ -	\$ -	\$ -	
Move-in costs	\$ -	\$ -	\$ -	
Utility costs	\$ -	\$ -	\$ -	
Memberships/periodic costs	\$ -	\$ -	\$ -	
Shower facilities	\$ -	\$ -	\$ -	
Transportation assistance	\$ -	\$ -	\$ -	
Other	\$ -	\$ -	\$ -	
<b>Direct Client Services Totals</b>	<b>\$ 93,840.00</b>	<b>\$ -</b>	<b>\$ 93,840.00</b>	

Direct Operational Costs	Amount from County Request	Amount from Other Sources	TOTAL	Details/Description/Justification
Office space rental	\$ 2,877.00	\$ 1,233.00	\$ 4,110.00	Space rent allocation = \$285/mon x 12 mos. x .35 + .15 in Kind
Utilities	\$ 215.28	\$ 160.80	\$ 376.00	Utility cost allocation = \$56/mon x 12 mos. x .35 + .15 in Kind
Supplies	\$ 75.60	\$ 32.40	\$ 108.00	Office supplies allocation = \$18/mon x 12 x .35 + .15 in Kind
Equipment	\$ 54.60	\$ 24.00	\$ 78.60	Equipment pool allocation = \$13/mon x 12 mos. x .35 + .15 in Kind
Telephone	\$ 324.80	\$ 97.20	\$ 422.00	Cell phone = \$54 x 12 x .35 + .15 in Kind
Internet	\$ 151.20	\$ 64.80	\$ 216.00	IT (Communication pool) allocation = \$56/mon x 12 mos. x .35 + .15 in Kind
Training	\$ 96.25	\$ 41.25	\$ 137.50	\$275 x .35 = Individual Training, including First Harm Reduction, individual
Travel	\$ 624.00	\$ -	\$ 624.00	Travel & Support Training = 19 in Kind
Insurance	\$ 39.27	\$ 16.83	\$ 56.10	12 x 4 x \$2 x \$25 multi-car reimbursement
Other	\$ -	\$ -	\$ -	Insurance Pool Allocation = \$9.35 x 12 x .35 + .15 in Kind
<b>Operational Cost Totals</b>	<b>\$ 4,379.92</b>	<b>\$ 1,609.68</b>	<b>\$ 5,989.60</b>	

Construction Costs	Amount from County Request	Amount from Other Sources	TOTAL	Details/Description/Justification
New Building	\$ -	\$ -	\$ -	
Building improvement/maintenance	\$ -	\$ -	\$ -	
Other	\$ -	\$ -	\$ -	
<b>Construction Cost Totals</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	

TOTAL NON-ADMINISTRATIVE COSTS	Amount from County Request	Amount from Other Sources	TOTAL	Details/Description/Justification
	\$ 114,206.80	\$ 8,461.20	\$ 122,668.00	
Administrative Costs (note to exceed 15% of the total non-administrative budget)				
Administrative Staff Salaries and wages	\$ 6,100.00	\$ -	\$ 6,100.00	Administration Staff Salary and wage .15%
Administrative Staff Benefit	\$ 1,620.00	\$ -	\$ 1,620.00	Administrative Staff Benefit .35%
Office Supplies & Equipment	\$ 850.00	\$ -	\$ 850.00	Administrative Staff Benefit .35%
Insurance	\$ 190.00	\$ -	\$ 190.00	General Insurance supplies and equipment .35%
Professional Fee	\$ 1,400.00	\$ -	\$ 1,400.00	General IT support and Audit expenses .35%
Board Expenses	\$ -	\$ -	\$ -	
Membership fees and dues	\$ 400.00	\$ -	\$ 400.00	General Administration office space pool .5%
Rent	\$ -	\$ -	\$ -	
Depreciation	\$ 190.00	\$ -	\$ 190.00	General Repair and Maintenance .5%
Maintenance and Renovation	\$ 550.00	\$ -	\$ 550.00	Other Administration expenses .5%
Other	\$ 11,300.00	\$ -	\$ 11,300.00	
<b>TOTAL ADMINISTRATIVE COSTS</b>	<b>\$ 11,300.00</b>	<b>\$ -</b>	<b>\$ 11,300.00</b>	

<b>ANNUAL TOTALS</b>	<b>\$ 125,506.80</b>	<b>\$ 8,461.20</b>	<b>\$ 133,968.00</b>
----------------------	----------------------	--------------------	----------------------

**HOPESOURCE-SENIOR ADVOCACY PROGRAM**

1. Somewhere in the Project Description Summary it needs to be made clear that you are requesting an additional \$45,000.00 to be added to the \$80,000.00 you are already approved to receive for this program in 2018. Then list each year and amounts with the 5% added through 2023. This should impact your request because you already have \$80,000 allocated for 2018. If this is not a correct assumption, then essentially you are asking for over \$200,000.00 for this program in 2018. Very confusing. NG

**HopeSource modified Project Description Summary:**

**HopeSource is requesting amendment of the current contract with funding for direct service rental assistance of \$125,507.00 annually, which is the historic \$80,000.00 plus \$45,000.00, with an escalator of 5% per year through 2023. These funds will immediately remove the wait list for housing. SSAP has historically ensured that 24 vulnerable seniors annually are prevented from remaining or returning to homelessness. Data indicates that 70 additional seniors could require assistance of become homeless in the next three to five years.**

2. Redo Goals, Strategies and Measures to be more specific and measurable and include timelines. Use the sample sheet provided. NG

**See revised goals worksheet**

3. More detail is needed in the budget narrative. How much from this budget is being expended directly on seniors and how much on staff? Why are you asking for a 5% escalation each year? Does that benefit the seniors or staff salaries or operational costs? NG

**Direct client service will total \$93,840.00 and non-administrative staff will total \$15,987.00 in the first grant year. Requested increases will address standard annual COLA (cost of living adjustment) of 3% plus additional increases in rents anticipated due to lack of housing availability.**

4. Proposal Details #4 Partnerships, page 9. Are these entities actual, real partners? I do not mean they just happen to provide services to people; are they actual partners with HopeSource? JF

**HopeSource regularly works with and considers the organizations listed in the grant as collaborative partners in meeting the needs of vulnerable populations in our community.**

**The term partnership among social service providers in a community is a generally accepted term that defines cooperation and inter-referral among agencies within that community.**

5. Proposal Details #6 Sustainability, Page 11. Is stated “the SSAP program is not sustainable without Kittitas County funds”... do you mean there is absolutely NO other manner of funding whatsoever and you would have to NOT have this program? JF

**This program is unique to Kittitas County and there are no other available funding sources that meet this exact criteria.**

6. Goals and Objectives Form Page 13. All three pages have the same question: Why are there no measurables listed? JF

**See revised worksheet**

7. Budget Narrative #1: Funding Utilization page 14. What is the actual amount you are asking for on this specific grant? \$125,507 or \$693,504.30? JF

**The initial funding request is for \$125,507.00 for the coming 2018 grant year with a 5% escalator each year thereafter for the remaining grant years.**

8. Budget Narrative #2: Other support page 15. You state “Crestview has a cash allotment paid to us”... 1- is this a guarantee? 2- How much is it? 3- How long does this last? JF

**HopeSource and Crestview have a private contract that is renegotiated and renewed annually.**

9. Budget Narrative #3 Sustainability page 16. I guess my response here is this statement doesn't really tell me much... would it be sustainable or not... I see the word “sporadically” but that does not tell me much. JF

**There are no consistent funds to sustain this program other than what is provided through the generosity of Kittitas County. Private grants may or may not be made available on an annual basis and, in any event, are not at the current levels needed to sustain the program.**

10. Please explain the total funding requested: Is the amount requested in addition to funds already allocated to your organization? Or, is some portion additional monies requested?  
GC

**Yes. We are requesting \$45,000.00 in addition to the \$80,000.00 we currently receive for the Senior Rent Assistance Program. The request for \$125,507.00 for the initial 2018 grant year is to amend the grant we currently receive for this purpose.**

11. Please explain the screening and application process. GC

**See Screening and Application process document.**

12. How many clients do you expect to serve with this grant? GC

**We expect to add an additional 10 seniors to our current case load of 24. We are targeting 34 assisted households annually.**

13. Who audits how the money is spent to ensure the best interests of Kittitas County taxpayers? GC

**Kittitas County Auditor is responsible for auditing all county expenditures. HopeSource is annually audited by an external account and has received 11 consecutive years of clean audits.**

14. How will you measure the success of your program? GC

**By achieving our amended goal statements.**

15. Before the 2019, 2020, etc. monies are released, how will you report, and what will you report, on the expenditures of the prior year to the committee? GC

**Using the reporting tool that is currently in use by the Senior Rent Assistance program provided by the HAHC.**

**Kittitas County Homelessness and Affordable Housing Committee  
Quarterly Report**

*Please complete the quarterly report by the 15<sup>th</sup> day of the month following the end of each quarter.*

Program: Senior Support and Advocacy Program (SSAP)

Organization: HopeSource

Contact Person: Susan Grindle, Mark Hollandsworth, & Miriam Mehtsentu

Phone #: 509-925-1448

**Funding Period**

Date/Year: \_\_\_\_\_ to Date/Year: \_\_\_\_\_

Reporting Quarter: Quarter \_\_\_\_\_ of \_\_\_\_\_ year

<b>Total Number of Participants Currently in the Program</b>					
<b>Total # of Participants</b>	<b>1<sup>st</sup> Quarter</b>	<b>2<sup>nd</sup> Quarter</b>	<b>3<sup>rd</sup> Quarter</b>	<b>4<sup>th</sup> Quarter</b>	<b>Total for Year</b>
Expected					
Actual					

<b>Gender of Participants</b>					
<b>Gender(Total # of Participants*)</b>	<b>1<sup>st</sup> Qtr</b>	<b>2<sup>nd</sup> Qtr</b>	<b>3<sup>rd</sup> Qtr</b>	<b>4<sup>th</sup> Qtr</b>	<b>Total for Year</b>
Male					
Female					
Total*					

**GOALS AND OBJECTIVES FORM**

*Fill out white sections only.*

<b>GOAL:</b>	
Enhanced outreach to vulnerable seniors who are homeless or at risk of imminent homelessness because of high cognitive, physical and financial barriers in Upper and Lower Kittitas County.	
<b>Measures (How will you know you are making progress toward your goal?)</b>	<b>Data Source</b>
Number of responses to materials	call tracking
Number of connections	internal tracking sheet
<b>Strategy #1:</b> (What will you do to achieve your goal?)	Provide focused educational materials at locations throughout the community
<b>Measurable Objectives:</b>	<ul style="list-style-type: none"> <li>- Compile initial outreach documents</li> <li>- Format materials with community partners</li> <li>- Distribute materials to senior centers, food sites, convenience stores, clinics, and Medicaid service providers.</li> </ul>
<b>Strategy #2:</b> (What will you do to achieve your goal?)	Research potential SSAP qualified seniors
<b>Measurable Objectives:</b>	<ul style="list-style-type: none"> <li>- search energy assistance database</li> <li>- make contact with known (in system) qualifying seniors</li> </ul>
<b>Strategy #3:</b> (What will you do to achieve your goal?)	Community partner outreach and education
<b>Measurable Objectives:</b>	<ul style="list-style-type: none"> <li>- Interview current and potential partners who serve seniors</li> <li>- Offer education on the needs of this specific population and the services offered by SSAP</li> <li>- Conduct partner training</li> </ul>
<i>*Use copies of the same form if you have more than 3 strategies for the same goal*</i>	

**GOALS AND OBJECTIVES FORM**

*Fill out white sections only.*

<b>GOAL:</b>	
Ensure seniors fully utilize all community resources to decrease their living cost and move them closer to independence, preparing them for Goal 3	
<input type="checkbox"/>	
<b>Measures (How will you know you are making progress toward your goal?)</b>	<b>Data Source</b>
Assessments	Internal assessment tracking
Number and type of resource per senior	Resource tracking sheet
<b>Strategy #1: (What will you do to achieve your goal?)</b>	Conduct comprehensive whole-person assessment to identify senior's barriers
<b>Measurable Objectives:</b>	<ul style="list-style-type: none"> <li>- Identify the assessment to be used</li> <li>- Complete assessment with each senior admitted to SSAP</li> </ul>
<b>Strategy #2: (What will you do to achieve your goal?)</b>	Connect Seniors and community resources
<b>Measurable Objectives:</b>	<ul style="list-style-type: none"> <li>- Personally connect seniors to resources and ensure a warm hand-off to resources as vulnerable seniors suffer from low self-confidence</li> <li>- Assist seniors in moving through complex benefit and resource systems</li> <li>- Keep up to date resource use list</li> </ul>
<b>Strategy #3: (What will you do to achieve your goal?)</b>	Sustain effective resource utilization
<b>Measurable Objectives:</b>	<ul style="list-style-type: none"> <li>- Employ 2-3 month follow-up period</li> <li>- Schedule weekly check-ins with seniors to ensure resources are being utilized</li> </ul>
<i>*Use copies of the same form if you have more than 3 strategies for the same goal*</i>	

### GOALS AND OBJECTIVES FORM

*Fill out white sections only.*

<b>GOAL:</b> Whenever possible move seniors from SSAP into Permanent Subsidized Housing which is based solely on income (not permanent supportive housing which requires continuing case management)	
<b>Measures (How will you know you are making progress toward your goal?)</b>	<b>Data Source</b>
Utilization of community resources	resource tracking sheet
successful moves	move tracking
<b>Strategy #1: (What will you do to achieve your goal?)</b>	Evaluate seniors for match with criteria of subsidized units available in county including financial, physical, and emotional needs
<b>Measurable Objectives:</b>	<ul style="list-style-type: none"> <li>- Compile list of seniors who meet requirements to-date</li> <li>- Compile list of seniors who meet basic requirements, but need connection to community resources in order to successfully complete a move</li> </ul>
<b>Strategy #2: (What will you do to achieve your goal?)</b>	Prepare senior to meet criteria of available units
<b>Measurable Objectives:</b>	<ul style="list-style-type: none"> <li>- Connect senior to community resources</li> <li>- Provide coaching and education</li> </ul>
<b>Strategy #3: (What will you do to achieve your goal?)</b>	Plan resources necessary to complete senior move to new units
<b>Measurable Objectives:</b>	<ul style="list-style-type: none"> <li>- Create resource plan with individual seniors</li> <li>- assess seniors ability to meet the criteria of the available units</li> </ul>
<i>*Use copies of the same form if you have more than 3 strategies for the same goal*</i>	

**GOALS AND OBJECTIVES FORM**

*Fill out white sections only.*

<b>GOAL:</b>	
Provide outreach and support services to target of 34 vulnerable seniors who are homeless or at risk of imminent homelessness because of high cognitive, physical and financial barriers in upper and lower Kittitas County. <span style="float: right;">□</span>	
<b>Measures (How will you know you are making progress toward your goal?)</b>	<b>Data Source</b>
Number of clients served	CAP 60
<b>Strategy #1:</b> (What will you do to achieve your goal?)	Provide focused educational materials at locations throughout the community
<b>Measurable Objectives:</b>	-Meet with 5 senior living centers to develop appropriate outreach materials within 60 days of grant award - Distribute materials to 100% of senior centers, food sites, convenience stores, clinics and Medicaid service providers in Kittitas County
<b>Strategy #2:</b> (What will you do to achieve your goal?)	Research potential SSAP qualified seniors
<b>Measurable Objectives:</b>	-Search energy assistance database for 2010-2017 to identify potential needs - Contact 10 new seniors per year to verify qualification and need
<b>Strategy #3:</b> (What will you do to achieve your goal?)	Promote community partner outreach and education
<b>Measurable Objectives:</b>	- Interview 100% of local providers who provide services to seniors to increase understanding of services available - Offer a minimum of 10 workshops in the community at large on the needs of this specific population and the services offered by SSAP
<i>*Use copies of the same form if you have more than 3 strategies for the same goal*</i>	

**GOALS AND OBJECTIVES FORM**

*Fill out white sections only.*

<b>GOAL:</b>	
<b>Target 5 seniors from SSAP to move into permanent subsidized housing based solely on income (not permanent supportive housing which requires continuing case management)</b>	
<b>Measures (How will you know you are making progress toward your goal?)</b>	
Successful moves to permanent housing	Cap 60 data Base
	HMIS
<b>Strategy #1:</b> (What will you do to achieve your goal?)	Evaluate seniors for match with criteria of subsidized units available in county including financial, physical and emotional needs
<b>Measurable Objectives:</b>	- Evaluate up to 34 seniors to verify eligibility for subsidized housing - Contact subsidized units operators monthly to verify availability.
<b>Strategy #2:</b> (What will you do to achieve your goal?)	Prepare viable senior candidates to meet eligibility criteria of available units
<b>Measurable Objectives:</b>	- Monthly coaching and education sessions for 5 seniors qualified for subsidized units completed
<b>Strategy #3:</b> (What will you do to achieve your goal?)	Create resource plan with 100% of seniors who qualify for subsidized units
<b>Measurable Objectives:</b>	- Resource stability plans developed and reviewed monthly for 5 seniors in preparation for move to new units
<i>*Use copies of the same form if you have more than 3 strategies for the same goal*</i>	

**GOALS AND OBJECTIVES FORM**

*Fill out white sections only.*

<b>GOAL:</b>	
<b>Target 34 seniors to fully utilize all community resources to decrease their living cost and move them closer to independence.</b>	
<b>Measures (How will you know you are making progress toward your goal?)</b>	<b>Data Source</b>
Improvement in number and type of resource per senior	CAP 60 Database
	Resource referral list
<b>Strategy #1: (What will you do to achieve your goal?)</b>	Conduct comprehensive whole person assessment to identify seniors barriers to permanent housing
<b>Measurable Objectives:</b>	- Whole person assessment and Well Being Survey completed for target of 34 seniors in program
<b>Strategy #2: (What will you do to achieve your goal?)</b>	Connect seniors and community resources
<b>Measurable Objectives:</b>	-Connect 100% of SSAP seniors to resources identified in assessment that assist their mental, physical, social and spiritual well-being.
<b>Strategy #3: (What will you do to achieve your goal?)</b>	Assist seniors, identified in the assessment, who need assistance with Medicare, Social Security and Insurance support
<b>Measurable Objectives:</b>	- Seniors identified are enrolled and connected with needed services. -Monthly check-ins completed for a period of 3 months to ensure sustainable connection to services.
<i>*Use copies of the same form if you have more than 3 strategies for the same goal*</i>	

**Explain progress made on each of your Goals and Objectives submitted in your application.**

--

**Please provide additional information, trends or comments related to successes of your program/project:**

--

**Please provide additional information, trends or comments related to the challenges with your program/project:**

--

**Kingston County**  
**Housing and Affordable Housing Funds**  
 Budget Template

\*\*\*Please fill in only gray shaded areas.\*\*\*

Applicant Name: \_\_\_\_\_  
 Funding Start Date: January 1, 2016  
 Funding End Date: \_\_\_\_\_  
 Project Start Date: \_\_\_\_\_  
 Project End Date: \_\_\_\_\_

Number of Funding Years: -118  
 Total County Request: \$0.00  
 Total from Other Sources: \$0.00  
 Total Project Budget: \$0.00

**ANNUAL PROJECT BUDGET**

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual	Variance
<b>Non-Administrative Staff Costs</b>						
Agency with Budget						
Non-Administrative Staff Cost Totals	\$	\$	\$	\$	\$	\$
<b>Direct Client Services</b>						
Agency with Budget						
Direct Client Services Totals	\$	\$	\$	\$	\$	\$
<b>Operational Costs</b>						
Agency with Budget						
Operational Costs Totals	\$	\$	\$	\$	\$	\$
<b>Construction Costs</b>						
Agency with Budget						
Construction Costs Totals	\$	\$	\$	\$	\$	\$
<b>TOTAL NON-ADMINISTRATIVE COSTS</b>						
	\$	\$	\$	\$	\$	\$
<b>Administrative Costs (must be entered 10% of the total non-administrative budget)</b>						
Agency with Budget						
Administrative Costs Totals	\$	\$	\$	\$	\$	\$
<b>TOTAL ADMINISTRATIVE COSTS</b>						
	\$	\$	\$	\$	\$	\$
<b>ANNUAL TOTALS</b>						
	\$	\$	\$	\$	\$	\$