



Stanislaus County
California Emergency Solutions Grants (ESG)
Coronavirus Aid, Relief, and Economic Security
Round 2 Allocation (CA-ESG CV2)

Submittal Reminder
Due: February 8, 2021, by 10:00 a.m.
 One (1) Digital Copy with Exhibits A-P
 See Grant Application Guidelines for
 more information.

Emergency Shelter Operations Grant Application*

**CA-ESG CV2 Emergency Shelter Operations Grant Application: One (1) grant application per eligible shelter. Please review the CA-ESG CV2 Emergency Shelter Operations Grant Application Guidelines prior to starting the application process. When completing application, if additional space is needed to complete any of the questions in the application, please use Exhibit N and identify the corresponding question number.*

A. PROGRAM SUMMARY

A-1. Program Title: _____
 Total Program Cost: \$ _____ Total Amount Requested**: \$ _____

(**Must match amount listed for **Total Program Cost** in **Exhibit A-1 - Other Funding Sources**.)

Shelter Cost: \$ _____ HMIS Cost: \$ _____

A-2. Legal Name of Agency Requesting Funding: _____
 Doing Business As (DBA): _____
 Agency/Site Address: _____
 Phone: _____ Fax: _____
 Incorporated Year: _____ 501(c)(3): Yes Other: _____
 Tax ID number: _____ DUNS Number (9 Digit No.): _____

A-3. Contact Name: _____ Title: _____
 Contact Address (if different than above): _____
 Contact e-mail address: _____
 Contact Phone: _____ Fax: _____

A-4. Agency Type (check all that apply):
 Non-Profit Government Faith-Based Education

A-5. Number of unduplicated persons and households you anticipate serving for this program:
 Individuals (I): _____ Households (H): _____

A-6. Other measurements of program success (i.e., # of Individuals provided shelter, or connected to employment):

A-7. Summarized Program Description:

B. CONFLICT OF INTEREST

The following certifications shall apply to all agencies applying for and/or receiving Emergency Solution Grant (ESG) funded by Stanislaus County.

In connection with an application for Emergency Solutions Grant funding and, if awarded, any subsequent agreement, and pursuant to applicable Stanislaus County authority, state and federal requirements and regulations, including without limitation the regulations set forth in 24 CFR § 576.404, an Authorized Official of _____ (Applicant/Grantee) states and affirms the following:

- 1) The provision of any type or amount of ESG assistance shall not be conditioned on an individual's or family's acceptance or occupancy of emergency shelter or housing owned by the Applicant/Grantee, a subgrantee, or a parent or subsidiary of the Grantee; and
- 2) Applicant/Grantee may not carry out initial evaluations or administer homelessness prevention assistance with respect to individuals or families occupying housing owned by the Applicant/Grantee or any parent or subsidiary of the Applicant/Grantee; and
- 3) For the procurement of goods and services, the Applicant/Grantee and its subgrantees shall comply with the codes of conduct and conflict of interest requirements under 24 CFR 85.36 (for governments) and 24 CFR 84.42 (for private nonprofit organizations).
- 4) As provided in 24 CFR 576.404, unless granted an exception by HUD on a case-by-case basis no employee, agent, consultant, officer, contractor or elected or appointed official of the Applicant/Grantee who exercises or has exercised any functions or responsibilities with respect to activities assisted under the ESG program, or who is in a position to participate in a decision-making process or gain inside information with regard to activities assisted under the program, may obtain a financial interest or benefit from an assisted activity; have a financial interest in any contract, subcontract, or agreement with respect to an assisted activity; or have a financial interest in the proceeds derived from an assisted activity, either for him or herself or for those with whom he or she has family or business ties, during his or her tenure or during the one-year period following his or her tenure; and
- 5) Applicant/Grantee shall maintain written standards of conduct governing the performance of its employees engaged in the award and administration of contracts; and
- 6) No employee, officer, or agent of Applicant/Grantee shall participate in the selection, award, or administration of a contract supported by Federal funds if a real or apparent conflict of interest would be involved. Such a conflict would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for an award. The officers, employees, and agents of the Applicant/Grantee shall neither solicit nor accept gratuities, favors, or anything of monetary value from contractors, or parties to subgrants.

However, subject to HUD and/or Stanislaus County approval, as applicable, Applicant/Grantee may set standards for situations in which the financial interest is not substantial, or the gift is an unsolicited item of nominal value. The standards of conduct shall provide for disciplinary actions to be applied for violations of such standards by officers, employees, or agents of the recipient; and

- 7) Applicant/Grantee shall keep records to show compliance with the organizational conflicts-of-interest requirements in 24 CFR 576.404(a), a copy of the personal conflicts of interest policy or codes of conduct developed and implemented to comply with the requirements in 24 CFR 576.404(b), and records, if any, supporting exceptions to the personal conflicts of interest prohibitions; and
- 8) If Applicant/Grantee is operating continuum of care programs it shall not use leasing funds to lease units or structures owned by the Applicant/Grantee, its parent organization(s), any other related organization(s), or organizations that are members of a partnership, where the partnership owns the structure, unless HUD authorized an exception for good cause; and
- 9) Neither Applicant/Grantee or its contractors may enter into a contract or arrangement in connection with the tenant-based programs in which the following class of persons has any interest, direct or indirect, during tenure or for one year thereafter: any employee of the Applicant/Grantee or any of its contractors who formulates policy or who influences decisions with respect to the programs, without those employees disclosing their interest or prospective interest to Stanislaus County and HUD.

Failure to adhere to these certifications may result in applicable penalties and/or sanctions as prescribed by law.

Conflict Disclosure

A disclosure of the nature of any conflict of interest with Stanislaus County is as follows:

- Applicant certifies that no conflict of interest exists between Stanislaus County and Applicant/Grantee.
- Applicant/Grantee discloses that a conflict of interest exists between Stanislaus County and Applicant/Grantee. The nature of the conflict of interest is described below:

Please identify the individual, employment/their affiliation with organization, and the conflict of interest in the box below.

Identity of Interest Disclosure

Applicant/Grantee affirms to the best of its knowledge, information, and belief that no member of the Applicant/Grantee's Board of Directors, employees or staff has an identity of interest with:

- a) Any of the staff persons hired with the funds, or
- b) Any of the persons or households to be assisted directly or indirectly with the funds, or
- c) The persons and/or businesses retained to perform technical services hereunder or with persons or businesses providing supplies or services for which funds are being disbursed under the Applicant/Grant.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S. Code Title 18, Section 1001, provides that a fine up to \$10,000 or imprisonment for a period not to exceed five (5) years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious, or fraudulent statements, knowing the same to be false.

By signing this Conflict of Interest Certification, I hereby certify, under penalty of perjury, that I have read, understand and will adhere to all the information, requirements and standards provided above as a prerequisite of Emergency Solutions Grant funding.

Legal Name of Agency: _____

DBA: _____

Signature of Authorized Official: _____ **Date:** _____

Print Name: _____ **Title:** _____

Mailing Address: _____

E-Mail Address: _____ **Phone:** _____ **Fax:** _____

C. CERTIFICATION OF COMPLIANCE

All applications must be signed by the authorized official of the agency and, if applicable, the authorized official of any co-applicant. The application signature(s) acts to certify compliance with state and federal laws and requirements, as outlined in this section of the application, and to certify the application as being true, accurate, and complete.

COMPLIANCE WITH DRUG-FREE WORKPLACE REQUIREMENTS

- The undersigned acknowledges and certifies that the employees to be engaged in the performance of this grant at the Location(s) of Performance, hereinafter defined, will comply with the Drug-Free Workplace Act of 1988. The agency also agrees to obtain signed certifications by each employee that certifies that the employee will comply with the Act, and the agency will maintain these certifications on file and make them available for review pursuant to the terms and conditions relative to record keeping and monitoring, as will be defined in the resolution governing any future grant awards.

COMPLIANCE WITH OTHER FEDERAL AND STATE REQUIREMENTS

- The undersigned acknowledges and certifies that the agency will comply with all applicable state and federal requirements as reflected in 24 CFR part 576.404, 576.406, 576.407 and 576.408 regarding the following: Conflict of Interest; Lobbying Requirements; Uniform Administrative Requirements; Procurement of Recovered Materials; Displacement, Relocation and Acquisition; and Relocation Assistance for Displaced Persons.

In addition, the undersigned acknowledges and certifies that the agency prohibits discrimination in accordance with Title VI of the Civil Rights Act of 1964.

It is further certified that this agency has reviewed its projects, programs, and services for compliance with all applicable regulations contained in Section 504 of the Rehabilitation of 1973, as amended, and the Americans with Disabilities Act of 1990.

CONFIDENTIALITY REQUIREMENTS

- The undersigned certifies that the agency will adopt policies and procedures which meet at least the minimum standards for protecting the confidentiality of information as set forth in the State and Federal ESG requirements as reflected in 24 CFR part 576.500.

CERTIFICATION OF HOMELESS MANAGEMENT INFORMATION SYSTEMS (HMIS) PARTICIPATION REQUIREMENTS

- The undersigned acknowledges and certifies that the agency will participate in the congressionally mandated HMIS database system that has been implemented by the local Continuum of Care.

It is further certified that this agency agrees to comply with Federal Register 4848-N-02, which states that recipients of McKinney-Vento HUD funds, including the CA-ESG CV2 Emergency Shelter Operations program, must provide certain data on homeless clients served through a centralized HMIS database. The agency understands that they will be contacted by the HMIS System Administrator to secure licenses, software and training for this database.

The undersigned understands that participation in the HMIS database system will be at their own cost in order to meet this mandated requirement. (Note: Domestic violence shelters will not be required to participate in the HMIS database system but must agree to enter client data into a comparable database as required by 24 CFR part 576.)

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S. Code Title 18, Section 1001, provides that a fine up to \$10,000 or imprisonment for a period not to exceed five (5) years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious, or fraudulent statements, knowing the same to be false.

By signing this Certification of Compliance, I hereby certify, under penalty of perjury, that I have read, understand and will adhere to all the information, requirements and standards provided above as a prerequisite of Emergency Solutions Grant funding.

Legal Name of Agency: _____

DBA: _____

Signature of Authorized Official: _____ Date: _____

Print Name: _____ Title: _____

Mailing Address: _____

E-Mail Address: _____ Phone: _____ Fax: _____

D. CERTIFICATION OF SUBMISSION

- The undersigned hereby acknowledges and certifies that the Board of Directors of the applying agency endorses this Application to be submitted to Stanislaus County Planning and Community Development, the State of California Housing and Community Development Division (HCD) and/or the U.S. Department of Housing and Urban Development (HUD) for funding consideration for Fiscal Year 2020-2021.
- The undersigned further certifies that the agency submitting this Application is: 1) a non-profit, government, faith-based, or government organization; 2) tax-exempt, if applicable; 3) incorporated in the State of California; and 4) has complied with all applicable laws and regulations pertaining to same.
- The undersigned hereby commits the agency to provide Eligible Activities in accordance with this Application for Stanislaus County CA-ESG CV2 Emergency Shelter Operations funds.
- The undersigned further commits that the agency will submit required reports and draw reimbursement requests within the timeframes provided by Stanislaus County once funds are awarded.
- The undersigned further commits that the agency will agree that all relevant federal, state and local regulations and other assurances as required by the Stanislaus County, including all guidelines, definitions, and limitations set forth in CA-ESG Program Guidelines, will be adhered to at all times.
- The undersigned hereby confirms that the agency is fully capable of fulfilling the obligations as cited in this Application, and that the agency’s Board of Directors, or equivalent, has reviewed and approved submittal of this Application, as reflected in the minutes provide as **“Exhibit C – Copy of the Agency’s Board of Directors Approved Minutes”** of the Application.
- The undersigned further confirms that the agency understands that any approval of the Application is conditional pending the final approval of CA-ESG funding by HCD, acceptance of the funding by Stanislaus County, and execution of an agreement by Stanislaus County with the agency. Applicant acknowledges that only an executed agreement with Stanislaus County authorizes the initiation of project services or activates eligibility for reimbursement.
- The undersigned further acknowledges that CA-ESG funds are provided on a reimbursement basis and supporting documentation shall be approved by Stanislaus County prior to payment, that the organization has sufficient funds available, or will be available, to complete the project as described in the Application, and that the organization does not have any unresolved audit findings for any prior CA-ESG or other state and/or federal funded project.
- The undersigned further certifies, as the official authorized to act on behalf of the agency, that this Application, and the information contained herein, is true, correct and complete, and that the organization understands that an Application submitted late or incomplete will not be considered for funding.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S. Code Title 18, Section 1001, provides that a fine up to \$10,000 or imprisonment for a period not to exceed five (5) years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious, or fraudulent statements, knowing the same to be false.

By signing this Certification of Submission, I hereby certify, under penalty of perjury, that I have read, understand and will adhere to all the information, requirements and standards provided above as a prerequisite of Emergency Solutions Grant funding.

Legal Name of Agency: _____

DBA: _____

Signature of Authorized Official: _____ **Date:** _____

Print Name: _____ **Title:** _____

Mailing Address: _____

E-Mail Address: _____ **Phone:** _____ **Fax:** _____

REQUIRED DOCUMENTATION (EXHIBITS) CHECKLIST

All the following Exhibits must be included and **clearly labeled**, or the application will be deemed incomplete and disqualified.

If an attachment does not apply to your agency please place a sheet labeled with the appropriate exhibit designation and the words "Not Applicable" clearly printed on the page, followed by a brief explanation of why this exhibit does not apply.

All other attached narratives not specifically asked for in the exhibits page will be considered unnecessary data and disregarded.

Note: All **EXHIBITS** need to be included in the application submittal.

Place an X on each of the following Exhibits that are included with this application.

- Exhibit A _____ **Detailed Budget:** Budget form must specifically detail the "Requested Amount" of the grant proposal and **NOT** the entire agency's Program budget or the agency's entire budget. Use of County supplied Exhibit A form is required.
- Exhibit A-1 _____ **Other Funding Sources:** Identify all sources of funding for this project. Use of County supplied Exhibit A-1 form is required.
- Exhibit A-2 _____ **Personnel Information:** Provide copies of job descriptions for the program staff that is involved in operating and/or implementing this program. Use of County supplied Exhibit A-2 form is required.
- Exhibit B _____ **Proof of Insurance:** Provide a copy of the Insurance Requirements outlined in Exhibit B.
- Exhibit C _____ **Copy of the Agency's Board of Directors Approved Minutes:** Authorizing the action to submit an application for Stanislaus County CA-ESG CV2 Emergency Shelter Operations funds.
- Exhibit D _____ **Articles of Incorporation:** Copy from the California Secretary of State identifying the agency as a nonprofit.
- Exhibit E _____ **By-Laws:** Copy of agency By-laws as registered with the California Secretary of State
- Exhibit F _____ **Letter from the California Franchise Tax Board:** Determining tax-exempt status under Section 23701d, Revenue and Taxation Code.
- Exhibit G _____ **Letter from Internal Revenue Service:** Determining the agency's tax-exempt status under Section 501(c)(3) of the Internal Revenue Code.
- Exhibit H _____ **Certified Audit and/or Financial Statement:** Provide most recent certified audit and/or Financial Statement (most recent).
- Exhibit I _____ **Business License:** Provide a copy of the business license(s) for the proposed program.
- Exhibit J _____ **Board of Directors Information:** Copy of names, addresses, phone numbers and title of current members of the Board of Directors and Officers of the agency
- Exhibit K _____ **Certifications:** Please provide copies of current applicable licenses, evidence that fingerprinting requirements of staff have been met, and certifications that pertain to the project or project component that will utilize Stanislaus County CA-ESG CV2 Emergency Shelter Operations funds. (If applicable.)
- Exhibit L _____ **Site Control:** Please attach documentation regarding the status of or evidence of site control.
- Exhibit M _____ **Pre-Award Risk Assessment:** Use of County supplied Exhibit M form is required. *(See Application Guidelines for more information.)*
- Exhibit N _____ **Detailed Project Description:** Provide a detailed project description of the activities to be undertaken with Stanislaus County CA-ESG CV2 Emergency Shelter Operations funding and any additional information needed to explain any other part of your application.
- Exhibit O _____ **Applicant Eligibility Assessment:** Answer **all** questions in the Stanislaus County questionnaire.
- Exhibit P _____ **Racial Equity Assessment:** Answer **all** questions in the Stanislaus County questionnaire.

Exhibit A

Detailed Budget

Program Title: _____
 Agency: _____

PROGRAM GOALS

Individuals to be Served: _____ Households to be Served: _____

EMERGENCY SHELTER	
Essential Services	Requested
Salaries	
Salaries- Case Management-HMIS-Coordinated Entry	
Benefits/Taxes (capped at 20% of salary)	
Transportation	
Motel Expenses	
Other (specify: _____)	
Other (specify: _____)	
Subtotal:	
Operational Costs	
Rent	
Utilities	
Maintenance or Security (specify: _____)	
Other (specify: _____)	
Other (specify: _____)	
Subtotal:	

HOMELESS PREVENTION	
Essential Services	Requested
Salaries Case Management	
Salaries- Case Management HMIS - Coordinated Entry	
Benefits/Taxes (capped at 20% of salary)	
Other (specify: _____)	
Other (specify: _____)	
Other (specify: _____)	
Subtotal:	
Financial Assistance Costs	
Rental Arrears	
Utility Payments	
Service Costs (FA)	
Short-term Rental Assistance (0-3 mos.)	
Medium-term Rental Assistance (4-24 mos.)	
Other (specify: _____)	
Other (specify: _____)	
Subtotal:	

HMIS	
Essential Services	Requested
Salaries - Data Entry Only	
Benefits/Taxes (capped at 20% of salary)	
Subtotal:	

INDIRECT PROGRAM COSTS (10% Budget Cap)	
Requested	Requested
Operational Costs	
Essential Services Costs	
Other Costs	
Subtotal:	

STREET OUTREACH	
Essential Services	Requested
Salaries- Case Management	
Salaries- Case Management HMIS - Coordinated Entry	
Benefits/Taxes (capped at 20% of salary)	
Transportation	
Other (specify: _____)	
Other (specify: _____)	
Other (specify: _____)	
Other (specify: _____)	
Subtotal:	

RAPID RE-HOUSING	
Essential Services	Requested
Salaries Case Management	
Salaries- Case Management HMIS - Coordinated Entry	
Benefits/Taxes (capped at 20% of salary)	
Transportation	
Other(specify: _____)	
Other(specify: _____)	
Other(specify: _____)	
Subtotal:	
Financial Assistance Costs	
Rental Application Fee (FA)	
Security Deposit (FA)	
Last Month's Rent (FA)	
Utility Deposits	
Utility Payments	
Moving Costs (FA)	
Service Costs (FA)	
Short-term Rental Assistance (0-3 mos.)	
Medium-term Rental Assistance (4-24 mos.)	
Inspection Costs	
Other (specify: _____)	
Other (specify: _____)	
Other (specify: _____)	
Subtotal:	

	REQUESTED
GRAND TOTAL:	

 Signature of Project Director or Authorized Person **Required** Date

TO BE COMPLETED BY COMMUNITY DEVELOPMENT MONITORING STAFF	
Staff Recommendation <input type="checkbox"/> Approve or <input type="checkbox"/> Deny	
_____ Signature of Stanislaus County Community Development Program Official	_____ Date

Exhibit A- 1

Other Funding Sources

Program: _____ **Agency:** _____

Identify **all sources** of program funding and the amount of funds that are anticipated to be utilized for this program. Leveraging and matchings funds are required and highly encouraged as **CA-ESG CV2 Emergency Shelter Operations** funds are not intended to provide ongoing support.

Source of Funds: <i>(Name of Agency or Donor)</i>	Type of Funds: <i>(i.e., CA-ESG CV2 Emergency Shelter Operations , Private, Special Event, Fees, etc.)</i>	Amount of Funds: <i>(Anticipated & Received)</i>	Funding Status: <i>(i.e., awarded <u>with</u> award date, pending, current request, future request, etc.)</i>
Total Program Cost*:			

***Note: The "Total Program Cost" listed here must match the "Total Program Cost" listed in section A-1, located on page 1, of the CA-ESG CV2 Emergency Shelter Operations Grant Application.**

Exhibit B

Proof of Insurance

**Insurance Requirements
Stanislaus County**

General Liability

1. Certificate of Insurance with Insurance holder listed as:
Stanislaus County
1010 10th Street Suite 5900
Modesto, CA 95354
2. Additional Insured endorsement (with policy numbers)
3. Primary and Noncontributing endorsement (with policy numbers)

Auto Liability

1. Certificate of Insurance with Insurance holder listed as:
Stanislaus County
1010 10th Street Suite 5900
Modesto, CA 95354
2. Additional Insured endorsement (with policy numbers)

Workers Compensation

1. Certificate of Insurance with Insurance holder listed as:
Stanislaus County
1010 10th Street Suite 5900
Modesto, CA 95354
2. Waiver of Subrogation endorsement (with policy numbers)

FOR REFERENCE ONLY

FOR REFERENCE ONLY

EXHIBIT B

Insurance Required for Most Contracts

(Not for Professional Services or Construction Contracts)

Contractor shall procure and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder and the results of that work by the Contractor, his agents, representatives, employees or subcontractors.

MINIMUM SCOPE AND LIMIT OF INSURANCE

Coverage shall be at least as broad as:

1. **Commercial General Liability (CGL):** Insurance Services Office Form CG 00 01 covering CGL on an "occurrence" basis, including products and completed operations, property damage, bodily injury and personal & advertising injury with limits no less than One Million Dollars (\$1,000,000) per incident or occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location (ISO CG 25 03 or 25 04) or the general aggregate limit shall be twice the required occurrence limit.
2. **Automobile Liability:** If the Contractor or the Contractor's officers, employees, agents, representatives or subcontractors utilize a motor vehicle in performing any of the work or services under the Agreement Insurance Services Office (ISO) Form Number CA 00 01 covering any auto (Code 1), or if Contractor has no owned autos, hired, (Code 8) and non-owned autos (Code 9), with limit no less than One Million Dollars (\$1,000,000) per accident for bodily injury and property damage and transportation related pollution liability.
3. **Workers' Compensation Insurance** as required by the State of California, with Statutory Limits, and Employer's Liability Insurance with limit of no less than \$1,000,000 per accident for bodily injury or disease.

If the contractor maintains broader coverage and/or higher limits than the minimums shown above, the County requires and shall be entitled to the broader coverage and/or the higher limits maintained by the contractor. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the County.

Application of Excess Liability Coverage: Contractors may use a combination of primary, and excess insurance policies which provide coverage as broad as ("follow form" over) the underlying primary policies, to satisfy the Required Insurance provisions.

Other Insurance Provisions

The insurance policies are to contain, or be endorsed to contain, the following provisions:

Additional Insured Status

The County, its officers, officials, employees, agents and volunteers are to be covered as additional insureds on the CGL and Auto policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts, or equipment furnished in connection with

such work or operations. General liability coverage can be provided in the form of an endorsement to the Contractor's insurance (**at least** as broad as ISO Form CG 20 10 11 85 or if not available, through the addition of **both** CG 20 10, CG 20 26, CG 20 33, or CG 20 38; **and** CG 20 37 if a later edition is used).

Primary Coverage

For any claims related to this contract, the Contractor's insurance coverage shall be primary coverage **at least** as broad as ISO CG 20 01 04 13 as respects the County, its officers, officials, employees, agents and volunteers. Any insurance or self-insurance maintained by the County, its officers, officials, employees, agents or volunteers shall be excess of the Contractor's insurance and shall not contribute with it.

Reporting

Any failure to comply with reporting provisions of the policies shall not affect coverage provided to the County or its officers, officials, employees, agents or volunteers.

Notice of Cancellation

Each insurance policy required above shall provide that coverage shall not be canceled, except with notice to the County. Notification of insurance cancellation to the County will be contractors' responsibility.

Waiver of Subrogation

Contractor hereby grants to County a waiver of any right to subrogation (except for Professional Liability) which any insurer of said Contractor may acquire against the County by virtue of the payment of any loss under such insurance. Contractor agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not the County has received a waiver of subrogation endorsement from the insurer.

Self-Insured Retentions

Self-insured retentions must be declared to and approved by the County. The County may require the Contractor to purchase coverage with a lower retention or provide proof of ability to pay losses and related investigations, claim administration, and defense expenses within the retention. The policy language shall provide, or be endorsed to provide, that the self-insured retention may be satisfied by either the named insured or County.

Acceptability of Insurers

Insurance is to be placed with California admitted insurers (licensed to do business in California) with a current A.M. Best's rating of no less than A-VII, however, if no California admitted insurance company provides the required insurance, it is acceptable to provide the required insurance through a United States domiciled carrier that meets the required Best's rating and that is listed on the current List of Approved Surplus Line Insurers (LASLI) maintained by the California Department of Insurance.

Claims Made Policies

If any of the required policies provide claims-made coverage:

1. The Retroactive Date must be shown, and must be before the date of the contract or the beginning of contract work.

2. Insurance must be maintained and evidence of insurance must be provided for **at least** five (5) years after completion of the contract of work.
3. If coverage is canceled or non-renewed, and not replaced with another claims-made policy form with a Retroactive Date prior to the contract effective date, the Contractor must purchase “extended reporting” coverage for a minimum of five (5) years after completion of work.

Verification of Coverage

Contractor shall furnish the County with a copy of the policy declaration and endorsement page(s), original certificates and amendatory endorsements or copies of the applicable policy language effecting coverage required by this clause. All **certificates and endorsements are to be received and approved by the County before work commences**. However, failure to obtain the required documents prior to the work beginning shall not waive the Contractor’s obligation to provide them. The County reserves the right to require complete, certified copies of all required insurance policies, including endorsements required by these specifications, at any time.

Subcontractors

Contractor shall require and verify that all subcontractors maintain insurance meeting all the requirements stated herein, and Contractor shall ensure that County is an additional insured on insurance required from subcontractors.

Special Risks or Circumstances

County reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.

Insurance Limits

The limits of insurance described herein shall not limit the liability of the Contractor and Contractor's officers, employees, agents, representatives or subcontractors. Contractor's obligation to defend, indemnify and hold the County and its officers, officials, employees, agents and volunteers harmless under the provisions of this paragraph is not limited to or restricted by any requirement in the Agreement for Contractor to procure and maintain a policy of insurance.

[SIGNATURES SET FORTH ON THE FOLLOWING PAGE]

_____ Exempt from Auto – I will not utilize a vehicle in the performance of my work with the County.

_____ Exempt from WC – I am exempt from providing workers' compensation coverage as required under section 1861 and 3700 of the California Labor Code.

I acknowledge the insurance requirements listed above.

Print Name: _____ Date: _____

Signature: _____ Date: _____

Vendor Name: _____

FOR REFERENCE ONLY

For CEO-Risk Management Division use only

Exception: _____

Approved by CEO for Risk Management: _____ Date: _____

Exhibit M

Pre-Award Risk Assessment

As part of the Stanislaus County CA-ESG CV2 Emergency Shelter Operations Grant Application, we need additional information about the operation of your organization. Please respond to all questions, attach requested information, and submit with application.

Organization name: _____

Address: _____

Phone: _____

Email: _____

Fax: _____

Year Incorporated in: _____

Number of Employees: _____

Name of CEO: _____

URL: _____

Date: _____

Fiscal year dates (month and year): _____

Type of organization (check all that apply):

- US Government Entity
- US entity that did not expend \$750,000 or more in US federal funds in the latest fiscal year
- For profit organization
- Non-profit organization
- University
- Foundation

Must mark either Yes or No to all questions. Application will not be considered if incomplete.	Yes	No	COUNTY STAFF ONLY:
			Details/supporting documentation
Audits			
Have you completed an annual audit in accordance with Uniform Guidance Single Audit requirements a single audit?			
Have your annual financial statements been audited by an independent audit firm?			
Does your organization have a financial management system that records the source and application of funds for award-supported activities?			

Must mark either Yes or No to all questions. Application will not be considered if incomplete.	Yes	No	COUNTY STAFF ONLY:
			Details/supporting documentation
Are all cash disbursements within the organization fully documented with evidence of receipt of goods or performance of services?			
Does organization have an effective system or procedure to control paid time charged to awarded funds?			
Does organization have an effective system or procedure for authorization and approval of:			
Capital equipment expenditures?			
Travel expenditures?			
Vendor and subcontractor expenditures?			
Is Government property inventory maintained that identifies purchase date, cost, vendor, description, serial number, location, and ultimate disposition data?			
Do you have written policies that address:			
Pay Rates and Benefits?			
Time and Attendance?			
Leave?			
Discrimination?			
Privacy and Confidentiality?			
Conflicts of Interest?			
Purchasing?			
Record Retention?			
Petty Cash?			
Accounts Payable?			
Accounts Receivable?			
Information Technology?			
Credit Cards?			
Do you subcontract to perform duties under this contract?			
Does your organization have appropriate insurance documents?			
Has there been a change in your senior management team in the past year?			
Have any key program staff started with the organization in the past year?			
Has your agency been placed on a corrective action plan within the past 12 months by any agency?			

Exhibit N

Detailed Program Description

If awarded, funds will be used in the following city/cities and or unincorporated area. Select all options that apply:

- All** Nine (9) Stanislaus County Cities Stanislaus County Unincorporated Area
- City of Ceres City of Hughson City of Modesto City of Newman
- City of Oakdale City of Patterson City of Riverbank City of Turlock
- City of Waterford

Use the space provided on the next two pages to answer the following questions. Please number your responses so that we can identify which question you are answering. Supplemental pages will **NOT** be considered. Mark an X next to the questions you have answered. **All** questions must be answered to be considered for funding.

- _____ 1. What is the impact of the COVID-19 pandemic on the shelter and the agency's plan to prevent, prepare for, and respond to increased demand for services?
- _____ 2. How will the funding directly meet the objective of preventing, preparing for and or responding to the COVID-19 pandemic?
- _____ 3. Will funding be used to expand services and serve more people due to COVID-19?
- _____ 4. How do you ensure client and staff safety?
- _____ 5. How do you document and maintain client income documentation in compliance with HUD and HCD regulations?
- _____ 6. How do you collect demographic data on clients?
- _____ 7. What is the impact of the COVID-19 pandemic upon the agency's initial operating budget?
- _____ 8. What is the number of persons served, and the level of service provided, since the April 1, 2020 ("impact date"), of the COVID-19 pandemic?
- _____ 9. What are the agency's proposed uses of the **CA-ESG CV2 Emergency Shelter Operations** funds (include the estimated timeline)?
- _____ 10. What is the ability of the agency to readily utilize and expend the **CA-ESG CV2 Emergency Shelter Operations** funds?
- _____ 11. If awarded, what efforts will your agency take to promote racial equity within the program/services provided and proposed (i.e., bilingual staff or services)?

Exhibit O

Applicant Eligibility Assessment

The information collected below will be used by the County to verify and, if necessary, to adjust maximum funding amounts which have been identified for each of the eligible emergency shelters. The information may also be used by the County for general statistical reporting purposes. Please provide responses to each of the questions below regarding the operation of your shelter. For information on shelter program definitions visit: [Code of Federal Regulations Title 24 – Housing Urban Development](#).

Emergency Shelter: _____

Agency: _____

All questions must be answered. If there are unanswered questions then the application will be deemed incomplete.	Yes	No	COUNTY STAFF ONLY: (Details/Supporting Documentation)
1. Did the shelter operate prior to April 1, 2020? If no, please include the shelter's opening date/anticipated start date: _____			
2. Has COVID-19 impacted the shelter's operations and its ability to provide services and programs?			
3. Is there a shortfall in funding due to COVID-19?			
4. Is the shelter actively participating in the ongoing development and implementation of the Coordinated Entry System (CES) as required for shelters?			
5. Is the shelter actively participating in Homeless Management Information System (HMIS)?			
6. Does the shelter provide a direct day program offering 24-hour access to the shelter facility?			
7. Does the shelter provide direct program services as outlined in the Grant Application guidelines?			
8. Does the shelter provide direct case management as outlined in the Grant Application guidelines?			
9. Does the shelter allow spouse/partner to remain together within the facility?			
10. Does the shelter allow pets? If yes, what options are available: _____ If yes, what percentage of the clients are allowed to have pets? _____			
11. Does the shelter provide breakfast? Estimated Cost* (per meal): _____ <i>*Estimated cost shall include only the direct costs associated with the purchase, preparation, and serving of the meal. Only list costs for January 2021.</i>			
12. Does the shelter provide lunch? Estimated Cost (per meal): _____ <i>*Estimated cost shall include only the direct costs associated with the purchase, preparation, and serving of the meal. Only list costs for January 2021.</i>			

All questions must be answered. If there are unanswered questions then the application will be deemed incomplete.	Yes	No	COUNTY STAFF ONLY: (Details/Supporting Documentation)
13. Does the shelter provide dinner? Estimated Cost (per meal): _____ <i>*Estimated cost shall include only the direct costs associated with the purchase, preparation, and serving of the meal. Only list costs for January 2021.</i>			
14. For January 2021, were your meal costs reduced by volunteers and/or donated food? If no, did this change as a result of COVID-19? _____			
15. Does the shelter provide other meal options? If yes, please list the option type(s): _____			
16. Has COVID-19 impacted the daily cost per meal? If yes, by what average percentage per meal: _____			
17. What is the average daily operating cost per bed? _____			
18. Has COVID-19 impacted the daily cost per bed for operating the shelter? If yes, by what average percentage per bed? _____			
19. Does the shelter have the capacity, in terms of physical space and/or staffing, to expand its bed count? If yes, please provide the total number of additional beds that could be added: _____			
20. Total number of shelter bed capacity when operating without COVID-19 limitations: _____			
21. Average number of beds counted per night since the April 1, 2020 onset of COVID-19: _____			
22. Average number of beds counted per night from November 1, 2020 – December 20, 2020: _____			
23. Consider the period from the April 1, 2020 – January 31, 2022. How much funding do you estimate is needed to cover funding shortfalls in shelter operations resulting from COVID-19? _____			
24. List the number of HMIS user licenses (i.e., one, two, etc.): _____			
25. List the most recent HMIS Memorandum of Understanding (MOU) date: _____			

Exhibit P

Racial Equity Assessment

Emergency Shelter: _____

Agency: _____

The California Department of Housing and Community Development (HCD), under the guidance of the U.S. Department of Housing and Urban Development (HUD) encourages funded jurisdictions and their sub-recipients to make addressing racial inequities central to program design within the homeless response system. Please visit the [HUD Exchange Racial Equity](#) web page to learn more.

Please use the drop-down menu options to provide answers to answer all 15 questions.

	Agency Response
1. Agency has a racial equity policy.	
2. Agency collects racial, ethnic and linguistic data on clients outside of the HMIS system.	
3. Agency provides language interpreter/translator services for people who speak languages other than English.	
4. Agency collects data on clients or client/customer service satisfaction in the organization regarding racial equity.	
5. Agency has formal partnerships with organizations of color.	
6. Agency has allocated resources for engagement and outreach in communities of color.	
7. Racial equity and cultural competency training are offered to employees within the organization.	
8. Agency staff meets regularly with leaders from communities of color specifically to discuss racial equity within the homelessness system.	
9. Agency does an assessment on whether equitable access to new and existing shelter facilities is being provided to people of color, especially, Black, Hispanic, and Indigenous populations most impacted by homelessness, and examine data to determine if there are other disparities to be addressed, such as by age, ethnicity, disability, gender status, family composition, etc.	
10. Agency has convened with and is actively engaged with a lived experience board that represents the population served.	
11. Agency has ensured strategies and communication efforts have broad geographic reach, including into rural areas.	
12. At a minimum front-line staff reflect the people they serve including the necessary language skills to serve sub-populations.	
13. Agency reports on performance measures to determine how well the agency is doing to address racial disparities in the homelessness response system.	
14. Agency has developed and implemented a plan to address racial disparities in the homeless response system.	
15. Agency hosts or participates in trainings dedicated to improving equitable outcomes.	