



County of Santa Cruz

HUMAN RESOURCES AGENCY

Cecilia Espinola, Director
 1000 *Emetine Avenue*, Santa Cruz, CA 95060
 (831) 454-4130 or 454-4045 FAX: (831) 454-4642

August 2, 2002

AGENDA: August 27, 2002

BOARD OF SUPERVISORS
 County of Santa Cruz
 701 Ocean Street
 Santa Cruz, CA. 95060

APPROVAL OF EMERGENCY PRE-EVICTION PROGRAM CONTRACT

Dear Members of the Board:

As you may recall, during **FY** 2002-03 budget hearings your Board approved RDA funding in the amount of \$100,000 to continue to provide emergency pre-eviction services to eligible families with children and other eligible households living in the unincorporated area of the County. As your Board has directed the Human Resources Agency to administer this funding, the purpose of this letter to obtain your approval of the contract with the Community Action Board, Inc. (CAB) to operate the Emergency Pre-eviction Program, in addition to related fiscal actions required to carry out your Board's direction.

The Emergency Pre-Eviction Program has been successfully operated by CAB since spring 2001, and during FY 2001-02 the program provided services to 71 low income families with children, and nine households comprised of single disabled or elderly individuals. As reflected in the attached proposed contract, this fiscal year the program will serve **88** low income families with children, and 11 additional households with aged or disabled individuals by providing timely assistance to avoid eviction and possible homelessness.

IT IS THEREFORE RECOMMENDED that your Board:

1. Authorize the Human Resources Agency Director to sign the contract with the Community Action Board, Inc. for emergency pre-eviction services, and
2. Approve the attached AUD-60 accepting and appropriating unanticipated revenue in the amount of \$100,000 from the Redevelopment Agency.

Very truly yours,

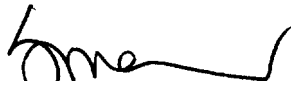
Cecilia Espinola

CECILIA ESPINOLA
 Director,

Attachment

CEMNT\GM n:/boardlet/admin/CAB pre-evictioncontract

RECOMMENDED:



SUSANA A. MAURIELLO
County Administrative Officer

cc: County Administrative Office
Auditor
Redevelopment Agency
County Counsel
Community Action Board, Inc.

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

TO: Board of Supervisors
County Administrative Office
Auditor Controller

FROM: Human Resources Agency (Department)
BY: [Signature] (Signature) 8/7/02 (Date)
Signature certifies that appropriations/revenues are available

AGREEMENT TYPE (Check One) Expenditure Agreement [] Revenue Agreement []

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of same.

1. Said agreement is between the Human Resource Agency (Department/Agency)
and Community Action Board, Inc. 501 Soquel Ave. suite F Santa Cruz CA 95062 (Name/Address)

2. The agreement will provide Emergency pre- eviction services to eligible families w/children, and other
households.

3. Period of the agreement is from 7/1/02 to 6/30/03

4. Anticipated Cost is \$ 100,000 [] Fixed [] Monthly Rate [] Annual Rate [] Not to Exceed

Remarks: W-9 on file Contact: G. McNeal X5459

5. Detail: [] On Continuing Agreements List for FY - . Page CC- Contract No: OR [] 1st Time Agreement
[] Section II No Board letter required, will be listed under Item 8
[] Section III Board letter required
[] Section IV Revenue Agreement

6. Appropriations/Revenues are available and are budgeted in 392100 (Index) 3665 (Sub object)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACHED COMPLETED AUD-74 OR AUD-60

Appropriations are available and have been encumbered.
are not will be

Contract No. 22635

By: [Signature]
Auditor-Controller Deputy

Date: 8/14/02

Proposal and accounting detail reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize
Human Resources Agency Director (Dept/Agency Head) to execute on behalf of the Santa Cruz County

Human Resources Agency (Department/Agency)

Date:

By: [Signature]
County Administrative Office

Distribution:

Board of Supervisors - White
Auditor Controller - Canary
Auditor-Controller - Pink
Department - Gold

State of California
County of Santa Cruz

I, ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz,
State of California, do hereby certify that the foregoing request for approval of agreement was ap-
proved by said Board of Supervisors as recommended by the County Administrative Office by an
order duty entered in the minutes of said Board on 20

ADM - 29 (8/01)
Title I, Section 300 Proc Man

By: Deputy Clerk

AUDITOR-CONTROLLER USE ONLY

CO Document No. \$ JE Amount Lines H/TL Keyed BY Date

TC:10 Auditor Description \$ Amount Index Sub object User Code

**BEFORE THE BOARD OF SUPERVISORS
OF THE COUNTY OF SANTA CRUZ, STATE OF CALIFORNIA**

Resolution No. _____

On the motion of Supervisor _____
duly seconded by Supervisor _____
the following resolution is adopted:

RESOLUTION ACCEPTING UNANTICIPATED REVENUE

Whereas, the County of Santa Cruz is a recipient of funds from Redevelopment Agency
_____ for Emergency pre-emption _____ program; and

WHEREAS, the County is recipient of funds in the amount of \$ 100,000 _____ which are either in excess of those anticipated or are not specifically set forth in the current fiscal year budget of the County; and

WHEREAS, pursuant to Government Code Section **29130(c) / 29064(b)**, such funds may be made available for specific appropriation by four-fifths vote of the Board of Supervisors;

NOW, THEREFORE, **BE IT RESOLVED AND ORDERED** that the Santa Cruz County Auditor-Controller accept funds in the amount of \$ 100,000 _____ into Department Human Resources Agency _____

<u>TIC</u>	<u>Index Number</u>	<u>Revenue Subobject Number</u>	<u>Account Name</u>	<u>Amount</u>
001	392100	2047	other chgs	100,000

and that such funds be and are hereby appropriated as follows:

<u>TIC</u>	<u>index Number</u>	<u>Expenditure Subobject Number</u>	<u>PRJ/UCD</u>	<u>Account Name</u>	<u>Amount</u>
021	392100	3665		prof. svc.	100,000

DEPARTMENT HEAD I hereby certify that the fiscal provisions have been researched and that the Revenue(s) (has been) (will be) recieved within the current fiscal year.

By *Marcos Flores*
Department Head

Date 8/2/02

,0197

COUNTY ADMINISTRATIVE OFFICER

 X /

Recommended to Board

 /

Not recommended to Board

PASSED AND ADOPTED by the Board of Supervisors of the County of Santa Cruz, State of California, this _____ day of _____, 19____ by the following vote (requires four-fifths vote for approval):

AYES: SUPERVISORS

NOES: SUPERVISORS

ABSENT: SUPERVISORS

Chairperson of the Board

ATTEST:

Clerk of the Board

APPROVED AS TO FORM:

Henry A. Oberstmann
County Counsel 12/14/97

APPROVED AS TO ACCOUNTING DETAIL:

R. Ayala 8/14/02
Auditor-Controller

Distribution:

- Auditor-Controller
- County Counsel
- County Administrative Officer
- Originating Department

AUD60 (REV 12/97)

c:\audit\aud60.wpd

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INDEPENDENT CONTRACTOR AGREEMENT

THIS CONTRACT is entered into this 1st day of July, 2002 by and between the COUNTY OF SANTA CRUZ HUMAN RESOURCES AGENCY, hereinafter called COUNTY, and Community Action Board, Inc., hereinafter called CONTRACTOR. The parties agree as follows:

1. **DUTIES.** CONTRACTOR agrees to exercise special skill to accomplish the following result(s):

Provide emergency pre-eviction services for eligible Santa Cruz County families with services as described in Attachment A: Scope of Work.

2. **COMPENSATION.** In consideration for CONTRACTOR accomplishing said result, COUNTY agrees to pay CONTRACTOR as follows:
 - A. Reimbursement of program costs as specified in the Attachment B: Budget not to exceed \$100,000 on the basis of suitable monthly Expenditure Reports, with invoice submitted to:

 - B. CONTRACTOR shall submit monthly grant ~~request~~/expenditure form for payment and documentation of service as defined by the Human Resources Agency within fifteen (15) working days after the month in which the service was provided to:

 Human Resources Agency
 Attn: Gary McNeil
 1000 Emeline Ave.
 Santa Cruz, CA 95060

3. **TERM.** The term of this contract shall be July 1, 2002 through June 30, 2003.

4. **EARLY TERMINATION.** Either party hereto may terminate this contract at any time by giving 30 days written notice to the other party.

5. **INDEMNIFICATION FOR DAMAGES, TAXES AND CONTRIBUTIONS.** CONTRACTOR shall exonerate, indemnify, defend, and hold harmless COUNTY (which for the purpose of paragraphs 5 and 6 shall include, without limitation, its officers, agents, employees and volunteers) from and against:
 - A. Any and all claims, demands, losses, damages, defense costs, or liability of any kind or nature which COUNTY may sustain or incur or which may be imposed upon it for injury to or death of persons, or damage to property as a result of, arising out of, or in any manner connected with the CONTRACTOR'S performance under the terms of this Agreement, excepting any liability arising out of the sole negligence of the COUNTY. Such indemnification includes any damage to the person(s), or property (ies) of CONTRACTOR and third persons.

 - B. Any and all Federal, State and Local taxes, charges, fees, or contributions required to be paid with respect to CONTRACTOR and CONTRACTORS officers, employees and agents engaged in the performance of this Agreement (including, without limitation, unemployment insurance, social security and payroll tax withholding).

6. **INSURANCE.** CONTRACTOR, at its sole cost and expense, for the full term of this Agreement (and any extensions thereof), shall obtain and maintain at minimum compliance with all of the following insurance coverage(s) and requirements. Such insurance coverage shall be primary coverage as respects COUNTY and any insurance or self-insurance maintained by COUNTY shall be excess of CONTRACTORS insurance coverage and shall not contribute to it.

If CONTRACTOR utilizes one or more subcontractors in the performance of this Agreement, CONTRACTOR shall obtain and maintain Independent Contractor's Insurance as to each

subcontractor or otherwise provide evidence of insurance coverage for each subcontractor equivalent to that required of CONTRACTOR in this Agreement, unless CONTRACTOR and COUNTY both initial here _____ / _____

A. Types of Insurance and Minimum Limits

- 1) Worker's Compensation in the minimum statutorily required coverage amounts. This insurance coverage shall not be required if the CONTRACTOR has no employees and certifies to this fact by initialing here _____
- 2) Automobile Liability Insurance for each of CONTRACTORS vehicles used in the performance of this Agreement, including owned, non-owned (e.g., owned by CONTRACTORS employees), leased or hired vehicles, shall each be covered with Automobile Liability Insurance in the minimum amount of \$500,000.00 combined single limit per occurrence for bodily injury and property damage. This insurance coverage shall not be required if vehicle use by CONTRACTOR is not a material part of performance of this Agreement and CONTRACTOR and COUNTY both certify to this fact by initialing here _____ / _____.
- 3) Comprehensive or Commercial Liability Insurance coverage in the minimum amount of \$1,000,000 combined single limit, including coverage for: (a) bodily injury, (b) personal injury, (c) broad form property damage, (d) contractual liability, and (e) cross-liability.
- 4) Professional Liability Insurance in the minimum amount of \$1,000,000 combined single limit. This insurance coverage shall not be required if both the CONTRACTOR and COUNTY acknowledge to this fact by initialing here _____ / _____.

B. Other Insurance Provisions

- 1) If any insurance coverage required in this Agreement is provided on a "Claims Made" rather than "Occurrence" form, CONTRACTOR agrees to maintain the required coverage for a period of three years after the expiration of the Agreement (hereinafter "post agreement coverage") and any extensions thereof. CONTRACTOR may maintain the required post agreement coverage by renewal or purchase of prior acts or tail coverage. This provision is contingent upon post agreement coverage being both available and reasonably affordable in relation to the coverage provided during the term of this Agreement. For purposes of interpreting this requirement, a cost not exceeding 100% of the last annual policy premium during the term of this Agreement in order to purchase prior acts or tail coverage for post agreement coverage shall be deemed to be reasonable.
- 2) All required Automobile and Comprehensive or Commercial General Liability Insurance shall be endorsed to contain the following clause:

"The County of Santa Cruz, its officials, employees, agents and volunteers are added as an additional insured as respects the operations and activities of, or on behalf of, the named insured performed under Agreement with the County of Santa Cruz."
- 3) All the insurance policies shall be endorsed to contain the following clause:

"This insurance shall not be cancelled until after thirty (30) days prior written notice has been given to:

Santa Cruz County
Human Resources Agency
Attn: Gary McNeil
1000 Emeline Avenue
Santa Cruz, CA 95060

- 4) CONTRACTOR agrees to provide its insurance broker(s) with a full copy of these insurance provisions and provide COUNTY on or before the effective date of this Agreement with Certificates of Insurance for all required coverage. All Certificates of Insurance shall be delivered or sent to:

Human Resources Agency
 Attn: Gary McNeil
 1000 Emeline Ave.
 Santa Cruz, CA 95060

7. **EQUAL EMPLOYMENT OPPORTUNITY.** During and in relation to the performance of this Agreement, CONTRACTOR agrees as follows:

- A. The CONTRACTOR shall not discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, ancestry, disability, medical condition (cancer related), marital status, sex, sexual orientation, age (over 18), veteran status, gender, pregnancy, or any other non-merit factor unrelated to job duties. Such action shall include, but not be limited to the following: recruitment; advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training (including apprenticeship), employment, upgrading, demotion, or transfer. The CONTRACTOR agrees to post in conspicuous places, available to employees and applicants for employment, notice setting forth the provisions of this non-discrimination clause.
- B. If this Agreement provides compensation in excess of \$50,000 to CONTRACTOR and if CONTRACTOR employs fifteen (15) or more employees, the following requirements shall apply:
- 1) The CONTRACTOR shall, in all solicitations or advertisements for employees placed by or on behalf of the CONTRACTOR, state that all qualified applicants will receive consideration for employment without regard to race, color, creed, religion, national origin, ancestry, disability, medical condition (cancer related), marital status, sex, sexual orientation, age (over 18), veteran status, gender, pregnancy, or any other non-merit factor unrelated to job duties. In addition, the CONTRACTOR shall make a good faith effort to consider Minority/Women/Disabled Owned Business Enterprises in CONTRACTOR's solicitation of goods and services. Definitions for Minority/Women/Disabled Business Enterprises are available from the COUNTY General Services Purchasing Division.
 - 2) The CONTRACTOR shall furnish COUNTY Affirmative Action Office information and reports in the prescribed reporting format (PER 4012) identifying the sex, race, physical or mental disability, and job classification of its employees and the names, dates and methods of advertisement and direct solicitation efforts made to subcontract with Minority-Women/Disabled Business Enterprises.
 - 3) In the event of the CONTRACTOR's non-compliance with the non-discrimination clauses of this Agreement or with any of the said rules, regulations, or orders said CONTRACTOR may be declared ineligible for further agreements with the COUNTY.
 - 4) The CONTRACTOR shall cause the foregoing provisions of this Subparagraph 7B. to be inserted in all subcontracts for any work covered under this Agreement by a subcontractor compensated more than \$50,000 and employing more than fifteen (15) employees, provided that the foregoing provisions shall not apply to contracts or subcontracts for standard commercial supplies or raw materials.

8. **INDEPENDENT CONTRACTOR STATUS.** CONTRACTOR and COUNTY have reviewed and considered the principal test and secondary factors below and agree that CONTRACTOR is an independent contractor and not an employee of COUNTY. CONTRACTOR is responsible for all

insurance (worker's compensation, unemployment, etc.) and all payroll related taxes. CONTRACTOR is not entitled to any employee benefits. COUNTY agrees that CONTRACTOR shall have the right to control the manner and means of accomplishing the result contracted for herein.

PRINCIPAL TEST. The CONTRACTOR rather than COUNTY has the right to control the manner and means of accomplishing the result contracted for.

SECONDARY FACTORS. (a) The extent of control which, by agreement, COUNTY may exercise over the details of the work is slight rather than substantial; (b) CONTRACTOR is engaged in a distinct occupation or business; (c) In the locality, the work to be done by CONTRACTOR is usually done by a specialist without supervision, rather than under the direction of an employer; (d) The skill required in the particular occupation is substantial rather than slight; (e) The CONTRACTOR rather than the COUNTY supplies the instrumentalities, tools and workplace; (f) The length of time for which CONTRACTOR is engaged is of limited duration rather than indefinite; (g) The method of payment of CONTRACTOR is by the job rather than by the time; (h) The work is part of a special or permissive activity, program, or project, rather than part of the regular business of COUNTY; (i) CONTRACTOR and COUNTY believe they are creating an independent contractor relationship rather than an employer-employee relationship; and (j) The COUNTY conducts public business.

It is recognized that it is not necessary that all secondary factors support creation of an independent contractor relationship, but rather that overall there are significant secondary factors which indicate that CONTRACTOR is an independent contractor.

By their signatures to this Agreement, each of the undersigned certifies that it is his or her considered judgment that the CONTRACTOR engaged under this Agreement is in fact an independent contractor.

9. **NONASSIGNMENT.** Contractor shall not assign this Agreement without the prior written consent of the COUNTY.
10. **RETENTION AND AUDIT OF RECORDS.** CONTRACTOR shall retain records pertinent to this Agreement for a period of not less than five (5) years after final payment under this Agreement or until a final audit report is accepted by COUNTY, whichever occurs first. CONTRACTOR hereby agrees to be subject to the examination and audit by the Santa Cruz County Auditor-Controller, the Auditor General of the State of California, or the designee of either for a period of five (5) years after final payment under this Agreement.
11. **CONFIDENTIALITY.** The CONTRACTOR shall protect from unauthorized disclosure, except as authorized by the client in writing, names and other identifying information concerning persons referred for services provided under this contract. CONTRACTOR agrees to comply and require its officers, employees, and agents to comply with all applicable County, State and Federal statutes or regulations regarding confidentiality in the operation of California Department of Social Services programs.
12. **PRESENTATION OF CLAIMS.** Presentation and processing of any or all claims arising out of or related to this Agreement shall be made in accordance with the provisions contained in Chapter 1.05 of the Santa Cruz County Code, which by this reference is incorporated herein.
13. **ACKNOWLEDGEMENT.** Contractor shall acknowledge on any commemorative plaques and in all reports and literature that the Santa Cruz County Board of Supervisors has provided funding to the Contractor.
14. **WEB LINKS.** If CONTRACTOR has an organizational web site it shall be a requirement of this Agreement to provide links to the HelpSCC (www.helpscc.org), Santa Cruz County Government (www.co.santa-cruz.ca.us), and Workforce Santa Cruz County (www.workforcescc.com) web sites.

15. **LIVING WAGE.** This agreement is covered under Living Wage provisions if this section is initialed by COUNTY_____

This agreement is subject to the provisions of the Santa Cruz County Code Chapter 2.122, requiring payment of a living wage to covered employees, if item #14 is initialed by the COUNTY. Non-compliance during the term of the contract will be considered a material breach and may result in termination of the Agreement or pursuit of other legal or administrative remedies.

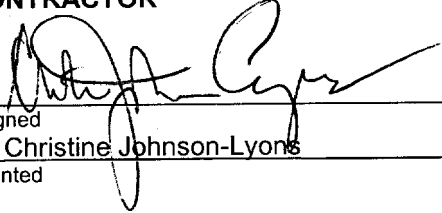
If a contract for Living Wage covered services in excess of \$50,000 is terminated prior to its expiration, any new contract with a subsequent contractor for the same services must include this term:

"CONTRACTOR shall make best efforts to offer employment to qualified employees of the prior contractor for the performance of this contract. Such efforts shall not be required in regard to employees who are (1) exempt under the Fair Labor Standards Act, (2) family members of the prior contractor, (3) employed by the prior contractor for less than six months, or (4) convicted of a job-related or workplace crime. Upon request by the COUNTY, the CONTRACTOR shall demonstrate to the COUNTY that good faith efforts have been made to comply with this provision."

16. **ATTACHMENTS.** This Agreement includes the following attachments:
- A. Scope of Work
 - B. Budget
 - C. Rental Assistance Policy and Procedure

IN WITNESS WHEREOF, the parties hereto have set their hands the day and year first above written.

1. CONTRACTOR

By: 
Signed
Christine Johnson-Lyons
Printed

3. COUNTY OF SANTA CRUZ

By: _____
Signed
Cecilia Espinola, HRA Director
Printed

Company Name: Community Action Board Inc.

Address: 501 Soquel Avenue, Suite E

Santa Cruz, CA 95062

Telephone: (831) 454-1741 ext. 110

Fax: (831) 457-0617

E-Mail: chrisil@cruzers.com

Tax ID #: 94-2523780

2. APPROVED AS TO INSURANCE:

By: Janet McKunley 7-30-2002
Risk Management

4. APPROVED AS TO FORM:

By: Jae M. Scott
County Counsel

DISTRIBUTION: County Administrative Office
Auditor-Controller
County Counsel
Risk Management
Community Action Board, Inc.

ATTACHMENT A

SCOPE OF WORK PLAN – FY 02/03

Agency: Community Action Board Program: The Shelter Project
 CAB shall provide emergency pre-eviction services to eligible County families, with children, in the unincorporated area who do not have any other sources of funds or access to special need funds such as CalWorks or Mental Health Services. Contractor shall work toward achieving the following goals and accomplish the following objectives. This shall be done by performing the specified activities and evaluating the results using the listed methods to focus on process and/or outcome.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING PROCESS AND/OR OUTCOME OF OBJECTIVE(S)
1. Intake applications from applicant family households with children for pre-eviction services. Serve 88 eligible families with children whose income does not exceed 200% of poverty and 11 income eligible households without children including single disabled and elderly individuals. Verify 100% of eligibility for client services. 2. Determine client's financial status. 3. Secure agreement between client and landlord/mortgage lender to stop eviction. One-time service not to exceed \$1000 per eligible household. 4. Eliminate threat of eviction up to 60 days. 5. Set-up eviction/foreclosure prevention plan with client. 6. Refer client to on going case management services.	1. Conduct interview with applicants. Refer client to program service that best fits need. (FEMA, City jurisdictions, CALWORKS HRA) 2. Ensure completeness of intake documents. • Verify identity of applicant. • Verify threat of eviction/foreclosure • Verify income (must not exceed 200% of Federal Poverty Income Guidelines). • Verify statement of monthly expenses. 3. Review documentation • Proof of income: tax return, income verification from social services agency; pay check or benefit check stub; letter from welfare agency/eligibility. 4. Review client income and expenses; develop a household budget. • Statement of monthly bills: PG&E; telephone; water/garbage; car payment; car insurance; debt payment; other expenses. 5. Write agreement and secure signatures from client and landlord/mortgage lender. Send check for rent/mortgage. 6. Client agrees to follow-up with eligibility worker within 30 days of services to review progress on referral and avoidance of future eviction threat. 7. Refer clients to FIT or HRA and Mental Health, Santa Cruz County Housing Authority, and others as appropriate. Fax client information to referral agency.	7/1/02–6/30/03 Monthly and quarterly cumulative reports.	CAB will provide qualitative and quantitative information including: • Participants served; • Financial reports • Length of residency retention after pre-eviction services: sixty-day follow-up and six month follow-up.

Initials: RL / CB, JR
 CONTRACTOR/COUNTY

Attachment B

Contract No.

Community Action Board of Santa Cruz, Inc.
Pre-eviction Program Budget
July 1,2002 – June 30,2003

Direct Rental Assistance: _____ \$83,334

Staff Support: _____ \$16,666

Total Budget _____ \$100,000



RENTAL ASSISTANCE

POLICIES AND PROCEDURES

A. WHAT DETERMINES ELIGIBILITY

1. Must be a resident of Santa Cruz County.
2. Must have proof that aid will prevent eviction.
3. Must provide an eviction notice from their landlord or a foreclosure notice from their bank or lending institution, if the client is a homeowner.
4. Must have no other resources available.
5. Income must not exceed 200% of poverty in the unincorporated areas of the County and in the City of Capitola, or 130% in the City of Santa Cruz, as defined by the State of California Department of Community Services and Development.
6. Must be a disabled or elderly single person or a family with children.

B. PROCESS FOR DETERMINATION

1. If a client calls for rental assistance they are put into voice mail and asked to leave their name, complete address including zip code and a phone # where they can be reached. If a client is a walk-in they are asked to complete a Client Status Form that will be given to one of the eligibility workers.
2. A fax with the client's address may be sent to the redevelopment agency of the funding entity to verify whether the client lives within the city limits of Capitola or Santa Cruz, or within the County when there is a doubt. Determination and eligibility for rental assistance will depend on the availability of funding. Rental assistance funded through FEMA is available to all residents of Santa Cruz County, whereas rental assistance funded by the redevelopment agencies of Santa Cruz and Capitola is only available to those who reside within the city limits. Rental assistance funded through the County is only available to residents who reside in the unincorporated areas of Santa Cruz County.

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3. Once the client's address is verified by the eligibility worker, a phone interview will be conducted to determine further eligibility.
4. Client must fall under all six (6) eligibility requirements.
5. Once eligibility is determined an in office interview is scheduled.

C. INTAKE PROCESS

1. All interviews must be conducted in person with an eligibility worker in the Santa **Cruz** or Watsonville office.
2. Intake form must be completely and accurately filled out.
3. The following forms must be read and signed by both the client and eligibility worker:
 - a.) Client Confidentiality
 - b.) Non-Discrimination Policy
 - c.) Grounds and Procedures for Termination
 - d.) Appeal Process
4. The following documentation is required:
 - a.) ~~P~~icture ID as evidenced by one of the following:
 - * Official state drivers license
 - * Official state identification card
 - b.) Social Security Card
 - c.) Proof of a threat of eviction/foreclosure, as evidenced by one of the following:
 - * A letter from a landlord including amount of one month's rent and statement that rent is past due
 - * Mortgage letters and or a copy of loan coupon showing mortgage amount and date due and canceled checks
 - d.) ~~P~~roof of income:
 - * Tax returns
 - * Income verification from a social service agency
 - * Pay check or benefit check stubs
 - * Letter from welfare/eligibility worker
 - * Papers from TANF, CALWORKS, SSI, etc., indicating eligibility under guidelines, or presence on a waiting list, or in status review

Rental Assistance – Policies and Procedures

Page 3

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5. Proof of disability
 - * A notice from SSI, Worker Comp or State Disability
6. Medi-Cal cards
7. Bill statements of monthly expenses
 - * PG&E
 - * Telephone
 - * Cable
 - * Water/Garbage
 - * Car payment
 - * Car insurance
 - * Debt payments
 - * Other expenses

D. LANDLORD AGREEMENT

1. Once the intake/interview have taken place and if the client is found eligible a form called “Agreement To Stop Eviction/Foreclosure” is signed by both the eligibility worker and the client. The form is given to the client to take to their landlord to have signed.
2. Once the Agreement to Stop Eviction/Foreclosure is returned to the office a Check Request is issued for the final process of the rental assistance.
3. Checks can usually be turned out and mailed within seven (7) days of submitting a check request. A **RUSH** check request may be issued in special circumstances. The eligibility worker will determine when this is necessary.

E. CLIENT RIGHTS AND RESPONSIBILITIES

1. **Confidentiality** - All clients have the right to confidentiality in their interactions with the rental assistance program. A release of confidentiality is requested for the purpose of sharing data with other social service agencies in an effort to obtain maximum assistance for clients.
2. **Non-Discrimination Policy** - The Community Action Board, Inc., and the rental assistance program adhere to a policy of non-discrimination in providing service. Any client who believes he/she has been discriminated against can invoke the Appeal Process.
3. **Grounds And Procedure For Termination** - The rental assistance program may terminate assistance to the client under specific conditions.

4. **Appeal Process** - Any client or potential client who believes that he/she has been unfairly treated has a right to appeal.

5. **Household Budget Worksheet** - The client and eligibility worker will review the client's household budget to assist in planning for short-term success in achieving household affordability. **Exhibit # 1**

6. **Client Goals Worksheet** - The client and eligibility worker will develop household goals to assist in planning for short-term success in achieving household affordability. **Exhibit # 2**

7. **Families In Transition Referral** - All eligible households will be referred to Families In Transition to assist them in long-term success in achieving household affordability. **Exhibit # 3**

The Shelter Project

MONTHLY BUDGET

NAME: _____ **MONTH:** _____

<u>INCOME</u>		<u>EXPENSES</u>	
Employment:		Rent:	
Employment:		Utilities: PG&E	
Employment:		Telephone	
Employment:		Cable	
TANF:		Water/Garbage	
Food Stamps:		Food:	
Child Support:		Laundry: (detergent, etc.)	
Unemployment:		Personal:	
Unemployment:		Transportation: Gas	
Disability:		Bus Fair	
SSI:		Car Repair	
Social Security:		Insurance	
FIT Payment:		Child Care:	
Other Income:		Debt Payments & Other Expenses:	
		1.	
		2.	
		3.	
		4.	
Total Income:		Total Expenses:	

TOTAL INCOME: _____

TOTAL EXPENSES: - _____

MONTH'S SAVINGS: = _____

TOTAL SAVINGS TO DATE: _____

PRESUPUESTO MENSUAL

NOMBRE: _____ MES: _____

INGRESOS

GASTOS

Empleo:		Renta:	
Empleo:		Servicios de utilidad:	
Empleo:		Gas/Electricidad	
Empleo:		Cable	
Empleo:		Agua/Basura	
Asistencia Pública:		Comida:	
Sostén de niño/s:		Lavado:(detergente etc.)	
Estampillas de comida:		Personal:	
Desempleo:		Transportación:	
Desempleo:		Gasolina:	
Incapacidad:		Pasaje de autobús:	
SSI:		Reparación de automóvil:	
Seguro Social:		Seguro:	
Pago de FIT:		Cuidado de niños:	
Otro Ingreso:		Pago de deudas y otros gastos:	
		1.	
		2.	
		3.	
		4.	
Ingreso Total:		Gasto Total:	

INGRESO TOTAL: _____

GASTO TOTAL: - _____

AHORROS DEL MES: = _____

TOTAL DE AHORROS: _____

The Shelter Project

0212

Eviction/Foreclosure Prevention Goals

Name: _____ Date: _____

Objectives for the next 30 day period _____ to _____ are:

- 1. _____ Date of completion: _____
- 2. _____ Date of completion: _____
- 3. _____ Date of completion: _____
- 4. _____ Date of completion: _____
- 5. _____ Date of completion: _____
- 6. _____ Date of completion: _____
- 7. _____ Date of completion: _____
- 8. _____ Date of completion: _____
- 9. _____ Date of completion: _____
- 10. _____ Date of completion: _____
- 11. _____ Date of completion: _____
- 12. _____ Date of completion: _____
- 13. _____ Date of completion: _____
- 14. _____ Date of completion: _____
- 15. _____ Date of completion: _____
- 16. _____ Date of completion: _____
- 17. _____ Date of completion: _____
- 18. _____ Date of completion: _____
- 19. _____ Date of completion: _____
- 20. _____ Date of completion: _____
- 21. _____ Date of completion: _____
- 22. _____ Date of completion: _____
- 23. _____ Date of completion: _____

Metas para la prevención de desalojamiento o anulación del derecho de redimir una hipoteca

Nombre : _____

Fecha : _____

Objetivos para el proximo periodo de 30 dias

_____ - _____

- 1. _____ Fecha de completamiento: _____
- 2. _____ Fecha de completamiento: _____
- 3. _____ Fecha de completamiento: _____
- 4. _____ Fecha de completamiento: _____
- 5. _____ Fecha de completamiento: _____
- 6. _____ Fecha de completamiento: _____
- 7. _____ Fecha de completamiento: _____
- 8. _____ Fecha de completamiento: _____
- 9. _____ Fecha de completamiento: _____
- 10. _____ Fecha de completamiento: _____
- 11. _____ Fecha de completamiento: _____
- 12. _____ Fecha de completamiento: _____
- 13. _____ Fecha de completamiento: _____
- 14. _____ Fecha de completamiento: _____
- 15. _____ Fecha de completamiento: _____
- 16. _____ Fecha de completamiento: _____
- 17. _____ Fecha de completamiento: _____
- 18. _____ Fecha de completamiento: _____
- 19. _____ Fecha de completamiento: _____
- 20. _____ Fecha de completamiento: _____

4/30*30

FAMILIES IN TRANSITION AGENCY REFERRAL

PLEASE NOTE THE FOLLOWING:

- The referral is to be filled out by the referring agency not the client.
- In order for referral to be processed it must be filled out COMPLETELY.
- There must be a phone number to contact client (If this contact number changes it is the responsibility of the family or referring agency to contact FIT and let us know of the change).
- If there is no contact phone number please refer family to the Community Action Board to obtain a voice mailbox. CAB's voice mail can be contacted at: (831) 457-1741.
- Include a mailing address where the family can receive notification by FIT.
- All referrals must be sent to the main office: mail to 210 High Street, Ste. 105 Santa Cruz, CA 95060, County Interoffice mail to FIT, or FAX to 458-7113. (It is recommended that either the referring agency or family call FIT at 458-7124 to ensure that the referral has been received).

OFFICE USE ONLY	
Record of Contact by FIT:	
Caseworker: _____	_____
Date: _____	_____
Outcome: _____	_____
Date: _____	_____
Outcome: _____	_____
Date: _____	_____
Outcome: _____	_____

Referring Agency: _____ Date: _____

Person Making Referral: _____ Referring Person's Phone: _____

Reason for referral: _____

Family Referred: _____ Phone Number to Contact Client: _____

Address to contact Client: _____

Is head of household limited English speaking? Yes _____ No _____

FAMILY MEMBERS:

Adults:

Name: _____ SS#: _____ Age: _____ DOB: _____ Citizen: Y N

Level of education: [] H.S. Graduate [] Crop-out [] GED [] College+ [] Certificate Voc/Trade School

Name: _____ SS#: _____ Age: _____ DOB: _____ Citizen: Y N

Level of education: [] H.S. Graduate [] Drop-out [] GED [] College+ [] Certificate Voc/Trade School

Children:

Name: _____ SS#: _____ Age: _____ DOB: _____ Citizen: Y N

Name: _____ SS#: _____ Age: _____ DOB: _____ Citizen: Y N

Name: _____ SS#: _____ Age: _____ DOB: _____ Citizen: Y N

Name: _____ SS#: _____ Age: _____ DOB: _____ Citizen: Y N

Name: _____ SS#: _____ Age: _____ DOB: _____ Citizen: Y N

Name: _____ SS#: _____ Age: _____ DOB: _____ Citizen: Y N

List two personal references or contact numbers to reach client:

name	phone	relationship
------	-------	--------------

name	phone	relationship
------	-------	--------------

ETHNICITY:

White, Non-Hispanic Black, Non-Hispanic Hispanic Native American Asian Other

CURRENT LIVING ARRANGEMENTS:

0215

Home Hotel/Motel Shelter Church Satellite Camping Car/Van Friend/Relative Street

Other (please specify) _____

How long has client been in Santa Cruz 0-6mos 6-12mos 12 or more months

How long has client been homeless in Santa Cruz? 0-1mo 1-3mos 3-6mos 6+ mos

EMPLOYMENT:

Is client currently employed?: Y N

INCOME SOURCES:

SOURCE	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____

Total monthly income: _____

SOCIAL SERVICES STATUS:

Is client currently involved with the Human Resources Agency? Y N

If yes, TANF/AFDC Caseworker _____ Phone: _____ TANF/AFDC#: _____

How long has client been on TANF/AFDC? _____

Is client currently involved with CALWORKS Social Worker? Y N

If yes, CALWORKS Social Worker name: _____ Phone: _____

Is client currently involved with Employment Training? Y N

If yes, Employment Training Specialist name: _____ Phone: _____

Is client currently involved with Child Welfare Services? Y N

If yes, Child Welfare Services social workers name: _____ Phone: _____

History of drug/alcohol abuse? Y N Unknown In recovery?: Y N Unknown

History of Mental Illness? Y N Unknown Diagnosis?: _____

History of Domestic Violence? Y N Unknown

What needs has family expressed to you or others in your agency? _____

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

0216

DATE

06/11/2002

PRODUCER

BIDELL & NELSON/HARBERT INS. A
 PO BOX 1295
 SANTA CRUZ, CA 95061

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THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED

COMMUNITY ACTION BOARD OF SCC,
 501 SOQUEL AVE., SUITE E
 SANTA CRUZ, CA 95062
 CAB CONTRACTS - JOEL

INSURER A: **NONPROFITS' INSURANCE ALLIANCE**
 INSURER B: **NONPROFITS' INSURANCE ALLIANCE**
COMPENSATION INSURANCE F
 INSURER D: **ALLIED MUTUAL INS CO**
 INSURER E:

COMM00

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	2002-00234NPO	01/01/2002	01/01/2003	EACH OCCURRENCE \$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 100000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10000
	<input checked="" type="checkbox"/>				PERSONAL & ADV INJURY \$ 1000000
					GENERAL AGGREGATE \$ 2000000
					PRODUCTS - COMP/OP AGG \$ 2000000
					GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC
B	AUTOMOBILE LIABILITY	2002-00234AUTOS	01/01/2002	01/01/2003	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	ANY				OTHER THAN AUTO ONLY: EA \$
					AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION				\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	1611702-02	01/01/2002	01/01/2003	WC STATUTORY LIMITS OTHER \$
					E.L. EACH ACCIDENT \$ 1000000
					E.L. DISEASE - EA EMPLOYEE \$ 1000000
					E.L. DISEASE - POLICY LIMIT \$ 1000000
	OTHER	BD 79 0 0579276	03/28/2002	03/28/2003	AGGREGATE 100000
	FIDELITY BOND				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

TXF COUNTY OF SANTA CRUZ, ITS OFFICERS, AGENTS, AND EMPLOYEES ARE NAMED ADDITIONAL INSURED, AS RESPECTS THE OPERATION OF THE ABOVE NAMED INSURED.

CERTIFICATE HOLDER

ADDITIONAL INSURED: INSURER LETTER:

CANCELLATION 10-Day Notice for Non-Payment of Premium

HUMAN RESOURCES AGENCY
 COMMUNITY PROGRAMS
 COUNTY OF SANTA CRUZ
 1000 EMELINE AVE.
 SANTA CRUZ, CA 95060

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL SEND BY MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, AND SHALL BE RESPONSIBLE FOR THE DEFENSE AND SETTLEMENT OF ANY AND ALL CLAIMS FOR WHICH THE INSURED OR ANY OF ITS REPRESENTATIVES IS RESPONSIBLE.

AUTHORIZED REPRESENTATIVE