

LFUCG 2022 ESR Overnight Emergency Shelter – RFP #7-2022
Project Cover Sheet – Bluegrass Care Navigators Medical Respite Program

Organization or Lead Applicant Name:

Hospice of the Bluegrass, Inc. dba Bluegrass Care Navigators

Authorized Representative:

Elizabeth D. Fowler, President/CEO

Organization or Lead Applicant Address:

1733 Harrodsburg Road, Lexington KY 40504

Phone Number:

859-296-6810

E-mail:

lfowler@bgcarenav.org

Title of proposed project:

Bluegrass Transitional Care for Medical Respite

Brief summary of proposed project (250 words or less):

Some patients in our community do not have a home to return to when they are discharged from a hospital. Bluegrass Transitional Care provides medical respite for patients experiencing homelessness by utilizing motel/hotel rooms in the community, a model that we have used for several years in Lexington and has also been successfully implemented in many cities in the nation. This model is relatively low cost, easy to implement, requires no licensure or other regulatory conditions, allows families to stay together, and is effective in protecting the patient from infections from other patients. It also helps divert patients under treatment for serious medical conditions from shelters that may not have the necessary training, expertise, and resources to provide the full complement of services needed.

Based on the number of patients we are currently serving through Bluegrass Transitional Care Medical Respite, we project that this program will provide care for a total of 180 patients experiencing homelessness in FY2023. These patients will be served in partnership with University of Kentucky HealthCare, Baptist Health Lexington, Saint Joseph Hospital, Lexington-Fayette County Health Department, HealthFirst Bluegrass, and other healthcare entities.

LFUCG 2022 ESR Overnight Emergency Shelter – RFP #7-2022
Project Narrative – Bluegrass Care Navigators Medical Respite Program

4.1 – General Shelter Information – 25 points

Bluegrass Transitional Care (BTC) is a case management program developed in 2011 to transition at-risk frail patients to prevent avoidable hospital readmissions and emergency department utilization after discharging home or to a nursing facility. Our program is built around compassionate care, ensuring that every patient is treated with dignity and respect, following a patient-centered plan of care.

Some patients in our community do not have a home to return to when they are discharged from a hospital. Bluegrass Transitional Care provides medical respite for patients experiencing homelessness by utilizing motel/hotel rooms in the community, a model that we have used for several years in Lexington and has also been successfully implemented in many cities in the nation. This model is relatively low cost, easy to implement, requires no licensure or other regulatory conditions, allows families to stay together, and is effective in protecting the patient from infections from other patients. It also helps divert patients under treatment for serious medical conditions from shelters that may not have the necessary training, expertise, and resources to provide the full complement of services needed.

Based on the number of patients we are currently serving through Bluegrass Transitional Care Medical Respite, we project that this program will provide care for a total of 180 patients experiencing homelessness in FY2023. These patients will be served in partnership with University of Kentucky HealthCare, Baptist Health Lexington, Saint Joseph Hospital, Lexington-Fayette County Health Department, HealthFirst Bluegrass, and other healthcare entities.

The shelter component of the Bluegrass Transitional Care Medical Respite program consists of providing overnight lodging in local hotel/motel facilities for individuals and/or families who need medical attention and lack adequate housing. This program meets participants

LFUCG 2022 ESR Overnight Emergency Shelter – RFP #7-2022
Project Narrative – Bluegrass Care Navigators Medical Respite Program

where they are, accepting referrals and initiating medical respite stays 24 hours a day 7 days a week. We provide person-centered care that follows an individual plan of care developed specifically around the patient’s needs and goals. The Medical Respite program focuses on delivering health care services rather than imposing extraneous expectations and requirements on patients under our care for recuperation. In addition to medical care, our program ensures that participants have food during their participation in the program and access to transportation as needed.

One overarching goal is to help every qualifying patient in need by providing the highest quality physical and psychosocial support, without regard to race, color, religion, sex, sexual orientation, disability, or national origin. To this end, BCN has instituted a “Non-Discrimination in Patient Care” policy to ensure that every service and benefit we provide remains inclusive to all patients. Further, our policies provide that the organization will not exclude or deny a qualified individual with a disability from participating in or benefitting from our services, programs, or activities. We provide translation services to persons with limited English proficiency through a third-party language line provider. BCN honors patient translation preferences and, within certain safeguards, will collaborate with a patient’s preferred family member with better English proficiency or preferred community-based (volunteer or paid) translators. Bluegrass Care Navigators also helps ensure cultural competence by requiring cultural diversity training for all new team members. In addition, all staff are required to successfully complete a course on cultural competence in home care in 2022. Finally, our organization has hired a full-time Diversity, Equity, and Inclusion (DEI) Officer who reports directly to the CEO. Our updated DEI initiatives include additional training and development for all organizational members, outreach to traditionally marginalized communities, an internal

LFUCG 2022 ESR Overnight Emergency Shelter – RFP #7-2022
Project Narrative – Bluegrass Care Navigators Medical Respite Program

organizational climate assessment, and increased infrastructure to support DEI efforts, including hiring 3 additional full time DEI managers in 2022 to support our regional DEI efforts.

4.2 – Rapid Resolution, Housing Oriented – 25 points

Bluegrass Care Navigators is a community healthcare provider that focuses on helping patients achieve the highest quality of health possible. We understand that housing is an extremely important social determinant of health. As noted above, Bluegrass Transitional Care (BTC) is a case management program. As such, we seek to address all barriers impacting a patient’s self-sufficiency and to connect the patient with appropriate resources in the community to help them obtain and sustain long-term housing that is affordable and appropriate for their circumstance.

Referrals are accepted and medical respite stays can be initiated at any time of day and on any day of the week. Program participants are diverted from shelter while they are under treatment and convalescent care, allowing our social workers to collaborate with other Lexington Continuum of Care organizations on coordinated entry into the most appropriate housing situation upon discharge. Beginning at the time of referral and continuing throughout the entire medical respite and transitional care intervention, the nurse/coach and social worker collaborate with the patient on a plan for discharge. Working in partnership with community agencies and the patient’s healthcare providers to prepare the patient to return to the community is vital to the success of the intervention. Bluegrass Transitional Care participates in the Lexington Continuum of Care. Agencies that we coordinate care and services with include, but are not limited to, Lexington Housing Authority, Community Action Council, AIDS Volunteers of Lexington, local landlords and apartment associations, LFUCG Adult and Tenant Services, Wheels, LFUCG Office of Homelessness Prevention and Intervention, Moveable Feast, Lexington Rescue

LFUCG 2022 ESR Overnight Emergency Shelter – RFP #7-2022
Project Narrative – Bluegrass Care Navigators Medical Respite Program

Mission, Catholic Action Center, KY Prescription Assistance Program, Kentucky Department for Community Based Services, and home health agencies.

The average length of stay for participants completing the program in 2021 was 10 days. (We project that the length of stay will shorten in 2022 as the pandemic continues to subside.) Despite this short length of stay, our team works from the day of program entry to get patients connected to appropriate housing and other resources. We collaborate closely with staff at local shelters and other housing provider agencies to get patients connected to housing options. In some cases we can help facilitate connection to family members and/or friends for temporary or permanent housing. For those patients struggling with substance use disorder, our team helps get them admitted to residential drug rehabilitation. We work diligently to get participants connected with the best housing option and the necessary supportive services before they are discharged from medical respite.

4.3 – Low-Barrier – 20 points

Under the Bluegrass Transitional Care innovative medical respite model, our transitional care model (TCM) and care transitions intervention (CTI) follow a client- and person-centered approach that has now been regionally and nationally recognized as extremely successful. All referrals are screened by Bluegrass Care Navigators nurses and are enrolled only for medical respite needs. Patients must be able to care for themselves (with assistance), including taking their medications appropriately with guidance. For patients struggling with alcohol or illegal substance use, a social worker is available for counseling and referral to community resources. Families are eligible to stay in the hotel with the patient during the medical respite for recuperation. Our medical respite initiative incorporates family caregivers into the program, as appropriate.

LFUCG 2022 ESR Overnight Emergency Shelter – RFP #7-2022
Project Narrative – Bluegrass Care Navigators Medical Respite Program

The primary focus of the Bluegrass Transitional Care medical respite program is on helping the patient receive adequate healthcare services to achieve treatment success, rather than imposing extraneous expectations and requirements on convalescing patients. We follow the patient-focused policies of Bluegrass Care Navigators and are a part of this organization's Compliance Plan.

The Bluegrass Transitional Care Medical Respite program coordinates closely with community-based services and coordinated entry. We have existing partnerships with University of Kentucky HealthCare, Baptist Health Lexington, Saint Joseph Hospital, physician practices, housing providers, and social services agencies that are leveraged regularly to ensure the medical respite program is successful and part of a continuum of care in the community. Our team collaborates with multiple Lexington Continuum of Care partners and other community service organizations on coordinated entry. Working in collaboration with a wide range of community agencies to prepare the patient to return to the community is vital to the success of this intervention.

Each patient is assessed at time of referral to ensure they meet the criteria for medical respite services – i.e., there is a true medical need and the patient is experiencing homelessness. Program participants are not charged any fees and are not required to contribute volunteer services. They also are not required to complete classes or programs as a condition of participation. However, patients must agree to uphold program rules, which include no illicit substance use in the hotel, no smoking in non-smoking rooms, respect hotel property, and agree to isolate in the room if in COVID quarantine. These basic rules are required to protect public health and safety, as these individuals are being housed in a hotel that serves the broader public.

**LFUCG 2022 ESR Overnight Emergency Shelter – RFP #7-2022
Project Narrative – Bluegrass Care Navigators Medical Respite Program**

Bluegrass Care Navigators takes care not to impose unnecessary requirements as conditions of program participation.

4.4 – Actual Results – 20 Points

The following reports are being submitted with our proposal:

- CoC APR for January 1, 2021 – December 31, 2021
- CoC CAPER for January 1, 2021 – December 31, 2021

4.5 – Budget Appropriateness and Feasibility of Budget – 10 Points

Complete this table	Total
***Number of individual beds available:	N/A
***Number of units available for families, if applicable:	N/A
Funds requested from LFUCG:	\$ 98,275
Average nightly census for individuals based on KYHMIS data:	3.3
Average nightly census for families based on KYHMIS data:	1.98
Total budget for shelter program (all funding sources):	\$137,680
% LFUCG investment (LFUCG Request/Total Budget * 100):	71%

Source of other funds: Bluegrass Care Navigators is contributing \$39,405 to the Medical Respite program, which is 29% of the total budget.

Please see attached line-item budget narrative.

LFUCG ESR Overnight Emergency Shelter Grant Program RFP #7-2022
Bluegrass Care Navigators - Bluegrass Transitional Care Medical Respite Program
Line-Item Narrative Budget

		Column A Total Program Budget [= B+C]	Column B ESR Grant Funding Request	Column C Bluegrass Care Navigators Funding [=A-B]	
Staff Salaries		# of Employees:			
	Full-Time (FTE)	1	\$ 39,609.00	\$ 7,734.00	\$ 31,875.00
	Part-Time	0	\$ -	\$ -	\$ -
	Total Salaries	\$ 39,609.00	\$ 7,734.00	\$ 31,875.00	
	Narrative Description	The 1 Full-Time FTE reflects a combination of time allocated by various Bluegrass Care Navigators team members: Hospital-Based Nurse/Coach; Home Nurse/Coach; Home Social Worker; and Transitions Program Manager.			
Staff Fringe Benefits					
	Narrative Description	The Staff Fringe Benefit Rate is 27.5% and is included in the staff salary figures above.			
Consultant Services		\$ -	\$ -	\$ -	
	Narrative Description	N/A - Services will be provided by Bluegrass Care Navigators.			
Space/Facilities		\$ 82,771.00	\$ 76,771.00	\$ 6,000.00	
	Narrative Description	Hotel/motel lodging: 15 clients/month at an average of 7 nights/cost of \$62.85/night = \$6,599.25 * 12 months = \$79,191 1 bio-clean/quarter at \$895/cleaning = \$895 * 4 quarters = \$3,580			
Scholarships / Stipends		\$ -	\$ -	\$ -	
	Narrative Description	N/A			
Operating Expenses		\$ 15,300.00	\$ 13,770.00	\$ 1,530.00	
	Narrative Description	Patient transportation costs = \$5/client * 15 clients/month = \$75 * 12 months = \$900 Food costs = \$80/client * 15 clients/month = \$1,200 * 12 months = \$14,400			
TOTAL FY2023 PROGRAM BUDGET		\$ 137,680.00	\$ 98,275.00	\$ 39,405.00	



LEXINGTON

RFP-7-2022

ESR Overnight Shelter

Issue Date: 1/28/2022

Questions Deadline: 2/25/2022 12:00 PM (ET)

Response Deadline: 3/7/2022 02:00 PM (ET)

Contact Information

Contact: Sondra Stone
Address: Central Purchasing
Government Center Building
Room 338
200 East Main Street
Lexington, KY 40507
Phone: (859) 2583320
Fax: (859) 2583322
Email: ssone@lexingtonky.gov

Event Information

Number: RFP-7-2022
Title: ESR Overnight Shelter
Type: Request For Proposal
Issue Date: 1/28/2022
Question Deadline: 2/25/2022 12:00 PM (ET)
Response Deadline: 3/7/2022 02:00 PM (ET)
Notes: Only online proposals will be received via IonWave. Please combine documents into one pdf.

Bid Attachments

RFP Pkg 7-2022.pdf

[View Online](#)

Bid Package

▶ **Report Run History**

Report ID	Date Ran (Run-time)	Report Type	Name	User Creating	Running Provider	Running User	Report Status
160734	03/04/2022 12:01:44 PM (0.07 mins)	EsgCaper		Crystal Amburgey	Bluegrass Care Navigators-Medical Respite-OHPI-ES/TH-LEX	Crystal Amburgey	Completed

Showing 1-1 of 1

Report Options

Name	
Description	
Provider Type	<input checked="" type="radio"/> Provider <input type="radio"/> Reporting Group
Provider *	Bluegrass Care Navigators-Medical Respite-OHPI-ES/TH-LEX (2580) <input type="radio"/> This provider AND its subordinates <input checked="" type="radio"/> This provider ONLY
Program Date Range *	01/01/2021 to 12/31/2021
Entry/Exit Types *	<input type="checkbox"/> Basic <input type="checkbox"/> Basic Center Program Entry/Exit <input checked="" type="checkbox"/> HUD <input type="checkbox"/> PATH <input type="checkbox"/> Quick Call <input type="checkbox"/> RHY <input type="checkbox"/> Standard <input type="checkbox"/> Transitional Living Program Entry/Exit <input type="checkbox"/> VA <input type="checkbox"/> HPRP (Retired)

ESG Report Results - Date Ran: 03/04/2022 12:01:44 PM - Report ID: 160734

4a - Project Identifiers in HMIS

#	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	All
Organization Name	Org. ID	Project Name	Project ID	HMIS Project Type	Method for Tracking ES	Affiliated with a residential project? (SSO)	Project IDs of Affiliation	CoC Codes	Geocodes	Victim Service Provider																	
Lexington CoC	1198	Bluegrass Care Navigators-Medical Respite-OHPI-ES/TH-LEX	2580	Emergency Shelter (HUD)	Entry/Exit Date			KY-502	211314	False																	

Showing 1-1 of 1

5a - Report Validation Table

Report Validation Table

1. Total Number of Persons Served	190
2. Number of Adults (age 18 or over)	152
3. Number of Children (under age 18)	38
4. Number of Persons with Unknown Age	0
5. Number of Leavers	182
6. Number of Adult Leavers	148
7. Number of Adult and Head of Household Leavers	148
8. Number of Stayers	8
9. Number of Adult Stayers	4
10. Number of Veterans	17
11. Number of Chronically Homeless Persons	35
12. Number of Youth Under Age 25	5
13. Number of Parenting Youth Under Age 25 with Children	1
14. Number of Adult Heads of Household	124
15. Number of Child And Unknown-Age Heads of Household	0
16. Heads of Households and Adult Stayers in the Project 365 Days or More	0

6a - Data Quality: Personally Identifiable Information

Data Element	Client Doesn't Know/Client Refused	Information Missing	Data Issues	Total	% of Error Rate
Name (3.1)	0	0	0	0	0%
SSN (3.2)	15	28	7	50	26%
Date of Birth (3.3)	0	0	0	0	0%
Race (3.4)	0	5		5	3%
Ethnicity (3.5)	0	5		5	3%
Gender (3.6)	0	0		0	0%
Overall Score				53	28%

6b - Data Quality: Universal Data Elements

Data Element	Error Count	% of Error Rate
Veteran Status (3.7)	10	7%
Project Start Date (3.10)	0	0%
Relationship to Head of Household (3.15)	42	22%
Client Location (3.16)	0	0%
Disabling Condition (3.8)	63	33%

6c - Data Quality: Income and Housing Data Quality

Data Element	Error Count	% of Error Rate
Destination (3.12)	1	1%
Income and Sources (4.2) at Start	55	36%
Income and Sources (4.2) at Annual Assessment	0	0%
Income and Sources (4.2) at Exit	52	35%

6d - Data Quality: Chronic Homelessness

Entering into project type	Count of total records	Missing time in institution (3.917.2)	Missing time in housing (3.917.2)	Approximate Date started (3.917.3) DK/R/missing	Number of times (3.917.4) DK/R/missing	Number of months (3.917.5) DK/R/missing	% of records unable to calculate
ES, SH, Street Outreach	152			62	55	57	41%
TH	0	0	0	0	0	0	0%
PH (all)	0	0	0	0	0	0	0%
Total	152						41%

6e - Data Quality: Timeliness

Time For Record Entry	Number of Project Start Records	Number of Project Exit Records
0 days	89	74
1 - 3 days	77	78
4 - 6 days	9	17
7 - 10 days	3	3
11+ days	6	10

6f - Data Quality: Inactive Records: Street Outreach and Emergency Shelter

	# of Records	# of Inactive Records	% of Inactive Records
Contact (Adults and Heads of Household in Street Outreach or ES - NBN)	0	0	0%
Bed Night (All clients in ES - NBN)	0	0	0%

7a - Number of Persons Served

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Adults	152	133	19		0
Children	38		35	3	0
Client Doesn't Know/Client Refused	0	0	0	0	0

Data not collected	0	0	0	0	0
Total	190	133	54	3	0
For PSH and RRH - the total persons served who moved into housing	0	0	0	0	0

7b - Point-in-Time Count of Households on the Last Wednesday

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	0	0	0	0	0
April	0	0	0	0	0
July	0	0	0	0	0
October	0	0	0	0	0

8a - Number of Households Served

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Total Households	124	112	12	0	0
For PSH and RRH - the total persons served who moved into housing	0	0	0	0	0

8b - Point-in-Time Count of Households on the Last Wednesday

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	1	1	0	0	0
April	1	1	0	0	0
July	4	3	1	0	0
October	0	0	0	0	0

9a - Number of Persons Contacted

	All Persons Contacted	First Contact - NOT staying on the Streets, ES, or SH	First contact - WAS staying on Streets, ES, or SH	First contact - Worker unable to determine
Once	0	0	0	0
2-5 Times	0	0	0	0
6-9 Times	0	0	0	0
10+ Times	0	0	0	0
Total Persons Contacted	0	0	0	0

9b - Number of Persons Engaged

	All Persons Contacted	First Contact - NOT staying on	First contact - WAS staying	First contact - Worker unable to determine

		the Streets, ES, or SH	on Streets, ES, or SH	
Once	0	0	0	0
2-5 Times	0	0	0	0
6-9 Times	0	0	0	0
10+ Times	0	0	0	0
Total Persons Engaged	0	0	0	0
Rate of Engagement	0.00	0.00	0.00	0.00

10a - Gender of Adults

	Total	Without Children	With Children and Adults	Unknown Household Type
Male	96	95	1	0
Female	55	37	18	0
No Single Gender	0	0	0	0
Questioning	0	0	0	0
Transgender	1	1	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
Subtotal	152	133	19	0

10b - Gender of Children

	Total	With Children and Adults	With Only Children	Unknown Household Type
Male	18	17	1	0
Female	20	18	2	0
No Single Gender	0	0	0	0
Questioning	0	0	0	0
Transgender	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
Subtotal	38	35	3	0

10c - Gender of Persons Missing Age Information

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	0	0	0	0	0
Female	0	0	0	0	0

No Single Gender	0	0	0	0	0
Questioning	0	0	0	0	0
Transgender	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Subtotal	0	0	0	0	0

10d - Gender by Age Ranges

	Total	Under Age 18	Age 18-24	Age 25-61	Age 62 and over	Client Doesn't Know/Client Refused	Data not collected
Male	114	18	3	74	19	0	0
Female	75	20	2	52	1	0	0
No Single Gender	0	0	0	0	0	0	0
Questioning	0	0	0	0	0	0	0
Transgender	1	0	0	0	1	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0	0	0
Data not collected	0	0	0	0	0	0	0
Subtotal	190	38	5	126	21	0	0

11 - Age

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Under 5	15		14	1	0
5 - 12	15		13	2	0
13 - 17	8		8	0	0
18 - 24	5	4	1		0
25 - 34	32	21	11		0
35 - 44	41	37	4		0
45 - 54	30	27	3		0
55 - 61	23	23	0		0
62 +	21	21	0		0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	190	133	54	3	0

12a - Race

	Total	Without	With Children	With Only	Unknown
--	-------	---------	---------------	-----------	---------

		Children	and Adults	Children	Household Type
White	105	79	25	1	0
Black, African American, or African	73	42	29	2	0
Asian or Asian American	0	0	0	0	0
American Indian, Alaska Native, or Indigenous	0	0	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0	0
Multiple Races	6	6	0	0	0
Client Doesn't Know/Client Refused	1	1	0	0	0
Data not collected	5	5	0	0	0
Total	190	133	54	3	0

12b - Ethnicity

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Non-Hispanic/Non-Latin(a)(o)(x)	172	122	48	2	0
Hispanic/Latin(a)(o)(x)	13	6	6	1	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	5	5	0	0	0
Total	190	133	54	3	0

13a1 - Physical and Mental Health Conditions at Start

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
Mental Health Disorder	47	45	1	1	0	0
Alcohol Use Disorder	11	11	0	0	0	0
Drug Use Disorder	12	12	0	0	0	0
Both Alcohol and Drug Use Disorders	8	8	0	0	0	0
Chronic Health Condition	22	21	1	0	0	0
HIV/AIDS	0	0	0	0	0	0
Development Disability	3	3	0	0	0	0
Physical Disability	23	22	1	0	0	0

13b1 - Physical and Mental Health Conditions of Leavers

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
Mental Health Disorder	47	45	1	1	0	0
Alcohol Use Disorder	11	11	0	0	0	0

Drug Use Disorder	12	12	0	0	0	0
Both Alcohol and Drug Use Disorders	7	7	0	0	0	0
Chronic Health Condition	22	21	1	0	0	0
HIV/AIDS	0	0	0	0	0	0
Development Disability	3	3	0	0	0	0
Physical Disability	23	22	1	0	0	0

13c1 - Physical and Mental Health Conditions of Stayers

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
Mental Health Disorder	0	0	0	0	0	0
Alcohol Use Disorder	0	0	0	0	0	0
Drug Use Disorder	0	0	0	0	0	0
Both Alcohol and Drug Use Disorders	1	1	0	0	0	0
Chronic Health Condition	0	0	0	0	0	0
HIV/AIDS	0	0	0	0	0	0
Development Disability	0	0	0	0	0	0
Physical Disability	0	0	0	0	0	0

14a - Domestic Violence History

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	25	20	5	0	0
No	73	66	7	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	54	47	7	0	0
Total	152	133	19	0	0

14b - Persons Fleeing Domestic Violence

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	11	9	2	0	0
No	14	11	3	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	25	20	5	0	0

15 - Living Situation

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Homeless Situations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	35	35	0	0	0
Transitional housing for homeless persons (including homeless youth)	1	1	0	0	0
Place not meant for habitation	25	22	3	0	0
Safe Haven	1	1	0	0	0
Host Home (non-crisis)	0	0	0	0	0
Subtotal	62	59	3	0	0
Institutional Settings					
Psychiatric hospital or other psychiatric facility	1	1	0	0	0
Substance abuse treatment facility or detox center	5	5	0	0	0
Hospital or other residential non-psychiatric medical facility	2	2	0	0	0
Jail, prison, or juvenile detention facility	1	1	0	0	0
Foster care home or foster care group home	1	1	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Residential project or halfway house with no homeless criteria	2	2	0	0	0
Subtotal	12	12	0	0	0
Other Locations					
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Rental by client, with HCV voucher (tenant or project based)	0	0	0	0	0
Rental by client in a public housing unit	0	0	0	0	0
Rental by client, no ongoing housing subsidy	10	9	1	0	0
Rental by client, with VASH housing subsidy	1	1	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other housing subsidy (including RRH)	1	1	0	0	0
Hotel or motel paid for without emergency shelter voucher	2	1	1	0	0
Staying or living in a friend's room, apartment or house	8	2	6	0	0
Staying or living in a family member's room, apartment or house	8	7	1	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	48	41	7	0	0
Subtotal	78	62	16	0	0

Total	152	133	19	0	0
16 - Cash Income - Ranges					
	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers		
No Income	52	0	49		
\$1 - 150	2	0	2		
\$151 - \$250	0	0	0		
\$251 - \$500	6	0	6		
\$501 - \$1000	29	0	30		
\$1001 - \$1500	7	0	6		
\$1501 - \$2000	1	0	1		
\$2001 +	2	0	2		
Client Doesn't Know/Client Refused	0	0	0		
Data Not Collected	53	0	52		
Number of adult stayers not yet required to have an annual assessment		4			
Number of adult stayers without required annual assessment		0			
Total Adults	152	4	148		
17 - Cash Income - Sources					
	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers		
Earned Income	11	0	10		
Unemployment Insurance	0	0	0		
Supplemental Security Income (SSI)	13	0	13		
Social Security Disability Insurance (SSDI)	12	0	13		
VA Service - Connected Disability Compensation	2	0	2		
VA Non-Service Connected Disability Pension	1	0	1		
Private Disability Insurance	0	0	0		
Worker's Compensation	1	0	1		
Temporary Assistance for Needy Families (TANF)	1	0	1		
General Assistance (GA)	0	0	0		
Retirement Income from Social Security	3	0	3		
Pension or retirement income from a former job	2	0	2		
Child Support	1	0	1		

Alimony and other spousal support								1	0	1		
Other Source								3	0	3		
Adults with Income Information at Start and Annual Assessment/Exit									0	0		
19b - Disabling Conditions and Income for Adults at Exit												
	AO: Adult with Disabling Condition	AO: Adult without Disabling Condition	AO: Total Adults	AO: percent with Disabling Condition by Source	AC: Adult with Disabling Condition	AC: Adult without Disabling Condition	AC: Total Adults	AC: percent with Disabling Condition by Source	UK: Adult with Disabling Condition	UK: Adult without Disabling Condition	UK: Total Adults	UK: percent with Disabling Condition by Source
Earned Income	6	4	10	60%	0	0	0	0%	0	0	0	0%
Supplemental Security Income (SSI)	11	1	12	92%	0	0	0	0%	0	0	0	0%
Social Security Disability Insurance (SSDI)	10	1	11	91%	0	1	1	0%	0	0	0	0%
VA Service - Connected Disability Compensation	2	0	2	100%	0	0	0	0%	0	0	0	0%
Private Disability Insurance	0	0	0	0%	0	0	0	0%	0	0	0	0%
Worker's Compensation	1	0	1	100%	0	0	0	0%	0	0	0	0%
Temporary Assistance for Needy Families (TANF)	0	0	0	0%	0	1	1	0%	0	0	0	0%
Retirement Income from Social Security	3	0	3	100%	0	0	0	0%	0	0	0	0%
Pension or retirement income from a former job	1	1	2	50%	0	0	0	0%	0	0	0	0%
Child Support	0	0	0	0%	0	1	1	0%	0	0	0	0%
Other Source	3	1	4	75%	0	1	1	0%	0	0	0	0%
No Sources	25	16	41	61%	1	4	5	20%	0	0	0	0%
Unduplicated	59	23	82		1	8	9		0	0	0	

Total Adults			
20a - Type of Non-Cash Benefit Source			
	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	20	0	19
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	1	0	1
TANF Child Care Services	0	0	0
TANF Transportation Services	0	0	0
Other TANF-Funded Services	0	0	0
Other Source	0	0	0
21 - Health Insurance			
	At Start	At Annual Assessment for Stayers	At Exit for Leavers
MEDICAID	70	0	66
MEDICARE	20	0	20
State Children's Health Insurance Program	0	0	0
Veteran's Administration (VA) Medical Services	9	0	9
Employer-Provided Health Insurance	0	0	0
Health Insurance obtained through COBRA	0	0	0
Private Pay Health Insurance	0	0	0
State Health Insurance for Adults	0	0	0
Indian Health Services Program	1	0	1
Other	1	0	1
No Health Insurance	32	0	30
Client doesn't know/Client refused	0	0	0
Data not collected	72	0	70
Number of stayers not yet required to have an annual assessment		8	
1 Source of Health Insurance	74	0	70
More than 1 Source of Health Insurance	13	0	13
22a2 - Length of Participation - ESG Projects			
	Total	Leavers	Stayers
0-7 days	79	72	7
8 to 14 days	75	74	1
15 to 21 days	23	23	0

22 to 30 days	13	13	0
31 to 60 days	0	0	0
61 to 90 days	0	0	0
91 to 180 days	0	0	0
181 to 365 days	0	0	0
366 to 730 Days (1-2 Yrs)	0	0	0
731 to 1,095 Days (2-3 Yrs)	0	0	0
1,096 to 1,460 Days (3-4 Yrs)	0	0	0
1,461 to 1,825 Days (4-5 Yrs)	0	0	0
More than 1,825 Days (>5 Yrs)	0	0	0
Data not collected	0	0	0
Total	190	182	8

22c - Length of Time between Project Start Date and Housing Move-in Date

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	0	0	0	0	0
8 to 14 days	0	0	0	0	0
15 to 21 days	0	0	0	0	0
22 to 30 days	0	0	0	0	0
31 to 60 days	0	0	0	0	0
61 to 180 days	0	0	0	0	0
181 to 365 days	0	0	0	0	0
366 to 730 Days (1-2 Yrs)	0	0	0	0	0
Total (persons moved into housing)	0	0	0	0	0
Average length of time to housing	0	0	0	0	0
Persons who were exited without move-in	0	0	0	0	0
Total	0	0	0	0	0

22d - Length of Participation by Household Type

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	79	52	24	3	0
8 to 14 days	75	66	9	0	0
15 to 21 days	23	11	12	0	0
22 to 30 days	13	4	9	0	0

31 to 60 days	0	0	0	0	0
61 to 90 days	0	0	0	0	0
91 to 180 days	0	0	0	0	0
181 to 365 days	0	0	0	0	0
366 to 730 Days (1-2 Yrs)	0	0	0	0	0
731 to 1,095 Days (2-3 Yrs)	0	0	0	0	0
1,096 to 1,460 Days (3-4 Yrs)	0	0	0	0	0
1,461 to 1,825 Days (4-5 Yrs)	0	0	0	0	0
More than 1,825 Days (>5 Yrs)	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	190	133	54	3	0

22e - Length of Time Prior to Housing - based on 3.917 Date Homelessness Started

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	1	1	0	0	0
8 to 14 days	9	6	3	0	0
15 to 21 days	5	1	4	0	0
22 to 30 days	4	4	0	0	0
31 to 60 days	15	6	9	0	0
61 to 180 days	11	5	6	0	0
181 to 365 days	6	6	0	0	0
366 to 730 Days (1-2 Yrs)	18	18	0	0	0
731 days or more	41	32	9	0	0
Total (persons moved into housing)	110	79	31	0	0
Not yet moved into housing	0	0	0	0	0
Data Not Collected	80	54	23	3	0
Total Persons	190	133	54	3	0

23c - Exit Destination - All persons

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Permanent Destinations					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing subsidy	0	0	0	0	0
Owned by client, with ongoing subsidy	0	0	0	0	0
Rental by client, no ongoing subsidy	1	1	0	0	0

Rental by client, with VASH subsidy	0	0	0	0	0
Rental by client with GPD TIP subsidy	0	0	0	0	0
Rental by client, other ongoing subsidy	0	0	0	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	6	6	0	0	0
Staying or living with friends, permanent tenure	2	2	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Rental by client, with HCV voucher (tenant or project based)	10	1	8	1	0
Rental by client in a public housing unit	0	0	0	0	0
Subtotal	19	10	8	1	0
Temporary Destinations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	105	70	33	2	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	3	0	3	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	2	2	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	41	38	3	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	3	3	0	0	0
Host Home (non-crisis)	0	0	0	0	0
Subtotal	154	113	39	2	0
Institutional Settings					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	4	4	0	0	0
Hospital or other residential non-psychiatric medical facility	3	3	0	0	0
Jail, prison, or juvenile detention facility	1	1	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Subtotal	8	8	0	0	0
Other Destinations					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	1	1	0	0	0

Data Not Collected (no exit interview completed)	0	0	0	0	0
Subtotal	1	1	0	0	0
Total	182	132	47	3	0
Total persons exiting to positive housing destinations	19	10	8	1	0
Total persons whose destinations excluded them from the calculation	3	3	0	0	0
Percentage	11%	8%	17%	33%	0%

24 - Homeless Prevention Housing Assessment at Exit

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Able to maintain the housing they had at project start--Without a subsidy	0	0	0	0	0
Able to maintain the housing they had at project start--With the subsidy they had at project entry	0	0	0	0	0
Able to maintain the housing they had at project start--With an on-going subsidy acquired since project entry	0	0	0	0	0
Able to maintain the housing they had at project start--Only with financial assistance other than a subsidy	0	0	0	0	0
Moved to new housing unit--With on-going subsidy	0	0	0	0	0
Moved to new housing unit--Without an on-going subsidy	0	0	0	0	0
Moved in with family/friends on a temporary basis	0	0	0	0	0
Moved in with family/friends on a permanent basis	0	0	0	0	0
Moved to a transitional or temporary housing facility or program	0	0	0	0	0
Client became homeless - moving to a shelter or other place unfit for human habitation	0	0	0	0	0
Client went to jail/prison	0	0	0	0	0
Client died	0	0	0	0	0
Client doesn't know/Client refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
Total	0	0	0	0	0

25a - Number of Veterans

	Total	Without Children	With Children and Adults	Unknown Household Type
Chronically Homeless Veteran	3	3	0	0
Non-Chronically Homeless Veteran	14	14	0	0
Not a veteran	125	106	19	0
Client doesn't know/Client refused	0	0	0	0
Data not collected	10	10	0	0
Total	152	133	19	0

26b - Number of Chronically Homeless Persons by Household					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	35	35	0	0	0
Not Chronically Homeless	86	40	46	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	69	58	8	3	0
Total	190	133	54	3	0

▶ **Report Run History**

Report ID	Date Ran (Run-time)	Report Type Name	User Creating	Running Provider	Running User	Report Status
160731	03/04/2022 11:45:44 AM (0.12 mins)	COCAPR	Crystal Amburgey	Bluegrass Care Navigators-Medical Respite-OHPI-ES/TH-LEX	Crystal Amburgey	Completed
159950	02/23/2022 03:01:41 PM (0.16 mins)	COCAPR	Crystal Amburgey	Bluegrass Care Navigators-Medical Respite-OHPI-ES/TH-LEX	Crystal Amburgey	Completed
158904	02/07/2022 08:27:17 AM (0.09 mins)	COCAPR	Crystal Amburgey	Bluegrass Care Navigators-Medical Respite-OHPI-ES/TH-LEX	Crystal Amburgey	Completed
158903	02/07/2022 08:26:53 AM (0.10 mins)	COCAPR	Crystal Amburgey	Bluegrass Care Navigators-Medical Respite-OHPI-ES/TH-LEX	Crystal Amburgey	Completed
158515	02/02/2022 09:48:38 AM (0.13 mins)	COCAPR	Crystal Amburgey	Bluegrass Care Navigators-Medical Respite-OHPI-ES/TH-LEX	Crystal Amburgey	Completed

Showing 1-5 of 5

Report Options

Name	
Description	
Provider Type	<input checked="" type="radio"/> Provider <input type="radio"/> Reporting Group
Provider *	Bluegrass Care Navigators-Medical Respite-OHPI-ES/TH-LEX (2580) <input type="radio"/> This provider AND its subordinates <input checked="" type="radio"/> This provider ONLY
Program Date Range *	01/01/2021 to 12/31/2021
Entry/Exit Types *	<input type="checkbox"/> Basic <input type="checkbox"/> Basic Center Program <input checked="" type="checkbox"/> HUD <input type="checkbox"/> PATH <input type="checkbox"/> Quick Call <input type="checkbox"/> RHY <input type="checkbox"/> Standard <input type="checkbox"/> Transitional Living Program <input type="checkbox"/> Entry/Exit <input type="checkbox"/> VA <input type="checkbox"/> HPRP (Retired)

CoC-APR Report Results - Date Ran: 03/04/2022 11:45:44 AM - Report ID: 160731

4a - Project Identifiers in HMIS

#	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	All
	Organization Name	Org-ID	Project Name	Project ID	HMIS Project Type	Method for Tracking ES	Affiliated with a residential project? (SSO)	Project IDs of Affiliation	CoC Codes	Geocodes	Victim Service Provider																
	Lexington CoC	1198	Bluegrass Care Navigators-Medical	2580	Emergency Shelter (HUD)	Entry/Exit Date			KY-502	211314	False																

Respite-OHPI-ES/TH-
LEX

Showing 1-1 of 1

5a - Report Validations Table

Report Validations Table	
1. Total Number of Persons Served	190
2. Number of Adults (age 18 or over)	152
3. Number of Children (under age 18)	38
4. Number of Persons with Unknown Age	0
5. Number of Leavers	182
6. Number of Adult Leavers	148
7. Number of Adult and Head of Household Leavers	148
8. Number of Stayers	8
9. Number of Adult Stayers	4
10. Number of Veterans	17
11. Number of Chronically Homeless Persons	35
12. Number of Youth Under Age 25	5
13. Number of Parenting Youth Under Age 25 with Children	1
14. Number of Adult Heads of Household	124
15. Number of Child and Unknown-Age Heads of Household	0
16. Heads of Households and Adult Stayers in the Project 365 Days or More	0

6a - Data Quality: Personally Identifiable Information

Data Element	Client Doesn't Know/Client Refused	Information Missing	Data Issues	Total	% of Error Rate
Name (3.1)	0	0	0	0	0%
SSN (3.2)	15	28	7	50	26%
Date of Birth (3.3)	0	0	0	0	0%
Race (3.4)	0	5		5	3%
Ethnicity (3.5)	0	5		5	3%
Gender (3.6)	0	0		0	0%
Overall Score				53	28%

6b - Data Quality: Universal Data Elements

Data Element	Error Count	% of Error Rate
Veteran Status (3.7)	10	7%
Project Start Date (3.10)	0	0%
Relationship to Head of Household (3.15)	42	22%

Client Location (3.16)	0	0%
Disabling Condition (3.8)	63	33%

6c - Data Quality: Income and Housing Data Quality

Data Element	Error Count	% of Error Rate
Destination (3.12)	1	1%
Income and Sources (4.2) at Start	55	36%
Income and Sources (4.2) at Annual Assessment	0	0%
Income and Sources (4.2) at Exit	52	35%

6d - Data Quality: Chronic Homelessness

Entering into project type	Count of total records	Missing time in institution (3.917.2)	Missing time in housing (3.917.2)	Approximate Date started (3.917.3) DK/R/missing	Number of times (3.917.4) DK/R/missing	Number of months (3.917.5) DK/R/missing	% of records unable to calculate
ES, SH, Street Outreach	152			62	55	57	41%
TH	0	0	0	0	0	0	0%
PH(all)	0	0	0	0	0	0	0%
Total	152						41%

6e - Data Quality: Timeliness

Time For Record Entry	Number of Project Start Records	Number of Project Exit Records
0 days	89	74
1 - 3 days	77	78
4 - 6 days	9	17
7 - 10 days	3	3
11+ days	6	10

6f - Data Quality: Inactive Records: Street Outreach and Emergency Shelter

	# of Records	# of Inactive Records	% of Inactive Records
Contact (Adults and Heads of Household in Street Outreach or ES - NBN)	0	0	0%
Bed Night (All clients in ES - NBN)	0	0	0%

7a - Number of Persons Served

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Adults	152	133	19		0
Children	38		35	3	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0

Total	190	133	54	3	0
For PSH and RRH - the total persons served who moved into housing	0	0	0	0	0
7b - Point-in-Time Count of Persons on the Last Wednesday					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	2	2	0	0	0
April	1	1	0	0	0
July	7	3	4	0	0
October	1	1	0	0	0
8a - Number of Households Served					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Total Households	124	112	12	0	0
For PSH and RRH - the total persons served who moved into housing	0	0	0	0	0
8b - Point-in-Time Count of Households on the Last Wednesday					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	1	1	0	0	0
April	1	1	0	0	0
July	4	3	1	0	0
October	0	0	0	0	0
9a - Number of Persons Contacted					
		All Persons Contacted	First Contact - NOT staying on the Streets, ES, or SH	First contact - WAS staying on Streets, ES, or SH	First contact - Worker unable to determine
Once		0	0	0	0
2-5 Times		0	0	0	0
6-9 Times		0	0	0	0
10+ Times		0	0	0	0
Total Persons Contacted		0	0	0	0
9b - Number of Persons Engaged					
		All Persons Contacted	First Contact - NOT staying on the Streets, ES, or SH	First contact - WAS staying on Streets, ES, or SH	First contact - Worker unable to determine
Once		0	0	0	0
2-5 Times		0	0	0	0
6-9 Times		0	0	0	0
10+ Times		0	0	0	0

Total Persons Engaged	0	0	0	0	
Rate of Engagement	0%	0%	0%	0%	
10a - Gender of Adults					
	Total	Without Children	With Children and Adults	Unknown Household Type	
Male	96	95	1	0	
Female	55	37	18	0	
No Single Gender	0	0	0	0	
Questioning	0	0	0	0	
Transgender	1	1	0	0	
Client Doesn't Know/Client Refused	0	0	0	0	
Data Not Collected	0	0	0	0	
Subtotal	152	133	19	0	
10b - Gender of Children					
	Total	With Children and Adults	With Only Children	Unknown Household Type	
Male	18	17	1	0	
Female	20	18	2	0	
No Single Gender	0	0	0	0	
Questioning	0	0	0	0	
Transgender	0	0	0	0	
Client Doesn't Know/Client Refused	0	0	0	0	
Data Not Collected	0	0	0	0	
Subtotal	38	35	3	0	
10c - Gender of Persons Missing Age Information					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	0	0	0	0	0
Female	0	0	0	0	0
No Single Gender	0	0	0	0	0
Questioning	0	0	0	0	0
Transgender	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Subtotal	0	0	0	0	0
11 - Age					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type

Under 5	15		14	1	0
5 - 12	15		13	2	0
13 - 17	8		8	0	0
18 - 24	5	4	1		0
25 - 34	32	21	11		0
35 - 44	41	37	4		0
45 - 54	30	27	3		0
55 - 61	23	23	0		0
62 +	21	21	0		0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	190	133	54	3	0

12a - Race

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
White	105	79	25	1	0
Black, African American, or African	73	42	29	2	0
Asian or Asian American	0	0	0	0	0
American Indian, Alaska Native, or Indigenous	0	0	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0	0
Multiple Races	6	6	0	0	0
Client Doesn't Know/Client Refused	1	1	0	0	0
Data Not Collected	5	5	0	0	0
Total	190	133	54	3	0

12b - Ethnicity

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Non-Hispanic/Non-Latin(a)(o)(x)	172	122	48	2	0
Hispanic/Latin(a)(o)(x)	13	6	6	1	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	5	5	0	0	0
Total	190	133	54	3	0

13a1 - Physical and Mental Health Conditions at Start

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
Mental Health Disorder	47	45	1	1	0	0
Alcohol Use Disorder	11	11	0	0	0	0
Drug Use Disorder	12	12	0	0	0	0

Both Alcohol and Drug Use Disorders	8	8	0	0	0	0
Chronic Health Condition	22	21	1	0	0	0
HIV/AIDS	0	0	0	0	0	0
Development Disability	3	3	0	0	0	0
Physical Disability	23	22	1	0	0	0

13b1 - Physical and Mental Health Conditions at Exit

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
Mental Health Disorder	47	45	1	1	0	0
Alcohol Use Disorder	11	11	0	0	0	0
Drug Use Disorder	12	12	0	0	0	0
Both Alcohol and Drug Use Disorders	7	7	0	0	0	0
Chronic Health Condition	22	21	1	0	0	0
HIV/AIDS	0	0	0	0	0	0
Development Disability	3	3	0	0	0	0
Physical Disability	23	22	1	0	0	0

13c1 - Physical and Mental Health Conditions of Stayers

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
Mental Health Disorder	0	0	0	0	0	0
Alcohol Use Disorder	0	0	0	0	0	0
Drug Use Disorder	0	0	0	0	0	0
Both Alcohol and Drug Use Disorders	1	1	0	0	0	0
Chronic Health Condition	0	0	0	0	0	0
HIV/AIDS	0	0	0	0	0	0
Development Disability	0	0	0	0	0	0
Physical Disability	0	0	0	0	0	0

13a2 - Number of Conditions at Start

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
None	55	24	11	20	0	0
1 Condition	29	28	0	1	0	0
2 Conditions	22	22	0	0	0	0
3+ Conditions	18	17	1	0	0	0
Condition Unknown	3	3	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0	0

Data Not Collected	63	39	7	14	3	0
Total	190	133	19	35	3	0
13b2 - Number of Conditions at Exit						
	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
None	49	25	8	16	0	0
1 Condition	29	28	0	1	0	0
2 Conditions	21	21	0	0	0	0
3+ Conditions	18	17	1	0	0	0
Condition Unknown	3	3	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0	0
Data Not Collected	62	38	7	14	3	0
Total	182	132	16	31	3	0
13c2 - Number of Conditions for Stayers						
	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
None	7	0	3	4	0	0
1 Condition	0	0	0	0	0	0
2 Conditions	1	1	0	0	0	0
3+ Conditions	0	0	0	0	0	0
Condition Unknown	0	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0	0
Data Not Collected	0	0	0	0	0	0
Total	8	1	3	4	0	0
14a - Domestic Violence History						
		Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes		25	20	5	0	0
No		73	66	7	0	0
Client Doesn't Know/Client Refused		0	0	0	0	0
Data Not Collected		54	47	7	0	0
Total		152	133	19	0	0
14b - Persons Fleeing Domestic Violence						
		Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes		11	9	2	0	0
No		14	11	3	0	0

Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	25	20	5	0	0
15 - Living Situation					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Homeless Situations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	35	35	0	0	0
Transitional housing for homeless persons (including homeless youth)	1	1	0	0	0
Place not meant for habitation	25	22	3	0	0
Safe Haven	1	1	0	0	0
Host Home (non-crisis)	0	0	0	0	0
Subtotal	62	59	3	0	0
Institutional Settings					
Psychiatric hospital or other psychiatric facility	1	1	0	0	0
Substance abuse treatment facility or detox center	5	5	0	0	0
Hospital or other residential non-psychiatric medical facility	2	2	0	0	0
Jail, prison, or juvenile detention facility	1	1	0	0	0
Foster care home or foster care group home	1	1	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Residential project or halfway house with no homeless criteria	2	2	0	0	0
Subtotal	12	12	0	0	0
Other Locations					
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Rental by client, with HCV voucher (tenant or project based)	0	0	0	0	0
Rental by client in a public housing unit	0	0	0	0	0
Rental by client, no ongoing housing subsidy	10	9	1	0	0
Rental by client, with VASH housing subsidy	1	1	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other housing subsidy (including RRH)	1	1	0	0	0
Hotel or motel paid for without emergency shelter voucher	2	1	1	0	0
Staying or living in a friend's room, apartment or house	8	2	6	0	0
Staying or living in a family member's room, apartment or house	8	7	1	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	48	41	7	0	0

Subtotal	78	62	16	0	0
Total	152	133	19	0	0
16 - Cash Income - Ranges					
	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers		
No Income	52	0	49		
\$1 - 150	2	0	2		
\$151 - \$250	0	0	0		
\$251 - \$500	6	0	6		
\$501 - \$1000	29	0	30		
\$1001 - \$1500	7	0	6		
\$1501 - \$2000	1	0	1		
\$2001 +	2	0	2		
Client Doesn't Know/Client Refused	0	0	0		
Data Not Collected	53	0	52		
Number of adult stayers not yet required to have an annual assessment		4			
Number of adult stayers without required annual assessment		0			
Total Adults	152	4	148		
17 - Cash Income - Sources					
	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers		
Earned Income	11	0	10		
Unemployment Insurance	0	0	0		
Supplemental Security Income (SSI)	13	0	13		
Social Security Disability Insurance (SSDI)	12	0	13		
VA Service - Connected Disability Compensation	2	0	2		
VA Non-Service Connected Disability Pension	1	0	1		
Private Disability Insurance	0	0	0		
Worker's Compensation	1	0	1		
Temporary Assistance for Needy Families (TANF)	1	0	1		
General Assistance (GA)	0	0	0		
Retirement Income from Social Security	3	0	3		
Pension or retirement income from a former job	2	0	2		
Child Support	1	0	1		
Alimony and other spousal support	1	0	1		

Other Source	3	0	3
Adults with Income Information at Start and Annual Assessment/Exit		0	0
18 - Client Cash Income Category - Earned/Other Income Category - by Start and Annual Assessment/Exit Status			
	Number of Adults at Start	Number of Adults at Annual Assessment (Stayers)	Number of Adults at Exit (Leavers)
Number of Adults by Income Category			
Adults with Only Earned Income (i.e., Employment Income)	10	0	9
Adults with Only Other Income	36	0	37
Adults with Both Earned and Other Income	1	0	1
Adults with No Income	55	0	52
Adults with Client Doesn't Know/Client Refused Income Information	0	0	0
Adults with Missing Income Information	50	0	49
Number of adult stayers not yet required to have an annual assessment		4	
Number of adult stayers without required annual assessment		0	
Total Adults	152	4	148
1 or More Source of Income	48	0	47
Adults with Income Information at Start and Annual Assessment/Exit		0	0

19a1 - Client Cash Income Change - Income Source - by Start and Latest Status									
Income Change by Income Category (Universe: Adult Stayers with Income Information at Start and Annual Assessment)	Had Income Category at Start and Did Not Have It at Annual Assessment	Retained Income Category But Had Less \$ at Annual Assessment Than at Start	Retained Income Category and Same \$ at Annual Assessment as at Start	Retained Income Category and Increased \$ at Annual Assessment	Did Not Have the Income Category at Start and Gained the Income Category at Annual Assessment	Did Not Have the Income Category at Start or at Annual Assessment	Total Adults (including those with No Income)	Performance Measure: Adults who Gained or Increased Income from Start to Annual Assessment, Average Gain	Performance measure: Percent of Persons who Accomplished this Measure
Number of Adults with Earned Income (i.e., Employment Income)	0	0	0	0	0	0	0	0	0%
Average Change in Earned Income	0	0		0	0			0	
Number of Adults with Other Income	0	0	0	0	0	0	0	0	0%
Average Change in Other Income	0	0		0	0			0	
Number of Adults with Any Income (i.e., Total Income)	0	0	0	0	0	0	0	0	0%
Average Change	0	0		0	0			0	

19a2 - Client Cash Income Change - Income Source - by Start and Exit									
Income Change by Income Category (Universe: Adult Leavers with Income Information at Start and Exit)	Had Income Category at Start and Did Not Have It at Exit	Retained Income Category But Had Less \$ at Exit Than at Start	Retained Income Category and Same \$ at Exit as at Start	Retained Income Category and Increased \$ at Exit	Did Not Have the Income Category at Start and Gained the Income Category at Exit	Did Not Have the Income Category at Start or at Exit	Total Adults (including those with No Income)	Performance Measure: Adults who Gained or Increased Income from Start to Exit, Average Gain	Performance measure: Percent of Persons who Accomplished this Measure
Number of Adults with Earned Income (i.e., Employment Income)	0	0	10	0	0	88	98	0	0%
Average Change in Earned Income	0	0		0	0			0	
Number of Adults with Other Income	0	0	37	0	0	60	98	0	0%
Average Change in Other Income	0	0		0	0			0	
Number of Adults with Any Income (i.e., Total Income)	0	0	46	0	0	51	98	0	0%
Average Change in Overall Income	0	0		0	0			0	

19b - Disabling Conditions and Income for Adults at Exit												
	AO: Adult with Disabling Condition	AO: Adult without Disabling Condition	AO: Total Adults	AO: percent with Disabling Condition by Source	AC: Adult with Disabling Condition	AC: Adult without Disabling Condition	AC: Total Adults	AC: percent with Disabling Condition by Source	UK: Adult with Disabling Condition	UK: Adult without Disabling Condition	UK: Total Adults	UK: percent with Disabling Condition by Source
Earned Income	6	4	10	60%	0	0	0	0%	0	0	0	0%
Supplemental Security Income (SSI)	11	1	12	92%	0	0	0	0%	0	0	0	0%
Social Security Disability Insurance (SSDI)	10	1	11	91%	0	1	1	0%	0	0	0	0%
VA Service - Connected Disability Compensation	2	0	2	100%	0	0	0	0%	0	0	0	0%
Private Disability Insurance	0	0	0	0%	0	0	0	0%	0	0	0	0%

Worker's Compensation	1	0	1	100%	0	0	0	0%	0	0	0	0%
Temporary Assistance for Needy Families (TANF)	0	0	0	0%	0	1	1	0%	0	0	0	0%
Retirement Income from Social Security	3	0	3	100%	0	0	0	0%	0	0	0	0%
Pension or retirement income from a former job	1	1	2	50%	0	0	0	0%	0	0	0	0%
Child Support	0	0	0	0%	0	1	1	0%	0	0	0	0%
Other Source	3	1	4	75%	0	1	1	0%	0	0	0	0%
No Sources	25	16	41	61%	1	4	5	20%	0	0	0	0%
Unduplicated Total Adults	59	23	82		1	8	9		0	0	0	

20a - Type of Non-Cash Benefit Source

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	20	0	19
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	1	0	1
TANF Child Care Services	0	0	0
TANF Transportation Services	0	0	0
Other TANF-Funded Services	0	0	0
Other Source	0	0	0

20b - Number of Non-Cash Benefit Sources

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
No Sources	73	0	72
1 + Source(s)	20	0	19
Client Doesn't Know/Client Refused	0	0	0
Data Not Collected/Not stayed long enough for Annual Assessment	59	4	57
Total	152	4	148

21 - Health Insurance

	At Start	At Annual Assessment for Stayers	At Exit for Leavers
--	----------	----------------------------------	---------------------

MEDICAID	70	0	66
MEDICARE	20	0	20
State Children's Health Insurance Program	0	0	0
Veteran's Administration (VA) Medical Services	9	0	9
Employer-Provided Health Insurance	0	0	0
Health Insurance obtained through COBRA	0	0	0
Private Pay Health Insurance	0	0	0
State Health Insurance for Adults	0	0	0
Indian Health Services Program	1	0	1
Other	1	0	1
No Health Insurance	32	0	30
Client Doesn't Know/Client Refused	0	0	0
Data Not Collected	72	0	70
Number of stayers not yet required to have an annual assessment		8	
1 Source of Health Insurance	74	0	70
More than 1 Source of Health Insurance	13	0	13

22a1 - Length of Participation - CoC Projects

	Total	Leavers	Stayers
30 days or less	190	182	8
31 to 60 days	0	0	0
61 to 90 days	0	0	0
91 to 180 days	0	0	0
181 to 365 days	0	0	0
366 to 730 Days (1-2 Yrs)	0	0	0
731 to 1,095 Days (2-3 Yrs)	0	0	0
1,096 to 1,460 Days (3-4 Yrs)	0	0	0
1,461 to 1,825 Days (4-5 Yrs)	0	0	0
More than 1,825 Days (>5 Yrs)	0	0	0
Data Not Collected	0	0	0
Total	190	182	8

22b - Average and Median Length of Participation in Days

	Leavers	Stayers
Average Length	10	3
Median Length	9	2

22c - Length of Time between Project Start Date and Housing Move-in Date

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type

7 days or less	0	0	0	0	0
8 to 14 days	0	0	0	0	0
15 to 21 days	0	0	0	0	0
22 to 30 days	0	0	0	0	0
31 to 60 days	0	0	0	0	0
61 to 180 days	0	0	0	0	0
181 to 365 days	0	0	0	0	0
366 to 730 Days (1-2 Yrs)	0	0	0	0	0
Total (persons moved into housing)	0	0	0	0	0
Average length of time to housing	0	0	0	0	0
Persons who were exited without move-in	0	0	0	0	0
Total	0	0	0	0	0

22e - Length of Time Prior to Housing - based on 3.917 Date Homelessness Started

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	1	1	0	0	0
8 to 14 days	9	6	3	0	0
15 to 21 days	5	1	4	0	0
22 to 30 days	4	4	0	0	0
31 to 60 days	15	6	9	0	0
61 to 180 days	11	5	6	0	0
181 to 365 days	6	6	0	0	0
366 to 730 Days (1-2 Yrs)	18	18	0	0	0
731 days or more	41	32	9	0	0
Total (persons moved into housing)	110	79	31	0	0
Not yet moved into housing	0	0	0	0	0
Data Not Collected	80	54	23	3	0
Total Persons	190	133	54	3	0

23c - Exit Destination - All persons

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Permanent Destinations					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing subsidy	0	0	0	0	0
Owned by client, with ongoing subsidy	0	0	0	0	0
Rental by client, no ongoing subsidy	1	1	0	0	0
Rental by client, with VASH subsidy	0	0	0	0	0
Rental by client with GPD TIP subsidy	0	0	0	0	0

Rental by client, other ongoing subsidy	0	0	0	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	6	6	0	0	0
Staying or living with friends, permanent tenure	2	2	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Rental by client, with HCV voucher (tenant or project based)	10	1	8	1	0
Rental by client in a public housing unit	0	0	0	0	0
Subtotal	19	10	8	1	0
Temporary Destinations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	105	70	33	2	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	3	0	3	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	2	2	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	41	38	3	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	3	3	0	0	0
Host Home (non-crisis)	0	0	0	0	0
Subtotal	154	113	39	2	0
Institutional Settings					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	4	4	0	0	0
Hospital or other residential non-psychiatric medical facility	3	3	0	0	0
Jail, prison, or juvenile detention facility	1	1	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Subtotal	8	8	0	0	0
Other Destinations					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	1	1	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
Subtotal	1	1	0	0	0
Total	182	132	47	3	0
Total persons exiting to positive housing destinations	19	10	8	1	0
Total persons whose destinations excluded them from the calculation	3	3	0	0	0

Percentage	11%	8%	17%	33%	0%
25a - Number of Veterans					
	Total	Without Children	With Children and Adults	Unknown Household Type	
Chronically Homeless Veteran	3	3	0	0	
Non-Chronically Homeless Veteran	14	14	0	0	
Not a veteran	125	106	19	0	
Client Doesn't Know/Client Refused	0	0	0	0	
Data Not Collected	10	10	0	0	
Total	152	133	19	0	
25b - Number of Veteran Households					
	Total	Without Children	With Children and Adults	Unknown Household Type	
Chronically Homeless Veteran	3	3	0	0	
Non-Chronically Homeless Veteran	11	11	0	0	
Not a veteran	104	92	12	0	
Client Doesn't Know/Client Refused	0	0	0	0	
Data Not Collected	6	6	0	0	
Total	124	112	12	0	
25c - Gender - Veterans					
	Total	Without Children	With Children and Adults	Unknown Household Type	
Male	15	15	0	0	
Female	2	2	0	0	
No Single Gender	0	0	0	0	
Questioning	0	0	0	0	
Transgender	0	0	0	0	
Client Doesn't Know/Client Refused	0	0	0	0	
Data Not Collected	0	0	0	0	
Total	17	17	0	0	
25d - Age - Veterans					
	Total	Without Children	With Children and Adults	Unknown Household Type	
18 - 24	1	1	0	0	
25 - 34	1	1	0	0	
35 - 44	1	1	0	0	
45 - 54	2	2	0	0	

55 - 61	4	4	0	0
62 +	8	8	0	0
Client Doesn't Know/Client Refused				
Data Not Collected				
Total	17	17	0	0

25e - Physical and Mental Health Conditions - Veterans

	Conditions at Start	Conditions at Latest Assessment for Stayers	Conditions at Exit for Leavers
Mental Health Disorder	7	0	7
Alcohol Use Disorder	3	0	3
Drug Use Disorder	2	0	2
Both Alcohol and Drug Use Disorders	2	1	1
Chronic Health Condition	2	0	2
HIV/AIDS	0	0	0
Development Disability	1	0	1
Physical Disability	7	0	7

25f - Cash Income Category - Income Category - by Start and Annual/Exit Status - Veterans

Number of Veterans by Income Category	Number of Veterans at Start	Number of Veterans at Annual Assessment (Stayers)	Number of Veterans at Exit (Leavers)
Veterans with Only Earned Income (i.e., Employment Income)	1	0	1
Veterans with Only Other Income	9	0	9
Veterans with Both Earned and Other Income	0	0	0
Veterans with No Income	6	0	5
Veterans with Client Doesn't Know/Client Refused Income Information	0	0	0
Veterans with Missing Income Information	1	0	1
Number of veterans not yet required to have an annual assessment		1	
Number of veterans without required annual assessment		0	
Total Veterans	17	1	16

25g - Type of Cash Income Sources - Veterans

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	1	0	1
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	2	0	2

Social Security Disability Insurance (SSDI)	3	0	3
VA Service - Connected Disability Compensation	2	0	2
VA Non-Service Connected Disability Pension	1	0	1
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	0	0	0
General Assistance (GA)	0	0	0
Retirement Income from Social Security	1	0	1
Pension or retirement income from a former job	0	0	0
Child Support	0	0	0
Alimony and other spousal support	0	0	0
Other Source	0	0	0
Veterans with Income Information at Start and Annual Assessment/Exit		0	0

25h - Type of Non-Cash Benefit Sources - Veterans

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	1	0	0
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	0	0
TANF Child Care Services	0	0	0
TANF Transportation Services	0	0	0
Other TANF-Funded Services	0	0	0
Other Source	0	0	0

25i - Exit Destination - Veterans

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Permanent Destinations					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	0	0	0	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0

Rental by client, with HCV voucher (tenant or project based)	1	1	0	0	0
Rental by client in a public housing unit	0	0	0	0	0
Subtotal	1	1	0	0	0
Temporary Destinations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	10	10	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	0	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	3	3	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0
Subtotal	13	13	0	0	0
Institutional Settings					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	2	2	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Subtotal	2	2	0	0	0
Other Destinations					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
Subtotal	0	0	0	0	0
Total	16	16	0	0	0
Total persons exiting to positive housing destinations	1	1	0	0	0
Total persons whose destinations excluded them from the calculation	2	2	0	0	0
Percentage	7%	7%	0%	0%	0%

26a - Chronic Homeless Status - Number of Households w/at least one or more CH person

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	32	32	0	0	0

Not Chronically Homeless	48	38	10	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	44	42	2	0	0
Total	124	112	12	0	0

26b - Number of Chronically Homeless Persons by Household

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	35	35	0	0	0
Not Chronically Homeless	86	40	46	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	69	58	8	3	0
Total	190	133	54	3	0

26c - Gender of Chronically Homeless Persons

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	28	28	0	0	0
Female	7	7	0	0	0
No Single Gender	0	0	0	0	0
Questioning	0	0	0	0	0
Transgender	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	35	35	0	0	0

26d - Age of Chronically Homeless Persons

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
0 - 17	0		0	0	0
18 - 24	2	2	0		0
25 - 34	4	4	0		0
35 - 44	13	13	0		0
45 - 54	5	5	0		0
55 - 61	5	5	0		0
62 +	6	6	0		0
Client Doesn't Know/Client Refused	0	0	0		0
Data Not Collected	0	0	0		0
Total	35	35	0	0	0

26e - Physical and Mental Health Conditions - Chronically Homeless Persons

	Conditions at Start	Conditions at Latest Assessment for Stayers	Conditions at Exit for Leavers
Mental Health Disorder	22	0	22
Alcohol Use Disorder	5	0	5
Drug Use Disorder	6	0	6
Both Alcohol and Drug Use Disorders	1	0	1
Chronic Health Condition	10	0	10
HIV/AIDS	0	0	0
Development Disability	2	0	2
Physical Disability	7	0	7

26f - Client Cash Income - Chronically Homeless Persons

	Number of Chronically Homeless Persons at Start	Number of Chronically Homeless Persons at Annual Assessment (Stayers)	Number of Chronically Homeless Persons at Exit (Leavers)
Number of Chronically Homeless Persons by Income Category			
Chronically Homeless Persons with Only Earned Income (i.e., Employment Income)	4	0	4
Chronically Homeless Persons with Only Other Income	12	0	13
Chronically Homeless Persons with Both Earned and Other Income	0	0	0
Chronically Homeless Persons with No Income	18	0	17
Chronically Homeless Persons with Client Doesn't Know/Client Refused Income Information	0	0	0
Chronically Homeless Persons with Missing Income Information	1	0	1
Number of Chronically Homeless Persons not yet required to have an annual assessment		0	
Number of Chronically Homeless Persons without required annual assessment		0	
Total Chronically Homeless Persons	35	0	35

26g - Type of Cash Income Sources - Chronically Homeless Persons

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	4	0	4
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	5	0	5
Social Security Disability Insurance (SSDI)	5	0	6
VA Service - Connected Disability Compensation	0	0	0
VA Non-Service Connected Disability Pension	0	0	0
Private Disability Insurance	0	0	0
Worker's Compensation	1	0	1

Temporary Assistance for Needy Families (TANF)	0	0	0
General Assistance (GA)	0	0	0
Retirement Income from Social Security	1	0	1
Pension or retirement income from a former job	1	0	1
Child Support	0	0	0
Alimony and other spousal support	0	0	0
Other Source	1	0	1
Chronically Homeless Persons with Income Information at Start and Annual Assessment/Exit		0	0

26h - Type of Non-Cash Income Sources - Chronically Homeless Persons

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	7	0	7
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	0	0
TANF Child Care Services	0	0	0
TANF Transportation Services	0	0	0
Other TANF-Funded Services	0	0	0
Other Source	0	0	0

27a - Age of Youth

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
12 - 17	0		0	0	0
18 - 24	5	4	1		
Client Doesn't Know/Client Refused					
Data Not Collected					
Total	5	4	1	0	

27b - Parenting Youth

	Total Parenting Youth	Total Children of Parenting Youth	Total Persons	Total Households
Parenting youth < 18	0	0	0	0
Parenting youth 18 to 24	1	2	3	1

27c - Gender - Youth

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	3	3	0	0	0
Female	2	1	1	0	0
No Single Gender	0	0	0	0	0
Questioning	0	0	0	0	0

Transgender	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	5	4	1	0	0
27d - Living Situation - Youth					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Homeless Situations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	1	1	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Place not meant for habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0
Subtotal	1	1	0	0	0
Institutional Settings					
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	1	1	0	0	0
Foster care home or foster care group home	1	1	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Subtotal	2	2	0	0	0
Other Locations					
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Rental by client, with HCV voucher (tenant or project based)	0	0	0	0	0
Rental by client in a public housing unit	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other housing subsidy (including RRH)	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Staying or living in a friend's room, apartment or house	1	1	0	0	0
Staying or living in a family member's room, apartment or house	0	0	0	0	0

Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	1	0	1	0	0
Subtotal	2	1	1	0	0
Total	5	4	1	0	0

27e - Length of Participation - Youth

	Total	Leavers	Stayers
30 days or less	5	5	0
31 to 60 days	0	0	0
61 to 90 days	0	0	0
91 to 180 days	0	0	0
181 to 365 days	0	0	0
366 to 730 Days (1-2 Yrs)	0	0	0
731 to 1,095 Days (2-3 Yrs)	0	0	0
1,096 to 1,460 Days (3-4 Yrs)	0	0	0
1,461 to 1,825 Days (4-5 Yrs)	0	0	0
More than 1,825 Days (>5 Yrs)	0	0	0
Data Not Collected	0	0	0
Total	5	5	0

27f - Exit Destination - Youth

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Permanent Destinations					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	0	0	0	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Rental by client, with HCV voucher (tenant or project based)	0	0	0	0	0
Rental by client in a public housing unit	0	0	0	0	0
Subtotal	0	0	0	0	0

Temporary Destinations

Emergency shelter, including hotel or motel paid for with emergency shelter voucher	2	2	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	1	0	1	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	0	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	2	2	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0
Subtotal	5	4	1	0	0
Institutional Settings					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Subtotal	0	0	0	0	0
Other Destinations					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
Subtotal	0	0	0	0	0
Total	5	4	1	0	0
Total persons exiting to positive housing destinations	0	0	0	0	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	0%	0%	0%	0%	0%

27g - Cash Income - Sources - Youth

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	0	0	0
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	0	0	0
Social Security Disability Insurance (SSDI)	0	0	0

VA Service - Connected Disability Compensation	0	0	0
VA Non-Service Connected Disability Pension	0	0	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	0	0	0
General Assistance (GA)	0	0	0
Retirement Income from Social Security	0	0	0
Pension or retirement income from a former job	0	0	0
Child Support	0	0	0
Alimony and other spousal support	0	0	0
Other Source	0	0	0
Adults with Income Information at Start and Annual Assessment/Exit		0	0

27h - Client Cash Income Category - Earned/Other Income Category - by Start and Annual Assessment/Exit Status - Youth

Number of Youth by Income Category	Number of Youth at Start	Number of Youth at Annual Assessment (Stayers)	Number of Youth at Exit (Leavers)
Youth with Only Earned Income (i.e., Employment Income)	0	0	0
Youth with Only Other Income	0	0	0
Youth with Both Earned and Other Income	0	0	0
Youth with No Income	4	0	4
Youth with Client Doesn't Know/Client Refused Income Information	0	0	0
Youth with Missing Income Information	1	0	1
Number of youth stayers not yet required to have an annual assessment		0	
Number of youth stayers without required annual assessment		0	
Total Youth	5	0	5
1 or More Source of Income	0	0	0
Youth with Income Information at Start and Annual Assessment/Exit		0	0

27i - Disabling Conditions and Income for Youth at Exit

	AO: Youth with Disabling Condition	AO: Youth without Disabling Condition	AO: Total Youth	AO: percent with Disabling Condition by Source	AC: Youth with Disabling Condition	AC: Youth without Disabling Condition	AC: Total Youth	AC: percent with Disabling Condition by Source	CO: Youth with Disabling Condition	CO: Youth without Disabling Condition	CO: Total Youth	CO: percent with Disabling Condition by Source	UK: Youth with Disabling Condition	UK: Youth without Disabling Condition	UK: Total Youth	UK: percent with Disabling Condition by Source
Earned Income	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Supplemental Security Income (SSI)	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Social	0	0	0		0	0	0		0	0	0		0	0	0	

Security Disability Insurance (SSDI)				0%				0%				0%				0%
VA Service - Connected Disability Compensation	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Private Disability Insurance	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Worker's Compensation	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Temporary Assistance for Needy Families (TANF)	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Retirement Income from Social Security	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Pension or retirement income from a former job	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Child Support	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Other Source	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
No Sources	2	2	4	50%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Unduplicated Total Youth	2	2	4		0	0	0		0	0	0		0	0	0	

0685193

Michael G. Adams
KY Secretary of StateReceived and Filed
2/9/2021 9:55:13 PM

Fee receipt: \$15.00

Commonwealth of Kentucky

Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
P. O. Box 1150
Frankfort, KY 40602-1150
(502) 564-3490
<http://www.sos.ky.gov>

Annual Report Online Filing

ARP

Company: BLUEGRASS EXTENDED STAY LLC
Company ID: 0685193
State of origin: Kentucky
Formation date: 2/8/2008 12:00:00 AM
Date filed: 2/9/2021 9:55:13 PM
Fee: \$15.00

Principal Office

2753 RICHMOND ROAD
LEXINGTON, KY 40509

Registered Agent Name/Address

SAMI SHALASH
2753 RICHMOND ROAD
LEXINGTON, KY 40509

Members/Managers

Manager	Eitaf Alia Shalash	3036 Charleston Gardens Blvd.
Manager	Sami Shalash	1014 Serenity Circle

County:	Fayette
Business size:	Small
Ownership:	Women-owned - Minority-owned
Business type:	Other

Signatures

Signature	Sami Shalash
Title	Mr

From: [Sami Shalash](#)
To: [Davey King, MPA](#)
Cc: [Jamie Cody](#); [Jennifer King](#)
Subject: RE: [EXTERNAL EMAIL]RE: Bluegrass Care Navigators Homeless Medical Respite
Date: Wednesday, February 23, 2022 10:48:26 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image005.png](#)

Hello,

Those rates are correct. The only exceptions would be during any special events or if we are out of standard rooms and you agree to accept a Deluxe room. Rates for Deluxe rooms are \$15/night higher, but notice will be given before making any reservations. I think in the past year you may have taken a deluxe room only twice, so not a common occurrence.

Sami Shalash
General Manager
Bluegrass Extended Stay
2753 Richmond Rd.
Lexington, Ky. 40509
859-269-4999 ext. 173 Office
859-268-2346 Fax
www.bluegrassextendedstay.com

From: Davey King, MPA <dking@bgcarenav.org>
Sent: Tuesday, February 22, 2022 9:11 PM
To: Sami Shalash <samishalash@hotmail.com>
Cc: Jamie Cody <jcody@bgcarenav.org>; Jennifer King <JKing@bgcarenav.org>
Subject: RE: [EXTERNAL EMAIL]RE: Bluegrass Care Navigators Homeless Medical Respite

Thank you very much. Just to confirm, my records from last year show a nightly rate of \$59.99 Sunday-Thursday and \$69.99 on Friday-Saturday. Are these the correct rates?

Davey King, MPA
Manager of Grants & Philanthropy Communications
Office: 859.276.5344
Direct: 859.296.6867



Bluegrass Extra Care
Bluegrass Home Primary Care
Bluegrass Adult Day Health Care
Bluegrass Transitional Care
Bluegrass Palliative Care
Bluegrass Hospice Care
Bluegrass Grief Care

This correspondence and any attachments may contain information that is privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the information contained herein (including any reliance thereon) is STRICTLY PROHIBITED. If you received this transmission in error, please immediately contact the sender and destroy the material in its entirety, whether in electronic or hard copy format.

From: Sami Shalash <samishalash@hotmail.com>
Sent: Tuesday, February 22, 2022 7:59 PM
To: Davey King, MPA <dking@bgcarenav.org>
Cc: Jamie Cody <jcody@bgcarenav.org>; Jennifer King <JKing@bgcarenav.org>
Subject: [EXTERNAL EMAIL]RE: Bluegrass Care Navigators Homeless Medical Respite

CAUTION: EXTERNAL EMAIL DO NOT click links or open attachments unless you recognize the sender and know the content to be safe.

Hello,

It has been our pleasure working with you guys the past couple of years and we would be honored to continue this partnership. Rate wise, we would be ok keeping the same rates that we've charged for the past year.

Regards,

Sami Shalash

General Manager
Bluegrass Extended Stay
2753 Richmond Rd.
Lexington, Ky. 40509
859-269-4999 ext. 173 Office
859-268-2346 Fax
www.bluegrassextendedstay.com

From: Davey King, MPA <dking@bgcarenav.org>
Sent: Tuesday, February 22, 2022 5:04 PM
To: samishalash@hotmail.com
Cc: Jamie Cody <jcody@bgcarenav.org>; Jennifer King <JKing@bgcarenav.org>
Subject: Bluegrass Care Navigators Homeless Medical Respite
Importance: High

Dear Mr. Shalash,

Bluegrass Care Navigators is seeking funding to extend our Medical Respite program another year. As part of the funding application process, one goal is to maintain our support for businesses designated as minority-owned, women-owned, disadvantaged-owned, and/or veteran-owned. Since Bluegrass Extended Stay meets one or more of these categories, we would like to assess your interest in continuing to provide overnight lodging for program participants during the period July 1, 2022- June 30, 2023. Would you please respond to confirm your interest in participating in the program and provide a quote for the rate at which you would provide overnight lodging during this period?

Sincerely,
Davey

Davey King, MPA
Manager of Grants & Philanthropy Communications
Office: 859.276.5344
Direct: 859.296.6867



Bluegrass Extra Care
Bluegrass Home Primary Care
Bluegrass Adult Day Health Care
Bluegrass Transitional Care
Bluegrass Palliative Care
Bluegrass Hospice Care
Bluegrass Grief Care

This correspondence and any attachments may contain information that is privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the information contained herein (including any reliance thereon) is STRICTLY PROHIBITED. If you received this transmission in error, please immediately contact the sender and destroy the material in its entirety, whether in electronic or hard copy format.

From: [Daniel Bessman](#)
To: [Davey King, MPA](#)
Subject: [EXTERNAL EMAIL]Re: Inquiry about Transportation Services in Lexington KY
Date: Thursday, February 24, 2022 1:53:36 PM
Attachments: [image045021.png](#)
[image723479.png](#)
[image165939.png](#)
[image057863.png](#)

CAUTION: EXTERNAL EMAIL DO NOT click links or open attachments unless you recognize the sender and know the content to be safe.

Davey,

Thanks for reaching out, but unfortunately we don't provide those services.

Thanks,
Daniel
President, Line Drive Logistics
831-224-6380

On Feb 24, 2022, at 11:21 AM, Davey King, MPA <dking@bgcarenav.org> wrote:

Dear Mr. Bessman,

I am with Bluegrass Care Navigators, a nonprofit hospice and healthcare provider based in Lexington, Kentucky.

I understand that you operate a veteran-owned business, Line Drive Logistics, that serves Lexington. It appears that your business primarily provides transportation logistics to support the manufacturing industry and possibly food/beverage distribution.

The reason I am contacting you is to find out if your business provides any personal transportation services. Our organization operates a healthcare program that sometimes has a need to obtain the services of businesses that provide patient transportation services within Lexington. Could you please let me know if your company provides such services?

Thank you,
Davey

Davey King, MPA
Manager of Grants & Philanthropy Communications
Office: 859.276.5344
Direct: 859.296.6867



Bluegrass Extra Care
Bluegrass Home Primary Care
Bluegrass Adult Day Health Care
Bluegrass Transitional Care
Bluegrass Palliative Care
Bluegrass Hospice Care
Bluegrass Grief Care

This correspondence and any attachments may contain information that is privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the information contained herein (including any reliance thereon) is STRICTLY PROHIBITED. If you received this transmission in error, please immediately contact the sender and destroy the material in its entirety, whether in electronic or hard copy format.

From: [Sherita Miller](#)
To: [Davey King, MPA](#)
Subject: [EXTERNAL EMAIL]RE: List of Veteran-Owned Businesses Serving Lexington-Fayette County
Date: Friday, February 18, 2022 12:26:51 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[image006.png](#)
[LFUCG Certified List January 2022 .xlsx](#)

CAUTION: EXTERNAL EMAIL DO NOT click links or open attachments unless you recognize the sender and know the content to be safe.

Good afternoon Davey,

Attached is a copy of LFUCG's certified list of minority, women and veteran owned businesses. This is an overall list of businesses with various specialties.

Thanks, Sherita

Sherita Miller, MPA, CPSD
Minority Business Enterprise Liaison
Central Purchasing

859.258.3323 office
lexingtonky.gov



From: Davey King, MPA <dking@bgcarenav.org>
Sent: Friday, February 18, 2022 12:09 PM
To: Sherita Miller <smiller@lexingtonky.gov>
Subject: List of Veteran-Owned Businesses Serving Lexington-Fayette County

[EXTERNAL] Use caution before clicking links and/or opening attachments.

Good afternoon, Sherita,

Would you please send me a current list of veteran-owned businesses that serve Lexington-Fayette County?

Thank you very much!
Davey

Davey King, MPA
Manager of Grants & Philanthropy Communications
Office: 859.276.5344
Direct: 859.296.6867



Bluegrass Extra Care
Bluegrass Home Primary Care
Bluegrass Adult Day Health Care
Bluegrass Transitional Care
Bluegrass Palliative Care
Bluegrass Hospice Care
Bluegrass Grief Care

This correspondence and any attachments may contain information that is privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the information contained herein (including any reliance thereon) is STRICTLY PROHIBITED. If you received this transmission in error, please immediately contact the sender and destroy the material in its entirety, whether in electronic or hard copy format.

From: [Eagle, Shella Jarvis \(KYTC\)](#)
To: [Davey King, MPA](#)
Subject: [EXTERNAL EMAIL]RE: List of Veteran-Owned Businesses Serving Lexington-Fayette County
Date: Friday, February 18, 2022 1:11:16 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image005.png](#)

CAUTION: EXTERNAL EMAIL DO NOT click links or open attachments unless you recognize the sender and know the content to be safe.

Davey,

We don't oversee the certification of veteran-owned businesses.

All of our contractor's are prequalified under the same rules and regulations.

~Shella

From: Davey King, MPA <dking@bgcarenav.org>
Sent: Friday, February 18, 2022 12:23 PM
To: Eagle, Shella Jarvis (KYTC) <Shella.Eagle@ky.gov>
Subject: List of Veteran-Owned Businesses Serving Lexington-Fayette County

Good afternoon, Shella,

I am seeking a list of veteran-owned businesses serving Lexington-Fayette County. If you have such a list, could you please send it to me? (I have also requested a list from Sherita Miller with Lexington-Fayette Urban County Government.)

Thank you very much!
Davey

Davey King, MPA
Manager of Grants & Philanthropy Communications
Office: 859.276.5344
Direct: 859.296.6867



Bluegrass Extra Care
Bluegrass Home Primary Care
Bluegrass Adult Day Health Care
Bluegrass Transitional Care
Bluegrass Palliative Care
Bluegrass Hospice Care
Bluegrass Grief Care

This correspondence and any attachments may contain information that is privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the information contained herein (including any reliance thereon) is STRICTLY PROHIBITED. If you received this transmission in error, please immediately contact the sender and destroy the material in its entirety, whether in electronic or hard copy format.

From: [Davey King, MPA](#)
To: shawn.rogers@uky.edu
Subject: List of Veteran-Owned Businesses Serving Lexington-Fayette County
Date: Friday, February 18, 2022 12:19:00 PM

Good afternoon, Shawn,

I am seeking a list of veteran-owned businesses serving Lexington-Fayette County. If you have such a list, could you please send it to me? (I have also requested a list from Sherita Miller with Lexington-Fayette Urban County Government.)

Thank you very much!

Davey

From: [Davey King, MPA](#)
To: palcorn@cvky.org
Subject: List of Veteran-Owned Businesses Serving Lexington-Fayette County
Date: Friday, February 18, 2022 12:16:31 PM
Attachments: [image000126.png](#)
[image171204.png](#)
[image823120.png](#)
[image165126.png](#)

Good afternoon, Ms. Alcorn,

I am seeking a list of veteran-owned businesses serving Lexington-Fayette County. If you have such a list, could you please send it to me? (I have also requested a list from Sherita Miller with Lexington-Fayette Urban County Government.)

Thank you very much!
Davey

Davey King, MPA
Manager of Grants & Philanthropy Communications
Office: 859.276.5344
Direct: 859.296.6867



Bluegrass Extra Care
Bluegrass Home Primary Care
Bluegrass Adult Day Health Care
Bluegrass Transitional Care
Bluegrass Palliative Care
Bluegrass Hospice Care
Bluegrass Grief Care

This correspondence and any attachments may contain information that is privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the information contained herein (including any reliance thereon) is STRICTLY PROHIBITED. If you received this transmission in error, please immediately contact the sender and destroy the material in its entirety, whether in electronic or hard copy format.



Lexington-Fayette Urban County Government

Request for Proposals

The Lexington-Fayette Urban County Government hereby requests proposals for **RFP #7-2022 ESR Overnight Shelter** to be provided in accordance with terms, conditions and specifications established herein.

Sealed proposals will be received through Ion Wave until **2:00 PM**, prevailing local time, on **March 7, 2022**. All forms and information requested in RFP must be included and attached in Response Attachments tab in Ion Wave.

Proposals received after the date and time set for opening proposals will not be accepted. It is the sole responsibility of the Proposer to assure that his/her proposal is submitted in Ion Wave before the date and time set for opening proposals.

Proposals, once submitted, may not be withdrawn for a period of one hundred twenty (120) calendar days.

The Lexington-Fayette Urban County Government reserves the right to reject any or all proposals, and to waive technicalities and informalities when such waiver is determined by the Lexington-Fayette Urban County Government to be in its best interest.

Signature of this proposal by the Proposer constitutes acceptance by the Proposer of terms, conditions and requirements set forth herein.

Minor exceptions may not eliminate the proposal. Any exceptions to the specifications established herein shall be listed in detail on a separate sheet and attached hereto. The Lexington-Fayette Urban County Government shall determine whether any exception is minor.

The Lexington-Fayette Urban County Government encourages the participation of minority- and women-owned businesses in Lexington-Fayette Urban County Government contracts. This proposal is subject to Affirmative Action requirements attached hereto.

Please do not contact any LFUCG staff member or any other person involved in the selection process other than the designated contact person(s) regarding the project contemplated under this RFP while this RFP is open and a selection has not been finalized. Any attempt to do so may result in disqualification of the firm's submittal for consideration.

Laws and Regulations

All applicable state laws, municipal ordinances and regulations of all authorities having jurisdiction over the project shall apply to the contract, and shall be deemed to be incorporated herein by reference.

Equal Employment Opportunity

The Entity (regardless of whether construction contractor, non-construction contractor or supplier) agrees to provide equal opportunity in employment for all qualified persons, to prohibit discrimination in employment because of race, color, religion, sex (including pregnancy, sexual orientation or gender identity), national origin, disability, age, genetic information, political affiliation, or veteran status, and to promote equal employment through a positive, continuing program from itself and each of its sub-contracting agents. This program of equal employment opportunity shall apply to every aspect of its employment policies and practices.

Kentucky Equal Employment Opportunity Act

The Kentucky Equal Employment Opportunity Act of 1978 (KRS 45.560-45.640) requires that any "county, city, town, school district, water district, hospital district, or other political subdivision of the state shall include in directly or indirectly publicly funded contracts for supplies, materials, services, or equipment hereinafter entered into the following provisions:

"During the performance of this contract, the contractor agrees as follows:

- (1) The contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, or national origin;
- (2) The contractor will state in all solicitations or advertisements for employees placed by or on behalf of the contractors that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, age, or national origin;
- (3) The contractor will post notices in conspicuous places, available to employees and applicants for employment, setting forth the provision of the nondiscrimination clauses required by this section; and
- (4) The contractor will send a notice to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding advising the labor union or workers' representative of the contractor's commitments under the nondiscrimination clauses."

The Act further provides:

"KRS 45.610. Hiring minorities -- Information required

- (1) For the length of the contract, each contractor shall hire minorities from other sources within the drawing area, should the union with which he has collective bargaining agreements be unwilling to supply sufficient minorities to satisfy the agreed upon goals and timetables.

(2) Each contractor shall, for the length of the contract, furnish such information as required by KRS 45.560 to KRS 45.640 and by such rules, regulations and orders issued pursuant thereto and will permit access to all books and records pertaining to his employment practices and work sites by the contracting agency and the department for purposes of investigation to ascertain compliance with KRS 45.560 to 45.640 and such rules, regulations and orders issued pursuant thereto.

KRS 45.620. Action against contractor -- Hiring of minority contractor or subcontractor

(1) If any contractor is found by the department to have engaged in an unlawful practice under this chapter during the course of performing under a contract or subcontract covered under KRS 45.560 to 45.640, the department shall so certify to the contracting agency and such certification shall be binding upon the contracting agency unless it is reversed in the course of judicial review.

(2) If the contractor is found to have committed an unlawful practice under KRS 45.560 to 45.640, the contracting agency may cancel or terminate the contract, conditioned upon a program for future compliance approved by the contracting agency and the department. The contracting agency may declare such a contractor ineligible to bid on further contracts with that agency until such time as the contractor complies in full with the requirements of KRS 45.560 to 45.640.

(3) The equal employment provisions of KRS 45.560 to 45.640 may be met in part by a contractor by subcontracting to a minority contractor or subcontractor. For the provisions of KRS 45.560 to 45.640, a minority contractor or subcontractor shall mean a business that is owned and controlled by one or more persons disadvantaged by racial or ethnic circumstances.

KRS 45.630 Termination of existing employee not required, when

Any provision of KRS 45.560 to 45.640 notwithstanding, no contractor shall be required to terminate an existing employee upon proof that employee was employed prior to the date of the contract.

KRS 45.640 Minimum skills

Nothing in KRS 45.560 to 45.640 shall require a contractor to hire anyone who fails to demonstrate the minimum skills required to perform a particular job."

It is recommended that all of the provisions above quoted be included as special conditions in each contract. In the case of a contract exceeding \$250,000, the contractor is required to furnish evidence that his workforce in Kentucky is representative of the available work-force in the area from which he draws employees, or to supply an Affirmative Action plan which will achieve such representation during the life of the contract.

LFUCG Non-Appropriation Clause

Contractor acknowledges that the LFUCG is a governmental entity, and the contract validity is based upon the availability of public funding under the authority of its statutory mandate.

In the event that public funds are unavailable and not appropriated for the performance of the LFUCG's obligations under this contract, then this contract shall automatically expire without penalty to the LFUCG thirty (30) days after written notice to Contractor of the unavailability and non-appropriation of public funds. It is expressly agreed that the LFUCG shall not activate this non-appropriation provision for its convenience or to circumvent the requirements of this contract, but only as an emergency fiscal measure during a substantial fiscal crisis, which affects generally its governmental operations.

In the event of a change in the LFUCG's statutory authority, mandate and mandated functions, by state and federal legislative or regulatory action, which adversely affects the LFUCG's authority to continue its obligations under this contract, then this contract shall automatically terminate without penalty to the LFUCG upon written notice to Contractor of such limitation or change in the LFUCG's legal authority.

Contention Process

Vendors who respond to this invitation have the right to file a notice of contention associated with the RFP process or to file a notice of appeal of the recommendation made by the Director of Central Purchasing resulting from this invitation.

Notice of contention with the RFP process must be filed within 3 business days of the bid/proposal opening by (1) sending a written notice, including sufficient documentation to support contention, to the Director of the Division of Central Purchasing or (2) submitting a written request for a meeting with the Director of Central Purchasing to explain his/her contention with the RFP process. After consulting with the Commissioner of Finance the Chief Administrative Officer and reviewing the documentation and/or hearing the vendor, the Director of Central Purchasing shall promptly respond in writing findings as to the compliance with RFP processes. If, based on this review, a RFP process irregularity is deemed to have occurred the Director of Central Purchasing will consult with the Commissioner of Finance, the Chief Administrative Officer and the Department of Law as to the appropriate remedy.

Notice of appeal of a RFP recommendation must be filed within 3 business days of the RFP recommendation by (1) sending a written notice, including sufficient documentation to support appeal, to the Director, Division of Central Purchasing or (2) submitting a written request for a meeting with the Director of Central Purchasing to explain his appeal. After reviewing the documentation and/or hearing the vendor and consulting with the Commissioner of Finance and the Chief Administrative Officer, the Director of Central Purchasing shall in writing, affirm or withdraw the recommendation.

SELECTION CRITERIA:

- | | |
|---|-----------|
| 1. General Shelter Information | 25 points |
| 2. Rapid Resolution/Housing Oriented | 25 points |
| 3. Low Barrier | 20 points |
| 4. Actual Results | 20 points |
| 5. Budget Appropriateness and Feasibility of Budget | 10 points |

Proposals shall contain the appropriate information necessary to evaluate based on these criteria. A committee composed of government employees as well as representatives of relevant user groups will evaluate the proposals.

Questions shall be submitted via IonWave at: <https://lexingtonky.ionwave.net>

Affirmative Action Plan

All vendors must submit as a part of the proposal package the following items to the Urban County Government:

1. Affirmative Action Plan for his/her firm;
2. Current Work Force Analysis Form;

Failure to submit these items as required may result in disqualification of the submitter from award of the contract. All submissions should be directed to:

Director, Division of Central Purchasing
Lexington-Fayette Urban County Government
200 East Main Street, 3rd Floor
Lexington, Kentucky 40507

All questions regarding this proposal must be directed to the Division of Central Purchasing, (859)-258-3320.

AFFIDAVIT

Comes the Affiant, Elizabeth D. Fowler, and after being first duly sworn, states under penalty of perjury as follows:

1. His/her name is Elizabeth D. Fowler and he/she is the individual submitting the proposal or is the authorized representative of Hospice of the Bluegrass, Inc. dba Bluegrass Care Navigators, the entity submitting the proposal (hereinafter referred to as "Proposer").

2. Proposer will pay all taxes and fees, which are owed to the Lexington-Fayette Urban County Government at the time the proposal is submitted, prior to award of the contract and will maintain a "current" status in regard to those taxes and fees during the life of the contract.

3. Proposer will obtain a Lexington-Fayette Urban County Government business license, if applicable, prior to award of the contract.

4. Proposer has authorized the Division of Central Purchasing to verify the above-mentioned information with the Division of Revenue and to disclose to the Urban County Council that taxes and/or fees are delinquent or that a business license has not been obtained.

5. Proposer has not knowingly violated any provision of the campaign finance laws of the Commonwealth of Kentucky within the past five (5) years and the award of a contract to the Proposer will not violate any provision of the campaign finance laws of the Commonwealth.

6. Proposer has not knowingly violated any provision of Chapter 25 of the Lexington-Fayette Urban County Government Code of Ordinances, known as "Ethics Act."

Continued on next page

7. Proposer acknowledges that "knowingly" for purposes of this Affidavit means, with respect to conduct or to circumstances described by a statute or ordinance defining an offense, that a person is aware or should have been aware that his conduct is of that nature or that the circumstance exists.

Further, Affiant sayeth naught.

Elizabeth D. Fowler

STATE OF Kentucky

COUNTY OF Lexington / Fayette County

The foregoing instrument was subscribed, sworn to and acknowledged before me

by Elizabeth D. Fowler on this the 4th day
of March, 2022.

My Commission expires: February 22, 2023



Lori Poe
NOTARY PUBLIC, STATE AT LARGE # 616381

EQUAL OPPORTUNITY AGREEMENT

Standard Title VI Assurance

The Lexington Fayette-Urban County Government, (hereinafter referred to as the "Recipient") hereby agrees that as a condition to receiving any Federal financial assistance from the U.S. Department of Transportation, it will comply with Title VI of the Civil Rights Act of 1964, 78Stat.252, 42 U.S.C. 2000d-4 (hereinafter referred to as the "Act"), and all requirements imposed by or pursuant to Title 49, Code of Federal Regulations, U.S. Department of Transportation, Subtitle A, Office of the Secretary, (49 CFR, Part 21) Nondiscrimination in Federally Assisted Program of the Department of Transportation – Effectuation of Title VI of the Civil Rights Act of 1964 (hereinafter referred to as the "Regulations") and other pertinent directives, no person in the United States shall, on the grounds of race, color, national origin, sex, age (over 40), religion, sexual orientation, gender identity, veteran status, or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Recipient receives Federal financial assistance from the U.S. Department of Transportation, including the Federal Highway Administration, and hereby gives assurance that will promptly take any necessary measures to effectuate this agreement. This assurance is required by subsection 21.7(a) (1) of the Regulations.

The Law

- Title VII of the Civil Rights Act of 1964 (amended 1972) states that it is unlawful for an employer to discriminate in employment because of race, color, religion, sex, age (40-70 years) or national origin.
- Executive Order No. 11246 on Nondiscrimination under Federal contract prohibits employment discrimination by contractor and sub-contractor doing business with the Federal Government or recipients of Federal funds. This order was later amended by Executive Order No. 11375 to prohibit discrimination on the basis of sex.
- Section 503 of the Rehabilitation Act of 1973 states:

The Contractor will not discriminate against any employee or applicant for employment because of physical or mental handicap.

- Section 2012 of the Vietnam Era Veterans Readjustment Act of 1973 requires Affirmative Action on behalf of disabled veterans and veterans of the Vietnam Era by contractors having Federal contracts.
- Section 206(A) of Executive Order 12086, Consolidation of Contract Compliance Functions for Equal Employment Opportunity, states:

The Secretary of Labor may investigate the employment practices of any Government contractor or sub-contractor to determine whether or not the contractual provisions specified in Section 202 of this order have been violated.

The Lexington-Fayette Urban County Government practices Equal Opportunity in recruiting, hiring and promoting. It is the Government's intent to affirmatively provide employment opportunities for those individuals who have previously not been allowed to enter into the mainstream of society. Because of its importance to the local Government, this policy carries the full endorsement of the Mayor, Commissioners, Directors and all supervisory personnel. In following this commitment to Equal Employment Opportunity and because the Government is the benefactor of the Federal funds, it is both against the Urban County Government policy and illegal for the Government to let contracts to companies which knowingly or unknowingly practice discrimination in their employment practices. Violation of the above mentioned ordinances may cause a contract to be canceled and the contractors may be declared ineligible for future consideration.

Please sign this statement in the appropriate space acknowledging that you have read and understand the provisions contained herein. Return this document as part of your application packet.

Bidders

I/We agree to comply with the Civil Rights Laws listed above that govern employment rights of minorities, women, Vietnam veterans, handicapped and aged persons.

Elizabeth J. Fowler

Signature

Hospice of the Bluegrass, Inc., dba Bluegrass Care Navigators

Name of Business

WORKFORCE ANALYSIS FORM

Name of Organization: Hospice of the Bluegrass, Inc. dba Bluegrass Care Navigators

Categories	Total	White (Not Hispanic or Latino)		Hispanic or Latino		Black or African-American (Not Hispanic or Latino)		Native Hawaiian and Other Pacific Islander (Not Hispanic or Latino)		Asian (Not Hispanic or Latino)		American Indian or Alaskan Native (not Hispanic or Latino)		Two or more races (Not Hispanic or Latino)		Total	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Administrators	46	7	35	0	0	2	1	0	0	0	0	0	0	0	1	9	37
Professionals	359	39	306	1	0	1	7	0	0	0	1	0	0	0	4	41	318
Superintendents	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Supervisors	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Foremen	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	17	1	16	0	0	0	0	0	0	0	0	0	0	0	0	1	16
Protective	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Para-	132	20	97	0	0	3	10	0	0	0	1	0	0	0	1	23	109
Office/Clerical	65	5	55	0	0	0	5	0	0	0	0	0	0	0	0	5	60
Skilled Craft	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service/Maintena	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total:	619	72	509	1	0	6	23	0	0	0	2	0	0	0	6	79	540

Prepared by: Davey King Date: 03 / 01 / 2022

(Name and Title)

Revised 2015-Dec-15

**DIRECTOR, DIVISION OF CENTRAL PURCHASING
LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT
200 EAST MAIN STREET
LEXINGTON, KENTUCKY 40507**

NOTICE OF REQUIREMENT FOR AFFIRMATIVE ACTION TO ENSURE EQUAL EMPLOYMENT OPPORTUNITIES AND DBE CONTRACT PARTICIPATION

Notice of requirement for Affirmative Action to ensure Equal Employment Opportunities and Disadvantaged Business Enterprises (DBE) Contract participation. Disadvantaged Business Enterprises (DBE) consists of Minority-Owned Business Enterprises (MBE) and Woman-Owned Business Enterprises (WBE).

The Lexington-Fayette Urban County Government has set a goal that not less than ten percent (10%) of the total value of this Contract be subcontracted to Disadvantaged Business Enterprises, which is made up of MBEs and WBEs. The Lexington Fayette Urban County Government also has set a goal that not less than three percent (3%) of the total value of this Contract be subcontracted to Veteran-owned Small Businesses. The goal for the utilization of Disadvantaged Business Enterprises as well Veteran –owned Small Businesses as subcontractors is a recommended goal. Contractor(s) who fail to meet such goal will be expected to provide written explanations to the Director of the Division of Purchasing of efforts they have made to accomplish the recommended goal, and the extent to which they are successful in accomplishing the recommended goal will be a consideration in the procurement process. Depending on the funding source, other DBE goals may apply.

For assistance in locating Disadvantaged Business Enterprises Subcontractors contact:

Sherita Miller, MPA, Division of Central Purchasing
Lexington-Fayette Urban County Government
200 East Main Street, 3rd Floor, Room 338
Lexington, Kentucky 40507
smiller@lexingtonky.gov

Firm Submitting Proposal: Hospice of the Bluegrass, Inc.
dba Bluegrass Care Navigators

Complete Address: 1733 Harrodsburg Rd, Lexington KY 40504
Street City Zip

Contact Name: Davey King Title: Grants Manager

Telephone Number: 859-296-6867 Fax Number: _____

Email address: dking@bgcarenav.org

Lexington-Fayette Urban County Government
MWDBE PARTICIPATION GOALS

A. GENERAL

- 1) The LFUCG request all potential contractors to make a concerted effort to include Minority-Owned (MBE), Woman-Owned (WBE), Disadvantaged (DBE) Business Enterprises and Veteran-Owned Small Businesses (VOSB) as subcontractors or suppliers in their bids.
- 2) Toward that end, the LFUCG has established 10% of total procurement costs as a Goal for participation of Minority-Owned, Woman-Owned and Disadvantaged Businesses on this contract.
- 3) **It is therefore a request of each Bidder to include in its bid, the same goal (10%) for MWDBE participation and other requirements as outlined in this section.**
- 4) The LFUCG has also established a 3% of total procurement costs as a Goal for participation for of Veteran-Owned Businesses.
- 5) **It is therefore a request of each Bidder to include in its bid, the same goal (3%) for Veteran-Owned participation and other requirements as outlined in this section.**

B. PROCEDURES

- 1) The successful bidder will be required to report to the LFUCG, the dollar amounts of all payments submitted to Minority-Owned, Woman-Owned or Veteran-Owned subcontractors and suppliers for work done or materials purchased for this contract. (See Subcontractor Monthly Payment Report)
- 2) Replacement of a Minority-Owned, Woman-Owned or Veteran-Owned subcontractor or supplier listed in the original submittal must be requested in writing and must be accompanied by documentation of Good Faith Efforts to replace the subcontractor / supplier with another MWDBE Firm; this is subject to approval by the LFUCG. (See LFUCG MWDBE Substitution Form)
- 3) For assistance in identifying qualified, certified businesses to solicit for potential contracting opportunities, bidders may contact:
 - a) The Lexington-Fayette Urban County Government, Division of Central Purchasing (859-258-3320)
- 4) The LFUCG will make every effort to notify interested MWDBE and Veteran-Owned subcontractors and suppliers of each Bid Package, including information on the scope of work, the pre-bid meeting time and location, the bid date, and all other pertinent information regarding the project.

C. DEFINITIONS

- 1) A Minority-Owned Business Enterprise (MBE) is defined as a business which is certified as being at least 51% owned, managed and controlled by persons of African American, Hispanic, Asian, Pacific Islander, American Indian or Alaskan Native Heritage.
- 2) A Woman-Owned Business Enterprise (WBE) is defined as a business which is certified as being at least 51% owned, managed and controlled by one or more women.

- 3) A Disadvantaged Business (DBE) is defined as a business which is certified as being at least 51% owned, managed and controlled by a person(s) that are economically and socially disadvantaged.
- 4) A Veteran-Owned Small Business (VOSB) is defined as a business which is certified as being at least 51% owned, managed and controlled by a veteran and/or a service disabled veteran.
- 5) Good Faith Efforts are efforts that, given all relevant circumstances, a bidder or proposer actively and aggressively seeking to meet the goals, can reasonably be expected to make. In evaluating good faith efforts made toward achieving the goals, whether the bidder or proposer has performed the efforts outlined in the Obligations of Bidder for Good Faith Efforts outlined in this document will be considered, along with any other relevant factors.

D. OBLIGATION OF BIDDER FOR GOOD FAITH EFFORTS

- 1) **The bidder shall make a Good Faith Effort to achieve the Participation Goal for MWDBE and Veteran-Owned subcontractors/suppliers. The failure to meet the goal shall not necessarily be cause for disqualification of the bidder; however, bidders not meeting the goal are required to furnish with their bids written documentation of their Good Faith Efforts to do so.**
- 2) Award of Contract shall be conditioned upon satisfaction of the requirements set forth herein.
- 3) The Form of Proposal includes a section entitled "MWDBE Participation Form". The applicable information must be completed and submitted as outlined below.
- 4) **Failure to submit this information as requested may be cause for rejection of bid or delay in contract award.**

E. DOCUMENTATION REQUIRED FOR GOOD FAITH EFFORTS

- 1) Bidders reaching the Goal are required to submit only the MWDBE Participation Form." The form must be fully completed including names and telephone number of participating MWDBE firm(s); type of work to be performed; estimated value of the contract and value expressed as a percentage of the total Lump Sum Bid Price. The form must be signed and dated, and is to be submitted with the bid.
- 2) Bidders not reaching the Goal must submit the "MWDBE Participation Form", the "Quote Summary Form" and a written statement documenting their Good Faith Effort to do so. If bid includes no MWDBE and/or Veteran participation, bidder shall enter "None" on the subcontractor / supplier form). In addition, the bidder must submit written proof of their Good Faith Efforts to meet the Participation Goal:
 - a. Advertised opportunities to participate in the contract in at least two (2) publications of general circulation media; trade and professional association publications; small and minority business or trade publications; and publications or trades targeting minority, women and disadvantaged businesses not less than fifteen (15) days prior to the deadline for submission of bids to allow MWDBE firms and Veteran-Owned businesses to participate.
 - b. Included documentation of advertising in the above publications with the bidders good faith efforts package

- c. Attended LFUCG Central Purchasing Economic Inclusion Outreach event
- d. Attended pre-bid meetings that were scheduled by LFUCG to inform MWDBEs and/or Veteran-Owned businesses of subcontracting opportunities
- e. Sponsored Economic Inclusion event to provide networking opportunities for prime contractors and MWDBE firms and Veteran-Owned businesses.
- f. Requested a list of MWDBE and/or Veteran subcontractors or suppliers from LFUCG and showed evidence of contacting the companies on the list(s).
- g. Contacted organizations that work with MWDBE companies for assistance in finding certified MWDBE firms and Veteran-Owned businesses to work on this project. Those contacted and their responses should be a part of the bidder's good faith efforts documentation.
- d. Sent written notices, by certified mail, email or facsimile, to qualified, certified MWDBEs and/or Veteran-Owned businesses soliciting their participation in the contract not less than seven (7) days prior to the deadline for submission of bids to allow them to participate effectively.
- e. Followed up initial solicitations by contacting MWDBEs and Veteran-Owned Businesses to determine their level of interest.
- j. Provided the interested MWDBE firm and/or Veteran-Owned business with adequate and timely information about the plans, specifications, and requirements of the contract.
- k. Selected portions of the work to be performed by MWDBE firms and/or Veteran-Owned businesses in order to increase the likelihood of meeting the contract goals. This includes, where appropriate, breaking out contract work items into economically feasible units to facilitate MWDBE and Veteran participation, even when the prime contractor may otherwise perform these work items with its own workforce
- l. Negotiated in good faith with interested MWDBE firms and Veteran-Owned businesses not rejecting them as unqualified without sound reasons based on a thorough investigation of their capabilities. Any rejection should be so noted in writing with a description as to why an agreement could not be reached.
- m. Included documentation of quotations received from interested MWDBE firms and Veteran-Owned businesses which were not used due to uncompetitive pricing or were rejected as unacceptable and/or copies of responses from firms indicating that they would not be submitting a bid.
- n. Bidder has to submit sound reasons why the quotations were considered unacceptable. The fact that the bidder has the ability and/or desire to perform the contract work with its own forces will not be considered a sound reason for rejecting a MWDBE and/or Veteran-Owned business's quote. Nothing in this provision shall be construed to require the bidder to accept unreasonable quotes in order to satisfy MWDBE and Veteran goals.

o. Made an effort to offer assistance to or refer interested MWDBE firms and Veteran-Owned businesses to obtain the necessary equipment, supplies, materials, insurance and/or bonding to satisfy the work requirements of the bid proposal

p. Made efforts to expand the search for MWBE firms and Veteran-Owned businesses beyond the usual geographic boundaries.

q. Other--any other evidence that the bidder submits which may show that the bidder has made reasonable good faith efforts to include MWDBE and Veteran participation.

Note: Failure to submit any of the documentation requested in this section may be cause for rejection of bid. Bidders may include any other documentation deemed relevant to this requirement which is subject to review by the MBE Liaison. Documentation of Good Faith Efforts must be submitted with the Bid, if the participation Goal is not met.



Sherita Miller, MPA
Minority Business Enterprise Liaison
Division of Central Purchasing
Lexington-Fayette Urban County Government
200 East Main Street
Lexington, KY 40507
smiller@lexingtonky.gov
859-258-3323

OUR MISSION: The mission of the Minority Business Enterprise Program is to facilitate the full participation of minority and women owned businesses in the procurement process and to promote economic inclusion as a business imperative essential to the long term economic viability of Lexington-Fayette Urban County Government.

To that end the city council adopted and implemented Resolution 484-2017 – A Certified Minority, Women and Disadvantaged Business Enterprise ten percent (10%) minimum goal and a three (3%) minimum goal for Certified Veteran-Owned Small Businesses and Certified Service Disabled Veteran – Owned Businesses for government contracts.

The resolution states the following definitions shall be used for the purposes of reaching these goals (a full copy is available in Central Purchasing):

Certified Disadvantaged Business Enterprise (DBE) – a business in which at least fifty-one percent (51%) is owned, managed and controlled by a person(s) who is socially and economically disadvantaged as define by 49 CFR subpart 26.

Certified Minority Business Enterprise (MBE) – a business in which at least fifty-one percent (51%) is owned, managed and controlled by an ethnic minority (i.e. African American, Asian American/Pacific Islander, Hispanic Islander, Native American/Native Alaskan Indian) as defined in federal law or regulation as it may be amended from time-to-time.

Certified Women Business Enterprise (WBE) – a business in which at least fifty-one percent (51%) is owned, managed and controlled by a woman.

Certified Veteran-Owned Small Business (VOSB) – a business in which at least fifty-one percent (51%) is owned, managed and controlled by a veteran who served on active duty with the U.S. Army, Air Force, Navy, Marines or Coast Guard.

Certified Service Disabled Veteran Owned Small Business (SDVOSB) – a business in which at least fifty-one percent (51%) is owned, managed and controlled by a disabled veteran who served on active duty with the U.S. Army, Air Force, Navy, Marines or Coast Guard.

The term “Certified” shall mean the business is appropriately certified, licensed, verified, or validated by an organization or entity recognized by the Division of Purchasing as having the appropriate credentials to make a determination as to the status of the business.

We have compiled the list below to help you locate certified MBE, WBE and DBE certified businesses. Below is a listing of contacts for LFUCG Certified MWDBEs and Veteran-Owned Small Businesses in (<https://lexingtonky.ionwave.net>)

Business	Contact	Email Address	Phone
LFUCG	Sherita Miller	smiller@lexingtonky.gov	859-258-3323
Commerce Lexington – Minority Business Development	Tyrone Tyra	ttyra@commercelexington.com	859-226-1625
Tri-State Minority Supplier Diversity Council	Susan Marston	smarston@tsmsdc.com	502-365-9762
Small Business Development Council	Shawn Rogers UK SBDC	shawn.rogers@uky.edu	859-257-7666
Community Ventures Corporation	Phyllis Alcorn	palcorn@cvky.org	859-231-0054
KY Transportation Cabinet (KYTC)	Melvin Bynes	Melvin.bynes2@ky.gov	502-564-3601
KYTC Pre-Qualification	Shella Eagle	Shella.Eagle@ky.gov	502-782-4815
Ohio River Valley Women’s Business Council (WBENC)	Sheila Mixon	smixon@orvwbc.org	513-487-6537
Kentucky MWBE Certification Program	Yvette Smith, Kentucky Finance Cabinet	Yvette.Smith@ky.gov	502-564-8099
National Women Business Owner’s Council (NWBOC)	Janet Harris-Lange	janet@nwvoc.org	800-675-5066
Small Business Administration	Robert Coffey	robertcoffey@sba.gov	502-582-5971
LaVoz de Kentucky	Andres Cruz	lavozdeky@yahoo.com	859-621-2106
The Key News Journal	Patrice Muhammad	production@keynewsjournal.com	859-685-8488



Bid/RFP/Quote Reference # RFP #7-2022

The MWDBE and/or veteran subcontractors listed have agreed to participate on this Bid/RFP/Quote. If any substitution is made or the total value of the work is changed prior to or after the job is in progress, it is understood that those substitutions must be submitted to Central Purchasing for approval immediately. **Failure to submit a completed form may cause rejection of the bid.**

MWDBE Company, Name, Address, Phone, Email	MBE WBE or DBE	Work to be Performed	Total Dollar Value of the Work	% Value of Total Contract
1. Bluegrass Extended Stay 2753 Richmond Rd Lexington KY 40509 859-269-4999 samishalash@hotmail.com	MBE, WBE	Provision of overnight lodging/shelter for medical respite patients	\$76,771	78%
2.				
3.				
4.				

The undersigned company representative submits the above list of MWDBE firms to be used in accomplishing the work contained in this Bid/RFP/Quote. Any misrepresentation may result in the termination of the contract and/or be subject to applicable Federal and State laws concerning false statements and false claims.

Hospice of the Bluegrass, Inc.
dba Bluegrass Care Navigators

Company

Date

03/04/2022

Eizabeth J. Fowler
Company Representative

President/CEO

Title



Bid/RFP/Quote Reference # _____

The substituted MWDBE and/or veteran subcontractors listed below have agreed to participate on this Bid/RFP/Quote. These substitutions were made prior to or after the job was in progress. These substitutions were made for reasons stated below and are now being submitted to Central Purchasing for approval. By the authorized signature of a representative of our company, we understand that this information will be entered into our file for this project.

SUBSTITUTED MWDBE Company Name, Address, Phone, Email	MWDBE Formally Contracted/ Name, Address, Phone, Email	Work to Be Performed	Reason for the Substitution	Total Dollar Value of the Work	% Value of Total Contract
1.					
2.					
3.					
4.					

The undersigned acknowledges that any misrepresentation may result in termination of the contract and/or be subject to applicable Federal and State laws concerning false statements and false claims.

Company

 N/A
Company Representative

Date

Title



Bid/RFP/Quote Reference # RFP #7-2022

The undersigned acknowledges that the minority and/or veteran subcontractors listed on this form did submit a quote to participate on this project. Failure to submit this form may cause rejection of the bid.

Company Name Bluegrass Care Navigators	Contact Person Davey King
Address/Phone/Email 1733 Harrodsburg Road, Lexington KY 40504 859-296-6867 dking@bgcarenav.org	Bid Package / Bid Date RFP #7-2022 / 03-07-2022

MWDBE Company Address	Contact Person	Contact Information (work phone, Email, cell)	Date Contacted	Services to be performed	Method of Communication (email, phone meeting, ad, event etc)	Total dollars \$\$ Do Not Leave Blank (Attach Documentation)	MBE * AA HA AS NA Female	Veteran
Bluegrass Extended Stay 2753 Richmond Rd. Lexington Kv. 40509	Sami Shalash	859-269-4999 samishalash@hotmail.com	02-22-2022	Lodging/ Shelter	Email	\$76,771 (see attached budget)	MBE WBE	

(MBE designation / AA=African American / HA= Hispanic American/AS = Asian American/Pacific Islander/NA= Native American)

The undersigned acknowledges that all information is accurate. Any misrepresentation may result in termination of the contract and/or be subject to applicable Federal and State laws concerning false statements and claims.

Hospice of the Bluegrass, Inc.
dba Bluegrass Care Navigators

Company

03/04/2022
Date

Elizabeth C. Jowley
Company Representative

President/CEO

Title



The LFUCG has a 10% goal plan adopted by city council to increase the participation of minority and women owned businesses in the procurement process. The LFUCG also has a 3% goal plan adopted by cited council to increase the participation of veteran owned businesses in the procurement process. In order to measure that goal LFUCG will track spending with MWDBE and Veteran contractors on a monthly basis. By the signature below of an authorized company representative, you certify that the information is correct, and that each of the representations set forth below is true. Any misrepresentation may result in termination of the contract and/or prosecution under applicable Federal and State laws concerning false statements and false claims. Please submit this form monthly to the Division of Central Purchasing/ 200 East Main Street / Room 338 / Lexington, KY 40507.

Bid/RFP/Quote # _____

Total Contract Amount Awarded to Prime Contractor for this Project _____

Project Name/ Contract #	Work Period/ From:	To:
Company Name:	Address:	
Federal Tax ID:	Contact Person:	

Subcontractor Vendor ID (name, address, phone, email)	Description of Work	Total Subcontract Amount	% of Total Contract Awarded to Prime for this Project	Total Amount Paid for this Period	Purchase Order number for subcontractor work (please attach PO)	Scheduled Project Start Date	Scheduled Project End Date

By the signature below of an authorized company representative, you certify that the information is correct, and that each of the representations set forth below is true. Any misrepresentations may result in the termination of the contract and/or prosecution under applicable Federal and State laws concerning false statements and false claims.

Company

 N/A
Company Representative

Date

Title

LFUCG STATEMENT OF GOOD FAITH EFFORTS

Bid/RFP/Quote # RFP #7-2022

By the signature below of an authorized company representative, we certify that we have utilized the following Good Faith Efforts to obtain the maximum participation by MWDBE and Veteran-Owned business enterprises on the project and can supply the appropriate documentation.

Advertised opportunities to participate in the contract in at least two (2) publications of general circulation media; trade and professional association publications; small and minority business or trade publications; and publications or trades targeting minority, women and disadvantaged businesses not less than fifteen (15) days prior to the deadline for submission of bids to allow MWDBE firms and Veteran-Owned businesses to participate.

Included documentation of advertising in the above publications with the bidders good faith efforts package

Attended LFUCG Central Purchasing Economic Inclusion Outreach event

Attended pre-bid meetings that were scheduled by LFUCG to inform MWDBEs and/or Veteran-Owned Businesses of subcontracting opportunities

Sponsored Economic Inclusion event to provide networking opportunities for prime contractors and MWDBE firms and Veteran-Owned businesses

Requested a list of MWDBE and/or Veteran subcontractors or suppliers from LFUCG and showed evidence of contacting the companies on the list(s).

Contacted organizations that work with MWDBE companies for assistance in finding certified MWDBE firms and Veteran-Owned businesses to work on this project. Those contacted and their responses should be a part of the bidder's good faith efforts documentation.

Sent written notices, by certified mail, email or facsimile, to qualified, certified MWDBEs soliciting their participation in the contract not less than seven (7) days prior to the deadline for submission of bids to allow them to participate effectively.

Followed up initial solicitations by contacting MWDBEs and Veteran-Owned businesses to determine their level of interest.

Provided the interested MWDBE firm and/or Veteran-Owned business with adequate and timely information about the plans, specifications, and requirements of the contract.

Selected portions of the work to be performed by MWDBE firms and/or Veteran-Owned businesses in order to increase the likelihood of meeting the contract goals. This includes, where appropriate, breaking out contract work items

into economically feasible units to facilitate MWDBE and Veteran participation, even when the prime contractor may otherwise perform these work items with its own workforce

Negotiated in good faith with interested MWDBE firms and Veteran-Owned businesses not rejecting them as unqualified without sound reasons based on a thorough investigation of their capabilities. Any rejection should be so noted in writing with a description as to why an agreement could not be reached.

Included documentation of quotations received from interested MWDBE firms and Veteran-Owned businesses which were not used due to uncompetitive pricing or were rejected as unacceptable and/or copies of responses from firms indicating that they would not be submitting a bid.

Bidder has to submit sound reasons why the quotations were considered unacceptable. The fact that the bidder has the ability and/or desire to perform the contract work with its own forces will not be considered a sound reason for rejecting a MWDBE and/or Veteran-Owned business's quote. Nothing in this provision shall be construed to require the bidder to accept unreasonable quotes in order to satisfy MWDBE and Veteran goals.

Made an effort to offer assistance to or refer interested MWDBE firms and Veteran-Owned businesses to obtain the necessary equipment, supplies, materials, insurance and/or bonding to satisfy the work requirements of the bid proposal

Made efforts to expand the search for MWBE firms and Veteran-Owned businesses beyond the usual geographic boundaries.

Other--any other evidence that the bidder submits which may show that the bidder has made reasonable good faith efforts to include MWDBE and Veteran participation.

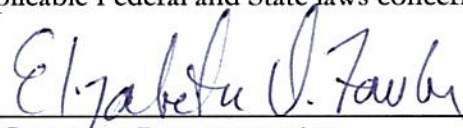
NOTE: Failure to submit any of the documentation requested in this section may be cause for rejection of bid. Bidders may include any other documentation deemed relevant to this requirement which is subject to approval by the MBE Liaison. Documentation of Good Faith Efforts must be submitted with the Bid, if the participation Goal is not met.

The undersigned acknowledges that all information is accurate. Any misrepresentations may result in termination of the contract and/or be subject to applicable Federal and State laws concerning false statements and claims.

Hospice of the Bluegrass, Inc.
dba Bluegrass Care Navigators

Company 03/04/2022

Date



Company Representative

President/CEO

Title

GENERAL PROVISIONS

1. Each Respondent shall comply with all Federal, State & Local regulations concerning this type of service or good.

The Respondent agrees to comply with all statutes, rules, and regulations governing safe and healthful working conditions, including the Occupational Health and Safety Act of 1970, 29 U.S.C. 650 *et. seq.*, as amended, and KRS Chapter 338. The Respondent also agrees to notify the LFUCG in writing immediately upon detection of any unsafe and/or unhealthful working conditions at the job site. The Respondent agrees to indemnify, defend and hold the LFUCG harmless from all penalties, fines or other expenses arising out of the alleged violation of said laws.

2. Failure to submit ALL forms and information required in this RFP may be grounds for disqualification.
3. Addenda: All addenda and IonWave Q&A, if any, shall be considered in making the proposal, and such addenda shall be made a part of this RFP. Before submitting a proposal, it is incumbent upon each proposer to be informed as to whether any addenda have been issued, and the failure to cover in the bid any such addenda may result in disqualification of that proposal.
4. Proposal Reservations: LFUCG reserves the right to reject any or all proposals, to award in whole or part, and to waive minor immaterial defects in proposals. LFUCG may consider any alternative proposal that meets its basic needs.
5. Liability: LFUCG is not responsible for any cost incurred by a Respondent in the preparation of proposals.
6. Changes/Alterations: Respondent may change or withdraw a proposal at any time prior to the opening; however, no oral modifications will be allowed. Only letters, or other formal written requests for modifications or corrections of a previously submitted proposal which is addressed in the same manner as the proposal, and received by LFUCG prior to the scheduled closing time for receipt of proposals, will be accepted. The proposal, when opened, will then be corrected in accordance with such written request(s), provided that the written request is contained in a sealed envelope which is plainly marked "modifications of proposal".
7. Clarification of Submittal: LFUCG reserves the right to obtain clarification of any point in a bid or to obtain additional information from a Respondent.
8. Bribery Clause: By his/her signature on the bid, Respondent certifies that no employee of his/hers, any affiliate or Subcontractor, has bribed or attempted to bribe an officer or employee of the LFUCG.

9. Additional Information: While not necessary, the Respondent may include any product brochures, software documentation, sample reports, or other documentation that may assist LFUCG in better understanding and evaluating the Respondent's response. Additional documentation shall not serve as a substitute for other documentation which is required by this RFP to be submitted with the proposal,
10. Ambiguity, Conflict or other Errors in RFP: If a Respondent discovers any ambiguity, conflict, discrepancy, omission or other error in the RFP, it shall immediately notify LFUCG of such error in writing and request modification or clarification of the document if allowable by the LFUCG.
11. Agreement to Bid Terms: In submitting this proposal, the Respondent agrees that it has carefully examined the specifications and all provisions relating to the work to be done attached hereto and made part of this proposal. By acceptance of a Contract under this RFP, proposer states that it understands the meaning, intent and requirements of the RFP and agrees to the same. The successful Respondent shall warrant that it is familiar with and understands all provisions herein and shall warrant that it can comply with them. No additional compensation to Respondent shall be authorized for services or expenses reasonably covered under these provisions that the proposer omits from its Proposal.
12. Cancellation: If the services to be performed hereunder by the Respondent are not performed in an acceptable manner to the LFUCG, the LFUCG may cancel this contract for cause by providing written notice to the proposer, giving at least thirty (30) days notice of the proposed cancellation and the reasons for same. During that time period, the proposer may seek to bring the performance of services hereunder to a level that is acceptable to the LFUCG, and the LFUCG may rescind the cancellation if such action is in its best interest.

A. Termination for Cause

- (1) LFUCG may terminate a contract because of the contractor's failure to perform its contractual duties
- (2) If a contractor is determined to be in default, LFUCG shall notify the contractor of the determination in writing, and may include a specified date by which the contractor shall cure the identified deficiencies. LFUCG may proceed with termination if the contractor fails to cure the deficiencies within the specified time.
- (3) A default in performance by a contractor for which a contract may be terminated shall include, but shall not necessarily be limited to:
 - (a) Failure to perform the contract according to its terms, conditions and specifications;
 - (b) Failure to make delivery within the time specified or according

- to a delivery schedule fixed by the contract;
- (c) Late payment or nonpayment of bills for labor, materials, supplies, or equipment furnished in connection with a contract for construction services as evidenced by mechanics' liens filed pursuant to the provisions of KRS Chapter 376, or letters of indebtedness received from creditors by the purchasing agency;
 - (d) Failure to diligently advance the work under a contract for construction services;
 - (e) The filing of a bankruptcy petition by or against the contractor; or
 - (f) Actions that endanger the health, safety or welfare of the LFUCG or its citizens.

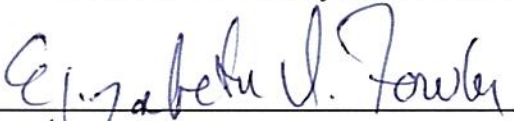
B. At Will Termination

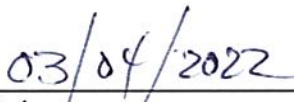
Notwithstanding the above provisions, the LFUCG may terminate this contract at will in accordance with the law upon providing thirty (30) days written notice of that intent, Payment for services or goods received prior to termination shall be made by the LFUCG provided these goods or services were provided in a manner acceptable to the LFUCG. Payment for those goods and services shall not be unreasonably withheld.

13. **Assignment of Contract:** The contractor shall not assign or subcontract any portion of the Contract without the express written consent of LFUCG. Any purported assignment or subcontract in violation hereof shall be void. It is expressly acknowledged that LFUCG shall never be required or obligated to consent to any request for assignment or subcontract; and further that such refusal to consent can be for any or no reason, fully within the sole discretion of LFUCG.
14. **No Waiver:** No failure or delay by LFUCG in exercising any right, remedy, power or privilege hereunder, nor any single or partial exercise thereof, nor the exercise of any other right, remedy, power or privilege shall operate as a waiver hereof or thereof. No failure or delay by LFUCG in exercising any right, remedy, power or privilege under or in respect of this Contract shall affect the rights, remedies, powers or privileges of LFUCG hereunder or shall operate as a waiver thereof.
15. **Authority to do Business:** The Respondent must be a duly organized and authorized to do business under the laws of Kentucky. Respondent must be in good standing and have full legal capacity to provide the services specified under this Contract. The Respondent must have all necessary right and lawful authority to enter into this Contract for the full term hereof and that proper corporate or other action has been duly taken authorizing the Respondent to enter into this Contract. The Respondent will provide LFUCG with a copy of a corporate resolution authorizing this action and a letter from an attorney confirming that the proposer is authorized to do business in the State of Kentucky if requested. All proposals must

be signed by a duly authorized officer, agent or employee of the Respondent.

16. **Governing Law:** This Contract shall be governed by and construed in accordance with the laws of the Commonwealth of Kentucky. In the event of any proceedings regarding this Contract, the Parties agree that the venue shall be the Fayette County Circuit Court or the U.S. District Court for the Eastern District of Kentucky, Lexington Division. All parties expressly consent to personal jurisdiction and venue in such Court for the limited and sole purpose of proceedings relating to this Contract or any rights or obligations arising thereunder. Service of process may be accomplished by following the procedures prescribed by law.
17. **Ability to Meet Obligations:** Respondent affirmatively states that there are no actions, suits or proceedings of any kind pending against Respondent or, to the knowledge of the Respondent, threatened against the Respondent before or by any court, governmental body or agency or other tribunal or authority which would, if adversely determined, have a materially adverse effect on the authority or ability of Respondent to perform its obligations under this Contract, or which question the legality, validity or enforceability hereof or thereof.
18. Contractor understands and agrees that its employees, agents, or subcontractors are not employees of LFUCG for any purpose whatsoever. Contractor is an independent contractor at all times during the performance of the services specified.
19. If any term or provision of this Contract shall be found to be illegal or unenforceable, the remainder of the contract shall remain in full force and such term or provision shall be deemed stricken.
20. Contractor [or Vendor or Vendor's Employees] will not appropriate or make use of the Lexington-Fayette Urban County Government (LFUCG) name or any of its trade or service marks or property (including but not limited to any logo or seal), in any promotion, endorsement, advertisement, testimonial or similar use without the prior written consent of the government. If such consent is granted LFUCG reserves the unilateral right, in its sole discretion, to immediately terminate and revoke such use for any reason whatsoever. Contractor agrees that it shall cease and desist from any unauthorized use immediately upon being notified by LFUCG.


Signature


Date



LEXINGTON

Homelessness Prevention & Intervention

Background

The Lexington-Fayette Urban County Government has established the Extended Social Resource Program to provide funds to various non-profits that provide important social services to the community. This Program supplements and supports the work of the Council by fulfilling an important and vital public purpose. The Council separates the emergency overnight shelter priority area from the ESR Program to create two distinct components: a Community Based Initiatives program, administered by the Department of Social Services and an overnight emergency shelter program administered by the Office of Homelessness Prevention and Intervention.

The administration and management of the overnight emergency shelter program is more efficiently performed by the Office of Homelessness Prevention and Intervention, which was created for the purpose of coordinating Lexington's efforts to end homelessness. The Lexington-Fayette Urban County Government's Homelessness Prevention and Intervention Board identifies non-profits in the community that provide overnight emergency shelter for those experiencing homelessness and that qualify for funding in accordance with the Lexington-Fayette County Continuum of Care.

The Council established a funding goal for each grant year of at least one percent (1%) of general fund revenues collected from the last full fiscal year. Of that, Council sets that forty percent (40%) of the total amount shall be allocated for the overnight shelter component. This 40% will include funding for all emergency shelters in Fayette County, even those previously funded outside of the ESR program.

Emergency overnight shelter contracts will be awarded to eligible applicants to assist in operating an emergency shelter in alignment with the goals of the Lexington-Fayette County Continuum of Care, the Office of Homelessness Prevention and Intervention and the LFUCG Homelessness Prevention & Intervention Board. This is a purchase service agreement with terms set by LFUCG. LFUCG intends to fund any organization which operates a rapid-resolution, housing oriented emergency shelter that assists individuals and families to exit into permanent housing quickly.

Instructions

Please submit all required narrative and attachments no later than the deadline indicated below:

Proposal Deadline – 2 P.M. ON MARCH 7, 2022

Proposals received after this deadline or incomplete proposals will not be considered.



LEXINGTON

*Homelessness Prevention
& Intervention*

1.0 GENERAL PROVISIONS

1.1 Funding

The funding period is for length of the analysis and completed recommendations, not to exceed two (2) years. Second year funding is contingent on budget allocations as adopted by the LFUCG Council.

LFUCG will make awards to multiple agencies with varying amounts based on scoring.

1.2 Proposal Submission

In order to be considered, proposals must be received by the March 7, 2022, deadline. The proposal must contain the required documents and respond to each of the required narrative questions to be complete.

Proposals containing significant omissions of required information will be considered non-responsive and will be removed from the funding process. Significant missing responses to narrative questions constitute an incomplete proposal.

The final decision regarding proposal completeness and penalties will be determined by the Director of the Office of Homelessness Prevention & Intervention.

1.3 Acceptance/Rejection of Applications

The LFUCG reserves the right to reject any proposals which may be considered irregular, show serious omission, contain unauthorized alteration of form, or are incomplete.

The LFUCG reserves the right to accept or reject any or all applications in whole or in part, with or without cause, to waive technicalities, to implement scoring penalties, or to accept applications or portions thereof which, in the Urban County Government's judgement, best serve the interests of Urban County Government.

1.4 Requests for Clarification

The LFUCG reserves the right to request clarification of information submitted and to request additional information (to clarify the information submitted) of the applicant either orally or in writing. This may include negotiation of funding amounts, outcomes, and other adjustments prior to the execution of a funding award.

1.5 Timeline

This Request for Proposals is being released on January 28, 2022, and is made available to the public and all potentially eligible applicants.

Completed proposals are due no later than 2 p.m. on March 7, 2022, and late or incomplete proposals will not be accepted or evaluated.



LEXINGTON

Homelessness Prevention & Intervention

The LFUCG intends to conduct proposal evaluation immediately following the proposal due date and intends to make funding announcements no later than April 29, 2022. This timeline is subject to change without notice.

No funds may be expended prior to the execution of a funding agreement and grantees will not be reimbursed for pre-award costs.

1.6 Evaluation

Proposals will be evaluated by a neutral panel, the Program Performance & Evaluation Committee of the LFUCG Homelessness Prevention & Intervention/Continuum of Care Board, all of whom have some expertise in the field of human services but no affiliation with any applicant.

Scoring criteria are outlined in Section 4.0 Evaluation.

1.7 Selection

The highest scoring proposal as determined by the panel will be recommended for funding and contacted to negotiate a funding agreement. Should no agreement be reached, the second highest scoring applicant will be contacted.

1.8 Reporting

The funded project will be required to submit quarterly financial and project timeline reports. Failure to submit complete reports on time will delay processing of grant payments and affect the grantee's competitiveness for any future funding opportunities with LFUCG.



LEXINGTON

*Homelessness Prevention
& Intervention*

2.0 PROPOSAL FORMAT

The Proposer must submit the proposal via the LFUCG's Procurement Software at <https://lexingtonky.ionwave.net/Login.aspx>. Adherence to the proposal format by all proposers will ensure a fair evaluation regarding the needs of the CoC. Proposers not following the prescribed format will be deemed non-responsive.

A complete proposal contains each of the following components:

- One Page Cover Sheet containing:
 - Organization or Lead Applicant Name and Authorized Representative
 - Organization or Lead Applicant Address, Phone Number and E-mail
 - Title of proposed project
 - Brief summary of proposed project (250 words or less)
- Project Narrative responding to each of the evaluation criteria described in Section 3.0 and utilizing format described below (15 pages or less)
 - Double spaced
 - Single sided
 - Times New Roman 12-point font with 1-inch margins
 - Page numbers in bottom right corner of complete submission

3.0 MINIMUM ELIGIBILITY CRITERIA/REQUIREMENTS

Applicants for emergency overnight shelter funding must meet or agree to implement the following items. Submission of a proposal constitutes agreement to these terms:

- All shelter guests must be entered into the Kentucky Homeless Management Information System (KYHMIS) database. If the organization is a victim service provider, the requirement for a comparable database must be fulfilled. All emergency overnight shelter program specific data elements and timeliness must comply with the LFUCG Homelessness Prevention and Intervention Board's Data Quality Plan.
- Shelters must participate fully in the Lexington's Coordinated Entry System. For shelters this means conducting the VI-SPDAT assessment for guests who have reached an appropriate length of stay¹, entering those guests into the Coordinated Entry project in KYHMIS, and meeting all responsibilities outlined in Lexington Coordinated Entry Policies & Procedures adopted by the LFUCG Homelessness Prevention & Intervention Board.



LEXINGTON

*Homelessness Prevention
& Intervention*

- Shelters must comply with LFUCG Homelessness Prevention and Intervention’s Board Anti-Discrimination Policies to ensure that they do not contribute to unlawful gaps in access based on race, ethnicity, gender identity, sexuality, or other demographics, as defined by federal, state, and local laws and ordinances. Shelters will have a culture that exhibits cultural competency and responsiveness.

4.0 EVALUATION

4.1 General Shelter Information

25 points

The following information is required in order to evaluate capacity and scope of programming and ensure a balance of shelter options for various sub-populations of people experiencing homelessness. While the overall narrative score is a major factor in funding recommendations, LFUCG will also consider factors such as ensuring availability of critical services and an adequate number of emergency shelter beds for vulnerable populations.

- ⇒ Provide a description of the shelter including;
 - shelter operating hours,
 - population served included special populations served,
 - shelter rules and procedures **(submit documentation)**
 - how basic needs are met such as meals and personal care,
 - operating hours outside of nighttime shelter, i.e. are staff operating during the day
 - general staffing description for the emergency shelter
- ⇒ Does your emergency shelter consistently implement practices to meet people where they are, and provide person-centered care that focuses on personal strengths? **(submit documentation)**
- ⇒ What policies or value statements convey clear expectations that guests will be treated with dignity and respect, and how does the shelter monitor adherence to these expectations? **(submit documentation)**
- ⇒ Are expectations of guests clearly communicated and easily accessible for review by guests? **(submit documentation of communication process)**
- ⇒ What specific practices help ensure that the shelter exhibits cultural competency and provides appropriate protections for shelter seekers across demographic differences?
- ⇒ Does the shelter involve guests in governance and operations? **(submit documentation)**

4.2 Rapid Resolution, Housing Oriented

25 points

Up to 25 points will be awarded to applicants demonstrating a shelter project that is rapid resolution and housing oriented. This means a plan is presented for how the organization works with guests to develop and implement a housing plan including diversion techniques and how quickly people move to permanent housing.



LEXINGTON

*Homelessness Prevention
& Intervention*

Narrative for this section should address all of the following prompts:

- ⇒ Does your emergency shelter's process for accessing shelter assess options for diverting from shelter?
- ⇒ Does your emergency shelter's diversion approach include, when needed, financial assistance, mediation, housing location, legal assistance, or other supports?
- ⇒ What role do mainstream programs play in supporting shelter seekers and diversion efforts?
- ⇒ How does your emergency shelter provide immediate assistance and link guests with housing options within the first 14 days of a shelter stay?
- ⇒ How does your emergency shelter use data routinely to detect trends, identify frequent users, and monitor housing success and other performance measures?
- ⇒ How your emergency shelter coordinate with the broader homelessness service and housing systems in system-level planning?
- ⇒ Does your emergency shelter assess and address the safety risks for people fleeing domestic violence?
- ⇒ Describe how shelter guests are assigned case management and detail how case management is provided in your emergency shelter. How often do case managers discuss housing options with guests? How and when do the conversations about obtaining housing begin? Do case managers utilize best practices when working with clients such as trauma informed care?
- ⇒ How will shelter staff members or volunteers help shelter guests access documents needed for housing (birth certificates, Social Security cards, etc.) when needed?

4.3 Low-Barrier

20 points

Up to 10 points will be awarded to applicants based on an evaluation of the shelter's commitment to a housing first, low-barrier model. Low-barrier shelter is a critical piece in the homeless assistance approach that prioritizes providing people experiencing homelessness with shelter as quickly as possible – and then providing voluntary supportive services as needed. A low-barrier shelter is one which has only the least restrictive entry criteria necessary to ensure health and safety in the facility.

Narrative for this section should address all of the following prompts:

- ⇒ Does the shelter set only minimal and reasonable requirements for guests, and does the shelter enforce these requirements in a fair and transparent way? **(submit documentation)**
- ⇒ Does your emergency shelter have minimal expectations or requirements of people seeking shelter? **(submit documentation)**
- ⇒ Does your shelter welcome self-defined family and kinship groups to seek shelter together?
- ⇒ Can your emergency shelter identify financial resources that can support the adoption of low-barrier policies and practices and support extended or flexible hours and adapted service-delivery models?
- ⇒ Does your shelter accommodate pets and belongings?



LEXINGTON

*Homelessness Prevention
& Intervention*

- ⇒ Does the shelter make accommodations to store belongings and if so, how?
- ⇒ Do your shelter intake process and housing navigation services coordinate closely with community-based outreach services and coordinated entry?
- ⇒ Does your shelter create flexible and predictable access for people seeking shelter?
- ⇒ Are guests required or requested to contribute funds or labor to remain in the shelter? **(submit documentation of any program fees or volunteer time required)**
- ⇒ Are guests required to participate in classes or programs as a condition of remaining in the shelter? If yes, describe the process followed to determine whether someone is admitted or removed from the shelter and appeals available to those denied access. Applicants should include with their proposal a copy of written operation procedures for denial of services. This includes drug testing.
- ⇒ How many participants were restricted, denied access, or banned in the past 12 months for reasons described above?

4.4 Actual Results

20 Points

Applicants will be evaluated based on actual results from the previous year. LFUCG will utilize access to KYHMIS or a VSP comparable database for organizations with prior year participation. ONLY non-participating first-time applicants should provide a narrative describing outcome targets and actual results for relevant existing shelter. If the organization has not operated an overnight emergency shelter in the past year, the organization may submit performance reports for any transitional housing, rapid rehousing, or permanent supportive housing program.

The OHPI reserves the right to negotiate final targets. Results will be evaluated based on reports from the KYHMIS or VSP comparable database, not agency records.

- ⇒ Submit reports from January 1, 2021 to December 31, 2021
 - CoC APR and
 - CoC CAPER

4.5 Budget, Appropriateness and Feasibility of Budget

10 points

Every community, including Lexington, faces the challenge of ensuring that shelter capacity is scaled to meet local need and that it is financed accordingly. This does assume that we should expand emergency shelter for those in the community that are currently experiencing unsheltered homelessness.

In making decisions regarding necessary capacity, LFUCG will consider how a broad range of changes and improvements within their crisis response systems will impact need and demand for emergency shelter, including: increased emphasis on diversion strategies and services; reductions in the length of time it takes for guests to move from shelter to permanent housing, including through expanded rapid resolution interventions; removal of barriers to entry; and increased emphasis on long-term or frequent users of emergency shelter.



LEXINGTON
*Homelessness Prevention
 & Intervention*

Complete this table by indicating the total in the column to the right, then respond to the narrative prompts below:	Total
***Number of individual beds available:	
***Number of units available for families, if applicable:	
Funds requested from LFUCG:	
Average nightly census for individuals based on KYHMIS data:	
Average nightly census for families based on KYHMIS data:	
Total annual budget for shelter (all funding sources):	
% LFUCG investment (LFUCG Request/Total Budget * 100):	

- ⇒ ***Total beds above not reflect any overflow capacity such as mats on the floor, sleeping in lobbies, dining room chairs or overflow into other buildings owned by partners such as churches or other non-profits. Also exclude beds reserved for/supported by Department of Corrections, Veterans Administration, Department of Community Based Services, or other funding sources.
- ⇒ Please describe all funding sources other than LFUCG that are included in your total emergency shelter budget.

Proposals should include a separate line item budget and budget narrative on the included forms and will be evaluated based on reasonableness of expenses and overall feasibility. Budgets should reflect all projected program revenue and expenses of the project.

For each category identify the amount requested and the amount to be leveraged through other programs or organizations (if applicable). The budget narrative should also clearly indicate whether expanded supportive services will be provided by the proposing organization or a third party contractor and the amount of LFUCG grant money anticipated to be used for these services.

Staff Salaries – Identify each position allocated for the shelter, role in the shelter and percentage of FTE allocated.

Staff Fringe Benefits – Include the organization’s fringe benefit rate or show how fringe benefit costs were calculated for the proposed personnel expenses.

Consultant Services – Describe any expenses associated with providing expanded supportive services or other services for which the organization intends to contract with another entity. Any of these expenses to be provided by the proposing organization should be included in other line items.

Space/Facilities – Describe the basis of the allocation of rental costs, utilities, janitorial costs, and any other facility costs to the Total Program Budget. Identify any office or program space in an LFUCG owned building, and describe in detail, including building address, approximate square footage utilized by your agency, rent/lease fees charged by LFUCG, and any other costs (monthly utilities, etc.) reimbursed to LFUCG.



LEXINGTON

Homelessness Prevention & Intervention

Scholarships/Stipends—List the type of scholarships or stipends, and include the number of people or organizations to receive funds, the maximum amount per recipient, and show the basis for computation.

Operating Expenses – Break down costs associated with expenses, supplies, utilities, and any other expense associated directly with the operation of the project. For each item identify the category, such as “rent,” and a brief justification of the amount requested.