

PURCHASE OF SERVICE AGREEMENT

THIS PURCHASE OF SERVICE AGREEMENT (hereinafter "Agreement"), made and entered into on the ²⁴9th day of July, 2019, by and between the **LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT**, an urban county government of the Commonwealth of Kentucky created pursuant to KRS chapter 67A (hereinafter "Government"), 200 East Main Street, Lexington, Kentucky 40507, on behalf of its Department of Social Services (hereinafter "Sponsor"), and, **THE SALVATION ARMY** with offices located **736 West Main Street, Lexington, Kentucky 40508**, (hereinafter "Organization").

RECITALS

WHEREAS, the Government and the Sponsor desire to strengthen and enhance Childhood and Youth Development by supporting programs and services for early childhood through teenage populations (birth through 18 years old), and to fund programs and services to provide low-barrier, rapid resolution, housing-oriented overnight emergency shelter for individuals and families experiencing homelessness.

WHEREAS, the Government and the Sponsor solicited Requests for Proposals from public organizations and private non-profit organizations to provide this service through RFP No. 12-2019 – Extended Social Resources (ESR) Grant Program; Priority Area: Childhood and Youth Development and RFP No. 14-2019 – Extended Social Resources (ESR) Grant Program; Priority Area: Overnight Emergency Shelter;

WHEREAS, the Organization submitted a proposal which was deemed by the Government and Sponsor to be one of the best and most responsive proposals to implement and/or provide these services.

WITNESSETH

NOW, THEREFORE, in consideration of the mutual promises and covenants herein expressed, the Government and the Organization agree as follows:

1. This Agreement shall include the following additional documents, which are attached hereto as exhibits and incorporated herein by reference as if fully stated:

- a. Exhibit A – RFP No. 12 – 2019, consisting of 19 pages
- b. Exhibit B – RFP No. 14 – 2019, consisting of 21 pages
- c. Exhibit C – Organization's Formal Response to RFP No. 12 – 2019, consisting of 8 pages
- d. Exhibit D – Organization's Formal Response to RFP No. 14 – 2019, consisting of 68 pages

In the event of a conflict between and among the provisions of these documents the provisions of this Agreement shall prevail, followed by Exhibit A and Exhibit B, and then Exhibit C and Exhibit D.

2. Government hereby retains Organization for the period beginning on **July 1, 2019**, and continuing for a period of one (1) year from that date. The Government may terminate this Agreement at any time and for any reason by providing the Organization with at least thirty (30) days written notice of termination. In such case this Agreement shall terminate thirty (30) days from the date notice is given to the Organization.

3. Government shall pay Organization the sum of **THREE HUNDRED AND TWENTY THOUSAND and 00/100 Dollars (\$320,000)** for the services required by this Agreement, said services being more particularly described in the Exhibit C and Exhibit D attached hereto and incorporated herein by reference as Exhibit A and Exhibit B, one-half (1/2th) of which shall be payable in August 2019 or shortly thereafter upon receipt of an invoice, and with one-half (1/2th) payable in January 2020 or shortly thereafter upon receipt of an invoice, and detailed mid-year and year-end program reports. **First biannual invoice shall be submitted by August 5th, 2019, and second biannual invoice and first six-month detailed program report shall be due January 13th, 2020. A year-end program**

report shall be submitted by July 17th, 2020. Reports shall reflect the services and programs directly related to the funding provided by Lexington Fayette Urban County Government with emphasis on measurable outcomes, and specifically outlined in the funding application. Forms for both the quarterly financial and program reports will be provided.

4. In the event of termination of this Agreement by Government as provided for in paragraph 1 above, Organization shall be entitled to that portion of total compensation due under this Agreement as the service rendered bears to the service required herein.

5. Organization shall perform all duties and services included in the Exhibit C and Exhibit D, attached hereto faithfully and satisfactorily at the time, place and for the duration prescribed herein. Compensation paid pursuant to this Agreement shall be used exclusively for the services set forth in the Addendum and for no other purpose. Any alteration in the nature of such services and duties constitutes an amendment to this Agreement and must be in writing signed by both parties. Organization shall keep itself fully informed of all federal and state laws and all municipal ordinances and regulations in any manner affecting the work or performance of this Agreement, and shall at all times observe and comply with such laws, ordinances and regulations, whether or not such laws, ordinances or regulations are mentioned herein, and

6. Organization shall indemnify, defend and hold harmless Government, its officers, agents and employees, from and against any and all liabilities, claims, demands, losses, damages, costs, and/or expenses arising out of, from, relating to, and/or based on the Organization's violation of any such laws, ordinances or regulations or Organization's breach of this Agreement.

7. Organization represents that it has filed all federal, state and local income tax returns required by law in the legally prescribed time and manner. This Agreement shall not become effective unless and until copies of all of the executed originals of the aforementioned

tax returns filed for the Organization have been registered for the current tax year by the Organization in the office of the Sponsor, and the Organization shall not be compensated unless and until such registration has taken place.

8. The Organization shall, on such forms as the Sponsor shall provide, submit to Sponsor an annual report and financial statement which summarize the previous year's activities regarding the services enumerated in the addendum attached hereto.

9. Books of accounts shall be kept by the Organization and entries shall be made therein of all money, goods, effects, debts, sales, purchases, receipts, payments and any other transactions of the Organization. The books of accounts, together with all bonds, notes, bills, letters and other writings belonging to the Organization, shall be maintained at the principal place of business of the Organization as set forth in this Agreement. Government shall have free and complete access to the books, papers and affairs of the Organization, that relate to the performance of this Agreement, at all reasonable times, and if it desires, it may have the books and papers of the Organization, that relate to the performance of this Agreement, audited and examined by auditors, accountants or attorneys. Any examination shall be at the expense of the Government.

10. Government may designate such persons as may be necessary to monitor and evaluate the services rendered by the Organization. The Government, its agents and employees, shall, at all times, have unrestricted access to all places where or in which the services required hereunder are being carried on and conducted. Inspection and monitoring of the work by these authorities shall in no manner be presumed to relieve in any degree the responsibility or obligations of Organization, nor to constitute the Organization as an agent of the Government.

11. Organization shall provide equal opportunity in employment for all qualified persons, shall prohibit discrimination in employment because of race, color, creed, national

origin, sex or age, and shall cause each of its subcontracting agencies to do so. This program of equal employment opportunity shall apply to every aspect of its employment policies and practices.

12. Organization shall adopt a written sexual harassment policy, which shall, at a minimum, contain a statement of current law; a list of prohibited behaviors; a complaint process; and a procedure which provides for a confidential investigation of all complaints. The policy shall be given to all employees and clients and shall be posted at all locations where Organization conducts business. The policy shall be submitted to Sponsor for review within thirty (30) days of the execution of this Agreement.

13. Organization agrees that it shall apply all funds received by it from the Urban County Government in accordance with the following investment policy guidelines:

A. Objectives: Capital preservation with surety of income. Reasonable competitive income consistent with high investment quality and purpose of funds. All investments shall conform with state and local law and regulations and these policies.

B. Investment Funds Management: The governing board may elect to either:

(1) Manage its investment through its executive director where the size or complexity of funds to be managed is deemed by the board to be within the training, expertise and/or available time capacity of the executive director and the operating staff; or

(2) Utilize the professional investment management facilities of a local bank trust department acting in a fiduciary capacity within the same approved investment policies and federal, state, local and trust laws and regulation. The trust department may utilize its regular short-term one hundred percent (100%) US Treasury Fund for daily funds investment.

The election of option 1 or 2 should be made consistent with the relative cost incurred and in the case of option 2 the cost shall be competitive among local trust departments.

C. Investment Policies - - Safety and Prudence.

(1) Short-term liquidity funds shall be invested in "riskless" investment, i.e., deposits in Kentucky commercial banks or savings and loan associations that are fully federally insured or deposits collateralized by U.S. Treasury securities with a current market value of at least one hundred percent (100%), or in direct obligations of U.S. Treasury securities.

Investments shall be diversified according to maturity in order to meet projected cash flow needs.

Collateral pledged to secure uninsured deposits shall be held at a federal reserve bank with the receipt providing absolute control by the agency.

(2) Retirement funds, endowment funds, long-term capital reserve funds and any other special funds may be held and invested by a local bank trust department under investment objectives and diversification in accordance with the individual nature of the funds and pursuant to the "prudent man" investment rule as well as general trust law.

(3) All investments shall be reviewed monthly by a finance or investment committee of the agency.

(4) Local brokerage firms may hold and invest funds provided that investments are located within Kentucky and are full insured.

D. Audit - - All investments shall be audited at least annually by independent certified public accountant who shall express an opinion as to whether or not investments during the year audited have conformed with state and local law and regulation and with the approved investment policies.

14. This Agreement, and Exhibits incorporated herein, contains the entire agreement between the parties, and no statement, promises or inducements made by either party or agent of either party that is not contained in this written Agreement shall be valid and binding; and this Agreement may not be enlarged, modified or altered except in writing signed by the parties and endorsed hereon.

15. Organization shall not assign any interest, obligation, or benefit of this Agreement or transfer any interest in the same, whether by assignment or novation, without prior written consent of LFUCG.

16. Organization expressly agrees to abide by the General Conditions and Risk Management Provisions included in Exhibit A which is attached hereto and incorporated herein by reference.

17. This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Kentucky. Organization acknowledges and agrees that any claims, legal proceedings or litigation arising in connection with this Agreement or the Services provided hereunder shall be brought solely in Fayette County, Kentucky.

18. If any particular provision of this Agreement is determined to be invalid or unenforceable, that determination will not affect any other provision hereto, which will be construed in all respects as if the invalid or unenforceable provision were omitted.

19. Notice – Any written notice required by the Agreement shall be delivered by certified mail, return receipt requested, to the following:

For Organization:

The Salvation Army

736 W. Main Street Lexington, KY 40508

Corporate Address: 440 W. Nyack Rd. West Nyack, NY 10994

Attn: Michael Southwick, Secretary

For Government:

Lexington-Fayette Urban County Gov.
200 East Main Street
Lexington, Kentucky 40507

Attn: Chris Ford, Commissioner
Department of Social Services

IN WITNESS WHEREOF, the parties have executed this Agreement at Lexington,
Kentucky, the day and year first above written.

LEXINGTON-FAYETTE URBAN
COUNTY GOVERNMENT

THE SALVATION ARMY

BY: 

Linda Gorton, Mayor

BY: 

Title: Michael J. Southwick, Secretary

ATTEST: 

Clerk of the Urban
County Council



Lexington-Fayette Urban County Government

Request for Proposal

The Lexington-Fayette Urban County Government hereby requests proposals for RFP #14-2019 Emergency Overnight Shelter – Extended Social Resources (ESR) Grant Program to be provided in accordance with terms, conditions and specifications established herein.

Proposals will be received online only at <https://lexingtonky.ionwave.net> until 2:00 PM, prevailing local time, on April 19, 2019.

Proposals received after the date and time set for opening proposals will not be considered for award of a contract/grant. It is the sole responsibility of the Proposer to assure that his/her proposal is submitted online before the date and time set for opening proposals.

Additional copies of this Request For Proposals are available from the Division of Central Purchasing, Room 338 Government Center, 200 East Main Street, Lexington, KY 40507, (859)-258-3320, at no charge.

Proposals, once submitted, may not be withdrawn for a period of sixty (60) 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.

Electronic signature online at <https://lexingtonky.ionwave.net> constitutes acceptance by the Proposer of terms, conditions and requirements set forth herein.

Pre-Proposal Meeting will be held on Monday, April 8th, 2019 at 8:30AM at the Phoenix Building 3rd Floor Conference Room, 100 East Vine Street, Lexington, KY 40507.

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.

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, creed, national origin, sex or age, and to promote equal employment through a positive, continuing program from itself and each of its subcontracting 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 workforce 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.

AFFIDAVIT

Comes the Affiant, Michael J. Southwick, and after being first duly sworn, states under penalty of perjury as follows:

1. His/~~her~~ name is Michael J. Southwick and he/~~she~~ is the individual submitting the proposal or is the authorized representative of The Salvation Army, 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.



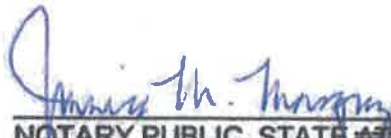
Michael J. Southwick, Secretary

STATE OF New York

COUNTY OF Rockland

The foregoing instrument was subscribed, sworn to and acknowledged before me by Michael J. Southwick, Secretary of The Salvation Army on this the 15th day of April, 2019.

My Commission expires: October 16, 2021



Jessica M. Marquez

NOTARY PUBLIC, STATE AT LARGE OF NEW YORK

No. 01MA5050841

Qualified in Rockland County

Certificate Filed in New York County

EQUAL OPPORTUNITY AGREEMENT

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 disability.

- 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 12066, 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

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


Signature

Michael J. Southwick
Secretary

The Salvation Army
Name of Business

WORKFORCE ANALYSIS FORM

Name of Organization: The Salvation Army (Lexington, KY)

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	12	4	7				1										
Professionals	7	1	4			1	1										
Superintendents	5	1	3				1										
Supervisors																	
Foremen																	
Technicians																	
Protective Service																	
Para-Professionals	19	4	8			1	8										
Office/Clerical	6	2	2				2										
Skilled Craft																	
Service/Maintenance	29	3	5		1		20										
Total:	78	15	29		1	2	31										

Prepared by: Major Susan Hinzman
(Name and Title)

Date: 04 / 05 / 2019
Revised 2015-Dec-18

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, 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 RFP 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/Grant 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.

The Salvation Army


Signature

Michael J. Southwick
Secretary

4-15-2019

Date



Lexington-Fayette Urban County Government
Request for Proposals

Extended Social Resources (ESR) Grant Program
Priority Area: Emergency Overnight Shelter

Purpose

Each fiscal year the Mayor and Urban County Council allocate funds for use by selected 501(c)(3) non-profit partner agencies through the Department of Social Services' Extended Social Resource (ESR) Program. The Lexington-Fayette Urban County Government (hereinafter referred to as "LFUCG") has historically partnered with non-profit agencies for the purpose of providing priority social services to supplement and support the work of the Urban County Government. These agencies are diverse in their missions and work plans, and provide services to the most vulnerable populations in our community.

Eligibility

- Eligible Responders shall be a non-profit 501(c)(3) organization with a physical presence in Lexington-Fayette County
- Responders shall be registered and have a current, complete agency portrait on GoodGiving.net
- Programs receiving grant funds for Partners for Youth are not eligible to also receive funding from the ESR Grant Program (a Program cannot receive funding from both)
- ESR funds cannot be used to teach, advance, advocate or promote any religion
- Be located in and/or serve Fayette County residents with ESR funds in Fayette County
- Applying organization agrees to comply with all applicable local, state, and federal laws

Applicants for overnight emergency 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. All emergency shelter program specific data elements per the LFUCG Homelessness Prevention and Intervention Board must be entered for each guest and they must be entered and exited from the shelter project in KYHMIS within three (3) days of occurrence.¹
- Shelters must participate fully in the OneDoor Lexington Coordinated Entry System. For shelters this means conducting the VI-SPDAT assessment for guests who have reached an appropriate length of stay², 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.
- Shelters must 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.

Instructions

Please follow the attached instructions and submit all required forms no later than the deadline indicated below:

Proposal Deadline – 2:00 PM EST Friday, April 19th, 2019.

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

¹ Exception is made for shelters serving survivors of intimate partner abuse which must instead utilize a separate but equivalent system as directed by HUD.

² Typically 2-3 weeks to see if homelessness can self-resolve but some discretion is allowed. Guests may refuse the assessment and/or refuse to have their information entered into HMIS.

1.0 GENERAL INFORMATION & SCOPE

1.1 Background

Each fiscal year the Mayor and Urban County Council allocate funds for use by selected 501(c)(3) non-profit partner agencies through the Department of Social Services' Extended Social Resource (ESR) Program.

This grant cycle shall cover Fiscal Year 2020 (July 1, 2019—June 30, 2020), and will award grants between the four Funding Priorities, which each have separate required Proposal Submittals and criteria, and awarded on an approximate scale, listed below. Proposers may submit ONE Proposal per Funding Priority Area.

Lexington-Fayette Urban County Government (LFUCG) wishes to complete a purchase for service agreement with non-profit organizations operating within the city of Lexington, to provide low-barrier, rapid resolution, housing-oriented overnight emergency shelter for individuals and families experiencing homelessness.

Lexington-Fayette Urban County Government (LFUCG) wishes to contract with non-profit organizations operating within the city of Lexington to provide low-barrier, housing-oriented overnight emergency shelter for individuals and families experiencing homelessness. These funding agreements will be administered and monitored through the LFUCG Office of Homelessness Prevention & Intervention (OHPI).

Emergency 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.

Funding Priority Area: Emergency Overnight Shelter

Projected funding is 25% of total ESR Grant Program Award

LFUCG seeks to fund programs and services to provide low-barrier, rapid resolution, housing-oriented overnight emergency shelter for individuals and families experiencing homelessness.

2.0 GENERAL PROVISIONS

2.1 Purpose

The LFUCG is accepting applications from qualified non-governmental, non-profit agencies with current **501(c)3** tax exempt status and with a physical business or program site location in Fayette County (hereinafter, referred to as "Applicant") for ESR funding for FY2020 (July 1, 2019 – June 30, 2020). This funding is intended to support agency programs which respond to the funding priorities established herein. **THIS FUNDING IS NOT INTENDED TO SUPPORT GENERAL AGENCY OPERATIONS, other than overhead required to support the subject program.**

2.2 Funding Period

The funding period is from July 1, 2019 through June 30, 2020.

2.3 ESR Grant Informational Workshop

The Department of Social Services conducted a meeting on March 28, 2019 that provided potential proposers with an overview of the proposal and review process, instructions on completing the RFP, and presentation of funding priorities.

2.4 Proposal Submission

All Submissions must be uploaded to the LFUCG procurement website at <https://lexingtonky.ionwave.net> by **FRIDAY, APRIL 19th, 2019 before 2:00 PM EST**. The Submission shall include an enclosed form that shall contain the required documents, and respond to one or more established funding priorities.

Proposal submissions containing significant omissions of required information will be considered non-responsive and removed from the RFP funding process on the application deadline date (April 19th, 2019). Significant missing responses to questions constitute an incomplete application. The final decision regarding application completeness and penalties will be determined by the LFUCG Division of Central Purchasing in consultation with the Commissioner of Social Services.

All proposals must be written in a clear and concise manner, as there will be no follow-up or clarifications to proposer's Proposal Submittal Form once the evaluation process begins.

Only include the attachments asked for in the RFP with the Proposal Submittal Form. Do not include additional documents or attachments with the Proposal Submittal Form, such as brochures or letters of support. These will be discarded.

If your agency is submitting a proposal for the funding of more than one program in a single priority area, please note that they must be included in a single Proposal Submittal completed and submitted for that priority area RFP. Only one Proposal Submittal per agency per priority area RFP will be accepted.

Submitted Proposal shall be comprised of the attached PDF formatted Proposal Submittal form. This form must be submitted in the original PDF form, and NOT be a scanned version of the original form.

2.5 Acceptance/Rejection of Submissions

The LFUCG reserves the right to reject any proposals which may be considered irregular, show serious omissions, contain unauthorized alteration of the Proposal Submittal 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 judgment, best serve the interests of Urban County Government.

2.6 Inquiries/Questions

After thoroughly reading this Request for Proposals, Applicants must direct any questions to:

Todd Slatin, Director

Division of Central Purchasing 200 E. Main Street, Lexington, KY 40507

E-mail: tslatin@lexingtonky.gov Phone: (859) 258-3320

Deadline for questions is Friday, April 10th, 2019 at 5:00 p.m. EST

3.0 FUNDING PROCESS

3.1 Timeline

This Request for Proposals is being released on **March 29th, 2019**, and is made available to the public and all potentially eligible applicants. **An informational and question and answer meeting will be held on Monday, April 8th, 2019, at 8:30 a.m. at the Phoenix Building 3rd Floor Conference Room, 100 East Vine Street, Lexington, KY 40507.** This meeting will be open to the public and any potentially eligible applicants are invited to attend and ask questions or seek clarification regarding the RFP. Attendance is NOT required in order to submit a proposal and will not affect scoring during the evaluation process.

Completed proposals must be submitted **no later than 2 p.m. on FRIDAY, APRIL 19th, 2019**, and late or incomplete proposals will not be accepted or evaluated.

The LFUCG intends to conduct proposal evaluation in April and May 2019 immediately following the proposal due date, with the intention to make funding announcements in late May, 2019. This timeline is subject to change without notice.

Successful applicants may be contacted on or about June 1, 2019, to negotiate a funding agreement with expectations that an award be in place for the funded programs to begin operations by July 1, 2019. No funds may be expended prior to the execution of a funding agreement and grantees will not be reimbursed for pre-award costs.

3.1 Evaluation

Proposals will be evaluated by a neutral panel including LFUCG staff and third-party reviewers who have expertise in the field of human services. The scoring criteria are outlined in Section 5.0 Criteria.

3.2 Reporting

The funded project will be required to submit quarterly progress reports demonstrating progress toward outcomes established in the proposal and associated funding agreement. Report formats will be determined by the Department of Social Services, as will due dates and submission process. Failure to submit complete reports on time will delay processing of grant payments and may affect the grantee's competitiveness for any future funding opportunities with LFUCG.

4.0 PROPOSAL FORMAT

Proposal Submittal Forms must be uploaded to <https://lexingtonky.ionwave.net> before the 2:00 p.m. EST April 19th, 2019 deadline. Late submissions will not be considered for funding.

5.0 SCORING CRITERIA/EVALUATION

Please see attached **Proposal Submittal form** to respond to the following; the **Proposal Submittal form** is the document that shall be completed with your responses and then uploaded as your RFP submittal. **You will need to save the PDF formatted Proposal Submittal form to your hard drive before beginning to enter responses in it to ensure your responses are saved to the form.**

Funding Priority Area: Overnight Emergency Shelter

Projected funding is 25% of total ESR Grant Program Award

LFUCG seeks to fund programs and services to provide low-barrier, rapid resolution, housing-oriented overnight emergency shelter for individuals and families experiencing homelessness.

ESR Grant Program RFP Criteria

	<u>Points</u>
5.1 Program Design & Performance	
5.1.1 General Shelter Information	15
5.1.2 Rapid Resolution, Housing Orientated	25
5.1.3 Low Barrier	15
5.1.4 Actual Results	10
5.1.5 Capacity, Cost Effectiveness, & Budget	10
	Subtotal 75
5.2 Capacity & Sustainability	
5.2.1 Staff Qualifications & Experience	5
5.2.2 Partnership & Resource Leverage	5
5.2.3 Outreach & Inclusion Strategy	15
	Subtotal 25
TOTAL	100

5.1 Program Design, Performance, Budget

5.1.1 General Shelter Information

15 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 as an attachment**)
- 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 as an attachment**)
- 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 as an attachment**)

5.1.2 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.

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?

5.1.3 Low-Barrier

15 points

Up to 15 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 as an attachment)**
- Does your emergency shelter have minimal expectations or requirements of people seeking shelter? **(submit documentation as an attachment)**
- 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?
- 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 as an attachment)**
- 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 turned away or banned in the past 12 months for reasons described above?

5.1.4 Actual Results

10 Points

Applicants will be evaluated based on actual results from the previous year. LFUCG will utilize access to KYHMIS 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 database, not agency records, so KYHMIS data quality and timeliness is critical.

- **Submit reports from January 1, 2018 to December 31, 2018 as attachments**
 - **CoC APR**
 - **CoC CAPER**

5.1.5 Capacity, Cost Effectiveness, & 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.

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.

Program Budget Summary Form

Proposal Submittal shall be considered incomplete and shall be rejected without completed Budget Summary Form. (Including total amount of ESR grant request.)

5.2 Capacity & Sustainability

5.2.1 Staff Qualifications & Experience

5 Points

Provide information on the key/primary individuals that will be involved in the provision of services and demonstrate that they have the capacity to address the stated need. List each position by title and name of employee, if available. Describe the anticipated roles and responsibilities for each person as it relates to this project. Describe the experience, expertise, and capacity of each individual to address the proposed activities.

5.2.2 Partnership & Resource Leverage

5 Points

How do your programs and services support our community's comprehensive response to the identified priority area of Overnight Emergency Shelter? Does your organization have any formal agreements or informal working relationship with other local service programs?

What role does your governing board members, volunteers, and / or donors play in facilitating viable service delivery and program administration? Does your program have any major civic benefactors or corporate sponsors? Describe other secured funding sources and committed operational resources your organization has allocated for the proposed program.

5.2.3 Outreach & Inclusion Strategy

15 Points

Demonstrate how the program will ensure services are available and accessible by all potential participants, especially related to language barriers for persons with limited English proficiency; persons with physical or other disabilities; and persons impacted by poverty and economic distress.

Has your organization enacted any policies (or employs any standard operating procedures) to ensure equitable service opportunity and / or benefit program to a diverse cross-section of the greater community?

Required attachments with Proposal Submittal Form (8 total):

5.1.1 General Shelter Information

- 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 as an attachment)**
- 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 as an attachment)**
- Does the shelter involve guests in governance and operations? **(submit documentation as an attachment)**
- **Submit reports from January 1, 2018 to December 31, 2018 as attachments:**
 - CoC APR
 - CoC CAPER

5.1.3 Low Barrier

- 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 as an attachment)**
- Does your emergency shelter have minimal expectations or requirements of people seeking shelter? **(submit documentation as an attachment)**
- 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 as an attachment)**



Lexington-Fayette Urban County Government Request for Proposal

The Lexington-Fayette Urban County Government hereby requests proposals for **RFP #12-2019 Childhood & Youth Development – Extended Social Resources (ESR) Grant Program** to be provided in accordance with terms, conditions and specifications established herein.

Proposals will be received online only at <https://lexingtonky.ionwave.net> until 2:00 PM, prevailing local time, on **April 19, 2019**.

Proposals received after the date and time set for opening proposals will not be considered for award of a contract/grant. It is the sole responsibility of the Proposer to assure that his/her proposal is submitted online before the date and time set for opening proposals.

Additional copies of this Request For Proposals are available from the Division of Central Purchasing, Room 338 Government Center, 200 East Main Street, Lexington, KY 40507, (859)-258-3320, at no charge.

Proposals, once submitted, may not be withdrawn for a period of sixty (60) 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.

Electronic signature online at <https://lexingtonky.ionwave.net> constitutes acceptance by the Proposer of terms, conditions and requirements set forth herein.

Pre-Proposal Meeting will be held on **Monday, April 8th, 2019 at 8:30AM** at the Phoenix Building 3rd Floor Conference Room, 100 East Vine Street, Lexington, KY 40507.

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.

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, creed, national origin, sex or age, and to promote equal employment through a positive, continuing program from itself and each of its subcontracting 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 workforce 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.

AFFIDAVIT

Comes the Affiant, Michael J. Southwick,
and after being first duly sworn, states under penalty of perjury as follows:

1. His/~~her~~ name is Michael J. Southwick and he/~~she~~ is the individual submitting the proposal or is the authorized representative of The Salvation Army, 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.



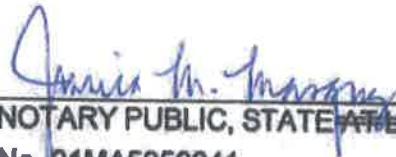
Michael J. Southwick, Secretary

STATE OF New York

COUNTY OF Rockland

The foregoing instrument was subscribed, sworn to and acknowledged before me by Michael J. Southwick, Secretary of The Salvation Army, on this the 12th day of April, 2019.

My Commission expires: October 16, 2021



Jessica M. Marquez

NOTARY PUBLIC, STATE AT LARGE OF NEW YORK

No. 01MA5050641

Qualified in Rockland County

Certificate Filed in New York County

EQUAL OPPORTUNITY AGREEMENT

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 disability.
- 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 12066, 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.


Signature

Michael J. Southwick
Secretary

The Salvation Army
Name of Business

WORKFORCE ANALYSIS FORM

Name of Organization: The Salvation Army (Lexington, KY)

Categories	Total	White (Not Hispani c or Latino)		Hispani c or Latino		Black or African- American (Not Hispanic or Latino)		Native Hawaiian and Other Pacific Islander (Not Hispanic or Latino)		Asian (Not Hispani c 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	12	4	7				1										
Professionals	7	1	4			1	1										
Superintendents	5	1	3				1										
Supervisors																	
Foremen																	
Technicians																	
Protective Service																	
Para-Professionals	19	4	8			1	6										
Office/Clerical	6	2	2				2										
Skilled Craft																	
Service/Maintenanc •	29	3	5		1		20										
Total:	78	15	29		1	2	31										

Prepared by: Major Susan Hinzmen

(Name and Title)

Date: 04 / 05 / 2019

Revised 2015-Dec-18

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, 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 RFP 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/Grant 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.

The Salvation Army



Signature

Michael J. Southwick
Secretary

4-12-2019

Date



Lexington-Fayette Urban County Government
Request for Proposals

Extended Social Resources (ESR) Grant Program
Priority Area: Childhood & Youth Development

Purpose

Each fiscal year the Mayor and Urban County Council allocate funds for use by selected 501(c)(3) non-profit partner agencies through the Department of Social Services' Extended Social Resource (ESR) Program. The Lexington-Fayette Urban County Government (hereinafter referred to as "LFUCG") has historically partnered with non-profit agencies for the purpose of providing priority social services to supplement and support the work of the Urban County Government. These agencies are diverse in their missions and work plans, and provide services to the most vulnerable populations in our community.

Eligibility

- Eligible Responders shall be a non-profit 501(c)3 organization with a physical presence in Lexington-Fayette County
- Responders shall be registered and have a current, complete agency portrait on GoodGiving.net
- Programs receiving grant funds for Partners for Youth are not eligible to also receive funding from the ESR Grant Program (a Program cannot receive funding from both)
- ESR funds cannot be used to teach, advance, advocate or promote any religion
- Be located in and/or serve Fayette County residents with ESR funds in Fayette County
- Applying organization agrees to comply with all applicable local, state, and federal laws

Instructions

Please follow the attached instructions and submit all required forms no later than the deadline indicated below:

Proposal Deadline – 2:00 PM EST Friday, April 19th, 2019.

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

1.0 **GENERAL INFORMATION & SCOPE**

1.1 **Background**

Each fiscal year the Mayor and Urban County Council allocate funds for use by selected 501(c)(3) non-profit partner agencies through the Department of Social Services' Extended Social Resource (ESR) Program.

This grant cycle shall cover Fiscal Year 2020 (July 1, 2019—June 30, 2020), and will award grants between the four Funding Priorities, which each have separate required Proposal Submittals and criteria, and awarded on an approximate scale, listed below. Proposers may submit ONE Proposal per Funding Priority Area.

Funding Priority Area: Childhood & Youth Development

Projected funding is 20% of total ESR Grant Program Award

LFUCG seeks to strengthen and enhance **Childhood and Youth Development** by supporting programs and services for early childhood through teenage populations (birth through 18 years old). LFUCG intends to award grants for priority-rated programs and services which originate with demonstrated client needs, establish clearly-defined outcomes, and are designed to best practices or evidence-based models.

2.0 **GENERAL PROVISIONS**

2.1 **Purpose**

The LFUCG is accepting applications from qualified non-governmental, non-profit agencies with current 501(c)3 tax exempt status and with a physical business or program site location in Fayette County (hereinafter, referred to as "Applicant") for ESR funding for FY2020 (July 1, 2019 – June 30, 2020). This funding is intended to support agency programs which respond to the funding priorities established herein. **THIS FUNDING IS NOT INTENDED TO SUPPORT GENERAL AGENCY OPERATIONS, other than overhead required to support the subject program.**

2.2 **Funding Period**

The funding period is from July 1, 2019 through June 30, 2020.

2.3 **ESR Grant Informational Workshop**

The Department of Social Services conducted a meeting on March 28, 2019 that provided potential proposers with an overview of the proposal and review process, instructions on completing the RFP, and presentation of funding priorities.

2.4 **Proposal Submission**

All Submissions must be uploaded to the LFUCG procurement website at <https://lexingtonky.ionwave.net> by **FRIDAY, APRIL 19th, 2019 before 2:00 PM EST**. The Submission shall include an enclosed form that shall contain the required documents, and respond to one or more established funding priorities.

Proposal submissions containing significant omissions of required information will be considered non-responsive and removed from the RFP funding process on the application deadline date (April 19th, 2019). Significant missing responses to questions constitute an incomplete application. The final decision regarding application completeness and penalties will be determined by the LFUCG Division of Central Purchasing in consultation with the Commissioner of Social Services. **All proposals must be written in a clear and concise manner, as there will be no follow-up or clarifications to proposer's Proposal Submittal Form once the evaluation process begins.**

Do not include additional documents or attachments with the Proposal Submittal Form, such as brochures or letters of support. These will be discarded.

If your agency is submitting a proposal for the funding of more than one program in a single priority area, please note that they must be included in a single Proposal Submittal completed and submitted for that priority area RFP. Only one Proposal Submittal per agency per priority area RFP will be accepted.

Submitted Proposal shall be comprised of the attached PDF formatted Proposal Submittal form. This form must be submitted in the original PDF form, and NOT be a scanned version of the original form.

2.5 Acceptance/Rejection of Submissions

The LFUCG reserves the right to reject any proposals which may be considered irregular, show serious omissions, contain unauthorized alteration of the Proposal Submittal 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 judgment, best serve the interests of Urban County Government.

All proposals must be written in a clear and concise manner, as there will be no follow-up or clarifications to proposer's Proposal Submittal Form once the evaluation process begins.

2.6 Inquiries/Questions

After thoroughly reading this Request for Proposals, Applicants must direct any questions to:

Todd Slatin, Director

Division of Central Purchasing 200 E. Main Street, Lexington, KY 40507

E-mail: tslatin@lexingtonky.gov Phone: (859) 258-3320

Deadline for questions is Wednesday, April 10th, 2019 at 5:00 p.m. EST

3.0 FUNDING PROCESS

3.1 Timeline

This Request for Proposals is being released on **March 29th, 2019**, and is made available to the public and all potentially eligible applicants. **An informational and question and answer meeting will be held on Monday, April 8th, 2019, at 8:30 a.m. at the Phoenix Building 3rd Floor Conference Room, 100 East Vine Street, Lexington, KY 40507.** This meeting will be open to the public and any potentially eligible applicants are invited to attend and ask questions or seek clarification regarding the RFP. Attendance is NOT required in order to submit a proposal and will not affect scoring during the evaluation process.

Completed proposals must be submitted **no later than 2 p.m. on FRIDAY, APRIL 19th, 2019**, and late or incomplete proposals will not be accepted or evaluated.

The LFUCG intends to conduct proposal evaluation in April and May 2019 immediately following the proposal due date, with the intention to make funding announcements in late May, 2019. This timeline is subject to change without notice.

Successful applicants may be contacted on or about June 1, 2019, to negotiate a funding agreement with expectations that an award be in place for the funded programs to begin operations by July 1, 2019. No funds may be expended prior to the execution of a funding agreement and grantees will not be reimbursed for pre-award costs.

3.2 Evaluation

Proposals will be evaluated by a neutral panel including LFUCG staff and third-party reviewers who have expertise in the field of human services. The scoring criteria are outlined in Section 5.0 Criteria.

3.3 Reporting

The funded project will be required to submit quarterly progress reports demonstrating progress toward outcomes established in the proposal and associated funding agreement. Report formats will be determined by the Department of Social Services, as will due dates and submission process. Failure to submit complete reports on time will delay processing of grant payments and may affect the grantee's competitiveness for any future funding opportunities with LFUCG.

4.0 PROPOSAL FORMAT

Proposal Submittal Forms must be uploaded to <https://lexingtonky.ionwave.net> before the 2:00 p.m. EST April 19th, 2019 deadline. Late submissions will not be considered for funding.

5.0 SCORING CRITERIA/EVALUATION

Please see attached **Proposal Submittal form** to respond to the following; the **Proposal Submittal form** is the document that shall be completed with your responses and then uploaded as your RFP submittal. **You will need to save the PDF formatted Proposal Submittal form to your hard drive before beginning to enter responses in it to ensure your responses are saved to the form.**

ESR Grant Program RFP Criteria

	<u>Points</u>
5.1 Program Proposal & Design	
5.1.1 Needs Statement	15
5.1.2 Service Delivery Model	15
5.1.3 Client Eligibility & Requirements	5
5.1.4 Evidence-Based/Best Practice	10
	Subtotal 45
5.2 Program Measures & Evaluation	
5.2.1 Service Efficacy & Desired Outcomes	10
5.2.2 Client Empowerment & Community Impact	10
5.2.3 Data Assessment & Quality Improvement	10
	Subtotal 30
5.3 Capacity & Sustainability	
5.3.1 Staff Qualifications & Experience	5
5.3.2 Partnership & Resource Leverage	5
5.3.3 Outreach & Inclusion Strategy	15
	Subtotal 25
TOTAL	100

Funding Priority Area: Childhood & Youth Development

Projected funding is 20% of total ESR Grant Program Award

LFUCG seeks to strengthen and enhance **Childhood and Youth Development** by supporting programs and services for early childhood through teenage populations (birth through 18 years old). LFUCG intends to award grants for priority-rated programs and services which originate with demonstrated client needs, establish clearly-defined outcomes, and are designed to best practices or evidence-based models.

These programs shall consist of an intentional, pro-social approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances youths' strengths; and promotes positive outcomes for young people by providing opportunities, fostering healthy relationships and supporting positive leadership. These programs may address one or more of the following areas, but shall not be limited to:

- Affordable access to early care & education for children under 5 years of age
- Development services focusing on life skills, social skills, employment mentoring, enrichment, language tutoring, & leadership skills
- Services focused on Kindergarten readiness
- Parental, caregiver, & kinship resources and support
- Improving reading & math proficiency
- Reducing poverty rates among children & youth
- Services for limited English language learners & for overcoming cultural barriers
- Transportation access for child & youth programming

The term "client" is used throughout this proposal; however we understand that within the context of your work "client" may not mean an individual. For some agencies it may be helpful to think of "client" as whole system (such as a school) or as a neighborhood, group, or community.

5.1 Program Proposal & Design

5.1.1 Needs Statement—Purpose of the Program Proposal / Problem Statement

15 Points

Using local data, provide a description of the problem in Fayette County. Identify the specific population your program is targeting (i.e. age, geographical region, economic status, etc.) and explain why. Discuss whether this population is under-served or at-risk. Describe your understanding of the local system of services addressing this problem, obstacles and/or opportunities your clients face, and how your agency fits within this system of services.

5.1.2 Service Delivery Model

15 Points

What steps will you take or what activities will you provide to assist clients in achieving these goals? Describe each "unit of service" you will provide for clients and how often and how long this service will be provided (e.g. a one-time three-hour training; a weekly one-hour support group for 12 weeks; one 30-minute health exam twice a year; 1-3 hour advocacy services as needed; etc.) How will these services address the problem as identified in the Needs Statement above? Be specific.

5.1.3 Client Eligibility and Requirements

5 Points

What eligibility requirements must clients meet to qualify for services? What are the expectations of clients while receiving services? (e.g. client must pay \$30 fee for each class; client must remain sober; client is responsible for chores; nothing other than participation in services; etc.)

5.1.4 Evidence-Based/Best Practice

10 Points

Describe the evidence-based or promising practice model on which this service approach is based. Provide particular sources that indicate what you are proposing is best-practice.

5.2 Program Measures & Evaluation

5.2.1 Service Efficacy & Desired Outcomes

10 Points

What do you hope to help your clients achieve? What are some examples of goals you will set with clients? What is your service philosophy in terms of helping your clients achieve these goals? Describe how you define "successful" completion of services. (e.g. service is complete if: client remains for entire three-hour training; client continues services until judge orders otherwise; etc.) What percentage of clients meet that criteria for success?

5.2.2 Client Empowerment & Community Impact

10 Points

Describe what meaningful difference these services make in the lives of people served. What value is added to the community? Provide examples. (e.g. client demonstrates change in attitude; has behavior change; etc.)

5.2.3 Data Assessment & Quality Improvement

10 Points

While it doesn't have to be complicated, evaluation is more than saying "we provided this many 'units of service.'" How will you know if your services have been effective? How does this relate to the desired outcomes for your clients? How will the information gathered be used to improve your services in the future? Be specific (for example, data collection may be through focus groups, pre-and post-tests, client satisfaction surveys, etc.), and also be specific regarding sampling size and frequency of evaluation.

5.3 Capacity & Sustainability

5.3.1 Staff Qualifications & Experience

5 Points

Provide information on the key/primary individuals that will be involved in the provision of services and demonstrate that they have the capacity to address the stated need. List each position by title and name of employee, if available. Describe the anticipated roles and responsibilities for each person as it relates to this project. Describe the experience, expertise, and capacity of each individual to address the proposed activities.

5.3.2 Partnership & Resource Leverage

5 Points

How do your programs and services support our community's comprehensive response to the identified priority area of Childhood and Youth Development? Does your organization have any formal agreements or informal working relationship with other local service programs?

What role does your governing board members, volunteers, and / or donors play in facilitating viable service delivery and program administration? Does your program have any major civic benefactors or corporate sponsors? Describe other secured funding sources and committed operational resources your organization has allocated for the proposed program.

5.3.3 Outreach & Inclusion Strategy

15 Points

Demonstrate how the program will ensure services are available and accessible by all potential participants, especially related to language barriers for persons with limited English proficiency; persons with physical or other disabilities; and persons impacted by poverty and economic distress.

Has your organization enacted any policies (or employs any standard operating procedures) to ensure equitable service opportunity and / or benefit program to a diverse cross-section of the greater community?

6.0 Program Budget Summary Form

Proposal Submittal shall be considered incomplete and shall be rejected without completed Budget Summary Form. (Including total amount of ESR grant request.)



PROPOSAL SUBMITTAL FORM

Agency Information

Agency Name: The Salvation Army

Mailing Address: 736 W. Main Street Lexington, KY 40508

Street Address: 736 W. Main Street Lexington, KY 40508 Corporate Address: 440 W. Nyack Rd

Phone: (859) 252 - 7706

Is your Agency registered with the IRS as a 501(c)3 organization?

☒ Yes ☐ No

Note: Agencies must be registered with the IRS as a 501(c)3 organization to be eligible for ESR Program funding.

Does your agency have a current profile with Blue Grass Community Foundation's GoodGiving.net?

☒ Yes ☐ No

Note: Agencies must have profiles with GoodGiving.net to be eligible for ESR funding.

Website Address: www.salvationarmylex.org

Agency Representative (typically the Executive Director - Name, Title, Phone, Email):

Major Thomas Hinzman, Central Kentucky Area Coordinator, (859) 252-7706, thomas.hinzman@u:

Person Completing Application (Name, Title, Phone, Email):

Melissa Childs, Grant Writer, (859) 252-7706, melissa.childs@use.salvationarmy.org

Program Information

Name of program for which funds are being requested: Boys & Girls Club of the Bluegrass

Total Funding Amount Requested: \$ 66,000.00

RFP #12-2019 PROPOSAL SUBMITTAL FORM

- **Save this PDF formatted Proposal Submittal Form to your hard drive before beginning to enter responses in it to ensure your responses are saved to the form.**
- **LIMIT RESPONSES IN TEXT BOXES TO 250 WORDS**
- **REMINDER: All proposals must be written in a clear and concise manner, as there will be no follow-up or clarifications to proposer's submittal form once the evaluation process begins.**

5.1 Program Proposal & Design

5.1.1 Needs Statement—Purpose of the Program Proposal / Problem Statement

15 Points

Using local data, provide a description of the problem in Fayette County. Identify the specific population your program is targeting (i.e. age, geographical region, economic status, etc.) and explain why. Discuss whether this population is under-served or at-risk. Describe your understanding of the local system of services addressing this problem, obstacles and/or opportunities your clients face, and how your agency fits within this system of services.

We work in partnership with the Fayette County Public Schools to provide after-school and summer education for some of our community's most vulnerable K-12 children. The majority of children we serve are low income, over 80% are from single parent families, and more than three quarters are non-white. A 2016 study by the Annie E. Casey Foundation found that by fourth grade, African American and Hispanic boys were already reading at proficiencies significantly below their Caucasian peers. This is especially relevant in Fayette County where 46% of elementary students are not proficient in reading and nearly half of middle school students are not proficient in math (Kentucky Youth Advocates, 2018). In addition, nearly one quarter of the children served by our Club last year were homeless and at high risk of falling behind in school. A recent article in Lexington's Herald Leader found that 50% of homeless Fayette County students receiving letter grades had at least one D and 43% had at least one F. In addition, half of homeless school-aged children struggle with depression and anxiety (American Psychological Association, 2015). Our program bridges this gap through targeted education and comprehensive support, giving children what they need to catch up and succeed.

We serve children from local schools without an after-school program (like Harrison Elementary) and from schools whose programs are over-capacity (such as Meadowthorpe, Sandersville, and Coventry Oak). In addition, homeless children residing at our Emergency Shelter on the same campus attend our program free of cost.

5.1.2 Service Delivery Model

15 Points

What steps will you take or what activities will you provide to assist clients in achieving these goals? Describe each "unit of service" you will provide for clients and how often and how long this service will be provided (e.g. a one-time three-hour training; a weekly one-hour support group for 12 weeks; one 30-minute health exam twice a year; 1-3 hour advocacy services as needed; etc.) How will these services address the problem as identified in the Needs Statement above? Be specific.

Our Club supports approximately 200 children each year with programming available from 2:30 – 6:00 p.m. during the school year and all day during the summer. All day programming is also offered when schools close for inclement weather, ensuring children always have a safe place to learn. As described in our Needs Statement, the children we serve are at high risk of falling behind in school. If they are going to overcome poverty they will need a strong education, so we start with tutoring provided by licensed Fayette County Public Schools teachers (2-3 days per week). More than 1,800 hours of tutoring were provided last year. We work to build skills in core subjects with additional daily math and reading practice through Lexia Reader and Triple A Math, more than 4,000 sessions of which were completed by our students last year.

Though academics are vital to our students' success, this alone will not allow them to overcome the complex barriers they face. Children also participate in health, life, and social skills classes (126 classes last year) promoting kindness, healthy living, and positive choices. Activities like music, art, and sports help them build self-confidence and learn to work with others. Healthy snacks (25,190 last year) and meals (3,660 last year) are served, allowing them to focus on their learning instead of their hunger. It is this combination of physical health, mental competency, social skills, and emotional stability that will allow children to build a strong future.

5.1.3 Client Eligibility and Requirements

5 Points

What eligibility requirements must clients meet to qualify for services? What are the expectations of clients while receiving services? (e.g. client must pay \$30 fee for each class; client must remain sober; client is responsible for chores; nothing other than participation in services; etc.)

Our Boys & Girls Club serves children grades K-12. In order to protect the health of all children in our program, families must provide an immunization record for their child at enrollment. Children are expected to behave in a way that demonstrates respect for all staff and participants and does not endanger others (no weapons, drugs, or violence are allowed). However, we work with children to help them learn habits of positive behavior, knowing that many of them come from difficult home environments. In the past year, only two children have been removed from the program for behavioral reasons.

The vast majority of the families we serve are low income and their children attend at a cost that is far below what we need to provide these services. Our base fee is \$35 per week during the school year and \$90 per week for all day summer programming, but we work to reduce that even further by providing scholarships to more than 80% of our students. In addition, we accept Kentucky Child Care Assistance Program (CCAP) payments and all homeless children attend free of cost. The average out of pocket cost that families are currently paying is \$18 per week per child.

5.1.4 Evidence-Based/Best Practice

10 Points

Describe the evidence-based or promising practice model on which this service approach is based. Provide particular sources that indicate what you are doing is best-practice.

Our program is unique because we provide comprehensive support that leads to long term success. Other programs offer support in one area – education, recreation, or mentoring – but ours focuses on all of these areas and more so that children have the best chance possible to succeed.

We utilize the Boys and Girls Club of America (BGCA) curriculum and standards of operation, focusing on three priority outcomes – academic success, good character and citizenship, and healthy lifestyles. In 2005, BGCA partnered with the Search Institute to undertake a comprehensive nationwide study identifying the program elements that best contributed to student success. They found that student experiences in five key areas – safety, belonging, supportive relationships, meaningful opportunities, and recognition – directly correlated with their achievement in the three priority outcomes. For example, students who report positive experiences in these areas are 38% more likely to be on track for on-time graduation, 45% more likely to volunteer on a monthly basis, and 40% less likely to consume alcohol. Each year our Club, along with more than 4,000 others, surveys students in these areas and submits data related to their achievements. BGCA then uses this data, along with long term tracking of participants, to continuously improve our services.

The BGCA approach has been nationally recognized by many others for its impact on students. For example, a Columbia University study examining BGCA programs similar to ours found that participants had, on average, 15% higher grades and 87% fewer missed days of school than their peers.

5.2 Program Measures & Evaluation

5.2.1 Service Efficacy & Desired Outcomes

10 Points

What do you hope to help your clients achieve? What are some examples of goals you will set with clients? What is your service philosophy in terms of helping your clients achieve these goals? Describe how you define "successful" completion of services. (e.g. service is complete if: client remains for entire three-hour training; client continues services until judge orders otherwise; etc.) What percentage of clients meet that criteria for success?

Our service philosophy is to address the needs of the whole person, knowing that it is a combination of many factors - academic skills, physical health, life and social skills, and more - that causes students to succeed or fail. Our services are designed to benefit children both now and continuing into adulthood. While this process will not truly be "completed" for many years, we are able to measure the impact on those we serve using common milestones of success. For example, we know from the BGCA research described above that student experiences in five key areas are directly related to their outcomes in academics, citizenship, and healthy living. Last year 75% of our local students reported a high sense of emotional safety, 91% felt that they belonged, 94% reported strong connections with adults, 91% reported a sense of leadership, and 92% felt they had received recognition for positive behavior.

With your support, we expect to achieve the following:

- A least 90% of children will attend school for more than 90% of school days.
- 80% of parents will report that their child's grades are excellent or good (at or above what the parent thinks the child is capable of achieving).
- At least 70% of elementary-age students served will improve their reading by at least one grade level as measured by Lexia Reader assessments.
- An average of at least 90% of students will report strong experiences in belonging, adult connections, leadership, and recognition. At least 70% will report feeling emotionally safe.

5.2.2 Client Empowerment & Community Impact

10 Points

Describe what meaningful difference these services make in the lives of people served. What value is added to the community? Provide examples. (e.g. client demonstrates change in attitude; client has behavior change; etc.)

Children in our program are better prepared to succeed both in and out of the classroom. They build habits of homework completion, gain knowledge in math and reading, and learn life skills like money management. They make positive choices, gain confidence, and build skills in leadership. A report by the After School Alliance found that programs like ours have the ability to spark children's excitement about school, helping them set higher educational aspirations for themselves. They found that children who attend are less likely to commit a crime or become involved with drugs. These outcomes have significant implications not only for the children we serve but for the community they live in.

Recent successes include a young boy named Gadiel, who we helped transition to his new home in Lexington while improving his grades to earn a spot on the "A" Honor Roll. LaTodd, who has attended our program for five years, has grown into a role model and leader, patiently mentoring the younger students. Tracy, now a grandmother to one of our students, credits our program with helping her three grown children succeed while she raised them as a struggling single mom. All three are now in college or graduate school.

Also, our program gives parents access to affordable, safe, year-round childcare. Our program only closes in the most extreme weather, staying open for all day programming during unexpected school closures. Because they have access to affordable childcare, parents can work or attend school, improving their financial stability.

5.2.3 Data Assessment & Quality Improvement

10 Points

While it doesn't have to be complicated, evaluation is more than saying "we provided this many 'units of service.'" How will you know if your services have been effective? How does this relate to the desired outcomes for your clients? How will the information gathered be used to improve your services in the future? Be specific (for example, data collection may be through focus groups, pre-and post-tests, client satisfaction surveys, etc.), and also be specific regarding sampling size and frequency of evaluation.

We are constantly seeking feedback to ensure that our services are effective in meeting the needs of our students. We work to capitalize on strengths and address concerns both individually and program-wide.

All of the elementary age students in our program are evaluated for reading comprehension through the Lexia Reader program. Our Program Director monitors the amount of time each student practices along with their progress so that additional support can be provided if needed. During the upcoming school year we'll be launching a new math education program through Dreambox that will allow us to monitor student progress in a similar way. In addition, parents are surveyed twice per year to provide information about their child's grades, school attendance, and perceptions of the Club. On average, 67% of parents complete the survey. The results are used by our program leaders to guide decisions on areas to improve for the upcoming semester.

Also, all regularly attending students (those who attended at least an average of once per week in the six months prior to the survey) complete the annual BGCA National Youth Outcomes Initiative survey measuring their experiences in the five key areas of safety, belonging, supportive relationships, meaningful opportunities, and recognition. The results of this survey give us guidance on where we need to improve and are discussed with our Club's Advisory Council. Additionally, BGCA uses the results of these surveys, along with long term tracking of program participants, to make curriculum and operational changes nationwide.

5.3 Capacity & Sustainability

5.3.1 Staff Qualifications & Experience

5 Points

Provide information on the key/primary individuals that will be involved in the provision of services and demonstrate that they have the capacity to address the stated need. List each position by title and name of employee, if available. Describe the anticipated roles and responsibilities for each person as it relates to this project. Describe the experience, expertise, and capacity of each individual to address the proposed activities.

Our organization is equipped with a talented staff and a network of resources available through both The Boys and Girls Club and Salvation Army nationwide. Our program staff are well educated, with our two lead staff members having complementary backgrounds in education and social work. They are supported locally by our Fiscal Manager, Executive Assistant for Human Resources, and Development Team. Our two Area Coordinators, Majors Thomas and Susan Hinzman, oversee and guide our program with more than 60 years of program management experience combined. Each staff member has a personal development plan with goals for improvement and participates in a minimum of 15 hours of continuing education per year to meet these goals. All staff are certified in CPR/First Aid and trained to respond to medical incidents involving head trauma. Our key program staff members include:

- Scott VanFossen, Executive Director, Masters in Education, 33 years of experience in education. Scott oversees all aspects of our Club including staff, program activities, data collection, and compliance with licensing requirements.
- Quentin Carter, Program Director, Masters in Social Work, 10 years of experience in youth development. Quentin plans and leads daily activities at our Club, working in cooperation with Group Leaders and volunteers.
- Group Leaders (Renda Mobley, Joshua Falconbury, Walker Miller, & additional summer staff). Group Leaders guide and mentor students in age appropriate groups as they rotate through stations for homework, math and reading, art, music, life skills, and physical activity.

Additional support is provided by our maintenance, custodial, and kitchen staff.

5.3.2 Partnership & Resource Leverage

5 Points

How do your programs and services support our community's comprehensive response to the identified priority area of Community Wellness & Safety? Does your organization have any formal agreements or informal working relationship with other local service programs?

What role does your governing board members, volunteers, and / or donors play in facilitating viable service delivery and program administration? Does your program have any major civic benefactors or corporate sponsors? Describe other secured funding sources and committed operational resources your organization has allocated for the proposed program.

We work in direct partnership with the Fayette County Public Schools (FCPS), the central component of our community's structure for childhood and youth development. We are constantly communicating with teachers and administrators on how we can support children in need. FCPS provides licensed teachers to help students with homework and FCPS buses provide transportation directly to our Club. We use the same curriculum for reading support - Lexia Reader - so that children receive consistent instruction and evaluation. We have a strong relationship with the schools' Family Resource offices who refer children to us. Our program's Executive Director serves on the Family Resource Board at Harrison Elementary. James Hodge, the homeless education liaison for FCPS, serves on our Club's advisory council.

In addition to our Salvation Army of Central Kentucky Advisory Board, we have a nine-member advisory council that is focused solely on our Club, providing guidance and assistance with program structure and fundraising. Volunteers help students with homework, art projects, and games while giving them meaningful relationships with caring adults, something that is missing in many of their lives. We have strong support from our community with more than half of our program funding coming directly from individuals. In addition, during this current fiscal year we will receive \$72,500 from an anonymous foundation, \$25,000 from the United Way of the Bluegrass, \$6,000 from the Cralle Foundation, \$4,200 from the Children's Charity Fund of the Bluegrass, and \$1,750 from the LG&E and KU Foundation in designated support for this program.

5.3.3 Outreach & Inclusion Strategy

15 Points

Demonstrate how the program will ensure services are available and accessible by all potential participants, especially related to language barriers for persons with limited English proficiency; persons with physical or other disabilities; and persons impacted by poverty and economic distress.

Has your organization enacted any policies (or employs any standard operating procedures) to ensure equitable service opportunity and / or benefit program to a diverse cross-section of the greater community?

We frequently serve children with disabilities including physical impairments and learning disabilities such as ADHD and Asperger Syndrome. Our building and rooms are handicap accessible. We work closely with parents to identify the accommodations their child will need and implement them, so that every child may participate as fully as possible. For example, we recently purchased a modified game controller for a student with hand mobility limitations so that he could engage in the same games as the other students. Due to staffing limitations, students must be able to provide their own self-care (eating, using the restroom, etc.) In the past, the children we've served have all spoken fluent English, but we are seeking to expand our language accessibility, especially for communications with parents. We are requesting funds to support the use of a local interpretation service (available over the phone or in person) that would allow for communication between program staff and parents through an interpreter.

No child is turned away from our program due to an inability to pay – we offer scholarships and accept CCAP payments. We work to eliminate transportation barriers with busing directly from most schools and transportation provided by us from the rest. Year-round programming, including all day summer hours, ensure that parents who need to work have consistent access to childcare.

All Salvation Army programs adhere to our non-discrimination policy. Need knows no race, ethnicity, gender, religion, sexual orientation, or language and thus our services are available to all who need them.

6.0 Program Budget Summary Form Instructions

Proposal Submittal shall be considered incomplete and shall be rejected without completed Budget Summary Form. (Including total amount of ESR grant request.)

For organizations requesting funding for more than one program in this RFP, combine into a single Program Budget narrative for the proposal.

Please note that the Program Budget will be part of the grantee agreement with LFUCG and regular tracking and expenditure reporting will be required.

To ensure readability and uniformity, please use the Program Budget form included. Provide brief line-item detail as specified in each section below and verify all calculations.

This section provides a summary of the total proposed Program Budget for FY 2020. It requests the allocation of all projected funding amounts (City and non-City sources) for anticipated FY 2020 program expenditures.

Total Program Budget

Column A should reflect projected expenditures for the entire program (not just the proposed LFUCG ESR grant funding request portion). When the chart is completed this column should equal ESR Grant Funding Request plus other/non-ESR program funding. ($A=B+C$)

ESR Grant Funding Request

Column B is the grant amount being requested from this RFP to support this program's services to eligible Fayette County Participants.

Non-LFUCG Program Funding

Column C is the non-LFUCG ESR funding that is allocated to the Total Program Budget ($A-B = C$).

This form is for the budget for the PROGRAM applying for ESR funds, not the total agency budget.

For each category identify the amount requested and the amount to be leveraged through other programs or organizations (if applicable).

Staff Salaries – Identify the number of Full-time position salaries allocated to the program, and part-time positions allocated to the program, and the amounts of each allocated to Columns A, B, & C.

Consultant Services – In the "List Details" box, **briefly** 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 – In the "List Details" box, **briefly** list the basis of the allocation of rental costs, utilities, janitorial costs, and any other facility costs for the Program. Identify any office or program space in an LFUCG owned building, and any other costs (rent, monthly utilities, etc.) reimbursed to LFUCG.

Scholarships/Stipends – In the "List Details" box, **briefly** list the type of scholarships or stipends, and include the number of people or organizations to receive funds.

Operating Expenses – In the "List Details" box, **briefly** list the costs associated with expenses, supplies, utilities, and any other expense associated directly with the operation of the project.

Other – In the "List Details" box, **briefly** list any other costs for the Program not covered above.

PROGRAM BUDGET SUMMARY

Agency Name **The Salvation Army**

Program Name **Boys & Girls Club of the Bluegrass**

FY 2020 (July 1, 2019-June 30, 2020) Total Program Budget

		Column A Total Program Budget [= B+C]	Column B ESR Grant Funding Request	Column C Non-ESR Program Funding [A-B]
1. Staff Salaries for Program	# of Employees:			
Full-Time (FTE)	2	97,754	35,000	62,754
Part-Time	18	103,154	20,000	83,154
Total Salaries		200,908	55,000	145,908
3. Consultant Services	\$	4,303	1,000	3,303
<i>list details</i>	Requested: \$1,000 for interpreting/translation services for non-English speaking clients (rate of \$39/hr + mileage) Other Sources: \$3,303 for contracted position for IT Services			
4. Space/Facilities	\$	31,947	5,000	26,947
<i>list details</i>	Requested: \$5,000 for Utilities Other Sources: \$15,747 for Utilities, \$1,200 for janitorial supplies, and \$10,000 for property upkeep			
5. Operating Expenses	\$	65,283	5,000	60,283
<i>list details</i>	Requested: \$5,000 for Program Supplies Other Sources: \$14,144 for Program Supplies, \$400 for Continuing Education (many free opportunities also available through BGCA), \$10,534 for Equipment/Furniture, \$15,198 for Transportation, \$486 for Printing & Advertising, \$2,697 for Phone & Internet, and \$16,824 for Insurance and Licenses			
6. Scholarships / Stipends	\$	0	0	0
<i>list details - numbers & amounts</i>	Though fee reductions are provided to 80% of our students, we've allocated all program costs into the specific expense items required to provide these services, as described in the sections above and below.			
7. Other	\$	44,842	0	44,842
<i>list details</i>	Other Sources: \$44,842 for local support staff salaries and benefits (accounting, administrative & development)			
8. TOTAL PROGRAM BUDGET	\$	347,283	66,000	281,283
Cost per Program Participant:	\$	1,736		

I understand that this document in its entirety is incorporated into my grant Agreement with the Lexington-Fayette Urban County Government.

Authorized Representative (typed name): **Michael J. Southwick**

Title: **Secretary**

Date: **4-12-2019**



PROPOSAL SUBMITTAL FORM

Agency Information

Agency Name: The Salvation Army

Mailing Address: 736 W. Main Street Lexington, KY 40508

Street Address: 736 W. Main Street Lexington, KY 40508 Corporate Address: 440 W. Nyack Rd

Phone: (859) 252 - 7706

Is your Agency registered with the IRS as a 501(c)3 organization?

Note: Agencies **must** be registered with the IRS as a 501(c)3 organization to be eligible for ESR Program funding.

☒ Yes ☐ No

Does your agency have a current profile with Blue Grass Community Foundation's GoodGiving.net?

Note: Agencies **must** have profiles with GoodGiving.net to be eligible for ESR funding.

☒ Yes ☐ No

Website Address: www.salvationarmylex.org

Agency Representative (typically the Executive Director - Name, Title, Phone, Email):

Major Thomas Hinzman, Central Kentucky Area Coordinator, (859) 252-7706, thomas.hinzman@u:

Person Completing Application (Name, Title, Phone, Email):

Melissa Childs, Grant Writer, (859) 252-7706, melissa.childs@use.salvationarmy.org

Program Information

Name of program for which funds are being requested: Emergency Homeless Shelter

Total Funding Amount Requested: \$ 294,500.00

RFP #14-2019 PROPOSAL SUBMITTAL FORM

- **Save this PDF formatted Proposal Submittal Form to your hard drive before beginning to enter responses in it to ensure your responses are saved to the form.**
- **LIMIT RESPONSES IN TEXT BOXES TO 250 WORDS**
- **REMINDER: All proposals must be written in a clear and concise manner, as there will be no follow-up or clarifications to proposer's submittal form once the evaluation process begins.**

5.1 Program Design & Performance

5.1.1 General Shelter Information

15 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 as an attachment)**
- 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 as an attachment)**
- 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 as an attachment)**

Our shelter is open 24 hours per day, every day of the year, serving over 1,300 individuals annually. Staff are available at all hours including our Director of Guest Services who lives on-site. We welcome all women and single parent families and frequently house individuals who are victims of domestic violence, struggling with addiction or mental illness, or aging out of foster care. Our guests include individuals of all ages, newborns to senior citizens, and from many nationalities. We serve three healthy meals daily and provide hygiene items, clothing, and linens. Through partnerships with the University of Kentucky and Mountain Comprehensive Care, we offer both mental and physical healthcare on-site. Each guest meets with a caseworker within three business days of their arrival to draft their housing case plan, starting with an inventory of their current strengths and assets and looking for opportunities to build both through on-site resources like job and life skills training (see "TSA Housing Plan").

Expectations of guests are communicated through the attached "Rules" and "Information and Procedures" documents, reviewed with guests upon arrival. Guests sign one copy and are provided with a second to keep and access at any time. Staff are trained on cultural competency and we accommodate needs accordingly, such as religious food restrictions. Staff must adhere to The Salvation Army's core value of treating people with dignity and respect (see attached job description). Our grievance policy is outlined in the attached "Information and Procedures" document. Guests are not involved in shelter governance.

5.1.2 Rapid Resolution, Housing Oriented

25 points

Up to 10 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.

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?

Our social services staff oversee our shelter as well as our financial assistance (rent and utilities) program, food and clothing banks (located next door), and partnerships with more than 40 other community agencies addressing legal, housing, transportation, etc. Because of this crossover in location and staffing we are strategically positioned to address diversion. If needs can be met without emergency shelter we do so.

Guests meet with a caseworker within three business days of arrival to draft their housing case plan, including permanent housing options chosen by the guest. We maintain a list of active openings (partnering with Coordinated Entry and local landlords), given to guests and posted with frequent updates. Caseworkers meet with guests weekly. All caseworkers are trained in and utilize best practices including trauma informed care. Caseworkers help guests complete applications for birth certificates, IDs, etc. We partner with the city's homeless ID program to pay the cost.

We work to make sure families not only find housing but are prepared to keep it. In the past two years, only 4% of our guests have returned. Thus our shelter staff can easily identify frequent users and provide additional support. We house victims of domestic violence and ensure safety with tinted windows, confidentiality, and resources through the Amanda Center. When needed, we partner with Greenhouse17 for our most vulnerable guests. We actively participate in Lexington-wide homelessness initiatives through Coordinated Entry, the HMIS Common Assessment System and Committee, OHPI Advocacy, Issues, and Programs Committee, and Eastern State Hospital meetings.

5.1.3 Low-Barrier

15 points

Up to 5 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 as an attachment)**
- Does your emergency shelter have minimal expectations or requirements of people seeking shelter? **(submit documentation as an attachment)**
- 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?
- 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 as an attachment)**
- 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 turned away or banned in the past 12 months for reasons described above?

The attached document titled, "Hanger Lodge Rules" details our behavior requirements for guests to receive shelter. Because we accommodate children and have two licensed childcare programs on-site, we are unable to accommodate sex offenders and have a zero-tolerance drug policy. We have also attached our "Information and Procedures" and "Program Agreement" documents, which give guests program information and expectations of behavior. However, only violations of the items listed in our "Rules" document will result in removal from our shelter.

We welcome single parent families but are unable to shelter all family groups due to physical space constraints. Our program funding is flexible to community needs with 45% having no requirements other than supporting our shelter. We are unable to accommodate pets, but welcome service animals. Each guest receives one locker and two dresser drawers for their belongings. Additional space is available in our storage shed upon request.

We work with Lexington's Coordinated Entry system as well as local law enforcement, the United Way 211, local hospitals, and other shelters to identify individuals in need of shelter. Guests are welcomed at every hour, every day – staff are available 24/7. We request that guests participate in daily chores, attend life skills classes when not at work, and contribute \$10 weekly once employed. However, failure to do any of these is not grounds for removal. In the past 12 months, 30 guests (2% of total served) have been removed or banned for rule violations, all of which are listed in our "Rules" document.

5.1.4 Actual Results

10 Points

Applicants will be evaluated based on actual results from the previous year. LFUCG will utilize access to KYHMIS 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 database, not agency records, so KYHMIS data quality and timeliness is critical.

- **Submit reports from January 1, 2018 to December 31, 2018 as attachments**
 - **CoC APR**
 - **CoC CAPER**

See attached CoC APR and CoC CAPER reports.

5.1.5 Capacity, Cost Effectiveness, & 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.

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:		171 ind & fam
***Number of units available for families, if applicable:		19
Funds requested from LFUCG:		294,500
Average nightly census for individuals based on KYHMIS data:		94
Average nightly census for families based on KYHMIS data:		55
Total annual budget for shelter (all funding sources):		1,035,075
% LFUCG investment (LFUCG Request/Total Budget * 100):		28 %

- ***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.

Program Budget Summary Form Instructions

Proposal Submittal shall be considered incomplete and shall be rejected without completed Budget Summary Form. (Including total amount of ESR grant request.)

For organizations requesting funding for more than one program in this RFP, combine into a single Program Budget narrative for the proposal.

Please note that the Program Budget will be part of the grantee agreement with LFUCG and regular tracking and expenditure reporting will be required.

To ensure readability and uniformity, please use the Program Budget form included. Provide brief line-item detail as specified in each section below and verify all calculations.

This section provides a summary of the total proposed Program Budget for FY 2020. It requests the allocation of all projected funding amounts (City and non-City sources) for anticipated FY 2020 program expenditures.

Total Program Budget

Column A should reflect projected expenditures for the entire program (not just the proposed LFUCG ESR grant funding request portion). When the chart is completed this column should equal ESR Grant Funding Request plus other/non-ESR program funding. (A=B+C)

ESR Grant Funding Request

Column B is the grant amount being requested from this RFP to support this program's services to eligible Fayette County Participants.

Non-LFUCG Program Funding

Column C is the non-LFUCG ESR funding that is allocated to the Total Program Budget (A-B = C).

This form is for the budget for the PROGRAM applying for ESR funds, not the total agency budget.

For each category identify the amount requested and the amount to be leveraged through other programs or organizations (if applicable).

Staff Salaries – Identify the number of Full-time position salaries allocated to the program, and part-time positions allocated to the program, and the amounts of each allocated to Columns A, B, & C.

Consultant Services – In the "List Details" box, **briefly** 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 – In the "List Details" box, **briefly** list the basis of the allocation of rental costs, utilities, janitorial costs, and any other facility costs for the Program. Identify any office or program space in an LFUCG owned building, and any other costs (rent, monthly utilities, etc.) reimbursed to LFUCG.

Scholarships/Stipends – In the "List Details" box, **briefly** list the type of scholarships or stipends, and include the number of people or organizations to receive funds.

Operating Expenses – In the "List Details" box, **briefly** list the costs associated with expenses, supplies, utilities, and any other expense associated directly with the operation of the project.

Other – In the "List Details" box, **briefly** list any other costs for the Program not covered above.

PROGRAM BUDGET SUMMARY

Agency Name **The Salvation Army**

Program Name **Emergency Homeless Shelter**

FY 2020 (July 1, 2019-June 30, 2020) Total Program Budget

		Column A Total Program Budget [= B+C]	Column B ESR Grant Funding Request	Column C Non-ESR Program Funding [A-B]
1. Staff Salaries for Program	# of Employees:			
Full-Time (FTE)	11	370,536	130,000	240,536
Part-Time	24	286,093	110,000	176,093
Total Salaries		656,629	240,000	416,629
3. Consultant Services	\$	9,500	4,500	5,000
<i>list details</i>	Requested: \$4,500 for interpreting/translation services for non-English speaking guests (rate of \$39/hr + mileage) Other Sources: \$5,000 for contracted position for IT Services			
4. Space/Facilities	\$	97,285	30,000	67,285
<i>list details</i>	Requested: \$30,000 for Utilities Other Sources: \$26,428 for Utilities and \$40,857 for property upkeep and janitorial supplies			
5. Operating Expenses	\$	205,998	20,000	185,998
<i>list details</i>	Requested: \$20,000 for Food Other Sources: \$14,322 for Program Supplies, \$121,661 for Food, \$2,700 for Continuing Education, \$22,591 for Equipment/Furniture, \$6,929 for Transportation, \$6,897 for Office Supplies & Printing, \$5,803 for Phone & Internet, and \$5,195 for Insurance & Licenses			
6. Scholarships / Stipends	\$	7,463	0	7,463
<i>list details - numbers & amounts</i>	Other Sources: \$7,493 for bus tokens and miscellaneous assistance Our guests are also eligible for our medical, rent, and utilities assistance programs and free childcare through our Boys & Girls Club and Early Learning Center. These are budgeted separately.			
7. Other	\$	58,200	0	58,200
<i>list details</i>	Other Sources: \$58,200 for local support staff salaries and benefits (accounting, administrative & development)			
8. TOTAL PROGRAM BUDGET	\$	1,035,075	294,500	740,575

Cost per Program Participant: **\$ 796**

I understand that this document in its entirety is incorporated into my grant Agreement with the Lexington-Fayette Urban County Government.

Authorized Representative (typed name): Michael J. Southwick

Title: Secretary

Date: 4-15-2019

5.2 Capacity & Sustainability

5.2.1 Staff Qualifications & Experience

5 Points

Provide information on the key/primary individuals that will be involved in the provision of services and demonstrate that they have the capacity to address the stated need. List each position by title and name of employee, if available. Describe the anticipated roles and responsibilities for each person as it relates to this project. Describe the experience, expertise, and capacity of each individual to address the proposed activities.

Our shelter is equipped with a well-educated staff who maintain current knowledge and practices through continuing education (such as trainings in housing first, trauma informed care, mental health recovery, substance abuse, harm reduction, motivational interviewing, and assertive engagement attended this past year). They are supported locally by our Fiscal Manager, Executive Assistant for Human Resources, and Development Team. Our two Area Coordinators, Majors Thomas and Susan Hinzman, oversee and guide our program with more than 60 years of program management experience combined. Our key program staff members include:

- Mary Okpebholo, Director of Guest Services, has served at our shelter for 22 years and lives on-site. Mary coordinates a team of guest service assistants, cooks, in-kind donations processors, and maintenance staff to meet the basic needs of all guests through food, shelter, clothing, etc.
- Jen Andrews, MSW, TCADC, Social Services Coordinator, 12 years experience. Jen oversees the services that help guests find housing and build a stable future including case management, job training and placement, and partnerships with outside agencies.
- Shantel Taylor, BSW, Social Services Assistant Coordinator. In addition to providing case management, Shantel coordinates our life skills training program and maintains relationships with local housing providers who communicate with her regarding active openings.
- Susan Cox, Master's Degree and 20 years social service experience; Hailie Hawk, MSW; and Victoria Horseman, MSW (in progress) – Caseworkers. Susan, Hailie, and Victoria serve as coaches and advocates for guests, meeting with them weekly to develop and implement a plan to become permanently housed.

5.2.2 Partnership & Resource Leverage

5 Points

How do your programs and services support our community's comprehensive response to the identified priority area of Community Wellness & Safety? Does your organization have any formal agreements or informal working relationship with other local service programs?

What role does your governing board members, volunteers, and / or donors play in facilitating viable service delivery and program administration? Does your program have any major civic benefactors or corporate sponsors? Describe other secured funding sources and committed operational resources your organization has allocated for the proposed program.

We are the largest shelter in Lexington serving women and single parent families. We partner with area shelters serving different populations and specializing in sub-populations of the groups we serve (such as Greenhouse 17, Arbor Youth, and the Hope Center's Recovery Programs) through referrals and citywide initiatives like Coordinated Entry and the OHPI Advocacy, Issues, & Programs Committee. In addition, we work with more than 40 other community agencies seeking to stabilize and empower low income families. Our shelter serves as a hub of service with partners like Mountain Comprehensive Care (mental health), Jubilee Jobs (job training), University of Kentucky (medical clinic), REACH (money management) and many others providing services directly on-site.

Our 37-member advisory board is comprised of local community leaders who advise and assist with strategic planning, fundraising, and advocacy. Local colleges provide volunteer interns to assist with intake and paperwork processing. Community members volunteer to teach life skills classes, serve meals, and sort in-kind donations (such as clothing). We have strong support from our community with more than 40% of this program's funding coming directly from individuals. In addition, during this current fiscal year we will receive \$85,000 from the United Way of the Bluegrass, \$20,000 from an Emergency Solutions Grant, and over \$60,000 from private foundations in designated support for this program. Last fiscal year we also received \$13,000 from FEMA, \$123,820 from the Kentucky Department of Corrections, and \$10,000 from other private foundations and expect similar funding levels this year.

5.2.3 Outreach & Inclusion Strategy

15 Points

Demonstrate how the program will ensure services are available and accessible by all potential participants, especially related to language barriers for persons with limited English proficiency; persons with physical or other disabilities; and persons impacted by poverty and economic distress.

Has your organization enacted any policies (or employs any standard operating procedures) to ensure equitable service opportunity and / or benefit program to a diverse cross-section of the greater community?

We strive to meet the needs of all homeless women and single parent families, regardless of physical or language barriers. Due to staffing limitations, guests must be able to provide their own self-care (eating, showering, using the restroom, etc.) and self-rescue. We recently converted our Way House building to expand our number of handicap accessible beds to 34. In addition, we renovated the bathroom in this building to make it handicap accessible. All areas where group services are provided - such as meals, life skills classes, and our medical clinic - are handicap accessible. We are seeking to expand our language accessibility and are requesting funds to support the use of a local interpretation service (phone or in person) that would allow for communication between program staff and guests through an interpreter.

We frequently house individuals impacted by mental illness and partner with Mountain Comprehensive Care to provide assessments and treatment on-site. We work directly with partners like Eastern State Hospital to provide shelter for individuals leaving inpatient mental health treatment. By definition, our shelter seeks to serve the persons most impacted by poverty – those who can no longer meet their most basic of needs for shelter.

All Salvation Army programs adhere to our non-discrimination policy. Need knows no race, ethnicity, age, religion, sexual orientation, or language and thus our services are available to all who need them. Our shelter serves women and single parent families and we welcome women who are transgender and identify as female.

Required attachments with Proposal Submittal Form (8 total):

5.1.1 General Shelter Information

- 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 as an attachment)**
- 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 as an attachment)**
- Does the shelter involve guests in governance and operations? **(submit documentation as an attachment)**
- **Submit reports from January 1, 2018 to December 31, 2018 as attachments:**
 - CoC APR
 - CoC CAPER

5.1.3 Low Barrier

- 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 as an attachment)**
- Does your emergency shelter have minimal expectations or requirements of people seeking shelter? **(submit documentation as an attachment)**
- 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 as an attachment)**

Report Options

Provider Type	Provider	Reporting Group
Provider*	Salvation Army-Lexington-ESR-ES-LEX (2164)	
	This provider AND its subordinates	This provider ONLY
Program Date Range*	01/01/2018	to 12/31/2018
Entry/Exit Types*	Basic	<input checked="" type="checkbox"/> Basic Center Program <input type="checkbox"/> HUD <input type="checkbox"/> PATH <input type="checkbox"/> Quick Call <input type="checkbox"/> RRV <input type="checkbox"/> Standard <input type="checkbox"/> Transitional Living Program <input type="checkbox"/> VA <input type="checkbox"/> JHPP (Refined)

Coc-APR Report Results

4a - Project Identifiers in HMIS

Organization Name	Salvation Army-Lexington
Organization ID	557
Project Name	Salvation Army-Lexington-ESR-ES-LEX
Project ID	2164
HMIS Project Type	Emergency Shelter (HUD)
Method of Tracking ES	Entry/Exit Date
If HMIS Project ID = 6 (S Only)	
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?	
If 2-6, Dependent A = 1	
Identify the Project ID's of the housing projects this project is affiliated with:	
5a - Report Validations Table	
Report Validations Table	
1. Total Number of Persons Served	1502
2. Number of Adults (age 18 or over)	1216
3. Number of Children (under age 18)	286
4. Number of Persons with Unknown Age	18
5. Number of Leaves	1354
6. Number of Adult Leaves	1107
7. Number of Adult and Yield of Household Leaves	1113
8. Number of Stayers	148
9. Number of Adult Stayers	109
10. Number of Veterans	19
11. Number of Chronically Homeless Persons	106
12. Number of Youth Under Age 25	136
13. Number of Parenting Youth Under Age 25 with Children	11
14. Number of Adult Heads of Household	1212
15. Number of Child and Unknown-Age Heads of Household	6
16. Heads of Households and Adult Stayers in the Project 365 Days or More	1

6a - Data Quality: Personally Identifiable Information

Data Element	Count	Information Missing	Data Source	% of Error Rate
Warren (3.1)	1	0	7	1%
SSN (3.2)	123	45	595	51%
Date of Birth (3.3)	16	3	2	1%
Race (3.4)	21	4		2%
Ethnicity (3.5)	29	4		2%
Gender (3.6)	4	3		0%
Overall Score				52%

6b - Data Quality: Universal Data Elements

Data Element	Count	Information Missing	Error Count	% of Error Rate
Veteran Status (3.7)			3	0%
Project Start Date (3.10)			0	0%
Relationship to Head of Household (3.15)			0	0%
Client Location (3.16)			29	2%
Disabling Condition (3.8)				

6c - Data Quality: Income and Housing Data Quality

Data Element	Count	Information Missing	Error Count	% of Error Rate
Destination (3.12)			678	50%
Income and Sources (4.2) at Start			36	3%
Income and Sources (4.2) at Actual Assessment			1	100%
Income and Sources (4.2) at Exit			35	3%

6d - Data Quality: Chronic Homelessness

Data Element	Count of total records	Missing data for investigation (3.912.1)	Missing data for housing (3.912.2)	Approximate Date started (3.912.3) DK/R/missing	Number of times DK/R/missing (3.912.4)	Number of counts DK/R/missing (3.912.5)	% of records unable to calculate
Entering into project type ES, SH, Street Outreach	1220	0	0	134	158	177	12%
TH	0	0	0	0	0	0	0%
PH(alt)	0	0	0	0	0	0	0%
Total	1220						12%

6e - Data Quality: Timeliness

Time for Record Entry	Count of Project Start Records	Number of Project Exit Records
0 days	56	129
1 - 3 days	631	583
4 - 6 days	329	160
7 - 10 days	148	153
11+ days	223	340

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

Count	# of Records	# of Inactive Records	% of Inactive Records
0	0	0	0%

Contact (Address and Head of Household at Street Outreach) or ES - (HHS)

Bed Night (All clients in ES - NEM)

7A - Number of Persons Served

Adults	
Children	
Client Doesn't Know/Client Refused	
Data not collected	
Total	

7B - Point-in-Time Count of Persons on the Last Wednesday

January	
April	
July	
October	
Number of Households Served	

Total Households

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

January	
April	
July	
October	
Number of Persons Contacted	

Once	
2-5 Times	
6-9 Times	
10+ Times	
Total Persons Contacted	
9C - Number of Persons Engaged	

Once	
2-5 Times	
6-9 Times	
10+ Times	
Total Persons Engaged	
Rate of Engagement	

0 0%

Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
1218	1088	118	2	9
268	264	0	0	16
16	0	0	0	2
3	0	0	0	29
1592	1088	383	2	

Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
160	92	68	0	0
148	94	46	0	0
135	80	45	1	0
158	100	58	0	0

Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
1218	1088	118	2	13

Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
112	82	20	0	0
102	83	14	0	0
103	86	16	1	0
118	100	18	0	0

All Persons Contacted	First Contact - NOT staying on the Streets, ES, or SH	First Contact - WAS staying on the Streets, ES, or SH	First Contact - Worker unable to determine
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

All Persons Contacted	First Contact - NOT staying on the Streets, ES, or SH	First Contact - WAS staying on the Streets, ES, or SH	First Contact - Worker unable to determine
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0%	0%	0%	0%

10a - Gender of Adults

Gender	Without Children	With Children and Adults	Unknown Household Type
Female	0	9	0
Trans Female (MTF or Male to Female)	0	0	0
Trans Male (FTM or Female to Male)	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0
Client Doesn't Know/Client Refused	0	0	0
Data not collected	0	0	0
Subtotal	119	9	0

10b - Gender of Children

Gender	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Female	124	138	1	1
Trans Female (MTF or Male to Female)	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
Subtotal	124	138	1	1

10c - Gender of Persons Missing Age Information

Gender	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Female	17	0	0	0
Trans Female (MTF or Male to Female)	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
Subtotal	17	0	0	0

10d - Gender of Persons Missing Age Information

Gender	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Female	141	138	1	2
Trans Female (MTF or Male to Female)	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
Subtotal	141	138	1	2

Physical and Mental Health Conditions at Exit

1301 - Physical and Mental Health Conditions at Exit

	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Physical Health Problem	821	123	2	7
Alcohol Abuse	185	205	0	11
Drug Abuse	3	3	0	0
Both Alcohol and Drug Abuse	20	11	0	0
Chronic Health Condition	6	0	0	1
HIV/AIDS	44	32	0	2
Development Disability	9	7	0	6
Physical Disability	0	2	0	2
Total	1088	383	2	29

Physical and Mental Health Conditions at Start

1301 - Physical and Mental Health Conditions at Start

	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Physical Health Problem	1044	358	2	20
Alcohol Abuse	26	27	0	0
Drug Abuse	18	4	0	7
Both Alcohol and Drug Abuse	0	2	0	2
Chronic Health Condition	1088	383	2	29
HIV/AIDS	8	8	0	8
Development Disability	36	36	0	8
Physical Disability	210	210	0	4
Total	1502	1088	2	29

Physical and Mental Health Conditions of Stayers

1301 - Physical and Mental Health Conditions of Stayers

	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Physical Health Problem	365	333	20	2
Alcohol Abuse	15	15	0	0
Drug Abuse	49	47	2	0
Both Alcohol and Drug Abuse	49	53	1	1
Chronic Health Condition	104	104	6	0
HIV/AIDS	8	8	0	0
Development Disability	30	30	4	1
Physical Disability	184	184	7	1
Total	365	333	20	2

Mental Health Problem
 Alcohol Abuse
 Drug Abuse
 Both Alcohol and Drug Abuse
 Chronic Health Condition
 HIV/AIDS
 Developmental Disability
 Physical Disability

1342 - Number of Conditions at Site

None	
1 Condition	
2 Conditions	
3+ Conditions	
Condition Unknown	
Client Doesn't Know/Client Refused	
Data not collected	
Total	

1352 - Number of Conditions at Site

None	
1 Condition	
2 Conditions	
3+ Conditions	
Condition Unknown	
Client Doesn't Know/Client Refused	
Data not collected	
Total	

1362 - Number of Conditions for Shelters

None	
1 Condition	
2 Conditions	
3+ Conditions	
Condition Unknown	
Client Doesn't Know/Client Refused	
Data not collected	
Total	

144 - Domestic Violence History

Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
36	27	2	0	1
2	2	0	0	0
3	3	0	0	0
0	0	0	0	0
10	8	1	0	0
0	0	0	0	0
2	1	1	0	0
28	17	3	0	0

Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
930	566	341	1	22
253	222	28	0	3
160	154	6	0	0
113	108	3	0	1
32	29	3	0	0
12	8	1	0	3
2	0	1	1	0
1362	1000	363	2	29

Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
823	520	268	1	15
326	188	90	0	2
148	142	6	0	0
489	105	3	0	1
30	27	3	0	0
12	8	1	0	3
2	0	1	1	0
1355	1000	338	2	22

Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
97	43	48	0	6
39	25	5	0	1
14	12	2	0	0
4	4	0	0	0
4	4	0	0	0
0	0	0	0	0
0	0	0	0	0
545	285	335	0	7

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

Yes	548	524	58	1	7
No	555	492	58	1	4
Client Doesn't Know/Client Refused	27	22	3	0	2
Data not collected	0	0	0	0	0
Total	1222	1068	119	2	13

14b - Persons Fleeing Domestic Violence					
Yes	106	144	20	0	2
No	448	298	37	1	4
Client Doesn't Know/Client Refused	11	10	0	0	1
Data not collected	23	22	1	0	0
Total	548	574	58	1	7

15 - Living Situation					
Homeless Situations					
Emergency shelter, including Rapid re-housing paid for by emergency shelter voucher	128	108	11	0	0
Transitional housing for homeless persons (including homeless youth)	13	12	1	0	0
Place not present for homeless	216	219	14	0	3
Safe Haven	43	38	5	0	0
Prison Housing	13	14	0	0	0
Subtotal	425	393	35	0	3
Residential Settings					
Psychiatric hospital or other psychiatric facility	38	32	0	0	1
Substance abuse treatment facility or detox center	28	22	1	0	0
Hospital or other residential non-psychiatric medical facility	53	35	0	0	0
Jail, prison, or juvenile detention facility	188	188	0	0	0
Foster care home or foster care group home	3	2	0	0	1
Long-term care facility or nursing home	3	3	0	0	0
Residential project or halfway house with no homeless criteria	4	4	0	0	0
Subtotal	294	291	1	0	2
Other Locations					
Permanent Housing (after 90-day rule) for formerly homeless persons	1	0	1	0	0
Owned by client, no ongoing housing subsidy	4	2	2	0	0
Rented by client, with ongoing housing subsidy	2	2	0	0	0
Rented by client, no ongoing housing subsidy	51	47	12	0	2
Rented by client, with VASH housing subsidy	4	3	0	0	1
Rented by client, with GRP TR housing subsidy	0	0	0	0	0
Rented by client, with other housing subsidy (including KHR)	8	4	5	0	0
Hotel or motel paid for without emergency shelter voucher	48	42	7	0	0
Staying or living in a friend's room, apartment or house	128	112	15	2	0
Staying or living in a family member's room, apartment or house	118	93	26	0	0
Client Doesn't Know/Client Refused	115	95	16	0	4
Data not collected	10	8	3	0	1

Subtotal	683	406	87	2	9
Total	1222	2106	116	2	13
16 - Cash Income - Ranges					
No Income			Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
\$1 - \$50			758	0	666
\$51 - \$250			16	0	18
\$251 - \$500			16	0	16
\$501 - \$1000			28	0	26
\$1001 - \$1500			238	0	234
\$1501 - \$2000			57	0	55
\$2001 +			28	0	31
Client Doesn't Know/Client Refused			19	0	17
Data not collected			23	0	13
Number of adult stayers not yet required to have an annual assessment			39	0	21
Number of adult stayers without required annual assessment				108	
Total Adults			1316	109	1187
17 - Cash Income - Sources					
Earned Income			Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Unemployment/Retirement Insurance			125	0	142
Supplemental Security Income (SSI)			2	0	2
Social Security Disability Insurance (SSDI)			348	0	139
VA Service- Connected Disability Compensation			122	0	107
VA Non-Service- Connected Disability Pension			3	0	3
Private Disability Insurance			4	0	4
Worker's Compensation			0	0	0
Temporary Assistance for Needy Families (TANF)			1	0	1
General Assistance (GA)			5	0	5
Retirement Income from Social Security			3	0	3
Pension or retirement income from a former job			15	0	15
Child Support			3	0	2
Alimony and other spousal support			23	0	20
Other Source			2	0	2
Adults with Income Information at Start and Annual Assessment/Exit			23	0	18
28 - Client Case Income Category - Earned/Other Income Category - by Start and Annual Assessment/Exit Status					359
Number of Adults by Income Category			Number of Adults at Start	Number of Adults at Annual Assessment (Stayers)	Number of Adults at Exit (Leavers)
Adults with Only Earned Income (i.e., Employment Income)			110	0	127
Adults with Only Other Income			283	0	288
Adults with Both Earned and Other Income			12	0	12
Adults with No Income			797	0	697

Adults with Client Doesn't Know/Client Refused (Income Information)

Adults with Missing Income Information

Number of adult stayers not yet required to have an annual assessment

Number of adult stayers without required annual assessment

Total Adults

1 or More Source of Income

Adults with Income Information at Start and Annual Assessment/Exit

19A1 - Client Cash Income Change - Income Source - by Start and Latest Status

Income Change by

Income Category

(Universe: Adult)

Stayers with

Information at

Start and Annual

Assessment)

Number of Adults

with Earned Income

(i.e., Employment

Income)

Average Change in

Earned Income

Number of Adults

with Other Income

Average Change in

Other Income

Number of Adults

with Any Income

(i.e., Total Income)

Average Change in

Overall Income

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Stayers/Leavers with Income Information at Start and Annual Assessment/Exit	Assessment/Exit Than at Start	the Income Category at Annual Assessment/Exit	Increased Income from Start to Annual Assessment/Exit, Average Gain	Accomplished this Measure
Number of Adults with Earned Income (i.e., Employment Income)	30	1	200	200
Average Change in Earned Income	200	200	200	200
Number of Adults with Other Income	20	2	200	200
Average Change in Other Income	200	200	200	200
Number of Adults with Any Income (i.e., Total Income)	5	3	200	200
Average Change in Overall Income	200	200	200	200

20a - Type of Non-Cash Benefit Source

Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	200	0	190
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	20	0	20
TANF Child Care Services	20	0	20
TANF Transportation Services	20	0	20
Other Non-Cash Benefits	20	0	20
20b - Number of Non-Cash Benefit Sources	200	0	190

No Sources	958	0	958
1 + Source(s)	20	0	20
Client Doesn't Know/Client Refused	20	0	20
Data not collected	20	0	20
Total	1018	0	1018

21 - Health Insurance

MEDICAID	200	0	200
MEDICARE	20	0	20
State Children's Health Insurance Program	20	0	20
Veteran's Administration (VA) Medical Services	20	0	20
Employer-Provided Health Insurance	20	0	20
Health Insurance obtained through COBRA	20	0	20
Private Pay Health Insurance	20	0	20
State Health Insurance for Adults	20	0	20
Indian Health Services	20	0	20
Total	300	0	300

Other																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
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Moved from one HOPWA-funded project to HOPWA-FH	Owned by client, no ongoing housing subsidy	Owned by client, with ongoing housing subsidy	Rental by client; no ongoing housing subsidy	Rental by client, with VASH housing subsidy	Rental by client, with GHD TIP housing subsidy	Rental by client, with other ongoing housing subsidy	Permanent Housing (other than RRA) for formerly homeless persons	Staying or living with family, permanent tenure	Staying or living with friends, permanent housing	Rental by client, with RRA or equivalent subsidy	Subtotal	Temporary Destinations	Emergency shelter, including social or state paid for with emergency shelter voucher	Moved from one HOPWA-funded project to HOPWA-FH	Transitional housing for homeless persons (including homeless youth)	Staying or living with family, temporary tenure (e.g., room, apartment or house)	Staying or living with friends, temporary tenure (e.g., room, apartment or house)	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/port or anywhere outside)	Safe Haven	Hotel or motel paid for without emergency shelter voucher	Subtotal	Institutional Settings	Foster care home or foster care group, home	Psychiatric hospital or other psychiatric facility	Substance abuse treatment facility or detox center	Hospital or other residential non-psychiatric medical facility	Jail, prison, or juvenile detention facility	Long-term care facility or nursing home	Subtotal	Other Destinations	Residential project or halfway house with no homeless criteria	Deceased	Other	Client Doesn't Know/Client Relinquished Data Not Collected (no exit interview completed)	Subtotal	Total	Total persons exiting to positive housing destinations	Total persons whose destinations excluded them from the calculation	Percentage	N/A - Number of Veterans
0	0	4	0	0	0	0	0	0	0	0	239	36	0	0	0	78	0	0	3	123	0	7	13	13	13	16	4	48	0	0	0	0	14	638	746	1390	239	12	20%	
0	0	0	0	0	0	0	0	0	0	0	239	36	0	0	0	78	0	0	3	123	0	7	13	13	13	16	4	48	0	0	0	0	14	638	746	1390	239	12	20%	
0	0	0	0	0	0	0	0	0	0	0	239	36	0	0	0	78	0	0	3	123	0	7	13	13	13	16	4	48	0	0	0	0	14	638	746	1390	239	12	20%	
0	0	0	0	0	0	0	0	0	0	0	239	36	0	0	0	78	0	0	3	123	0	7	13	13	13	16	4	48	0	0	0	0	14	638	746	1390	239	12	20%	
0	0	0	0	0	0	0	0	0	0	0	239	36	0	0	0	78	0	0	3	123	0	7	13	13	13	16	4	48	0	0	0	0	14	638	746	1390	239	12	20%	
0	0	0	0	0	0	0	0	0	0	0	239	36	0	0	0	78	0	0	3	123	0	7	13	13	13	16	4	48	0	0	0	0	14	638	746	1390	239	12	20%	
0	0	0	0	0	0	0	0	0	0	0	239	36	0	0	0	78	0	0	3	123	0	7	13	13	13	16	4	48	0	0	0	0	14	638	746	1390	239	12	20%	
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0	0	0	0	0	0	0	0	0	0	0	239	36	0	0	0	78	0	0	3	123	0	7	13	13	13	16	4	48	0	0	0	0	14	638	746	1390	239	12	20%	
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0	0	0	0	0	0	0	0	0	0	0	239	36	0	0	0	78	0	0	3	123	0	7	13	13	13	16	4	48	0	0	0	0	14	638	746	1390	239	12	20%	
0	0	0	0	0	0	0	0	0	0	0	239	36	0	0	0	78	0	0	3	123	0	7	13	13	13	16	4	48	0	0	0	0	14	638	746	1390	239	12	20%	
0	0	0	0	0	0	0	0	0	0	0	239	36	0	0	0	78	0	0	3	123	0	7	13	13	13	16	4	48												

Chronically Homeless Veteran	3	3	0	0
Non-Chronically Homeless Veteran	16	13	3	0
Not a Veteran	1194	1088	116	0
Client Doesn't Know/Client Refused	2	2	0	0
Data not collected	1	1	0	0
Total	1216	1098	119	0
25b - Number of Veteran Households				
Chronically Homeless Veteran	3	3	0	0
Non-Chronically Homeless Veteran	16	13	3	0
Not a Veteran	1190	1067	114	0
Client Doesn't Know/Client Refused	2	2	0	0
Data not collected	1	1	0	0
Total	1212	1086	117	0
25c - Gender - Veterans				
Male	0	0	0	0
Female	19	16	3	0
Trans Female (FTM or Male to Female)	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0
Gender Non-Confirming (i.e. not exclusively male or female)	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
Total	19	16	3	0
25d - Age - Veterans				
18 - 24	1	1	0	0
25 - 34	6	6	0	0
35 - 44	4	2	2	0
45 - 54	4	3	1	0
55 - 64	4	4	0	0
65 +	0	0	0	0
Client Doesn't Know/Client Refused				
Data not collected				
Total	19	16	3	0
25e - Physical and Mental Conditions - Veterans				
Mental Health Problem				
Alcohol Abuse				
Drug Abuse				
Conditions at Exit Assessment for Stayers				
Conditions at Exit Assessment for Leavers				

Both Alcohol and Drug Abuse	2	0	2
Chronic Health Condition	5	0	5
HIV/AIDS	0	0	0
Development Disability	2	0	1
Physical Disability	6	0	6
25f - Cash Income Category - Income Category - by Start and Annual/Exit Status - Veterans			
Number of Veterans by Income Category			
Veterans with Other Earned Income (I.e., Employment Income)	0	0	0
Veterans with Only Other Income	9	0	9
Veterans with Both Earned and Other Income	1	0	1
Veterans with No Income	9	0	9
Veterans with Client Does Not Know/Client Refused Income Information	0	0	0
Number of veterans not yet required to have an annual assessment	0	1	0
Number of veterans without required annual assessment	0	0	0
Total Veterans	10	1	10
25g - Type of Cash Income Sources - Veterans			
Earned Income			
Unemployment Insurance	1	0	1
Supplemental Security Income (SSI)	0	0	0
Social Security Disability Insurance (SSDI)	5	0	5
VA Service - Connected Disability Compensation	3	0	3
VA Non-Service Connected Disability Pension	3	0	3
Private Disability Insurance	1	0	1
Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	0	0	0
General Assistance (GA)	2	0	2
Retirement Income from Social Security	0	0	0
Pension or retirement income from a former job	0	0	0
Child Support	2	0	2
Alimony and other spousal support	0	0	0
Other Source	1	0	1
Veterans with Income Information at Start and Annual Assessment/Exit	0	0	0
25h - Type of Non-Cash Benefit Sources - Veterans			
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)			
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	3	0	3
TANF Child Care Services	0	0	0
TANF Transportation Services	0	0	0

Other TANF-funded Services		ZSI - Exit Destination - Veterans		Total		Without Children		With Children and Adults		With Only Children		Unknown Housing Type	
Other Source													
Permanent Destinations													
Moved from one HOPIWA funded project to HOPIWA PI				0	0	0	0	0	0	0	0	0	0
Owned by client, no ongoing housing subsidy				0	0	0	0	0	0	0	0	0	0
Owned by client, with ongoing housing subsidy				0	0	0	0	0	0	0	0	0	0
Rental by client, no ongoing housing subsidy				2	1	1	0	0	0	0	0	0	0
Rental by client, with VASH housing subsidy				0	0	0	0	0	0	0	0	0	0
Rental by client, with GPD 11P housing subsidy				0	0	0	0	0	0	0	0	0	0
Rental by client, with other ongoing housing subsidy				0	0	0	0	0	0	0	0	0	0
Permanent housing (other than RTH) for formerly homeless persons				0	0	0	0	0	0	0	0	0	0
Staying or living with family, permanent tenure				1	1	1	0	0	0	0	0	0	0
Staying or living with friends, permanent tenure				0	0	0	0	0	0	0	0	0	0
Staying or living with friends, with RTH or equivalent subsidy				0	0	0	0	0	0	0	0	0	0
Subtotal				2	2	1	0	0	0	0	0	0	0
Temporary Destinations													
Emergency shelter, including hotel, or motel paid for with emergency shelter voucher				1	1	1	0	0	0	0	0	0	0
Moved from one HOPIWA funded project to HOPIWA PI				0	0	0	0	0	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)				0	0	0	0	0	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)				0	0	0	0	0	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)				1	1	1	0	0	0	0	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/busway station/airport or airport outside)				0	0	0	0	0	0	0	0	0	0
Safe Haven				0	0	0	0	0	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher				0	0	0	0	0	0	0	0	0	0
Subtotal				2	2	0	0	0	0	0	0	0	0
Institutional Settings													
Foster care home or foster care group home				0	0	0	0	0	0	0	0	0	0
Psychiatric hospital or other psychiatric facility				0	0	0	0	0	0	0	0	0	0
Substance abuse treatment facility or detox center				1	1	1	0	0	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility				0	0	0	0	0	0	0	0	0	0
Jail, prison, or juvenile detention facility				0	0	0	0	0	0	0	0	0	0
Long-term care facility or nursing home				0	0	0	0	0	0	0	0	0	0
Subtotal				1	1	0	0	0	0	0	0	0	0
Other Destinations													
Residential project or halfway house with no homeless criteria				0	0	0	0	0	0	0	0	0	0
Deceased				0	0	0	0	0	0	0	0	0	0
Other				1	1	1	0	0	0	0	0	0	0
Client Doesn't Know/Client Refused				0	0	0	0	0	0	0	0	0	0
Data Not Collected (no exit interview completed)				11	10	10	1	1	0	0	0	0	0
Subtotal				12	11	11	1	1	0	0	0	0	0
Total				28	16	16	2	2	0	0	0	0	0
Total persons exiting to positive housing destinations													

Total persons whose descriptions excluded them from the collection
Percentage

0 0 0 0
17% 13% 50% 0%

25a - Chronic Homeless Status - Number of Household w/ at least one or more CH person

Chronic Homeless	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Not Chronically Homeless	103	100	2	0	1
Client Doesn't Know/Client Refused	905	801	101	1	2
Data not collected	64	57	7	0	0
Total	146	128	7	1	10
	1218	1086	117	2	13

25b - Number of Chronically Homeless Persons by Household

Chronically Homeless	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Not Chronically Homeless	106	100	5	0	1
Client Doesn't Know/Client Refused	1175	803	362	1	9
Data not collected	64	57	7	0	0
Total	137	128	9	1	10
	1302	1086	383	2	29

25c - Gender of Chronically Homeless Persons

Gender	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	7	0	2	0	0
Female	103	99	3	0	1
Trans Female (M/F or Male to Female)	1	1	0	0	0
Trans Male (F/M or Female to Male)	0	0	0	0	0
Gender (Not-Confirming) (i.e. not exclusively male or female)	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	106	100	5	0	1

25d - Age of Chronically Homeless Persons

Age	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
0-17	3	10	0	0	0
18-24	10	21	1	0	0
25-34	22	20	1	0	0
35-44	20	24	1	0	0
45-54	24	15	0	0	0
55-64	16	2	0	0	0
65+	2	0	0	0	1
Client Doesn't Know/Client Refused	1	0	0	0	0
Data not collected	0	0	0	0	0
Total	106	100	5	0	1

25e - Physical and Mental Health Conditions - Chronically Homeless Persons

Conditions at Least
Asymptomatic for
30 days

Conditions at Least
Asymptomatic for
30 days

Conditions at Least
Asymptomatic for
30 days

Mental Health Problem:
 Alcohol Abuse
 Drug Abuse
 Both Alcohol and Drug Abuse
 Chronic Health Condition
 HIV/AIDS
 Development Disability
 Physical Disability

24f - Client Cash Income - Chronically Homeless Persons

Number of Chronically Homeless Persons by Income Category	Number of Chronically Homeless Persons at Start	Number of Chronically Homeless Persons at Annual Assessment (Stayers)	Number of Chronically Homeless Persons at Exit (Leavers)
Chronically Homeless Persons with Only Other Income	76	9	66
Chronically Homeless Persons with Both Earned and Other Income	7	2	5
Chronically Homeless Persons with No Income	12	4	11
Chronically Homeless Persons with Missing Income Information	11	0	10
Number of Chronically Homeless Persons not yet required to complete annual assessment	21	2	19
Total Chronically Homeless Persons	8	0	0
	5	0	5
	42	5	36

24g - Type of Cash Income Sources - Chronically Homeless Persons

Number of Chronically Homeless Persons by Income Category	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Unemployment Insurance	4	0	3
Supplemental Security Income (SSI)	0	0	4
Social Security Disability Insurance (SSDI)	20	0	14
V.A. Service - Connected Disability Compensation	19	0	17
V.A. Non-Service Connected Disability Pension	2	0	2
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	2	0	2
Alimony and other spousal support	0	0	0
Other Source	0	0	1
Other Source	1	0	34

24h - 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 FoodStamps)
 Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

TANF Child Care Services
 TANF Transportation Services
 Other TANF-Funded Services
 Other Source

27a - Age of Youth

12 - 17
 18 - 24

Client Doesn't Know/Client Refused

Data not collected

Total

27b - Parenting Youth

Parenting youth < 18
 Parenting youth 18 to 24

27c - Gender - Youth

Male

Female

Trans Female (MTF or Male to Female)

Trans Male (FTM or Female to Male)

Gender Not Confirmed (i.e. not exclusively male or female)

Client Doesn't Know/Client Refused

Data not collected

Total

27d - Living Situation - Youth

Homeless Situations

Emergency shelter, including hotel or motel paid for with emergency shelter voucher

Transitional housing for homeless persons (including homeless youth)

Place not meant for habitation

Safe Haven

Literary Housing

Subtotal

Institutional Settings

Psychiatric hospital or other psychiatric facility

Substance abuse treatment facility or detox center

Hospital or other residential non-psychiatric medical facility

Jail, prison, or juvenile detention facility

Foster care home or foster care group home

Foster care home or foster care group home

Foster care home or foster care group home

Foster care home or foster care group home

Foster care home or foster care group home

Foster care home or foster care group home

Foster care home or foster care group home

Foster care home or foster care group home

Foster care home or foster care group home

Foster care home or foster care group home

Foster care home or foster care group home

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
1	1	1	1	0	0
2	1	1	1	0	0
3	1	1	1	0	0
4	1	1	1	0	0
5	1	1	1	0	0
6	1	1	1	0	0
7	1	1	1	0	0
8	1	1	1	0	0
9	1	1	1	0	0
10	1	1	1	0	0
11	1	1	1	0	0
12	1	1	1	0	0
13	1	1	1	0	0
14	1	1	1	0	0
15	1	1	1	0	0
16	1	1	1	0	0
17	1	1	1	0	0
18	1	1	1	0	0
19	1	1	1	0	0
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21	1	1	1	0	0
22	1	1	1	0	0
23	1	1	1	0	0
24	1	1	1	0	0
25	1	1	1	0	0
26	1	1	1	0	0
27	1	1	1	0	0
28	1	1	1	0	0
29	1	1	1	0	0
30	1	1	1	0	0
31	1	1	1	0	0
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33	1	1	1	0	0
34	1	1	1	0	0
35	1	1	1	0	0
36	1	1	1	0	0
37	1	1	1	0	0
38	1	1	1	0	0
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290	1	1	1	0	0
291	1	1	1	0	0
292	1	1	1	0	0
293	1	1	1	0	0
294	1	1	1	0	0
295	1	1	1	0	0
296	1	1	1	0	0
297	1				

4/5/2019, 2:31 PM

4/5/2019, 2:31 PM

Report Options

Provider Type	Provider	Reporting Group
Provider*	Salvation Army-Lexington-ESR-ES-LEX (2164)	
	This provider AND its subordinates	This provider ONLY
Program Date Range*	01/01/2018	To 12/31/2018
Entry/Exit Types*	Basic	Basic Center Program HUD PATH Rapid RHY Standard Transitional Living Program Y& (Redd)

ESG Report Results

4a - Project Identifiers in HIMS:

Organization Name	Salvation Army-Lexington
Organization ID	557
Project Name	Salvation Army-Lexington-ESR-ES-LEX
	2164
Project ID	Emergency Shelter (HUD)
	Entry/Exit Date

HIMS Project Type

Method of Tracking ES

If HIMS Project ID = 6 (S Only)

Is the Services Only (HIMS Project Type 6) affiliated with a residential project?

If 2.A, Dependent A = 1

Identify the Project IDs of the housing projects the project is affiliated with:

5a - Report Validation Table

Report Validation Table

1. Total Number of Persons Served	1502
2. Number of Adults (age 18 or over)	1216
3. Number of Children (under age 18)	286
4. Number of Persons with Unknown Age	18
5. Number of Leaves	1354
6. Number of Adult Leaves	1107
7. Number of Adult and Head of Household Leaves	1113
8. Number of Stayers	148
9. Number of Adult Stayers	109
10. Number of Veterans	19
11. Number of Chronically Homeless Persons	106
12. Number of Youth Under Age 25	134
13. Number of Parenting Youth Under Age 25 with Children	11
14. Number of Adult Heads of Household	1212
15. Number of Child and Unknown-Age Heads of Household	6
16. Heads of Household and Adult Stayers in the Project 365 Days or More	1

6a - Data Quality: Personally Identifiable Information

Data Element	Count of Total records	Missing data in instructions (3.912.2)	Missing data in housing (3.912.2)	Approximate Date started (3.912.2) DK/R/missing	Number of times DK/R/missing (3.912.2)	Number of months DK/R/missing (3.912.2)	% of Error Rate
Name (3.1)	1220	0	0	124	155	127	17%
SSN (3.2)	1220	0	0	0	0	0	0%
Date of Birth (3.3)	1220	0	0	0	0	0	0%
Race (3.4)	1220	0	0	0	0	0	0%
Ethnicity (3.5)	1220	0	0	0	0	0	0%
Gender (3.6)	1220	0	0	0	0	0	0%
Overall Score	1220	0	0	0	0	0	0%
6b - Data Quality: University Data Elements							
Data Element	Count of Total records	Missing data in instructions (3.912.2)	Missing data in housing (3.912.2)	Approximate Date started (3.912.2) DK/R/missing	Number of times DK/R/missing (3.912.2)	Number of months DK/R/missing (3.912.2)	% of Error Rate
Veteran Status (3.7)	1220	0	0	0	0	0	0%
Project Start Date (3.10)	1220	0	0	0	0	0	0%
Relationship to Head of Household (3.15)	1220	0	0	0	0	0	0%
Client Location (3.16)	1220	0	0	0	0	0	0%
Disabling Condition (3.8)	1220	0	0	0	0	0	0%
6c - Data Quality: Income and Housing Data Quality							
Data Element	Count of Total records	Missing data in instructions (3.912.2)	Missing data in housing (3.912.2)	Approximate Date started (3.912.2) DK/R/missing	Number of times DK/R/missing (3.912.2)	Number of months DK/R/missing (3.912.2)	% of Error Rate
Dependence (3.12)	1220	0	0	0	0	0	0%
Income and Sources (4.2) at State	1220	0	0	0	0	0	0%
Income and Sources (4.2) at Annual Assessment	1220	0	0	0	0	0	0%
Income and Sources (4.2) at Exit	1220	0	0	0	0	0	0%
6d - Data Quality: Chronic Homelessness							
Entering into project type	Count of Total records	Missing data in instructions (3.912.2)	Missing data in housing (3.912.2)	Approximate Date started (3.912.2) DK/R/missing	Number of times DK/R/missing (3.912.2)	Number of months DK/R/missing (3.912.2)	% of Error Rate
ES, SH, Street Outreach	1220	0	0	0	0	0	0%
PH (a)	1220	0	0	0	0	0	0%
Total	1220	0	0	0	0	0	0%

6e - Data Quality: Timeliness

Time For Record Entry	Count of Total records	Missing data in instructions (3.912.2)	Missing data in housing (3.912.2)	Approximate Date started (3.912.2) DK/R/missing	Number of times DK/R/missing (3.912.2)	Number of months DK/R/missing (3.912.2)	% of Error Rate
0 days	1220	0	0	0	0	0	0%
1 - 3 days	1220	0	0	0	0	0	0%
4 - 6 days	1220	0	0	0	0	0	0%
7 - 10 days	1220	0	0	0	0	0	0%
11+ days	1220	0	0	0	0	0	0%
6f - Data Quality: Inactive Records: Street Outreach and Emergency Shelter							
Number of Project Start Records	1220	0	0	0	0	0	0%
Number of Project Exit Records	1220	0	0	0	0	0	0%
% of Inactive Records	1220	0	0	0	0	0	0%

Contact/Adults and Heads of Household in Street Outreach on ES = 0000

Bed Night (All clients in ES - MBN)	
7a - Number of Persons Served	
Adults	
Children	
Client Doesn't Know/Client Refused	
Data not collected	
8b - Point-in-Time Count of Households on the Last Wednesday	
Total Households	

8c - Point-in-Time Count of Households on the Last Wednesday	
Adults	
Children	
Client Doesn't Know/Client Refused	
Data not collected	
9a - Number of Persons Contacted	
Once	
2-5 Times	
6-9 Times	
10+ Times	
Total Persons Engaged	
Rate of Engagement	
10b - Gender of Adults	
Male	
Female	
Trans Male (MTM or Male to Female)	
Trans Male (FTM or Female to Male)	
Gender Not-Confirming (i.e. not exclusively male or female)	

Total	1216	Without Children	1088	With Children and Adults	119	With Only Children	2	Unknown Household Type	29
Adults	268			264	0	0	0	2	29
Children	16			0	0	0	0	0	0
Client Doesn't Know/Client Refused	2			0	0	0	0	0	0
Data not collected	1502			1502	2	2	2	29	29
8b - Point-in-Time Count of Households on the Last Wednesday									
Total Households	1218	Without Children	1086	With Children and Adults	117	With Only Children	2	Unknown Household Type	13
Adults	112			20	0	0	0	0	0
Children	107			14	0	0	0	0	0
Client Doesn't Know/Client Refused	103			14	1	1	1	0	0
Data not collected	118			18	0	0	0	0	0
9a - Number of Persons Contacted									
Once	0	All Persons Contacted	0	First Contact - NOT staying on the Streets, ES, or SH	0	First Contact - WAS staying on the Streets, ES, or SH	0	First Contact - Worker unable to determine	0
2-5 Times	0			0	0	0	0	0	0
6-9 Times	0			0	0	0	0	0	0
10+ Times	0			0	0	0	0	0	0
Total Persons Engaged	0			0	0	0	0	0	0
Rate of Engagement	0.00			0.00	0.00	0.00	0.00	0.00	0.00
10b - Gender of Adults									
Male	5	Total	5	Without Children	2	With Children and Adults	4	Unknown Household Type	0
Female	1297			1297	115	115	115	0	0
Trans Male (MTM or Male to Female)	3			3	0	0	0	0	0
Trans Male (FTM or Female to Male)	0			0	0	0	0	0	0
Gender Not-Confirming (i.e. not exclusively male or female)	0			0	0	0	0	0	0

Client Doesn't Know/Client Refused
Data not collected
Subtotal

10b - Gender of Children

Male
Female
Trans Male (MTF or Male to Female)
Trans Female (FTM or Female to Male)
Gender Non-Conforming (i.e. not exclusively male or female)
Client Doesn't Know/Client Refused
Data not collected
Subtotal

10c - Gender of Persons Missing Age Information

10d - Gender by Age Ranges

10e - Gender by Age Ranges

10f - Gender by Age Ranges

10g - Gender by Age Ranges

10h - Gender by Age Ranges

10i - Gender by Age Ranges

10j - Gender by Age Ranges

10k - Gender by Age Ranges

10l - Gender by Age Ranges

10m - Gender by Age Ranges

10n - Gender by Age Ranges

10o - Gender by Age Ranges

10p - Gender by Age Ranges

10q - Gender by Age Ranges

10r - Gender by Age Ranges

10s - Gender by Age Ranges

10t - Gender by Age Ranges

10u - Gender by Age Ranges

10v - Gender by Age Ranges

10w - Gender by Age Ranges

10x - Gender by Age Ranges

10y - Gender by Age Ranges

42 - 59	318	206	9	21
60 - 69	329	119	0	21
70 +	47	46	0	20
Client Doesn't Know/Client Refused	126	0	0	20
Data not collected	2	0	0	21
Total	1330	383	21	101

42 - 59	318	206	9	21
60 - 69	329	119	0	21
70 +	47	46	0	20
Client Doesn't Know/Client Refused	126	0	0	20
Data not collected	2	0	0	21
Total	1330	383	21	101

White	1020	821	123	2	7
Black or African American	283	185	205	0	12
Asian	409	3	3	0	10
American Indian or Alaska Native	6	20	11	0	2
Native Hawaiian or Other Pacific Islander	20	6	0	0	1
Multiple races	20	46	32	0	2
Client Doesn't Know/Client Refused	22	9	7	0	5
Data not collected	4	0	2	0	5
Total	1297	1088	383	2	29

	Total Persons	Without Children	Adults	With Only Children	Unknown Household Type
Mental Health Problem	399	359	379	0	3
Alcohol Abuse	237	17	237	0	0
Drug Abuse	523	27	523	0	0
Both Alcohol and Drug Abuse	60	27	60	0	0
Chronic Health Condition	154	122	154	0	0
HIV/AIDS	2	2	2	0	0
Development Disability	10	10	10	0	0
Physical Disability	100	100	100	0	0
Physical and Mental Health Conditions of Tenants					3

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Mental Health Problem	365	333	30	0	2
Alcohol Abuse	15	15	0	0	0
Drug Abuse	49	40	2	0	0
Both Alcohol and Drug Abuse	55	48	0	0	1
Chronic Health Condition	110	104	0	0	0
HIV/AIDS	8	8	0	0	0

Development Disability	38	30	4	0	1
Physical Disability	192	164	7	0	1
13c1 - Physical and Mental Health Conditions of Shelters					
Mental Health Problem	30	27	2	0	1
Alcohol Abuse	2	2	0	0	0
Drug Abuse	5	5	0	0	0
Both Alcohol and Drug Abuse	0	0	0	0	0
Chronic Health Condition	10	8	1	0	0
HIV/AIDS	0	0	0	0	0
Development Disability	2	1	1	0	0
Physical Disability	20	12	3	0	0
14a - Domestic Violence History					
Yes	640	574	58	1	7
No	358	492	18	1	4
Client Doesn't Know/Client Refused	27	22	3	0	2
Data not collected	0	0	0	0	0
Total	1225	1088	119	2	13
14b - Persons Experiencing Domestic Violence					
Yes	106	144	20	0	2
No	440	388	37	1	4
Client Doesn't Know/Client Refused	13	10	0	0	1
Data not collected	23	22	1	0	0
Total	540	574	58	1	7
15 - Living Situation					
Homeless Situations					
Emergency shelter, including hotel or motel paid for with emergency shelter vouchers	120	109	11	0	0
Transitional housing for homeless persons (including homeless youth)	13	12	1	0	0
Place not meant for habitation	236	210	14	0	3
Safe Haven	43	38	5	0	0
Interim Housing	13	11	0	0	0
Subtotal	425	391	31	0	3
Residential Settings					
Psychiatric hospital or other psychiatric facility	33	32	0	0	1
Substance abuse treatment facility or detox center	28	27	1	0	0
Hospital or other residential non-psychiatric medical facility	35	35	0	0	0
Jail, prison, or juvenile detention facility	188	188	0	0	0
Foster care home or foster care group home	3	2	0	0	0
Long-term care facility or nursing home	9	3	0	0	0

Residential project or halfway house with no homeless criteria									
Subtotal									
Other Locations									
Permanent Housing (other than RHH) for formerly homeless persons	4	4	0	0	0	0	0	0	0
Owned by client, no ongoing housing subsidy	294	291	1	0	0	0	0	0	2
Owned by client, with ongoing housing subsidy	1	0	1	0	0	0	0	0	0
Rental by client, with ongoing housing subsidy	4	2	2	0	0	0	0	0	0
Rental by client, no ongoing housing subsidy	2	2	0	0	0	0	0	0	0
Rental by client, with VASH subsidy	61	47	12	0	0	0	0	0	2
Rental by client, with HUD TIP subsidy	4	3	0	0	0	0	0	0	1
Rental by client, with other housing subsidy (including rent)	9	4	0	0	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	49	42	7	0	0	0	0	0	0
Staying or living in a friend's room, apartment or house	128	112	15	0	0	0	0	0	0
Staying or living in a family member's room, apartment or house	119	93	26	0	0	0	0	0	0
Client doesn't know/Client Refused	119	95	16	0	0	0	0	0	0
Data not collected	10	6	3	0	0	0	0	0	0
Subtotal	503	466	87	0	0	0	0	0	13
Total	4222	1080	119	0	0	0	0	0	13
2aa - Type of Non-Cash Benefit Source									
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)									
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)									
TANF Child Care Services									
TANF Transportation Services									
Other TANF-Funded Services									
Other Source									
21 - Health Insurance									
MEDICAID									
MEDICARE									
State Children's Health Insurance Program									
Veteran's Administration (VA) Medical Services									
Employer-Provided Health Insurance									
Health Insurance obtained through COBRA									
Private Pay Health Insurance									
State Health Insurance for Adults									
Indian Health Services Program									
Other									
No Health Insurance									
Client doesn't know/Client refused									
Data not collected									
Number of stayers not yet required to have an annual assessment									
1 Source of Health Insurance									
At Start									
At Annual Assessment for Stayers									
At Exit for Leavers									
927	0	0	0	0	0	0	0	0	0
172	0	0	0	0	0	0	0	0	0
12	0	0	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0	0	0
17	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0
19	0	0	0	0	0	0	0	0	0
17	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0
27	0	0	0	0	0	0	0	0	0
387	0	0	0	0	0	0	0	0	0
15	0	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0	0
1001	0	0	0	0	0	0	0	0	0
927	0	0	0	0	0	0	0	0	0

22a2 - Length of Participation - ESG Projects

22c - Length of Time between Project Start Date and Housing Move-In Date22d - Length of Participation by Household Type166 to 730 Days (1-2 Yrs)

731 to 1,095 Days (2-3 Yrs)	0	0	0	0	0
1,096 to 1,450 Days (3-4 Yrs)	0	0	0	0	0
1,451 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	1502	1088	383	21	39
22a - Exit Destination - More than 90 days					
Permanent Destinations					
Moved from one HUD/PHA funded project to HUD/PHA 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	0	0	0	0	0
Rental by client, with VASH subsidy	0	0	0	0	0
Rental by client, with GPO TIP subsidy	0	0	0	0	0
Rental by client, other ongoing subsidy	0	0	0	0	0
Permanent Housing (other than RHH) 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 RHH or equivalent subsidy	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	0	0	0	0	0
Moved from one HUD/PHA funded project to HUD/PHA PH	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, subtenant 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 any where outside)	0	0	0	0	0
Subtotal	0	0	0	0	0
Other Destinations					
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Subtotal	0	0	0	0	0
Intentional 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 half-way 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	
Subtotal		0		0		0	
Total		0		0		0	
Total persons exiting to positive housing destinations							
Total persons whose destinations excluded them from the calculation							
Percentage		0%		0%		0%	
23b - Exit Destination - 90 Days or Less							
Permanent Destinations							
Moved from one HOPEA funded project to HOPEA RH							
Owned by client, no ongoing subsidy		0		0		0	
Owned by client, with ongoing subsidy		0		0		0	
Rental by client, no ongoing subsidy		0		0		0	
Rental by client, with VASH subsidy		0		0		0	
Rental by client with GED TIF subsidy		0		0		0	
Rental by client, other ongoing subsidy		0		0		0	
Permanent Housing (other than RH) for formerly homeless persons		0		0		0	
Staying or living with family, permanent tenure		0		0		0	
Staying or living with friends, permanent tenure		0		0		0	
Rental by client, with RH or equivalent subsidy		0		0		0	
Subtotal		0		0		0	
Temporary Destinations							
Emergency shelter, including hotel or motel paid for with emergency shelter voucher							
Moved from one HOPEA funded project to HOPEA RH		0		0		0	
Transitional housing for homeless persons (including homeless youth)		0		0		0	
Staying or living with family, temporary tenure (e.g., room, apartment or house)		0		0		0	
Staying or living with friends, temporary tenure (e.g., room apartment or house)		0		0		0	
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)		0		0		0	
Safe Haven		0		0		0	
Hotel or motel paid for without emergency shelter voucher		0		0		0	
Subtotal		0		0		0	
Institutional Settings							
Foster care home or foster care group home		0		0		0	
Psychiatric hospital or other psychiatric facility		0		0		0	
Substance abuse treatment facility or detox center		0		0		0	
Hospital or other residential non-psychiatric medical facility		0		0		0	
Jail, prison, or juvenile detention facility		0		0		0	
Long-term care facility or nursing home		0		0		0	
Subtotal		0		0		0	
Other Destinations							
Residential project or halfway house with no homeless criteria		0		0		0	
Deceased		0		0		0	
Other		0		0		0	

Client doesn't know/Client Refused	0	0	0	0	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0
Total persons exiting to positive housing destinations	0	0	0	0	0	0	0	0	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0	0	0	0	0
Percentage	0%	0%	0%	0%	0%	0%	0%	0%	0%
23c - Exit Destination - All persons									
Permanent Destinations									
Moved from one HOPWA-funded project to HOPWA PH	0	0	0	0	0	0	0	0	0
Owned by client, no ongoing subsidy	0	0	0	0	0	0	0	0	0
Owned by client, with ongoing subsidy	0	0	0	0	0	0	0	0	0
Rental by client, no ongoing subsidy	0	0	0	0	0	0	0	0	0
Rental by client, with VASH subsidy	0	0	0	0	0	0	0	0	0
Rental by client with GAP TIP subsidy	0	0	0	0	0	0	0	0	0
Rental by client, other ongoing subsidy	0	0	0	0	0	0	0	0	0
Permanent housing (other than RPH) for formerly homeless persons	0	0	0	0	0	0	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0	0	0	0	0
Rental by client, with RPH or equivalent subsidy	0	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0	0
Temporary Destinations									
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0	0	0	0	0
Moved from one HOPWA-funded project to HOPWA PH	0	0	0	0	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	0	0	0	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	0	0	0	0	0	0	0	0
Place not meant for habitation (e.g., airplane, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0	0
Other Destinations									
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0	0
Institutional Settings									
Foster care home, or foster care group home	0	0	0	0	0	0	0	0	0
Psychiatric hospital, or other psychiatric facility	0	0	0	0	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0	0
Other Destinations									
Residential project or halfway house with no homeless criteria	0	0	0	0	0	0	0	0	0
Decayed	0	0	0	0	0	0	0	0	0

Other	96	73	20	1	2
Client Doesn't Know/Client Refused	15	10	5	0	0
Data Not Collected (no exit interview completed)	663	546	106	0	11
Subtotal	775	630	131	1	13
Total	1354	1000	330	2	22
Total persons ending to positive housing destinations	120	181	134	1	4
Total persons whose destinations excluded them from the calculation	14	14	0	0	0
Percentage:	24%	18%	41%	50%	18%

2.4.7 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--without an 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 with 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 Vagaries

	Total	Without Children	With Children and Adults	Unknown Household Type
Chronically Homeless Veteran	5	3	0	0
Non-Chronically Homeless Veteran	16	13	3	0
Non-Veteran	1194	1068	416	9
Client doesn't know/Client refused	2	2	0	0
Data not collected	1	1	0	0
Total	1218	1084	419	9

26b - Number of Chronically Homeless Persons by Household

	Total	With/No Child in Household	With Child in Household	With Only One Child in Household	Unknown Household Type
Electrically Handless	106	100	5	0	1
Not Chemically Handless	1173	803	362	7	9
Client Doesn't Know/Client Refused	64	2	57	0	0
Data not collected	137	128	9	1	19
Total	1802	1085	383	2	29

Note to LFUCG Grant Reviewers: Failure to meet the expectations listed in this document will **NOT** cause an individual to be removed or barred from our shelter. Only the violations listed in our "Hanger Lodge Rules" document will cause an individual to be removed or barred from our shelter.



Information & Procedures - Navigating Your Stay

- 1) Guests must be out of bed, showered, dressed and cleaning their areas by 8:00 a.m. Monday-Friday and 9:00 a.m. on Saturday and Sunday.
- 2) Guests must be able to care for themselves and are required to participate in all emergency drills. Always follow staff instructions to go to the proper locations during drills.
- 3) All guests must sign themselves in and out every time they leave the property.
- 4) All prescription and over the counter drugs **MUST** be kept in assigned medical box/bag behind the reception desk in the front lobby. Guests can only access medicine in the lobby.
- 5) Food and/or drinks cannot be taken out of the cafeteria. No food and/or drinks are allowed in dorms or family area rooms except for plain bottled water.
- 6) For the safety of children, parents/guardians must supervise their child(ren) on property at all times
- 7) Guests **CANNOT** switch beds (single dorms) or rooms (family area) without permission from the Director of Guest Services.
- 8) Smoking (including electronic cigarettes) is **NOT** permitted in the buildings or on Salvation Army grounds except for the far end of the playground or the patio between the Way House and Lodge.
- 9) Profanity, gambling, sexually related comments or whistling and intimate touching of any kind is **NOT** permitted.

DAILY LIVING

- Guests should check daily for mail, with the front desk staff.
- Guest will be assigned Caseworker, please check the white board for time and date of your schedule intake.
- Pets are not permitted on the property (inside or outside) unless the animal is a service animal.
- Guests are required to attend life skills education classes and other mandatory classes as listed on the monthly calendar; unless employed during class hours. Important: A guest may only be excused from attending a particular class by their caseworker.
- If you need to speak with your Caseworker, Social Service Coordinator or the Director of Guest Services and do not have a scheduled appointment, fill out a **Caseworker Request Form**. These can be found at the front desk.
- A phone for guest business use is located in the front hallway of the Lodge. This phone is for local calls only.
- We reserve the right to search any bags or belongings brought into the Lodge. Lockers and closets are also subject to random search. Guests are required to cooperate with searches.
- We reserve the right to randomly drug and alcohol test, with the understanding a staff member must be present at the time the specimen is collected. This is a zero tolerance facility; therefore, testing positive or failure to comply can result in suspension from the lodge.
- Guests are to be fully dressed at all times. Appropriate undergarments and clothing (no pajamas or lounge pants) must be worn in common areas. Shoes, (not house slippers), must be worn at all the times, inside and outside the facility.
- Visitation for the Lodge is Sundays from 2:00 p.m.-4:00 p.m. in the reception/lobby area. All visitors are required to sign in and out.
- Clothing items are restricted to what fits into each guest's assigned clothing unit/locker. Guests being housed in overflow spaces may keep one bag of personal items in the lobby restroom. Linens and up to one additional bag of personal items will be stored in the Lodge shed which will be opened once in the morning and once in the evening by Lodge staff.

DAILY SCHEDULE

- | | |
|--------------------------|---|
| o 5:00 a.m. – 7:45 a.m. | Continental Breakfast |
| o 8:00 a.m. | Room inspections |
| o 10:00 a.m. | Sunday School (optional, Sunday) |
| o 11:00 a.m. | Worship (optional, Sunday) |
| o 11:00 a.m. | Safe Haven group meeting (Wednesdays) |
| o 12:00 p.m. – 1:00 p.m. | Lunch |
| o 5:00 p.m. – 6:00 p.m. | Dinner |
| o 5:30 p.m. – 8:00 p.m. | Clinic (Tuesday and Thursday) - sign-up is 4:30 p.m. |
| o 8:00 p.m. | Mandatory Guests Meeting (1 st Tuesday – Singles & 3 rd Tuesday – Families) |
| o 8:00 p.m. – 8:30 p.m. | Snack (optional) – Milk & Ice @ 8:30 p.m. |
| o 9:00 p.m. | All children must be in bed on school nights (Note: 10 p.m. on non-school nights) |
| o 11:00 p.m. – 5:00 a.m. | All guests in rooms/dorms (<i>TV's off / smoking area locked / Lights Off</i>) |

DORM/ WAYHOUSE/ FAMILY LIVING

- Single guests must be in their rooms and lights out by **11:00 p.m.**
- Guests with children must be in their rooms with children in bed by **9:00 p.m. on school nights and 10:00 p.m. on non-school nights.**
- Do not rearrange furniture, or put tape, stickers or markings on furniture. Windows are not to be opened or unlocked unless approval is given by the Director of Guest Services.
- Small radios may be used in family rooms as long as it does not disturb your neighbors. Small radios without electric cords or camera devices may be used in dorms with headphones so you do not disturb other guests.
- Guests are not permitted to watch soap operas, BET, VH1, MTV, on the TVs in the singles area, the Way House or in the Family area. Talk shows are under Director of Guest Services' discretion. **TV operation hours are 6:00 am to 9:00 am and 6:00pm to 11:00pm.**
- Television in the Family Area is only to be geared towards children. NO, MTV, BET, soap operas. **TV operation hours are 6:00 am to 9:00 am and 6:00pm to 11:00pm.**
- Parents/guardians must ensure that their children are using the appropriate playground equipment and toys suitable for their child's age. Big wheels, toy weapons, roller blades, skates or other playground items cannot to be brought inside the facility.
- Under **NO** circumstances may one guest handle or baby-sit another guest's child(ren) while on Salvation Army property.

MEALS/SACK LUNCHES/SNACKS

- Guests must get a ticket at the front desk for all meals. Staff will announce when tickets are available.
- No bare feet or flip-flops without socks in the dining area. Guests are to be appropriately dressed.
- Sack lunches are available for employed guests or guests with scheduled appointments who will not be here at mealtime. A copy of your work schedule will be required. If sack lunches are not picked up two days in a row it is an automatic forfeit from the sack lunch program.
- Applications for sack lunch are available outside the Director of Guest Services' office and must be applied for by 4 p.m. Saturday for the following week. You must reapply with your schedule each week by Saturday. Guests requiring a special diet due to medical or religious reasons need to notify the Director of Guest Services.
- Refrigeration is available for babies' food and milk. Parents/guardians should see the Director of Guest Services for bottle washing and sanitation times. Be sure to date and initial your items.
- Snacks (not meals) may be brought in the front door and taken directly through the lobby and eaten at the picnic tables **during designated time periods.**
Families may have snack from 7 p.m.-8 p.m.
Singles may have snack from 8:30 p.m.-9:30 p.m.

NO SHOWS/WEEKEND PASSES

- Weekend passes must be approved by the Director of Guest Services. After 30 days, one pass per month and two extended curfews may be requested. Guests must apply for the pass by Thursday 4:00 p.m. for that weekend. Do not leave before your pass has been approved.
- Guests will forfeit their bed/room after **two no shows.**
- Guests who check out of the lodge must take their belongings and medication with them. Belongings, including medication, will be held for 48 hours unless previous arrangements have been made with the Director of Guest Services. Mail will be held for 30 days.
- **IMPORTANT:** The Salvation Army operates a program, not a hotel where people check in and out repeatedly, and bed space is extremely limited. Therefore, once a guest leaves, there is a **60-day** waiting period after the first stay before a guest may return to the Lodge; a **90-day** waiting period after the second stay; and a year thereafter. We recognize there may be

special circumstances when it is appropriate for a guest to return to the Lodge prior to the end of the waiting period; therefore, "Admission Exemption" application forms are available at the front desk and once completed will be evaluated by both the Director of Guest Services and Social Service Coordinator.

CHORES

All Guests will be assigned chores/duties in the facility (chores, one or more are rotated weekly). Chores are NOT optional. If an emergency situation arises, it is your responsibility to receive an approved excuse from Director of Guest Services and find another guest who can complete that chore for you. In the case of physical limitation, a physician's note listing suitable chore options will be required.

LAUNDRY

- There is a laundry facility for guests to use downstairs in the lodge. Guests may request to schedule a laundry time once per week by asking at the front desk.
- **Families** – When scheduling laundry, keep in mind adolescent boys are not permitted in the downstairs area **before 10:00 a.m. or after 5:00 p.m.**
- When bringing clothing in, guests must comply with the drying and bagging of clothing and cloth items for health and safety reasons.

VEHICLES

Guests with vehicles must park behind the facility during the hours of 8:00 a.m.-8:30 p.m., Sunday-Saturday. Guests' vehicles may be parked in the front parking lot 8:30 p.m.-8:00 a.m. only.

WORSHIP

The Salvation Army is privileged to serve you in the name of our Lord and Savior, Jesus Christ. Our hope is that you will feel loved and supported through this special ministry at The Salvation Army. We want you to feel whole physically and spiritually. Please know we provide spiritual counseling, Bible studies and worship services designed to bring hope and meet spiritual needs. You are welcome, but not required, to attend Sunday school at 10:00 a.m.; Sunday Worship at 11:00 a.m.; and Bible Study on Thursdays at 1:00 p.m. Also, you may request to speak to a Chaplain/Pastor. You may request a room to meet with a clergy member of your choice. Such requests for spiritual counseling should be made with the Director of Guest Services.

FILING A GRIEVANCE

Grievance forms are available from the Lodge Front Desk, the Director of Guest Services, the Social Services Coordinator, Caseworkers and the Administration Front Desk.

Grievance Forms should be completed if:

1. A guest has a concern regarding a Guest Service Assistant or another guest that is not resolved after speaking to the Director of Guest Services -OR-
 2. A guest has a concern regarding a caseworker that is not resolved after speaking to the Social Services Coordinator -OR-
 3. A guest has a concern regarding the Director of Guest Services and/or the Social Services Coordinator that is not resolved after speaking with them.
- Grievance Forms must be filled out **COMPLETELY**.
 - Grievance Forms must be turned into the Administrative Coordinator between 8 a.m. and 5 p.m., Monday-Friday.
 - If the Administrative Coordinator is not available:
 - The Administration Receptionist will provide an envelope to the guest for their form.
 - The guest should place the form in the envelope and seal it. They should give it to the receptionist to put in the Administrative Coordinator's mailbox.
 - The Administrative Coordinator will acknowledge the grievance upon receipt with a letter placed in guest mail.

Expectations during your stay

Enter the Lodge with a **POSITIVE ATTITUDE**.

RESPECT yourself, other guests, volunteers and staff members.

Please be courteous and clean up any spills or messes you make.

Please respect the privacy of others.

Outdoor seating areas have been designated on campus for your enjoyment. Loitering around the property or inside parked vehicles on property is not permitted.

All residents must use the sidewalk. For safety reasons, kindly refrain from walking through the parking lot.

NO roughhousing indoors or outside. No playing on the stairs.



THE SALVATION ARMY HANGER LODGE RULES

In order to ensure the safety of our staff and other guests, including children, the following behaviors will not be tolerated from guests of the Hanger Lodge. The Director of Guest Services or your Caseworker may ask you to leave immediately if you engage in one of these behaviors. In addition, your readmission to the Lodge will be subject to an evaluation and approval by both the Director of Guest Services and the Social Service Coordinator.

- Violent behavior or extreme verbal abuse (to anyone)
- Stealing from anywhere or anyone in the Lodge or TSA property
- Smoking (including electronic cigarettes) inside the building or in an undesignated area
- Possession of alcohol, unauthorized drugs, loose tobacco (in any container), weapons, ammunition or dangerous chemical agents in the Lodge or on TSA property
- Being under the influence of alcohol or illegal drugs in the Lodge or on TSA property
- A positive drug or alcohol test or failure to submit to testing
- Intimate touching of any kind
- Prostitution
- Selling of controlled substances
- Indecent exposure
- Damage to the Lodge or Salvation Army premises
- Behavior that threatens the well-being of yourself or another guest or staff
- Failure to place medications (over-the-counter or prescription) in assigned medicine box
- Providing false identification

I have read and understand the rules for guests in the Lodge. I agree to abide by all the rules. Furthermore, I understand the consequences of not abiding by the rules.

Signature of Guest

Date

Witness

Date

NOTE: These rules are posted in various locations throughout the facility for reference by guests. Any guest may request a personal copy of his/her signed rules from the Director of Guest Services.

**JOB DESCRIPTION**

Revised: March 2018

EMPLOYEE: Mary Okpebholo**TITLE:** Director of Guest Services**DEPARTMENT:** Human Services**REPORTS TO:** Area & Associate Coordinators**SUPERVISES:** Resident Monitors
Food Service Staff
Food Pantry Worker
Warehouse Staff
Human Services Program Assistant**STATUS:** Exempt**SCHEDULE:** Full-Time; 40 hrs/wk
Monday - Friday
8:00am to 5:00pm
(On-Call 24 hours a day / 7 days a week)

Note to LFUCG Reviewers:
Portions of this job description
relating to treating guests with
dignity and respect are highlighted
for easy reviewing.

FUNCTION:

This position is responsible for the operation and management needs of the Hanger Emergency Lodge and Way House and all program components therein; including, but not limited to, UK Clinic, Women's Substance Abuse, Female Parolee, and food services. The operation of this facility 24 hours per day and 7 days a week requires this position to be in a constant state of On-Call status.

JOB LOCATIONS:

Fayette County

Corps: 736 W. Main Street
Lexington, KY 40508**HANGER LODGE DUTIES**

- 1 On call 24 hours a day / 7 days a week
- 2 Follow and Enforce rules, regulations, and policies as outlined in the Hanger Lodge Handbook. Hold regular staff and resident meetings
- 3 Responsible for the scheduling and supervision of Hanger Lodge Resident Monitors and Cooks
- 4 Monitor and submit time sheets
- 5 Responsible for the financial and daily management of the Hanger Lodge housing areas of operations. Assist the Fiscal Manager with the budget preparation
- 6 Maintain daily service statistics
- 7 Oversee volunteers and court ordered clients
- 8 Properly maintain the cleanliness of the building
- 9 Circulate chore assignments for all residents
- 10 Submit work orders to Property Manager for property repairs and janitorial supplies
- 11 Provide timely input to Casework Supervisor on activities and/or concerns related to Lodge residents
- 12 Attend community and coordinating agency meetings as requested
- 13 Provide activities for residents such as birthday parties, movie night, safe haven support group, etc
- 14 Serve as liaison with the Department of Corrections. Ensure lodge operations are in compliance with DOC contract
- 15 Serve as Associate PREA Coordinator to ensure that compliance is met and upheld to all PREA standards.

FOOD SERVICE DUTIES

- 1 Plan menus and snacks for the lodge residents, Early Learning Center, Boys and Girls Club, Asbury Students and Special Events
- 2 Purchase and order food supplies
- 3 Attend Food Shows
- 4 Purchase and/or order supplies related to food service
- 5 Set up for Corps Dinners, Special Events, Advisory Board Meetings, and Advisory Council Meetings
- 6 Keep the staff lounge and conference room properly stocked

AUXILIARY BUILDING DUTIES

- 1 Supervise staff and volunteers
- 2 Monitor supply inventory, in kind donations and statistics
- 3 Work with caseworkers to obtain needed items for clients
- 4 Distribute supplies from various vendors to proper departments

CHRISTMAS DUTIES

- 1 Participate in Christmas Planning Meetings
- 2 Purchase/order toys
- 3 Set up the Distribution Center
- 4 Oversee the Angel Tree and Adopt a Family sorting and distribution process
- 5 Train and monitor Volunteers

WAYHOUSE DUTIES

- 1 Responsible for the cleanliness of the building and security

BOOTH UNIT DUTIES

- 1 Responsible for the cleanliness of the building and security

OTHER DUTIES

- 1 Give tours
- 2 Responsible to set the security alarm. First responder if the alarm goes off
- 3 Perform all duties in a manner that reflects the core value of The Salvation Army in treating all people with dignity and respect.
- 4 Provide other services as required for the efficient functioning of The Salvation Army

The Salvation Army reserves the right to add to, delete or modify this job description.

MINIMUM QUALIFICATIONS

- 1 Education: High School Diploma or GED
- 2 Minimum of 3 years' experience working in a shelter
- 3 3 years' experience in a supervisory position
- 4 Certification in First Aid & CPR
- 5 Sterling interpersonal skills; applies tact and diplomacy in dealing with internal and external constituents
- 6 Exceptional written and verbal communication skills
- 7 Understanding of Health Food Service Codes
- 8 Experience in Microsoft Office Applications (Microsoft Word, Excel, PowerPoint & Mail Merge)
- 9 Creative, enthusiastic, highly organized and able to meet deadlines in a timely manner
- 10 Must possess a thorough understanding and appreciation for The Salvation Army's mission and work
- 11 Ability to maintain strict confidentiality
- 12 Flexibility & Strong Work Ethic
- 13 A positive, contagious 'can-do' attitude
- 14 Must be sensitive to the issues of families, children, cultural diversity, and homelessness – must be able to assist people and provide assistance in a calm, courteous and polite manner.

15	Must maintain a valid driver's license
16	Must pass extensive background check
17	A passion for The Salvation Army's mission

COMMUNICATES WITH		
	INTERNAL	EXTERNAL
1	Area Coordinator	Department of Corrections (DOC)
2	Assistant Area Coordinator	UK College of Medicine (Clinic)
3	CKAS Employees	Assigned Volunteers
4	Management Team	Angel Tree In-Kind Donors
5	Fiscal Manager	US Marine Corps Toys for Tots
6	Executive Assistant for Administration	Feed the Hungry
7	Executive Assistant for Program & Human Resources	Vendors
8	Early Learning Center Director (Menu & Food Request)	First Response
9	SABGC Director (Menu & Food Request)	
10	Development Coordinator (Menu & Food Request)	
11	Grant Writer (Statistics)	
12	Associate Development Coordinator (Volunteers)	
13	Resident Monitors	
14	Warehouse Workers	
15	Residents	
16	Social Service Coordinator	
17	Caseworkers (Group Staff Meetings & when casework advice is requested)	

WORKING CONDITIONS			
During an average workday, the jobholder will sit 20% and stand/walk 80%			
LEGEND:			
N	Not at All (Zero Hours)	F	Frequently (Three (3) to Four (4) hours)
V	Very Little (Zero to One (1) hours)	R	Repetitively (Five (5) to Six (6) hours)
O	Occasionally (One (1) to Two (2) hours)	C	Continuously (Seven (7) or more hours)

Body Movement		Weight Lifted		Weight Carried	
F	Bend/Stoop	R	Up to 10 lbs	F	Up to 10 lbs
O	Squat	O	11 to 35 lbs	O	11 to 35 lbs
V	Climb	V	36 to 75 lbs	V	35 to 75 lbs
O	Reach	V	76 or more lbs	V	76 or more lbs
O	Crouch				
O	Kneel				
V	Balance				
F	Push/Pull				

Hand Movement		Environmental		Exposure	
R	Light grasping	V	Working on Heights	R	Physical (noise, temperature, dust, etc)
O	Firm grasping	V	Work on Uneven Ground	F	Chemical (cleaning solvents, fresh paint, etc)
V	Pinching	V	Work Near Moving Equipment	V	Radiation (microwave in lunchroom, etc)
V	Vibration			O	Extreme Heat & Cold
V	Torque			R	Biological (body fluids)
V	Extended Weight				

AREA OF SPECIAL CONCERNS

This position may require long work hours in an extremely active environment.

GENERAL STATEMENT

The above is general in nature and is not intended to be exhaustive. I acknowledge that many positions for The Salvation Army are grant funded. I understand that my continued employment with The Salvation Army is/may be based on the renewal and approval of funding.

MISSION STATEMENT

The Salvation Army, an international movement, is an evangelical part of the universal Christian church. Its message is based on the Bible. Its ministry is motivated by the love of God. Its mission is to preach the gospel of Jesus Christ and to meet human needs in His name without discrimination.

ACKNOWLEDGEMENT OF RELIGIOUS PURPOSE OF THE SALVATION ARMY

The employee acknowledges that he/she has been informed and understands The Salvation Army's religious purpose and status as a church. The employee agrees that he/she shall do nothing in his/her relationship with The Salvation Army as an employee to undermine its religious mission. The employee agrees and understands that his/her work-related conduct must not conflict with, interfere with, or undermine such religious programs of The Salvation Army's religious purposes.

This job description is subject to change as programs evolve.

ACKNOWLEDGEMENT: I have read, understand and have received a copy of this job description.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

SUPERVISOR SIGNATURE: _____ **DATE:** _____

Note to LFUCG Grant Reviewers: Failure to meet the expectations listed in this document will NOT cause an individual to be removed or barred from our shelter. Only the violations listed in our "Hanger Lodge Rules" document will cause an individual to be removed or barred from our shelter.

Program Agreement

My entry into The Salvation Army Shelter/Program indicates my understanding and willingness to adhere to the following:

Case Management Support to Help Me Reach My Goal of Self Sufficiency:

The Casework Staff will assist me:

- In setting realistic and applicable short goals to obtain housing.
- In obtaining aid from other agencies and professionals in addition to making referrals when necessary.
- In representing my concerns to the Social Service Coordinator, Director of Residential Services

Weekly meetings will be scheduled with a caseworker to discuss my progress and set goals. Information that I share during these meetings may be discussed confidentially with other professionals as necessary to secure assistance for me to meet my goals. This is not an appropriate place to wait for the housing subsidy you may want, or to wait for disability hearing. Shelter is short term; working on housing options is an expectation of being granted shelter. Shelter access does not imply or guarantee access to income based housing.

When I need assistance and it is outside of my weekly meeting:

- I understand that I must fill out a **Casework Request Form** located at the front desk stating my specific need. It may take up to 24 hours for my request to be answered.
- I understand that I may not interrupt a caseworker in the hall or knock on her door when it is not my meeting time.
- I understand that if I have an emergency and I feel that I may hurt myself or someone else, I will tell the first staff person I see so that I may receive the help I need.
- I understand that if I have an *emergency* casework request, I may ask to speak to the Casework Supervisor if my caseworker is not available.

My Responsibilities:

- It is my responsibility to meet each week for a weekly meeting with my caseworker to discuss my progress and to schedule appointments with other social service agencies and professionals that are assisting me as necessary.
- Staff is present to assist you but, staff is not responsible for finding you housing. Staff provides tips and access to a phone or computer or apartment listings and other resources.
- Shelter is short term; working on housing options is an expectation of being granted shelter. Shelter access does not imply or guarantee access to income based housing.
- It is expected that you will spend all or most of the day time hours pursuing housing options.
- I agree to provide information to my caseworker regarding any assistance/case management/services I am receiving from other agencies within the community.
- It is my responsibility to complete any written verification related to my Case Treatment Plan that may be suggested by my caseworker and submit it to my caseworker on time.
- If applicable it is my responsibility to attend all life skills classes and meetings that are required during my stay at The Salvation Army.
- I agree to submit my work schedule and paystub (or proof of income) to my caseworker upon employment and when/if I change employment or add employment.
- If applicable I agree that after I have resided here for 30 days and have obtained income I will pay \$10 per week to continue my stay here. I will pay this money to the Casework Supervisor on Fridays or Mondays (per hours and method posted on her door), the week after I have stayed.
- I agree that I must show proof of my *savings* after employment to my caseworker each week by a mutually agreed upon method of savings.
- I agree to abide by the policies of The Salvation Army.

Please initial _____ Date _____

The Salvation Army Emergency Homeless Shelter

Question 5.1.5 -- Funding Sources Other Than LFUGG

Contributions by Individuals: \$362,110 (*anticipated*)

Private Foundations: \$73,667 (*Total, broken down by individual foundations below*)

- The Hoskins Family Foundation: \$25,000 (*confirmed*)
- William R. Kenan, Jr. Charitable Trust: \$16,667 (*confirmed*)
- The Orphan Society: \$12,000 (*confirmed*)
- Anonymous Foundation (donor requests anonymity): \$10,000 (*confirmed*)
- Bryant Family Fund at The Blue Grass Community Foundation: \$6,000 (*anticipated*)
- The Kyle Family Foundation: \$4,000 (*anticipated*)

Special Fundraising Events: \$61,798.00 (*anticipated*)

United Way of the Bluegrass: \$85,000 (*confirmed*)

Kentucky Department of Corrections: \$125,000 (*anticipated*)

HUD Emergency Solutions Grant: \$20,000 (*confirmed*)

FEMA: \$13,000 (*anticipated*)



Case Treatment Plan

RE: _____ SSN XXX-XX- _____
Applicant's Name (print) (last four digits)

Current housing situation: **The Salvation Army**

Number in household: _____

Identify needs & barriers; establish goals, document referrals/supportive services

Housing Objective: establish or better maintain a stable living environment; help keep the focus on immediate needs, while assisting in the development of long term housing plan; reduce risk of homelessness

Housing Barriers

Barriers to Housing (Review the list of barriers with the client and use this information to guide the rest of the discussion.)

- ☐ No rental history
- ☐ Poor rental history
- ☐ Eviction(s) _____
- ☐ No or poor rental references
- ☐ Large family (3+ children)
- ☐ Single parent household
- ☐ Head of household under 18
- ☐ Sporadic employment history
- ☐ No high school diploma/GED
- ☐ Insufficient/no income
- ☐ Insufficient savings
- ☐ Money management
- ☐ No or poor credit history
- ☐ Debts
- ☐ Repeated or chronic homelessness



Case Treatment Plan

- ☐ Recent history of substance abuse or actively using drugs or alcohol
- ☐ Recent criminal history
- ☐ Felony charge(s)
- ☐ Adult or child with mild to severe behavioral problems
- ☐ History of domestic violence, but abuser not in the unit
- ☐ Recent or current domestic violence (fleeing abuser)
- ☐ EPO/DVO Violations
- ☐ Other, specify _____

Housing History

What types of housing has client previously lived in? Check all that apply, and include dates of residence and reason for leaving:

Type of Residence	Dates of Residence	Reason for Leaving
<input type="checkbox"/> Emergency Shelter		
<input type="checkbox"/> Place not meant for habitation		
<input type="checkbox"/> Transitional housing for homeless persons		
<input type="checkbox"/> Permanent housing for formerly homeless persons		
<input type="checkbox"/> Psychiatric hospital or facility		
<input type="checkbox"/> Substance abuse treatment facility or detox center		
<input type="checkbox"/> Hospital (non-psychiatric)		
<input type="checkbox"/> Jail, prison or juvenile detention facility		



Case Treatment Plan

<input type="checkbox"/> Room, apartment, or house that you rent		
<input type="checkbox"/> Apartment or house that you own		
<input type="checkbox"/> Staying or living in a family member's room, apartment, or house		
<input type="checkbox"/> Staying or living in a friend's room, apartment, or house		
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher		
<input type="checkbox"/> Foster care home or foster care group home		

Financial Stability

Have you and/or the children who are coming into this program with you received money from any of the following sources in the last month? And if so, what amount did you receive from each source? (Read each income source and check all that apply.)

Source of Income	Amount from Source
<input type="checkbox"/> Earned income	\$____.00
<input type="checkbox"/> Unemployment Insurance	\$____.00
<input type="checkbox"/> Supplemental Security Income or SSI	\$____.00
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$____.00
<input type="checkbox"/> Retirement Income from Social Security	\$____.00
<input type="checkbox"/> VA Service- Connected Disability Compensation	\$____.00



Case Treatment Plan

<input type="checkbox"/> VA Non-Service-Connected Disability Compensation	\$____.00
<input type="checkbox"/> Worker's Compensation	\$____.00
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	\$____.00
<input type="checkbox"/> General Assistance (GA)	\$____.00
<input type="checkbox"/> Private disability Insurance	\$____.00
<input type="checkbox"/> Pension or retirement income from a former job	\$____.00
<input type="checkbox"/> Child Support	\$____.00
<input type="checkbox"/> Alimony or other spousal support	\$____.00
<input type="checkbox"/> Other source: _____	\$____.00
Total monthly income	\$____.00

Non-Cash Benefits	
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	
<input type="checkbox"/> Special supplemental, Nutrition Program for Women, Infants, and children (WIC)	
<input type="checkbox"/> TANF Child Care Service	
<input type="checkbox"/> TANF transportation services	
<input type="checkbox"/> Other TANF-funded services	
<input type="checkbox"/> Section 8, public housing, or other ongoing rental assistance	
<input type="checkbox"/> Temporary rental assistance	
<input type="checkbox"/> None at all	
<input type="checkbox"/> Other: _____	



Case Treatment Plan

Debt				
Origin of Debt	YES	NO	Amount	Contact Info
Landlord			\$	
Gas Company			\$	
Electric			\$	
Telephone			\$	
Child Support			\$	
IRS			\$	
Car (Loan/Tickets)			\$	
Student Loans			\$	
Credit Cards			\$	
Storage			\$	
Other			\$	
Total			\$	

What type of credit history do you have?

☐ Good ☐ Bad ☐ No Credit History ☐ Don't Know

Assets:

☐ Checking \$ _____ ☐ Savings \$ _____ ☐ Other \$ _____

Do you have any assets (car, property, CD, IRA)? ☐ No ☐ Yes

Details: _____



Case Treatment Plan

Employment

Are you currently employed? ☐ No ☐ Yes

(if yes, ask the following questions):

How many hours did you work last week? _____ hours

Was this permanent, part-time, temporary, or seasonal work?

☐ Permanent ☐ Part-time ☐ Temporary ☐ Seasonal

Current Employer Name: _____ Position: _____

Address: _____

Previous employment (type and duration):

1. _____
2. _____
3. _____

(If client reports that he/she is not working, ask the following)

Are you currently looking for work? ☐ No ☐ Yes

Are you currently unable to work? ☐ No ☐ Yes

Have you applied for Social Security Benefits? ☐ No ☐ Yes, _____ Date of application



Case Treatment Plan

Identification/Documentation

Currently possesses:

HH Member Name	Social Security Card	Birth Certificate	Driver's License/ID	Green Card/Work Permit	Copy of EPO/DVO	One Month's Paystubs	One Month's Paystubs	Award Letter	Proof of Veteran Status	Proof of Child Custody
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
HH Member Name	Social Security Card	Birth Certificate	Driver's License/ID	Green Card/Work Permit	Copy of EPO/DVO	One Month's Paystubs	One Month's Paystubs	Award Letter	Proof of Veteran Status	Proof of Child Custody
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes



Case Treatment Plan

Housing Stability Goals

Housing Goal(s): 1-3 Permanent Housing Options Identified by the Family

(Should describe type of housing, location, unit size, etc.; and should include thoughts about existing support systems, transportation, affordability, etc.)

Long-Term Goals

These are the steps that lead to attainment of the Housing Goal(s) listed above.

Employment:

Financial:



Case Treatment Plan

Life Skill & Parenting:

Mental Health & Physical Health:

Substance Abuse:



Case Treatment Plan

Any Other

The above goals were developed in partnership with my case manager. I understand that each goal listed above will support my efforts in securing permanent housing. I agree to work on these goals in partnership with my case manager. I will update my case manager as I complete the above goals. I will communicate any challenges I experience and understand my case manager can offer me support as needed. I further understand the continuance of services is contingent upon my compliance.

Signature of Client: _____

Signature of CM: _____ Date: _____



Case Treatment Plan

Other: _____

1. _____
2. _____
3. _____
4. _____

Any Updates/Changes/Comments

The above Case Treatment Plan was developed in Partnership with my case manager. I understand that each action item listed above will support my efforts in securing permanent housing. I agree to work on this plan in partnership with my case manager. I will update my case manager as I complete the above goals. I will also communicate any challenges I experience and understand my case manager can offer me support as needed. I further understand the continuance of services is contingent upon my compliance.

Signature of Client: _____

Signature of CM: _____ Date: _____

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.