

RESOLUTION NO. 19-317

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

RESOLUTION APPROVING EXECUTION OF A CONTRACT WITH THE NORTH GOLD SENIOR MOUNTAINEERS, DBA NORTH SAN JUAN COMMUNITY CENTER (NSJCC) AWARDING COMMUNITY INITIATIVE FUNDING (CIF) IN THE MAXIMUM AMOUNT OF \$15,000 FOR THE TERM OF JULY 1, 2019 THROUGH JUNE 30, 2020 FOR IMPROVEMENTS TO THE NORTH SAN JUAN COMMUNITY CENTER

WHEREAS, the County and the Adult and Family Services Commission (AFSC) issued a Request for Funding (RFF) to provide funding opportunities to local non-profits, to support meaningful projects that will have a beneficial impact for residents of Nevada County; and

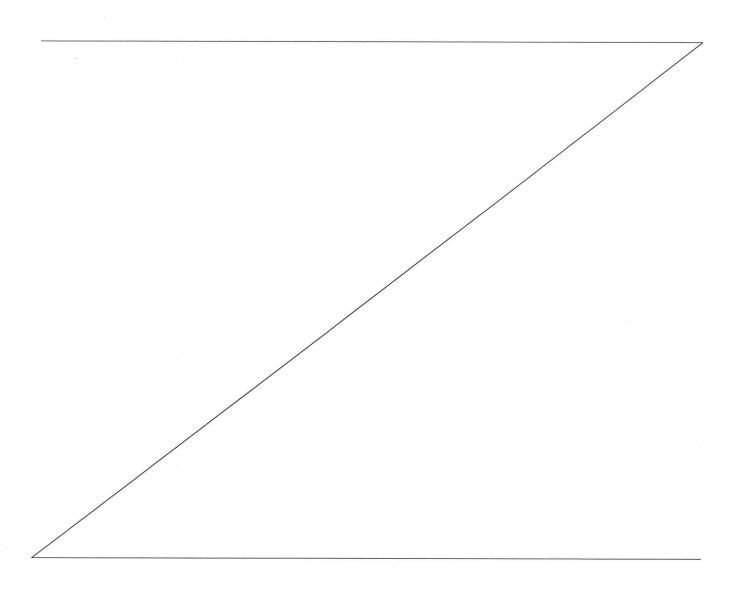
WHEREAS, North San Juan Community Center (NSJCC) is a community-based organization that provides programs, services and events that support the community; and

WHEREAS, NSJCC submitted a proposal to make specific improvements to the North San Juan Community Center in order to expand services including in times of inclement weather through the NSJCC Nutritious and Safe Sleep Initiative; and

WHEREAS, after extensive review by the AFSC of the submitted proposals, the Commission's recommendation, pending Board of Supervisors' approval, is to award funds in the amount of \$15,000 for fiscal year 2019/2020 to the North San Juan Community Center (NSJCC) to purchase and install kitchen appliances/equipment for their commercial kitchen, obtain a generator to allow services during inclement weather, and renovate/repair the restrooms to bring them into ADA compliance.

NOW, THEREFORE, BE IT HEREBY RESOLVED by the Board of Supervisors of the County of Nevada, State of California, that the Contract by and between the County and North San Juan Community Center (NSJCC) awarding Community Initiative Funding (CIF) in the maximum amount of \$15,000 for the term of July 1, 2019 through June 30, 2020 for improvements to the North San Juan Community Center in order to expand services through the NSJCC Nutritious and Safe Sleep Initiative, be and hereby is approved in substantially the form attached hereto, and that the Chair of the Board of Supervisors be and is hereby authorized to execute the Contract on behalf of the County of Nevada.

Funds to be disbursed from account: 1589 50601 451 1010/521520



PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the <u>25th</u> day of <u>June</u>, <u>2019</u>, by the following vote of said Board:

Ayes:

Supervisors Heidi Hall, Edward Scofield, Dan Miller, Susan

K. Hoek and Richard Anderson.

Noes:

es: None.

Absent:

None.

Abstain:

None.

ATTEST:

JULIE PATTERSON HUNTER Clerk of the Board of Supervisors

6/25/2019 cc:

Housing* AC* (Hold) Nim

Richard Anderson, Chair

10/22/2019 cc:

Housing* AC* (Release) NGSM

PERSONAL SERVICES CONTRACT

Health and Human Services Agency County of Nevada, California

This Pe	ersonal Services Contract is made	between the C	OUNTY OF NEVADA (h	erein "County"), and
	North Gold Senior Mounta	aineers d/b/a No	orth San Juan Communi	ty Center
	"Contractor"), wherein County de lls and products generally describe		person or entity to provide	e the following services,
(§1)	Pertaining to specific improving order to expand services.	vements to the	North San Juan Comm	unity Center
	SUMI	MARY OF MATE	RIAL TERMS	
(§2)	Maximum Contract Price:	\$ 15,000		
(§3)	Contract Beginning Date:	07/01/2019	Contract Termination I	Date: 06/30/2020
(§4)	Liquidated Damages:	N/A		
		INSURANCE PO	<u>DLICIES</u>	
Designa	ate all required policies:			Req'd Not Req'd
(§6)	Commercial General Liability	(\$2,000,000)	<u>X</u>
(§7)	Automobile Liability (\$ 300,000) Personal Auto	(\$1.000.000) Business Rated X	
	(\$1,000,000) Commercial Policy		A sea of the sea of th	
(88)	Workers' Compensation Errors and Omissions	(\$1,000,000	٦١	<u>X</u> <u>X</u>
(§9)	LITOIS and Offissions			
Dosign	ate all required licenses:	LICENSES	<u>5</u>	
(§14)	N/A			
(314)	-	OTICE & IDENTII	FICATION	
(§33)	Contractor: North Gold Senior d/b/a North San Juan Commun 29190 State Highway 49	Mountaineers	County of Nevada: 950 Maidu Avenue Nevada City, Californ	nia 95959
	North San Juan, CA 95960 Contact Person: Stephanie Leitz Phone: (530) 292-9525 E-mail:		Contact Person: Ro Phone: (530) 265-14 E-mail: mike.dent@c	410
	Funding: 1589-50601-451-1010	/521520	CFDA No.:CFDA Agreement No.:	- o.:
	Contractor is a: (check all that app	ly)		
	Corporation: Partnership: Person:	Calif. Calif. Indiv.	OtherLLC OtherLLP DbaAss'n	X Non-profit Limited Other
	EDD: Independent Contractor W	orksheet Requir	red:Yes	sNo
		ATTACHME	NTS	
Designa	ate all required attachments:			Req'd Not Req'd
	Exhibit A: Schedule of Service Exhibit B: Schedule of Charge Exhibit C: Schedule of Chang Exhibit D: Schedule of HIPAA Exhibit E: Uniform Administra	es and Payment es (Additions, De Provisions (Pro	s (Paid by County) eletions & Amendments) otected Health Information	X



Terms

Each term of this Contract below specifically incorporates the information set forth in the Summary at page one (1) above as to each respective section (§) therein, as the case may be.

Services

1. Scope of Services:

Contractor shall provide all of the services, materials and products (herein "Services") generally described in **Exhibit "A"**, according to a performance schedule, if applicable, as set forth in said exhibit (herein "Performance Schedule"). If requested, Contractor agrees to serve as an expert witness for County in any third party action or proceeding arising out of this Contract.

Payment

2. Charges and Payments:

The charges (herein "Charges") for furnishing the aforesaid Services under this Contract are set forth in **Exhibit "B"**, including, if applicable, hourly rates, unit pricing, and expense, mileage and cost limits. Said Charges shall be presented monthly by invoice, and shall be due within thirty (30) days of receipt of said invoice unless payment is otherwise set forth in said **Exhibit "B"**, and shall remain in effect for the entire term of this Contract, and any extension hereof. In no event will the cost to County for Services to be provided under this Contract, including direct non-salary expenses, exceed the **Maximum Contract Price** set forth at §2, page one (1), of this Contract. If a Catalog of Federal Domestic Assistance ("CFDA") number is designated at §33, page one (1), of this Contract, then all components of compensation billed to County shall be calculated in accordance with Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 2 CFR Chapter I, Chapter II, Part 200, et al (commonly referred to as the "OMB Super Circular" or "Uniform Guidance").

Time for Performance

3. Contract Term:

This Contract shall commence on the **Contract Beginning Date** set forth at §3, page one (1), of this contract. All Services required to be provided by this Contract shall be completed and ready for acceptance no later than the **Contract Termination Date** set forth at §3, page one (1), of this Contract.

4. Liquidated Damages:

County and Contractor agree that damages to County due to delays in timely providing Services in accordance with the aforesaid Performance Schedule and Contract Termination Date are impractical and difficult to ascertain. Therefore, if §4 at page one (1) hereof shall indicate a daily amount as **Liquidated Damages**, County shall have the right to assess said daily sum, not as a penalty, but as and for damages to County due to delays in providing Services not in accordance with the said Performance Schedule, or later than the Contract Termination Date (herein "Delay"). Liquidated Damages shall be offset against amounts owing to Contractor, including retention sums.

To the extent that any Delay is a result of matters or circumstances wholly beyond the control of Contractor, County may excuse said Liquidated Damages; provided however, that County may condition such excuse upon Contractor having given prompt notice to County of such delay immediately by telephone and thereafter by written explanation within a reasonable time. The time for Contractor's performance shall be extended by the period of delay, or such other period as County may elect.

5. Time of the Essence:

Time is of the essence with respect to Contractor's performance under this Contract. Delay in meeting the time commitments contemplated herein will result in the assessment of liquidated damages, if indicated at §4 at page one (1), hereof. If Liquidated Damages are not so indicated, damages shall be as otherwise provided by law.

Insurance

6. Commercial General Liability Insurance: (County Resolution Nos. 90-674, 02-439)

If §6 at page one (1) hereof shall indicate a **Commercial General Liability** insurance policy is required, Contractor shall promptly provide proof of such insurance evidenced by a certificate of insurance with properly executed endorsements attached, which insurance shall include the following:



- (i) Broad form coverage for liability for death or bodily injury to a person or persons, and for property damage, combined single limit coverage, in the minimum amount indicated at said §6:
- (ii) An endorsement naming County as an additional insured under said policy, with respect to claims or suits arising from the Services provided or the relationships created under this Contract;
- (iii) A provision that said insurance shall be primary and non-contributory, that other insurance maintained by the County of Nevada shall be excess only and that neither the insured nor the insurer shall seek contribution from any other insurance or self-insurance available to County;
- (iv) A provision that said insurance shall provide for thirty (30) days written notice to County of any termination or change in coverage protection, or reduction in coverage limits (except ten (10) days notice for non-payment of premium).

7. Automobile Liability Insurance: (County Resolution No. 90-676)

If §7 at page one (1) hereof shall require either a <u>Business Rated or a Commercial</u> **Automobile Liability** insurance policy, for each vehicle used including non-owned and hired automobiles, Contractor shall promptly provide proof of such insurance evidenced by a certificate of insurance with properly executed endorsements attached, which insurance shall include the following provisions:

- (i) Liability protection for death or bodily injury to a person or persons, property damage, and uninsured and underinsured coverage, combined single limit coverage, in the minimum amount indicated at said §7;
- (ii) An endorsement naming County as an additional insured under said policy, with respect to claims or suits arising from the Services provided or the relationships created under this Contract:
- (iii) A provision that said insurance shall be primary and non-contributory, that other insurance maintained by the County of Nevada shall be excess only and that neither the insured nor the insurer shall seek contribution from any other insurance or self-insurance available to County;
- (iv) A provision that said insurance shall provide for thirty (30) days written notice to County of any termination or change in coverage protection, or reduction in coverage limits (except ten (10) days notice for non-payment of premium).
- If §7 at page one (1) hereof shall require a <u>Personal Auto</u> policy, for each vehicle used including non-owned and hired automobiles, Contractor shall promptly provide proof of such insurance for a minimum of three hundred thousand dollars, (\$300,000), in combined single limits, and naming the County as additionally insured.

8. Workers' Compensation: (County Resolution No. 90-674)

If §8 at page one (1) hereof shall indicate a **Workers' Compensation** insurance policy is required, Contractor shall maintain said policy as required by law, and shall promptly provide proof of such insurance evidenced by a certificate of insurance, or other documentation acceptable to County. The Workers' Compensation insurer shall agree to waive all rights of subrogation against the County, its agents, officers, employees, and volunteers for losses arising from work performed by Contractor for the County.

Before commencing to utilize employees in providing Services under this Contract, Contractor warrants that it will comply with the provisions of the California Labor Code, requiring Contractor to be insured for workers' compensation liability or to undertake a program of self-insurance therefor.

9. Errors and Omissions:

If §9 at page one (1) hereof shall indicate **Errors and Omissions** insurance is required, Contractor shall maintain either a professional liability or errors & omissions policy in the minimum amount indicated, and shall promptly provide proof of such insurance evidenced by a certificate of insurance, or other documentation acceptable to County.

10. Miscellaneous Insurance Provisions: (County Resolution Nos. 90-674, 90-675)

All policies of insurance required by this Contract shall remain in full force and effect throughout the life of this Contract and shall be payable on a "per occurrence" basis unless County specifically consents to "claims made" coverage. If the County does consent to "claims made" coverage and if Contractor changes insurance carriers during the term of this Contract or any extensions hereof, then

Contractor shall carry prior acts coverage. The following additional conditions apply to "claims made" coverage: In order for the acts and omissions of Contractor and all its agents during the term of this Agreement to be "continually covered" there must be insurance coverage for the entire contract period commencing on the effective date of this Agreement and ending on the date that is three (3) years beyond the final date this Agreement is effective, including any extensions or renewals of this Agreement. Contractor acknowledges that the provision of this Section may necessitate the purchase of "tail insurance" if coverage lapses. The requirement to maintain tail insurance shall survive termination of this Agreement.

Insurance afforded by the additional insured endorsement shall apply as primary and non-contributory insurance, and neither the insured nor the insurer shall seek contribution from any other insurance or self-insurance maintained by County, its officers, agents and/or employees. Any insurance or self-insurance maintained by County, its officers, agents and/or employees shall be excess only and not contributing with insurance required or provided under this agreement.

At all times, Contractor shall keep and maintain in full force and effect throughout the duration of this Contract, policies of insurance required by this Contract which policies shall be issued by companies with a Best's Rating of B+ or higher (B+, B++, A-, A, A+ or A++), or a Best's Financial Performance Rating (FPR) of 6 or higher (6, 7, 8 or 9) according to the current Best's Key Rating Guide, or shall be issued by companies approved by the County Risk Manager. In the event the Best's Rating or Best's FPR shall fall below the rating required by this paragraph, Contractor shall be required to forthwith secure alternate policies which comply with the rating required by this paragraph, or be in material breach of this Contract.

Failure to provide and maintain the insurance policies (including Best's ratings), endorsements, or certificates of insurance required by this Contract shall constitute a material breach of this agreement (herein "Material Breach"); and, in addition to any other remedy available at law or otherwise, shall serve as a basis upon which County may elect to suspend payments hereunder, or terminate this Contract, or both. (See §13, ¶2, below, as these provisions additionally apply to subcontractors.)

11. Indemnity:

Nothing herein shall be construed as a limitation of Contractor's liability, and Contractor shall indemnify, defend and hold harmless the County and its officers, officials, employees, agents and volunteers from any and all liabilities, claims, demands, damages, losses and expenses (including, without limitation, defense costs and attorney fees of litigation) which result from the negligent act, willful misconduct, or error or omission of Contractor, except such loss or damage which was caused by the sole negligence or willful misconduct of County or its officers, officials, employees, agents and volunteers.

Personal Services

12. Contractor as Independent:

In providing services herein, Contractor, and the agents and employees thereof, shall act in an independent capacity and as an independent contractor and not as agents or employees of County. Contractor agrees neither its agents nor employees have any rights, entitlement or claim against County for any type of employment benefits or workers' compensation or other programs afforded to County employees. Contractor shall hold County harmless and indemnify County against any such claim by its agents or employees.

13. Assignment and Subcontracting:

Except as specifically provided herein, the rights, responsibilities, duties and Services to be performed under this Contract are personal to the Contractor and may not be transferred, subcontracted, or assigned without the prior written consent of County. Contractor shall not substitute nor replace any personnel for those specifically named herein or in its proposal without the prior written consent of County.

Unless otherwise agreed in writing by the County's Risk Manager, Contractor shall cause and require each transferee, subcontractor and assignee to comply with the insurance provisions set forth herein at §§6, 7, 8, 9 and 10, in the same amounts and subject to the same terms as are required of Contractor under this Contract, unless otherwise provided by County's Risk Manager. Said insurance shall include all upstream parties (including the Contractor and the County) as additional insureds using a Blanket Additional Insured Endorsement (ISO form number CG 20 38 04 13) or coverage at least as broad. Contractor shall verify that all subcontractors provide a policy endorsement in compliance with this Paragraph and shall provide a copy of the same to County at least ten (10) working days prior to commencement of any work by subcontractor. Failure of Contractor to so cause and require such compliance by each transferee, subcontractor and assignee, or to timely provide County with a copy of the required policy endorsement, shall constitute a Material Breach of this agreement, and, in addition to any

other remedy available at law or otherwise, shall serve as a basis upon which County may elect to suspend payments hereunder, or terminate this Contract, or both.

14. Licensing and Permits:

Contractor warrants (i) Contractor is qualified and competent to provide all Services under this contract; (ii) Contractor and all employees of Contractor hold all necessary and appropriate licenses therefor, including those licenses set forth at §14, page one (1) hereof; and, (iii) Contractor shall obtain, and remain in compliance with, all permits necessary and appropriate to provide said Services. Contractor shall cause said licenses and permits to be maintained throughout the life of this Contract. Failure to do so shall constitute a Material Breach of this agreement, and, in addition to any other remedy available at law or otherwise, shall serve as a basis upon which County may elect to suspend payments hereunder, or terminate this Contract, or both.

Public Contracts

15. Certificate of Good Standing:

Registered corporations including those corporations that are registered non-profits shall possess a Certificate of Good Standing also known as Certificate of Existence or Certificate of Authorization from the California Secretary of State, and further warrants to shall keep its status in good standing and effect during the term of this Contract.

16. Prevailing Wage and Apprentices:

To the extent made applicable by law, performance of this contract shall be in conformity with the provisions of California Labor Code, Division 2, Part 7, Chapter 1, commencing with Section 1720 relating to prevailing wages which must be paid to workers employed on a public work as defined in Labor Code §§ 1720, et seq.; and shall be in conformity with Title 8 of the California Code of Regulations §§ 200 et seq., relating to apprenticeship. Contractor shall comply with the provisions thereof at the commencement of Services to be provided herein, and thereafter during the term of this Contract. A breach of the requirements of this section shall be deemed a material breach of this contract. A copy of the relevant prevailing wage as defined in Labor Code §1770 et seq. is on file with the Department of Transportation, County of Nevada, 950 Maidu Avenue, Nevada City, California 95959. Copies will be provided upon request.

17. Accessibility (County Resolution No. 00190):

It is the policy of the County of Nevada that all County services, programs, meetings, activities and facilities shall be accessible to all persons, and shall be in compliance with the provisions of the Americans with Disabilities Act and Title 24, California Code of Regulations. To the extent this Contract shall call for Contractor to provide County contracted services directly to the public, Contractor shall certify that said direct Services are and shall be accessible to all persons.

18. Nondiscriminatory Employment:

In providing Services hereunder, Contractor shall comply with all applicable federal, state and local laws, rules, regulations and ordinances, including the provisions of the Americans with Disabilities Act of 1990, and Fair Employment and Housing Act, and shall not discriminate against any employee, or applicant for employment or client because of race, sex, sexual orientation, color, ancestry, religion or religious creed, national origin or ethnic group identification, political affiliation, mental disability, physical disability, medical condition (including cancer, HIV and AIDS), age (over 40), marital status, or use of Family and Medical Care Leave and/or Pregnancy Disability Leave in regard to any position for which the employee or applicant is qualified.

If applicable, Contractor shall comply with the provisions of Section 504 of the Rehabilitation Act of 1973, as amended, pertaining to the prohibition of discrimination against qualified handicapped persons in all federally assisted programs or activities, as detailed in regulations signed by the Secretary of Health and Human Services, effective June 2, 1977, and found in the Federal Register, Volume 42, No. 86, dated May 4, 1977.

19. Drug-Free Workplace:

Senate Bill 1120, (Chapter 1170, Statutes of 1990), requires recipients of state grants to maintain a "drug-free workplace". Every person or organization awarded a contract for the procurement of any

property or services shall certify as required under Government Code Section 8355-8357 that it will provide a drug-free workplace.

20. Prior Nevada County Employment (County Resolution No. 03-353):

Effective July 22, 2003, it is the policy of the County of Nevada that former members of the Board of Supervisors, a former CEO, or a former Purchasing Agent, for a period of twelve (12) months following the last day of employment, shall not enter into any relationship wherein that former employee or former Board member receives direct remuneration from a legal entity that, during the last twelve (12) months of said employment or Board member's service, entered into a contract with, or received a grant from the County of Nevada. Provided however, that this prohibition shall not apply to any employee that did not personally approve a contract with or grant to said legal entity during the last twelve (12) months of said employment, and shall not apply when the Board of Supervisors did not approve a contract with or grant to said legal entity during the last twelve (12) months of said Board member's service.

A violation of this policy shall subject Contractor to all of the remedies enumerated in said resolution and as otherwise provided in law, which remedies shall include but not be limited to injunctive relief, cancellation and voiding of this contract by County, a return of grant money, a cause of action for breach of contract, and entitlement to costs and reasonable attorney fees in any action based upon a breach of contract under this provision.

21. Conflict of Interest:

Contractor shall not cause, use or allow any payments, funds or proceeds derived from this Contract to be used, either directly or indirectly, for salary, wages or benefits, for any of its officers, directors, or shareholders. Contractor shall not cause, use nor allow any payments, funds or proceeds derived from this Contract to be used, either directly or indirectly, for salary, wages or benefits for any of its agents, servants, or employees, except those expressly specified in Exhibit "B".

Contractor further certifies that its employees and the officers of its governing body shall avoid any actual or potential conflicts of interest and that no officer or employee who performs any function or responsibilities in connection with this contract shall have any personal financial interest or benefit that either directly or indirectly arises from this contract. Contractor shall establish safeguards to prohibit its employees or its officers from using their position for the purpose that could result in private gain or that gives the appearance of being motivated for private gain for themselves or others, particularly those with whom they have family, business or other ties.

22. Political Activities:

Contractor shall in no instance expend funds or use resources derived from this Contract on any political activities.

23. Cost Disclosure:

In accordance with Government Code Section 7550, should a written report be prepared under or required by the provisions of this Contract, Contractor agrees to state in a separate section of said report the numbers and dollar amounts of all contracts and subcontracts relating to the preparation of said report.

Default and Termination

24. Termination:

- a. A Material Breach of this Contract pursuant to the terms hereof or otherwise, in addition to any other remedy available at law, shall serve as a basis upon which County may elect to immediately suspend payments hereunder, or terminate this contract, or both **without notice.**
- b. If Contractor fails to timely provide in any manner the services, materials and products required under this Contract, or otherwise fails to promptly comply with the terms of this Contract, or violates any ordinance, regulation or other law which applies to its performance herein, County may terminate this Contract by giving **five (5) days written notice** to Contractor.
- c. County, upon giving **seven (7) calendar days written notice** to Contractor, shall have the right to terminate its obligations under this Contract if the County, the Federal Government or the State of



California, as the case may be, does not appropriate funds sufficient to discharge County's obligations coming due under this contract.

- d. Either party may terminate this Contract for any reason, or without cause, by giving **thirty (30)** calendar days written notice to the other, which notice shall be sent by certified mail in conformity with the notice provisions. In the event of termination not the fault of the Contractor, the Contractor shall be paid for services performed to the date of termination in accordance with the terms of this Contract. Contractor shall be excused for failure to perform services herein if such performance is prevented by acts of God, strikes, labor disputes or other forces over which the Contractor has no control.
- e. Any notice to be provided under this section may be given by the County Executive Officer or Designee or Agency Director.

25. Suspension:

County, upon giving seven (7) calendar days written notice to Contractor, shall have the right to suspend this Contract, in whole or in part, for any time period as County deems necessary due to delays in federal, state or County appropriation of funds, lack of demand for services to be provided under this contract, or other good cause. Upon receipt of a notice of suspension from County, Contractor shall immediately suspend or stop work as directed by County and shall not resume work until and unless County gives Contractor a written notice to resume work. In the event of a suspension not the fault of the Contractor, Contractor shall be paid for services performed to the date of the notice of suspension in accordance with the terms of this Contract.

Miscellaneous

26. Financial, Statistical and Contract-Related Records:

- a. <u>BOOKS AND RECORDS</u>: Contractor shall maintain statistical records and submit reports as required by County. Contractor shall also maintain accounting and administrative books and records, program procedures and documentation relating to licensure and accreditation as they pertain to this Contract. All such financial, statistical and contract-related records shall be retained for five (5) years or until program review findings and/or audit findings are resolved, whichever is later. Such records shall include but not be limited to bids and all supporting documents, original entry books, canceled checks, receipts, invoices, payroll records, including subsistence, travel and field expenses, together with a general ledger itemizing all debits and credits.
- b. <u>INSPECTION</u>: Upon reasonable advance notice and during normal business hours or at such other times as may be agreed upon, Contractor shall make all of its books and records available for inspection, examination or copying, to County, or to the State Department of Health Care Services, the Federal Department of Health and Human Services, the Controller General of the United States and to all other authorized federal and state agencies, or their duly authorized representatives.
- c. <u>AUDIT</u>: Contractor shall permit the aforesaid agencies or their duly authorized representatives to audit all books, accounts or records relating to this Contract, and all books, accounts or records of any business entities controlled by Contractor who participated in this Contract in any way. All such records shall be available for inspection by auditors designated by County or State, at reasonable times during normal business hours. Any audit may be conducted on Contractor's premises or, at County's option, Contractor shall provide all books and records within fifteen (15) days upon delivery of written notice from County. Contractor shall promptly refund any moneys erroneously charged and shall be liable for the costs of audit if the audit establishes an over-charge of five percent (5%) or more of the Maximum Contract Price.

27. Non-Profit Provisions:

If Contractor is registered as a non-profit corporation, Contractor shall comply with the following requirements of this section:

a. Reporting Requirements:

Contractor shall submit a report to County no later than thirty (30) days after the aforesaid Contract Termination Date, which report shall identify the status of each service which



was provided as described in **Exhibit "A"** (Schedule of Services), and detail all amounts expended as set forth in **Exhibit "B"** (Schedule of Charges and Payments), or otherwise. This report is subject to audit by the Nevada County Auditor/Controller.

b. Supplemental Audit Provisions:

- (i) Contractor shall provide the most recent copy of the Contractor's reviewed or audited financial statements. Said financial statements shall be verified by an independent Certified Public Accountant. These financial statements together with the Certified Public Accountant's verification are due to the County within thirty (30) days of execution of the Contract. If Contractor, however, has another County Contract currently in effect and has previously provided this information to the County within the last year, it is not necessary for Contractor to re-submit these statements and verification under this Agreement.
- (ii) Non-profit Contractors whose contract with the County includes services that will be reimbursed, partially or in full, with Federal funds are also governed by the OMB Super Circular and are required to have a single or program-specific audit conducted if the Contractor has expended \$500,000 or more in Federal awards made on or before December 26, 2014, or \$750,000 or more in Federal awards made after December 26, 2014, during Contractor's fiscal year. Any Contractor who is required to complete an annual Single Audit must submit a copy of their annual audit report and audit findings to County at the address listed in "Notice & Identification" §33 on page one (1) of the executed contract within the earlier of thirty (30) days after the Contractor's receipt of the auditor's report or nine (9) months following the end of the Contractor's fiscal year.

28. Intellectual Property:

All original photographs, diagrams, plans, documents, information, reports, computer code and all recordable media together with all copyright interests thereto (herein "Intellectual Property"), which concern or relate to this Contract and which have been prepared by, for or submitted to Contractor, shall be the property of County, and upon fifteen (15) days demand therefore, shall be promptly delivered to County without exception. Provided however, for personal purposes only and not for commercial, economic or any other purpose, Contractor may retain a copy of Contractor's work product hereunder.

29. Entire Agreement:

This Contract represents the entire agreement of the parties, and no representations have been made or relied upon except as set forth herein. This Contract may be amended or modified only by written, fully executed agreement of the parties.

30. Jurisdiction and Venue:

This Contract shall be construed in accordance with the laws of the State of California and the parties hereto agree that venue shall be in Nevada County, California.

31. Compliance with Applicable Laws:

The Contractor shall comply with any and all federal, state and local laws, codes, ordinances, rules and regulations which relate to, concern or affect the Services to be provided by this Contract. If a CFDA number is designated at §33, page one (1), of this Contract then the applicable CFDA funding agreement requires that this Contract shall also be governed by and construed in accordance with all applicable laws, regulations and contractual obligations set forth in the applicable CFDA funding agreement. Contractor shall comply with all terms and conditions of the applicable CFDA funding agreement and all other applicable Federal, state and local laws, regulations, and policies governing the funding for this Contract. A full copy of the applicable CFDA funding agreement is available for review at the Health and Human Services Agency Administration Office.

32. Confidentiality:

Contractor, its employees, agents and or subcontractors may come in contact with documents that contain information regarding matters that must be kept confidential by the County, including personally identifiable patient or client information. Even information that might not be considered confidential for the usual reasons of protecting non-public records should be considered by Contractor to be confidential.

Contractor agrees to maintain confidentiality of information and records as required by applicable federal, state, and local laws, regulations and rules and recognized standards of professional practice.

Notwithstanding any other provision of this Agreement, the Contractor agrees to protect the confidentiality of any confidential information with which the Contractor may come into contact in the process of performing its contracted services. This information includes but is not limited to all written, oral, visual and printed patient or client information, including but not limited to: names, addresses, social security numbers, date of birth, driver's license number, case numbers, services provided, social and economic conditions or circumstances, agency evaluation of personal information, and medical data.

The Contractor shall not retain, copy, use, or disclose this information in any manner for any purpose that is not specifically permitted by this agreement. Violation of the confidentiality of patient or client information may, at the option of the County, be considered a material breach of this Agreement.

33. Notices:

This Contract shall be managed and administered on County's behalf by the department and the person set forth at "Notice & Identification" §33 page one (1) of this Contract, and all invoices shall be submitted to and approved by this Department. In addition to personal service, all notices may be given to County and to Contractor by first class mail addressed as set forth at said §33 of page one (1) of this Contract. Said notices shall be deemed received the fifth (5th) day following the date of mailing or the earlier date of personal service, as the case may be.

34. Authority:

All individuals executing this Contract on behalf of Contractor represent and warrant that they are authorized to execute and deliver this Contract on behalf of Contractor.

IN WITNESS WHEREOF, the parties have executed this Contract effective on the Beginning Date, above.

CONTRACTOR:	COUNTY OF NEVADA:
Stephanie Leitz	Richard Anderson
President, Board of Directors	Chair, Board of Supervisors
Dated: 100119	Dated: 10/22/2019
	Attest: Weilacher Gretunt

Jule Patterson-Hunter

Clerk of the Board of Supervisors

EXHIBIT "A" SCHEDULE OF SERVICES

NORTH GOLD SENIOR MOUNTAINEERS D/B/A NORTH SAN JUAN COMMUNITY CENTER

This Agreement is entered into by and between the County of Nevada, herein referred to as "County", and North Gold Senior Mountaineers, d/b/a North San Juan Community Center (NSJCC), herein referred to as "Contractor" to make specific improvements to the North San Juan Community Center in order to expand services including in times of inclement weather through the NSJCC Nutritious and Safe Sleep Initiative.

Project Overview:

The Nevada County Board of Supervisors allocates Community Initiative Funding (CIF) through the Adult and Family Services Commission (AFSC) in order to assist non-profit organizations to support single, one-time only funded projects. CIF funds are not intended to provide long-term support of a program and are not to be used to pay for administrative overhead costs which include staff and operating cost of the non-profit organization. Funding priorities are aligned and set forth by the Community Services Block Grant Community Action Plan (CSBG CAP) in an effort to reduce poverty, revitalize low-income communities, and provide the empowerment for low-income members of the community to achieve economic self-sufficiency.

Contractors shall adopt a services delivery approach that serves customers efficiently, identifies barriers and gaps in services, and tracks outcomes to determine how customers are benefiting as a result of the services provided. To ensure uniformity of services coordinated through the AFSC, the Contractor shall comply with Results Oriented Management and Accountability (ROMA) principles and practices.

The services provided under this contract shall be designed to enhance and improve the Contractor's overall agency administrative functions (e.g. policies, procedures, services delivery systems) to effectively serve the Contractor's client population.

To efficiently provide Clients with access to the services they need to gain or maintain self-

To efficiently provide Clients with access to the services they need to gain or maintain self-sufficiency, Contractor shall:

- 1) Establish linkages with other agencies in the community to improve coordination, avoid duplication, and enhance the delivery of services to alleviate the causes and improve the effects of poverty on the target population.
- 2) Participate in the evaluation of the delivery of services through data collection and client satisfaction surveys.

Community Need:

This project will directly address the County's Community Action Plan (CAP) by supporting the Food and Nutrition and access to Mainstream Benefits components of the CSBG aligned priorities. The North San Juan Ridge region is a rural community located in an isolated section of Nevada County, approximately 16 miles north of Nevada City, CA. The region has a high



percentage of low-income residents. Many residents are women with young children. In a recent survey completed in summer 2018 at the request of the Nevada County Transit Commission, 14.8% of respondents identified as a single parent, 5.3% as veterans, 17.43% as individuals with a disability, 12.8% as students, 25.33% as economically disadvantaged, and 1.3% as homeless. According to the 2019 Point in Time Homeless Count for Nevada County, there were 37 homeless people identified in North San Juan.

There are limited services available in this region of the County, which provides challenges for those without personal transportation seeking assistance in meeting their basic needs. In order to assist with filling this gap NSJCC provides services, such as community meals, food distribution, and family and youth activities. In order to expand services and create greater access Contractor has proposed the NSJCC Nutritious and Safe Sleep Initiative.

Contractor anticipates that it will assist 2,220 families through food distribution, provide meals to 1,600 individuals and support 900 bed nights through the NSJCC Nutritious and Safe Sleep Initiative.

Program Description:

Contractor will purchase and install appliances/equipment within the Community Center's commercial kitchen and obtain a generator to allow for services to be provided during inclement weather conditions. The Community Center will further receive renovations/repairs to bring the restrooms ADA compliant. These improvements to the community center to allow for the expansion of services to the low income community including acting as a warming shelter during extreme weather conditions. Contractor will also work with community partners to provide education and information in order to connect low income members of the community with mainstream benefits in order to meet individual's basic needs.

Contractor in collaboration with its partners shall provide the following services:

- During the useful life of all appliances/equipment purchased under this agreement or for 3 years whichever is greater, provide necessary maintenance and repair and to continue to use the appliances/equipment to provide services to the low income community.
- Should the Contractor or its affiliate shut down operations, stop using the appliances/equipment for its intended purpose and/or sell or abandon it during its useful life or for 3 years whichever is greater, the County is to be reimbursed the purchase amount of the appliances/equipment.
- Installation of all appliances/equipment and renovations/repairs/upgrades to the North San Juan Community Center shall be completed by a qualified/licensed professional.
- Obtain all required permits and/or licenses for the installation and operation of all appliances/equipment and renovations/repairs/upgrades to the North San Juan Community Center prior to operation, including any/all required federal, state and local permits and certifications for the operation of a commercial kitchen and facility.
- Contractor warrants that it has or will comply with any/all required registrations, inspections and approvals by the California Department of Public Health Food and Drug Branch, and the California Department of Public Health Food and Drug Branch, and the Federal Food and Drug Administration prior to operation, and as may be required



- during operation to ensure the safety of the food products prepared and processed under the NSJCC Nutritious and Safe Sleep Initiative.
- The Contractor and its affiliate will provide year-round services to all eligible clients.
- 100% of low-income individuals/families within Nevada County will have access to services all year through the NSJCC Nutritious and Safe Sleep Initiative.
- The Contractor shall present program updates to the Adult and Family Services Commission as requested.

Contractor shall provide all required data and reports (herein Attachment A) to the Director of the Health and Human Services Agency and Housing Administrative Services Associate (ASA) regarding the collection and tracking of Client Characteristics, National Performance Indicators and Program Accomplishments.

The Contractor will provide the County with all data, including applicable program out comes, required to complete Federal and State reporting requirements for the duration of this agreement with each invoice submission.

Contractor shall contact the ASA prior to report submission for questions or concerns with reporting requirements. Contractor shall also work and cooperate with the County for any other data and/or information needed for any other reports deemed necessary by the County.

Contractor will ensure that the program is operated in compliance with all CSBG policy and regulations. Contractor will provide, at a minimum, all clients not receiving public assistance with Child Support referral information. This information may be obtained by contacting the Nevada County Department of Child Support Services at 530-265-7097.

Contractor represents and warrants that to the extent paid labor is required in furtherance of the renovation and repair work required under this Agreement, and the paid labor exceeds \$1,000.00, Contractor will comply with all federal and state prevailing wage laws, regulations, recordation, and recording requirements applicable to government contracts.

Retention:

Contractor shall retain all books and records pertaining to this contract which must be retained for at least five (5) years from the close out date of the CIF contract with County.



EXHIBIT "B" SCHEDULE OF CHARGES AND PAYMENTS NORTH GOLD SENIOR MOUNTAINEERS, DBA NORTH SAN JUAN COMMUNITY CENTER (NSJCC)

Subject to the satisfactory performance of services required of Contractor pursuant to this Agreement, and the terms and conditions set forth in this Agreement, the County shall pay Contractor a maximum amount not to exceed \$15,000 for the entire contract term of July 1, 2019 to June 30, 2020. The contract maximum is based on the following project budget:

Project Expenses	Amount Requested
Consultant and Professional	\$3,950
Fees	
Equipment	\$8,022
Supplies	\$ 3,028
Total	\$15,000

Should modification or changes to the budget line items of more than 5% of the total grant amount be needed, a written request for modification shall be submitted for approval to the Director of the Health and Human Services Agency or to his/her designee. County at its sole discretion shall determine if the change will continue to meet the contract objectives and approve or deny the request.

The contract maximum is contingent and dependent on County approving the anticipated annual CIF program funding. In addition, this Agreement is subject to any additional restrictions, limitations or conditions enacted by or imposed by the county, state or federal governments that may affect the provision, terms or funding of this Contract in any manner.

All payments shall be made on a reimbursement basis for expenses incurred by Contractor for project expenses. Contractor shall submit bi-monthly invoices to County for actual expenditures incurred during the prior month. Payment shall be made within thirty (30) days of receipt and approval of invoice and any required report needed for that period. County shall retain the final 5 % of the total contract amount to be paid to the Contractor upon submission of all grant required reporting to County as contained in the enclosed Exhibits. All invoices are due to County by within 10 days of the above allocated time period.

Contractor shall submit invoices/ reports to:

Nevada County Department of Social Services Attn: Fiscal Staff/Admin Staff (CSBG Funding) 950 Maidu Avenue Nevada City, California 95959



Attachment A

2B- CSBG & Fed Allocations

B.1. CSBG Eligible Entity Reporting Period	MM/DD/YY - MM/DD/YY
B.2. Hours of Agency Capacity Building (e.g. training, planning, assessment):	Hours
B.2a. Hours of Board Members in capacity building activities	
B.2b. Hours of Agency Staff in capacity building activities	
general and a second se	
B.3. Volunteer Hours (e.g. program support, service delivery, and fundraising):	Hours
B.3a. Total number of volunteer hours donated to the agency	
B.3a.1. Of the above, the total number of volunteer hours donated by individuals with low	
incomes	
Total number of volunteer hours is the same as total number of volunteers hours by	
individuals with low incomes. Please explain:	
B.4. The number of staff who hold certifications that increase agency capacity to achieve family and community outcomes, as measured by	Number
one or more of the following	
B.4b. Number of Nationally Certified ROMA Implementers	
B.4c. Number of Certified Community Action Professionals (CCAP)	
B.4d. Number of Staff with a child development certification	
B.4e. Number of Staff with a family development certification	
B.4f. Number of Pathways Reviewers	
B.4g. Number of Staff with Home Energy Professional Certifications	
3.4g.1. Number of Energy Auditors	
B.4g.2. Number of Retrofit Installer Technicians	
B.4g.3. Number of Crew Leaders	
B.4g.4. Number of Quality Control Inspectors (QCI)	
B.4h. Number of LEED Risk Certified assessors	
B.4i. Number of Building Performance Institute (BPI) certified professionals	
B.4j. Number of Classroom Assessment Scoring System (CLASS) certified professionals	
B.4k. Number of Certified Housing Quality Standards (HQS) Inspectors	
B.4I. Number of American Institute of Certified Planners (AICP)	
B.4m. Other (Please specify others below):	
B.5. Number of organizations, both public and private, that the CSBG	Unduplicated Number
Eligible Entity actively works with to expand resources and	of Organizations
opportunities in order to achieve family and community outcomes:	J. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.
epper and and a deliner identity and community vaccomes.	
B.Sa. Non-Profit	
B.5b. Faith Based	
B.5c. Local Government	
B.5d. State Government	
B.5e. Federal Government	
B.5f. For-Profit Business or Corporation	
B.5g. Consortiums/Collaborations	
B.5h. School Districts	
B.5i. Institutions of Post-Secondary Education/Training	
B.5j. Financial/Banking Institutions	
3.5k. Health Service Organizations 3.5l. Statewide Associations or Collaborations	

	t.) Number of	II) Toront	III.) Actual	IV.) Percentage	V.)
FNPI Employment Indicators	Participants	II.) Target	Results	Achieving	Performance
FNPI 1a. The number of unemployed youth who obtained employment to gain skills					
or income. FNPI 1b. The number of unemployed adults who obtained employment (up to a					
living wage)					
FNPI 2c. The number of unemployed adults who obtained and maintained employment for at least 90	Ì				
FNPI 1d. The number of unemployed adults who obtained and maintained		1	-		
employment for at least 180 FNPI 1e. The number of unemployed adults who obtained employment (with a					
living wage or higher).		İ			
FNPI 1f. The number of unemployed adults who obtained and maintained					
employment for at least 90 days (with a living wage or higher).					
FNPI 1g. The number of unemployed adults who obtained and maintained					
employment for at least 180 days (with a living wage or higher).					
FNPI 1h. The number of employed participants in a career-advancement related					
program who entered or transitioned into a position that provided increased income and/or benefits.					
FNPI 1h.1. the number of employed participants who increased income from employment through wage or salary amount increase.					
FNP1 1h.2. the number of employed participants who increased income from		-			·
employment through hours worked increase.					
FNPI 1h.3. the number of employed participants who increased benefits related to employment.					
FNPI 1z. The number of individuals or households: (please specify)					
					
	I.) Number of Participants Served	(I.) Target	III.) Actual Results	IV.) Percentage Achieving Outcome	V.) Performance Target
FNPI Education and Cognitive Development Indicators FNPI 2a. The number of children (0 to 5) who demonstrated improved emergent		 			Accuracy
literacy skills.					
FNPI 2b. The number of children (0 to 5) who demonstrated skills for school readiness.					
FNPI 2c. The number of children and youth who demonstrated improved positive		1	-		
approaches toward learning, including improved attention skills. (auto total).				İ	
FNPI 2c.1. Early Childhood Education (ages 0-5)					
FNPI 2c.2. 1st grade-8th grade FNPI 2c.3. 9th grade-12th grade				-	
FNPI 2d. The number of children and youth who are achieving at basic grade level				•	
(academic, social, and other school success skills). (auto total)					
FNPI 2d.1. Ages 0-5 in Early Childhood Education FNPI 2a. The number of parents/caregivers who improved their home					
environments.					
FNPI 2f. The number of adults who demonstrated improved basic education.					
FNPI 2g. The number of individuals who obtained a high school diploma and/or					1
obtained an equivalency certificate or diploma.					
FNPI 2h. The number of individuals who obtained a recognized credential, certificate, or degree relating to the achievement of educational or vocational skills.	1				
FNPI 21. The number of individuals who obtained an Associate's degree.					
FNPI 2]. The number of individuals who obtained a Bachelor's degree					
FNPI 2z. The number of individuals or households: (please specify)					
FNPI Income, Infrastructure, and Asset Building Indicators	I.) Number of Participants Served	II.) Target	III.) Actual Results	IV.) Percentage Achieving Outcome	V.) Performance Target Accuracy
FNPI 3a. The number of individuals who achieved and maintained capacity to meet					
basic needs for 90 days. FNPI 3b, The number of individuals who achieved and maintained capacity to meet	<u> </u>	 			
basic needs for 180 days.					
FNPI 3c. The number of individuals who opened a savings account or IDA. FNPI 3d. The number of individuals who increased their savings.			-		
		 			1
FNPI 3e. The number of individuals who used their savings to purchase an asset. FNPI 3e.1. the number of individuals who purchased a home.	ļ				
FNPI 3f. The number of individuals who improved their credit scores.					<u> </u>
FNPI 3h. The number of individuals engaged with the Community Action Agency					
who report improved financial well-being. FNPI 3z. The number of individuals or households: (please specify)					
	111000000000000000000000000000000000000	017	III 1 A -41	0/10	1/1
PANOL Maurice Indicators	I.) Number of Participants Served	II.) Target	III.) Actual Results	IV.) Percentage Achieving Outcome	V.) Performance Target
FNPI Housing Indicators FNPI 4a. The number of households experiencing homelessness who obtained safe temporary shelter.					Accuracy
FNPI 4b. The number of households who obtained safe and affordable housing. FNPI 4c. The number of households who maintained safe and affordable housing	 				
for 90 days.					
FNPI 4d. The number of households who maintained safe and affordable housing for 180 days.					
FNPI 4e. The number of households who avoided eviction.					
FNPI 4f, The number of households who avoided foreclosure.					
FNPI 4g. The number of households who experienced improved health and safety due to improvements within their home (e.g. reduction or elimination of lead, radon, carbon dioxide and/or fire hazards or electrical issues, etc).					

Party 41. 91	1	7			1
FNPI 4h. The number of households with improved energy efficiency and/or energy burden reduction in their homes.			1		1
FNPI 4z. The number of individuals or households: (please specify)					
restriction and management of montestioners, thereare observed		· · · · · · · · · · · · · · · · · · ·			
FNPI Health and Social/Behavioral Development (includes nutrition) indicators	I.) Number of Participants Served	II.) Target	III.) Actual Results	IV.) Percentage Achleving Outcome	V.) Performance Target Accuracy
FNPI Sa. The number of individuals who demonstrated increased nutrition		·			
skills(e.g. cooking, shopping, and growing food). FAPI 5b. The number of individuals who demonstrated improved physical health and well-being.					
FNPI Sc. The number of individuals who demonstrated improved mental and behavioral health and well-being.					
FNPI Sd. The number of individuals who improved skills related to the adult role of parents/ caregivers.					
FNPI 5e. The number of parents/caregivers who demonstrated increased sensitivity and responsiveness in their interactions with their children.					
FNPI Sf. The number of seniors (65+) who maintained an independent living situation.					
FNPI 5g. The number of individuals with disabilities who maintained an independent living situation.					
FNPI Sh. The number of individuals with chronic illness who maintained an independent living situation.					
FNPI SI. The number of individuals with no recidivating event for six months.	ļ				
FNPI 51.1. Youth (ages 14-17)	-				
FNPI St.2. Adults (ages 18+) FNPI Sz. The number of individuals or households: (please specify)		+			
PMPI 32. The number of intervious or nouserous: (please specify)					
FNPI Civic Engagement and Community Involvement Indicators	I.) Number of Participants Served	II.) Target	III.) Actual Results	iV.) Percentage Achieving Outcome	V.) Performance Target Accuracy
					Mucuracy
FNPI 6s. The number of Community Action program participants who increased skills, knowledge, and abilities to enable them to work with Community Action to improve conditions in the community.					
FNPI 6a.1. the number of Community Action program participants who improved their leadership skills.					
FNPI 6a.2. the number of Community Action program participants who improved their social networks.					
FNPI 6a.3. the number of Community Action program participants who gained					
other skills, knowledge and abilities to enhance their ability to engage.					<u> </u>
FNPI 6z. The number of individuals or households: (please specify)					
FNPI Services Supporting Multiple Domains Indicators	1.) Number of Participants Served	II.) Target	III.) Actual Results	IV.) Percentage Achieving Outcome	V.) Performance Target Accuracy
FNPI 7a. The number of individuals who achieved one or more outcomes as					1
identified by the National Performance Indicators in various domains.					
FNPI 72. The number of individuals or households: (please specify)					

SRV Employment Indicators	Unduplicated Number of Individuals Served
Skills Training and Opportunities for Experience	
SRV 1a. Vocational Training	
SRV 1b. On the Job and other Work Experience	
SRV 1c. Youth Summer Work Placements	
SRV 1d. Apprenticeship/Internship	
SRV 1e. Self Employment Skills Training	
SRV 1f. Job Readiness Training	
Cereer Counseling	
SRV 1g. Workshops	
SRV 1h. Coaching	
Job Search	
SRV 1I. Coaching	
SRV 1j. Resume Development	
SRV 1k. Interview Skills Training	
SRV 11. Job Referrals	
SRV 2m. Job Placements	
SRV In. Pre employment physicals, background checks, etc.	
Post Employment Supports	
SRV 1o. Coaching	
SRV 1p. Interactions with employers	
Employment Supplies	
SRV 1q. Employment Supplies	

SRV Education and Cognitive Development Indicators	Unduplicated Number of Individuals Served
*	
Child/Young Adult Education Programs	
SRV 2a. Early Head Start	
SRV 2b. Head Start	
SRV 2c. Other Early Childhood (0 5 yr. old) Education	
SRV 2d. K-12 Education	
SRV 2e. K-12 Support Services	
SRV 2f. Financial Literacy Education	
SRV 2g. Literaty/English Language Education	
SRV 2h. College Readiness Preparation/Support	
SRV 2I. Other Post Secondary Preparation	
SRV 2J. Other Post Secondary Support	
School Supplies	
SRV 2k. School Supplies	
Extra curricular Programs	
SRV 21. Before and After School Activities	
SRV 2m. Summer Youth Recreational Activities	
SRV 2n. Summer Education Programs	
SRV 2o. Behavior Improvement Programs (attitude, self esteem, Dress for Success, etc.)	
SRV 2p. Mentoring	
SRV 2q. Leadership Training	
Adult Education Programs	
SRV 2r. Adult Literacy Classes	
SRV 2s. English Language Classes	
SRV 2t. Basic Education Classes	
SRV 2u. High School Equivalency Classes	
SRV 2v. Leadership Training	
SRV 2w. Parenting Supports (may be a part of the early childhood programs identified above)	
SRV 2x. Applied Technology Classes	
SRV 2y. Post Secondary Education Preparation	
SRV 2z. Financial Literacy Education	
Post Secondary Education Supports	
SRV 2aa. College applications, text books, computers, etc.	
Financial Aid Assistance	
SRV 2bb. Scholarships	
Home Visits	
SRV 2cc. Home Visits	

4B-SRVIncomeInfrastructureAsset

SRV Income, infrastructure, and Asset Building Indicators	Unduplicated Number of Individuals Served
SAV medine, initiastractare, and reset building mateurers	ondaphoseed (valide) of materiodis served
Training and Counseling Services	
SRV 3a. Financial Capability Skills Training	Manufacture and the second sec
SRV 3b. Financial Coaching/Counseling	
SRV 3c. Financial Management Programs (including budgeting, credit management, credit repair, credit	
counseling, etc.)	
SRV 3d. First time Homebuyer Counseling	
SRV 3e. Foreclosure Prevention Counseling	
SRV 3f. Small Business Start Up and Development Counseling Sessions/Classes	
Benefit Coordination and Advocacy	
SRV 3g. Child Support Payments	
SRV 3h. Health Insurance	
SRV 3i. Social Security/SSI Payments	
SRV 3j. Veteran's Benefits	
SRV 3k. TANF Benefits	
SRV 3I. SNAP Benefits	
Asset Building	
SRV 3m. Saving Accounts/IDAs and other asset building accounts	
SRV 3n. Other financial products (IRA accounts, MyRA, other retirement accounts, etc.)	
SRV 3o. VITA, EITC, or Other Tax Preparation programs	
Loans And Grants	
SRV 3p. Micro loans	
SRV 3q. Business incubator/business development loans	

4B-SRV Housing

SRV Housing Indicators	Unduplicated Number of Individuals Served
Housing Payment Assistance	
SRV 4a. Financial Capability Skill Training	
SRV 4b. Financial Coaching/Counseling	
SRV 4c. Rent Payments (includes Emergency Rent Payments)	
SRV 4d. Deposit Payments	
SRV 4e. Mortgage Payments (includes Emergency Mortgage Payments)	
Eviction Prevention Services	
SRV 4f. Eviction Counseling	
SRV 4g. Landlord/Tenant Mediations	
SRV 4h. Landlord/Tenant Rights Education	
Utility Payment Assistance	
SRV 4i. Utility Payments (LIHEAP includes Emergency Utility Payments)	
SRV 4j. Utility Deposits	
SRV 4k. Utility Arrears Payments	
SRV 4I. Level Billing Assistance	
Housing Placement/Rapid Re housing	
SRV 4m. Temporary Housing Placement (includes Emergency Shelters)	
SRV 4n. Transitional Housing Placements	
SRV 4o. Permanent Housing Placements	
SRV 4p. Rental Counseling	
Housing Maintenance & Improvements	
SRV 4q. Home Repairs (e.g. structural, appliance, heating systems. etc.) (Including Emergency Home	
Repairs)	
Weatherization Services	
SRV 4r. Independent living Home Improvements (e.g. ramps, tub and shower grab bars, handicap accessible	
modifications, etc.)	
SRV 4s. Healthy Homes Services(e.g. reduction or elimination of lead, radon, carbon dioxide and/or fire	
hazards or electrical issues, etc.)	
SRV 4t. Energy Efficiency Improvements (e.g. insullation, air sealing, furnace repair, etc.)	

SRV Health and Social/Behavioral Development (includes nutrition) Indicators	Unduplicated Number of Individuals Served
Health Services, Screening and Assessments	
SRV 5a. Immunizations	
SRV 5b. Physicals	
SRV Sc. Developmental Delay Screening	
SRV 5d. Vision Screening	
SRV 5e. Prescription Payments	
SRV 5f. Doctor Visit Payments	
SRV 5g. Maternal/Child Health	
SRV 5h. Nursing Care Sessions	
SRV 5i. In Home Affordable Seniors/Disabled Care Sessions (Nursing, Chores, Personal Care Services)	
SRV 5j. Health Insurance Options Counseling	
Reproductive Health Services	
SRV Sk. Coaching Sessions	
SRV 5I. Family Planning Classes	
SRV 5m. Contraceptives	
SRV 5n. STI/HIV Prevention Counseling Sessions	
SRV 5o. STI/HIV Screenings	
Wellness Education	
SRV 5p. Wellness Classes (stress reduction, medication management, mindfulness, etc.)	
SRV 5q. Exercise/Fitness	
Mental/Behavioral Health	
SRV 5r. Detoxification Sessions	
SRV 5s. Substance Abuse Screenings	
SRV 5t. Substance Abuse Counseling	
SRV 5u. Mental Health Assessments	
SRV 5v. Mental Health Counseling	
SRV 5w. Crisis Response/Call In Responses	
SRV 5x. Domestic Violence Programs	
Support Groups	The second secon
SRV 5y. Substance Abuse Support Group Meetings	
SRV 5z. Domestic Violence Support Group Meetings	
SRV 5aa. Mental Health Support Group Meeting	
Dental Services, Screenings and Exams	
SRV 5bb. Adult Dental Screening/Exams	
SRV 5cc. Adult Dental Services (including Emergency Dental Procedures)	
SRV 5dd. Child Dental Screenings/Exams	
SRV 5ee. Child Dental Services (including Emergency Dental Procedures)	
Nutrition and Food/Meals	
SRV 5ff. Skills Classes (Gardening, Cooking, Nutrition)	
SRV 5gg. Community Gardening Activities	
SRV 5hh. Incentives (e.g. gift card for food preparation, rewards for participation, etc.)	
SRV 5ii. Prepared Meals	
SRV 5jj. Food Distribution (Food Bags/Boxes, Food Share Program, Bags of Groceries)	
Family Skills Development	
SRV 5kk. Family Mentoring Sessions	
SRV 5II. Life Skills Coaching Sessions	
SRV 5mm. Parenting Classes	
Emergency Hygiene Assistance	
SRV 5nn. Kits/boxes	
SRV Sco. Hygiene Facility Utilizations (e.g. showers, toilets, sinks	

4B-SRV Civic Engagement

SRV Civic Engagement and Community Involvement Indicators	Unduplicated Number of Individuals Served
Civic Engagement and Community Involvement	
SRV 6a. Voter Education and Access	
SRV 6b. Leadership Training	
SRV 6c. Tri partite Board Membership	
SRV 6d. Citizenship Classes	
SRV 6e. Getting Ahead Classes	
SRV 6f. Volunteer Training	

4B-SRV Multiple Domains

SRV Services Supporting Multiple Domains Indicators	Unduplicated Number of Individuals Served
Case Management	
SRV 7a. Case Management	
Eligibility Determinations	
SRV 7b. Eligibility Determinations	
Referrals	
SRV 7c. Referrals	
Transportation Services	
SRV 7d. Transportation Services (e.g. bus passes, bus transport, support for auto	
purchase or repair, including emergency services)	
Childcare	
SRV 7e. Child Care subsidies	
SRV 7f. Child Care payments	
Eldercare	
SRV 7g. Day Centers	
Identification Documents	
SRV 7h. Birth Certificate	
SRV 7i. Social Security Card	
SRV 7j. Driver's License	
Re Entry Services	
SRV 7k. Criminal Record Expungements	
Immigration Support Services	
SRV 71. Immigration Support Services (relocation, food, clothing)	
Legal Assistance (includes emergency legal assistance)	
SRV 7m. Legal Assistance	
Emergency Clothing Assistance	
SRV 7n. Emergency Clothing Assistance	
Mediation/Customer Advocacy Interventions (debt forgiveness, negotiations or	
issues with landlords, coordinating with other services or government)	
SRV 7o. Mediation/Customer Advocacy Interventions	

All Chaustachtles Parent Pate Fater Face			_
All Characteristics Report - Data Entry Form	Totals		
A. Total unduplicated number of all INDIVIDUALS about whom one or more characteristics were			
obtained: B. Total unduplicated number of all HOUSEHOLDS about whom one or more characteristics were			
B. Total undupscated number of all HOUSEKOLDS about whom one or more characteristics were obtained:			
C. (NDIVIDUAL LEVEL CHARACTERISTICS			
1. Gender	Number of Individuals		
a. Male b. Female			
c. Other			
d. Unknown/not reported			
e. Total	0		
2. Age	Number of Individuals		
a. 0-5			
b. 6-13 c. 14-17			
d. 18-24			
e. 25-44			
f. 45-54			
g. 55-59 h. 60-64			
i. 65-74			
J. 75+			
Total of Age 65+ k. Unknown/not reported	0		
I. Total	0		
3. Education Levels	Number of Inc		
a. Grades 0-8	ages 14-24	ages 25+	
b. Grades 9-12/Non-Graduate			
c. High School Graduate/ Equivalency Diploma			
d. 12 grade + Some Post-Secondary e. 2 or 4 years College Graduato			
f. Graduate of other post-secondary school			
g. Unknown/not reported h. Total			
n. Total	0	0	
4. Disconnected Youth	Number of Individuals		
a. Youth ages 14-24 who are neither working or in school			
S. Health	Number of Individuals		
J. 11CALUI	Yes	No	Unknown
a. Disabling Condition			
b. Health Insurance * If an individual reported that they had Realth Insurance please Identify the source of health Insurance			
* ir an individual reported that they had realth insurance please identity the source of nealth insurance below.			
c. Health Insurance Sources			
c.1. Medicald			
c.2. Medicare			
c.2. Medicare c.3. State Children's Health Insurance Program c.4. State Health Insurance for Adults			
c.2. Medicare c.3. State Children's Health Insurance Program c.4. State Health Insurance for Adults c.5. Military Health Care			
c.2. Medicare c.3. State Children's Health Insurance Program c.4. State Health Insurance for Adults c.5. Military Health Care c.6. Direct-Purchase			
c.2. Medicare c.3. State Children's Health Insurance Program c.4. State Health Insurance for Adults c.5. Military Health Care			
c.2. Medicare c.3. State Children's Health Insurance Program c.4. State Health Insurance for Adults c.5. Military Health Care c.6. Direct-Purchase c.7. Employment Based	0		
c.2. Medicare c.3. State Children's Health Insurance Program c.4. State Children's Health Insurance For Adults c.5. Military Health Care c.6. Direct-Purchase c.7. Employment Based c.8. Unknown/not reported c.9. Total			
c.2. Medicare c.3. State Children's Health Insurance Program c.4. State Health Insurance for Adults c.5. Military Health Care c.6. Direct-Purchase c.7. Employment Based c.8. Unknown/not reported c.9. Total 6. Ethnicity/Raca	0 Number of individuals		
c.2. Medicare c.3. State Children's Health Insurance Program c.4. State Health Insurance for Adults c.5. Military Health Care c.6. Direct-Purchase c.7. Employment Based c.8. Unknown/not reported c.9. Total 6. Ethnicity/Race a. Ethnicity a.1. Hispanic, Latino or Spanish Origins			
c.2. Medicare c.3. State Children's Health Insurance Program c.4. State Health Insurance for Adults c.5. Military Health Care c.6. Direct-Purchase c.7. Employment Based c.8. Unknown/not reported c.9. Total 6. Ethnicity/Race a. Ethnicity A. Hispanic, Latino or Spanish Origins a.2. Not Hispanic, Latino or Spanish Origins			
c.2. Medicare c.3. State Children's Health Insurance Program c.4. State Nealth Insurance for Adults c.5. Military Realth Care c.6. Direct-Purchase c.7. Employment Based c.8. Unknown/not reported c.9. Total 6. Ethnicity/Race a. Ethnicity a.1. Hispanic, Latino or Spanish Origins a.2. Not Hispanic, Latino or Spanish Origins a.3. Unknown/not reported	Number of Individuals		
c.2. Medicare c.3. State Children's Health Insurance Program c.4. State Health Insurance for Adults c.5. Military Health Care c.6. Direct-Purchase c.7. Employment Based c.8. Unknown/not reported c.9. Total 6. Ethnicity/Race a. Ethnicity A. Hispanic, Latino or Spanish Origins a.2. Not Hispanic, Latino or Spanish Origins			
c.2. Medicare c.3. State Children's Health Insurance Program c.4. State Nealth Insurance for Adults c.5. Military Realth Care c.6. Direct-Purchase c.7. Employment Based c.8. Unknown/not reported c.9. Total 6. Ethnicity/Race a. Ethnicity/Race a. Ethnicity a.1. Hispanic, Latino or Spanish Origins a.2. Not Hispanic, Latino or Spanish Origins a.3. Unknown/not reported a.4. Total	Number of Individuals		
c.2. Medicare c.3. State Children's Health Insurance Program c.4. State Health Insurance for Adults c.5. Military Health Care c.6. Direct-Purchase c.7. Employment Based c.8. Unknown/not reported c.9. Total 6. Ethnicity/Raca a. Ethnicity/Raca a. Ethnicity a.1. Hispanic, Latino or Spanish Origins a.2. Not Hispanic, Latino or Spanish Origins a.3. Unknown/not reported a.4. Total b. Raca b.1. American Indian or Alaska Native	Number of Individuals		
c.2. Medicare c.3. State Children's Health Insurance Program c.4. State Nealth Insurance for Adults c.5. Military Realth Care c.6. Direct-Purchase c.7. Employment Based c.8. Unknown/not reported c.9. Total 6. Ethnicity/Race a. Ethnicity/Race a. Ethnicity a.1. Hispanic, Latino or Spanish Origins a.2. Not Hispanic, Latino or Spanish Origins a.3. Unknown/not reported a.4. Total	Number of Individuals		
c.2. Medicare c.3. State Children's Health Insurance Program c.4. State Nethith Insurance for Adults c.5. Military Realth Care c.6. Direct-Purchase c.7. Employment Based c.8. Unknown/not reported c.9. Total 6. Ethnicity/Race a. Ethnicity a.1. Hispanic, Latino or Spanish Origins a.2. Not Hispanic, Latino or Spanish Origins a.3. Unknown/not reported a.4. Total b. Race b. 1. American Indian or Alaska Native b.2. Aslan b.3. Black or African American b.4. Native Hawaiian and Other Pacific Islander	Number of Individuals		
c.2. Medicare c.3. State Children's Health Insurance Program c.4. State Health Insurance for Adults c.5. Military Health Care c.6. Direct-Purchase c.7. Employment Based c.8. Unknown/not reported c.9. Total 6. Ethnicity/Raca a. Ethnicity/Raca a. Ethnicity/Raca a. Ethnicity a.1. Hispanic, Latino or Spanish Origins a.2. Not Hispanic, Latino or Spanish Origins a.3. Unknown/not reported a.4. Total b. Race b.1. American Indian or Alaska Native b.2. Asian b.3. Black or African American b.4. Native Hawaiian and Other Pacific Islander b.5. White	Number of Individuals		
c.2. Medicare c.3. State Children's Health Insurance Program c.4. State Health Insurance for Adults c.5. Military Nealth Care c.6. Direct-Purchase c.7. Employment Based c.8. Unknown/not reported c.9. Total 6. Ethnicity/Race a. Ethnicity a.1. Hispanic, Latino or Spanish Origins a.2. Not Hispanic, Latino or Spanish Origins a.3. Unknown/not reported b. Race b.1. American Indian or Alaska Native b.2. Aslan b.3. Black or African American b.4. Native Hawaiian and Other Pacific Islander b.5. White b.6. Other	Number of Individuals		
c.2. Medicare c.3. State Children's Health Insurance Program c.4. State Health Insurance for Adults c.5. Military Health Care c.6. Direct-Purchase c.7. Employment Based c.8. Unknown/not reported c.9. Total 6. Ethnicity/Raca a. Ethnicity/Raca a. Ethnicity/Raca a. Ethnicity a.1. Hispanic, Latino or Spanish Origins a.2. Not Hispanic, Latino or Spanish Origins a.3. Unknown/not reported a.4. Total b. Race b.1. American Indian or Alaska Native b.2. Asian b.3. Black or African American b.4. Native Hawaiian and Other Pacific Islander b.5. White	Number of Individuals		
c.2. Medicare c.3. State Children's Health Insurance Program c.4. State Nealth Insurance for Adults c.5. Military Realth Care c.6. Direct-Purchase c.7. Employment Based c.8. Unknown/not reported c.9. Total 6. Ethnicity/Race a. Ethnicity a.1. Hispanic, Latino or Spanish Origins a.2. Not Hispanic, Latino or Spanish Origins a.3. Unknown/not reported a.4. Total b. Race b.1. American Indian or Alaska Native b.2. Aslan b.3. Black or African American b.4. Native Hawailan and Other Pacific Islander b.5. White b.6. Other b.7. Multi-race (two or more of the above)	Number of Individuals		
c.2. Medicare c.3. State Children's Health Insurance Program c.4. State Nealth Insurance for Adults c.5. Military Realth Care c.6. Direct-Purchase c.7. Employment Based c.8. Unknown/not reported c.9. Total 6. Ethnicity/Race a. Ethnicity a.1. Hispanic, Latino or Spanish Origins a.2. Not Hispanic, Latino or Spanish Origins a.3. Unknown/not reported a.4. Total b. Race b.1. American Indian or Alaska Native b.2. Aslan b.3. Black or African American b.4. Native Hawaiian and Other Pacific Islander b.5. White b.6. Other b.7. Multi-race (two or more of the above) b.8. Unknown/not reported b.9. Total	Number of Individuals 0		
c.2. Medicare c.3. State Children's Health Insurance Program c.4. State Health Insurance for Adults c.5. Military Health Care c.6. Direct-Purchase c.7. Employment Based c.8. Unknown/not reported c.9. Total 6. Ethnicity/Race a. Ethnicity/Race a. Ethnicity a.1. Hispanic, Latino or Spanish Origins a.2. Not Hispanic, Latino or Spanish Origins a.3. Unknown/not reported a.4. Total b. Race b.1. American Indian or Alaska Native b.2. Aslan b.3. Black or African American b.4. Native Hawaiian and Other Pacific Islander b.5. White b.6. Other b.7. Multi-race (two or more of the above) b.8. Unknown/not reported	Number of Individuals 0		
c.2. Medicare c.3. State Children's Health Insurance Program c.4. State Health Insurance for Adults c.5. Military Realth Care c.6. Direct-Purchase c.7. Employment Based c.8. Unknown/not reported c.9. Total 6. Ethnicity/Race a. Ethnicity/Race a. Ethnicity a.1. Hispanic, Latino or Spanish Origins a.2. Not Hispanic, Latino or Spanish Origins a.3. Unknown/not reported a.4. Total b. Race b.1. American Indian or Alaska Native b.2. Asian b.3. Black or African American b.4. Native Hawaiian and Other Pacific Islander b.5. White b.6. Other b.7. Multi-race (two or more of the above) b.8. Unknown/not reported b.9. Total	Number of Individuals 0		
c.2. Medicare c.3. State Children's Health Insurance Program c.4. State Health Insurance for Adults c.5. Military Realth Care c.6. Direct-Purchase c.7. Employment Based c.8. Unknown/not reported c.9. Total 6. Ethnicity/Race a. Ethnicity a.1. Hispanic, Latino or Spanish Origins a.2. Not Hispanic, Latino or Spanish Origins a.3. Unknown/not reported a.4. Total b. Race b.1. American Indian or Alaska Native b.2. Aslan b.3. Slack or African American b.4. Native Hawalian and Other Pacific Islander b.5. White b.6. Other b.7. Multi-race (two or more of the above) b.8. Unknown/not reported b.9. Total 7. Military Status a. Veteran b. Active Military c. Unknown/not reported	Number of Individuals 0 Number of Individuals		
c.2. Medicare c.3. State Children's Health Insurance Program c.4. State Health Insurance for Adults c.5. Military Realth Care c.6. Direct-Purchase c.7. Employment Based c.8. Unknown/not reported c.9. Total 6. Ethnicity/Race a. Ethnicity/Race a. Ethnicity a.1. Hispanic, Latino or Spanish Origins a.2. Not Hispanic, Latino or Spanish Origins a.3. Unknown/not reported a.4. Total b. Race b.1. American Indian or Alaska Native b.2. Asian b.3. Black or African American b.4. Native Hawaiian and Other Pacific Islander b.5. White b.6. Other b.7. Multi-race (two or more of the above) b.8. Unknown/not reported b.9. Total	Number of Individuals 0		
c.2. Medicare c.3. State Children's Health Insurance Program c.4. State Children's Health Insurance For Adults c.5. Military Realth Care c.6. Direct-Purchase c.7. Employment Based c.8. Unknown/not reported c.9. Total 6. Ethnicity/Race a. Ethnicity a.1. Hispanic, Latino or Spanish Origins a.2. Not Hispanic, Latino or Spanish Origins a.3. Unknown/not reported a.4. Total b. Race b.1. American Indian or Alaska Native b.2. Aslan b.3. Black or African American b.4. Native Hawalian and Other Pacific Islander b.5. White b.6. Other b.7. Multi-race (two or more of the above) b.8. Unknown/not reported b.9. Total 7. Military Status a. Veteran b. Active Military c. Unknown/not reported d. Total 8. Work Status (Individuals 180-)	Number of Individuals 0 Number of Individuals		
c.2. Medicare c.3. State Children's Health Insurance Program c.4. State Children's Health Insurance For Adults c.5. Military Health Care c.6. Direct-Purchase c.7. Employment Based c.8. Unknown/not reported c.9. Total 6. Ethnicity/Race a. Ethnicity a.1. Hispanic, Latino or Spanish Origins a.2. Not Hispanic, Latino or Spanish Origins a.3. Unknown/not reported a.4. Total b. Race b.1. American Indian or Alaska Native b.2. Aslan b.3. Black or African American b.4. Native Hawalian and Other Pacific Islander b.5. White b.6. Other b.7. Multi-race (two or more of the above) b.8. Unknown/not reported b.9. Total 7. Mültary Status a. Veteran b. Active Military c. Unknown/not reported d. Total 8. Work Status (Individuals 18e) a. Employed Full-Time	Number of Individuals 0 Number of Individuals		
c.2. Medicare c.3. State Children's Health Insurance Program c.4. State Health Insurance for Adults c.5. Military Nealth Care c.6. Direct-Purchase c.7. Employment Based c.8. Unknown/not reported c.9. Total 6. Ethnicity/Race a. Ethnicity a.1. Hispanic, Latino or Spanish Origins a.2. Not Hispanic, Latino or Spanish Origins a.3. Unknown/not reported a.4. Total b. Race b.1. American Indian or Alaska Native b.2. Aslan b.3. Black or African American b.4. Native Hawalian and Other Pacific Islander b.5. White b.6. Other b.7. Multi-race (two or more of the above) b.8. Unknown/not reported b.9. Total 7. Millitary Status a. Veteran b. Active Military c. Unknown/not reported d. Total 8. Work Status (Individuals 18+) a. Employed Part-Time b. Employed Part-Time	Number of Individuals 0 Number of Individuals		
c.2. Medicare c.3. State Children's Health Insurance Program c.4. State Health Insurance for Adults c.5. Military Nealth Care c.6. Direct-Purchase c.7. Employment Based c.8. Unknown/not reported c.9. Total 6. Ethnicity/Race a. Ethnicity A. Hispanic, Latino or Spanish Origins a.2. Not Hispanic, Latino or Spanish Origins a.3. Unknown/not reported a.4. Total b. Race b. Harerican Indian or Alaska Native b.1. American Indian or Alaska Native b.2. Aslan b.3. Black or African American b.4. Native Hawalian and Other Pacific Islander b.5. White b.6. Other b.7. Multi-race (two or more of the above) b.8. Unknown/not reported b.9. Total 7. Military Status a. Veteran b. Active Military c. Unknown/not reported d. Total 8. Work Status (Individuals 18+) a. Employed Full-Time	Number of Individuals 0 Number of Individuals		
c.2. Medicare c.3. State Children's Health Insurance Program c.4. State Children's Health Insurance For Adults c.5. Military Nealth Care c.6. Direct-Purchase c.7. Employment Based c.8. Unknown/not reported c.9. Total 6. Ethnicity/Race a. Ethnicity a.1. Hispanic, Latino or Spanish Origins a.2. Not Hispanic, Latino or Spanish Origins a.3. Unknown/not reported a.4. Total b. Race b.1. American Indian or Alaska Native b.2. Aslan b.3. Black or African American b.4. Native Hawalian and Other Pacific Islander b.5. White b.6. Other b.7. Multi-race (two or more of the above) b.8. Unknown/not reported b.9. Total 7. Military Status a. Veteran b. Active Military c. Unknown/not reported d. Total 8. Work Status (Individuals 18+) a. Employed Full-Time b. Employed Full-Time b. Employed Fart-Time c. Migrant Seasonal Farm Worker d. Unemployed (Short-Term, 6 months) e. Unemployed (Chorg-Term, more than 6 months) e. Unemployed (Chorg-Term, more than 6 months)	Number of Individuals 0 Number of Individuals		
c.2. Medicare c.3. State Children's Health Insurance Program c.4. State Nealth Insurance for Adults c.5. Military Nealth Care c.6. Direct-Purchase c.7. Employment Based c.8. Unknown/not reported c.9. Total 6. Elinhicity/Race a. Ethnicity a.1. Hispanic, Latino or Spanish Origins a.2. Not Hispanic, Latino or Spanish Origins a.3. Unknown/not reported a.4. Total b. Race b.1. American Indian or Alaska Native b.2. Aslan b.3. Black or African American b.4. Native Hawaiian and Other Pacific Islander b.5. White b.6. Other b.7. Multi-race (two or more of the above) b.8. Unknown/not reported b.9. Total 7. Millhary Status a. Veteran b. Active Military c. Unknown/not reported d. Total 8. Work Status (Individuals 18+) a. Employed Pult-Time c. Migrant Seasonal Farm Worker d. Unemployed (Short-Term, 6 months or less) e. Unemployed (Short-Term, 6 months or less) e. Unemployed (Hont-Term, 6 months) f. Unemployed (Hont-Term, 6 months) f. Unemployed (Hont-Term, 6 months) f. Unemployed (Hont in Labor-Force)	Number of Individuals 0 Number of Individuals		
c.2. Medicare c.3. State Children's Health Insurance Program c.4. State Nealth Insurance for Adults c.5. Military Realth Care c.6. Direct-Purchase c.7. Employment Based c.8. Unknown/not reported c.9. Total 6. Ethnicity/Race a. Ethnicity a.1. Hispanic, Latino or Spanish Origins a.2. Not Hispanic, Latino or Spanish Origins a.3. Unknown/not reported a.4. Total b. Race b.1. American Indian or Alaska Native b.2. Aslan b.3. Black or African American b.4. Native Hawalian and Other Pacific Islander b.5. White b.6. Other b.7. Multi-race (two or more of the above) b.8. Unknown/not reported d. 9. Total 7. Military Status a. Veteran b. Active Military c. Unknown/not reported d. Total 8. Work Status (Individuals 18+) a. Employed Full-Time b. Employed Pull-Time c. Mignat Seasonal Farm Worker d. Unemployed (Not in Labor Force) g. Retired G. Hetredown (Not in Labor Force) g. Retired G. Unemployed (Not in Labor Force) g. Retired G. Hetredown (Not in Labor Force) g. Retired G. Hetredown (Not in Labor Force) g. Retired G. Hetredown (Not in Labor Force) g. Retired G. Hetredown (Not in Labor Force) g. Retired	Number of Individuals 0 Number of Individuals		
c.2. Medicare c.3. State Children's Health Insurance Program c.4. State Nealth Insurance for Adults c.5. Military Nealth Care c.6. Direct-Purchase c.7. Employment Based c.8. Unknown/not reported c.9. Total 6. Ethnicity/Raca a. Ethnicity a.1. Hispanic, Latino or Spanish Origins a.2. Not Hispanic, Latino or Spanish Origins a.3. Unknown/not reported a.4. Total b. Raca b.1. American Indian or Alaska Native b.2. Aslam b.3. Black or African American b.4. Native Hawaiian and Other Pacific Islander b.5. White b.6. Other b.7. Multi-race (two or more of the above) b.8. Unknown/not reported b.9. Total 7. Military Status a. Veteran b. Active Military c. Unknown/not reported d. Total 8. Work Status (Individuals 18+) a. Employed Full-Time b. Employed Short-Term, 6 months or less) e. Unemployed (Ison-Term, more than 6 months) f. Unemployed (Short-Term, 6 months or less) e. Unknown/not reported d. Unemployed (Short-Term, 6 months or less) e. Unemployed (Not in Labor Force) g. Retred h. Unknown/not reported	Number of Individuals 0 Number of Individuals		
c.2. Medicare c.3. State Children's Health Insurance Program c.4. State Nethith Insurance for Adults c.5. Military Realth Care c.6. Direct-Purchase c.7. Employment Based c.8. Unknown/not reported c.9. Total 6. Ethnicity/Race a. Ethnicity a.1. Hispanic, Latino or Spanish Origins a.2. Not Hispanic, Latino or Spanish Origins a.3. Unknown/not reported a.4. Total b. Race b.1. American Indian or Alaska Native b.2. Aslan b.3. Black or African American b.4. Native Hawaiian and Other Pacific Islander b.5. White b.6. Other b.7. Multi-race (two or more of the above) b.8. Unknown/not reported d. P.9. Total 7. Military Status a. Veteran b. Active Military c. Unknown/not reported d. Total 8. Work Status (Individuals 18+) a. Employed Full-Time b. Employed Full-Time c. Migrant Seasonal Farm Worker d. Unemployed (Short-Term, 6 months or less) e. Unemployed (Long-Term, more than 6 months) f. Unknown/not reported l. Total l. Unknown/not reported	Number of Individuals O Number of Individuals O Number of Individuals		
c.2. Medicare c.3. State Children's Health Insurance Program c.4. State Health Insurance for Adults c.5. Military Health Care c.6. Direct-Purchase c.7. Employment Based c.8. Unknown/not reported c.9. Total 6. Ethnicity/Race a. Ethnicity a.1. Hispanic, Latino or Spanish Origins a.2. Not Hispanic, Latino or Spanish Origins a.3. Unknown/not reported b. Race b.1. American Indian or Alaska Native b.2. Asian b.3. Black or African American b.4. Native Hawaiian and Other Pacific Islander b.5. White b.6. Other b.7. Multi-race (two or more of the above) b.8. Unknown/not reported b.9. Total 7. Military Status a. Veteran b. Active Military c. Unknown/not reported d. Total 8. Work Status (Individuals 18e) a. Employed Part-Time b. Employed Part-Time c. Migrant Seasonal Farm Worker d. Unemployed (Short-Ferm, 6 months or less) e. Unemployed (Short-Ferm, 6 months or less) e. Unemployed (Not in Labor Force) g. Retired h. Unknown/not reported h. Unknown/not reported h. Unknown/not reported	Number of Individuals O Number of Individuals O Number of Individuals		
c.2. Medicare c.3. State Children's Health Insurance Program c.4. State Nealth Insurance for Adults c.5. Military Realth Care c.6. Direct-Purchase c.7. Employment Based c.8. Unknown/not reported c.9. Total 6. Elthicity/Race a. Ethilcity a.1. Hispanic, Latino or Spanish Origins a.2. Not Hispanic, Latino or Spanish Origins a.3. Unknown/not reported a.4. Total b. Race b.1. American Indian or Alaska Native b.2. Aslan b.3. Black or African American b.4. Native Hawaiian and Other Pacific Islander b.5. White b.6. Other b.7. Multi-race (two or more of the above) b.8. Unknown/not reported b.9. Total 7. Military Status a. Veteran b. Active Military c. Unknown/not reported d. Total 8. Work Status (Individuals 18+) a. Employed Full-Time b. Employed Full-Time c. Migrant Seasonal Farm Worker d. Unemployed (Not in Labor Force) g. Retired h. Unknown/not reported l. Total	Number of Individuals O Number of Individuals O Number of Individuals		

c. Single Parent Fernale		
d. Single Parent Male e. Two Parent Household		
f. Non-related Adults with Children		
g. Multigenerational Household		
h. Other		
. Unknown/not reported		
, Total	0	
LO. Household Size	Number of Households	
s. Single Person		
b. Two		
:. Three		
d. Four		
p. Five		
. Six or more		
, Unknown/not reported 1, Total	0	
h total		
11. Housing	Number of Households	
a. Own	nanner or nouserous	
D. Rent		
. Other permanent housing		
i. Homeless		
e. Other		
. Unknown/not reported		
, Total	0	
12. Level of Household Income	Number of Households	
% of HHS Guideline)		
. Up to 50%		
5.51% to 75%		
- 76% to 100%		
1. 101% to 125%		
2. 126% to 150%		
. 151% to 175%	**	
; 176% to 200% 1. 201% to 250%		
. 250% and over		
. Unknown/not reported		
L Total	0	
13. Sources of Household Income	Number of Households	
a. Income from Employment Only	Transact of Huggeriona	
b. Income from Employment and Other Income Source		
b. Income from Employment and Other Income Source .: Income from Employment, Other Income Source, and Non-Cash Benefits		
b. Income from Employment and Other Income Source .: Income from Employment, Other Income Source, and Non-Cash Benefits d. Income from Employment and Non-Cash Benefits		
b. Income from Employment and Other Income Source . Income from Employment, Other Income Source, and Non-Cash Benefits d. Income from Employment and Non-Cash Benefits b. Other Income Source Only		
b. Income from Employment and Other Income Source . Income from Employment, Other Income Source, and Non-Cash Benefits d. Income from Employment and Non-Cash Benefits d. Other Income Source Only . Other Income Source and Non-Cash Benefits		
b. Income from Employment and Other Income Source . Income from Employment, Other Income Source, and Non-Cash Benefits d. Income from Employment and Non-Cash Benefits n. Other Income Source Only . Other Income Source and Non-Cash Benefits b. No Income		
b. Income from Employment and Other Income Source L. Income from Employment, Other Income Source, and Non-Cash Benefits d. Income from Employment and Non-Cash Benefits b. Other Income Source Only f. Other Income Source and Non-Cash Benefits g. No Income h. Non-Cash Benefits Only h. Non-Cash Benefits Only		
b. Income from Employment and Other Income Source . Income from Employment, Other Income Source, and Non-Cash Benefits d. Income from Employment and Non-Cash Benefits b. Other Income Source Only f. Other Income Source and Non-Cash Benefits g. No Income h. Non-Cash Benefits Only f. Non-Cash Benefits Only f. Non-Cash Benefits Only f. Unknown/not reported		
D. Income from Employment and Other Income Source Income from Employment, Other Income Source, and Non-Cash Benefits Income from Employment and Non-Cash Benefits Other Income Source Only Other Income Source and Non-Cash Benefits No Income Non-Cash Benefits Non-Cash Benefits Non-Cash Benefits Non-Cash Benefits Non-Cash Benefits Non-Cash Benefits Only Unknown/not reported	0	
D. Income from Employment and Other Income Source Lincome from Employment, Other Income Source, and Non-Cash Benefits Lincome from Employment and Non-Cash Benefits Other Income Source Only Other Income Source and Non-Cash Benefits Lincome Non-Cash Benefits Other Income Non-Cash Benefits Unknown/not reported Total		
b. Income from Employment and Other Income Source Lincome from Employment, Other Income Source, and Non-Cash Benefits Lincome from Employment and Non-Cash Benefits Dither Income Source Only Other Income Source and Non-Cash Benefits Non-Income Non-Cash Benefits Non-Cash Benefits Lincome	holds who reported sources other th	
D. Income from Employment and Other Income Source D. Income from Employment, Other Income Source, and Non-Cash Benefits D. Income from Employment and Non-Cash Benefits D. Other Income Source Only D. Other Income Source and Non-Cash Benefits D. No Income D. Non-Cash Benefits Only D. Unknown/not reported D. Total Selow, please report the types of Other Income and/or non-cash benefits received by the house D. Other Income Source		
Income from Employment and Other Income Source Income from Employment, Other Income Source, and Non-Cash Benefits I. Income from Employment and Non-Cash Benefits Other Income Source Only Other Income Source Only Other Income Source and Non-Cash Benefits I. Non-Cash Benefits Other Income I. Non-Cash Benefits Only Unknown/not reported Total Income Income Income Source Income Inc	holds who reported sources other th	
Delay Please report the types of Other Income and/or non-cash benefits received by the house A. Total Selow, please report the types of Other Income and/or non-cash benefits received by the house A. Total Selow, please report the types of Other Income and/or non-cash benefits received by the house A. Total Selow, please report the types of Other Income and/or non-cash benefits received by the house A. Total Selow, please report the types of Other Income and/or non-cash benefits received by the house A. Total Selow, please report the types of Other Income and/or non-cash benefits received by the house A. Total Selow, please report the types of Other Income and/or non-cash benefits received by the house S. TANF Supplemental Security Income (SSI)	holds who reported sources other th	
D. Income from Employment, Other Income Source Income from Employment, Other Income Source, and Non-Cash Benefits Income from Employment and Non-Cash Benefits Other Income Source Only Other Income Source and Non-Cash Benefits Income Non-Cash Benefits Income Non-Cash Benefits Income Incom	holds who reported sources other th	
D. Income from Employment and Other Income Source D. Income from Employment, Other Income Source, and Non-Cash Benefits D. Income from Employment and Non-Cash Benefits D. Other Income Source Only Other Income Source and Non-Cash Benefits D. No Income D. Non-Cash Benefits Only D. Unknown/not reported D. Total Selow, please report the types of Other Income and/or non-cash benefits received by the house D. TANF D. Supplemental Security Income (SSI) D. Supplemental Security Income (SSI) D. Supplemental Security Income (SSI) D. Supplemental Security Income (SSI) D. Supplemental Security Income (SSI) D. Supplemental Security Income (SSI) D. Supplemental Security Income (SSI) D. Supplemental Security Income (SSI) D. Supplemental Security Ossbüllity Income (SSI) D. Supplemental Security Ossbüllity Compensation	holds who reported sources other th	
D. Income from Employment and Other Income Source Income from Employment, Other Income Source, and Non-Cash Benefits Income from Employment and Non-Cash Benefits Other Income Source Only Other Income Source and Non-Cash Benefits Income Non-Cash Benefits Only Unknown/not reported Total Delow, please report the types of Other Income and/or non-cash benefits received by the house Income Income Income Source	holds who reported sources other th	
D. Income from Employment, Other Income Source Income from Employment, Other Income Source, and Non-Cash Benefits Income from Employment and Non-Cash Benefits Other Income Source Only Other Income Source and Non-Cash Benefits Income Non-Cash Benefits Only Unknown/not reported Total Selow, please report the types of Other Income and/or non-cash benefits received by the house IA. Other Income Source IA. Other Income Source II. TANF D. Supplemental Security Income (SSI) Supplemental Security Income (SSI) Social Security Disability Income (SSI) IVA Service-Connected Disability Compensation IVA Non-Service Connected Disability Pension IVA Non-Service Connected Disability Pension IVA Non-Service Connected Disability Pension IVA Nor-Service Connected Disability Compensation IVA Nor-Service Connected Disability Pension IVA Nor-Service Connected Disability Pension IVA Nor-Service Connected Disability Compensation	holds who reported sources other th	
D. Income from Employment, Other Income Source Income from Employment, Other Income Source, and Non-Cash Benefits Income from Employment and Non-Cash Benefits Other Income Source Only Other Income Source and Non-Cash Benefits Income Non-Cash Benefits Only Unknown/not reported Total Selow, please report the types of Other Income and/or non-cash benefits received by the house IA. Other Income Source IA. Other Income Source II. TANF D. Supplemental Security Income (SSI) Supplemental Security Income (SSI) Social Security Disability Income (SSI) IVA Service-Connected Disability Compensation IVA Non-Service Connected Disability Pension IVA Non-Service Connected Disability Pension IVA Non-Service Connected Disability Pension IVA Nor-Service Connected Disability Compensation IVA Nor-Service Connected Disability Pension IVA Nor-Service Connected Disability Pension IVA Nor-Service Connected Disability Compensation	holds who reported sources other th	
D. Income from Employment and Other Income Source D. Income from Employment, Other Income Source, and Non-Cash Benefits D. Income from Employment and Non-Cash Benefits D. Other Income Source Only Other Income Source and Non-Cash Benefits D. Other Income Source and Non-Cash Benefits D. Non-Cash Benefits Only Unknown/not reported Total Delow, please report the types of Other Income and/or non-cash benefits received by the house D. Total Delow, please report the types of Other Income and/or non-cash benefits received by the house D. TANF D. Supplemental Security Income (SSI) D. Social Security Disability Income (SSI) D. VA Service-Connected Disability Compensation D. VA Non-Service Connected Disability Pension D. Private Disability Insurance D. Worker's Compensation D. Retirement Income from Social Security Dension D. Pension	holds who reported sources other th	
D. Income from Employment, Other Income Source Income from Employment, Other Income Source, and Non-Cash Benefits Income from Employment and Non-Cash Benefits Other Income Source Only Other Income Source and Non-Cash Benefits Income Non-Cash Benefits Only Unknown/not reported Total Defow, please report the types of Other Income and/or non-cash benefits received by the house Income Other Income Source In	holds who reported sources other th	
Description Descr	holds who reported sources other th	
Income from Employment, Other Income Source Income from Employment, Other Income Source, and Non-Cash Benefits Income from Employment and Non-Cash Benefits Other Income Source Only Other Income Source and Non-Cash Benefits Non-Cash Benefits Non-Cash Benefits Only Unknown/not reported Total Idow, please report the types of Other Income and/or non-cash benefits received by the house A. Other Income Source TANE Supplemental Security Income (SSI) Social Security Disability Income (SSI) VA Service-Connected Disability Pension VA Non-Service Connected Disability Pension Private Otsability Insurance Worker's Compensation Retirement Income from Social Security Pension Child Support Unemployment Insurance Unemployment Insurance Unemployment Insurance Unemployment Insurance Unemployment Insurance	holds who reported sources other th	
D. Income from Employment, Other Income Source D. Income from Employment, Other Income Source, and Non-Cash Benefits D. Income from Employment and Non-Cash Benefits D. Other Income Source Only Other Income Source and Non-Cash Benefits D. Other Income Source and Non-Cash Benefits D. Non-Cash Benefits Only Unknown/not reported D. Total Delow, please report the types of Other Income and/or non-cash benefits received by the house D. Total Delow, please report the types of Other Income and/or non-cash benefits received by the house D. TANF D. Supplemental Security Income (SSI) D. Social Security Disability Income (SSI) D. VA Service-Connected Disability Compensation D. VA Non-Service Connected Disability Pension D. Private Otsability Insurance D. Worker's Compensation D. Retirement Income from Social Security Dension Child Support D. Unemployment Insurance D. Effic	holds who reported sources other th	
D. Income from Employment, Other Income Source Lincome from Employment, Other Income Source, and Non-Cash Benefits D. Income from Employment and Non-Cash Benefits D. Other Income Source Only Other Income Source Only Other Income Source and Non-Cash Benefits D. Non-Cash Benefits Only Unknown/not reported Total Sidow, please report the types of Other Income and/or non-cash benefits received by the house D. Total Sidow, please report the types of Other Income and/or non-cash benefits received by the house D. TANF D. Supplemental Security Income (SSI) D. Social Security Disability Comes (SSI) D. Social Security Disability Compensation D. VA Service-Connected Disability Compensation D. VA Non-Service Connected Disability Pension D. Worker's Compensation D. Retirement Income from Social Security D. Pension D. Ridmony or other Spousal Support Unemployment Insurance D. EITC D. Other D.	holds who reported sources other th	
D. Income from Employment, Other Income Source Lincome from Employment, Other Income Source, and Non-Cash Benefits D. Income from Employment and Non-Cash Benefits D. Other Income Source Only Other Income Source Only Other Income Source and Non-Cash Benefits D. Non-Cash Benefits Only Unknown/not reported Total Sidow, please report the types of Other Income and/or non-cash benefits received by the house D. Total Sidow, please report the types of Other Income and/or non-cash benefits received by the house D. TANF D. Supplemental Security Income (SSI) D. Social Security Disability Comes (SSI) D. Social Security Disability Compensation D. VA Service-Connected Disability Compensation D. VA Non-Service Connected Disability Pension D. Worker's Compensation D. Retirement Income from Social Security D. Pension D. Ridmony or other Spousal Support Unemployment Insurance D. EITC D. Other D.	holds who reported sources other th	
D. Income from Employment, Other Income Source D. Income from Employment, Other Income Source, and Non-Cash Benefits D. Income from Employment and Non-Cash Benefits D. Other Income Source Only Other Income Source and Non-Cash Benefits D. Other Income Source and Non-Cash Benefits D. Non-Cash Benefits Only Unknown/not reported T. Otal Delow, please report the types of Other Income and/or non-cash benefits received by the house D. TANF D. Supplemental Security Income (SSI) D. Social Security Disability Income (SSI) D. VA Service-Connected Disability Pension D. VA Non-Service Connected Disability Pension D. Private Disability Insurance D. Worker's Compensation D. Retirement Income from Social Security Dension D. Child Support D. Alimony or other Spousal Support D. Unternployment Insurance D. Unternployment Insurance D. Unknown/not reported D. Unknown/not reported D. Unknown/not reported D. Unknown/not reported	holds who reported sources other th Number of Households	
D. Income from Employment, Other Income Source Lincome from Employment, Other Income Source, and Non-Cash Benefits D. Income from Employment and Non-Cash Benefits D. Other Income Source Only Other Income Source Only Other Income Source and Non-Cash Benefits D. Non-Cash Benefits Only Unknown/not reported Total Selow, please report the types of Other Income and/or non-cash benefits received by the house D. Total Selow, please report the types of Other Income and/or non-cash benefits received by the house D. TANF D. Supplemental Security Income (SSI) D. Social Security Disability Comes (SSI) D. Social Security Disability Income (SSI) D. Va Service-Connected Disability Ompensation D. VA Non-Service Connected Disability Pension Private Otsability Insurance D. Worker's Compensation D. Retirement Income from Social Security Dension D. Retirement Income from Social Security Dension D. Child Support D. Lincomployment Insurance D. EITC D. Other D. Unknown/not reported D. Non-Cash Benefits D. Non-Cash Benefits	holds who reported sources other th	
D. Income from Employment, Other Income Source Lincome from Employment, Other Income Source, and Non-Cash Benefits D. Income from Employment and Non-Cash Benefits Other Income Source Only Other Income Source and Non-Cash Benefits D. Other Income Source and Non-Cash Benefits D. Non-Cash Benefits Only Unknown/not reported Total Delow, please report the types of Other Income and/or non-cash benefits received by the house D. Total Delow, please report the types of Other Income and/or non-cash benefits received by the house D. TANF D. Supplemental Security Income (SSI) D. Social Security Disability Income (SSI) D. VA Service-Connected Oisability Compensation D. VA Non-Service Connected Oisability Pension Private Oisability Insurance D. Worker's Compensation D. Retirement Income from Social Security Pension Child Support D. Alimony or other Spousal Support Unemployment Insurance D. Other D. Unknown/not reported D. Other D. Unknown/not reported D. SNAP	holds who reported sources other th Number of Households	
D. Income from Employment, Other Income Source D. Income from Employment, Other Income Source, and Non-Cash Benefits D. Income From Employment and Non-Cash Benefits D. Other Income Source Only Other Income Source and Non-Cash Benefits D. Other Income Source and Non-Cash Benefits D. Non-Cash Benefits Only D. Unknown/not reported D. Total D. Non-Cash Benefits Only D. Unknown/not report the types of Other Income and/or non-cash benefits received by the house D. Total D. Social Society Disability Income (SSI) D. Social Security Disability Income (SSI) D. VA Service-Connected Disability Compensation D. VA Non-Service Connected Disability Pension D. Private Disability Insurance D. Worker's Compensation D. Retirement Income from Social Security D. Retirement Income from Social Security D. Retirement Insurance D. Hid Support D. Allimony or other Spousal Support D. Unternployment Insurance D. Unknown/not reported D. Unknown/not reported D. Unknown/not reported D. Unknown/not reported D. SNAP D. WIC D. WIC D. WIC D. WIC D. SNAP D. WIC D. WIC D. WIC D. SNAP D. WIC D. WIC D. SNAP D. WIC D. WIC D. SIAP D. SIAP D. SIAP D. WIC D. SIAP D. SIAP D. SIAP D. SIA	holds who reported sources other th Number of Households	
Description Descr	holds who reported sources other th Number of Households	
D. Income from Employment, Other Income Source Lincome from Employment, Other Income Source, and Non-Cash Benefits D. Income from Employment and Non-Cash Benefits D. Other Income Source Only Other Income Source Only Other Income Source and Non-Cash Benefits D. Non-Cash Benefits Only Unknown/not reported Total Selow, please report the types of Other Income and/or non-cash benefits received by the house D. A. Other Income Source D. TANF D. Supplemental Security Income (SSI) D. Social Security Disability (mome (SSI) D. Social Security Disability Income (SSI) D. Va Service-Connected Disability Pension Private Disability Insurance D. Worker's Compensation D. Retirement Income from Social Security Pension Child Support D. Alimony or other Spousal Support D. Henry D. D. D. D. D. D. D. D. D. D. D. D. D.	holds who reported sources other th Number of Households	
Income from Employment, Other Income Source Income from Employment, Other Income Source, and Non-Cash Benefits Income from Employment and Non-Cash Benefits Other Income Source Only Other Income Source and Non-Cash Benefits Non-Cash Benefits Non-Cash Benefits Only Unknown/not reported Total Idow, please report the types of Other Income and/or non-cash benefits received by the house A. Other Income Source TANF Supplemental Security Income (SSI) Social Security Disability Income (SSI) VA Service-Connected Disability Compensation VA Non-Service Connected Disability Pension Private Disability Insurance Worker's Compensation Retirement Income from Social Security Pension Child Support Unemployment Insurance Unemployment Insurance Unemployment Insurance Unemployment Insurance Unknown/not reported S. Non-Cash Benefits S. NAP Unic Unknown/not reported Worker Unknown/not reported S. Non-Cash Benefits S. NAP Unic Unicapic Marker Supplement SNAP Unic Unicapic Marker Supplement SNAP SNAP SNAP Unic Unicapic Marker Supplement SNAP SNAP SNAP SNAP SNAP SNAP SNAP SNAP	holds who reported sources other th Number of Households	
Description Descr	holds who reported sources other th Number of Households	
Income from Employment, Other Income Source Income from Employment, Other Income Source, and Non-Cash Benefits Income from Employment and Non-Cash Benefits Other Income Source Only Other Income Source Only Other Income Source and Non-Cash Benefits Non-Cash Benefits Only Unknown/not reported Total Selow, please report the types of Other Income and/or non-cash benefits received by the house A. Other Income Source TANF Supplemental Security Income (SSI) Social Security Disability Gome (SSI) VA Service-Connected Disability Compensation VA Non-Service Connected Disability Pension Private Disability Insurance Worker's Compensation Retirement Income from Social Security Pension Child Support Allimony or other Spousal Support Unemployment Insurance Unemployment Insurance Unknown/not reported S. Non-Cash Benefits SNAP UNICL	holds who reported sources other th Number of Households	
. Income from Employment, Other Income Source . Income from Employment, Other Income Source, and Non-Cash Benefits . Income from Employment and Non-Cash Benefits . Other Income Source Only . Other Income Source and Non-Cash Benefits . Non-Cash Benefits Only . Unknown . Non-Cash Benefits Only . Unknown/not reported . Total . Non-Cash Benefits Only . Unknown/not reported . Total . Non-Cash Benefits Only . Unknown/not reported . Total . Social Security Income (SSI) . Social Security Disability Income (SSI) . Social Security Disability Income (SSI) . VA Service-Connected Disability Pension . VA Non-Service Connected Disability Pension . Private Disability Insurance . Worker's Compensation . Retirement Income from Social Security Pension Child Support . Unknown/not reported . Unemployment Insurance . ETC . Other . Unknown/not reported . Inknown/not reported . S. Non-Cash Benefits . SNAP . WIC . UREAP . Housing Cholce Voucher . Public Housing . Permanent Supportive Housing . Permanent Supportive Housing . Permanent Supportive Housing . Permanent Supportive Housing . Permanent Supportive Housing . HUD-VASH . Childcare Voucher	holds who reported sources other th Number of Households	
. Income from Employment and Other Income Source . Income from Employment, Other Income Source, and Non-Cash Benefits . Income from Employment and Non-Cash Benefits . Other Income Source Only . Other Income Source and Non-Cash Benefits . No Income . Non-Cash Benefits Only . Unknown/not reported . Total . Non-Cash Benefits Only . Unknown/not reported . Total . Non-Cash Benefits Only . Unknown/not reported . Total . Solow, please report the types of Other Income and/or non-cash benefits received by the house . A. Other Income Source . TANF . Supplemental Security Income (SSI) . Social Security Disability income (SSI) . Social Security Disability income (SSI) . VA Service-Connected Disability Compensation . VA Non-Service Connected Disability Pension . Private Disability Insurance . Worker's Compensation . Retirement Income from Social Security . Pension . Child Support . Allimony or other Spousal Support . Unemployment Insurance n. ETTC . Other . Unknown/not reported . Non-Cash Benefits . Non-Cash Benefits . Non-Cash Benefits . Non-Cash Genefits . Non-Cash Councher . Public Housing . Permanent Supportive Housing . HUD-VASH . Housing Cholce Voucher . Affordable Care Act Subskidy	holds who reported sources other th Number of Households	
Income from Employment, Other Income Source Income from Employment, Other Income Source, and Non-Cash Benefits Income from Employment and Non-Cash Benefits Other Income Source Only Other Income Source Only Other Income Source and Non-Cash Benefits Non-Cash Benefits Only Unknown/not reported Total Selow, please report the types of Other Income and/or non-cash benefits received by the house A. Other Income Source TANF Supplemental Security Income (SSI) Social Security Disability (noome (SSI) VA Service-Connected Disability Compensation VA Non-Service Connected Disability Pension Private Disability Insurance Worker's Compensation Retirement Income from Social Security Pension Child Support Alimony or other Spousal Support Unemployment Insurance Unem	holds who reported sources other th Number of Households	
Income from Employment, Other Income Source Income from Employment, Other Income Source, and Non-Cash Benefits Income from Employment and Non-Cash Benefits Other Income Source Only Other Income Source Only Other Income Source and Non-Cash Benefits Non-Cash Benefits Only Unknown/not reported Total Selow, please report the types of Other Income and/or non-cash benefits received by the house A. Other Income Source TANF Supplemental Security Income (SSI) Social Security Disability (noome (SSI) VA Service-Connected Disability Compensation VA Non-Service Connected Disability Pension Private Disability Insurance Worker's Compensation Retirement Income from Social Security Pension Child Support Alimony or other Spousal Support Unemployment Insurance Unem	holds who reported sources other th Number of Households	
. Income from Employment, Other Income Source . Income from Employment, Other Income Source, and Non-Cash Benefits . Income from Employment and Non-Cash Benefits . Other Income Source Only . Other Income Source and Non-Cash Benefits . No Income . Non-Cash Benefits Only . Unknown/not reported . Total . Non-Cash Benefits Only . Unknown/not reported . Total . Non-Cash Benefits Only . Unknown/not reported . Total . Supplemental Security Income (SSI) . Social Security Disability Income (SSI) . Social Security Disability Income (SSI) . VA Service-Connected Disability Pension . Private Disability Insurance . Worker's Compensation . Worker's Compensation . Retirement Income from Social Security . Pension . Child Support . Allmony or other Spousal Support . Unemployment Insurance n. EFIC . Other . Unknown/not reported . Non-Cash Benefits . SNAP . WIC . UREAP . Housing Choice Voucher . Public Housing . Permanent Support Housing . Permanent Support Housing . Permanent Support Housing . Permanent Supportive Housing . Permanent Supportive Housing . Permanent Supportive Housing . Permanent Supportive Housing . HUD-VASH . Affordable Care Act Subsidy . Other . Unknown/not reported	holds who reported sources other th Number of Households	
Income from Employment, Other Income Source Income from Employment, Other Income Source, and Non-Cash Benefits Income from Employment and Non-Cash Benefits Other Income Source Only Other Income Source and Non-Cash Benefits Non-Cash Benefits Only Unknown/not reported Total Selow, please report the types of Other Income and/or non-cash benefits received by the house A. Other Income Source I. TANF Supplemental Security Income (SSI) Social Security Disability Income (SSI) I. VA Service-Connected Disability Ompensation I. VA Non-Service Connected Disability Pension Private Osability Insurance Worker's Compensation Retirement Income from Social Security Pension Child Support A. Allmony or other Spousal Support Unemployment Insurance Unemployment Insurance I. EITC I. Other Unknown/not reported S. Non-Cash Benefits S. SNAP UNIC LINEAP I. Housing Choice Voucher Permanent Supportive Housing RUD-VASH Childcare Voucher Affordable Care Act Subsidy Other Unknown/not reported I. Number of Individuals Not included in the Totals Above	holds who reported sources other th Number of Households	
. Income from Employment, Other Income Source . Income from Employment, Other Income Source, and Non-Cash Benefits . Income from Employment and Non-Cash Benefits . Other Income Source Only . Other Income Source and Non-Cash Benefits . Non-Cash Benefits Only . Unknown/not reported . Non-Cash Benefits Only . Unknown/not reported . Total lelow, please report the types of Other Income and/or non-cash benefits received by the house . Non-Cash Benefits Only . Unknown/not reported . Total lelow, please report the types of Other income and/or non-cash benefits received by the house . Other Income Source . Takle . Supplemental Security Income (SSI) . Social Security Disability Income (SSI) . Va Service-Connected Disability Compensation . VA Non-Service Connected Disability Pension . Private Disability Insurance . Worker's Compensation . Retirement Uncome from Social Security . Pension Child Support . Allmony or other Spousal Support . Unemployment Insurance ETC . Other . Unknown/not reported . S. Non-Cash Benefits . SNAP . WIC . LUIKAP . HOUSING . Permanent Supportive Housing . Permanent Supportive Housing . Permanent Supportive Housing . Permanent Supportive Housing . Permanent Supportive Housing . Permanent Supportive Housing . Permanent Supportive Housing . HUD-VASH . Childcare Voucher . Affordable Care Act Subsidy . Other . Unknown/not reported . Number of Individuals Not Included in the Totals Above . Please list the unduplicated number of INDIVIDUALS served in each program:	holds who reported sources other the Number of Households Number of Households Number of Households	
. Income from Employment, Other Income Source . Income from Employment, Other Income Source, and Non-Cash Benefits . Income from Employment and Non-Cash Benefits . Other Income Source Only . Other Income Source and Non-Cash Benefits . Non-Cash Benefits Only . Unknown/not reported . Non-Cash Benefits Only . Unknown/not reported . Total lelow, please report the types of Other Income and/or non-cash benefits received by the house . Non-Cash Benefits Only . Unknown/not reported . Total lelow, please report the types of Other income and/or non-cash benefits received by the house . Other Income Source . Takle . Supplemental Security Income (SSI) . Social Security Disability Income (SSI) . Va Service-Connected Disability Compensation . VA Non-Service Connected Disability Pension . Private Disability Insurance . Worker's Compensation . Retirement Uncome from Social Security . Pension Child Support . Allmony or other Spousal Support . Unemployment Insurance ETC . Other . Unknown/not reported . S. Non-Cash Benefits . SNAP . WIC . LUIKAP . HOUSING . Permanent Supportive Housing . Permanent Supportive Housing . Permanent Supportive Housing . Permanent Supportive Housing . Permanent Supportive Housing . Permanent Supportive Housing . Permanent Supportive Housing . HUD-VASH . Childcare Voucher . Affordable Care Act Subsidy . Other . Unknown/not reported . Number of Individuals Not Included in the Totals Above . Please list the unduplicated number of INDIVIDUALS served in each program:	holds who reported sources other th Number of Households	
. Income from Employment, Other Income Source . Income from Employment, Other Income Source, and Non-Cash Benefits . Income from Employment and Non-Cash Benefits . Other Income Source Only . Other Income Source and Non-Cash Benefits . Non-Cash Benefits Only . Unknown/not reported . Non-Cash Benefits Only . Unknown/not reported . Total lelow, please report the types of Other Income and/or non-cash benefits received by the house . Non-Cash Benefits Only . Unknown/not reported . Total lelow, please report the types of Other income and/or non-cash benefits received by the house . Other Income Source . Takle . Supplemental Security Income (SSI) . Social Security Disability Income (SSI) . Va Service-Connected Disability Compensation . VA Non-Service Connected Disability Pension . Private Disability Insurance . Worker's Compensation . Retirement Uncome from Social Security . Pension Child Support . Allmony or other Spousal Support . Unemployment Insurance ETC . Other . Unknown/not reported . S. Non-Cash Benefits . SNAP . WIC . LUIKAP . HOUSING . Permanent Supportive Housing . Permanent Supportive Housing . Permanent Supportive Housing . Permanent Supportive Housing . Permanent Supportive Housing . Permanent Supportive Housing . Permanent Supportive Housing . HUD-VASH . Childcare Voucher . Affordable Care Act Subsidy . Other . Unknown/not reported . Number of Individuals Not Included in the Totals Above . Please list the unduplicated number of INDIVIDUALS served in each program:	holds who reported sources other the Number of Households Number of Households Number of Households	
. Income from Employment, Other Income Source . Income from Employment, Other Income Source, and Non-Cash Benefits . Income from Employment and Non-Cash Benefits . Other Income Source Only . Other Income Source and Non-Cash Benefits . Non-Cash Benefits Only . Unknown/not reported . Non-Cash Benefits Only . Unknown/not reported . Total . Non-Cash Benefits Only . Unknown/not reported . Total . Non-Cash Benefits Only . Unknown/not reported . Total . Non-Cash Benefits Only . Unknown/not reported . Total . Supplemental Security Income (SSI) . Social Security Disability Income (SSI) . Social Security Disability Income (SSI) . VA Service-Connected Disability Pension . VA Non-Service Connected Disability Pension . Private Disability Insurance . Worker's Compensation . Retirement Income from Social Security Pension Child Support . Allmony or other Spousal Support . Unemployment Insurance ETC . Other . Unknown/not reported . S. Non-Cash Benefits . SNAP . WIC . LINEAP . INVIC . Unknown/not reported . Rumber of Individuals Not Included in the Totals Above . Please list the unduplicated number of INDIVIDUALS served in each program: rogram Name	holds who reported sources other the Number of Households Number of Households Number of Households	
D. Income from Employment, Other Income Source Income from Employment, Other Income Source, and Non-Cash Benefits Income from Employment and Non-Cash Benefits Other Income Source Only Other Income Source and Non-Cash Benefits Non-Cash Benefits Non-Cash Benefits Only Unknown/not reported Total Below, please report the types of Other Income and/or non-cash benefits received by the house Non-Cash Benefits Only Other Income Source Other Income Source Other Income Source Other Income Source Other Income Source Other Income Source Other Income Source Other Income Source Other Income Source Other Income Source Other Income Source Other Income Source Other Income Source Other Income Inc	holds who reported sources other the Number of Households Number of Households Number of Households	
D. Income from Employment, Other Income Source D. Income from Employment, Other Income Source, and Non-Cash Benefits D. Income From Employment and Non-Cash Benefits D. Other Income Source Only Other Income Source Only Other Income D. Non-Cash Benefits Only Unknown/not reported Total Sclow, please report the types of Other Income and/or non-cash benefits received by the house D. Other Income Source D. TANF D. Supplemental Security Income (SSI) D. Social Security Disability Income (SSI) D. Social Security Disability Income (SSI) D. Va Service-Connected Disability Ompensation D. VA Non-Service Connected Disability Pension Private Otsability Insurance D. Worker's Compensation D. Retirement Income from Social Security Pension D. Rither Disability Insurance D. Hindowy or other Spousal Support D. Unemployment Insurance D. LITC D. Other D. Unknown/not reported D. Hukeap D. Housing D. Housing D. Housing D. Housing D. Housing D. Housing D. Housing D. Housing D. Housing D. Housing D. Housing D. Housing D. Housing D. Housing D. Housing D. Housing D. Hubrown/not reported D. Unknown/not reported D. Unknown/not reported D. Housing D. Housi	Number of Households Number of Households Number of Households	
Income from Employment and Other Income Source Income from Employment, Other Income Source, and Non-Cash Benefits Income from Employment and Non-Cash Benefits Other Income Source Only Other Income Source and Non-Cash Benefits Non-Cash Benefits Non-Cash Benefits Only	holds who reported sources other the Number of Households Number of Households Number of Households	