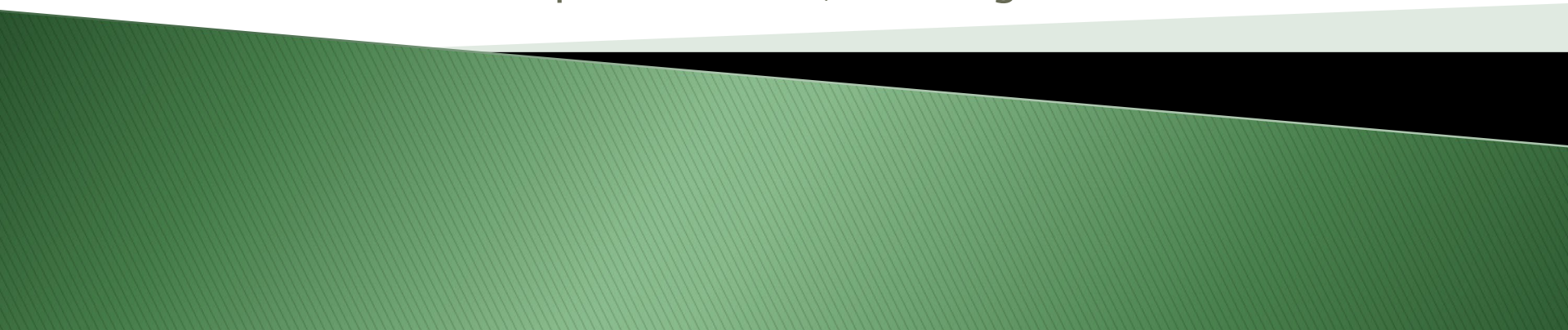


Arizona
Department
of Housing

Contract Overview for COC Subrecipients

Welcome

- **David Bridge** – Special Needs Program Administrator
 - **Cristina Benitez** – BOS Continuum of Care Coordinator
 - **Connie Howell** – Special Needs Housing Program Specialist
 - **Shannon Haines** – Special Needs Housing Program Specialist
 - **Melissa Swain** – Special Needs/Housing Admin. Assistant
- 

Meeting Agenda

Overview of Revised Contract and Procedures

Contract Funding Agreement *(David)*

Overview of Attachments

- ▶ A – Scope of Work *(Connie)*
- ▶ B – Bi-Monthly Performance Report *(Cristina)*
- ▶ C – Budget *(Shannon)*
- ▶ D – Request for Payment (RFP) *(Connie)*
 - Special Needs Portal *(Connie)*
- ▶ E – Discussion of Special Conditions/Participant Survey *(Cristina)*
- ▶ F – Confidentiality *(Shannon)*

HUD Form-2992 Certification Regarding Debarment and Suspension *(Shannon)*

Discussion Needs for further training *(David)*

FAQ – Reconvene *(David)*

Background

- ▶ ADOH Staffing Changes
 - Updating and Aligning Policies

 - ▶ HUD Compliance
 - General HUD Increased Compliance
 - Ex: Match Requirements
 - HUD Audit
 - Unified Funding Agency
 - Greater Flexibility
 - Higher Internal Oversight and Monitoring Standards

 - ▶ Support Clients /Service Quality
- 

Contract Funding Agreement

- ▶ Standard ADOH Funding Agreement
 - Used for Multiple Federal and State Funding Sources
 - As Subrecipient, required to review and be aware of all contract terms
 - Includes Key Contract Terms
 - General Statutory Requirements
 - General Performance Measures
 - Key Elements to Check:
 - Contract Numbers and Dates
 - Agency Contacts/Signatories
 - Insurance Coverage Limits
 - Core of COC Specific Issues will be in Attachments
 - Scope of Work
 - Forms

Attachment A – Scope of Work

▶ Overview:

- The SOW provides an overall glance at the project expectations.
- We revised the general structure of sections to provide a more cohesive flow.

▶ Permanent Supportive Housing / Rapid ReHousing

- The main difference between the PSH and RRH Scopes is the population served.

▶ Homeless Definitions

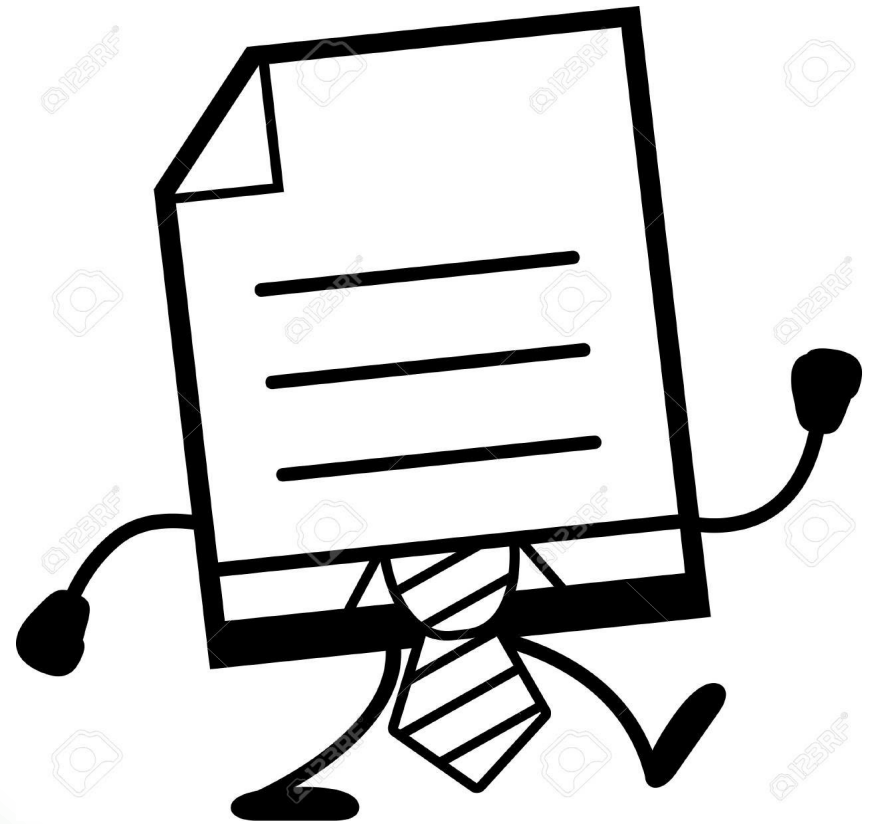
- We updated the definitions section to the most recent HUD definitions for determining homelessness.

Scope of Work – Review of Sections

PSH Scope Template

(alt back arrow will return to this page after clicking the link)

- Summary
- Term
- Definitions
- Additional Contract Requirements
 - Priority to Chronically Homeless (PSH)
 - Housing First
 - AZBOSCOC/Performance Measures
 - HMIS
 - Reporting Requirement
 - Expenditure Rate
 - Leverage
 - Match
 - Supportive Services/SOAR
 - Participant Termination
 - HUD Program Evaluation
 - Environmental Review Record (ERR)
 - Certification Regarding Debarment



Attachment B – Bi-Monthly Performance Report

- ▶ What is the **Bi-Monthly Performance Report**
- ▶ When to submit
- ▶ Importance of this report

Attachment C-Budget

► An Overview



Arizona
Department
of Housing

Funding Source: HTF, COC Enter Project Name


Attachment C

Budget		HUD COC#AZXXXXXXXXXX/ADOH #XXX-XX	
Recipient		Date	
Contract No./File No.	XXX-xx Contract Period: from xxxx to xxxx	Revision No.	
Activity	HTF Admin; COC: (LIST ACTIVITIES)		
Recipient Address		City	
Contact Person		Zip Code	
Phone	Email	Fax	
Program Specialist	Email	County	

a	c	d	e	f	g	h
Budget Line Item or Activity No.	HTF Funding Year	COC Funding Year	Required Recipient Match			
Act. 1 Administration	\$ -	\$ -	\$ -			
Act. 2 Leasing	\$ -	\$ -	N/A			
Act. 3 Rental Assistance	\$ -	\$ -	\$ -			
Act. 4 Support Serv	\$ -	\$ -	\$ -			
etc	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -			
Total	\$ -	\$ -	\$ -			
Total Contract Amount:		\$ -				

Attachment D - Request for Payment (RFP)

- ❑ An **Excel document** was created and provided by your Contract Specialist
- An overview:



Arizona Department of Housing

Attachment D

Funding Source: HTF, COC Enter Project Name

ARIZONA DEPARTMENT OF HOUSING REQUEST FOR PAYMENT SUMMARY SHEET PAGE 1 OF 2

Recipient	Enter Agency Name		Date	XX/XX/XXXX	
Contract No	XXX-xx	Contract Term: xx/xx/xx-xx/xx/xx	HUD AZ#	Pay Req. No/Mo/Yr	FX# MM/YY
Activity	HTF Admin; List COC Activities		Direct Wire Dep	Yes	No
Recipient Address	Insert Street Address		City		
Contact Person	Insert Contact Name		ZIP		
Phone	Insert Contact Phone		Email	Fax	
Program Specialist	Insert Specialist		Email	County	

Itemized Backup Statement (Sheet 2 of 2) must accompany this form. Include copies of invoices, receipts, cashed checks, and all other applicable backup documentation. Payment Requests must be signed (e-signatures are permitted) prior to processing.

a	b	c	d	e	f	g	h
Budget Line Item or Activity No.	IDIS Act No.	HTF YYY	HUD-COC YYY	Total Amount Req. to Date	Balance in Account	Amount of this Request	New Balance
Act. 1 Administration		\$ -	\$ -		\$0.00		\$0.00
Act. 2 Leasing/ Fin Asst		\$ -	\$ -		\$0.00		\$0.00
activity name		\$ -	\$ -		\$0.00		\$0.00
activity name		\$ -	\$ -		\$0.00		\$0.00
etc		\$ -	\$ -		\$0.00		\$0.00
etc		\$ -	\$ -		\$0.00		\$0.00
		\$ -	\$ -		\$0.00		\$0.00
		\$ -	\$ -		\$0.00		\$0.00
Total		\$ -	\$ -	\$ -	\$0.00	\$ -	\$0.00
Total Contract Amount:		\$ -	\$ -		\$0.00	\$ -	\$0.00

Recipient Authorized Signature	Date	Printed Name & Title
Recipient Authorized Signature certifies that all activities undertaken by the contractor with funds provided under this contract have been carried out in accordance with the contract. Submit via the Special Needs Portal by the 30th each month for the previous		
Performance Reports	<input type="checkbox"/> Current	<input type="checkbox"/> Not Current
For ADOH Use Only		
ADOH Program Specialist Approval	Date	ADOH Program Administrator Approval Date

REV for SN: 09.2022

Payment Request Pg 1
Itemized Backup Statement Pg 2
Match
Support Services Breakdown

Attachment D RFP – Backup

General Rule: All expenses requested within the itemized ledger, should have backup documentation to support the charge.

This includes:

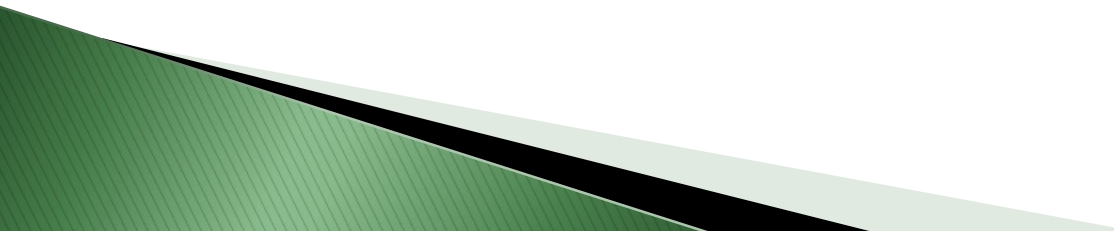
- ✓ Rent Roll of participants (*example*)
 - Any new participants for that month should have supporting lease pages attached that have the rent amount, security deposit and any other related cost highlighted.
- ✓ Payroll/time sheet – for each staff working on grant (*example*)
 - Breakdown of hours worked (may look different depending on accounting/ payroll software used)
 - Mileage/Travel log with description of travel related to contract/client support
- ✓ Invoices, receipts, pay requests ([24 CFR § 578.53](#) – *Supportive Services*)
- ✓ Other
 - Any other document pertaining to expenses requested within the RFP.

Attachment D – RFP Submission via ADOH Special Needs Portal

- “ The signed RFP with all supporting backup documentation should be uploaded to the **Special Needs Portal** and will be returned if sent through email.
 - File Naming Convention – Contract # Project Name Document Description (*ex. 503-23 COC Mohave Co Fresh Start_RFP_w_Backup*)
- “ The entire Special Needs Team is alerted through a portal submission email each time a document is uploaded/submitted.
- “ Benefits:
 - Secure
 - Multiple files and documents can be attached in one submission
 - Allows for Team to assist if one of us is out for extended periods.

Attachment E – Special Conditions / Participant Survey

Participant Survey

- ✓ Ways to deliver to client
 - ✓ How does this impact your program
 - ✓ Sense of inclusiveness
 - ✓ Keeping it anonymous
- 

Attachment F – Confidentiality, Titles and Certification

The applicant hereby assures and certifies that:

1. Confidentiality of records, specifically for those records pertaining to any individual or family that was provided family violence prevention or treatment services through the project, (24 CFR 578.23(c)(4)(i));
2. Confidentiality of the locations of family violence projects, (24 CFR 578.23(c)(4)(ii));
3. Establishment of policies and practices that enable program participants to exercise the rights afforded them under Subtitle B of Title VII of the Act and other laws relating to the provisions of education and related services to individuals and families experiencing homelessness, (24 CFR 578.23(c)(4)(iii));
4. Designation of staff in family projects to ensure that children of program participants are enrolled in school and connected to early childhood programs and other appropriate services, (24 CFR 578.23(c)(4)(iv)); and
5. All housing, services and programming will be provided to ensure equal access in accordance with the individual's identified gender (24 CFR 5.100; 24 CFR 5.106(a-d))

HUD Form-2992 Certification Regarding Debarment and Suspension

- **Submit each renewed contract**
- **Delay in contract execution**

Suspension and Debarment:

https://www.hud.gov/program_offices/enforcement/compliance_faq

<https://sam.gov/SAM/>

Match sources HUD podcast.

[https://soundcloud.com/hudexchange/importance-of-documenting-match-under-the-coc-program.](https://soundcloud.com/hudexchange/importance-of-documenting-match-under-the-coc-program)

McKinney-Vento Act

<https://www.azed.gov/homeless>

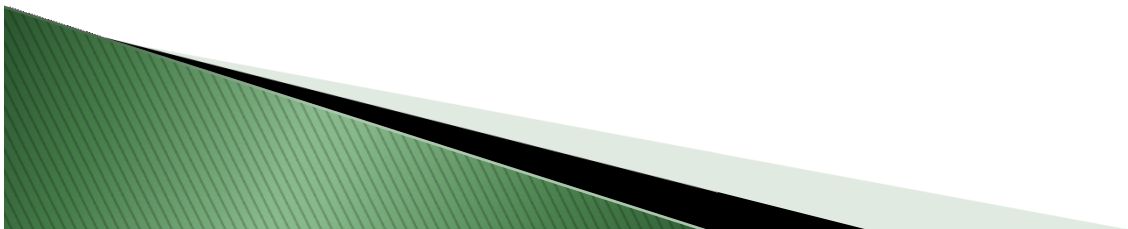
Gender equality:

<https://www.law.cornell.edu/cfr/text/24/5.106>

<https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/>

CoC Additional Resources:

<https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-eligible-activities/additional-resources-and-links/>



Needs for further training

What do you need from us?



FAQ – Reconvene

Please send any questions to Melissa Swain at
Melissa.Swain@azhousing.gov

ATTACHMENT A

Agency name

Project/Program Name

HUD COC #AZ-- / ADOH #

Scope of Work

Summary:

Recipient shall administer a Continuum of Care Program in accordance with the application documents submitted to the Arizona Balance of State Continuum of Care (BOSCO) and the United States Department of Housing and Urban Development (HUD) and the Technical Submission documents submitted to and approved by HUD. **Recipient** shall administer a permanent supportive housing project in **COUNTY(ies)** providing a minimum of **## scattered-site / project based** for individuals and/or families who meet the HUD definition of homeless (provided below) and where at least one adult participant has been diagnosed with a disability. **Recipient** is responsible for documenting status and eligibility. As units become available, **Recipients** must give priority to individuals and families that meet the HUD definition of chronically homeless (or DedicatedPLUS, if applicable) as defined below. The Housing First approach applies to this contract.

HUD project **#AZ** replaces **#AZ** which ended **DATE**.

Recipient agrees to operate this COC project in accordance with the Special Needs Housing Manual, issued July 1, 2015, as revised July 30, 2021.

Term*:

The term of this Agreement shall be for **one year**, unless otherwise amended in accordance with the terms of this Agreement, commencing **DATE** and ending 06/30/**YYYY**.

**The budget period and performance period of renewal projects funded by this Agreement will begin immediately at the end of the budget period and performance period of the prior grant. Eligible costs incurred between the end of Recipient's budget period and performance period under the prior grant and the date this Agreement is executed by both parties may be reimbursed with Grants Funds from this Agreement. No Grant Funds for renewal projects may be drawn down by Recipient before the end date of the prior grant's budget period and performance period.*

Definitions:

§ 578.3 Definitions - 24 CFR Part 578 HEARTH Continuum of Care Program: Homeless Definition Final Rule (2012)

Homeless:

(1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

(i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

(ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or

(iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

Chronically homeless:

(1) An individual who:

(i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and

(ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and

(iii) Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Homeless Individual with a Disability:

(A) IN GENERAL. The term 'homeless individual with a disability' means an individual who is homeless, as defined in Section 103, and has a disability that:

(i) (I) is expected to be long-continuing or of indefinite duration;

(II) substantially impedes the individual's ability to live independently;

(III) could be improved by the provision of more suitable housing conditions; and

(IV) is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury;

(ii) is a developmental disability, as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or

(iii) is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome.

(B) RULE. Nothing in clause (iii) of subparagraph (A) shall be construed to limit eligibility under clause (i) or (ii) of subparagraph (A).

Developmental disability (as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002)):

(1) A severe, chronic disability of an individual that—

(i) Is attributable to a mental or physical impairment or combination of mental and physical impairments;

(ii) Is manifested before the individual attains age 22;

(iii) Is likely to continue indefinitely;

(iv) Results in substantial functional limitations in three or more of the following areas of major life activity:

(A) Self-care;

(B) Receptive and expressive language;

(C) Learning;

(D) Mobility;

(E) Self-direction;

(F) Capacity for independent living;

(G) Economic self-sufficiency.

(v) Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

(2) An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria described in paragraphs (1) (i) through (v) of the definition of "developmental disability" in this section if the individual, without services and supports, has a high probability of meeting these criteria later in life.

Dedicated PLUS:

A **DedicatedPLUS project** is a permanent supportive housing (PH-PSH) project where the entire project will serve individuals and families where the head of household has a disability and who meet any of the following criteria at project entry (in any order):

1. Experiencing chronic homelessness as defined in 24 CFR 578.31 ;

2. Residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;

3. Residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had

been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;

4. Residing in transitional housing funded by a Joint transitional housing (TH) and rapid re-housing (PHRRH) component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;

5. Residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or

6. Receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

Recipients of CoC Program funding for permanent supportive housing (PSH) designated as DedicatedPLUS are required to document eligibility of all program participants served at the time of program enrollment. HUD requires that for all program participants assisted in a DedicatedPLUS project, recipients obtain the following documentation:

- Evidence that the head of household has a qualifying disability as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)).
- Evidence that the program participant is currently residing in a location that makes them eligible.
- History of homelessness that demonstrates that the household meets any of the DedicatedPLUS eligibility criteria.

ADDITIONAL CONTRACT REQUIREMENTS

A) Giving Priority to Chronically Homeless Households

In order to decrease the number of people experiencing chronic homelessness, there is a need to increase the number of units specifically for this population, which will move the AZBOSCOG towards the goal of ending chronic homelessness. Therefore, priority shall be given by **Recipient** to households (individuals and families) that meet the definition of chronically homeless and who meet the other criteria required by the program. On each month's Request for Payment, documentation of chronic status will be required for all new households.

B) Housing First

A project following a "Housing First" model cannot place preconditions or eligibility requirements - beyond HUD's eligibility requirements - on persons entering housing, nor can it require program participants to participate in supportive services activities or make other rules, such as sobriety, a condition of housing. Recipients may offer and encourage program participants to participate in services, but there may be no time limit as to when he/she must do so.

C) Arizona Balance of State Continuum of Care Participation

Recipient shall participate in and support regional AZBOSCOG meetings, LCEH meetings and other AZBOSCOG activities in order to meet HUD Continuum of Care requirements and provide for collaboration, coordination and continuity of services for persons experiencing homelessness in the service area. To fulfill this requirement, at minimum, the **Recipient** shall:

- Attend seventy-five percent (75%) of their LCEH meetings designed to end homelessness in their county as well as have a representative at 75% of the quarterly AZBOSCOG LCEH meetings held in Phoenix, AZ (or virtually, as scheduled). Sign-in sheets are required for back up documentation.
- Utilize HMIS and participate on the HMIS committee (see below).
- Participate in the annual AZBOSCOG HUD required Point in Time (PIT) count for the geographies in which services are provided under this contract. This includes participation in both the sheltered and unsheltered PIT processes.
- Report the outcomes of their Annual Performance Report (APR) to the local COC to allow for community input, comments, or questions regarding the project.
- Work with ADOH, the AZBOSCOG, its Local Continuums to End Homelessness (LCEHs) to meet the **HUD System Performance Measurement Goals** and related outcomes including:
 - Reducing the average and median length of time persons remain homeless
 - Reduce the number of persons experiencing homeless for the first time
 - Reduction in the percent of persons who return to homelessness
 - Reduce the returns to street outreach, emergency shelter and/or transitional projects after exiting permanent housing.
 - Increase in the percent of adults who gain or increase employment or non-employment cash income.
 - Successful retention of permanent housing.
 - Increase the percent of persons who exit to or retain permanent housing.

AZBOSCOG participation in the requirements described above may be included in the AZBOSCOG scoring, ranking and review of renewal projects and reallocation decision and non-performance could result in reallocation, termination or reduction of contract funds.

D) Homeless Management Information System (HMIS)

Recipient agrees to enter client data into HMIS accurately, completely, and timely, in accordance with the BOSCOG HMIS Data Quality Plan and the data quality standards as defined by HUD. Accurate maintenance of reporting program data into HMIS is required through the term of this contract.

The **Recipient** shall maintain a HMIS Data Completeness Report (HMIS Report 0252) grade of at least an **A** (98%) throughout the term of this contract. Information contained on the rent rolls submitted with the Requests for Payment will be compared to data in HMIS. If discrepancies are found, the Request for Payment will not be paid until discrepancies are rectified.

E) Reporting Requirement

All documents submitted to ADOH Special Needs must be uploaded using the Special Needs Portal located on the ADOH webpage. Documents should have a name that clearly identifies the ADOH contract number, Project Name, and description of document (i.e. 510-21 CBI Gila County PSH_RFP_w_backup). Failure to do so could result in a delay as items may get lost or are unable to be identified.

The **Recipient** shall complete and submit the Special Needs Performance and Quality Measurement Tool (**Attachment B**) by running the Agency Data Completeness Report Card and the COC-APR. This is DUE Bi-Monthly to Special Needs no later than the 20th of January, March,

May, July, September, and November via the Special Needs Portal. These reports will be cumulative from the start of the contract to end of previous month.

CoC-APRs shall be submitted upon conclusion of contract covering the twelve (12) months from **CONTRACT TERM**. The HMIS provider will work with the **Recipient** to prepare demographic information. Demographics, narrative, and budget are due to ADOH within thirty (30) days of contract end date for final submission of the APR to HUD by ADOH. **Recipient** is responsible for all verification of information. **Due Date: 07/31/2023**.

APRs submitted late and/or with inaccurate information may negatively impact future renewal funding from HUD and/or suspend program payment draws.

F) Expenditure Rate

Recipient shall submit Request for Payments (RFPs) monthly, no later than the 30th of the month for the preceding month's expenses. All RFPs must be accompanied by the appropriate supporting documentation (i.e. reports, invoices, receipts, payroll, rent roll, etc.) or delays may occur. RFPs and attachments are to be sent through the Special Needs Portal.

Recipient acknowledges that late or inaccurate documents and expending less than ninety-five percent (95%) of grant funds may result in reallocation of funds or a lower funding level in the next HUD COC renewal application.

G) Leverage

Recipient is responsible for all costs of operating the permanent supportive housing (PSH) program beyond the HUD grant funding. **Recipient** further acknowledges that it has sole responsibility to meet any HUD requirement of leveraging funds for the components of this Agreement.

H) Match

Recipient is responsible for providing a minimum of twenty-five percent (25%) match on COC funded Rental Assistance, Operating, Supportive Services, and Administrative funding as indicated in **Attachment C**. **Recipient** is responsible for tracking cash and/or in-kind match throughout the program operating year.

I) Supportive Services

Recipient acknowledges that **Recipient** will maintain an on-going working partnership with the state approved Regional Behavioral Health Authority (RBHA) and its contracted service providers in **COUNTY(IES)** for the duration of this contract. Furthermore, **Recipient** agrees to obtain financial service reports from the RBHA for the service area.

Recipient shall assess all supportive housing program participants for eligible mainstream resources. Some examples of mainstream resources are: SSI, SSDI, TANF, and food stamps. It is expected that one-hundred percent (100%) of participants will receive all benefits for which they are eligible within one (1) year. Written documentation of any exception will be submitted to ADOH.

J) SOAR (SSI/SSDI Outreach, Access, and Recovery)

In order to ensure that our participants have income, **Recipient** shall have at least one (1) case manager trained in SOAR. The case manager will register for the on-line training course, let ADOH know who that case manager(s) is/are, and complete and pass the on-line course. Additionally, register and enter information into OAT (Online Application Tracking), a web-based program that allows case managers to keep track of their applications and outcomes. Free training is available through SOAR Works at <https://soarworks.samhsa.gov/>.

K) Participant Termination

At least one (1) month prior to making the final determination to terminate any participant from a HUD supportive housing program, **Recipient** will notify ADOH in writing to explain the circumstances leading up to possible termination and the attempts made to resolve the situation (unless imminent danger to self or others is present). Supporting documentation and efforts taken must be clearly documented. Final approval will be determined by ADOH and must be documented in the participant file.

L) Participant Satisfaction Survey

Recipient shall provide a *Participant Satisfaction Survey* to all program participants at annual recertification. The survey is to be conducted anonymously and returned to ADOH on no less than an annual basis. **Recipients** shall distribute the *Participant Satisfaction Survey* to clients exiting the program and encourage said clients to provide feedback about the program by completing the survey.

M) HUD Program Evaluation

ADOH will monitor **Recipient** annually, at minimum, and analyze specific participant data in order that ADOH as HUD grantee and the Arizona Balance of State Continuum of Care can determine success levels of movement with participants in the program and overall achievement of goals set forth for the homeless programs.

N) Environmental Review Record (ERR)

Recipient is responsible for providing all leased/rented unit's complete addresses, including unit numbers, prior to execution of a lease agreement for the purpose of completing an ERR. The rent on any leased/rented unit(s) will not be paid until an ERR has been completed and it is determined that the property does not require any mitigation for compliance nor requires any formal permit or license.

Recipient shall notify ADOH on a monthly basis when a new unit comes under lease and submit complete address to include the street number, street name, unit number, city and zip code.

O) Certification Regarding Debarment

By the signing of this contract, **Recipient** is certifying that the agency is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal or state debarment agency. HUD Form-2992 Certification Regarding Debarment and Suspension is included with this contract and also must be returned signed.

ATTACHMENT B

SPECIAL NEEDS PERFORMANCE AND QUALITY MEASUREMENT TOOL

*(Due by the 20th of January, March, May, July, September, and November
cumulative from the start of the current contract to the end of the previous month.)*

Provider:

Contract #:

Project Name:

Contract effective dates: from _____ to _____

Date of Report:_____

1. Percentage Grade on the **Agency Data Completeness Report Card?** _____
 - ✓ Business Objects - Public Folder - Data Quality Reports – Data Completeness Report Card (0252)
 - ✓ Minimum required grade 98%
2. Report results from COC-APR (located under Reports)
 - a. **5a - Report Validation Table**
 1. Total Number of Persons Served _____
 5. Number of Leavers _____
 8. Number of Stayers _____
 10. Number of Veterans _____
 11. Number of Chronically Homeless Persons _____
 - b. **6a - Data Quality: Personally Identifiable Information**
 - Total Client Doesn't Know/Client Refuses, Information Missing, Data Issues _____
 - % of Error Rate _____
 - c. **6b - Data Quality: Universal Data Elements**
 - Error Count _____
 - % of Error Rate (should be 0) _____
 - d. **6c - Data Quality: Income and Housing Data Quality**
 - Error Count _____
 - % of Error Rate (should be 0) _____
 - e. **6d - Data Quality: Chronic Homelessness**
 - Total % of Records Unable to Calculate _____
 - f. **6e - Data Quality: Timeliness (should be 7 days or under)**
 - 0 Days _____
 - 1-3 Days _____
 - 4-6 Days _____
 - 7-10 Days _____
 - 11+ Days _____

Prior to submitting, run the 0640 – HUD Data Quality Report (located in the Business Objects folder). If you have ANY errors in Table 6a-6e above, FIX ALL ERRORS and resubmit within seven (7) business days.



Funding Source: HTF, COC Permanent Housing Yuma Consolidated

Attachment D

ARIZONA DEPARTMENT OF HOUSING REQUEST FOR PAYMENT SUMMARY SHEET PAGE 1 OF 2

Recipient	Achieve Human Services			Date	XX/XX/XXXX
Contract No	505-23	Contract Term: 07/01/2022 to 06/30/2023	HUD #AZ0016U9T002114	Pay Req. No/Mo/Yr	#XX MM/YY
Activity	HTF Admin; COC Rental Assistance, Supportive Services			Direct Wire Dep	Yes No
Recipient Address	3250A E. 40th Street			City	Yuma
Contact Person	Lucia Wilson			ZIP	85365
Phone	928-341-4147	Email	wilson@achievehs.org	Fax	(928) 329-8950
Program Specialist	Connie Howell	Email	connie.howell@azhousing.gov	County	Yuma

Itemized Backup Statement (Sheet 2 of 2) must accompany this form. Include copies of invoices, receipts, cashed checks, and all other applicable backup documentation. Payment Requests must be signed (e-signatures are permitted) prior to processing.

a	b	c	d	e	f	g	h
Budget Line Item or Activity No.	IDIS Act No.	HTF 2023	HUD-COC 2021	Total Amount Req. to Date	Balance in Account	Amount of this Request	New Balance
Act. 1 Administration		\$ 56,372.00	\$ -		\$56,372.00		\$56,372.00
Act. 2 Rental Assistance		\$ -	\$ 745,308.00		\$745,308.00		\$745,308.00
Act. 3 Support Services		\$ -	\$ 60,000.00		\$60,000.00		\$60,000.00
		\$ -			\$0.00		\$0.00
		\$ -			\$0.00		\$0.00
		\$ -			\$0.00		\$0.00
		\$ -			\$0.00		\$0.00
		\$ -			\$0.00		\$0.00
Total		\$ 56,372.00	\$ 805,308.00	\$ -	\$861,680.00	\$ -	\$861,680.00
Total Contract Amount:			\$ 861,680.00				

Recipient Authorized Signature	Date	Printed Name & Title
--------------------------------	------	----------------------

Recipient Authorized Signature certifies that all activities undertaken by the contractor with funds provided under this contract have been carried out in accordance with the contract. Submit via the Special Needs Portal by the 30th each month for the previous month's billing. Please allow up to 3 - 4 weeks for processing.

Performance Reports	<input type="checkbox"/> Current	<input type="checkbox"/> Not Current	For ADOH Use Only
ADOH Program Specialist Approval	Date	ADOH Program Administrator Approval	



Funding Source: HTF, COC

ARIZONA DEPARTMENT OF HOUSING REQUEST FOR PAYMENT -ITEMIZED PAYMENT STATEMENT PAGE 2 OF 2

Recipient	Achieve Human Services				Date	XX/XX/XXXX	
Contract No	505-23	Contract Term: 07/01/2022 to 06/30/2023			Pay Req. No	#XX MM/YY	
Budget Line Item or Activity No	Description of Expense (List in according to funding source)	Paid (or Payable) to	Date Paid	Check # Invoice PO	Invoice Amount Charged to HTF/COC	Balance paid by other source	Name of other source
Totals					\$ -	\$ -	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	COC Program Funds Expended During the Operating year - Supportive Services													
2	Recipient	Achieve Human Services												
3	Contract #	505-23												
4	Only applies to contracts with Support Services line item.													
5	Instructions: Please enter all costs associated with Supportive Services broken down into the specific category below.													
6														
7		COC Program Funds Expended												
8	Expenditure Type	MM/YY	MM/YY	MM/YY	MM/YY	MM/YY	MM/YY	MM/YY	MM/YY	MM/YY	MM/YY	MM/YY	MM/YY	Operating Year Total
9	Assessment of Service Needs													\$0.00
10	Assistance with Moving Costs													\$0.00
11	Case Management													\$0.00
12	Child Care													\$0.00
13	Education Services													\$0.00
14	Employment Assistance													\$0.00
15	Food													\$0.00
16	Housing/Counseling Services													\$0.00
17	Legal Services													\$0.00
18	Life Skills													\$0.00
19	Mental Health Services													\$0.00
20	Outpatient Health Services													\$0.00
21	Substance Abuse Treatment Services													\$0.00
22	Transportation													\$0.00
23	Utility Deposits													\$0.00
24														\$0.00
25	Supportive Services Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26	**The total should add up to the total amount expended in the Supportive Services line item.													

NAME OF AGENCY: Mohave County Community Services
 Arizona Department of Housing contract #: 535-21
 HUD Project No.: AZ0128L9T001#06
 Reporting Period: 8/1/2021

Client Last Name or Unique ID	Client First Name	Description of Expense	Check Paid To	Unit Address	Date Paid	No. of Bedrms	Family Size	Fair Market Rent (FMR)	Contract Lease Rent	Security Deposit (enter upon print only)	Total Tenant Payment (TTP)	Utility Assistance Payment (if TTP is Extra)	HAP Total	Admin Fee	Total Payment Request	Entry Date	Exit Date	
NAME	NAME	8/1/2021 - NAME - Rent	Freeman Rand	ADDRE SS Kingman AZ 86401	8/2/2021	1	1	725.00	590.00	0.00	95.00	0.00	495.00	118.75	613.75	4/1/2014		
NAME	NAME	8/1/2021 - NAME - Rent	Eudora LLC	ADDRE SS Kingman AZ 86409	8/2/2021	1	1	725.00	475.00	0.00	0.00	0.00	475.00	118.75	593.75	8/1/2021		
NAME	NAME	7/31/2021 - NAME - NONE	TNT deceased			1	1		0.00	0.00	0.00	0.00	0.00	0.00	0.00	1/27/2019	07/31/21	
NAME	NAME	8/1/2021 - NAME - Rent	Freeman Rand	ADDRE SS Kingman AZ 86401	8/2/2021	3	5	1295.00	1070.00	0.00	0.00	31.00	1070.00	118.75	1219.75	10/17/2013		
NAME	NAME	8/1/2021 - NAME - not yet leased									0.00			118.75	118.75			
NAME	NAME	8/1/2021 - NAME - Rent	Marble Canyon Manor	ADDRE SS Bullhead City AZ 86442	8/2/2021	1	2	725.00	725.00	0.00	352.00	0.00	373.00	118.75	491.75	5/3/2019		
NAME	NAME	8/1/2021 - NAME - Rent	Miller David	ADDRE SS Bullhead City AZ 86442	8/2/2021	3	5	1295.00	1198.00	0.00	50.00	0.00	1148.00	118.75	1266.75	1/22/2019		
NAME	NAME	8/1/2021 - NAME - Rent	Bjerke Jode	ADDRE SS Kingman AZ 86409	8/2/2021	2	2	905.00	905.00	0.00	0.00	0.00	905.00	118.75	1023.75	5/14/2018		
NAME	NAME	8/1/2021 - NAME.NAME - Voucher Issued, not yet leased									0.00			118.75	118.75			
NAME	NAME	8/1/2021 - NAME.NAME - Rent	Mohave Integrity R.E.S.	ADDRE SS Kingman AZ 86401	8/2/2021	3	4	1295.00	1219.00	0.00	0.00	0.00	1219.00	118.75	1337.75	8/16/2018		
NAME	NAME	8/1/2021 - NAME - Rent	Tivoli Heights Village II LLC	ADDRE SS Kingman AZ 86401	8/2/2021	1	1	725.00	394.00	0.00	161.00	0.00	233.00	118.75	351.75	5/15/2013		
NAME	NAME	5/28/2021 - NAME - changed to different program									0.00			(118.75)	(118.75)			
NAME	NAME	6/1/2021 - NAME.NAME - changed to different program												(118.75)	(118.75)			
NAME	NAME	7/1/2021 - NAME.NAME - changed to different program												(118.75)	(118.75)			
NAME	NAME	8/1/2021 - NAME - Rent	RPP PM LLC	ADDRE SS Kingman AZ 86401	8/2/2021	1	1	725.00	497.00	0.00	0.00	0.00	497.00	118.75	615.75	7/10/2020		
NAME	NAME	8/1/2021 - NAME - Rent	Schneider Rentals	ADDRE SS Kingman AZ 86401	8/2/2021	1	1	725.00	626.00	0.00	227.00	0.00	399.00	118.75	517.75	2/1/2018		
NAME	NAME	8/1/2021 - NAME - Rent	Arizona Living Rentals	ADDRE SS Kingman AZ 86409	8/2/2021	3	3	1295.00	1050.00	0.00	81.00	0.00	969.00	118.75	1087.75	11/21/2019		
NAME	NAME	8/1/2021 - NAME - Rent	Freeman Rand	1ADDRE SS Kingman AZ 86401	8/2/2021	1	1	725.00	647.00	0.00	171.00	0.00	476.00	118.75	594.75	10/2/2020		
TOTALS:									11160.00	9396.00	0.00	1137.00	31.00	8259.00	1306.25	9596.25		

Program: SPC Rural
 Agency: CPSA
 Billing Month: September 2021

Client Name (Last Name, First Name)	County	Address, Unit #	Lease End Date	Dates From -	To	Househo ld Size	Bedroom #	Contract Rent	Tenant Utility Allowance	Gross Rent (FMR ≤)	Total Tenant Payment (30%)	Tenant Utility Allowance2	Tenant Rent (Net)	Rental Assist. Amt	Applic. Fees and/or Sec. Deposit	Damages and/or Vac L oss	Recon
	oc			2	0	1	1	\$ 530.00	\$ -	\$ 530.00	\$ -	\$ -	\$ -	\$ 530.00	\$ -	\$ -	\$ -
	Cochise		9/30/2021	9/1/21	9/30/21	1	0	\$ 723.80	\$ -	\$ 723.80	\$ -	\$ -	\$ -	\$ 723.80	\$ -	\$ -	\$ -
	Cochise		MTM	9/1/21	9/30/21	1	1	\$ 642.00	\$ -	\$ 642.00	\$ 234.00	\$ -	\$ 234.00	\$ 408.00	\$ -	\$ -	\$ -
	Cochise		7/31/2022	9/1/21	9/30/21	1	1	\$ 816.00	\$ 119.00	\$ 935.00	\$ 230.00	\$ 119.00	\$ 111.00	\$ 705.00	\$ -	\$ -	\$ -
	Cochise		2/28/2021	9/1/21	9/30/21	1	1	\$ 658.00	\$ -	\$ 658.00	\$ -	\$ -	\$ -	\$ 658.00	\$ -	\$ -	\$ -
	Cochise		4/17/2020	9/1/21	9/30/21	1	1	\$ 475.00	\$ 156.00	\$ 631.00	\$ 225.00	\$ 156.00	\$ 69.00	\$ 406.00	\$ -	\$ -	\$ -
	Cochise		5/31/2022	9/1/21	9/30/21	1	1	\$ 606.00	\$ -	\$ 606.00	\$ -	\$ -	\$ -	\$ 606.00	\$ -	\$ -	\$ -
	Cochise		5/31/2022	9/1/21	9/30/21	1	1	\$ 658.52	\$ -	\$ 658.52	\$ -	\$ -	\$ -	\$ 658.52	\$ -	\$ -	\$ -
	Santa Cruz		6/2/2020	9/1/21	9/30/21	1	1	\$ 500.00	\$ 73.00	\$ 573.00	\$ 234.00	\$ 73.00	\$ 161.00	\$ 339.00	\$ -	\$ -	\$ -
	Cochise		5/31/2020	9/1/21	9/30/21	1	1	\$ 642.00	\$ -	\$ 642.00	\$ -	\$ -	\$ -	\$ 642.00	\$ -	\$ -	\$ -
	Cochise		5/31/2020	9/1/21	9/30/21	1	1	\$ 642.00	\$ -	\$ 642.00	\$ 210.50	\$ -	\$ 210.50	\$ 431.50	\$ -	\$ -	\$ -
	Sierra Vista		2/28/2022	9/1/21	9/30/21	2	1	\$ 791.85	\$ -	\$ 791.85	\$ -	\$ -	\$ -	\$ 791.85	\$ -	\$ -	\$ -
	Cochise		6/7/2022	9/1/21	9/30/21	3	3	\$ 730.00	\$ 141.00	\$ 871.00	\$ -	\$ 141.00	\$ (141.00)	\$ 871.00	\$ -	\$ -	\$ -
	Cochise		10/18/2020	9/1/21	9/30/21	2	1	\$ 658.00	\$ -	\$ 658.00	\$ 225.00	\$ -	\$ 225.00	\$ 433.00	\$ -	\$ -	\$ -
	Sierra Vista		9/30/2021	9/1/21	9/30/21	2	1	\$ 667.00	\$ -	\$ 667.00	\$ -	\$ -	\$ -	\$ 667.00	\$ -	\$ -	\$ -
			3/31/2022	9/1/21	9/30/21	2	1	\$ 595.90	\$ 87.00	\$ 682.90	\$ 227.00	\$ 87.00	\$ 140.00	\$ 455.90	\$ -	\$ -	\$ -
	Graham		7/31/2022	9/1/21	9/30/21	1	1	\$ 721.00	\$ 87.00	\$ 808.00	\$ 228.00	\$ 87.00	\$ 141.00	\$ 580.00	\$ -	\$ -	\$ -
	Cochise		2/28/2022	9/1/21	9/30/21	1	1	\$ 950.00	\$ -	\$ 950.00	\$ -	\$ -	\$ -	\$ 950.00	\$ -	\$ -	\$ -
	Cochise		10/31/2021	9/1/21	9/30/21	1	1	\$ 658.00	\$ -	\$ 658.00	\$ 255.00	\$ -	\$ 255.00	\$ 403.00	\$ -	\$ -	\$ -
	Cochise		3/31/2022	9/1/21	9/30/21	3	2	\$ 796.00	\$ 111.00	\$ 907.00	\$ 386.00	\$ 111.00	\$ 275.00	\$ 521.00	\$ -	\$ -	\$ -
	Cochise		9/1/2020	9/1/21	9/30/21	4	3	\$ 949.40	\$ 140.00	\$ 1,089.40	\$ 385.00	\$ 140.00	\$ 245.00	\$ 704.40	\$ -	\$ -	\$ -
	Cochise		5/31/2022	9/1/21	9/30/21	1	1	\$ 560.00	\$ -	\$ 560.00	\$ -	\$ 76.00	\$ (76.00)	\$ 636.00	\$ -	\$ -	\$ -
	Cochise		5/31/2020	9/1/21	9/30/21	1	1	\$ 667.00	\$ -	\$ 667.00	\$ 225.00	\$ -	\$ 225.00	\$ 442.00	\$ -	\$ -	\$ -

prorate
12-15 thru 12/31
\$335.48

Residential Lease

\$600
Deposit

BY THIS AGREEMENT made and entered into on 12/15, 2021 between
Velt L e, herein referred to as Lessor, and
Liamr, herein referred to as Lessee. Lessor leases to Lessee the
135 in the City of
Tonto Basin, County of Gila, State of AZ

and more particularly described as follows:
together with all appurtenances, for a term of 1 year(s), to commence on
12/15/21, 2021, and to end on 12/15/22, 2022, at
11am

1. **Rent.** Lessee agrees to pay, without demand, to Lessor as rent for the demised premises the sum of Six hundred
fifty dollars Dollars (\$ 650) per month in advance on the 1 day of each
calendar month beginning 1/1/22, 2022, at 11am
City of Tonto Basin, State of AZ, or at such other place as Lessor may
designate.

2. **Form of Payment.** Lessee agrees to pay rent each month in the form of one personal check, OR one cashier's check, OR one
money order made out to Roosevelt Lake Inn.

3. **Late Payments.** For any rent payment not paid by the date due, Lessee shall pay a late fee in the amount of
\$5 per Day after 5th Dollars (\$).

4. **Returned Checks.** ~~If, for any reason, a check used by Lessee to pay Lessor is returned without having been paid, Lessee will
pay a charge of _____ Dollars (\$ _____) as additional rent AND
take whatever other consequences there might be in making a late payment. After the second time a Lessee's check is
returned, Lessee must thereafter secure a cashier's check or money order for payment of rent.~~

5. **Security Deposit.** On execution of this lease, Lessee deposits with Lessor \$600 Six hundred
Dollars (\$ 600), receipt of which is acknowledged by Lessor, as security for the faithful performance by Lessee of
the terms hereof, to be returned to Lessee, without interest, except where required by law, on the full and faithful performance
by him of the provisions hereof.

6. **Quiet Enjoyment.** Lessor covenants that on paying the rent and performing the covenants herein contained, Lessee shall
peacefully and quietly have, hold, and enjoy the demised premises for the agreed term. 8pm - 8am

7. **Use of Premises.** The demised premises shall be used and occupied by Lessee exclusively as a private single family residence,
and neither the premises nor any part thereof shall be used at any time during the term of this lease by Lessee for the purpose
of carrying on any business, profession, or trade of any kind, or for any purpose other than as a private single family residence.
Lessee shall comply with all the sanitary laws, ordinances, rules, and orders of appropriate governmental authorities affecting
the cleanliness, occupancy, and preservation of the demised premises, and the sidewalks connected thereto, during the term of
this lease.

8. **Number of Occupants.** Lessee agrees that the demised premises shall be occupied by no more than 1 persons,
consisting of 1 adult(s) and 0 child(ren) under the age of 18 years, without the written consent of Lessor.

9. **Condition of Premises.** Lessee stipulates that he or she has examined the demised premises, including the grounds and all

GILA County

CBI <small>COMMUNITY BENEFIT INC.</small>	Tenant Income Certification	Effective Date: 4/1/22 Initial Lease Date: 12/15/21				
Program: <input checked="" type="checkbox"/> GILPSH	Certification: <input checked="" type="checkbox"/> Initial Certification <input type="checkbox"/> Interim Recertification	Owner/Management Company: Roosevelt Lake Inn				
Participant Name: NAME NAME		Phone#				
Address: ADDRESS ADDRESS Tonto Basin, Az. 85553						
1. HOUSEHOLD COMPOSITION						
Family Member	Last Name	First Name	Relationship to Head	Date of Birth	Social Security or Alien Reg. #	HMIS ID#
Head	NAME	NAME	Self	DD/MM/YY	***-**-****	IDIDIDID
1						
2						
3						
2. HOUSEHOLD INCOME (USE ANNUAL AMOUNTS)						
Family Member	Income Source	Amount, Hours, Rate	Annual Income			
Head	n/a		\$ -			
1						
2						
3						
Total Annual Income =						\$ -
3. TENANT PAYMENT CALCULATION			Tenant Amount: Eff Month:			
Total Annual Income \$ - ÷ 12 X .10 =			\$ -			
- ÷ 12 X .25 =			\$ -			
GILPSH PROGRAM ONLY - ÷ 12 X .30 =			\$ -			
- ÷ 12 X .50 =			\$ -			
- ÷ 12 X 1.0 =			\$ -			
4. DETERMINATION OF FAIR MARKET RENT						
Fair Market Rent w/ Utilities		Contract Rent	Utilities Paid By:	Utility Allowance	Actual Approved Rent & Utilities	
<input checked="" type="checkbox"/> ST \$723	<input type="checkbox"/> 1bd \$728 <input type="checkbox"/> 2bd \$959	\$ 650.00	<input checked="" type="checkbox"/> Included <input type="checkbox"/> Tenant	\$ -	\$ 650.00	
<input type="checkbox"/> 3bd \$1,296	<input type="checkbox"/> 4bd \$1,300		<input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Gas			
HUD FMR rates Pima County Oct 1, 2020-Sept 30, 2021						
6. CERTIFICATION & SIGNATURES						
CERTIFICATION: I/We certify that the statements above are true/complete to the best of my/our knowledge and belief.						
I/We understand that false statements or information are punishable under Federal law, and may be grounds for						
HEAD OF HOUSEHOLD DATE: 3-18-22			Submitted by: Initials NAVIGATOR/COORDINATOR: [Signature] DATE: 3/18/22			
Adult HH MEMBER DATE:			Approved: Program Manager DATE:			
7. PAYMENTS (To be calculated BEFORE lease is signed)						
FOR THE TENANT			FOR THE PROVIDER			
Tenant Payment (from 3. above)			Contract Rent		\$650.00	
Minus Utility Allowance (from RRC) If Applicable		\$0.00	Minus Tenant Payment		\$0.00	
Equals Amount Tenant Pays for Effective Month(s)		\$0.00	Equals Rental Amount CBI Pays For Effective Month(s)		\$650.00	

PURCHASE ORDER

PO-104431

04/21/2022



Vendor

Roosevelt Lake Inn LLC
PO Box 87
Pine, Arizona 85544
United States

Ship To

Administrative Offices
1855 W. Baseline Road, Suite
170
Mesa, Arizona 85202
United States

Bill To

Community Bridges, Inc.
Attn: Accounts Payable
1855 W Baseline Road #101
Mesa, Arizona 85202
United States

Delivery Date

04/15/2022

#	Item & Description	G/L Account	Custom Fields	Qty	U/M	Rate	Amount
1	Rent (GL 7300)	Rent Building <small>Account # 7300</small>	Created By	1	EA	\$650.00	\$650.00

Ordered By: Carlos Moreno

Total: \$650.00

Requisition Approved By:

REQ-104330:

- Trista Ware on 04/19/2022 at 07:35am
- Starlet Mitchell on 04/19/2022 at 08:50am
- Elizabeth DaCosta on 04/19/2022 at 10:42am
- Sasha Hawman on 04/19/2022 at 10:47am
- Megan Lee on 04/19/2022 at 01:04pm

Notes

NAME NAME April 2022 Rent

Community Bridges Inc.
1855 W Baseline Road
Suite 101
Mesa, AZ 85202

Date: 04/22/2022
Check #: #####
Payment Amount: 650.00

ROOSEVELT LAKE INN LLC
PO BOX 87
PINE AZ 85544

Remittance Advice

Invoice Date	Invoice #	Invoice Gross Amt	Discount Amount	Invoice Net Amt
04/15/2022	104431	650.00	0.00	650.00
NAME NAME - APR 2022 RENT				

PLEASE DETACH BEFORE DEPOSITING CHECK

Community Bridges Inc.
1855 W Baseline Road
Suite 101
Mesa, AZ 85202

91-527/1221

Date: 04/22/2022
Check #: ###

Pay Exactly ****Six Hundred Fifty and 00/100 -US Dollars****

Amount
\$***650.00**

TO THE ORDER OF ROOSEVELT LAKE INN LLC

VOID

Authorized Signer

Second Signature for Checks \$15,000 and Over

RESIDENTIAL LEASE AGREEMENT

Document updated:
October 2019



The pre-printed portion of this form has been drafted by the Arizona Association of REALTORS®. Any change in the pre-printed language of this form must be made in a prominent manner. No representations are made as to the legal validity, adequacy and/or effects of any provision, including tax consequences thereof. If you desire legal, tax or other professional advice, please consult your attorney, tax advisor or professional consultant.



1. **LANDLORD:** Shelby Barrowdale or identified on Line 330.
PROPERTY OWNER(S) (LANDLORD) NAME(S)

2. **TENANT:** [REDACTED]
TENANT(S) NAME(S)

3. Landlord and Tenant enter into this Residential Lease Agreement ("Lease Agreement") on the terms contained herein. Landlord rents to Tenant and Tenant rents from Landlord, the real property and all fixtures and improvements thereon and appurtenances incident thereto, plus personal property described below (collectively the "Premises").

6. **Premises Address:** [REDACTED]

7. City: Globe AZ, Zip Code: 85501

8. **Personal Property Included and to be maintained in operational condition by Landlord:**

- 9. Washer Dryer Refrigerator Range/Oven Dishwasher Microwave
- 10. Other: _____

11. **Occupancy:** The Premises shall be used only for residential purposes and only by the following named persons:

12. Ester Pageman

13. _____

14. **Assignment and Occupancy Restrictions:** Only persons listed above may occupy the Premises or any part thereof without Landlord's prior written consent. If Tenant attempts to sublet, transfer, or assign this Lease Agreement and/or allows any persons other than those listed above to occupy the Premises without Landlord's prior written consent, such act shall be deemed a material non-compliance by Tenant of this Lease Agreement and Landlord may terminate this Lease Agreement.

18. **Addenda Incorporated:** Lead-based Paint Disclosure Move-In/Move-Out Condition Checklist

19. Other: Property Disclosure, Emergency Access, Tenant Advisory, Pest, Crime Free

20. **Term:** This Lease Agreement shall begin on 09/03/21 at 8:00 am and end on 03/31/22 at 5:00 pm,
MO/DAYR TIME MO/DAYR TIME

21. at which time this Lease Agreement shall automatically continue on a month-to-month basis, with all other terms and conditions set forth herein remaining the same, unless either party provides written notice to the other of their intention to terminate the Lease Agreement. Notice to terminate the Lease Agreement at the end of the original term shall be given on or prior to the last rental due date of the original term. Notice to terminate, if on a month-to-month basis, shall be given thirty (30) days prior to the periodic rental due date. At lease termination Tenant shall return all keys/garage door/entry gate openers as described herein and vacate the Premises.

26. **IF TENANT WILLFULLY FAILS TO VACATE THE PREMISES AS PROVIDED FOR IN THIS LEASE AGREEMENT, LANDLORD SHALL BE ENTITLED TO RECOVER AN AMOUNT EQUAL TO BUT NOT MORE THAN TWO (2) MONTHS' PERIODIC RENT OR TWICE THE ACTUAL DAMAGES SUSTAINED BY LANDLORD, WHICHEVER IS GREATER, AS PROVIDED FOR IN THE ARIZONA RESIDENTIAL LANDLORD AND TENANT ACT ("ARLTA").**

30. **Earnest Money:** No Earnest Money is required.
31. Earnest Money is required in the amount of \$ _____ .
32. Until offer is accepted, Landlord is entitled to lease the Premises to another tenant.

33. **Form of Earnest Money:** Personal Check Cashier's Check Other: _____

34. Upon acceptance of this offer by Landlord, Earnest Money will be deposited with:

35. Broker's Trust Account _____
(PRINT BROKERAGE FIRM'S NAME)

36. Landlord

37. Other: _____

LANDLORD LANDLORD
Initials

TENANT TENANT
Initials



38. All Earnest Money shall consist of immediately available funds and is subject to collection. In the event any payment for Earnest Money is
39. dishonored for any reason, at Landlord's option, Landlord shall be immediately released from all obligations under this Lease Agreement by
40. notice to Tenant. Upon acceptance of this Lease Agreement by all parties, all Earnest Money shall be applied to deposits and/or initial rents.

41. **Periodic Rental Due Date:** The Rent and all other accrued charges shall be due and payable no later than 5:00 p.m. on the 1st day
42. of each month (regardless of weekends or holidays). Rent shall be payable in advance without deductions or offsets. Landlord is not required
43. to accept a partial payment of Rent or other charges. If the sales tax changes during the term of this Lease Agreement, Landlord may adjust
44. the amount of Rent due to equal the difference caused by the tax change upon thirty (30) days notice to Tenant.

45. **Rent:** Tenant shall pay monthly installments of \$ 625.00 plus any applicable sales taxes, which are currently
46. \$ _____, totaling \$ 625.00 ("Rent") to: Service First Realty
47. at: 1600 E. Ash Street, Ste. 2, Globe, AZ 85501

48. **Late Charges and Returned Payments:** A late charge of \$ 15.00 per day shall be added to all Rent not received
49. by 5:00 p.m. on the due date or 2 days after due date and shall be collectible as Rent. Tenant shall pay a charge of
50. \$ 45.00 for all funds dishonored for any reason, in addition to the late charge provided herein.
51. These additional charges shall be collectible as Rent. If a Rent payment has been returned unpaid for any reason,
52. Landlord shall be entitled to demand that all sums due pursuant to this Lease Agreement be paid in the form of a cashier's
53. check or money order.

54. **Late or Partial Payments:** The acceptance by Landlord of any late or partial payment shall not change the due date or amount of
55. any required payment in the future and shall not relieve Tenant of any obligation to pay the balance of the Rent and any applicable
56. late fees or costs.

57. **Rent Proration:** If Rent is being prorated for a period other than a full month, Tenant shall pay on 09/03/2021 \$ 583.24 plus any
MO/DAYR
58. applicable sales tax of \$ _____, totaling \$ 583.24 for the prorated period beginning 09/03/2021 and ending 09/30/2021.
MO/DAYR MO/DAYR

59. **Note:** The ARLTA prohibits a landlord from demanding or receiving security, however denominated, including,
60. but not limited to, prepaid Rent in an amount or value in excess of one and one-half month's Rent; however the
61. ARLTA does not prohibit a tenant from voluntarily paying more than one and one-half month's Rent in advance.
62. The breakdown of the deposit amounts shown below is solely for the purpose of showing how such amounts
63. were calculated and does not limit landlord's right to use all deposit amounts as permitted by the ARLTA.
64. Deposits may be placed in interest-bearing accounts, which interest shall be retained by the Broker or Landlord.
65. **REFUNDABLE DEPOSITS SHALL NOT BE USED AS A CREDIT TOWARDS LAST MONTH'S RENT.**

66. **Initial Rent Payment:** \$ 583.24

67. **Refundable Security Deposit Due:** "Security Deposit" is given to assure payment or performance under this Lease Agreement.
68. "Security Deposit" does not include a reasonable charge for redecorating or cleaning.

69. Security deposit: \$ 625.00
70. Pet deposit: + \$ _____ (assistive and service animals are not considered "pets")
71. Cleaning deposit: + \$ _____

72. **Non-refundable Charges Due:**

73. Cleaning Fee: + \$ _____ (for additional cleaning and sanitizing of the Premises after Tenant vacates)
74. Redecorating Fee: + \$ 150.00 (for periodic repair/replacement of floor and window coverings, paint and
75. decorative items after Tenant vacates)
76. Pet Cleaning Fee: + \$ _____ (for additional wear, tear and cleaning after Tenant vacates)
77. (assistive and service animals are not considered "pets")
78. Other Fee: + \$ _____ (for _____)

79. **Tax Due on Initial Rent and Non-refundable Charges Paid to Landlord:**

80. Sales tax charged: + \$ _____ City rental tax rate _____ % Taxable amount \$ _____

81. **Total Required Payment:** \$ 1,358.24

82. **Less Earnest Money** - \$ _____

83. **BALANCE DUE (CERTIFIED FUNDS):** \$ 1,358.24 to be delivered to Landlord on or before September 3, 2021
MO/DAYR


84. **Refundable deposits will be held:** by Landlord in Broker's Trust Account Service First Realty
BROKERAGE FIRM NAME >>>

 LANDLORD LANDLORD

<Initials

Residential Lease Agreement • Updated: October 2019
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Initials>

 TENANT TENANT



GILA County

CBI <small>COMMUNITY BUSINESS INC.</small>	Tenant Income Certification	Effective Date: 4/1/22				
		Initial Lease Date: 9/3/2021				
Program: <input checked="" type="checkbox"/> GILPSH	Certification: <input type="checkbox"/> Initial Certification <input checked="" type="checkbox"/> Interim Recertification	Owner/Management Company: Service First Realty, LLC				
		Phone# 928-425-5108				
Participant Name: NAME NAME						
Address: ADDRESS ADDRESS Globe Az, 85501						
1. HOUSEHOLD COMPOSITION						
Family Member	Last Name	First Name	Relationship to Head	Date of Birth	Social Security or Alien Reg. #	HMIS ID#
Head	NAME	NAME	Self	MM/DD/YY	*****	IDIDID
1						
2						
3						
2. HOUSEHOLD INCOME (USE ANNUAL AMOUNTS)						
Family Member	Income Source	Amount, Hours, Rate			Annual Income	
Head	Social Security	\$1,044.90			\$ 12,538.80	
1						
2						
3						
Total Annual Income =					\$ 12,538.80	
3. TENANT PAYMENT CALCULATION						
				Tenant Amount: Eff Month:		
Total Annual Income		\$ 12,538.80	÷ 12 X .10 =	\$ 104		
		12,538.80	÷ 12 X .25 =	\$ 261		
GILPSH		12,538.80	÷ 12 X .30 =	\$ 313		
		12,538.80	÷ 12 X .50 =	\$ 522		
		12,538.80	÷ 12 X 1.0 =	\$ 1,045		
4. DETERMINATION OF FAIR MARKET RENT						
Fair Market Rent w/ Utilities		Contract Rent	Utilities Paid By:	Utility Allowance	Actual Approved Rent & Utilities	
<input type="checkbox"/> ST \$723	<input checked="" type="checkbox"/> 1bd \$728	<input type="checkbox"/> 2bd \$959	<input type="checkbox"/> Included <input checked="" type="checkbox"/> Tenant			
<input type="checkbox"/> 3bd \$1,296	<input type="checkbox"/> 4bd \$1,300	\$ 625.00	<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Water <input checked="" type="checkbox"/> Gas	\$ 99.00	\$ 724.00	
HUD FMR rates Pima County Oct 1, 2020-Sept 30, 2021						
6. CERTIFICATION & SIGNATURES						
CERTIFICATION: I/We certify that the statements above are true/complete to the best of my/our knowledge and belief.						
I/We understand that false statements or information are punishable under Federal law, and may be grounds for						
HEAD OF HOUSEHOLD			Submitted by: <i>W. Gonzalez</i>		Initials	
DATE			NAVIGATOR/COORDINATOR		3/18/22	
Adult HH MEMBER			Approved: Program Manager		DATE	
DATE			DATE		DATE	
7. PAYMENTS (To be calculated BEFORE lease is signed)						
FOR THE TENANT						
Tenant Payment (from 3. above)		\$313.47				
Minus Utility Allowance (from RRC) if Applicable		\$99.00				
Equals Amount Tenant Pays for Effective Month(s)		\$214.47				
FOR THE PROVIDER						
		Contract Rent		\$625.00		
		Tenant Portion		\$214.47		
		Equals Rental Amount CBI Pays For Effective Month(s)		\$410.53		

PURCHASE ORDER
PO-103622
04/07/2022



Vendor
Service First Realty
4813 W. Desert Hills Dr.
Glendale, Arizona 85304
United States

Ship To
Administrative Offices
1855 W. Baseline Road, Suite
170
Mesa, Arizona 85202
United States

Bill To
Community Bridges, Inc.
Attn: Accounts Payable
1855 W Baseline Road #101
Mesa, Arizona 85202
United States

Delivery Date
03/23/2022

#	Item & Description	G/L Account	Custom Fields	Qty	U/M	Rate	Amount
1	Rent (GL 7300)	Rent Building Account # 7300	Created By Moreno, Carlos	1	EA	\$410.53	\$410.53

Ordered By: Carlos Moreno
Requisition Approved By:

Total: **\$410.53**

REQ-102857:
Trista Ware on 03/23/2022 at 12:26pm
Sasha Hawman on 03/29/2022 at 05:29pm

Notes

NAME NAME April 2022 rent



Employee Name:
Employee #:
Employee Address:

Department:
Job Title:

Pay Date: 5/27/2022
Pay Period: 5/8/2022 - 5/21/2022
Deposit Advice #:
Pay Frequency: Bi-Weekly
Pay Rate:
Federal Filing Status: Single

Employer Name:
Employer Phone:
Employer Address:

Federal Exemptions:
State Filing Status:
State Exemptions:

	Current 5/8/2022 - 5/21/2022			YTD As of 5/21/2022	
	Hours/Units	Rate	Amount	Hours/Units	Amount
Earnings					
Regular					
Car Allowance					
On Call Stipend					
Phone Stipend					
Paid Time Off					
Memo Information					
401K Match					
Co Pd Medical					
CO PD LIFE&ADD					
Co Paid Dental					
Co Paid LTD					
Co Paid Vision					
HSA ER					
Pre-Tax Deductions					
401K Pre-tax					
Dental					
Medical					
HSA-Emp Self					
Taxes					
Fed W/H					
FICA EE					
Fed MWT EE					
AZ W/H					
Post-Tax Deductions					
Employee Life			\$		\$
	Routing #	Account #	Amount		Amount
Net Pay			\$		\$
Direct Deposit					

Other Payroll Information
Test Group

Accruals & Balances



TIME AND EFFORT MONTHLY LOG

Instruction: Anytime an employee is paid using grant funds, a monthly time and effort log is required to ensure the budgeted time and effort is equivalent to the actual time and effort worked on the program.

School District/Charter : N/A

Month and Year of Activity : May 8 - May 21 (May 27 pay period)

Employee Name : _____

Employee Title : _____

Funding Source	# of Hours per day																					Total Hours	Scope of Service/Activities	
	8	9	10	11	12	13	14	15	16	17	18	19	20	21										
BOSRRH Admin	0	0	0	0	0	0	0	0	0	0	0	0	0	0								0		
CMPSCOT Admin	0	0.4	0.4	0.4	0.4	0.4	0	0	0.4	0.4	0.4	0.4	0.4	0								4		
COTCAR Admin	0	0.4	0.4	0.4	0.4	0.4	0	0	0.4	0.4	0.4	0.4	0.4	0.4								4		
COTLAM Admin	0	0.4	0.4	0.4	0.4	0.4	0	0	0.4	0.4	0.4	0.4	0.4	0								4		
DESRRH Support Services	0	2	2	2	2	2	0	0	2	2	2	2	2	0								20		
GILPSH Admin	0	0.4	0.4	0.4	0.4	0.4	0	0	0.4	0.4	0.4	0.4	0.4	0								4		
INVEST Personnel	0	1	0	1	0	0	0	0	1	0	1	0	0	0								4		
PCARES Administration	0	0.8	0.8	0.8	0.8	0.8	0	0	0.8	0.8	0.8	0.8	0.8	0								8		
PINSOR Admin (SOR II Yr II)	0	0.4	0.4	0.4	0.4	0.4	0	0	0.4	0.4	0.4	0.4	0.4	0								4		
RRHTUC Admin	0	0.4	0.4	0.4	0.4	0.4	0	0	0.4	0.4	0.4	0.4	0.4	0								4		
TC3COT Admin	0	0.8	0.8	0.8	0.8	0.8	0	0	0.8	0.8	0.8	0.8	0.8	0								8		
TOOCAR Admin	0	0	0	0	0	0	0	0	0	0	0	0	0	0								0		
TPDCOT Admin	0	0.8	0.8	0.8	0.8	0.8	0	0	0.8	0.8	0.8	0.8	0.8	0								8		
YOURH (Admin)	0	0.2	1.2	0.2	1.2	1.2	0	0	0.2	1.2	0.2	1.2	1.2	0								8		
																						0		
																						0		
																						0		
																						0		
																						0		
																						0		
																						0		
Total Hours	0	8	8	8	8	8	0	0	8	8	8	8	8	0	0	0	0	0	0	0	0	0	80	

I certify with my signature that the information submitted is accurate.

Employee Signature : _____

Date: 6/2/2022

Supervisor's Signature : _____

Date: 6/2/2022

Pay Date	Program	GL Acct	Total Pay	Program%	Program\$	Employee Name	Employee Category Type	Line Item Description	Job Name
05/13/2022	GILPSH	5000	3,120.00	5.0%			11653 Earning	Regular	Director of Housing and Community Integration
05/13/2022	GILPSH	5100	229.49	5.0%			11653 Earning	Company Paid Medical	Director of Housing and Community Integration
05/13/2022	GILPSH	5200	5.70	5.0%			11653 Earning	Company Paid Dental	Director of Housing and Community Integration
05/13/2022	GILPSH	5300	3.02	5.0%			11653 Earning	Company Paid Vision	Director of Housing and Community Integration
05/13/2022	GILPSH	5310	0.84	6.0%			11653 Earning	Company Paid Life and AD&D	Director of Housing and Community Integration
05/13/2022	GILPSH	5320	7.44	5.0%			11653 Earning	Company Paid LTD	Director of Housing and Community Integration
05/13/2022	GILPSH	5400	43.61	5.0%			11653 Tax	Fed MWT ER	Director of Housing and Community Integration
05/13/2022	GILPSH	5400	186.47	5.0%			11653 Tax	FICA ER	Director of Housing and Community Integration
05/13/2022	GILPSH	5500	124.80	5.0%			11653 Earning	401K Match	Director of Housing and Community Integration
05/13/2022	GILPSH	5600	98.59	5.0%			11653 Deduction	Workers Comp Employer	Director of Housing and Community Integration
					\$\$\$\$\$	Total			
05/27/2022	GILPSH	5000	700.00	5.0%			11653 Earning	Car Allowance	Director of Housing and Community Integration
05/27/2022	GILPSH	5000	200.00	5.0%			11653 Earning	On Call Stipend	Director of Housing and Community Integration
05/27/2022	GILPSH	5000	312.00	5.0%			11653 Earning	Paid Time Off	Director of Housing and Community Integration
05/27/2022	GILPSH	5000	45.00	5.0%			11653 Earning	Phone Stipend	Director of Housing and Community Integration
05/27/2022	GILPSH	5000	2,808.00	5.0%			11653 Earning	Regular	Director of Housing and Community Integration
05/27/2022	GILPSH	5100	229.49	5.0%			11653 Earning	Company Paid Medical	Director of Housing and Community Integration
05/27/2022	GILPSH	5200	5.70	4.9%			11653 Earning	Company Paid Dental	Director of Housing and Community Integration
05/27/2022	GILPSH	5300	3.02	5.0%			11653 Earning	Company Paid Vision	Director of Housing and Community Integration
05/27/2022	GILPSH	5310	0.84	4.8%			11653 Earning	Company Paid Life and AD&D	Director of Housing and Community Integration
05/27/2022	GILPSH	5320	7.44	5.0%			11653 Earning	Company Paid LTD	Director of Housing and Community Integration
05/27/2022	GILPSH	5400	57.31	5.0%			11653 Tax	Fed MWT ER	Director of Housing and Community Integration
05/27/2022	GILPSH	5400	245.06	5.0%			11653 Tax	FICA ER	Director of Housing and Community Integration
05/27/2022	GILPSH	5500	162.60	5.0%			11653 Earning	401K Match	Director of Housing and Community Integration
05/27/2022	GILPSH	5600	128.45	5.0%			11653 Deduction	Workers Comp Employer	Director of Housing and Community Integration
05/27/2022	GILPSH	5700	30.00	5.0%			11653 Earning	HSA ER	Director of Housing and Community Integration
					\$\$\$\$\$	Total			
					\$\$\$\$\$				

APRIL 2022 WAGES FOR HUD YUMA PERM HOUSING GRANT

Date	Applied Rate	Exempt Employees		Wages
4/15/2022	\$ 22.11	HOURLY		\$ -
4/30/2022		HOURLY		\$ -
		NAME		\$ -
4/15/2022	\$ 15.00	HOURLY	12.5	\$
4/30/2022		HOURLY	22	\$
		NAME		\$
4/15/2022	\$ 15.00	HOURLY	37	\$
4/30/2022		HOURLY	40	\$
		NAME		\$
4/15/2022	\$ 18.00	HOURLY	32	\$
4/30/2022		HOURLY	46	\$
		NAME		\$
4/15/2022	\$ 15.50	HOURLY		\$ -
4/30/2022		HOURLY		\$ -
		NAME		\$ -
4/15/2022	\$ 18.27	HOURLY	10	\$
4/30/2022		HOURLY	11	\$
		NAME		\$
4/15/2022	\$ 15.50	HOURLY	22	\$
4/30/2022		HOURLY	16.5	\$
		NAME		\$

STAFF

\$ \$\$\$\$\$

APRIL 2022 WAGES

4/15/2022	\$ 19.22	HOURLY	54	\$
4/30/2022		HOURLY	36	\$
		NAME		\$
4/15/2022	\$ 67.31	HOURLY	13	\$
4/30/2022		HOURLY	19	\$
		NAME		\$
4/15/2022	\$ 25.24	HOURLY	1	\$
4/30/2022		HOURLY	5	\$
		NAME		\$
4/15/2022	\$ 26.44	HOURLY	55	\$
4/30/2022		HOURLY	50	\$
		NAME		\$
3/15/2022	\$ 36.06	HOURLY	49	\$
3/31/2022		HOURLY	36	\$
		NAME		\$ \$\$\$\$\$

ADMINISTRATION

\$ \$\$\$\$\$

EMPLOYEE NAME _____

Apr-22

70 64

WEEKDAY	DAY	Perm Lapaz	Perm	Total Hours
SATURDAY				0
SUNDAY				0
MONDAY				0
TUESDAY				0
WEDNESDAY				0
THURSDAY				0
FRIDAY	1			0
SATURDAY	2			0
SUNDAY	3			0
MONDAY	4			0
TUESDAY	5		4	4
WEDNESDAY	6		2	2
THURSDAY	7		3	3
FRIDAY	8		4	4
SATURDAY	9			0
SUNDAY	10			0
MONDAY	11		9	9
TUESDAY	12		8	8
WEDNESDAY	13		13	13
THURSDAY	14		6	6
FRIDAY	15		5	5
SATURDAY	16			0
SUNDAY	17			0
MONDAY	18		2	2
TUESDAY	19		4	4
WEDNESDAY	20		3	3
THURSDAY	21		4	4
FRIDAY	22		2	2
SATURDAY	23			0
SUNDAY	24			0
MONDAY	25	5	3	8
TUESDAY	26	3	4	7
WEDNESDAY	27		6	6
THURSDAY	28		4	4
FRIDAY	29		4	4
SATURDAY	30			
SUNDAY				
TOTALS		8	90	98

Signature: _____

Date: _____

FLEET POOL ALLOCATION SUMMARY DEC 2021				DEC 2021 MILEAGE ALLOCATION			
GRANT NAME	PROGRA M CODE	\$ per Mi	Miles	Allocatio n	GL	DR/CR	Description
ADOH	RRH	0.560	392	219.52	8500	219.52	DEC 2021 MILEAGE ALLOCATION

***Mileage Rates**

<https://www.irs.gov/tax-professionals/standard-mileage-rates>

Allocations are based on IRS Standard Mileage Rates

Rego	Employee Name	Driver Cost Centre	Reservation Start	Reservation End	Checked Out When	Checked In When	Opening Odo	Closing Odo	Mis Travelled	Journey Description	Business Mis
111		RRHTUC	12/14/2021 9:00	12/14/2021 16:00	12/14/2021 9:30	12/14/2021 15:05	121262	121309	47	home visit	47
219		RRHTUC	12/16/2021 8:00	12/16/2021 16:00	12/16/2021 9:21	12/16/2021 16:05	93101	93205	104	Home visit	104
295		RRHTUC	12/7/2021 9:00	12/7/2021 16:00	12/7/2021 9:15	12/7/2021 16:20	36928	37005	77	Home visit	77
311		RRHTUC	12/3/2021 8:23	12/3/2021 16:00	12/3/2021 9:05	12/3/2021 13:05	38947	38968	21	Home visit	21
311		RRHTUC	12/17/2021 9:00	12/17/2021 16:00	12/17/2021 11:54	12/17/2021 14:30	39187	39225	38	Home visit	38
311		RRHTUC	12/21/2021 7:48	12/21/2021 16:00	12/21/2021 9:09	12/21/2021 13:30	39225	39296	71	Home visit	71
311		RRHTUC	12/28/2021 12:30	12/28/2021 16:00	12/28/2021 12:54	12/28/2021 16:30	39354	39388	34	Home visit	34

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Participant Satisfaction Survey

Agency: _____ Contract #: _____

Participant HMIS ID: _____ Date Completed: _____

I received services in the following county:

- | | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Apache | <input type="checkbox"/> Gila | <input type="checkbox"/> La Paz | <input type="checkbox"/> Navajo | <input type="checkbox"/> Santa Cruz |
| <input type="checkbox"/> Cochise | <input type="checkbox"/> Graham | <input type="checkbox"/> Maricopa | <input type="checkbox"/> Pima | <input type="checkbox"/> Yavapai |
| <input type="checkbox"/> Coconino | <input type="checkbox"/> Greenlee | <input type="checkbox"/> Mohave | <input type="checkbox"/> Pinal | <input type="checkbox"/> Yuma |

What type of service(s) did you receive? *(check all that apply)*

- | | | |
|--|---|---|
| <input type="checkbox"/> Street Outreach | <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Rapid Re-housing |
| <input type="checkbox"/> Eviction Prevention | <input type="checkbox"/> Permanent Supportive Housing | |

If Permanent Supportive Housing, I have received a rental subsidy for:

- | | | |
|--|--|--|
| <input type="checkbox"/> One (1) year | <input type="checkbox"/> Three (3) or four (4) years | <input type="checkbox"/> Six (6) to ten (10) years |
| <input type="checkbox"/> Two (2) years | <input type="checkbox"/> Five (5) or six (6) years | <input type="checkbox"/> More than ten (10) years |

Do you think program staff has been sensitive to your cultural and ethnic background?

- Yes No

Were you treated with respect and dignity? Yes No

Did you receive assistance and/or resources to manage or overcome your barriers?

- Yes No

My rental unit is safe, decent and adequate to my housing needs. Agree Disagree

Comments: _____
