NOTICE OF RENEWAL OF CONTRACT

TO:

DOORWAYS FOR WOMEN & FAMILIES
P.O. BOX 100185
ARLINGTON, VA 22210

DATE ISSUED: JULY 10, 2013
CURRENT REFERENCE NO: 200-11
CONTRACT TITLE: TRANSITIONAL HOUSING
PRIOR REFERENCE NO: 305-10

THIS IS A NOTICE OF RENEWAL OF CONTRACT AND NOT AN ORDER. NO WORK IS AUTHORIZED UNTIL THE VENDOR RECEIVES A VALID COUNTY PURCHASE ORDER ENCUMBERING CONTRACT FUNDS.

This is your notice that the above referenced contract has been renewed. The contract term covered by this Notice of Award is effective IMMEDIATELY and expires on JUNE 30, 2014.

The contract documents consist of the terms and conditions of Agreement No. 364-07, including any exhibits, attachments or amendments thereto.

CONTRACT PRICING:

REFER TO AMENDMENT NO. 1 THROUGH 7 TO AGREEMENT NO. 364-07

ATTACHMENTS:

AMENDMENT NO. 1 THROUGH 7 TO AGREEMENT NO. 364-07

EMPLOYEES NOT TO BENEFIT:

NO COUNTY EMPLOYEE SHALL RECEIVE ANY SHARE OR BENEFIT OF THIS CONTRACT NOT AVAILABLE TO THE GENERAL PUBLIC.

VENDOR CONTACT: CAROLINE JONES
EMAIL ADDRESS: cjones@doorwaysva.org
VENDOR TEL. NO.: 703-522-8858
VENDOR PAYMENT TERMS: NET 30 DAYS
VENDOR FAX. NO.: 703-522-4338
COUNTY CONTACT: NANCY HART
COUNTY TEL. NO.: 703-228-1327

CONTRACT AUTHORIZATION:

[Signature]
IVETTE GONZALEZ
PROCUREMENT OFFICER

DISTRIBUTION

DATE: 7/10/13
BID FOLDER: 1
ARLINGTON COUNTY, VIRGINIA
AGREEMENT NO. 364-07

AMENDMENT NUMBER 7
NEW REFERENCE NO. 200-11

This Amendment Number 7 (Amendment) is made on the date of execution of the Amendment by the County) amends Agreement Number 364-07 (Main Agreement) as amended by Amendment No. 1 through 6 made between Doorways for Women and Families, P.O. Box 100150, Arlington, VA 22201, ("Contractor") and the County Board of Arlington County, Virginia ("County").

Whereas the County and the Contractor desire to amend the work called for at the amounts to be paid under the Main Agreement, the Contractor and the County, in consideration of the promises and other good and valuable consideration specified in this Amendment, amend the Main Agreement as follows:

1. REvised the Contract Term and Paragraph to Read as follows:

The Contract Term shall be from the date the Agreement is executed by the County through JUNE 30, 2014 (Fiscal Contract Year) and will continue thereafter until the County board of Arlington County no longer authorizes funds for the services covered by this Contract. Each successive Contract Year in which the County Board authorizes funds shall cover the period from July 1 through June 30.

2. Revised the Contract Amount Paragraph to Read as follows:

The Contract Amount may vary year-to-year based on the amount of funds appropriated by the County Board of Arlington County for the services covered by this Contract. The Contractor will be notified of the approved budget amount, and continuation of the Contract, not less than thirty (3) days prior to start of a new Contract Year through issuance of a Purchase Order.

If funds are not appropriated for the continuation of this Contract, the Contractor will be giving notice pursuant to the contract Non-Appropriation paragraph.

3. Revised the Scope of Work as follows:

Section 1: General Project Description:

Arlington County commits multiple resources to efforts designed to ensure that its low and moderate income residents can remain housed in the County. Continuum of Care programs that focus on preventing homelessness and/or rapidly re-housing homeless residents fall under the umbrella of the Homeless Prevention, Rapid Re-housing Programs (RPRR Programs).

Although sources of the funding change, the Continuum of Care (CoC) has implemented a coordinated assessment/intake process for all residents who are
in need of prevention or re-housing assistance that cannot be met by a one-time intervention. The coordinated intake process is managed through a partnership among DHS staff and homeless service providers who form a Case Review Team (CRT). The CRT makes initial assessment and program referrals for most of the households served with the variety of HPRR funds.

The Transition in Place (TIP) program is an HPRR component that serves Arlington families who, because of significant housing barriers, are assessed to need three to 18 months of TIP benefits that are designed to stabilize their housing situation. All TIP programs implement rapid re-housing strategies in an effort to move families as quickly as possible out of homelessness. In some cases, TIP can also serve families who are at risk of homelessness and meet eligibility guidelines. Eligible households are provided with a rental subsidy and housing focused case management designed to move the family to a level of stability where they can be expected to maintain their housing without the intensive level of services and the deep subsidy that the program provides.

As part of Arlington’s CoC commitment to best practices, efforts are focused on assisting clients through TIP programs and on to any other supports available as quickly as possible allowing additional families to participate in the intensive level of support offered by the program.

The Contractor shall provide services to no less than 18 Arlington households at a time. Funding from the County is to be used for rental subsidies and security deposits and to supplement case management services needed to help families maintain stability after graduating from the program.

Section II. General Program Guidelines

A. The contractor shall operate a program that offers an eligible family an initial minimum of three months of participation.

B. Participating households must be homeless or at imminent risk of homelessness.

C. Providers may accept eligible residents directly from one of the County’s homeless shelters and those residents who have been referred by the Community Assistance Bureau of DHS.

D. Other residents, not referred by those in “c” above, will be accepted to the program through the CRT process.

E. Those accepted into the program will have income or are anticipated to receive income within four months of entry.

F. This is a voluntary program. Households must be willing to accept the terms of program participation, such as, but not limited to, working with their case manager, progressing with their service plan, signing the needed releases for HMIS (information on clients who are survivors of domestic violence is collected in an alternative manner that protects their anonymity).

Section III. General Eligibility Guidelines

A. The program serves only residents of Arlington.
B. The gross income of the households may not exceed 50 percent of the AMI based on family size.

C. Tenants shall pay 30 percent of their income towards rent according to the US Department of Housing and Urban Development (HUD) protocol. The HUD calculation worksheet shall be used for this calculation.

D. Household income must be reviewed when it changes. Increases in income in excess of 10 percent of the current income require a recalculation. Decreases in income shall be made that reduce the tenant's share of the rent.

E. A formal assessment on continued participation is made for each household prior to each six months of participation.

F. A complete eligibility review is due annually.

G. Households shall live in a reasonably sized unit for the family size.

H. Rents shall not exceed the County’s Housing Choice Voucher payment standard for the family size and be rent reasonable.

I. Housing inspections are required for HUD funded households.

Section IV. Case Management Services.

The case manager shall

A. Determine initial and on-going eligibility for participation in the program as required by program policy and guidelines

B. Provide case management services to identify and address the family's barriers to obtaining and maintaining stable housing

C. Develop an individualized Supportive Service Plan (SSP) within 14 days of admitting a participant. At a minimum, an SSP shall include the following elements
   - a statement of the household's needs and corresponding service needs
   - a statement of client's goals and a sequence of measurable objectives to meet the identified needs
   - a description and frequency of services to be provided to accomplish the goals and objectives
   - a statement of timeline for accomplishing client goals and objectives
   - the projected additional services needed by client and plan for accessing them

D. Evaluate households routinely for progress towards their goals and continued need for intensive services

E. Formally assess the household’s progress towards goals prior to each six months of participation and determine if the participation should continue for additional months. Complete and forward a copy of the Need for Extension Form, Exhibit C, to the Homeless Coordinator
F. Be familiar with all potential benefits for which the household might qualify, facilitate application, and help educate the client on the responsibilities that accompany the receipt of the benefits.

G. Enter and update required information in the CSSA.

H. Maintain client files that contain:
   - the intake, assessment and review forms and supporting documentation
   - documentation of homelessness or imminent risk
   - the SSP, the case management and progress notes
   - the HUD calculation worksheet for all required income changes with supporting documentation attached
   - signed releases of information
   - a copy of all leases
   - information on the client escrow account. If not in the case record, it must be readily available
   - documentation of domestic violence for any client served under any special considerations afforded these victims, i.e. anonymous entry in the CSSA system
   - a program discharge summary form that must be completed as part of the case record when a household leaves the program which summarizes the progress notes in the record, note the reason for leaving and the household's post program housing plans. A copy of this is sent to the DHS Homeless Coordinator.
   - A copy of the HQS inspection if appropriate

Section V. Closure before Graduation

Households at risk of being removed from the program due to program violations or non-compliance shall be issued a clear and direct warning letter, citing the problem and the remediation needed for continued participation. If compliance does not improve, clients may be issued a second warning letter, if judged appropriate by staffs. If compliance does not improve, the household must be issued a closure letter. Potential removals must be discussed with the DHS Homeless Coordinator who will participate in the assessment and planning for the household.

An appeal process must be in place for clients who disagree with their discharge. In the event of egregious behavior by the client, dismissal from the program will be immediate. Egregious behavior may be, but not limited to, gross infraction of program rules and guidelines; criminal activity; gross insubordination, insults, verbal abuse and threats to staff; use of illegal mind altering substances; abandonment of property; and, abdication of parental responsibilities. The DHS Homeless Coordinator shall be immediately notified when this occurs.

The household must be issued a closure letter. A copy of this letter is to be sent to the DHS Homeless Coordinator.
Section VI. Collaborative Services System of Arlington: CSSA

A. The Contractor shall utilize the County’s Collaborative Services System of Arlington (CSSA) to collect client data. The Contractor shall ensure that appropriate staff is licensed and trained on the system and contact the designated County staff (CSSA IT personnel) regarding changes in personnel that should be added or deleted from the system. For any updates or changes made to data elements in the CSSA System, the Contractor will ensure the data elements are entered on all clients served by the program.

B. The Contractor shall ensure the confidentiality of client data through the following actions:

- The Contractor shall have each client, as part of the intake process, sign a Client Information System (CSSA) release of information form that will be provided by the County.

- If the Contractor determines that a client being admitted is not coherent enough for informed consent, the client may be admitted but the release form shall be signed as soon as the client is capable to do so.

- Any person refusing to sign the consent form, shall not be admitted to the program.

- The Contractor shall ensure that only designated employees have access to the client information systems. Volunteers granted access to the client information systems must have a license in their name.

- The Contractor shall designate which staff must have access to Client Information Systems (CSSA), provide an orientation to those staff members on the systems and client confidentiality, and have the staff sign a written statement verifying that they have received training in federal confidentiality requirements. The Contractor shall keep the signed statement in the employee’s files.

C. The Contractor shall obtain and enter the following client information into the system:

- The client’s complete name, Date of Birth and Social Security Number and Social Security Data Quality, and the emergency contact information.

- Enter the Release of Information

- Additional Client Profile information (all fields should be completed).

- Assign all clients to a bed using the Shelter Point module.

- Enter all data for the HUD APR Assessment (all fields should be completed).

- Enter all service providers (e.g., psychiatric, therapist, physician, etc.).

- Utilizing the Service Transaction module, enter the information on all the services provided for the client during their stay.
- Upon exit, the APR exit assessment shall be completed (all fields should be completed)

- Note: for any client served under any special considerations afforded domestic violence victims, i.e. anonymous entry in the CSSA system, records shall contain documentation of domestic violence

D. The contractor shall ensure accuracy and completeness of information by taking the following actions and submit the reports quarterly

- A completed Data Quality Report Card (Report 242) from the ART Tool
- A completed DUE Completeness Entry/Exit (Report 213) from the ART Tool
- Completed Entry/Exit/Carryover Form which tracks clients who entered, exited, and carried-over for the quarter
- The supporting documentation must be signed by the Executive Director or their designee
- Note: the reporting requirements may change during the year based on recommendations of the 10 Year Plan Implementation Team

Section VI. Services by Contractor

The contractor shall

A. Provide TIP only to households who meet all of the eligibility rules and guidelines for the program

B. Operate a TIP program that allows a family to participate for three to 18 months, with a possible extension for six additional months

C. Identify a program manager who will be responsible for administration, program oversight, and quality control

D. Ensure that there is sufficient staff to provide housing focused case management services to identify and address the families’ barriers to maintaining stable housing

E. Ensure that staff is knowledgeable about the benefits and services available to their clients and understand the referral process

F. Provide a monthly rental subsidy for each participating family that is paid to the landlord and calculated according to program regulations

G. Maintain a current Transitional in Place procedure manual that is updated as changes occur

H. Be responsible for maintaining all financial records and supporting documentation associated with rental assistance billed to the County

I. Allow access to DHS staff conducting monitoring visits of the program which may include a review of client files, services plans, CSSA information, job descriptions, handbooks, personnel manuals, and conducting client surveys.
J. Meet with the County Homeless Coordinator when requested to provide updates on the program, review policy, recommend changes, and discuss any problems and other issues related to the program.

K. Be responsible for monthly billing. Submit invoices by the 15th of each month on the County designed invoice and include the required documentation.

L. Provide the following reports:
   - Required CSSA reporting
   - Semi-annual Outcome Report, Attachment B
   - Year-end narrative report highlighting population trends and issues of concern.

M. Design a method to track the housing status of households who leave the program after graduation. This method shall be shared with the County Contract Officer.

N. Provide written notification to the County of existing or proposed subcontracts for services which total individually or in aggregate for the same service greater than $10,000 for the fiscal year. Such subcontracts shall be subject to the written approval by the County.

O. Make appropriate arrangements for the services of volunteers. The Contractor shall provide appropriate training, orientation and supervision to the volunteers. Upon the request by the County the Contractor shall furnish a list of all volunteers, outlining their activities and the type of training they have received from the Contractor.

Section VII. Fiscal Accountability

A. The Contractor shall use generally accepted accounting principles to document and report all expenditures, revenues and contributions to the contract, except as otherwise specified in this Agreement.

B. The Contractor shall provide monthly financial reports, records, memoranda, or other documents concerning any fiscal matters or program related services provided, in such manner and at such times as may be required by the County.

C. The Contractor shall be responsible for maintenance of all financial records and supporting documentation.

D. The Contractor shall secure an independent certified public accountant's audit of its finances and program operation after the close of each fiscal year (June 30), but no later than November 15 of each such year, and shall forward to the County the findings of such audit in whole, including the management letter or other ancillary audit components, and permit the County to make such review of the records of the Contractor as may be deemed necessary to satisfy audit purposes. In the instances where a management letter was not prepared as an audit function, the Contractor must so certify in writing to the County at the time the audit report is submitted. All accounts of the Contractor are subject to such audit, regardless of whether the funds are used exclusively for specific program activities or mingled with funds for other Contractor activities. The audited financial statement shall disclose the total costs and components thereof, in accordance

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NEVADA REFERENCE NO. 200-11
AMENDMENT NO. 7
with the budget.

E. The Contractor shall maintain records on client participation for 5 years after the expiration of the Agreement and shall provide documentation to the County on request.

F. The Contractor shall provide written notification to the County of existing or proposed subcontracts for services which total individually or in aggregate for the same service greater than $10,000 for the fiscal year. Such subcontracts shall be subject to the written approval by the County.

G. Incorrect payments that are the result of the Contractor's failure to apply appropriate policy and procedures in a timely fashion are the responsibility of the Contractor. Future payment to the Contractor may be affected.

Section VIII. Budget and Finance

A. The budget for this contract is a fixed price for specified services.

B. The County agrees to reimburse the Contractor on a monthly basis for services provided under this contract provided that the services meet the requirement of the Scope of Work of this contract to the County's satisfaction. The Contractor shall submit invoices for reimbursement no later than the 15th day of the month (based on actual expenditures from prior month). Each invoice shall be accompanied with supporting documentation that validates the amount invoiced.

C. As requested by the Project Officer, the Contractor shall provide additional documentation before any payments may be made. Prior to payments Contractor shall exhibit compliance with the CSSA system, actual expenditures and meet all reporting requirements.

4. ADD EXHIBIT D - TRANSITION IN PLACE- EXTENSION NEEDS

Terms and Conditions
All terms and conditions of the Agreement shall remain in full force and effect for the work covered by this Amendment unless specifically changed by the terms and conditions of this Amendment.
WITNESS THESE SIGNATURES:

THE COUNTY BOARD OF ARLINGTON COUNTY, VIRGINIA (COUNTY)

AUTHORIZED SIGNATURE: __________________________

PRINT NAME Richard D. Warren, Jr.
AND TITLE: Purchasing Agent
DATE: __________________________

DOORWAYS FOR WOMEN AND FAMILIES, INC.

AUTHORIZED SIGNATURE: __________________________

PRINT NAME CAROLINE CONES
AND TITLE: EXECUTIVE DIRECTOR
DATE: __________________________

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### Exhibit B

**Transitional In Place**

**Semi Annual Outcome Report: December 31st and June 30th.**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Output</th>
<th>Annual Target</th>
<th>July 1 - Dec 31</th>
<th>Jan 1 - June 30</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Improved client wealth</strong></td>
<td>Number who achieved this/ Number for whom this is needed goal</td>
<td>15%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number who achieved this/ Number for whom this is a goal</td>
<td>85%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Financial stability</strong></td>
<td>Number of families who maintained budget/number of families</td>
<td>85%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number leaving before program “completion”</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Housing Stability</strong></td>
<td>Number of families who completed program in FY 2013 and who maintained housing for</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 3 months</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 6 months</td>
<td>90%</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>• 12 months</td>
<td>75%</td>
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</tr>
</tbody>
</table>
Exhibit C

Transition in Place- Extension Needs

Name:________________________________________ Program Entry Date:__________
Current Date:__________________________

Specific stable housing goal for on entering TIP:

Specific progress made towards goal:

Why Goal Was Not Met in the past six months or less:

Specific steps to accomplish goal that will create stability on leaving TIP:

Additional Months needed:

Signature:________________________ Date:________________________

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EXHIBIT D

TRANSITION IN PLACE- EXTENSION NEEDS

Name: ___________________________ Program Entry Date: ____________
Current Date __________________________

1. **Provide specific stable housing goal for on entering TIP:**

2. **Provide specific details on progress made towards goal:**
3. Explain why Goal Was Not Met in the past six months or less

4. Explain specific steps to accomplish goal that will create stability on leaving TIP.

5. Explain why Additional Months is needed and objective:

Signature: ___________________________ Date ________________