

Sacramento Steps Forward REQUEST FOR PROPOSALS (RFP)

Professional Services to Support the 2019 CA-503 CoC Point-in-Time Count

RFP Issued: July 31, 2018

Written Questions Due: August 15, 2018, 3pm

Submission Deadline: August 31, 2018, 2pm

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I. DESCRIPTION OF WORK

1. Objective

Sacramento Steps Forward SSF (SSF) will lead the 2019 Point-in-Time Count for the CA-503 Continuum of Care (SSF PIT 2019) during the last 10 days of January 2019, as required by the United States Department of Housing and Urban Development (HUD). SSF plans to conduct the Count on January 30, 2019. SSF is seeking the services of a qualified organization to assist in this effort. A brief description of key project objectives includes development of the following:

1. Statistical model and methodologies used to calculate the numerical estimates and demographic characteristics of homeless people;
2. Review Unsheltered Demographic Survey tools;
3. Data analyses, including unsheltered population and subpopulation estimates based upon Count and survey results;
4. Communication strategy to effectively communicate and summarize key Count findings; and
5. A methodology report (i.e. white paper) summarizing methodologies as they pertain to the determination of findings.
6. Develop large canvassing area maps for planning purposes and small subsequent block group maps for volunteers.

2. Background

SSF

Sacramento Steps Forward is a nonprofit committed to ending homelessness in our region through collaboration, innovation, and connecting people to services. Walking side-by-side with our partners, we seek to provide people experiencing homelessness with the support and services they need to find stability and long-term housing.

SSF works to prevent and end homelessness through three main work areas:

1. **Research and Analysis:** SSF is the region's source for current, comprehensive research and analysis on homelessness. We manage the statewide Homeless Management Information System (HMIS). We lead the annual "Point-in-Time Count," a one-night snapshot of homelessness in this area.
2. **Advocacy and Strategic Communications:** SSF provides a voice for homeless service providers in our region and in Washington D.C., working to educate the public and policy makers on the problem, the solutions, and the resources we need to end homelessness.
3. **Training, Technical Assistance, and Leadership Development:** SSF supports service providers with education, training, and networking opportunities. We provide best-practices guidance and help providers implement the most effective approaches to use scarce resources to end homelessness.

The Point-in-Time Count

The Point-in-Time Count is a one-day unduplicated count of sheltered and unsheltered homeless individuals and families across the United States.

The U.S. Department of Housing and Urban Development (HUD) requires that each Continuum of Care (CoC) conduct a count at the end of January every year.

3. Eligible Proposers

Eligible applicants for this RFP are researchers, research organizations, public or private colleges or universities, and not-for-profit or for-profit agencies who have experience providing similar services as outlined in Section I.7 of this document to the public or private sector and do not have a conflict of interest, including, but not limited to, being affiliated or associated with a homeless service provider(s) or a current direct recipient of public or private funds for the provision of homeless services or housing.

4. Funding Available

SSF will provide funding from a variety of sources including but not limited to, State, Federal, and private fundraising efforts, depending upon the approved budget and availability of funds.

5. Cost Structure

A successful proposal must contain a cost structure and cost estimate. The cost structure and cost estimate must describe the pricing structure from the beginning of the project until completion, with the final product being a methodology report which also includes the HUD-mandated data tables. Please refer to HUD's 2018 Housing Inventory Count and Point-in-Time Count of Homeless Persons: Data Submission Guidance, February 2018 Section 4 for current guidelines, though these may be update prior to the PIT date.

Applicants must explain the pricing structure for services, including staff configuration, hourly-billing rates, and hours needed to complete the project. If you assume that SSF will be providing resources or will take responsibility for certain tasks, please specify these resources or tasks.

6. Contract Term

The initial contract term for contracts awarded through this RFP is September 15, 2018 – June 30, 2019. SSF reserves the option to amend contracts awarded through this RFP for up to two (2) subsequent program years, contingent upon, but not limited to, satisfactory contractor performance and availability of funds.

7. Scope of Work

The following are the expected deliverables for the project. For reference the methodology employed for the 2017 PIT count can be found at www.saccounty.net/Homelessness/Documents/2017_SacPIT_Final.pdf.

General Count Deliverables

- a) Develop a community engagement process to solicit input from relevant stakeholders concerning the development of planning maps, survey methods, and other concerns related to the conduct and results from the PIT;

- b) Enumeration of census tracts in the Continuum of Care region and the methodologies used to enumerate;
- c) Development of planning maps and block group maps for the Count after receiving feedback from the field;
- d) All CoC statistical estimates with confidence bounds as required by HUD for the CoC Program Notice of Funding Availability (NOFA);
- e) Completed Mandatory HUD Tables;
- f) Creation of any tables or other data developed using the information gathered from the Count. SSF will provide a list of mandatory data fields.
- g) Develop large canvassing area maps for planning purposes and small subsequent block group maps for volunteers with accompanying PDF of the maps.
- h) Work with SSF to redefine the regional canvassing areas.

Unsheltered Demographic Survey Deliverables

- a) Provide sampling procedures and questionnaire review for face-to-face interviews for demographic survey and methodology. The method shall strive to collect a sample of a minimum of 400 usable surveys. The method should also strive to employ electronic, cloud-based, mobile survey administration tools;
- b) Review demographic survey tool and provide recommendations to improve questions asked in the tool. The 2019 survey is included in Exhibit III for your review. Improvements to the survey shall include items that collect this additional information:
 - Sufficient identifying information to match PIT survey respondents with HMIS records
 - Location of respondent prior to becoming homeless
 - Length of time of respondent’s current episode of homelessness
 - Respondent’s reasons for becoming homeless
 - Respondent’s employment situation
 - Other data that is mandated by HUD or requested by SSF
- c) Recommendations on how to improve outreach and engagement for people experiencing unsheltered homelessness;
- d) Integration of demographic survey methodology into overall Count methodology and methodology report.

Administrative Deliverables

- a) Concise status reports with timetables at the end of each month;
- b) Weekly/biweekly calls and/or monthly status reports before, during and after the Count;
- c) Detailed summary of the proposed methodology to be used to analyze and extrapolate the Count and survey data within **30 days** of the contract execution date. If methodology changes, submit brief justification within 15 days of change;
- d) Final methodology report provided to SSF senior management upon completion of data analysis before the end of the contract agreement;

2019 Homeless Count Projected Timeline

Release of Homeless Count RFP	July 31, 2018
Submission of Questions via e-mail	August 15, 2018, 3pm
Answers to submitted questions posted on SSF website	August 21, 2018
Proposal Submission Deadline	August 31, 2018, 2pm
Applicants notified of contract award decisions	September 14, 2018
Contract Start Date	September 15, 2018
Weekly/bi-weekly calls and/or monthly status reports	Ongoing
Provide Planning Maps for Regional Coordination	October 15, 2018
Initial Methodology Report	October 15, 2018
Feedback and recommendations on demographic survey	October 30, 2018
Provide "must count" census block groups for unsheltered Count	November 9, 2018
Provide maps for all census block groups included in the Count	November 30, 2018
The Count	January 30, 2019
HUD Mandated Tables; Housing Inventory and Point in Time table required by HUD	March 15, 2019
Results by geography: State, CoC, Sub-CoC, CAN, PIT Region levels	March 15, 2019
Raw data files	March 15, 2019
Final Full Methodology Report	April 1, 2019

II. PROPOSAL CRITERIA AND EVALUATION PROCESS

1. Threshold Review

All proposals received by the submission deadline will be submitted for a Threshold Review to determine whether or not they meet the minimum criteria described in the RFP. Proposals that meet all Threshold Requirements, as outlined in the RFP, will be recommended to move on to Quality Review and will be submitted for the approval by SSF and will be posted to the SSF website. Proposals that do not meet Threshold Requirements will not move to the Quality Review phase.

Proposals will be reviewed to determine if they meet the following minimum qualifications:

1. Organization must have five (5) years proven experience in planning, statistical research, and social research;
2. Organization must demonstrate proven experience in planning and managing projects of similar caliber, size and difficulty;
3. Organization must demonstrate proven experience in developing population estimates, including but not limited to developing the methodology for statistical analysis for population estimates;
4. Ideally, proposal should provide proof (e.g. a copy of the diploma) that the Project Director holds an Advanced Degree, preferably a PhD, in Statistics, Mathematics, Demography, Planning, Public Administration, Public Policy or related field. The ideal team will demonstrate experience in Statistics, Demography and Public Policy.
5. Proposing Organization must not have been debarred by the Federal Government, State of Connecticut, or a local government;
6. Organization does not have unresolved contract non-compliance, non-performance, suspension or termination for cause, or other adverse audit findings with SSF or any other public funding source for the past five years.

2. Quality Review

Each proposal that passes the Threshold Review phase described above will be reviewed for content, responsiveness, conciseness, clarity, relevance and adherence to the instructions in this RFP. Submissions will be reviewed and ranked by SSF. Submissions will be reviewed and evaluated as specified in the following chart. SSF reserves the right to require a pre-award interview, site inspection and/or telephone conference call with the applicant.

Quality Review results and final funding recommendations will be posted on the SSF website.

Section	Scoring Criteria	Criteria weighting
Statement of Qualifications - Organization and Project Director Qualifications (Refer to Section I.3 Eligible Proposers, for minimum requirements.)	<p>Evaluation criteria includes but is not limited to:</p> <ol style="list-style-type: none"> 1) The organization’s experience in: <ul style="list-style-type: none"> • Providing similar services in the public or private sector; • Understanding and working knowledge of homeless populations; • Understanding and knowledge of continuums of care and homeless delivery systems; • Developing a methodology for statistical analysis for large amounts of data; and • Publishing professional reports. 2) The Project Director’s experience in: <ul style="list-style-type: none"> • Presenting complex concepts and information; • Planning and managing projects of similar caliber, size and difficulty; • Developing population estimates, including but not limited to developing the methodology for statistical analysis for population estimates; and • Conducting population enumerations. 3) Quality of References 4) Ability to complete work 	30 points
Scope of Work (Refer to Section I.7 Scope of Work)	<p>The proposal will be evaluated on how well it addresses the following:</p> <ul style="list-style-type: none"> • Unsheltered Street Count sampling procedures and data collection tool analysis; • Statistical Projection plans for the non-enumerated census tracts (if applicable); • Sub-Population Estimates; • Suggestions on areas for improvement; and • Tasks and Deliverables. 	50 points
Cost Estimate/Cost Structure (Refer to Section I.5 –Cost Structure)	<p>The proposal will be evaluated on how well it addresses the following:</p> <ul style="list-style-type: none"> • Total Cost (including services, including staff configuration, etc.) 	20 points

III. GENERAL INSTRUCTIONS

1. Proposal Submittal

Proposal Application

The 2019 Homeless Count RFP, Application Documents, and Budget Template will be made available online following the approval for release by SFF in consultation with the PIT Committee. Application documents can also be found as Attachment 1, Attachment 2, and Attachment 3.

Core Documents

Proposers must submit the most recent versions of Core Documents (See Attachment 3) along with the proposal.

Resources

Exhibits I – IV have been included for you reference.

2. Due Date

Proposals submitted in response to this RFP will be due in accordance with the following dates:

All proposal packets must be RECEIVED by hand delivery, mail, or messenger in the SSF office no later than **2:00 PM on August 31, 2018**. Applications will not be accepted via facsimile. Proposals received after 2:00 PM, August 31, 2018 will not be accepted.

Amendments and/or addendums submitted to SSF after the proposal deadline will be returned without review. However, SSF reserves the right to request clarification of unclear or ambiguous statements made in the proposal.

Submit proposal packets to:

Attn: Christopher Weare
Sacramento Step Forward
1331 Garden Highway
Suite 100
Sacramento, CA 95833

3. Questions from Proposers

Proposers may direct questions regarding this RFP to cweare@sacstepsforward.org with the subject line, "SSF PIT 2019 RFP Questions" Please be sure to include your name and title, the name of the organization you represent and the best telephone number to reach you if a SSF representative needs to speak with you for further clarification.

Questions must be received no later than 3:00 p.m. (PST) on the dates stated in the

timetable. SSF will post written responses to all received questions on the SSF website no later than five (5) business days from the date questions are due. **Questions asked via U.S. mail or other forms of communication will not be accepted, nor will they receive a response.**

Proposers are responsible for checking the SSF website to obtain current information and responses. Any omission or error made by any Proposer under this RFP for failure to obtain information posted regarding this RFP on the SSF website at www.sacstepsforward.org is the sole responsibility of Proposer and is not basis for appeal of any adverse score or evaluation under this RFP.

4. RFP Addenda/Clarifications

If it becomes necessary to revise any part of this RFP or provide additional information after the RFP is released, a written addendum will be posted on the SSF website at www.sacstepsforward.org. It is the responsibility of the proposer to review any publicly available addendum or information on the SSF website prior to submission of the proposal. If a proposer does not have access to the SSF website, they may email cweare@sacstepsforward.org and request a printed copy of any addenda via fax or mail. SSF is not responsible for information requested within three (3) days of the due date of the proposal under this RFP.

5. Appeals

Proposers under this RFP may only submit process appeals, which are appeals based upon the evaluators' failure to abide by their own established procedures in making funding recommendations. Appeals based on the outcome of the decision-making process will not be accepted. Disagreement with or objection to the points awarded will not be a sufficient basis for an appeal.

Threshold Appeals

SSF will notify all proposers of the Threshold Review results and post the results on the SSF website.

Any appeal of the Threshold Review results, pursuant to this RFP must be received within two (2) calendar days after notice of written recommendations. The appellant must file a written statement specifying the grounds for appeal. The appeal shall be limited to two (2) typed pages and must clearly state the grounds on which the appeal is based. All appeals should be on organization letterhead and entitled "SSF PIT 2019 RFP – Threshold Review Results Appeals". Please do not include cover letters with the appeal. SSF shall not be obligated to consider appeals received after the above-specified deadlines.

All threshold appeals must be in writing and emailed to cweare@sacstepsforward.org or received at the following address:

Attn: Christopher Weare
Sacramento Step Forward
1331 Garden Highway
Suite 100
Sacramento, CA 95833

Quality Appeals

After the Quality Review phase of the Proposal Evaluation Process, SSF will notify all Proposers of its Quality Review results. Within two (2) business days after notice of staff recommendations, the appellant must file a written statement specifying the grounds for appeal. The appeal shall be limited to two (2) typed pages and must clearly state the grounds on which the appeal is based. All appeals should be on an organization's letterhead and entitled "SSF PIT 2019 RFP – Quality Review Results Appeals". Please do not include cover letters with the appeal.

Quality appeals will be presented to the Programs and Evaluation Committee of the SSF Commission. The Programs and Evaluation Committee will make a recommendation and forward its recommendations to the SSF Commission. The SSF Commission will make the final decision regarding any and all Quality appeals. In the situation where the Programs and Evaluation Committee is unable to meet, the appeals shall be presented directly to the SSF Commission.

All Quality appeals must be in writing and emailed to cweare@sacstepsforward.org or received at the following address:

Attn: Christopher Weare
Sacramento Step Forward
1331 Garden Highway
Suite 100
Sacramento, CA 95833

Scoring Debrief

If a provider requests additional information on their proposal evaluation process, the Funding team will provide a scoring debrief detailing each reviewer's scores and comments. This scoring debrief will be prepared by the funding administrative personnel and reviewed by the Funding Manager. After sending the scoring debrief, a proposer may request a meeting to further discuss the evaluation process.

IV. PROPOSAL FORMAT AND CONTENT

Proposers must submit one (1) original and one (1) copy of the complete proposal. The original must be marked "Original" on the upper right side of the cover and must bear the actual "wet" signatures of the person(s) authorized to sign the proposal. The copy must be numbered on the upper right hand side of the cover to indicate "Copy No. 1". Proposers must also submit one complete copy via email to Christopher Weare, cweare@sacstepsforward.org.

Prior to submission, please review all copies of your proposal for consistency and proper order.

Formatting Requirements

1. Proposers must submit a separate complete proposal for each program type and/or location for which they apply.
2. Documents must be in 12-point font with margins of no less than 1" on all sides. Text may be single-spaced, double-spaced or spaced one and one-half space. Format must be "reader friendly" to facilitate easy review. Paragraphs must be clearly distinguishable. Use of bolding where appropriate to highlight key ideas is encouraged. Proposals must be written in English.
3. Proposal responses must comply with the requirements detailed in this document. Proposals that are incomplete, out of order, have inadequate number of copies, lack required attachments, or have other content errors or deficiencies will be rejected. Contextual changes and/or additions to the proposal after the deadline will not be accepted.
4. The proposal must be submitted in the legal name of the corporation. Proposals must be signed by authorized representative(s) of the Proposer organization who have legal authority to enter into a contract agreement with SSF.
5. Proposals must be submitted in a securely fastened format. Each page of the proposal, including exhibits, must be numbered sequentially at the bottom of the page to indicate "Page _ of _". The proposals must contain tabs marking each required attachment or section of the application. The original should be submitted in a tabbed binder, preferably the smallest size binder that will hold the proposal. The copy should be fastened with a binder clip and should include tabbed dividers. Proposals that are not fastened, do not have sequentially numbered pages, or are not tabbed may not be accepted.
6. Proposers must also submit one complete copy in electronic format such as CD, memory stick or external hard drive. The electronic and paper copy shall be identical to the original document in order to be reviewed, including having each "tabbed" document individually saved.

V. PROPOSAL CONDITIONS AND RESERVATIONS

- A. All costs of proposal preparation shall be borne by the Proposer organization. SSF shall not, in any event, be liable for any pre-contractual expenses incurred by the Proposer in the preparation and/or submission of the proposal. The Proposer shall not include any such expenses as part of the budget in the proposal.
- B. Submission of a proposal shall constitute acknowledgement and acceptance of all terms and conditions contained in the RFP.
- C. Submission of a proposal shall constitute a firm and fixed offer to SSF that will remain open and valid for a minimum of 90 days from the application submission deadline. The proposal should always include the Proposer's best terms and conditions.
- D. The proposal must set forth full, accurate, and complete information as required by this RFP. No changes or additions are allowed after the proposal deadline.
- E. SSF cannot certify, license or endorse grant writers. Proposers are free to select any grant writer. The responsibility for the performance of the grant writer rests with the Proposer.
- F. Responses to this RFP become the exclusive property of SSF. All proposals will be considered public documents, subject to review and inspection by the public at SSF's discretion, in accordance with California laws. Exceptions will be those pages in each proposal which are defined by the Proposer as business or trade secrets and are marked as "TRADE SECRET" or "CONFIDENTIAL". SSF shall not in any way be liable or responsible for the disclosure of any such records, including, but not limited to, those so marked if the disclosure is deemed to be required by law or by court order. Selection or rejection of a proposal does not affect these rights.
- G. SSF reserves the right to communicate in writing with funders or organizations associated with the Proposer to obtain additional clarification of design of program, or proposer fiscal and programmatic capacities, and to utilize this information in the evaluation process.
- H. SSF reserves the right to conduct site visits of all proposing agencies.
- I. SSF reserves the right to extend the RFP submission deadline should such action be in the best interest of SSF. Proposers may revise and re-submit their proposal in the event the deadline is extended.
- J. SSF reserves the sole right to reject any or all proposals received in response to this RFP if it is deemed inappropriate or incomplete, it fails to comply with any instruction contained in this RFP, or is not in the best interest of SSF.
- K. SSF reserves the right to withdraw this RFP at any time without prior notice. Further, SSF makes no representation that any contract will be awarded to any Proposer responding to this RFP. SSF reserves the right to reject any or all submissions.
- L. SSF reserves the right to negotiate services and costs with Proposers, including revision of program design as necessary to better meet SSF, the State of Connecticut or HUD Requirements.
- M. A Proposer shall not be recommended for funding, regardless of the merits of the

proposal submitted, if it has a history of contract non-compliance with SSF or any other funding source, a contract suspension, a termination for cause by SSF or any other funding source, or outstanding financial obligations with SSF that have not been adequately resolved with SSF or any other funding source. In the event that the Proposer has any contract(s) with SSF suspended or terminated, it shall not be eligible for funding under any RFP released by SSF for a period of five (5) years starting from the effective date of suspension or termination.

- N. Willful misstatements of information will result in non-recommendation for funding, regardless of the merits of the proposal submitted.
- O. SSF reserves the right to verify information submitted in the proposal. SSF reserves the right to request additional data to verify information submitted with the proposal, at its sole discretion. If the information in the proposal cannot be verified and if SSF determines the errors are not willful, SSF reserves the right to adjust the rating points awarded.
- P. If an insufficient number of qualified proposals are received or if the proposals received are deemed non-responsive or not qualified as determined by SSF, SSF reserves the right to re-issue an RFP, execute a sole-source contract with a vendor, or otherwise ensure that services are provided by other means in a manner consistent with the program requirements.
- Q. The Proposer must be in compliance with applicable civil rights laws and Executive Orders. There must be no outstanding findings of noncompliance with civil rights statutes, Executive Orders, or regulations, unresolved secretarial charge of discrimination issued under the Fair Housing Act, no adjudications of civil rights violations on a civil action or deferral of processing of proposals from the sponsor imposed by HUD.
- R. The Proposer shall be ineligible to receive funding under this RFP if any officer or employee of the Proposer who would be involved in the administration of grant funds has been convicted of a criminal offense related to the administration of funds or any member of its executive management, key staff, or any officers of its Board of Directors is involved in any litigation or other legal matter that compromises the organization's ability to carry out the project as awarded.
- S. SSF reserves the right to fund all or a portion of a proposal and/or require that a Proposer collaborate with another in the provision of a specific service if it is in the best interest of SSF, the State of Connecticut, or HUD.
- T. SSF reserves the right to waive minor technical deficiencies or any informality in a submitted proposal.
- U. Proposals may be withdrawn by written request of the authorized signatory on provider letterhead at any time prior to SSF final recommendation for funding.
- V. If a Proposer declines to implement the project or changes significant project specifications which are deemed relevant to the basis on which the award was granted thereby negating the funding award after the SSF Commission approves funding award(s) under a SSF competitive process, said provider shall not be eligible to submit an application for any other new project funding for a period of one year from the time of notice. Changes to significant project specifications include, but are

not limited to, a change in the Service Planning Area in which the project is located or a change in the target population which the project serves. SSF may exempt a provider from this policy if it is deemed that the circumstances that facilitated the refusal to implement the project or change to significant project specifications was out of the reasonable control of the provider.

- W. It is improper for any officer, employee or agent of SSF to solicit consideration, in any form, from a Proposer with the implication, suggestion or statement that the Proposer's provision of the consideration may secure more favorable treatment for the Proposer in the award of the contract or that the Proposer's failure to provide such consideration may negatively affect the SSF's consideration of the Proposer's submission. A Proposer shall not offer or give, either directly or through an intermediary, consideration, in any form, to an officer, employee or agent of SSF for the purpose of securing favorable treatment with respect to the award of the contract. A Proposer shall immediately report any attempt by an officer, employee or agent of SSF to solicit such improper consideration. The report shall be made to the Executive Director of SSF. Failure to report such a solicitation may result in the Proposer's submission being eliminated from consideration. Among other items, such improper consideration may take the form of cash, discounts, services, the provision of travel or entertainment, or tangible gifts.
- X. Upon the request of SSF, a Proposer whose bid is under consideration for the award of the contract shall provide SSF with written authorization to request a credit report from a reputable credit agency to gain satisfactory evidence of the Proposer's financial background, stability and condition.
- Y. Notwithstanding a recommendation of a department, agency, individual, or other, SSF retains the right to exercise the final decision concerning the selection of a proposal and the terms of any resultant Agreement, and to determine which proposal best serves the interests of SSF.
- Z. A bid/proposal, which contains conditions or limitations established by the Proposer, may be deemed irregular (and nonresponsive) and may be rejected by SSF, in its sole discretion.
- AA. SSF reserves the option to renew contracts awarded through this RFP for two (2) additional years, contingent upon but not limited to the following: a) satisfactory contractor performance; b) availability of funds; and c) demonstrated site need.

VI. CONTRACT CONDITIONS

Contractors will be required to comply with conditions set forth by SSF and the U. S. Department of Housing and Urban Development (HUD), hereafter referred to as "Funders". These conditions include, but are not limited to the following:

- A. The initial recommendation for funding should not be construed as a finding that the proposed program complies with all requirements and conditions for a contract for grants. SSF reserves the right to fund all or a portion of a proposal and/or require that a Proposer collaborate with another in the provision of a specific service if it is in the best interest of SSF. A funding recommendation or offer to contract may be withdrawn upon failure of reasonable attempts to negotiate an agreement.
- B. Successful Proposers will be required to provide SSF's with current W-9 and a certificate of insurance showing business liability coverage during term of agreement.
- C. Contractors shall make available to representatives of Funders, upon reasonable notice, the fiscal records pertaining to the contract.
- D. Contractors shall comply with reasonable requests from Funders concerning promotional activities related to the program.
- E. Contractors acknowledge that, as recipients of Federal funds, they will be required to comply with Federal regulations pertaining to the use of such funds. It will be the Contractor's responsibility to ensure compliance with applicable regulations.
- F. The Contract shall include standard clauses and, in some cases, certifications, requiring Contractor's compliance with, but not limited to, the following regulations: non-discrimination, affirmative action, and equal opportunity; separation of church and state; Americans with Disabilities Act (ADA); conflict of interest; restrictions on lobbying; debarment; audits; rights in data; drug-free workplace; lead-based paint and Equal Benefits Ordinance.
- G. Contractors shall maintain any applicable licenses or permits and meet any facilities code regulations required for the program(s) funded under the contract.
- H. Contractors shall participate in information networking, training, and coordination meetings as directed by SSF or other grant funding sources.
- I. Contractors shall cooperate with related research and evaluation activities as directed by SSF or other grant funding sources.
- J. Contractors will be required to submit a Code of Conduct which will address conflict of interest requirements.
- K. Contractors may not enter into an agreement with a subcontractor, unless that subcontractor and its qualifications are fully described in the proposal, and the intention to subcontract is explicitly stated in the proposal or the use of the subcontractor has been approved in writing by SSF. Contractor shall remain liable for the performance of the subcontractor, and will require subcontractor to adhere to all provisions in the contract between SSF and contractor.
- L. Contractors will ensure that an annual financial audit is performed in compliance with Title 2 of the Code of Federal Regulations Part 200 (2 C.F.R. 200) Subpart Audit Requirements, if it spends, in aggregate, \$750,000 or more of Federal funds per fiscal year. Contractor shall submit a copy of the audit report to SSF within nine months after the end of the contractor's fiscal year.
- M. Each contractor must comply fully with all of the requirements specified in this RFP

and committed to in the program proposal, including program leveraging commitments, otherwise contractor risks immediate termination of contract.

- N. The responsibility for accuracy rests entirely with the Proposer. If a Proposer knowingly and willfully submits false performance or other data, SSF reserves the right to reject that proposal. If it is determined that a contract was awarded as a result of false performance, financial or other data submitted in response to this RFP, SSF reserves the right to terminate said contract immediately.
- O. SSF reserves the right to extend the duration of the program as well as to renegotiate the terms of the contract if an extension is granted.
- P. Awards are made subject to receipt of award of funds from Funders by SSF. Contractor agrees that if Funders do not provide funds for program, contract will be deemed null and void. SSF reserves the right to adjust funding levels based on the availability of funds and the quality of proposals received.
- Q. Contractors shall be required to submit to SSF, or its designee, periodic status reports, including program expenditures, progress reports and recipient information. Failure to do so may result in termination of the contract.
- R. The Grant Agreement between SSF and its Funders may be incorporated by reference into all contracts between SSF and the contracting agencies.
- S. Contractors acknowledge that SSF funds are not meant to replace or supplant other local sources of funding.
- T. The Proposer is hereby notified that SSF may debar the Proposer from bidding on SSF contracts for a period of five (5) years, if SSF finds, in its discretion, that the Proposer does not possess the necessary quality, fitness, or capacity to perform work on SSF contracts.
- U. SSF reserves the right to terminate contracts awarded under this RFP if the Contractor is unable to commence services within one (1) month of the effective date of the contract. If a contract is terminated under these conditions, SSF may award the de-obligated funding to remaining Proposers who submitted proposals under the RFP and received fundable scores.

Attachment 1

A. Proposer Information

LEGAL NAME OF LEAD PROPOSER: _____

EXECUTIVE DIRECTOR: _____

EXECUTIVE DIRECTOR E-MAIL: _____

EXECUTIVE BOARD CHAIR: _____

AGENCY ADDRESS: _____

CITY: _____ ST: ____ ZIP: _____

AGENCY TELEPHONE: _____

B. Legal Authorized Representative & Fiscal Accountability Agent (The person(s) authorized to enter & sign contracts, payment requests, checks, and legal documents)

AUTHORIZED REP. NAME & TITLE: _____

AUTHORIZED REP. TELEPHONE: _____

AUTHORIZED REP. E-MAIL: _____

AUTHORIZED FISCAL REP NAME & TITLE: _____

AUTHORIZED FISCAL REP TELEPHONE: _____

AUTHORIZED FISCAL REP E-MAIL: _____

C. Contact Person for RFP (If different from Authorized Rep.)

CONTACT PERSON NAME & TITLE: _____

CONTACT PERSON TELEPHONE: _____

CONTACT PERSON. E-MAIL: _____

Attachment 2

Items	Page Limit
<p>1. Cover Letter</p> <p>Give a brief introduction to your organization, including but not limited to years of experience in consulting, planning, research, specialties in areas of social research, number of employees, and location of headquarters, primary contact person's name, and phone number. The letter must be signed by an authorized signatory.</p>	<p>1 page</p>
<p>2. Statement of Qualifications</p> <p>Clearly delineate, in a narrative, your organization's, as well as the Project Director's and staffs', qualifications as they relate to the successful completion of this project.</p> <p>Describe the organization's:</p> <ul style="list-style-type: none"> (1) demonstrated experience in providing similar services in the public or private sector; (2) substantial understanding and working knowledge of homeless populations; (3) working knowledge of HUD definitions, requirements, and regulations; (4) demonstrated experience in statistical methodology development and analyses; and (5) ability to prepare a final report of professional and publishable quality. <p>Describe the Project Director's experience in:</p> <ul style="list-style-type: none"> (1) presenting complex concepts and information; (2) planning and managing projects of similar components; (3) developing and conducting community surveys; (4) conducting population enumerations; and (5) developing population estimates. <p><i>Please refer to Section II.1 Threshold Review for a detailed description of required qualifications. Please attach in an appendix the resumes for all key team members.</i></p> <p>Additionally, submit the following:</p> <p>A list of all similar projects conducted by your organization within the last five years. Include the client name, project beginning and end date, and a brief overview of the project scope of work; and</p> <p>Three (3) professional references in an appendix. Information to be included in the references is the name and contact information (telephone number and e-mail address) of the project manager or individual best able to evaluate your organization's work product.</p>	<p>1 – 1.5 pages</p>

Items	Page Limit
<p>3. Approach to the Required Scope of Work</p> <p>Provide both a narrative and detailed description of your approach for completing the required Scope of Work.</p> <p>The approach to the required Scope of Work must (1) list each key activity (action step) to achieve each deliverable, (2) how each key activity will be accomplished and who is responsible, (3) the date each key activity will start and be completed, and (4) the estimated cost associated with each key activity.</p> <p>If you assume that SSF will be providing resources or will take responsibility for certain tasks, please specify these resources or tasks and estimate both the time and cost of providing them.</p>	<p>15 pages</p>
<p>4. Cost Structure</p> <p>The cost structure and cost estimate must describe the pricing structure from the beginning of the project until completion, with the final product being a report which summarizes the process and key findings from SSF PIT 2019. Applicants must explain the pricing structure for services, including staff configuration, hourly-billing rate, and proposed hours needed to complete the project.</p> <p>If you assume that SSF will be providing resources or will take responsibility for certain tasks, please estimate the cost of providing the resources and tasks.</p>	<p>3 pages</p>

Summary of Questions within Scope of Work

- A description of how requested adjustments to the 2017 unsheltered region canvassing areas will be implemented or an alternative with similar information if the requests do not support your proposed methodology.
- A description of how your methodology will incorporate de-duplication techniques. A description of your alternative methodology for obtaining demographic information on the homeless population, if applicable, and how you will incorporate your findings.
- A discussion of your recommended methodology to achieve high levels of confidence and integrity for the count. Also, please discuss how these sub-region Street Count results will be incorporated into the larger estimate and how bias will be minimized in preparing the overall estimates. If sub-regions require additional coverage to produce valid estimate, provide us with a description of incremental costs, if any, you would expect to incur if additional map areas are counted.

- A description of the methodology they believe to be most effective to conduct the Unsheltered Count, paying particular attention to SSF recommendations for improvements to the 2017 process and any new components. Also, proposals must provide the margin of error chosen methodology(ies) will yield.
- A description of your proposed work to improve data on subpopulation estimates including youth, families, veterans and people who meet the definition of chronic homelessness, HIV/AIDS, survivors of domestic violence, substance abuse, mentally ill, disabled, and dually diagnosed populations.

Attachment 3

If you have intentionally left an attachment out of the proposal, please submit a document using the following nomenclature: **“Document Name - Intentionally Left Blank”**. Include the explanation of why the attachment is not relevant to your proposal in this document.

Required Core Documents

- Articles of Incorporation, including any amendments, and by-laws
- Audited financial statements (last 2 fiscal years or written explanation as to why no audit was conducted).
- Conflict of Interest Policy
- Executive Leadership/Senior Management Team (Resumes or Short Biographies)
- Insurance - Evidence of General Liability and Workers Compensation Insurance (Organization-wide and project specific as applicable)

Exhibit I - List of Documentation and Resources

The following links are resources to assist with understanding HUD's regulations:

- Notice for Housing Inventory Count (HIC) and Point-in-Time (PIT) Data Collection for Continuum of Care (CoC) Program and the Emergency Solutions Grants (ESG) Program (2018 version)
 - <https://www.hudexchange.info/resources/documents/Notice-CPD-17-08-2018-HIC-PIT-Data-Collection-Notice.pdf>
- HIC and PIT Data Submission Guidance
 - <https://www.hudexchange.info/programs/hdx/guides/pit-hic/>

Exhibit II – Map of 2017 Regional Canvassing Areas

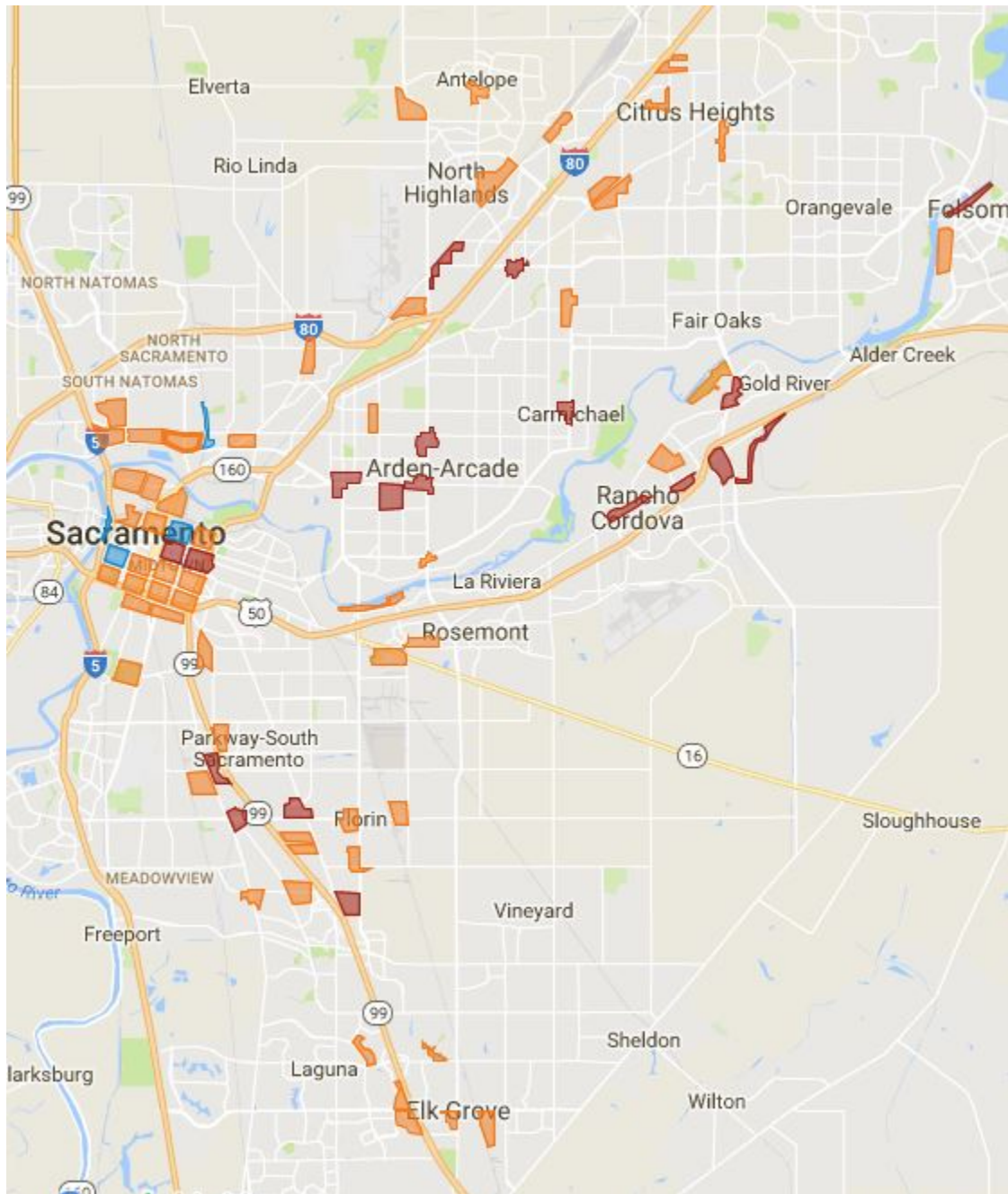


Exhibit III – Glossary of Terms

Adults with HIV/AIDS – This subpopulation category of the PIT includes adults who have been diagnosed with AIDS and/or have tested positive for HIV.

Adults with a Serious Mental Illness (SMI) – This subpopulation category of the PIT includes adults with a severe and persistent mental illness or emotional impairment that seriously limits a person's ability to live independently. Adults with SMI must also meet the qualifications identified in the term for “disability” (e.g., “is expected to be long-continuing or indefinite duration”).

Adults with a Substance Use Disorder – This subpopulation category of the PIT includes adults with a substance abuse problem (alcohol abuse, drug abuse, or both). Adults with a substance use disorder must also meet the qualifications identified in the term for “disability” (e.g., “is expected to be long-continuing or indefinite duration”).

Chronically Homeless Individual - An individual who:

1. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
2. 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 1 year or on at least four separate occasions in the last 3 years where the combined length of time homeless in those occasions is at least 12 months; and
3. Has a disability.

Chronically Homeless Family with Children – A family with children with an adult head of household (or if there is no adult in the family with children, a minor head of household) who meets all of the criteria for a chronically homeless individual, including a family with children whose composition has fluctuated while the head of household has been homeless.

Note: For the purposes of reporting, a chronically homeless family with children must consist of at least one child under the age of 18.

Continuum of Care (CoC) – A community with a unified plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency.

Disability – An individual with one or more of the following conditions:

- A. A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that:
 - (1) Is expected to be long-continuing or of indefinite duration;
 - (2) Substantially impedes the individual's ability to live independently; and
 - (3) Could be improved by the provision of more suitable housing conditions.

- B. 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
- C. The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).

Emergency Shelter (ES) – Any facility whose primary purpose is to provide temporary shelter for homeless in general or for specific populations of the homeless.

Housing Inventory Chart (HIC) – Consists of three housing inventory charts for: emergency shelter, transitional housing and permanent supportive housing

Parenting Youth – A youth who identifies as the parent or legal guardian of one or more children who are present with or sleeping in the same place as that youth parent, where there is no person over age 24 in the household.

Point in Time (PIT) – A snapshot of the homeless population taken on a given day. Since 2005, HUD requires all CoC applicants to complete this count every other year in the last week of January. This count includes a street count in addition to a count of all clients in emergency and transitional beds.

Permanent Supportive Housing – Long-term, community-based housing that has supportive services for homeless persons with disabilities. This type of supportive housing enables the special needs of populations to live independently as possible in a permanent setting. Permanent housing can be provided in one structure or in several structures at one site or in multiple structures at scattered sites.

Supportive Services – Services that may assist homeless participants in the transition from the streets or shelters into permanent or permanent supportive housing, and that assist persons with living successfully in housing.

Transition Age Youth (TAY) – An individual between the ages of 16 and 24.

Transitional Housing (TH) – A project that has its purpose facilitating the movement of homeless individuals and families to permanent housing within a reasonable amount of time (usually 24 months).

Unaccompanied Youth – Unaccompanied youth are persons under age 25 who are not accompanied by a parent or guardian and are not a parent presenting with or sleeping in the same place as his/her child(ren). Unaccompanied youth are single youth, youth couples, and groups of youth presenting together as a household.

Unduplicated Count – The number of people who are homeless within a specified location and time period. An unduplicated count ensures that individuals are counted only once regardless of the number of times they entered or exited the homeless system or the number of programs in which they participated.

Veteran—This subpopulation category of the PIT includes adults who have served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.

Victims of Domestic Violence—This subpopulation category of the PIT includes adults who have been victims of domestic violence, dating violence, sexual assault, or stalking.

Victim service provider – A private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women’s shelters, domestic violence transitional housing programs, and other programs.

Youth – Persons under age 25, including children under age 18 and young adults ages 18 to 24.

Exhibit VIII - Glossary of Terms was adapted from U.S. Department of Housing and Urban Development Key Terms

Exhibit IV – 2016 Demographic Survey

Survey begins on next page

2017 SSF PIT Unsheltered Night Survey Final Draft

Interviewer: _____

Date: _____

Time: _____:AM/PM

Hello, my name is _____ and I'm a volunteer with Sacramento StepsForward. We are conducting a survey to better understand homelessness in our community and improve programs. If you participate, I have a small gift for you. Your participation is voluntary and your responses will be kept confidential. You can choose to skip any question and your answers will not affect your eligibility for services, or be shared with anyone outside of our team. I need to read each question all the way through. Can I have about 10 minutes of your time? Check [] if participant agrees.

[If interview ends early, check the reason below]

- Lost Interest
 Became Frustrated
 Language Barrier, if so what language: _____
 Other _____

1. Where will you sleep tonight?	<p style="text-align: center;">[Do not read categories, select only one]</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Street or sidewalk</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Emergency shelter</td> <td rowspan="7" style="border: none; vertical-align: middle; padding-left: 10px;">} Stop interview & offer gift</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Vehicle (car, van, RV, truck)</td> <td style="border: none;"><input type="checkbox"/> Transitional housing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Park</td> <td style="border: none;"><input type="checkbox"/> Motel/hotel</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Abandoned building</td> <td style="border: none;"><input type="checkbox"/> House or apartment</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Bus, train station, airport</td> <td style="border: none;"><input type="checkbox"/> Jail, hospital, treatment program</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Under bridge/overpass</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Woods or outdoor encampment</td> <td style="border: none;"></td> </tr> </table>	<input type="checkbox"/> Street or sidewalk	<input type="checkbox"/> Emergency shelter	} Stop interview & offer gift	<input type="checkbox"/> Vehicle (car, van, RV, truck)	<input type="checkbox"/> Transitional housing	<input type="checkbox"/> Park	<input type="checkbox"/> Motel/hotel	<input type="checkbox"/> Abandoned building	<input type="checkbox"/> House or apartment	<input type="checkbox"/> Bus, train station, airport	<input type="checkbox"/> Jail, hospital, treatment program	<input type="checkbox"/> Under bridge/overpass		<input type="checkbox"/> Woods or outdoor encampment	
<input type="checkbox"/> Street or sidewalk	<input type="checkbox"/> Emergency shelter	} Stop interview & offer gift														
<input type="checkbox"/> Vehicle (car, van, RV, truck)	<input type="checkbox"/> Transitional housing															
<input type="checkbox"/> Park	<input type="checkbox"/> Motel/hotel															
<input type="checkbox"/> Abandoned building	<input type="checkbox"/> House or apartment															
<input type="checkbox"/> Bus, train station, airport	<input type="checkbox"/> Jail, hospital, treatment program															
<input type="checkbox"/> Under bridge/overpass																
<input type="checkbox"/> Woods or outdoor encampment																
2. Did another volunteer or survey worker already ask you these same questions about where you will stay tonight?	<input type="checkbox"/> Yes [Stop interview & offer gift] <input type="checkbox"/> No <input type="checkbox"/> Don't Know /Refused															

All of your answers to these questions will be completely confidential. But to make sure we are not interviewing people more than once, can I ask you for the first 2 letters of your first and last name, and the day and month you were born?

3a. The first 2 letters of your first name?	_____ _____ <input type="checkbox"/> Refused
3b. The first 2 letters of your last name?	_____ _____
3c. Month & day of your birth?	_____ _____

The next set of questions ask about you and the people in your household who will also stay with you in the same location tonight. By household, I mean the people who live with you now or most of the time.

4a. Including yourself, how many are there in your <u>household</u> that will also stay with you tonight?	_____ If more than 5 members attach additional Household Question sheets and check this box []
4b. Including yourself how many are adults (18 years old or older)?	_____
4c. How many are under 18 years old?	_____

Household Demographic Questions

I'm going to ask a few demographic questions about you and members of your household. To help me keep track, can you please tell me the ages of everyone, starting with yourself, then going from oldest to youngest?

	Self	Person 2	Person 3	Person 4	Person 5
5a. How old are you/is everyone?		[Oldest]			
[If respondent is hesitant to answer, estimate general age in 5b; if age is provided SKIP to 6]					
5b. Are you/they? [Read responses]	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> DK/REF	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> DK/REF	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> DK/REF	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> DK/REF	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> DK/REF
6. How is this person related to you?	Self	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other Family <input type="checkbox"/> Non-Married Partner <input type="checkbox"/> Other, Non-Family _____	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other Family <input type="checkbox"/> Non-Married Partner <input type="checkbox"/> Other, Non-Family _____	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other Family <input type="checkbox"/> Non-Married Partner <input type="checkbox"/> Other, Non-Family _____	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other Family <input type="checkbox"/> Non-Married Partner <input type="checkbox"/> Other, Non-Family _____
[For the remaining demographic questions, first ask respondent to answer questions 7-12 for themselves. Then return to these questions for other household members in order of oldest to youngest. If other members are present and +18, ask each person individually]					
7. Are you/they Hispanic or Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
8. What is your/their race? You can choose more than one of the following. [Read first 5 categories]	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____ <input type="checkbox"/> DK/REF	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____ <input type="checkbox"/> DK/REF	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____ <input type="checkbox"/> DK/REF	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____ <input type="checkbox"/> DK/REF	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____ <input type="checkbox"/> DK/REF
9. What is your gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Don't identify as Male, Female, or Transgender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Don't identify as Male, Female, or Transgender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Don't identify as Male, Female, or Transgender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Don't identify as Male, Female, or Transgender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Don't identify as Male, Female, or Transgender

	Self	Person 2	Person 3	Person 4	Person 5
10. Is this your/their first time homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
11. How many separate times in the past 3 years have you/they lived in a shelter, on the streets, or in a car?	<input type="checkbox"/> My first time <input type="checkbox"/> 2 – 3 Times <input type="checkbox"/> 4 Times or + <input type="checkbox"/> Entire Time <input type="checkbox"/> DK/Refused	<input type="checkbox"/> My first time <input type="checkbox"/> 2 – 3 Times <input type="checkbox"/> 4 Times or + <input type="checkbox"/> Entire Time <input type="checkbox"/> DK/Refused	<input type="checkbox"/> My first time <input type="checkbox"/> 2 – 3 Times <input type="checkbox"/> 4 Times or + <input type="checkbox"/> Entire Time <input type="checkbox"/> DK/Refused	<input type="checkbox"/> My first time <input type="checkbox"/> 2 – 3 Times <input type="checkbox"/> 4 Times or + <input type="checkbox"/> Entire Time <input type="checkbox"/> DK/Refused	<input type="checkbox"/> My first time <input type="checkbox"/> 2 – 3 Times <input type="checkbox"/> 4 Times or + <input type="checkbox"/> Entire Time <input type="checkbox"/> DK/Refused
12. If you add up all the times you/they have been homeless in the last 3 years, how many weeks /months would that be?	____ Weeks ____ Months <input type="checkbox"/> Entire Time <input type="checkbox"/> DK/Refused	____ Weeks ____ Months <input type="checkbox"/> Entire Time <input type="checkbox"/> DK/Refused	____ Weeks ____ Months <input type="checkbox"/> Entire Time <input type="checkbox"/> DK/Refused	____ Weeks ____ Months <input type="checkbox"/> Entire Time <input type="checkbox"/> DK/Refused	____ Weeks ____ Months <input type="checkbox"/> Entire Time <input type="checkbox"/> DK/Refused

[If respondent is in a household, return to questions 7-12 for other members, in order of oldest to youngest]

Sensitive Questions

Some of these next questions touch on sensitive topics (and are only for the adults in your group). We can skip questions you don't feel comfortable answering, but I'm going to just list a couple different situations and you tell me "Yes" or "No" if any apply to you. You can also say "Not sure" or "Don't Know." Again, this survey is confidential and your answers will not affect your eligibility for services or programs. But what you share may help to improve programs in our community.

[Ask questions 13-29 only to adults; leave blank if member is under 18. Repeat questions 13-29 per adult.]

	Self	Person 2	Person 3	Person 4	Person 5
13. Have you served in any branch of the US Armed Forces*?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF <input type="checkbox"/> Not Adult	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF <input type="checkbox"/> Not Adult	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF <input type="checkbox"/> Not Adult	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF <input type="checkbox"/> Not Adult REF

*[*Armed Forces=Army, Navy, Air Force, Marine Corps, or Coast Guard]*

[If question 13 is Yes, SKIP to question 16]

14. Were you ever called into active duty as a member of the National Guard or as a Reservist?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
15. Have you ever received health care benefits from a Veterans Administration medical center?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF

	Self	Person 2	Person 3	Person 4	Person 5
16. Did you* ever receive special education services (special ed.) while in school for more than 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
[*= If asking about other members substitute "Did this person" or "Does this person" ...]					
17. Do you* have a developmental disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
[Clarifying Prompt: Like ADHD, autism, cerebral palsy, or other developmental delays?]					
18. Do you* have a physical disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
19. Do you* drink alcohol or use non-medical drugs ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
[Clarifying Prompt: Non-medical means using an illegal drug or a drug without a prescription]					
20. Do you* have an ongoing medical condition, such as diabetes, cancer, or heart disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
21. Do you* have a psychiatric or emotional condition such as major depression or schizophrenia?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
22. Do you* have a traumatic injury to the brain?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
23. Do you* have Post-Traumatic Stress Disorder or PTSD?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
24. Do you feel any of the situations we just discussed keep you from holding a job or living in stable housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
[If question 24 is No, SKIP question 25 and go to question 26]					

	Self	Person 2	Person 3	Person 4	Person 5
25. Which ones keep you from holding a job or living in stable housing? [Mark all the general conditions that apply]	<input type="checkbox"/> Alcohol/drug use <input type="checkbox"/> Psychiatric/emotional condition <input type="checkbox"/> Medical condition <input type="checkbox"/> Physical disability <input type="checkbox"/> Develop. disability	<input type="checkbox"/> Alcohol/drug use <input type="checkbox"/> Psychiatric/emotional condition <input type="checkbox"/> Medical condition <input type="checkbox"/> Physical disability <input type="checkbox"/> Develop. disability	<input type="checkbox"/> Alcohol/drug use <input type="checkbox"/> Psychiatric/emotional condition <input type="checkbox"/> Medical condition <input type="checkbox"/> Physical disability <input type="checkbox"/> Develop. disability	<input type="checkbox"/> Alcohol/drug use <input type="checkbox"/> Psychiatric/emotional condition <input type="checkbox"/> Medical condition <input type="checkbox"/> Physical disability <input type="checkbox"/> Develop. disability	<input type="checkbox"/> Alcohol/drug use <input type="checkbox"/> Psychiatric/emotional condition <input type="checkbox"/> Medical condition <input type="checkbox"/> Physical disability <input type="checkbox"/> Develop. disability
We're almost done; just have a few questions left for you.					
26. Do you* receive any disability benefits such as SSI, SSDI, or Veteran's Disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
27. Do you* have <u>AIDS or an HIV-related illness?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
28. Did you leave your last place because a partner or someone else in the family was hurting or threatening to hurt you	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
29. Before age 18, were you ever placed in a foster home or a group home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF

[Repeat questions 13-27 for each adult-member of the household]

**Those are all the questions I have for you. We realize that some of the topics covered are personal and can be difficult to think and talk about. We appreciate your willingness to participate tonight.
 Thank you for taking the survey!**