

AMENDMENT II TO AGREEMENT

THIS AMENDMENT, hereinafter referred to as Amendment II, is made and entered into this 6th day of June, 2017, by and between the **COUNTY OF FRESNO**, a Political Subdivision of the State of California, hereinafter referred to as “COUNTY” and **Turning Point of Central California, Inc.**, a California private not-for-profit, organization, whose address is 615 South Atwood Street, Visalia, CA 93277, hereinafter referred to as “CONTRACTOR.”

WHEREAS, the parties entered into that certain Agreement, identified as Agreement No. 15-056, effective February 10, 2015, and Amendment I to Agreement No. 15-056, effective January 12, 2016, collectively referred to herein as “Agreement No. 15-056”, to administer and implement the Emergency Solution Grant (ESG); and

WHEREAS, the parties desire to amend Agreement No. 15-056 regarding changes as stated below.

NOW, THEREFORE, in consideration of their mutual promises, covenants and considerations, hereinafter set forth, the sufficiency of which is acknowledged, the parties agree as follows:

1. That existing Agreement No. 15-056, Section Two (2), Page One (1), beginning on Line Twenty-six (26) with the number “2” and ending on Page Two (2), Line One (1) with the word “forth” be deleted in its entirety and the following inserted in its place:

“2. TERM

This Agreement shall become effective on the 10th of February, 2015 and shall terminate on the 30th of June, 2018.”

2. That the existing Agreement No. 15-056, Section Four (4), Page Three (3), beginning with Line Five (5), with the word “CONTRACTOR” and ending on Line Six (6) with “24 CFR 576.201,” be deleted and the following inserted in its place:

“COUNTY will provide the dollar for dollar match as required in 24 CFR 576.201.”

3. That the existing Agreement No.15-056, Section Four (4), Page Three (3), beginning with Line Nine (9), with the word “For” and ending on Line Six-teen (16) with the word “CONTRACTOR,” as previously modified by Amendment I, be deleted and the following inserted in its place:

1 “For the period of February 10, 2015 through June 30, 2015, in no event shall services
2 performed under this Agreement be in excess of Fifty Three Thousand Three Hundred Fifty Two and
3 No/100 Dollars (\$53,352.00). For the period of July 1, 2015 through June 30, 2016, in no event shall
4 services performed under this Agreement be in excess of One Hundred Fifty Thousand Seven Hundred
5 Four and No/100 Dollars (\$150,704.00). For the period of July 1, 2016 through June 30, 2017, in no
6 event shall services performed under this Agreement be in excess of One Hundred Six Thousand
7 Seven Hundred Four and No/100 Dollars (\$106,704.00). For the period of July 1, 2017 through June
8 30, 2018, in no event shall services performed under this Agreement be in excess of One Hundred
9 Sixty Five Thousand Six Hundred and No/100 Dollars (\$165,600.00). The cumulative total of this
10 Agreement shall not be in excess of Four Hundred Seventy Six Thousand Three Hundred Sixty and
11 No/100 Dollars (\$476,360.00). It is understood that all expenses incidental to CONTRACTOR’s
12 performance of services under this Agreement shall be borne by CONTRACTOR.”

13 4. That the existing Agreement No. 15-056, Section Thirty (30), Page Seventeen (17),
14 beginning with Line Five (5), with the number “30” and ending on Page Seventeen, Line Twenty (20)
15 with the word “Collector,” be deleted and the following inserted in its place:

16 **“28. SINGLE AUDIT CLAUSE**

17 A. If CONTRACTOR expends Seven Hundred Fifty Thousand Dollars
18 (\$750,000.00) or more in Federal and Federal flow-through monies, CONTRACTOR agrees to
19 conduct an annual audit in accordance with the requirements of the Single Audit Standards as set forth
20 in Office of Management and Budget (OMB) Title 2 of the Code of Federal Regulations Part 200.
21 CONTRACTOR shall submit said audit and management letter to COUNTY. The audit must include
22 a statement of findings or a statement that there were no findings. If there were negative findings,
23 CONTRACTOR must include a corrective action plan signed by an authorized individual.
24 CONTRACTOR agrees to take action to correct any material non-compliance or weakness found as a
25 result of such audit. Such audit shall be delivered to COUNTY’s Department of Social Services,
26 Administration, for review within nine (9) months of the end of any fiscal year in which funds were
27 expended and/or received for the program. Failure to perform the requisite audit functions as required
28 by this Agreement may result in COUNTY performing the necessary audit tasks, or at COUNTY’s

1 option, contracting with a public accountant to perform said audit, or, may result in the inability of
2 COUNTY to enter into future agreements with CONTRACTOR. All audit costs related to this
3 Agreement are the sole responsibility of CONTRACTOR.

4 B. A single audit report is not applicable if all CONTRACTOR's Federal contracts
5 do not exceed the Seven Hundred Fifty Thousand Dollars (\$750,000.00) requirement or
6 CONTRACTOR's only funding is through Drug related Medi-Cal. If a single audit is not applicable,
7 a program audit must be performed and a program audit report with management letter shall be
8 submitted by CONTRACTOR to COUNTY as a minimum requirement to attest to CONTRACTOR's
9 solvency. Said audit report shall be delivered to COUNTY's Department of Social Services,
10 Accounting Office for review no later than nine (9) months after the close of the fiscal year in which
11 the funds supplied through this Agreement are expended. Failure to comply with this Act may result
12 in COUNTY performing the necessary audit tasks or contracting with a qualified accountant to
13 perform said audit. All audit costs related to this Agreement are the sole responsibility of
14 CONTRACTOR who agrees to take corrective action to eliminate any material noncompliance or
15 weakness found as a result of such audit. Audit work performed by COUNTY under this paragraph
16 shall be billed to the CONTRACTOR at COUNTY cost, as determined by COUNTY's Auditor-
17 Controller/Treasurer-Tax Collector.

18 C. CONTRACTOR shall make available all records and accounts for inspection by
19 COUNTY, the State of California, if applicable, the Comptroller General of the United States, the
20 Federal Grantor Agency, or any of their duly authorized representatives, at all reasonable times for a
21 period of at least three (3) years following final payment under this Agreement or the closure of all
22 other pending matters, whichever is later."

23 4. That all references in existing Agreement No. 15-056 to Revised Exhibit A be replaced
24 with Exhibit A-2, all references to Revised Exhibit B be replaced with Exhibit B-2, all references to
25 Exhibit D be replaced with Exhibit D-2, and all references to Exhibit E be replaced with Exhibit E-2 ,
26 which are attached hereto and incorporated herein by this reference.

27 5. COUNTY and CONTRACTOR agree that this Amendment II is sufficient to amend
28 Agreement No. 15-056 and, that upon execution of this Amendment II, the original Agreement,
Amendment I, and this Amendment II together shall be considered the Agreement.

The Agreement, as hereby amended, is ratified and continued. All provisions, terms, covenants, conditions and promises contained in the Agreement and not amended herein shall remain in full force and effect. This Amendment II shall become effective July 1, 2017.

///

///

///

///

///

///

///

///

///

///

///

///

///

///

///

///

///

///

///

///

///

///

///

///

///

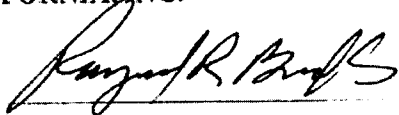
1 IN WITNESS WHEREOF, the parties hereto have executed this Amendment II to Agreement
2 as of the day and year first hereinabove written.

3 ATTEST:

4 CONTRACTOR:
5 TURNING POINT OF CENTRAL
6 CALIFORNIA, INC.

COUNTY OF FRESNO

7 By



8 Print Name: Raymond R. Banks

9 Title: Chief Executive Officer

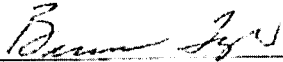
10 Chairman of the Board, or
11 President, or any Vice President

By



Brian Pacheco, Chairman, and/or
Sal Quintero, Vice-Chairman
Board of Supervisors

12
13
14 By



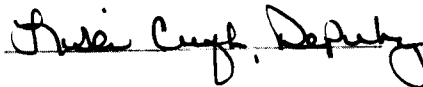
15 Print Name: Bruce Tyler

16 Title: Chief Financial Officer

17 Secretary (of Corporation), or
18 any Assistant Secretary, or
19 Chief Financial Officer, or
20 any Assistant Treasurer

BERNICE E. SEIDEL, Clerk
Board of Supervisors

By



21 PLEASE SEE ADDITIONAL
22 SIGNATURE PAGE ATTACHED

23 Mailing Address:

1638 L Street

Fresno, CA 93721

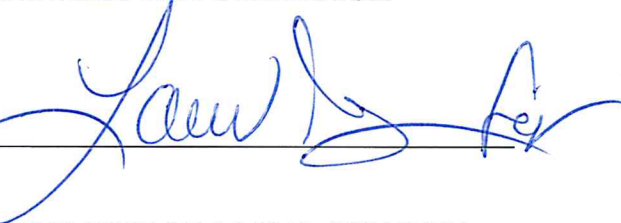
24 (559) 233-2663

25 Contact: Deputy Regional Director

1 APPROVED AS TO LEGAL FORM:
2 DANIEL C. CEDERBORG, COUNTY COUNSEL

3
4 By 

5 APPROVED AS TO ACCOUNTING FORM:
6 OSCAR J. GARCIA, C.P.A., AUDITOR-CONTROLLER/
7 TREASURER-TAX COLLECTOR

8
9 By 

10
11 DEPARTMENT OF SOCIAL SERVICES
12 REVIEWED AND RECOMMENDED FOR APPROVAL

13
14
15 By 
16 Delfino E. Neira, Director
17 Department of Social Services

18
19
20 Fund/Subclass: 0001/10000
21 Organization: 56107001
22 Account/Program: 7870/0

23
24
25 DEN:lm
26
27
28

SUMMARY OF SERVICES

ORGANIZATION: Turning Point of Central California, Inc. (TPOCC)

ADDRESS: 615 South Atwood Street, Visalia, CA 93277

SERVICE ADDRESS: 1642 L Street, Fresno, CA 93710

TELEPHONE: (559) 233-2663 extension 7310

CONTACTS: Jody Ketcheside, Deputy Regional Director

EMAIL: jketcheside@tpocc.org

SERVICES: Bridge Housing/Emergency Shelter

CONTRACT AMOUNT: February 10, 2015 to June 30, 2015 - \$53,352

July 01, 2015 to June 30, 2016 - \$150,704

July 01, 2016 to June 30, 2017 - \$106,704

July 01, 2017 to June 30, 2018 - \$165,600

SUMMARY OF SERVICES

TPOCC will operate 30 emergency shelter (bridge housing) beds for those individuals assessed for housing, utilizing the Coordinated Assessment Housing Match (CAHM) system. The goal of the program is to place individuals into safe and secure shelter while acquiring the documentation needed to enter into permanent housing. The provision of this emergency shelter service will ensure that those being assessed for permanent housing are easily located and are receiving the necessary services to be able to access housing in a timely manner. TPOCC will provide shelter, food, case management, 24/7 staff presence, assistance with housing placement, and personal hygiene needs to homeless male and female adults without children within Fresno County.

CONTRACTOR's RESPONSIBILITIES

- Provide shelter services to participants and transportation in the form of tokens for public transportation. Provide 24 hour staff availability.
- Shelter staff will serve as liaisons for the matching/community coordinator staff, and make every effort to ensure necessary appointments are made and that the participants are able to attend.

- A TPOCC Case Manager will assist the Fresno Madera Continuum of Care (FMCoC) assigned Housing Navigator with successful transition to housing and provide support for the coordinated access to housing system.
- Utilize the FMCoC Coordinated Assessment Housing Match (CAHM) system for all clients served under ESG.
- Comply with all shelter and housing habitability standards as identified in 24 CFR 576.403 and summarized below:
 - *Structure and materials:*
 - The shelter building is structurally sound to protect the residents from the elements and not pose any threat to the health and safety of the residents.
 - Any renovation (including major rehabilitation and conversion) carried out with ESG assistance uses Energy Star and WaterSense products and appliances.
 - *Access.* Where applicable, the shelter is accessible in accordance with:
 - Section 504 of the Rehabilitation Act (29 U.S.C. 794) and implementing regulations at 24 CFR part 8;
 - The Fair Housing Act (42 U.S.C. 3601 et seq.) and implementing regulations at 24 CFR part 100; and
 - Title II of the Americans with Disabilities Act (42 U.S.C. 12131 et seq.) and 28 CFR part 35.
 - *Space and security:* Except where the shelter is intended for day use only, the shelter provides each program participant in the shelter with an acceptable place to sleep and adequate space and security for themselves and their belongings.
 - *Interior air quality:* Each room or space within the shelter has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of residents.
 - *Water Supply:* The shelter's water supply is free of contamination.
 - *Sanitary Facilities:* Each program participant in the shelter has access to sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.
 - *Thermal environment:* The shelter has any necessary heating/cooling facilities in proper operating condition.
 - *Illumination and electricity:*
 - The shelter has adequate natural or artificial illumination to permit normal indoor activities and support health and safety.
 - There are sufficient electrical sources to permit the safe use of electrical appliances in the shelter.
 - *Food preparation:* Food preparation areas, if any, contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.
 - *Sanitary conditions:* The shelter is maintained in a sanitary condition.
 - *Fire safety:*
 - There is at least one working smoke detector in each occupied unit of the shelter. Where possible, smoke detectors are located near sleeping areas.
 - All public areas of the shelter have at least one working smoke detector.
 - The fire alarm system is designed for hearing-impaired residents.
 - There is a second means of exiting the building in the event of fire or other emergency.
 - If ESG funds were used for renovation or conversion, the shelter meets state or local government safety and sanitation standards, as applicable.
 - Meets additional recipient/subrecipient standards (if any).

- Keep apprised of and comply with any and all other federal, state, or local ESG shelter regulations.

COUNTY RESPONSIBILITIES

- Meet with TPOCC staff monthly, or as often as needed, for service coordination, problem/issue resolution, information sharing, training and review and monitoring of services.
- Provide 100% match for ESG funds provided through this contract.

MONTHLY REPORTS AND OUTCOMES

CONTRACTOR shall provide completed and accurate monthly activity reports to COUNTY, in a report format approved by the County by the 10th of each month. The following outcomes are to be met:

- Provide a total of 9,900 available bed days for the use of the homeless, chronically homeless, and/or homeless Veterans per 12 month period.
- Provide a total of 6,435 occupied bed days (65% occupancy rate) for the use of the homeless, chronically homeless, and/or homeless Veterans per 12 month period.
- (70%) of the homeless, chronically homeless, and/or homeless Veterans who access bridge housing annually will end their homelessness by accessing permanent housing within 12 months.

JULY 1, 2017 - JUNE 30, 2018

Cost Proposal

PERSONNEL TITLE/DESCRIPTION	Indicate if Bilingual and what language	Wage/Salary	FTE	12 Months
101 Residential Client Supervisor 1 on duty	Spanish	\$ 109,501.00	1.86	\$ 48,493.30
103 Program Director (Case Management Svcs.)	English	\$ 30,952.00	0.35	\$ 10,833.20
104 Secretary	Spanish	\$ 13,443.00	0.20	\$ 2,688.60
105 Cook	English	\$ 16,260.00	0.28	\$ 4,552.80
TOTAL SALARIES			Total FTEs 2.69	\$ 66,567.90
PAYROLL TAXES				
151 OASDI				\$ 931.95
152 Medicare/FICA				\$ 4,160.49
153 SUI				\$ 1,695.79
154 PERS				\$ -
155 STRS				
156 Payroll Liability				
TOTAL PAYROLL TAXES				\$ 6,788.23
BENEFITS				
201 Medical/Health Insurance				\$ 5,465.44
202 Retirement				\$ 721.04
TOTAL BENEFITS				\$ 6,186.48
TOTAL SALARIES, TAX & BENEFITS				\$ 79,542.61
INSURANCE				
251 Worker's Compensation				\$ 2,343.00
252 Liability Insurance				\$ 5,665.00
TOTAL INSURANCE				\$ 8,008.00
COMMUNICATIONS				
301 Tele-Communications (phones, fax, internet)				\$ 1,123.00
TOTAL COMMUNICATIONS				\$ 1,123.00
OFFICE SUPPLIES				
351 Office Supplies				\$ 1,540.99
352 Program Supplies				\$ 1,763.23
353 Printing				\$ 21.06
TOTAL OFFICE SUPPLIES				\$ 3,325.28
EQUIPMENT				
401 Equipment Maintenance				\$ 505.40
402 Expendable Equipment				\$ 3,158.10
403 Equipment Rent/Lease				\$ 505.40
TOTAL EQUIPMENT				\$ 4,168.90
FACILITIES				
451 Office Space Rent/Lease/Depreciation				
452 Building Maintenance & Security				\$ 5,079.78
453 Utilities				\$ 27,000.00
TOTAL FACILITIES				\$ 32,079.78
TRAVEL COSTS				
501 Staff Mileage and Per Diem				\$ 147.81
TOTAL TRAVEL				\$ 147.81
TOTAL OPERATIONAL				\$ 40,844.77
DIRECT CLIENT SERVICES				
551 Client Personal Needs				\$ 4,300.00
Food				\$ 19,000.00
Household Supplies				\$ 6,300.00
Client Transportation				\$ 615.00
Client Incentive/Activities				\$ 900.00
TOTAL DIRECT CLIENT SERVICES				\$ 31,115.00
FINANCIAL SERVICES EXPENSES				
651 Administrative Costs c pe cap. Additional administrative costs for contract oversight will be used as In-Kind match				\$ 5,600.00
652 Audit				\$ 157.94
TOTAL FINANCIAL SERVICES				\$ 5,757.94
OTHER SERVICES				
701 Indirect Costs				
702 Other (specify) Recruitment, Employee Training and Incentive				\$ 331.68
TOTAL OTHER SERVICES				\$ 331.68
Salaries, Taxes & Benefits				\$ 79,542.61
Insurance				\$ 8,008.00
Operational				\$ 40,844.77
Direct Client Services				\$ 31,115.00
Financial Services				\$ 5,757.94
Other Services				\$ 331.68
TOTAL EXPENSES				\$ 165,600.00

JULY 1, 2017 - JUNE 30, 2018

Budget Justification/Narrative

Please describe and justify in detail each line item requested in Cost Proposal and include the description and justification for each. Please ensure each line item that is included in the Cost Proposal is identified, described and justified below.

PERSONNEL WAGES			
Position (Title)	FTE		Describe functions and duties in detail.
101 Resident Client Supervisor	1.86	\$ 48,493.30	The program will provide no less than 1 awake staff 24 hrs/day.
102 Case Manager/Job Developer	0.00	\$ -	
103 Program Director	0.35	\$ 10,833.20	The Program Director provides case management and linkage in addition to general oversight of operations and staff conduct.
104 Secretary	0.20	\$ 2,688.60	Clerical support needed to ensure required record keeping and other reporting duties are completed.
105 Cook	0.28	\$ 4,552.80	The Cook will be on duty to the extent necessary to ensure meals are prepared and adequate supplies are on hand.
PAYROLL TAX			
	%		Describe taxes and calculations.
151 OASDI	1.40%	\$ 931.95	Mandatory Employer paid Disability based on wages paid.
152 Medicare & FICA	6.25%	\$ 4,160.49	Mandatory Employer paid Medi-care contribution based on wages paid
153 SUI	2.55%	\$ 1,695.79	Mandatory Employer paid Unemployment Insurance based on wages paid.
154 PERS		\$ -	Not offered.
155 STRS			Not offered.
156 Payroll Liability			None.
BENEFITS			
	%		Describe benefits.
201 Medical/Health Insurance	8.21%	\$ 5,465.44	Health Insurance is available to Full Time employees and required under the ACA.
202 Retirement	1.08%	\$ 721.04	Retirement is available to all Turning Point employees, regardless of employment status.
INSURANCE			
	%		Describe insurance.
251 Worker's Compensation	3.52%	\$ 2,343.00	Mandatory Insurance for Employee Injury.
252 Liability Insurance	8.51%	\$ 5,665.00	Required General Liability Insurance Premium
COMMUNICATIONS			
			Describe what each line item includes in detail and why needed.
301 Tele-Communications (phones, fax, internet)			Telephone service and internet connection
OFFICE SUPPLIES			
			Describe what each line item includes in detail and why needed.
351 Office Supplies			Includes office supplies for maintaining records, preparing reports, and Supplies that are use in direct relation to client participation in program.
352 Program Supplies			Printing of letterhead, business cards and/or brochures
353 Printing			
EQUIPMENT			
			Describe what each line item includes in detail and why needed.
401 Equipment Maintenance			Maintenance and repair of both household and office equipment
402 Expendable Equipment			Matresses, bedding, linens and other needed furniture
403 Equipment Rent/Lease			Commercial Laundry equipment
FACILITIES			
			Describe what each line item includes in detail and why needed.
451 Office Space Rent/Lease/Depreciation			This building is owned by Turning Point and the fair market value will be used as match.
452 Building Maintenance & Security			Needed maintenance and security/alarm services
Utilities			Gas and electric services for the facility
TRAVEL COSTS			
			Describe what each line item includes in detail and why needed.
501 Staff Mileage and Per Diem			Costs for staff incidental travel during course of program operation
DIRECT CLIENT SERVICES			
			Describe what each line item includes in detail and why needed.
551 Client Personal Needs			Hygiene products, undergarments for those entering without these items
552 Food			Three meals a day for 15 residents x 365 days per year
553 Household Supplies			cleaning supplies, cooking utensils for general operations
554 Client Transportation			Costs for transporting clients to and from appointments related to housing
555 Client Incentive and Activities			Costs related to social events i.e. BBQ, movies, street faires to assist in acclimation to proper social behavior.
FINANCIAL SERVICES EXPENSES			
			Please specify and describe type of audit expenses.
651 Administrative Costs			Capped at \$6,704 for the period. Remaining \$13,783 of Administrative costs will be used as in-kind match for program operation.
652 Audit			Annual independent financial audit.
OTHER SERVICES			
			Describe what each line item includes in detail and why needed.
701 Indirect Costs			
702 Other - Recruitment, Employee Training and Incentive			Costs associated with recruitment and retention for consistent staffing specially trained to work with the targeted population.

JULY 1, 2016-JUNE 30, 2017

Cost Proposal

PERSONNEL TITLE/DESCRIPTION	Indicate if Bilingual and what language	Wage/Salary	FTE	12 Months
101 Residential Client Supervisor 1 on du	Spanish	\$ 22,893.66	1.68	\$ 22,893.66
102 Case Manager	English	\$ 8,657.96	0.40	\$ 8,657.96
103 Program Director	English	\$ 9,431.20	0.28	\$ 9,431.20
104 Secretary	English	\$ 3,451.97	0.20	\$ 3,451.97
105 Cook	TBD	\$ 3,767.91	0.28	\$ 3,767.91
TOTAL SALARIES			Total FTEs 2.84	\$ 48,202.70
PAYROLL TAXES				
151 OASDI				\$ 674.84
152 Medicare/FICA				\$ 3,012.67
153 SUI				\$ 1,695.79
154 PERS				\$ -
155 STRS				
156 Payroll Liability				
TOTAL PAYROLL TAXES				\$ 5,383.30
BENEFITS				
201 Medical/Health Insurance				\$ 5,465.44
202 Retirement				\$ 721.04
TOTAL BENEFITS				\$ 6,186.48
TOTAL SALARIES, TAX & BENEFITS				\$ 59,772.48
INSURANCE				
251 Worker's Compensation				\$ 343.70
252 Liability Insurance				\$ 665.97
TOTAL INSURANCE				\$ 1,009.67
COMMUNICATIONS				
301 Tele-Communications (phones, fax, internet)				\$ 842.34
TOTAL COMMUNICATIONS				\$ 842.34
OFFICE SUPPLIES				
351 Office Supplies				\$ 1,540.99
352 Program Supplies				\$ 1,763.23
353 Printing				\$ 21.06
TOTAL OFFICE SUPPLIES				\$ 3,325.28
EQUIPMENT				
401 Equipment Maintenance				\$ 505.40
402 Expendable Equipment				\$ 3,158.10
403 Equipment Rent/Lease				\$ 505.40
TOTAL EQUIPMENT				\$ 4,168.90
FACILITIES				
451 Office Space Rent/Lease/Depreciation				
452 Building Maintenance & Security				\$ 5,071.01
453 Utilities				\$ 4,527.57
TOTAL FACILITIES				\$ 9,598.58
TRAVEL COSTS				
501 Staff Mileage and Per Diem				\$ 147.81
TOTAL TRAVEL				\$ 147.81
TOTAL OPERATIONAL				\$ 18,082.91
DIRECT CLIENT SERVICES				
551 Client Personal Needs				\$ 8,306.07
Food				\$ 9,559.87
Household Supplies				\$ 1,263.51
Client Transportation				\$ 915.88
Client Incentive/Activities				\$ 600.00
TOTAL DIRECT CLIENT SERVICES				\$ 20,645.33
FINANCIAL SERVICES EXPENSES				
651 Administrative Costs c pe cap. Additional adminstrative costs for contract oversight will be used as In-Kind match				\$ 6,704.00
652 Audit				\$ 157.94
TOTAL FINANCIAL SERVICES				\$ 6,861.94
OTHER SERVICES				
701 Indirect Costs				
702 Other (specify) Recruitment, Employee Training and Incentive				\$ 331.68
TOTAL OTHER SERVICES				\$ 331.68
Salaries, Taxes & Benefits				\$ 59,772.48
Insurance				\$ 1,009.67
Operational				\$ 18,082.91
Direct Client Services				\$ 20,645.33
Financial Services				\$ 6,861.94
Other Services				\$ 331.68
TOTAL EXPENSES				\$ 106,704.00

JULY 1, 2016-JUNE 30, 2017

Budget Justification/Narrative

Please describe and justify in detail each line item requested in Cost Proposal and include the description and justification for each. Please ensure each line item that is included in the Cost Proposal is identified, described and justified below.

PERSONNEL WAGES				
Position (Title)	FTE			Describe functions and duties in detail.
101 Resident Client Supervisor	1.68	\$	13,627.18	The program will provide no less than 1 awake staff 24 hrs/day.
102 Case Manager/Job Developer	0.40	\$	21,644.90	The Case Manager will provide linkage services to housing and other support services.
103 Program Director	0.28	\$	33,682.85	The Program Director provides general oversight of operations and staff conduct.
104 Secretary	0.20	\$	17,259.85	Clerical support needed to ensure required record keeping and other reporting duties are completed.
105 Cook	0.28	\$	13,456.83	The Cook will be on duty to the extent necessary to ensure meals are prepared and adequate supplies are on hand.
PAYROLL TAX				Describe taxes and calculations.
151 OASDI	0.68%	\$	674.84	Mandatory Employer paid Disability based on wages paid.
152 Medicare & FICA	3.02%	\$	3,012.67	Mandatory Employer paid Medi-care contribution based on wages paid
153 SUI	1.70%	\$	1,695.79	Mandatory Employer paid Unemployment Insurance based on wages paid.
154 PERS		\$	-	Not offered.
155 STRS				Not offered.
156 Payroll Liability				None.
BENEFITS				Describe benefits.
201 Medical/Health Insurance	5.48%	\$	5,465.44	Health Insurance is available to Full Time employees and required under the ACA.
202 Retirement	0.72%	\$	721.04	Retirement is available to all Turning Point employees, regardless of employment status.
INSURANCE				Describe insurance.
251 Worker's Compensation	0.34%	\$	343.70	Mandatory Insurance for Employee Injury.
252 Liability Insurance	0.67%	\$	665.97	Required General Liability Insurance Premium
COMMUNICATIONS				Describe what each line item includes in detail and why needed.
301 Tele-Communications (phones, fax, internet)				Telephone service and internet connection
OFFICE SUPPLIES				Describe what each line item includes in detail and why needed.
351 Office Supplies				Includes office supplies for maintaining records, preparing reports, and Supplies that are use in direct relation to client participation in program.
352 Program Supplies				Printing of letterhead, business cards and/or brochures
353 Printing				
EQUIPMENT				Describe what each line item includes in detail and why needed.
401 Equipment Maintenance				Maintenance and repair of both household and office equipment
402 Expendable Equipment				Matresses, bedding, linens and other needed furniture
403 Equipment Rent/Lease				Commercial Laundry equipment
FACILITIES				Describe what each line item includes in detail and why needed.
451 Office Space Rent/Lease/Depreciation				This building is owned by Turning Point and the fair market value will be used as match.
452 Building Maintenance & Security				Needed maintenance and security/alarm services
Utilities				Gas and electric services for the facility
TRAVEL COSTS				Describe what each line item includes in detail and why needed.
501 Staff Mileage and Per Diem				Costs for staff incidental travel during course of program operation
DIRECT CLIENT SERVICES				Describe what each line item includes in detail and why needed.
551 Client Personal Needs				Hygiene products, undergarments for those entering without these items
552 Food				Three meals a day for 15 residents x 365 days per year
553 Household Supplies				cleaning supplies, cooking utensils for general operations
554 Client Transportation				Costs for transporting clients to and from appointments related to housing
555 Client Incentive and Activities				Costs related to social events i.e. BBQ, movies, street faires to assist in acclimation to proper social behavior.
FINANCIAL SERVICES EXPENSES				Please specify and describe type of audit expenses.
651 Administrative Costs				Capped at \$6,704 for the period. Remaining \$13,783 of Administrative costs will be used as in-kind match for program operation.
652 Audit				Annual independent financial audit.
OTHER SERVICES				Describe what each line item includes in detail and why needed.
701 Indirect Costs				
702 Other - Recruitment, Employee Training and Incentive				Costs associated with recruitment and retention for consistent staffing specially trained to work with the targeted population.

JULY 1, 2015 - JUNE 30, 2016

Cost Proposal

PERSONNEL TITLE/DESCRIPTION		Indicate if Bilingual and what language	Wage/Salary	FTE	12 Months
101	Residential Client Supervisor 1 on du	Spanish	\$ 13,627.18	1.68	\$ 22,893.66
102	Case Manager	English	\$ 21,644.90	0.40	\$ 8,657.96
103	Program Director	English	\$ 33,682.85	0.28	\$ 9,431.20
104	Secretary	English	\$ 17,259.85	0.20	\$ 3,451.97
105	Cook	TBD	\$ 13,456.83	0.28	\$ 3,767.91
TOTAL SALARIES				Total FTEs 2.84	\$ 48,202.70
PAYROLL TAXES					
151	OASDI				\$ 674.84
152	Medicare/FICA				\$ 3,012.67
153	SUI				\$ 1,695.79
154	PERS				\$ -
155	STRS				
156	Payroll Liability				
TOTAL PAYROLL TAXES					\$ 5,383.30
BENEFITS					
201	Medical/Health Insurance				\$ 5,465.44
202	Retirement				\$ 721.04
TOTAL BENEFITS					\$ 6,186.48
TOTAL SALARIES, TAX & BENEFITS					\$ 59,772.48
INSURANCE					
251	Worker's Compensation				\$ 343.70
252	Liability Insurance				\$ 665.97
TOTAL INSURANCE					\$ 1,009.67
COMMUNICATIONS					
301	Tele-Communications (phones, fax, internet)				\$ 842.34
TOTAL COMMUNICATIONS					\$ 842.34
OFFICE SUPPLIES					
351	Office Supplies				\$ 1,540.99
352	Program Supplies				\$ 1,763.23
353	Printing				\$ 21.06
TOTAL OFFICE SUPPLIES					\$ 3,325.28
EQUIPMENT					
401	Equipment Maintenance				\$ 505.40
402	Expendable Equipment				\$ 3,158.10
403	Equipment Rent/Lease				\$ 505.40
404	Furnishings and Appliances				\$ 40,000.00
TOTAL EQUIPMENT					\$ 44,168.90
FACILITIES					
451	Office Space Rent/Lease/Depreciation				
452	Building Maintenance & Security				\$ 9,071.01
453	Utilities				\$ 4,527.57
TOTAL FACILITIES					\$ 13,598.58
TRAVEL COSTS					
501	Staff Mileage and Per Diem				\$ 147.81
TOTAL TRAVEL					\$ 147.81
TOTAL OPERATIONAL					\$ 62,082.91
DIRECT CLIENT SERVICES					
551	Client Personal Needs				\$ 8,306.07
	Food				\$ 9,559.87
	Household Supplies				\$ 1,263.51
	Client Transportation				\$ 915.88
	Client Incentive/Activities				\$ 600.00
TOTAL DIRECT CLIENT SERVICES					\$ 20,645.33
FINANCIAL SERVICES EXPENSES					
651	Administrative Costs c pe cap. Additional administrative costs for contract oversight will be used as In-Kind match				\$ 6,704.00
652	Audit				\$ 157.94
TOTAL FINANCIAL SERVICES					\$ 6,861.94
OTHER SERVICES					
701	Indirect Costs				
702	Other (specify) Recruitment, Employee Training and Incentive				\$ 331.68
TOTAL OTHER SERVICES					\$ 331.68
Salaries, Taxes & Benefits					\$ 59,772.48
Insurance					\$ 1,009.67
Operational					\$ 62,082.91
Direct Client Services					\$ 20,645.33
Financial Services					\$ 6,861.94
Other Services					\$ 331.68
TOTAL EXPENSES					\$ 150,704.00

JULY 1, 2015 - JUNE 30, 2016

Budget Justification/Narrative

Please describe and justify in detail each line item requested in Cost Proposal and include the description and justification for each. Please ensure each line item that is included in the Cost Proposal is identified, described and justified below.

PERSONNEL WAGES				
Position (Title)	FTE			Describe functions and duties in detail.
101 Resident Client Supervisor	1.68	\$	13,627.18	The program will provide no less than 1 awake staff 24 hrs/day.
102 Case Manager/Job Developer	0.40	\$	21,644.90	The Case Manager will provide linkage services to housing and other support services.
103 Program Director	0.28	\$	33,682.85	The Program Director provides general oversight of operations and staff conduct.
104 Secretary	0.20	\$	17,259.85	Clerical support needed to ensure required record keeping and other reporting duties are completed.
105 Cook	0.28	\$	13,456.83	The Cook will be on duty to the extent necessary to ensure meals are prepared and adequate supplies are on hand.
PAYROLL TAX				Describe taxes and calculations.
151 OASDI	0.68%	\$	674.84	Mandatory Employer paid Disability based on wages paid.
152 Medicare & FICA	3.02%	\$	3,012.67	Mandatory Employer paid Medi-care contribution based on wages
153 SUI	1.70%	\$	1,695.79	Mandatory Employer paid Unemployment Insurance based on wages paid.
154 PERS		\$	-	Not offered.
155 STRS				Not offered.
156 Payroll Liability				None.
BENEFITS				Describe benefits.
201 Medical/Health Insurance	5.48%	\$	5,465.44	Health Insurance is available to Full Time employees and required under the ACA.
202 Retirement	0.72%	\$	721.04	Retirement is available to all Turning Point employees, regardless of employment status.
INSURANCE				Describe insurance.
251 Worker's Compensation	0.34%	\$	343.70	Mandatory Insurance for Employee Injury.
252 Liability Insurance	0.67%	\$	665.97	Required General Liability Insurance Premium
COMMUNICATIONS				Describe what each line item includes in detail and why needed.
301 Tele-Communications (phones, fax, internet)				Telephone service and internet connection
OFFICE SUPPLIES				Describe what each line item includes in detail and why needed.
351 Office Supplies				Includes office supplies for maintaining records, preparing reports, and
352 Program Supplies				Supplies that are use in direct relation to client participation in
353 Printing				Printing of letterhead, business cards and/or brochures
EQUIPMENT				Describe what each line item includes in detail and why needed.
401 Equipment Maintenance				Maintenance and repair of both household and office equipment
402 Expendable Equipment				Matresses, bedding, linens and other needed furniture
403 Equipment Rent/Lease				Commercial Laundry equipment
FACILITIES				Describe what each line item includes in detail and why needed.
451 Office Space Rent/Lease/Depreciation				This building is owned by Turning Point and the fair market value will be used as match.
452 Building Maintenance & Security				Needed maintenance and security/alarm services
Utilities				Gas and electric services for the facility
TRAVEL COSTS				Describe what each line item includes in detail and why needed.
501 Staff Mileage and Per Diem				Costs for staff incidental travel during course of program operation
DIRECT CLIENT SERVICES				Describe what each line item includes in detail and why needed.
551 Client Personal Needs				Hygiene products, undergarments for those entering without these items
552 Food				Three meals a day for 15 residents x 365 days per year
553 Household Supplies				cleaning supplies, cooking utensils for general operations
554 Client Transportation				Costs for transporting clients to and from appointments related to housing
555 Client Incentive and Activities				Costs related to social events i.e. BBQ, movies, street faires to assist in acclimation to proper social behavior.
FINANCIAL SERVICES EXPENSES				Please specify and describe type of audit expenses.
651 Administrative Costs				Capped at \$6,704 for the period. Remaining \$13,783 of Administrative costs will be used as in-kind match for program
652 Audit				Annual independent financial audit.
OTHER SERVICES				Describe what each line item includes in detail and why needed.
701 Indirect Costs				
702 Other - Recruitment, Employee Training and Incentive				Costs associated with recruitment and retention for consistent staffing specially trained to work with the targeted population.

FEB 10, 2015 - JUNE 30, 2015

Cost Proposal

PERSONNEL TITLE/DESCRIPTION	Indicate if Bilingual and what language	Wage/Salary	FTE	5 Months
101 Residential Client Supervisor 1 on du Spanish		\$ 33,418.22	1.68	\$ 10,287.10
102 Case Manager	English	\$ 12,267.24	0.40	\$ 3,776.21
103 Program Director	English	\$ 13,185.80	0.28	\$ 4,058.97
104 Secretary	English	\$ 4,609.51	0.20	\$ 1,418.94
105 Cook	TBD	\$ 5,440.84	0.28	\$ 1,674.85
TOTAL SALARIES			Total FTEs 2.84	\$ 21,216.07
PAYROLL TAXES				
151 OASDI				\$ 297.02
152 Medicare/FICA				\$ 1,326.00
153 SUI				\$ 783.94
154 PERS				\$ -
155 STRS				
156 Payroll Liability				
TOTAL PAYROLL TAXES				\$ 2,406.97
BENEFITS				
201 Medical/Health Insurance				\$ 2,526.28
202 Retirement				\$ 318.18
TOTAL BENEFITS				\$ 2,844.46
TOTAL SALARIES, TAX & BENEFITS				\$ 26,467.50
INSURANCE				
251 Worker's Compensation				\$ 151.66
252 Liability Insurance				\$ 408.87
TOTAL INSURANCE				\$ 560.53
COMMUNICATIONS				
301 Tele-Communications (phones, fax, internet)				\$ 389.40
TOTAL COMMUNICATIONS				\$ 389.40
OFFICE SUPPLIES				
351 Office Supplies				\$ 301.29
352 Program Supplies				\$ 121.69
353 Printing				\$ 9.73
TOTAL OFFICE SUPPLIES				\$ 432.71
EQUIPMENT				
401 Equipment Maintenance				\$ 233.64
402 Expendable Equipment				\$ 2,307.19
403 Equipment Rent/Lease				\$ 233.64
TOTAL EQUIPMENT				\$ 2,774.47
FACILITIES				
451 Office Space Rent/Lease/Depreciation				\$ -
452 Building Maintenance & Security				\$ 965.71
453 Utilities				\$ 2,803.67
TOTAL FACILITIES				\$ 3,769.38
TRAVEL COSTS				
501 Staff Mileage and Per Diem				\$ 68.14
TOTAL TRAVEL				\$ 68.14
TOTAL OPERATIONAL				\$ 7,434.10
DIRECT CLIENT SERVICES				
551 Client Personal Needs				\$ 9,508.13
Food				\$ 3,971.87
Household Supplies				\$ 1,080.58
Client Transportation				\$ 146.09
Client Incentive/Activities				\$ 600.00
TOTAL DIRECT CLIENT SERVICES				\$ 15,306.67
FINANCIAL SERVICES EXPENSES				
651 Administrative Costs c pe cap. Additional administrative costs for contract oversight will be used as In-Kind match				\$ 3,352.00
652 Audit				\$ 73.01
TOTAL FINANCIAL SERVICES				\$ 3,425.01
OTHER SERVICES				
701 Indirect Costs				\$ -
702 Other (specify) Recruitment, Employee Training and Incentive				\$ 158.19
TOTAL OTHER SERVICES				\$ 158.19
Salaries, Taxes & Benefits				\$ 26,467.50
Insurance				\$ 560.53
Operational				\$ 7,434.10
Direct Client Services				\$ 15,306.67
Financial Services				\$ 3,425.01
Other Services				\$ 158.19
TOTAL EXPENSES				\$ 53,352.00

FEB 10, 2015 - JUNE 30, 2015

Budget Justification/Narrative

Please describe and justify in detail each line item requested in Cost Proposal and include the description and justification for each. Please ensure each line item that is included in the Cost Proposal is identified, described and justified below.

PERSONNEL WAGES				
Position (Title)	FTE			Describe functions and duties in detail.
101 Resident Client Supervisor	1.68	\$	6,123.28	The program will provide no less than 1 awake staff 24 hrs/day.
102 Case Manager/Job Developer				The Case Manager will provide linkage services to housing and other support services.
	0.40	\$	9,440.51	
103 Program Director				The Program Director provides general oversight of operations and staff conduct.
	0.28	\$	14,496.32	
104 Secretary				Clerical support needed to ensure required record keeping and other reporting duties are completed.
	0.20	\$	7,094.70	
105 Cook				The Cook will be on duty to the extent necessary to ensure meals are prepared and adequate supplies are on hand.
	0.28	\$	5,981.60	
PAYROLL TAX				
	%			Describe taxes and calculations.
151 OASDI	0.69%	\$	297.02	Mandatory Employer paid Disability based on wages paid.
152 Medicare & FICA	3.07%	\$	1,326.00	Mandatory Employer paid Medi-care contribution based on Mandatory Employer paid Unemployment Insurance based on wages paid.
153 SUI	1.82%	\$	783.94	Not offered.
154 PERS				Not offered.
155 STRS				None.
156 Payroll Liability				
BENEFITS				
	%			Describe benefits.
201 Medical/Health Insurance	5.86%	\$	2,526.28	Health Insurance is available to Full Time employees and required under the ACA.
202 Retirement	0.74%	\$	318.18	Retirement is available to all Turning Point employees, regardless of employment status.
INSURANCE				
	%			Describe insurance.
251 Worker's Compensation	0.35%	\$	151.66	Mandatory Insurance for Employee Injury.
252 Liability Insurance	0.95%	\$	408.87	Required General Liability Insurance Premium
COMMUNICATIONS				
				Describe what each line item includes in detail and why
301 Tele-Communications (phones, fax, internet)				Telephone service and internet connection
OFFICE SUPPLIES				
				Describe what each line item includes in detail and why
351 Office Supplies				Includes office supplies for maintaining records, preparing
352 Program Supplies				Supplies that are use in direct relation to client participation in
353 Printing				Printing of letterhead, business cards and/or brochures
EQUIPMENT				
				Describe what each line item includes in detail and why
401 Equipment Maintenance				Maintenance and repair of both household and office equipment
402 Expendable Equipment				Mattresses, bedding, linens and other needed furniture
403 Equipment Rent/Lease				Commercial Laundry equipment
FACILITIES				
				Describe what each line item includes in detail and why
451 Office Space Rent/Lease/Depreciation				This building is owned by Turning Point and the fair market value will be used as match.
452 Building Maintenance & Security				Needed maintenance and security/alarm services
Utilities				Gas and electric services for the facility
TRAVEL COSTS				
				Describe what each line item includes in detail and why
501 Staff Mileage and Per Diem				Costs for staff incidental travel during course of program operation
DIRECT CLIENT SERVICES				
				Describe what each line item includes in detail and why
551 Client Personal Needs				Hygiene products, undergarments for those entering without these items
552 Food				Three meals a day for 15 residents x 365 days per year
553 Household Supplies				cleaning supplies, cooking utensils for general operations
554 Client Transportation				Costs for transporting clients to and from appointments related to housing
				Costs related to social events i.e. BBQ, movies, street faires to assist in acclimation to proper social behavior.
555 Client Incentive and Activities				
FINANCIAL SERVICES EXPENSES				
				Please specify and describe type of audit expenses.
651 Administrative Costs				Capped at \$6,704 for the period. Remaining \$13,783 of Administrative costs will be used as in-kind match for program
652 Audit				Annual independent financial audit.
OTHER SERVICES				
				Describe what each line item includes in detail and why
701 Indirect Costs				
				Costs associated with recruitment and retention for consistent staffing specially trained to work with the targeted population.
702 Other - Recruitment, Employee Training and Incentive				

ESG FY 2016 Income Limits

Fresno County 2016 Median Income level	FY 2016 Income Limit Category	Number of Persons in the Family							
		1	2	3	4	5	6	7	8
\$49,500.00	Extremely Low (30%) Income Limits*	\$12,400.00	\$16,020.00	\$20,160.00	\$24,300.00	\$28,440.00	\$32,580.00	\$36,550.00	\$38,900.00

* The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50ths (60 percent) of the Section 8 very low-income limit or the poverty guideline as established by the Department of Health and Human Services (HHS), provided that this amount is not greater than the Section 8 50% very low-income limit. Consequently, the extremely low (30%) income limits may equal the very low (50%) income limits.

<https://www.huduser.gov/portal/datasets/il/il16/index.html>

ESG FY 2014 Income Limits

Fresno County 2014 Median	FY 2014 Income Limit Category	Number of Persons in the Family							
		1	2	3	4	5	6	7	8
\$48,700.00	Extremely Low (30%) Income Limits	\$11,500.00	\$13,150.00	\$14,800.00	\$16,400.00	\$17,750.00	\$19,050.00	\$20,350.00	\$21,650.00

* The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50ths (60 percent) of the Section 8 very low-income limit or the poverty guideline as established by the Department of Health and Human Services (HHS), provided that this amount is not greater than the Section 8 50% very low-income limit. Consequently, the extremely low (30%) income limits may equal the very low (50%) income limits.

Date Published: August 2014

ESG Certifications

The Emergency Solutions Grant Program Recipient certifies that:

Major rehabilitation/conversion – If an emergency shelter’s rehabilitation costs exceed 75 percent of the value of the building before rehabilitation, the CONTRACTOR will maintain the building as a shelter for homeless individuals and families for a minimum of 10 years after the date the building is first occupied by a homeless individual or family after the completed rehabilitation. If the cost to convert a building into an emergency shelter exceeds 75 percent of the value of the building after conversion, the CONTRACTOR will maintain the building as a shelter for homeless individuals and families for a minimum of 10 years after the date the building is first occupied by a homeless individual or family after the completed conversion. In all other cases where ESG funds are used for renovation, the CONTRACTOR will maintain the building as a shelter for homeless individuals and families for a minimum of 3 years after the date the building is first occupied by a homeless individual or family after the completed renovation.

Essential Services and Operating Cost – In the case of assistance involving shelter operations or essential services related to street outreach or emergency shelter, the CONTRACTOR will provide services or shelter to homeless individuals and families for the period during which the ESG assistance is provided, without regard to a particular site or structure, so long the CONTRACTOR serves the same type of persons (e.g., families with children, unaccompanied youth, disabled individuals, or victims of domestic violence) or persons in the same geographic area.

Renovation – Any renovation carried out with ESG assistance shall be sufficient to ensure that the building involved is safe and sanitary.

Supportive Services – The CONTRACTOR will assist homeless individuals in obtaining permanent housing, appropriate supportive services (including medical and mental health treatment, victim services, counseling, supervision, and other services essential for achieving independent living), and other Federal, State, local and private assistance available for such individuals.

Confidentiality – The CONTRACTOR has established and is implementing procedures to ensure the confidentiality of records pertaining to any individual provided family violence prevention or treatment services under any project assisted under the ESG program, including protection against the release of the address or location of any family violence shelter project, except with the written authorization of the person responsible for the operation of that shelter.

Homeless Persons Involvement – To the maximum extent practicable, the CONTRACTOR will involve, through employment, volunteer services, or otherwise, homeless individuals and families in constructing, renovating, maintaining, and operating facilities assisted under the ESG program in providing services assisted under the ESG program, and in providing services for occupants of facilities assisted under the program.

Consolidated Plan – All activities the CONTRACTOR undertakes with assistance under ESG are consistent with the COUNTY’s consolidated plan.

Discharge Policy – The CONTRACTOR will establish and implement, to the maximum extent practicable and where appropriate policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, mental health facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent this discharge from immediately resulting in homelessness for these persons.



Signature/Authorized Official



Date

Chief Executive Officer
Title