

## **FIRST AMENDATORY AGREEMENT**

THIS FIRST AMENDATORY AGREEMENT (the “Amendment”) is made and entered into by and between the **CITY AND COUNTY OF DENVER**, a municipal corporation of the State of Colorado (the “City”) and **VOLUNTEERS OF AMERICA COLORADO BRANCH**, a Colorado nonprofit corporation, whose address is 2660 Larimer Street, Denver, Colorado 80205 (the “Contractor”), collectively the “Parties.”

### **RECITALS:**

**A.** The Parties entered into an agreement on or about February 19, 2019 for the Contractor to provide services to support the rapid rehousing program (the “Agreement”); and

**B.** The Parties wish to amend the Agreement to amend the scope of services and budget, extend the term, increase the compensation to the Contractor, and modify certain other terms as forth in this Amendment.

**NOW THEREFORE**, in consideration of the premises and the Parties’ mutual covenants and obligations, the Parties agree as follows:

1. Exhibits A, B, and C of the Agreement shall be replaced with Exhibits A-1, B, and C attached to this Amendment. The updated Scope of Services marked as Exhibit A-1, the updated Financial Administration marked as Exhibit B, and the updated Certificate of Insurance marked as Exhibit C are attached hereto and incorporated herein by this reference and shall supersede and replace all previous exhibits attached to the Agreement.

2. All references to the “Office of Economic Development” and “OED” in the Agreement shall be replaced to read “Department of Housing Stability” and “HOST,” respectively.

3. Section 2 of the Agreement entitled “**TIME OF PERFORMANCE**” is amended to read as follows:

“This Agreement shall begin on January 1, 2019, and end on December 31, 2020, unless such time as extended by written agreement of the parties in the same manner as this Agreement.”

4. Section 3 of the Agreement entitled “COMPENSATION” is amended to read as follows:

“The amount to be paid by the City to the Contractor shall not exceed Seven Hundred Fifty Thousand Dollars (\$750,000). The obligation of the City for payments under this Agreement is limited to monies appropriated by the City Council and paid into the City Treasury. Funds will be released to the Contractor in accordance with the budget and other requirements set forth in Exhibits A-1 and B. The Parties agree that (i) the City does not by this Agreement irrevocably pledge present cash reserves for payment or performance in future fiscal years, and (ii) this Agreement is not intended to create a multiple-fiscal year direct or indirect debt or financial obligation of the City.”

5. Section 29 of the Agreement entitled “NOTICES” is amended to read as follows:

“All notices required by the terms of the Agreement must be hand delivered, sent by overnight courier service, mailed by certified mail, return receipt requested, or mailed via United States mail, postage prepaid, if to the Contractor at the address first above written, and if the City at:

Executive Director of the Department of Housing Stability  
City and County of Denver  
201 West Colfax Avenue, Department 615  
Denver, Colorado 80202

With a copy of any such notice to:

Denver City Attorney’s Office  
1437 Bannock Street, Room 353  
Denver, Colorado 80202

6. Except as herein amended, the Agreement continues in effect, and is affirmed and ratified in each and every particular.

7. This Amendment will not be effective or binding on the City until it has been fully executed by all required signatories of the City and County of Denver, and if required by Charter, approved by the City Council.

**[SIGNATURE PAGES AND EXHIBITS TO FOLLOW]**

**Contract Control Number:**  
**Contractor Name:**

OEDEV-201952689-01 / ALF-201946957-01  
VOLUNTEERS OF AMERICA COLORADO BRANCH

IN WITNESS WHEREOF, the parties have set their hands and affixed their seals at  
Denver, Colorado as of:

**SEAL**

**CITY AND COUNTY OF DENVER:**

**ATTEST:**

By:

\_\_\_\_\_

\_\_\_\_\_

**APPROVED AS TO FORM:**

**REGISTERED AND COUNTERSIGNED:**

Attorney for the City and County of Denver

By:

By:

\_\_\_\_\_

\_\_\_\_\_

By:

\_\_\_\_\_

**Contract Control Number:**  
**Contractor Name:**

OEDEV-201952689-01 / ALF-201946957-01  
VOLUNTEERS OF AMERICA COLORADO BRANCH

By: \_\_\_\_\_

Name: \_\_\_\_\_  
(please print)

Title: \_\_\_\_\_  
(please print)

ATTEST: [if required]

By: \_\_\_\_\_

Name: \_\_\_\_\_  
(please print)

Title: \_\_\_\_\_  
(please print)

**Contract Control Number:**  
**Contractor Name:**

OEDEV-201952689-01 / ALF-201946957-01  
VOLUNTEERS OF AMERICA COLORADO BRANCH

By:  President & CEO

Name: David Schunk  
(please print)

Title: President & CEO  
(please print)

ATTEST: [if required]

By: \_\_\_\_\_

Name: \_\_\_\_\_  
(please print)

Title: \_\_\_\_\_  
(please print)

EXHIBIT A

SCOPE OF SERVICES

DEPARTMENT OF HOUSING STABILITY

PROJECT NAME: Rapid Rehousing and Diversion (RRAD) and Rapid Rehousing + Care (RRH+C) Programs
ACTIVITY NAME: Rapid Rehousing and Diversion services
2019-2020 Affordable Housing Fund Services Award

I. INTRODUCTION

Period of Performance Start and End Dates: January 1st, 2019– December 31st, 2020

Project Description:

The purpose of this contract agreement is to provide a Denver Affordable Housing Fund Award for \$750,000.00 through the Department of Housing Stability (HOST). These funds will be provided to the Volunteers of America Colorado Branch to be utilized for temporary financial assistance for households served through Rapid Rehousing programs.

Funding Source: Amount: \$ 750,000.00

[X] Affordable Housing Fund

Proposed Number of outcomes: 340 unique households provided temporary financial assistance (170 households in 2019 and 170 households in 2020), 65% of which are stably, permanently housed upon program exit

Awardee Organization:

Volunteers of America Colorado Branch
EIN#: 84-0430995
DUNS#: 147453968
SAM.gov Expiration Date: January 4, 2019
Address: 2660 Larimer St, Denver, CO 80205-2219
Contact Person: Brenton Hutson
Phone: 303-548-2550
Email: bhutson@voacolorado.org

Organization Type:

[X] Non-Profit [ ] For-Profit [ ] Individual [ ] Partnership [ ] Corporation [ ] Publicly Owned [ ] Other

Council District(s): Citywide Neighborhood(s): Citywide Census Block(s): Citywide
(only required for Low Mod Area)

Project/activity located in a Target Area: [ ] Yes [X] No
If yes, indicate type: Local Target Area [ ] Strategy Area (NRSA) CDFI Other

Program income (of any type, e.g., fees) will be generated by this activity. [ ] Yes [X] No
Contract will be funding architectural, engineering or other project soft cost. [ ] Yes [X] No
If yes, final project will be completed within 24 months. [ ] Yes [ ] No

Purpose of this activity is to:
Help prevent homelessness [X] Yes [ ] No
Help the homeless [X] Yes [ ] No
Help those with HIV/AIDS [ ] Yes [X] No
Primarily help persons with disabilities [X] Yes [ ] No

## II. ACTIVITY DESCRIPTION

### 1. Services to be Provided by the Contractor

- A. **Services:** Under this agreement, **Temporary Financial Assistance (TFA)** made available through the program will be provided in support of identified individualized service plan goals. Examples of temporary financial assistance payments will include security deposit assistance, rental payment assistance, utility payment assistance, general housing stability assistance, emergency stability assistance, public transportation assistance, and other forms of financial assistance necessary to obtain and maintain stable housing. These services will be provided by service providers within the Rapid Rehousing and Diversion (RRAD) and Rapid Rehousing + Care (RRH+C) programs. Payments made with these funds are subject to the following conditions:
- a. Program assistance must be provided according to Fair Housing requirements that protect citizens from discrimination on the basis race, color, religion or creed, national origin, ancestry, age, sex, gender, sexual orientation, gender identity or gender expression, marital or familial status, military status or physical or mental disability.
  - b. The participant must demonstrate a current financial or other housing crisis to be eligible for financial assistance.
  - c. All payments must be allowable, allocable, and reasonable.
  - d. All payments must be delivered directly to 3<sup>rd</sup> party vendors.
  - e. Temporary financial assistance is not intended to be perpetual in nature. All payments must be demonstrably linked to securing and maintaining permanent housing, with only the amount necessary to accomplish this objective being paid out for each participating household.
- B. **Coordinated Services:** Under this agreement, VOA shall provide the following rapid rehousing and rapid rehousing + care services through existing funding:
- a. **Case Management:** Case Managers will develop Individualized Service Plans (ISP) inclusive of collaboratively identified goals related to housing, income, benefits acquisition, behavioral health, physical health, social supports, and other areas as identified and mutually agreed upon with the program participant. All ISP action items will be linked to securing and maintaining permanent housing.
  - b. **Housing Navigation:** Case Managers will assist program participants in identifying and securing permanent housing.
  - c. **Temporary Behavioral Health Services:** A Behavioral Health Clinician will provide temporary, direct behavioral health interventions to Rapid Rehousing + Care program participants as necessary until long-term behavioral health supports can be secured.
- C. **Eligibility for Services:**
- a. RRH+C/RRAD staff establish and document program eligibility according the following requirements:
    - i. RRAD serves people who are literally homeless under HUD category 1: Individuals and families who live in a place not meant for human habitation (including the streets or in their car), emergency shelter, transitional housing, and hotels paid for by a government or charitable organization. RRH+C serves people who are chronically homeless
      1. VI-SPDAT (Vulnerability Index – Service Prioritization Decision Assistance Tool) score has been recorded in the OneHome Coordinated Entry System and a referral has been made to the

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RRAD or RRH+C program.

2. Homeless status has been verified and documented by a 3<sup>rd</sup> party shelter or service provider, and an allowance to accept referrals outside of the OneHome Coordinated Entry System has been authorized by Department of Housing Stability.
- ii. Identified household income of less than 80% of Area Median Income as identified by HUD (<https://www.huduser.gov/portal/datasets/il.html>). Proof of income may be established by the following methods:
  1. Written verification of income:
    - a. Pay stubs (wages, salary, armed forces income)
    - b. Proof of unemployment application
    - c. State or benefit notice
    - d. Court order (alimony, child support)
    - e. Federal or state tax return
    - f. Dividend interest statement
    - g. Other written verification of income:
      - i. Name of income source, and applicant name
      - ii. Income amount and frequency
      - iii. Contact information for authorized income source representative
      - iv. Signed and dated by authorized income source representative
  2. Self-declaration (only if written verification cannot be obtained) of income:
    - a. Self-declaration of income is acceptable only in limited circumstances. A self-declaration must be clearly documented in the case file, including all attempts to obtain third party verification and a signed Affidavit that the declared income is accurate. Self-declared cases will be monitored closely for compliance with program requirements.
- iii. Household need has been assessed and verified, with program staff affirming:
  1. The household lacks the financial resources to obtain immediate housing or remain in its existing housing;
  2. The household lacks the support networks needed to obtain immediate housing or remain in its existing housing.

**D. Location of Services:** Program participants will be housed in homes throughout the Denver Metro area. The Rapid Rehousing + Care, Rapid Rehousing and Diversion Programs will be located in the City and County of Denver, working out of established Volunteers of America Colorado Branch (VOACO) service centers.

**E. Program Responsibilities:**

- a. Assess each client to determine appropriate resources and services to eliminate housing related barriers.
- b. Refer clients with housing barriers to appropriate resources.
- c. Maintain well-developed partnerships with other service and housing providers, agencies, and local governments.
- d. Demonstrate understanding of the local housing market.
- e. Work with each client in a culturally appropriate way.



EXHIBIT A

- f. Maintain well-developed internal policies that address the administration of programs.

**F. Ineligible Activities:** Ineligible program activities include:

- a. Assistance to individuals or households with income exceeding 80% of AMI.
- b. Mortgage costs.
- c. Direct legal services.
- d. Other costs such as credit card bills or other consumer debt, travel, food, medical and dental care and medicines, pet care, entertainment activities
- e. Direct cash assistance to program participants.

**2. Implementation Plan and Timeline**

The following table outlines the implementation plan and timelines for this contract.

Task	Projected Beginning & End Dates
Begin spending and services for CY19	January 1, 2019 – March 31, 2019
Achieve 50% of service and spending targets for CY19	June 30, 2019 – August 31, 2019
Achieve 100% of service and spending targets for CY19	November 30, 2019 - December 31, 2019
Begin spending and services for CY20	January 1, 2020 – March 31, 2020
Achieve 50% of service and spending targets for CY20	June 30, 2020 – August 31, 2020
Achieve 100% of service and spending targets for CY20	November 30, 2020 - December 31, 2020

**3. Objective & Outcome and Indicators**

**Objective (select one)**

- Enhance Suitable Living Environment
- Create Decent Housing
- Promote Economic Activity

**Outcomes (select one)**

- Availability/Accessibility
- Affordability
- Sustainability

**Indicators**

The following indicators will be used to measure the success of the contract/activity.

Indicators – must be measurable
<b>Indicators:</b>
Number of proposed outcomes (from 1 <sup>st</sup> page): 340 unique households provided temporary financial assistance (170 households in 2019 and 170 households in 2020 Income Levels of people/family: 0-80% AMI Race and Ethnicity [are required to be reported in the OPMR]
<b>Specific Indicators: Specific to this particular scope of work</b>

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**Temporary Financial Assistance RRH+C/RRAD:**

**# of Proposed Outcomes:** 170 households provided temporary financial assistance/services per year, 65% of which are stably, permanently housed upon program exit.

Income Levels of People/Family: 0-80% AMI

Race and Ethnicity: [are required to be reported in the OPMR]

**RRH+C # of Proposed Outcomes:** 60 households served, **65%** of which are stably housed upon program exit

**For Current Participants :**50% will have obtained mainstream financial benefits; 60% will be enrolled in healthcare; 50% will demonstrate symptom improvement.

**For Exiting Participants:** 80% with successful exits and 50% with unsuccessful exits will have obtained mainstream financial benefits; 90% of successful exits and 60% with unsuccessful exits will be enrolled in healthcare; 80% of successful and 50% of unsuccessful exits will demonstrate symptom improvement.

**RRAD # of Proposed Outcomes:** 110 households served, of which **65%** of which are stably housed upon program exit

**For Current Participants :**40% will have obtained mainstream financial benefits; 60% will be enrolled in healthcare; 50% will obtain income from employment;60% will increase access to treatment services

**For Exiting Participants:** 60% will obtain income from employment; 40% will have obtained mainstream financial benefits; 90% will increase access to treatment services; 90% will be enrolled in healthcare;

**Housing and Neighborhood Outcomes (To be reported on the Outcome and Performance Measurement Report OPMR)**

# of Proposed Outcomes: 340 households provided temporary financial assistance/services per year, 65% of which are stably, permanently housed upon program exit

**Additional outcomes from HMIS:**

**A. Income Acquisition and Benefits Benchmarks:**

1. **For Current Participants** (those participants actively enrolled in your program on the last day of the quarter/reporting period).
  - a. 50% of **current** program participants will have obtained mainstream financial benefits (i.e. SSI, SSDI, TANF, AND), or a steady source of income. This will be measured as the percentage of households who increase total income from program entry to most recent assessment.
    - i. Data source: HMIS
    - ii. Measures:
      1. Number and percentage of currently participating households who increased total income from program entry to most recent assessment
      2. Average and median income at program entry and at most recent assessment for currently participating households
      3. Number and percentage of currently participating households who had each benefit type at program entry compared to at the most recent assessment.
  - b. 60% of current program participants will be enrolled in healthcare benefits (e.g., Medicaid, Medicare, VA)
    - i. Data source: HMIS
    - ii. Measure: Percentage of program participants enrolled in health insurance at program entry compared to most recent assessment overall and by insurance type.
2. **For Exiting Participants** (anyone who exited the program during the quarter/reporting period – broken down into Successful & Unsuccessful groups of exiting participants).

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- a. 80% of participants with successful exits and 50% of participants with unsuccessful exits will have obtained mainstream financial benefits (i.e. SSI, SSDI, TANF, AND), or a steady source of income. This will be measured as the percentage of exited households who increase total income from program entry to program exit.
  - i. Data source: HMIS
  - ii. Measures:
    1. Number and percentage of exited households who increased total income from program entry to program exit
    2. Number and percentage of exited households who maintained total income from program entry to program exit
    3. Number and percentage of exited households who reduced total income from program entry to program exit
    4. Average and median income for exiting households at program entry and program exit.
    5. Number and percentage of exited households who had each benefit at program entry compared to program exit
- b. 90% of participants with successful exits and 60% of participants with unsuccessful exits will be enrolled in healthcare benefits (e.g., Medicaid, Medicare, VA)
  - i. Data source: HMIS
  - ii. Measure: Percentage of program participants enrolled in health insurance at program entry compared to most recent assessment overall and by insurance type.

### B. Housing Retention and Attainment Benchmarks:

1. **Data For Current Participants** (those participants actively enrolled in your program on the last day of the quarter/reporting period).
  - a. Data source: HMIS
  - b. Measures:
    - i. Average and median length of program enrollment
    - ii. Number at percentage of currently participating households enrolled in the program for: less than 3 months, 3 to 12 months, and longer than 12 months
    - iii. Note: program enrollment period is defined as the time between the household's program enrollment date and the last day of the reporting period.
2. **For Exiting Participants** (anyone who exited the program during the quarter/reporting period).
  - a. 65% of program participants will exit the program into a permanent housing outcome or to more stable housing.
    - i. Data source: HMIS
    - ii. Measures:
      1. Number and percent of exiting households by destination at exit. Destinations at exit will be grouped into permanent housing, other stable housing outcomes, and outcomes to other locations (e.g., nightly shelter, street, jail, or unknown destinations).
  - b. Length of stay for exiting households
    - i. Data source: HMIS
    - ii. Measures:
      1. Average and median length of program enrollment
      2. Number at percentage of currently participating households enrolled in the program for: less than 3 months, 3 to 12 months, and longer than 12 months

### C. Household Characteristics

1. Households served:
  - a. Data source: HMIS
  - b. Measures:
    - i. Number of households served each reporting period and deduplicated count of households served to date
    - ii. Number of households that exited the program within the reporting period and year to date

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- 2. Household characteristics:
  - a. Data source: HMIS
  - b. Measures:
    - i. Number and percent of heads of household by race, ethnicity, and income level at entry (if reported in HMIS for program type)

**D. Data quality**

- 1. In order to determine the accuracy and comprehensiveness of the reporting on the above outcomes measures, HOST will also collect an HMIS Data Quality Report on the program for each reporting period.
  - a. Data source: HMIS

**E. Program narrative reports**

- 1. For each reporting period, the contractor will provide a narrative update on program successes and challenges. This narrative will include information on the extent to which participating households are connected to health and treatment services.

**III. Budget**

Please refer to the Cost Allocation Plan and budget narrative for a detailed estimated description and allocation of funds.

Organization receives income from operations.  Yes  No If Yes, describe:  
 Non-personnel costs are being funded.  Yes  No

**IV. Reporting**

Data collection is required and must be completed demonstrating income eligibility and progress toward meeting the indicators contained in this Scope of Services. Disbursement of funds is contingent based on the ability to collect the required information.

Regardless of when the executed contract was received by the Contractor, Contractor is responsible for submitting a report from the start date of the contract; **even if no activity was conducted or expended. Contractor should report “No Activity” or outline those activities reimbursed with grant funds. If the Contractor completes the project and all money is drawn, a final report will be submitted indicating “final report” and no further reports are required.**

Contractor will email the following report to the Program Officer:

Outcome Performance Measurement Report Frequency: Monthly by the 15<sup>th</sup> day

HOST will provide the format of the performance report to the Contractor. The information reported must include progress on the indicators included in this Scope of Services. The report includes current and cumulative (year-to-date) indicator information. Information on the overall progress of the program and/or project should be reported in the narrative section of the report. If the project is not being performed in a timely manner, an explanation must be included in the narrative section of the report.

**Income and Demographic Reporting Requirements**

VOA staff will seek to acquire bank statements, pay stubs, benefit statements, and other documentation necessary to positively identify income for households applying to the program. If documentation is unavailable, and attempts by VOA staff members to gather and record third-party documentation have been carefully noted and are unsuccessful, program participants will be allowed to sign a Self-Declaration of Income form attesting to their household income.

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**HOST Budget Narrative  
RRH+C/RRAD Temporary Financial Assistance**

**This Budget is based on the information available at the time of contracting, the Department of Housing Stability will reimburse based on actual expenditures.**

**A. Personnel:** There are no personnel costs/expenses with this funding.

**O. Other Direct Expenses**

**TOTAL OTHER DIRECT COSTS: \$ 681,818.29**

Temporary Financial Assistance: Temporary financial assistance will be provided in support of identified ISP goals. All payments will be made directly to 3rd party vendors.

Categories of Temporary Financial Assistance are based upon nationally-recognized best practices established by the U.S. Department of Participants Affairs Supportive Services for Participant Families Rapid Rehousing Program. Descriptions of these categories are based, entirely or in part, on VA's national guidance.

**Deposit Assistance**

2019 Deposit Assistance \$44,172.00

2020 Deposit Assistance \$45,000.00

Deposit payment assistance includes the payment of security or utility deposits to help the participant obtain permanent housing. Deposit payment assistance may be provided on behalf of eligible participants using program grant funds. This assistance does not count towards the monthly assistance restrictions for both rent and allowable utilities. Clients can only receive security deposit assistance once every two years. This eligibility is monitored using VOA's service tracking database.

**Rental Payment Assistance**

2019 Rental Payment Assistance \$140,626.55

2020 Rental Payment Assistance \$141,000.00

Rental assistance includes the payment of rent; mobile home lot rent when the participant owns or rents the mobile home; and penalties or fees to help a participant remain in or obtain permanent housing. (Note: Where the rent includes utilities, the entire amount will be considered "rental assistance" and will be subject to the applicable conditions). Rental assistance payments can be provided for amounts that are currently due (including first month or prorated rent paid prior to or at move in) or are in arrears, and for the payment of penalties or fees that have been incurred by the participant and are required to be paid under an existing lease or court order. Such allowable fees are typically late rent fees that are paid directly to a landlord. Note that debts owed by the participant on former leases, related to housing where the participant no longer resides, are not an allowable TFA expense for rental assistance.

**Utility Payment Assistance**

2019 Utility Payment Assistance \$5,042.46

2020 Utility Payment Assistance \$5,750.00

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Utility payment assistance includes the payment of utility costs (i.e. heat, electricity, water, sewer and garbage collection) to help the participant obtain or retain permanent housing. Utility assistance may consist of payments for multiple types of utilities, although cable, internet, telephone or cell phone services are not eligible expenses. Utility assistance can be provided for amounts that are currently due or are in arrears. Where amounts in arrears are too great to be eliminated through program assistance, grantees to explore options that might include a negotiated reduction in the amount owed; developing a repayment plan; including the utility payment in the rent (so the utility is in the landlord's name). A grantee may choose to require participants to share in the cost of utility-fee payments, to the extent possible within the household's current income, as a condition for receiving assistance.

### **General Housing Stability Assistance**

2019 General Housing Stability Assistance \$62,384.28

2020 General Housing Stability Assistance \$61,500.00

General Housing Stability Assistance refers to the provision of goods or payment of expenses not included in other TFA categories, but which are directly related to supporting a participant's housing stability. All such expenses relate to a participant's ability to gain or keep employment or permanent housing. Such assistance is offered only when it is not available through existing mainstream resources. Note that this assistance must be paid directly to a third party (not to a participant). There are four classes of Housing Stability Assistance expenses, outlined below. (1) Expenses associated with gaining or keeping employment: Eligible items include but are not limited to uniforms, tools, driver's license fees, license/certification costs required for employment, documentation acquisition fees such as for Social Security Number or birth certificate, document court filing fees, and short term training leading to employment, where other funding is not available. (2) Expenses associated with moving into permanent housing: Eligible items include but are not limited to furniture delivery costs, furniture bank fees, bed frames, conventional mattresses, air mattresses, box springs, bedding (sheets, pillowcases, and pillows), basic kitchen utensils, and cleaning supplies. (3) Expenses necessary for securing appropriate permanent housing: Eligible items include but are not limited to fees for rental applications, background checks, housing inspections, credit score checks, credit counseling, criminal background check, tenancy screening reports, financial literacy class, document court filing fees, and documentation acquisition such as for Social Security Number or birth certificates. (4) Items necessary for life or safety provided on a temporary basis to address an emergency. Eligible items include food, baby formula, diapers, and winter clothing.

### **Emergency Stability Assistance**

2019 Emergency Stability Assistance \$0

2020 Emergency Stability Assistance \$ 2,500.00

Emergency Stability Assistance is a category of assistance that allows programs to provide temporary housing for eligible literally homeless participants who are awaiting permanent housing if no other shelter is available. As resources must be focused on securing and sustaining placement in permanent housing, grantees are expected to exercise great care in committing resources to emergency housing, ensuring no alternative resources or community resources exist. Emergency housing may be provided to a short-term commercial residence including motels, not already funded to provide on-demand emergency shelter, that does not require the participant to sign a lease or occupancy agreement (private residences are not eligible). If permanent housing, appropriate shelter beds, and transitional housing are not available and subsequent rental housing has been identified generally but is not immediately available for move-in by the participant, then a grantee may place a participant in emergency housing, subject to the following limitations: Limitations: • Placement for a single participant may not exceed 72 hours, unless the grantee can certify that shelter beds and transitional housing are still unavailable at the end of 72 hours. Extensions beyond the 72 hours may not exceed 45 days. • Placement for a participant and his or her spouse with dependent(s) may not exceed 45 days. • A participant

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may be placed in emergency housing only once during any 2-year period, beginning on the date the grantee first pays for emergency housing. • The cost of the emergency housing must be reasonable in relation to the costs charged for other available emergency housing considering the location, quality, size, and type, as determined through a market study for price reasonableness. Cost will not exceed \$100 assistance/night. • At least one viable option for a permanent housing unit must be identified for the participant who is temporarily receiving emergency housing assistance.

**Transportation Assistance**

2019 Transportation Assistance \$80,600.60

2020 Transportation Assistance \$80,000.00

The program may provide transportation assistance in the form of bus or rail tickets or gas vouchers if it will enhance housing stability. For example, a participant may require assistance with transportation to a job interview or a medical appointment.

**Other Forms of Financial Assistance Necessary to Obtain and Maintain Stable Housing**

2019 Other Forms of Financial Assistance Necessary to Obtain and Maintain Stable Housing: \$8,083.20

2020 Other Forms of Financial Assistance Necessary to Obtain and Maintain Stable Housing: \$5,159.00

Moving costs payment assistance includes costs necessary to help the participant obtain permanent housing. Moving costs may include reasonable costs such as truck rental; hiring a moving company; or short-term storage fees for a maximum of 3 months or until the participant is in permanent housing, whichever is shorter. Note: A one-time moving cost for truck rental means one episode of moving to permanent housing; a rental truck may be needed to move a participant’s belongings to storage unit and then move those belongings again once permanent housing is secured. Relocation expenses are an allowable use, when a solid housing stability plan is in place.

The program may make payments on behalf of a participant to an “eligible child care provider” providing child care services for costs incurred while they are in this program. Such child care payments should only be provided by the grantee if the assistance will improve a participant’s housing stability (e.g., if the provision of child care assistance will allow the participant to obtain or maintain employment). Payment is only made for costs that are determined reasonable through a market study of comparable child care services with a maximum of \$300/week of assistance.

**P. Indirect Costs:** Indirect costs are allowed only if the applicant has a federally-approved indirect cost rate and if permitted by the grant program. A copy of the rate approval (a fully executed, negotiated agreement) must be attached as well as a full description of which direct costs are used to calculate indirect costs.

Description	Computation	Cost
10.00% of Direct Costs	\$681,818.29 x 10% Indirect Costs Rate	\$68,182

TOTAL INDIRECT COSTS: \$ 68,182

**Total Amount Requested from HOST: \$750,000**

Q. Match Amount: \$0

# Program Budget and Cost Allocation Plan Summary

Contractor Name: Volunteers of America Colorado Branch Program Year: 2019-2020  
 Project : RRH+C/RRAD Temporary Financial Assistance  
 Contract Dates: 1/1/2019 to 12/31/2020 Return to HOST Program Officer: David Riggs

Budget Category	Agency Total (All Funding Sources)	Project Costs HOST 2019		Project Costs HOST 2020		Total Project Costs requested from HOST		Other City & County of Denver Funding (Add applicable funding as necessary)		Other Federal Funding		Other Non-Federal Funding		Agency Total	
		Total	Amount	%	Amount	%	Subtotal	%	Amount	%	Amount	%	Amount	%	Amount
<b>Personnel: Name and Job Title</b>															
NA	\$0.00		#DIV/0!		#DIV/0!	#REF!	#REF!		#DIV/0!		#DIV/0!		#DIV/0!	#REF!	#REF!
NA	\$0.00		#DIV/0!		#DIV/0!	#REF!	#REF!		#DIV/0!		#DIV/0!		#DIV/0!	#REF!	#REF!
NA	\$0.00		#DIV/0!		#DIV/0!	#REF!	#REF!		#DIV/0!		#DIV/0!		#DIV/0!	#REF!	#REF!
NA	\$0.00		#DIV/0!		#DIV/0!	#REF!	#REF!		#DIV/0!		#DIV/0!		#DIV/0!	#REF!	#REF!
NA	\$0.00		#DIV/0!		#DIV/0!	#REF!	#REF!		#DIV/0!		#DIV/0!		#DIV/0!	#REF!	#REF!
NA	\$0.00		#DIV/0!		#DIV/0!	#REF!	#REF!		#DIV/0!		#DIV/0!		#DIV/0!	#REF!	#REF!
NA	\$0.00		#DIV/0!		#DIV/0!	#REF!	#REF!		#DIV/0!		#DIV/0!		#DIV/0!	#REF!	#REF!
NA	\$0.00		#DIV/0!		#DIV/0!	#REF!	#REF!		#DIV/0!		#DIV/0!		#DIV/0!	#REF!	#REF!
NA	\$0.00		#DIV/0!		#DIV/0!	#REF!	#REF!		#DIV/0!		#DIV/0!		#DIV/0!	#REF!	#REF!
NA	\$0.00		#DIV/0!		#DIV/0!	#REF!	#REF!		#DIV/0!		#DIV/0!		#DIV/0!	#REF!	#REF!
NA	\$0.00		#DIV/0!		#DIV/0!	#REF!	#REF!		#DIV/0!		#DIV/0!		#DIV/0!	#REF!	#REF!
NA	\$0.00		#DIV/0!		#DIV/0!	#REF!	#REF!		#DIV/0!		#DIV/0!		#DIV/0!	#REF!	#REF!
<b>Total Salary:</b>	-	-	#DIV/0!	-	#DIV/0!	#REF!	#REF!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	#REF!	#REF!
<b>Fringes</b>			#DIV/0!		#DIV/0!	#REF!	#REF!		#DIV/0!		#DIV/0!		#DIV/0!	#REF!	#REF!
<b>Personnel Total:</b>	-	-	#DIV/0!	-	#DIV/0!	-	0.00%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	0.00%
<b>Non-Personnel:</b>	Total	Amount	%	Amount	%	Subtotal	%	Amount	%	Amount	%	Amount	%	Amount	%
DEPOSIT ASSISTANCE	\$89,172.00	\$ 44,172.00	49.54%	\$ 45,000.00	50.46%	89,172	100.00%		0.00%		0.00%		0.00%	89,172	100.00%
RENTAL PAYMENT ASSISTANCE	\$281,626.55	\$ 140,626.55	49.93%	\$ 141,000.00	50.07%	281,627	100.00%		0.00%		0.00%		0.00%	281,627	100.00%
UTILITY PAYMENT ASSISTANCE	\$10,792.46	\$ 5,042.46	46.72%	\$ 5,750.00	53.28%	10,792	100.00%		0.00%		0.00%		0.00%	10,792	100.00%
GENERAL HOUSING STABILITY ASSISTANCE	\$123,884.48	\$ 62,384.28	50.36%	\$ 61,500.00	49.64%	123,884	100.00%		0.00%		0.00%		0.00%	123,884	100.00%
EMERGENCY STABILITY ASSISTANCE	\$2,500.00	\$ -	0.00%	\$ 2,500.00	100.00%	2,500	100.00%		0.00%		0.00%		0.00%	2,500	100.00%
TRANSPORTATION ASSISTANCE	\$160,600.60	\$ 80,600.60	50.19%	\$ 80,000.00	49.81%	160,601	100.00%		0.00%		0.00%		0.00%	160,601	100.00%
OTHER ASSISTANCE	\$13,242.20	\$ 8,083.20	61.04%	\$ 5,159.00	38.96%	13,242	100.00%		0.00%		0.00%		0.00%	13,242	100.00%
<i>Indirect Costs</i>	\$68,182.00	\$ 34,090.91	50.00%	\$ 34,090.91	50.00%	68,182	100.00%		#REF!		#REF!		0.00%	68,182	100.00%
<b>Total Non-Personnel</b>	<b>750,000</b>	<b>375,000</b>	50.00%	<b>375,000</b>	50.00%	<b>750,000</b>	100.00%	-	0.00%	-	0.00%	-	0.00%	<b>750,000</b>	100.00%
<b>Total Project Cost</b>	<b>750,000</b>	<b>375,000</b>	50.00%	<b>375,000</b>	50.00%	<b>750,000</b>	100.00%	-	0.00%	-	0.00%	-	0.00%	<b>750,000</b>	100.00%
<b>Program Income (through funded activities)</b>	<b>0.00</b>	-	0.00%	-	0.00%	-	0.00%	-	0.00%	<b>0</b>	0.00%	-	0.00%	-	0.00%
<b>Non-Project:</b>	Total	Amount	%	Amount	%	Subtotal	%	Amount	%	Amount	%	Amount	%		
<i>Personnel Costs:</i>			0.00%		0.00%	-	0.00%		0.00%		0.00%		0.00%	-	0.00%
<i>Non-Personnel Costs:</i>			0.00%		0.00%	-	0.00%		0.00%		0.00%		0.00%	-	0.00%
<i>Other (Specify):</i>			0.00%		0.00%	-	0.00%		0.00%		0.00%		0.00%	-	0.00%
<b>Total Non-Project Cost</b>	-	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%
<b>Grand Total</b>	<b>750,000</b>	<b>375,000</b>	50%	<b>375,000</b>	50.00%	<b>750,000</b>	100.00%	-	0.00%	-	0.00%	-	0.00%	<b>750,000</b>	100.00%



# **EXHIBIT B**

## **FINANCIAL ADMINISTRATION:**

### **1.1 Compensation and Methods of Payment**

- 1.1.1 Disbursements shall be processed through the Department of Housing Stability (HOST) and the City and County of Denver's Department of Finance.
- 1.1.2 The method of payment to the Contractor by HOST shall be in accordance with established HOST procedures for line-item reimbursements. The Contractor must submit expenses to HOST on or before the last day of each month for the previous month's activity. Voucher requests for reimbursement of costs should be submitted on a regular and timely basis in accordance with HOST policies. Vouchers should be submitted within thirty (30) days of the actual service, expenditure or payment of expense.
- 1.1.3 The Contractor shall be reimbursed for services provided under this Agreement according to the approved line-item reimbursement budget attached to and made a part of this Agreement (Exhibit A).

### **1.2 Vouchering Requirements**

- 1.2.1 In order to meet Government requirements for current, auditable books at all times, it is required that all vouchers be submitted monthly to HOST in order to be paid. Expenses cannot be reimbursed until the funds under this contract have been encumbered.
- 1.2.2 No more than four (4) vouchers may be submitted per contract per month, without prior approval from HOST.
- 1.2.3 All vouchers for all Agreements must be correctly submitted within thirty (30) days of the Agreement end date to allow for correct and prompt closeout.
- 1.2.4 City and County of Denver Forms shall be used in back-up documents whenever required in the Voucher Processing Policy.
- 1.2.5 For contracts subject to Federal Agreements, only allowable costs determined in accordance with 2 CFR Chapter I, Chapter II, Parts 200, 215, 220, 225 and 230, "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards" (the "OMB Omni Circular") applicable to the organization incurring the cost will be reimbursed.
- 1.2.6 The reimbursement request, or draw request, for personnel and non-personnel expenses should be submitted to the City on a monthly basis, no later than the last day of the following month for expenses incurred in the prior month. The request for reimbursement should include:
  - a. Amount of the request in total and by line item;

- b. Period of services for current reimbursement;
  - c. Budget balance in total and by line item;
  - d. Authorization for reimbursement by the contract signatory (i.e., executive director or assistant director).
- 1.2.7 If another person has been authorized by the Contractor to request reimbursement for services provided by this contract, then the authorization should be forwarded in writing to HOST prior to the draw request.
- 1.2.8 The standardized HOST “Expense Certification Form” should be included with each payment request to provide the summary and authorization required for reimbursement.

### **1.3 Payroll**

- 1.3.1 A summary sheet should be included to detail the gross salary of the employee, amount of the salary to be reimbursed, the name of the employee, and the position of the employee. If the employee is reimbursed only partially by this contract, the amount of salary billed under other contracts with the City or other organizations should be shown on the timesheet as described below. Two items are needed for verification of payroll: (1) the amount of time worked by the employee for this pay period; and (2) the amount of salary paid to the employee, including information on payroll deductions.
- 1.3.2 The amount of time worked will be verified with timesheets. The timesheets must include the actual hours worked under the terms of this contract, and the actual amount of time worked under other programs. The total hours worked during the period must reflect all actual hours worked under all programs including leave time. The employee’s name, position, and signature, as well as a signature by an appropriate supervisor, or executive director, must be included on the timesheets. If an electronic time system is used, signatures are not required. If the timesheet submitted indicates that the employee provided services payable under this contract for a portion of the total time worked, then the amount of reimbursement requested must be calculated and documented in the monthly reimbursement request.
- 1.3.3 A payroll register or payroll ledger from the accounting system will verify the amount of salary. Copies of paychecks are acceptable if they include the gross pay and deductions.

### **1.4 Fringe Benefits**

- 1.4.1 Fringe benefits paid by the employer can be requested by applying the FICA match of 7.65 percent to the gross salary -less pre-tax deductions, if applicable, paid under this contract. Fringe benefits may also include medical plans, retirement plans, worker’s compensation, and unemployment insurance. Fringe

benefits that exceed the FICA match may be documented by 1) a breakdown of how the fringe benefit percentage was determined prior to first draw request; or, 2) by submitting actual invoices for the fringe benefits. If medical insurance premiums are part of the estimates in item #1, one-time documentation of these costs will be required with the breakdown. Payroll taxes may be questioned if they appear to be higher than usual.

## **1.5 General Reimbursement Requirements**

- 1.5.1 Invoices: All non-personnel expenses need dated and readable invoices. The invoices must be from a vendor separate from the Contractor, and must state what goods or services were provided and the delivery address. Verification that the goods or services were received should also be submitted, this may take the form of a receiving document or packing slips, signed and dated by the individual receiving the good or service. Copies of checks written by the Contractor, or documentation of payment such as an accounts payable ledger which includes the check number shall be submitted to verify that the goods or services are on a reimbursement basis.
- 1.5.2 Mileage: A detailed mileage log with destinations and starting and ending mileage must accompany mileage reimbursement. The total miles reimbursed and per mile rate must be stated. Documentation of mileage reimbursement to the respective employee must be included with the voucher request.
- 1.5.3 Cell Phone: If the monthly usage charge is exceeded in any month, an approval from the Executive Director or designee will be required.
- 1.5.4 Administration and Overhead Cost: Other non-personnel line items, such as administration, or overhead need invoices, and an allocation to this program documented in the draw request. An indirect cost rate can be applied if the Contractor has an approved indirect cost allocation plan. The approved indirect cost rate must be submitted to and approved by HOST.
- 1.5.5 Service Period and Closeout: All reimbursed expenses must be incurred during the time period within the contract. The final payment request must be received by HOST within thirty (30) days after the end of the service period stated in the contract.

## **2.1 Program Income**

- 2.1.1 For contracts subject to Federal Agreements, program income includes, without limitation, income from fees for services performed, from the use or rental of real or personal property acquired with contract funds, from the sale of commodities or items fabricated under a contract agreement, and from payments of principal and interest on loans made with contract funds.
- 2.1.2 Program income may be deducted from total allowable costs to determine net allowable costs and may be used for current reimbursable costs under the terms

of this contract. Program income which was not anticipated at the time of the award may be used to reduce the award contribution rather than to increase the funds committed to the project. ALL PROGRAM INCOME GENERATED DURING ANY GIVEN PERIOD SUBMITTED FOR PAYMENT SHALL BE DOCUMENTED ON THE VOUCHER REQUEST.

- 2.1.3 The Contractor, at the end of the program, may be required to remit to the City all or a part of any program income balances (including investments thereof) held by the Contractor (except AS PRE-APPROVED IN WRITING BY HOST, INCLUDING those needed for immediate cash needs).

### **3.1 Financial Management Systems**

**The Contractor must maintain financial systems that meet the following standards:**

- 3.1.1 Financial reporting must be accurate, current, and provide a complete disclosure of the financial results of financially assisted activities and be made in accordance with federal and/or city financial reporting requirements.
- 3.1.2 Accounting records must be maintained which adequately identify the source and application of the funds provided for financially assisted activities. The records must contain information pertaining to contracts and authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and income. Accounting records shall provide accurate, separate, and complete disclosure of fund status.
- 3.1.3 Effective internal controls and accountability must be maintained for all contract cash, real and personal property, and other assets. Adequate safeguards must be provided on all property and it must be assured that it is used solely for authorized purposes.
- 3.1.4 Actual expenditures or outlays must be compared with budgeted amounts and financial information must be related to performance or productivity data, including the development of cost information whenever appropriate or specifically required.
- 3.1.5 For contracts subject to Federal Agreements, applicable OMB Omni Circular cost principles, agency program regulations, and the terms of the agreement will be followed in determining the reasonableness, allowability and allocability of costs.
- 3.1.6 Source documents such as cancelled checks, paid bills, payrolls, time and attendance records, contract documents, etc., shall be provided for all disbursements. The Contractor will maintain auditable records, i.e., records must be current and traceable to the source documentation of transactions.

- 3.1.7 For contracts subject to Federal Agreements, the Contractor shall maintain separate accountability for HOST funds as referenced in 24 C.F.R. 85.20 and the OMB Omni Circular.
- 3.1.8 The Contractor must properly report to Federal, State, and local taxing authorities for the collection, payment, and depositing of taxes withheld. At a minimum, this includes Federal and State withholding, State Unemployment, Worker's Compensation (staff only), City Occupational Privilege Tax, and FICA.
- 3.1.9 A proper filing of unemployment and worker's compensation (for staff only) insurance shall be made to appropriate organizational units.
- 3.1.10 The Contractor shall participate, when applicable, in HOST provided staff training sessions in the following financial areas including, but not limited to (1) Budgeting and Cost Allocation Plans; (2) Vouchering Process.

#### **4.1 Audit Requirements**

- 4.1.1 For contracts subject to Federal Agreements, if the Contractor expends seven hundred and fifty thousand dollars (\$750,000) or more of federal awards in the Contractor's fiscal year, the Contractor shall ensure that it, and its sub recipients(s), if any, comply with all provisions of the OMB Omni Circular.
- 4.1.2 A copy of the final audit report must be submitted to the HOST Financial Manager within the earliest of thirty (30) calendar days after receipt of the auditor's report; or nine (9) months after the end of the period audited.
- 4.1.3 A management letter, if issued, shall be submitted to HOST along with the reporting package prepared in accordance with the Single Audit Act Amendments and the OMB Omni Circular. If the management letter is not received by the subrecipient at the same time as the Reporting Package, the Management Letter is also due to HOST within thirty (30) days after receipt of the Management Letter, or nine (9) months after the end of the audit period, whichever is earlier. If the Management Letter has matters related to HOST funding, the Contractor shall prepare and submit a Corrective Action Plan to HOST in accordance with the Single Audit Act Amendments and the OMB Omni Circular, as set forth in 24 C.F.R. Part 45 for each applicable management letter matter.
- 4.1.4 All audit related material and information, including reports, packages, management letters, correspondence, etc., shall be submitted to **HOST Financial Services Team**.
- 4.1.5 The Contractor will be responsible for all Questioned and Disallowed Costs.
- 4.1.6 The Contractor may be required to engage an audit committee to determine the services to be performed, review the progress of the audit and the final audit

findings, and intervene in any disputes between management and the independent auditors. The Contractor shall also institute policy and procedures for its sub recipients that comply with these audit provisions, if applicable.

### **5.1 Budget Modification Requests**

- 5.1.1 HOST may, at its option, restrict the transfer of funds among cost categories, programs, functions or activities at its discretion as deemed appropriate by program staff, HOST executive management or its designee.
- 5.1.2 Minor modifications to the services provided by the Contractor or changes to each line item budget equal to or less than a ten percent (10%) threshold, which do not increase the total funding to the Contractor, will require notification to HOST program staff and upon approval may be submitted with the next monthly draw. Minor modifications to the services provided by Contractor, or changes to each line item budget in excess of the ten percent (10%) threshold, which do not increase the total funding to Contractor, may be made only with prior written approval by HOST program staff. Such budget and service modifications will require submittal by Contractor of written justification and new budget documents. All other contract modifications will require an amendment to this Agreement executed in the same manner as the original Agreement.
- 5.1.3 The Contractor understands that any budget modification requests under this Agreement must be submitted to HOST prior to the last Quarter of the Contract Period, unless waived in writing by the HOST Director.

### **6.1 Procurement**

- 6.1.1 The Contractor shall follow the City Procurement Policy to the extent that it requires that at least three (3) documented quotations be secured for all purchases or services (including insurance) supplies, or other property that costs more than ten thousand dollars (\$10,000) in the aggregate.
- 6.1.2 The Contractor will maintain records sufficient to detail the significant history of procurement. These records will include, but are not limited to the following: rationale for the method of procurement, selection of contract type, contractor selection or rejection, and the basis for the contract price.
- 6.1.3 For contracts subject to federal agreements, If there is a residual inventory of unused supplies exceeding five thousand dollars (\$5,000) in total aggregate upon termination or completion of award, and if the supplies are not needed for any other federally sponsored programs or projects the Contractor will compensate the awarding agency for its share.

## **7.1 Bonding**

- 7.1.1 For contracts subject to federal agreements, HOST may require adequate fidelity bond coverage, in accordance with 24 C.F.R. 84.21 (d), where the subrecipient lacks sufficient coverage to protect the Federal Government's interest.

## **8.1 Records Retention**

- 8.1.1 The Contractor must retain for seven (7) years financial records pertaining to the contract award. The retention period for the records of each fund will start on
- 8.1.2 the day the single or last expenditure report for the period, except as otherwise noted, was submitted to the awarding agency.
- 8.1.3 The awarding agency and the Comptroller General of the United States, or any of their authorized representatives, shall have the right of access, upon reasonable notice, to any pertinent books, documents, papers, or other records which are pertinent to the contract, in order to make audits, examinations, excerpts, and transcripts.

## **9.1 Contract Close-Out**

- 9.1.1 All Contractors are responsible for completing required HOST contract close-out forms and submitting these forms to their appropriate HOST Contract Specialist within sixty (60) days after the Agreement end date, or sooner if required by HOST in writing.
- 9.1.2 Contract close out forms will be provided to the Contractor by HOST within thirty (30) days prior to end of contract.
- 9.1.3 HOST will close out the award when it determines that all applicable administrative actions and all required work of the contract have been completed. If Contractor fails to perform in accordance with this Agreement, HOST reserves the right to unilaterally close out a contract, "unilaterally close" means that no additional money may be expended against the contract.

## **10.1 Collection of amounts due**

- 10.1.1 Any funds paid to a Contractor in excess of the amount to which the Contractor is finally determined to be entitled under the terms of the award constitute a debt to the Federal Government and the City. If not paid within a reasonable period after demand, HOST may 1) Make an administrative offset against other requests for reimbursements, 2) Withhold advance payments otherwise due to the Contractor, or 3) other action permitted by law.



# **EXHIBIT C**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/26/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>		<b>CONTACT NAME:</b> Brenda Crozier	
ISU Insurance Services of Colorado		<b>PHONE (A/C, No, Ext):</b> (303) 534-2133	<b>FAX (A/C, No):</b> (303) 892-5579
350 Indiana Street, Suite 750		<b>E-MAIL ADDRESS:</b> bcrozier@isuinsurance.com	
Golden CO 80401		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Philadelphia Indemnity Insurance Co.	<b>NAIC #</b> 18058
<b>INSURED</b>		<b>INSURER B:</b> Pinnacol Assurance Co	41190
Volunteers of America Colorado Branch		<b>INSURER C:</b>	
2660 Larimer St		<b>INSURER D:</b>	
Denver CO 80205		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 19-20 LIAB

REVISION NUMBER:

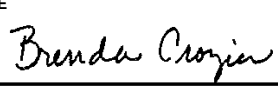
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Sexual Abuse & Molestation - \$1,000,000 Annual Aggregate GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y		PHPK1999552	07/01/2019	07/01/2020	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 20,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		PHPK1999552	07/01/2019	07/01/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							Uninsured motorist	\$ 1,000,000
A	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB681474	07/01/2019	07/01/2020	COMBINED SINGLE LIMIT EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	55212	01/01/2019	01/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Professional Liability for Human Services Organization			PHPK1999552	07/01/2019	07/01/2020	Prof. Incident Limit	\$1,000,000
							Annual Aggregate	\$2,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

As required by written contract, the City and County of Denver, its Elected and Appointed Officials, Employees and Volunteers are included as Additional Insured as respects the Commercial General Liability and Business Auto. Sexual abuse and molestation coverage is not excluded.

**CERTIFICATE HOLDER****CANCELLATION**

City and County of Denver Department of Human Services 1200 Federal Blvd.  Denver CO 80204	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/26/2019
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**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> ISU Insurance Services of Colorado 350 Indiana Street, Suite 750  Golden CO 80401	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;"><b>CONTACT NAME:</b> Brenda Crozier</td> </tr> <tr> <td style="width: 80%; padding: 2px;"><b>PHONE (A/C, No, Ext):</b> (303) 534-2133</td> <td style="padding: 2px;"><b>FAX (A/C, No):</b> (303) 892-5579</td> </tr> <tr> <td colspan="2" style="padding: 2px;"><b>E-MAIL ADDRESS:</b> bcrozier@isuinsurance.com</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;"><b>INSURER(S) AFFORDING COVERAGE</b></td> </tr> <tr> <td style="padding: 2px;"><b>INSURER A:</b> Philadelphia Indemnity Insurance Co.</td> <td style="padding: 2px;"><b>NAIC #</b> 18058</td> </tr> <tr> <td colspan="2" style="padding: 2px;"><b>INSURER B:</b></td> </tr> <tr> <td colspan="2" style="padding: 2px;"><b>INSURER C:</b></td> </tr> <tr> <td colspan="2" style="padding: 2px;"><b>INSURER D:</b></td> </tr> <tr> <td colspan="2" style="padding: 2px;"><b>INSURER E:</b></td> </tr> <tr> <td colspan="2" style="padding: 2px;"><b>INSURER F:</b></td> </tr> </table>	<b>CONTACT NAME:</b> Brenda Crozier		<b>PHONE (A/C, No, Ext):</b> (303) 534-2133	<b>FAX (A/C, No):</b> (303) 892-5579	<b>E-MAIL ADDRESS:</b> bcrozier@isuinsurance.com		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>INSURER A:</b> Philadelphia Indemnity Insurance Co.	<b>NAIC #</b> 18058	<b>INSURER B:</b>		<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURED</b>  Volunteers of America Colorado Branch 2660 Larimer St  Denver CO 80205																					

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b> 19-20 CYBER	<b>REVISION NUMBER:</b>
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Cyber Liability - Claims Made Policy			PHSD1457367	07/01/2019	07/01/2020	Primary Limit \$1,000,000 Annual Aggregate \$2,000,000 Deductible per Claim \$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>  City and County of Denver Denver Human Services 1200 Federal Blvd.  Denver CO 80204	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <div style="text-align: right; font-family: cursive; font-size: 1.2em;">Brenda Crozier</div>
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