

AMENDATORY AGREEMENT

THIS AMENDATORY AGREEMENT is made and entered into this ____ day of _____, 2010, by and between the **CITY AND COUNTY OF DENVER**, a municipal corporation of the State of Colorado (the "City"), and **COLORADO HEALTH NETWORK, INC.**, a Colorado non-profit corporation d/b/a **COLORADO AIDS PROJECT**, whose address is 2490 West 26th Avenue, Suite 300A, Denver, Colorado 8011 (the "Contractor").

10-124-A

WITNESSETH:

WHEREAS, the City and the Contractor entered into an Agreement dated February 23, 2010, to provide funds to the Contractor for the Tenant Based Rental Assistance (TBRA), Short Term Rent Mortgage Utility Assistance, Supportive Services, and Permanent Housing Placement programs (the "Agreement"); and

WHEREAS, the City and the Contractor wish to amend the Agreement, to increase funding;

NOW, THEREFORE, in consideration of the premises and the mutual covenants and obligations herein set forth, the parties agree as follows:

1. Paragraph 3 of the Agreement, entitled "**COMPENSATION**", is hereby amended to read as follows:

"3. **COMPENSATION**: The amount to be paid by the City to the Contractor shall not exceed One Million Four Hundred Forty-One Thousand Nine Hundred Eleven Dollars (\$1,441,911.00). The obligation of the City for payments under this Agreement is limited to monies appropriated by the U.S. Congress and the City Council and paid into the City Treasury as an applicable cost under the "Housing Opportunities for Persons with AIDS Grant Agreement" referred to below. Funds will be released to the Contractor in accordance with the budget and other requirements set forth in Exhibits A 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."

2. The revised Scope of Services is attached hereto and incorporated herein as **Exhibit A-1**. All references to "Exhibit A" in the Agreement are hereby amended to read "Exhibit A-1."

3. Except as herein amended, the Agreement is affirmed and ratified.

IN WITNESS WHEREOF, the parties have executed, through their respective lawfully empowered representatives, this Amendatory Agreement as of the day and year first above written.

ATTEST:

CITY AND COUNTY OF DENVER

STEPHANIE Y. O'MALLEY,
Clerk and Recorder, Ex-Officio Clerk
of the City and County of Denver

By: _____
Mayor

RECOMMENDED AND APPROVED:

APPROVED AS TO FORM:
City Attorney for the
City and County of Denver

By: [Signature]
Office of Economic Development

By: _____
Assistant City Attorney

REGISTERED AND COUNTERSIGNED:

By: _____
Manager of Finance
Contract Control No. GE01031(1)

By: _____
Auditor

"CITY"

COLORADO HEALTH NETWORK,
INC., a Colorado non-profit corporation
d/b/a COLORADO AIDS PROJECT
I.R.S. Identification No. 84-0961159

By: [Signature]

Name: Ruth Pederson
(please print)

Title: Executive Director

"CONTRACTOR"

SCOPE OF SERVICES

EXHIBIT "A-1"
OFFICE OF ECONOMIC DEVELOPMENT
DIVISION OF BUSINESS AND HOUSING SERVICES (BHS)

COLORADO HEALTH NETWORK d/b/a COLORADO AIDS PROJECT (CPS # 20)
TBRA/STRMU/Supportive Services/Permanent Housing Placement programs
SCOPE OF SERVICES - AMENDED
2010 HOPWA Services

I. INTRODUCTION

The purpose of this AMENDED contract agreement is to provide additional HOPWA funds, in the amount of \$156,220, to an existing grant of \$1,285,691 for a new total of \$1,441,911, through the Office of Economic Development's Business & Housing Services Team (BHS). These funds will be provided to the Colorado Health Network d/b/a Colorado AIDS Project (CAP) to be utilized for the Tenant Based Rental Assistance (TBRA), Short Term Rent Mortgage Utility Assistance, Supportive Services, and Permanent Housing Placement programs.

Funding Source: Amount: CFDA # 14.241
CDBG \$
HOME \$
HOPWA \$ 1,285,691 - original amount (adding \$133,750 for TBRA and \$22,470 for Perm. Housing Placement) = AMENDED total \$1,441,911

HUD Matrix Code: 31 HOPWA; 31C HOPWA Project Sponsor Activity; 31D HOPWA Project Sponsor Administration.
HUD Eligible Activity: Housing Opportunities for Persons with AIDS (HOPWA) - 24CFR Part 574.300 (b)(5) project or tenant based rental assistance, (b)(6) Short Term Rent Mortgage Utility Assistance (b)(7) supportive services, (8) operating cost for housing, and (10)(ii) project sponsor administrative expenses
Accomplishment Code: 04 - households and 01 - people
Proposed Number: 419 - households and 1275 - people (add 15 households to TBRA and 46 households for Perm Housing Placement) = AMENDED total (480 households)

CDBG - Only
HUD National Objective: n/a

HOME - Only
HUD Eligible Cost: n/a

Organization: Colorado Health Network d/b/a Colorado AIDS Project
EIN#: 84-0961159
Address: P.O. Box 48120 Denver, CO 80204
Contact Person: Ruth Pederson
Phone: 303-837-1501
Email: ruthp@coloradoaidsproject.org
Organization Type: [X] Non-profit [] For-profit

Is the organization a Faith-based/Community Initiative? [] Yes [X] No
Is the organization woman owned? [] Yes [X] No

Contract Relationship:
[X] Subrecipient/Contractor [] Vendor [] Beneficiary [] Community Based Development Organization
[] CHDO

Council District(s): All Neighborhood(s): All Census Tracts: all

Is the purpose of this activity to:

- | | | |
|--|---|-----------------------------|
| Help prevent homelessness? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Help the homeless | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Help those with HIV/AIDS | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Primarily help persons with disabilities | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

II. ACTIVITY DESCRIPTION

1. Purpose

Tenant Based Rental Assistance (TBRA): The Tenant Based Rental Assistance Program will provide housing assistance to low income households affected by HIV/AIDS in the Denver Eligible Metropolitan Statistical Area (EMSA). This program is designed to prevent homelessness by creating and retaining long-term, stable, permanent housing options for households that might otherwise not be able to afford housing.

Short Term Rent Mortgage Utility Assistance (STRMU): The Short Term Rent Mortgage Utility Program will provide housing assistance to low income households affected by HIV/AIDS in the Denver Eligible Metropolitan Statistical Area (EMSA). This program is designed to prevent homelessness by assisting to retain long-term, stable, permanent housing options for households that might otherwise lose their housing. This program provides Short Term Rent Mortgage Utility assistance (STRMU) in the form of eviction/foreclosure prevention.

The STRMU Program will provide equal access of funds to rental and mortgage assistance to all participants regardless of where the participant receives primary case management or other support services.

Supportive Services: This program is to provide supportive services to participant households affected by HIV/AIDS by providing intensive case management, referrals to healthcare, support around adherence to healthcare and treatment, referrals to mental health and substance abuse counseling, referrals to support groups and psycho-educational workshops, housing resources and referrals, and vocational assistance. This contract will provide funds for several housing and homeless programs and the services vary from program to program.

Permanent Housing Placement: The Permanent Housing Placement Program will provide deposit/move-in assistance to low income individuals and households affected by HIV/AIDS in the Denver Eligible Metropolitan Statistical Area (EMSA).

The Permanent Housing Placement Program will provide equal access of funds for assistance to all participants regardless of where the participant receives primary case management or other support services.

Funds will be used to

Provide programs to eligible individuals and/or households within the Denver Eligible Metropolitan Statistical Area (EMSA), which includes and is exclusive to, Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties.

2. PROGRAM REQUIREMENTS AND RESPONSIBILITIES

1.) TENANT BASED RENTAL ASSISTANCE (TBRA): This program is designed to meet the needs of participants by providing Tenant Based Rental Assistance, which subsidizes the difference between total rent and the monthly tenant rent (based on Tenant Rent Calculation Worksheet or other

approved form), to be calculated and tracked by staff at Colorado AIDS Project, or the referring agency, and paid out by Colorado AIDS Project. CAP will maintain lists of available affordable open-market and subsidized housing for clients as well as coordinate and distribute affordable and supportive housing resources to case managers.

CAP agrees to use an "Outcome Based Funding" tracking program through CAP's client database. Outcome Based Funding is defined as "the systematic tracking of the extent to which program participants experience benefits or changes intended; what is different about the person (s) following the program"?

CAP will be responsible for processing Tenant Based Rental Assistance payments for eligible participant households whom are currently on the program, have been referred by their Case Manager at CAP or a partner agency and approved, and are currently actively case managed.

A. PARTICIPANT ELIGIBILITY CRITERIA

The participant population to be served consists of low-income people living with HIV/AIDS who need assistance with maintaining long-term, stable, permanent housing.

Assistance may be provided after review of the participant's financial status along with other eligibility requirements, according to the following guidelines:

1. **INCOME** - The participant household must be low - mod income, with household income defined as at or below 80 percent of median income, as outlined in 24 C.F.R. Section 574.3. The participant household income is defined to include related persons and one or more eligible persons living with another person or persons who are determined to be important to their care or well being.

The current HUD annual income schedule follows (to be adjusted for 2010 fiscal year figures.) Adjusted by household size, the incomes are as follows:

INCOME	HOUSEHOLD SIZE				
	1 person	2 persons	3 persons	4 persons	5 persons
80% AMI	\$42,550	\$48,650	\$54,700	\$60,800	\$65,650
50% AMI	\$26,600	\$30,400	\$34,200	\$38,000	\$41,050
30% AMI	\$15,950	\$18,250	\$20,500	\$22,800	\$24,600

2. **VERIFICATION OF DIAGNOSIS** - The participant must have a verifiable diagnosis of AIDS (Acquired Immune Deficiency Syndrome) or tested to be seropositive for HIV (Human Immunodeficiency Virus).

3. **CASE MANAGEMENT** - All participants must be case managed.

4. **HOUSING OPTIONS** - All participants must be on appropriate housing wait lists and/or other subsidy lists as determined by a case manager.

5. **DEMONSTRATED NEED** - The participant must demonstrate need of financial assistance as described in this contract.

6. **FINANCIAL CERTIFICATION FORM** - The participant will sign a financial assistance certification form.

7. **VERIFICATION OF TENANCY** - The participant must provide evidence of tenancy. The participant must be a tenant on a valid lease from a property in which they will reside.

B. RENTAL ASSISTANCE

Payment requests will be delivered or faxed from all participating Case Management Agencies. CAP shall agree to ensure the confidentiality of the name and any other information regarding individuals assisted under this grant. Information on the HIV status of a participant is confidential and must be maintained in a manner that guarantees confidentiality, as required by law.

CAP will enter into a Memorandum of Understanding (MOU) with each participating Case Management Agency. A copy of the MOU will be provided to the Business & Housing Services Team (BHS) HOPWA Administrator. The case managers of these agencies and CAP are responsible for determining that the participant meets the eligibility requirements and will maintain participant financial assistance records. It is the responsibility of these individual HIV/AIDS Service Agencies' case managers to verify that the request for assistance meets the program guidelines. CAP will not be held responsible for any errors of other agencies.

RENT RESTRICTIONS

CAP may pay no more than 110% published HUD-approved Fair Market Rent (FMR) or the approved community-wide exception rent for the unit size. The rent charged for the unit must be reasonable in relation to rents currently being charged by the owner of comparable unassisted units.

Rent restrictions are based on HUD published Section 8 Fair Market Rents. The current rents for the Denver Metro Area:

Bedroom size	0	1	2	3	4
	\$617	\$704	\$891	\$1265	\$1475

Dave's Place and Juan Diego

CAP will also coordinate the housing placement and rental assistance for two (2) HOPWA-funded apartment units at Dave's Place and twenty-one (21) beds occupying sixteen (16) units at Juan Diego.

Persons with HIV/AIDS receiving rental assistance through this program will pay an amount equal to the higher of either 30 percent of their adjusted household income, based on the Tenant Rent Calculation Worksheet, or other approved form (adjustment factors include the age of the individual, medical expenses, size of family and child care expenses), 10 percent of their gross income, or a housing allowance as defined by a public welfare agency. The assistance provided will equal the difference between the total rent and the individual's payment, as referred to earlier. Participants with no income are required to sign a monthly "Zero Income and Survivability" statement with their case managers.

In all cases, rental assistance will be paid directly to the vendor providing the housing.

MOSAIC transition

CAP will transition 15 participants from the MOSAIC program, which will no longer have funding to provide rental assistance for these participants, to the HOPWA TBRA program. CAP will ensure that all participants being transitioned meet eligibility requirements for the HOPWA TBRA program, as listed above.

Outcome: 15 households

HOPWA Unit Waitlist Maintenance

CAP Occupancy Coordinators will maintain waitlists and make referrals to the HOPWA units in the Denver EMSA in partnership with the Office of Economic Development, Business & Housing Services team.

PROCESS

1. Receive, review, and approve signed requests that contain all the information needed to determine eligibility and determine that the amount requested is allowed under established guidelines as noted in the participant eligibility above.
2. Once approved, checks will be issued to the vendor and sent out (mailed/delivered) within three (3) business days after receiving the request. No checks are to be made out to the participant. Checks will be made out to individuals (vs. companies/utilities) only after the referring agency has verified that the individual is the owner of the property where the participant lives.
3. Maintain financial emergency assistance records and notify the case managers if the request does not fit the established guidelines. The Single Payer will contact the referring case manager who will be responsible to inform the participants.
4. Provide CAP case managers and other case management agencies with monthly financial data.

II.) SHORT TERM RENT MORTGAGE UTILITY ASSISTANCE (STRMU): This program is designed to prevent homelessness by assisting to retain long-term, stable, permanent housing options for households that might otherwise lose their housing. Assistance may be provided after review of the participant's financial status, and qualifications according to the following guidelines:

1. The participant must be low-income with household income defined as at or below 80 percent of area median income, as in 24 C.F.R. Section 574.3., the participant household income is determined to include related persons and one or more eligible persons living with another person, or persons, who are determined to be important to their care or well being.
2. The participant must have a verifiable diagnosis of AIDS (Acquired Immune Deficiency Syndrome) or tested to be seropositive for HIV (Human Immunodeficiency Virus).
3. All participants must be case managed.
4. All participants must be on appropriate housing waitlists and/or other subsidy lists as determined by a case manager.
5. The participant must provide evidence of tenancy. The participant must be a tenant on a valid lease for a property, be an owner of a mortgaged home in which they reside.
6. The participant must demonstrate need.
7. The participant must sign a financial assistance certification form.

CAP will enter into a Memorandum of Understanding (MOU) with each participating Case Management Agency. A copy of the MOU will be provided to the Business & Housing Services Team (BHS) HOPWA Administrator. The case managers of these agencies and CAP are responsible for determining that the individual meets the eligibility requirements and will maintain participant financial assistance records. It is the responsibility of these individual AIDS Service Agencies' case managers to verify that the request for assistance meets the program guidelines. CAP will not be held responsible for any errors of other agencies.

2009 HUD income limits should be used up until HUD releases 2010 figures. Per 2009, adjusted by household size, the incomes are as follows:

INCOME	HOUSEHOLD SIZE				
	1 person		1 person		1 person
80% AMI	\$42,550	80% AMI	\$42,550	80% AMI	\$42,550
50% AMI	\$26,600	50% AMI	\$26,600	50% AMI	\$26,600
30% AMI	\$15,950	30% AMI	\$15,950	30% AMI	\$15,950

CAP agrees to use an "Outcome Based Funding" tracking program through CAP's client database. Outcome based funding is defined as "the systematic tracking of the extent to which program participants experience benefits or changes intended; what is different about the person(s) following the program?"

CAP will be responsible for the administration of the program outlined as follows:

- Participants must be case managed
- Participants may receive no more than \$1,000 in a year
- Participant's household income must be under 80% Area Median Income (AMI).
- Participants in subsidized housing are not eligible.

STRMU assistance is not intended to provide continuous or perpetual assistance. Assistance is intended to benefit participants who are not able to meet their monthly housing expenses due to unexpected situations. The participant must be a tenant on a valid lease for property in which they have been residing for a time before seeking the HOPWA assistance, or be the owner of a mortgaged dwelling in which they reside. In order to receive STRMU assistance, participants must present evidence that they are the named tenants under a valid lease (to receive a rental payment), the owner of mortgaged real property (to receive a mortgage payment). Participants must produce a 3-day notice, eviction notice, or mortgage late notice.

Satisfactory evidence of tenancy includes the lease or a default/late payment notice that identifies the participant as the named tenant under the lease. Satisfactory evidence of ownership of encumbered property includes a deed accompanied by a mortgage or deed of trust; b.) a mortgage or deed of trust default/late payment notice which identifies the participant as the property owner/debtor; or c) title insurance policy identifying the participant as property owner/debtor.

SUPPORTIVE SERVICES: These programs are designed to meet the needs of participants by providing supportive services and intensive case management to participants that live in HOPWA-supported, Section 8, and other privately owned housing. Case managers assigned directly to participants will help to ensure that they maintain a stable housing environment. The case managers will work closely with landlords and developers as well as the participants so that they remain in their homes as long as possible. Participants will have access to referrals for substance abuse and mental health treatment counseling, if they have a need for those services. CAP will maintain lists of available affordable open-market and subsidized housing for clients as well as coordinate and distribute affordable and supportive housing resources to case managers.

CAP agrees to use an "Outcome Based Funding" tracking program through the use of CAP's client database. Outcome Based Funding is defined as "the systematic tracking of the extent to which program participants experience benefits or changes intended; what is different about the person (s) following the program"?

CAP case managers are responsible for determining that the individual meets eligibility criteria and will maintain participant financial assistance records. Case managers will determine eligibility of participants admitted to the program by obtaining signed applications that contain all the information needed to determine eligibility, income, and tenancy. It is the responsibility of all case managers to verify that the request for assistance is a legitimate emergency and that the participant meets the program criteria. Proof of hardship must be obtained for each request.

1. **Income Certification:** Annual income shall be determined as defined in 24 C.F.R.5.609, commonly known as "Part 5 annual income". Case managers shall obtain third party verifications or documentation of expected income, assets, unusual medical expenses, and any other pertinent information.
2. **Verification of Tenancy:** Satisfactory evidence of tenancy includes the lease that identifies the participant as the named tenant under the lease. Satisfactory evidence of ownership of a home includes, a) a deed accompanied by a mortgage or deed of trust, b) a mortgage or deed of trust default/late payment notice which identifies the participant as the property owner/debtor, c) a title insurance policy identifying the participant as the property owner/debtor.
3. **Verification of Need:** HOPWA is a "needs based" program; therefore the participants must demonstrate the level of benefits needed through verifiable documentation. Case managers will complete a budget with the participant or update an existing budget when applying for permanent housing assistance and short term rent mortgage utility assistance. Budgets should not be more than one year old. Any change in income will require recalculation of participant assistance.

4. **Verification of HIV/AIDS:** Case managers will obtain written documentation of a verifiable diagnosis of AIDS (acquired immunodeficiency syndrome) or tested to be seropositive for HIV (human immunodeficiency virus). A physician or HIV clinic will verify HIV status.
5. **Supportive services:** Case manager service goals are to improve the quality of life for people infected with and affected by HIV through the provision of support, information, and emotional stability that enable participants to make productive and healthy choices, diminish stress, and increase their sense of responsibility in living with, and treating, their illness. Case management services include ongoing assessment of individual participant needs and identifying the community resources to meet these needs. Services may include helping to provide, advocating for, and access to needed services.

2009 HUD income limits should be used up until HUD releases 2010 figures. Per 2009, adjusted by household size, the incomes are as follows:

INCOME	HOUSEHOLD SIZE				
	1 person		1 person		1 person
80% AMI	\$42,550	80% AMI	\$42,550	80% AMI	\$42,550
50% AMI	\$26,600	50% AMI	\$26,600	50% AMI	\$26,600
30% AMI	\$15,950	30% AMI	\$15,950	30% AMI	\$15,950

PERMANENT HOUSING PLACEMENT: The Permanent Housing Placement Program will provide deposit/move-in assistance to low income individuals and households affected by HIV/AIDS in the Denver Eligible Metropolitan Statistical Area (EMSA).

CAP will be responsible for the administration of the program outlined as follows:

- Participants must be case managed.
- No more than one rental deposit payment not to exceed 2 months rent per year per participant household (rents based on published Fair Market Rent (FMR) limits)

*Restrictions are based on HUD published Section 8 Fair Market Rents. The current rents for the Denver Metro Area:

Bedroom size	0	1	2	3	4
	\$617	\$704	\$891	\$1265	\$1475

- Valid Colorado lease or letter of intent to rent.
- Permanent Housing Placement may not be used within 30 days of Short Term Rent Mortgage Utility Assistance (STRMU), which is used for eviction prevention
- Participant's household income must be at or below 80% of Area median Income (AMI). Per HUD guidelines.

INCOME	HOUSEHOLD SIZE				
	1 person	2 persons	3 persons	4 persons	5 persons
80% AMI	\$42,550	\$48,650	\$54,700	\$60,800	\$65,650
50% AMI	\$26,600	\$30,400	\$34,200	\$38,000	\$41,050
30% AMI	\$15,950	\$18,250	\$20,500	\$22,800	\$24,600

Payment requests will be delivered or faxed from all participating Case Management Agencies. CAP shall agree to ensure the confidentiality of the name and any other information regarding individuals assisted under this grant. Information on the HIV status of a participant is confidential and must be maintained in a manner that guarantees confidentiality, as required by law.

CAP will enter into a Memorandum of Understanding (MOU) with each participating Case Management Agency. A copy of the MOU will be provided to the Business & Housing Services Team (BHS) HOPWA Administrator. The case managers of these agencies and CAP are responsible for

determining that the participant meets the eligibility requirements and will maintain participant financial assistance records. It is the responsibility of these individual HIV/AIDS Service Agencies' case managers to verify that the request for assistance meets the program guidelines. CAP will not be held responsible for any errors of other agencies.

In addition, CAP will:

1. Receive, review, and approve signed requests that contain all the information needed to determine eligibility and determine that the amount requested is allowed under established guidelines as noted in the participant eligibility above.
2. if the request is approved, checks will be issues to the vendor and sent out (mailed/delivered) within three (3) business days after receiving the request. No checks are to be made out to the participant. Checks will be made out only after the referring agency has verified that the individual is the owner of the property where the participant lives.
3. Maintain financial emergency assistance records and notify the case managers if the request does not fit the established guidelines. CAP will contact the referring case manager who will be responsible to inform the participants.
4. Provide CAP case managers and other case management agencies with monthly financial data.

3. **Performance Objective & Outcome**

The intent of this activity is to prevent homelessness, create/retain long-term, stable, permanent housing, and provide supportive services.

Objective (select one)

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

Outcomes (select one)

- Availability/Accessibility
- Affordability
- Sustainability

4. **Indicators**

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

Indicators – must be measurable
<i>4a. Common Indicators:</i>
<i>Money Leveraged</i>
<i>Number of proposed outcomes (from above)</i>
<i>Income Levels of people/family(if applicable to outcome)</i>
<i>Race and Ethnicity (if applicable to outcome)</i>
<i>4b. Specific Indicators: Specific to this particular scope of work</i>
TBRA -
123 households assisted (add 15 MOSAIC households) = AMENDED total 138 households
90% of and Dave's Place participants will access/adhere to primary care appointments.
80% of Dave's Place and Section 8 participants will show progress on their wellness plan.
70% of residents of all housing programs will obtain or maintain permanent housing
STRMU -
153 households where eviction/foreclosure was prevented in 2010

Supportive Services -
1275 individuals case managed
Permanent Housing Placement -
143 households assisted (add 46 households) = AMENDED total 189 households
85% of individuals that received financial housing assistance will maintain permanent housing (measured after 6 months of services).

5. Implementation Plan and Timeline

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

Task	Projected Beginning & End Dates
¼ of proposed households and people assisted	January 1, 2010 – March 31, 2010
¼ of proposed households and people assisted	April 1, 2010 – June 30, 2010
¼ of proposed households and people assisted	July 1, 2010 – September 30, 2010
¼ of proposed households and people assisted	October 1, 2010 – December 31, 2010

III. Budget (Please see Attachment A – Budget Template)

If program income is generated, how will income be used? (Please refer to attached Option Sheet) N/A

Is a copy of the Program Budget form attached? Yes No
 Are non-personnel costs being funded Yes No (see attached Budget)

IV. Reporting

Data collection is required and must be completed demonstrating income eligibility and achievements met towards meeting the indicators contained in the Scope of Services. All disbursement of funds is contingent based on the ability to collect the required information.

The **Colorado Health Network d/b/a Colorado AIDS Project** will submit a Reporting Form to BHS **QUARTERLY**. The information reported will 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 then an explanation should be included in the narrative section of the report.

Is the Outcome Performance Measurement Report/or other required reporting form attached? Yes No

Income and Demographic Reporting Requirements

For programs that must fulfill the limited clientele activities, income data must be collected to verify that at least 51 percent of program participants are low- or moderate-income persons. The income limitations are set by HUD annually and BHS will provide the income limitations.

Select what method of income verification will be used to demonstrate income compliance:
 Self-Certification Verification with supporting income documentation Not Applicable

HOME funded contracts only:

If income will be verified, select the definition to be used to determine annual household income:
 Part 5 income (rental) Census Long Form (homeownership for-sale) IIRS Form 1040 (rehab)

BHS has a form entitled "STATEMENT OF HOUSEHOLD INCOME/DEMOGRAPHICS" that may used to collect income and demographic information or an existing form incorporating the required data may be used. This information must be retained and be made available to BHS staff or designee upon request. The minimum data required for each program participant is as follows:

1. Unique identifier – name and address
2. Identify whether the head of household is female or/or disabled
3. Total number of household members

4. Total income of the household
5. Number of household members served by the program
6. The **ethnicity** – Hispanic or Latino OR Not Hispanic or Latino of each household member served
7. The **race** of each household member served –
 - a. White
 - b. Black/African American
 - c. Asian
 - d. American Indian/Alaska Native
 - e. Native Hawaiian/Other Pacific Islander
 - f. American Indian/Alaska Native & White
 - g. Asian & White
 - h. Black/African American & White
 - i. American Indian/Alaska Native & Black / African American
 - j. Other Multi-race (Please explain)

NOTE: each household member served by the program is required to select **BOTH** an ethnicity and a race category!

8. Signature attesting to the accuracy of the information submitted.