



**Coordinated Entry System (CES) For Families
Request for Proposals (RFP)**
CES Service Planning Area (SPA) Plan

B1

SPA: 6	
Name of CES for Families Lead Agency:	Planning Facilitator (if applicable) Agency/Phone/Email:
Three Applicants/Proposers for Lead Agency: <ul style="list-style-type: none"> • Weingart Center for the Homeless • Special Service for Groups/HOPICS • Upward Bound House 	Veronica Lewis SSG/HOPICS (323) 948-0444 vlewis@hopics.org
CES for Families Lead Agency Primary Contact - Phone/Email:	
Person Completing this Summary:	Agency:
Veronica Lewis	SSG/HOPICS
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PARTICIPANTS: *Identify the participants in the planning process*

Name	Agency
Armando Iraldo	DMH
Ashley Fabeck	EMQFF Families First Hollygrove
Ashley Singleton	Daisy's House
Briana Mandel	Imagine LA
Celica Quinones	Sup. Mark Ridley Thomas
Chauntee Coleman	SCHARP
Christina Verjan	First to Serve
Christine Glasco	Upward Bound House
Cristina Nieto	SSG - HOPICS
Cynthia Carter	Testimonial Community Love Center
Dana Perry	WCRSEC - WCRP
Dawan Moses	Weingart FSC



**Coordinated Entry System (CES)
Request for Proposals (RFP)
CES Service Planning Area (SPA) Plan**

B1

Deidre Betty	DHS Housing for Health
Denise Hall	Fathers & Mothers Who Care
Ed Gonzalez	1736 Family Crisis Center
Edwin Gonzalez	Weingart FSC
Ethel Jackson	Motorcycle Riders for Homeless Parolees
Evelyn Vega	LACGC
Jessica Graves	DHS Housing for Health
Kisa Grayson	Shields for Families
L.Ggazdziak	DPH
Lanita Hamilton	Ms. Hazels House
Latesha Sims	SSG - HOPICS
Linda Kelly	Fathers & Mothers Who Care
Marion Sanders	SSG - HOPICS
Monica Davis	Weingart
Nicole Floyd	WLCAC
Perry Singleton	Daisy's House
Rachel Citron	1736 Family Crisis Center
Rev. Richard Reed	First to Serve
Shannon Murray	WLCAC
Sonya Smith	DMH
Terri Reynolds	AADAP, Inc.
Theresa Jones	A New Direction
Veronica Lewis	SSG-HOPICS



SPA 6 COMMUNITY PLAN

I. SPA-WIDE OUTCOMES (SEE CES SPA-Wide Community Plan Workbook, B2. Outcomes and Staff)

The SPA-Wide Community Plan Workbook, I. Outcomes chart is attached.

II. SPA COORDINATION AND MUTUAL ACCOUNTABILITY

1. How does the SPA plan to coordinate and collaborate with various outreach partners to ensure geographic coverage of your SPA?

With the inception of the Coordinated Entry System (CES) in our region, SPA 6 understood early on that our ability to effectively leverage existing resources would be the determinate of creating an effective homeless system of care. Knowing that street outreach is a key gateway into the homeless system of care, yet is extremely underfunded (and in many cases not funded at all), we began to look at ways to strengthen this aspect of the system. Through collaboration and asset mapping, SPA 6 put forth the notion of *multiagency street outreach*. This concept was new to our region, required a shift in traditional service delivery, and forced the breaking down of siloes. As a result, in 2013 we pulled together existing resources (all leveraged) to create two multiagency outreach teams: one team covering the northern end of the SPA and the other covering the southern end. At that time, the teams were made up of representatives from the only two homeless access centers, the only funded shelter, and the VA. Additionally, we rallied the assistance of volunteers and interns to fill gaps and address the needs that existing funding could not close. The composition of the team both matched the existing resources of the service providers at the forefront of shaping the system as we know it today, and the population we were required to target at that time (the most vulnerable, those who were considered chronically homeless, and veterans).

Understanding that this approach needed to be scaled up to effectively ensure 100% coverage of the region and reflect the landscape of those experiencing homelessness, we pushed ourselves to identify additional agencies with outreach resources that could lend to our vision of creating a community response to homelessness. With the expansion of SPA 6 CES, we began to partner with SPA 7, specifically People Assisting the Homeless (PATH) and Our Place Housing Solutions, to conduct street outreach in the City of Lynwood and connect this area of the region to the homeless system of care. With the infusion of additional service dollars, we were able to add another sub-regional hub-site to cover the Southeast end of the region as an access point for people experiencing homelessness.

Over the course of the last four years, our intentional efforts to build collaborative relationships paved the way for SPA 6 to connect with multiple cross sector public and private agencies that provide one or more of the following services in the field: mental health service connection, multi-disciplinary triage, CES Connection, basic needs and transportation to crisis housing, and primary health care and dental services.

The table below provides a list of the current outreach teams that exist in SPA 6.

Table 1.0: Current Outreach Teams in SPA 6		
AADAP Inc. WorkSource	LA City Health Department	St. John's Well Child & Family Center Mobile Clinic



**Coordinated Entry System (CES)
Request for Proposals (RFP)
CES Service Planning Area (SPA) Plan**

B1

Bell Shelter SSVF	LAHSA Emergency Response Team	St. Joseph's Vehicular Outreach
Central City Community Health Clinic	LAPD Newton Division (Homeless Outreach Officer)	VOA Battle Buddies
Charles Drew, HIV Clinic	Pacific Clinics	VOA SSVF
Dentext	PATH SSVF	VOA TAY
Department of Health Services	PATH Veterans	Weingart Family Solution Center-Family Response Team (FRT)
Department of Mental Health (HOME Team, SB 82 Team, and PMRT)	Salvation Army	West Angeles CDC
Exodus Recovery	SPA 6 CES	Watts Labor Community Action Committee
FAME SSG/HOPICS Multi-Disciplinary (E6) Teams	SSG/HOPICS (SPA-wide CES Outreach and CD 9 Targeted) Community Build	SCHARP (PATH, MIT and HUD VASH)

2. How will the SPA ensure resources associated with a specific organization serve the entire SPA?

The SPA 6 CES for Families will adapt the sub regions identified through the Single Adult system to examine access/service gaps and cluster services and supports in each of the following respective areas: 1) North – the area north of Florence Ave in South LA; 2) South – the area north of Florence Ave; and 3) Southeast – the cities of Compton, Lynwood and parts of Paramount. The SPA will continue to discuss how to align with existing service providers in each sub-region.

During the community planning process the SPA focused on ensuring that both the funded and leveraged resources are disbursed through the entire region. The establishment of an infrastructure, “Certified Organization” and “Affiliate,” detailed in Question Three (3) of this document will help increase the involvement of collaborative partners and bring additional resources and leveraged support to CES clients. The proposals submitted in response to this funding opportunity are strategically coordinated for SPA-wide coverage. All rapid re-housing dollars are available to individuals through SPA 6. Case coordination via weekly calls will allow the SPA to regularly assess geographic disbursement of services. The funded Regional Coordinating Agency/FSC will work with SPA 6 Homeless Family stakeholders to develop a mechanism for the SPA to map outreach encounters and volume at designated access sites for ongoing review. Additionally, the monthly Stakeholders meeting will include regular conversations regarding how and where resources are being utilized. SPA 6 CES works closely with the City of Los Angeles Council Districts (CD) eight (CD8) and nine (CD9) to coordinate efforts, conduct geographically targeted efforts, and increase resources for those areas. During the contract year, the region will work to enhance partnerships with CD10 and CD15 for similar coordination.

3. How will the SPA integrate new partners into your existing CES SPA structure?

The recent Community Planning process helped to engage additional partners to expand the capacity of SPA 6 CES. The community agreed that the family system should engage all stakeholders in a way similar to the existing mechanism utilized by the Single Adult System. Accordingly, curriculum will be developed to create a SPA 6 CES for Families



Coordinated Entry System (CES) Request for Proposals (RFP) CES Service Planning Area (SPA) Plan

B1

Orientation-to help all agencies, residents, and other groups understand the family system and all that is attached to it. The on-boarding process for new agencies will involve participation on the SPA 6 CES Orientation. The Regional Coordinating agency will work with organizations to better understand their desired level of participation and commitment to SPA 6 CES. Thus, new partners will be identified as “Certified Organizations” or “CES affiliates”. Additionally, the lead agency will provide guidance and support to all new partners to gain HMIS access, if necessary.

The SPA 6 CES Stakeholders, within the first three months of the contract, will continue to develop a systematic and consistent process to gain a clear understanding of the following information from new partners early on: what resources they bring to the region; what existing gaps their agency helps SPA 6 fill based on the gaps analysis conducted during the planning process; what service gaps their agency has that might be addressed through existing CES partners; the new agency’s level of interest and commitment to being a part of the regional coordinated effort; and the agency’s training needs.

A major challenge to coordinated service delivery is assisting collaborative agencies balance organizational strength and programmatic outcomes in conjunction with CES services and goals. SPA 6 commits to working with new partners to help establish service provision strategies that allow participation in CES to complement and not simultaneously compete with individual organizations’ needs and resources.

4. How will the SPA ensure that case conferencing meetings are transparent, consistent, and client driven?

Over the last three years, SPA 6 has been conducting case conferencing meetings for families served in the Homeless Families Solutions System (HFSS). The goal of these meetings is to provide coordinated and integrated services across providers, and to reduce duplication. Family providers convene bi-weekly through conference calls and in-person meetings to discuss the progress, challenges, and strengths of select clients. The number of providers participating in case conferencing has grown to include those who are leveraging their services thereby creating a community response to family homelessness. To ensure transparency, the meetings are formal, planned, and structured. Additionally, all attendees are encouraged to participate in the dialogue and share their perspective. The case conference process fosters shared accountability, honesty, and joint decision-making.

At the center of the case conferencing is the families’ needs. We focus on client-driven objectives addressing the families’ immediate and intermediate needs as well as progress towards their ultimate goal of securing permanent housing. The SPA recently completed a thorough community planning process for homeless families, which analyzed the current status of interagency communication by looking at the situation, its core competencies, obstacles, prospects, and expectations. We learned that although the case conferencing was highly beneficial to the clients served, we needed to improve certain aspects to maximize client success when moving into permanent housing and strengthen provider effectiveness and communication. These include but are not limited to: 1) streamlining processes within provider systems resulting in more time to serve clients, and 2) expanding the provider base to address “niche” issues and barriers that clients may experience.

Coordination of services, resources, and information remain the key goals in ensuring that case conferencing efforts are productive and cost-effective. SPA 6 will continue to reinforce best practices that yield positive results and build upon the revitalized collaboration among organizations to provide seamless services to homeless families.



Coordinated Entry System (CES) Request for Proposals (RFP) CES Service Planning Area (SPA) Plan

B1

5. What is your vision for a successful coordinated system in the SPA? How will you evaluate the success of the coordination efforts?

The SPA 6 Community plan ultimately seeks to permanently house families quickly by removing barriers to access, services, subsidies and affordable housing. The vision of this SPA is to streamline services and timelines to move people through the SPA 6 continuum of care into housing. The key factors of the vision are:

1. Bridging all gaps between service providers and functions through intensive collaboration on the back-end so that families are not responsible for system navigation as it currently exists. The systems navigation and connections should be a function of the providers – achieved through coordination among public and private agencies master applications. This includes multi-agency SPA-wide case plans.
2. Establishing a clear Regional Mission and Vision Statement for SPA 6 homeless systems of care, including the Single Adult, Youth, and Family CES.
3. Clearly describing the system and continuum of care in SPA 6 and defining each component within the process from identification to housing stability/sustainability. The CES partners began this work during the community planning process. The dialogue will continue throughout stakeholder meetings to define the components and outline timelines from point to point within the continuum.
4. A completely digital HMIS that includes electronic client signatures among other features.
5. Comprehensive technology infrastructure to share information, data, documents, and materials among CES partners in real time.
6. Efficient processes between community providers and the Public Housing Authorities to reduce the amount of time it takes to get a client housed.
7. Broad participation from cross-sector stakeholders in CES for Families.
8. Sufficient resources for outreach and field-based homeless services in SPA 6 for all populations.
9. Adequate affordable housing options for low income families.

As SPA 6 CES for Families strengthens and expands through this funding opportunity, the community planning process will continue as new contracts are implemented by way of the CES Stakeholder meetings. In those sessions, the SPA will formalize an appropriate methodology to evaluate the success and impact of SPA 6's coordination efforts. In the interim, the SPA will use the following measures to evaluate the CES coordination efforts: 1) length of time for permanent housing placements; 2) client engagement and service retention; 3) CES partner's frequency of participation in coordination meeting or calls; 4) client service experience in the SPA; 5) efficiency to resource leveraging and alignment; 6) review of contract outcomes for SPA6 CES partners; and 7) increase of client self-sufficiency.

6. What are your SPA's biggest strengths, as outlined in this plan, and in what areas does the SPA anticipate needing additional support or technical assistance?

The core strength of the SPA 6 Coordinated Entry System for Families is the collaboration of diverse organizations and people who are passionate, dedicated, committed, resourceful, compassionate and innovative. The community partners involved in Family CES has increased substantially over the past year with the addition of Stakeholder Meetings, Crisis Housing Meetings, as well as Case Conferences. The growing participation in this system through both public and private partners will continue to enhance SPA 6's capacity to address family homelessness by expanding: 1) buy-in and a sense of joint ownership of the system created together; 2) mutual



Coordinated Entry System (CES) Request for Proposals (RFP) CES Service Planning Area (SPA) Plan

B1

benefit from coordination, resource, and information exchange; 3) communication and coordination; 4) the quality and quantity of services provided through collaboration and leveraging; and 5) the collective voice of providers in serving our community.

Additional strengths of the SPA 6 CES for Families include:

1. Availability of bed capacity to reasonably meet the emergency housing/beds demand by homeless families, although more funding is needed to support these programs;
2. Programs and shelters that serve all family types regardless of family composition, size, gender and/or sexual orientation;
3. Involvement and integration of government systems such as DMH, DHS, DPSS, DCFS, LAUSD, and Hospitals in the service delivery network;
4. Strong coordination protocols and practices between the CES systems of care, (i.e. Adult, Youth and Families) which allows for a warm-handoff and better resource allocation/matching for homeless families;
5. A very strong and successful adult CES – the CES for Families has been used as a model for structure as well as innovative and creative ideas such as: a) *Document Days* to expedite document collection process; b) *24-hour Landlord Crisis Hotline*; and c) *Incentives for Landlords* to increase number of available units;
6. Wide network of faith-based organizations throughout the SPA that are informed and educated on the issues of homelessness and are already engaged in providing basic services to families who are homeless;
7. *Landlord Engagement Activities*, which include bi-monthly Landlord Breakfasts to engage, educate, and recruit landlords in the community; specialized landlord outreach and support.

The SPA looks forward to the expansion and strengthening of its CES for families and is well-positioned to do so; however, during the community planning process the CES partners identified the following areas that SPA 6 requires support in to increase the regional capacity:

1. Availability of additional funding to enable the excess capacity crisis beds to serve homeless clients connected to the FSC;
2. Capacity building for smaller/grassroots organizations;
3. Data Management/Outcome Technical Assistance – better systems, more training, additional staff/volunteers;
4. Techniques/resources to better serve families with multiple, complex health and/or legal issues – including developmental disabilities; evictions; parole;
5. Additional affordable housing resources;
6. Technical assistance and capacity building regarding alternative housing options – including shared housing; “diversion;” rapid re-housing, etc.

7. **Describe your relationship with Domestic Violence (DV)/Intimate Partner Violence (IPV) providers in your SPA. How will the SPA work with them in order to provide appropriate safety assessments and ensure confidential connections to the DV/IPV system resources and CES resources?**



Coordinated Entry System (CES) Request for Proposals (RFP) CES Service Planning Area (SPA) Plan

B1

Weingart Center and SSG/HOPICS, the respective lead agencies of the FSC and Crisis Housing Collaborative in SPA 6 since the inception of CES for Families in 2014, have had productive relationships with some DV providers in the region and thus have been able to build some successful linkages between the two systems of care. For example, Jenesse Center and First to Serve have been formal partners since 2014 and have shared referrals and case management responsibilities with funded/lead CES agencies. However, to date CES for Families has lacked the formal involvement of other DV providers in the SPA, owing in part to concerns over a perceived lack of victim safety and confidentiality within the system. Further, due to the limited number of providers who had been actively participating and dedicating DV beds to CES for Families, the FRT, working with the Crisis Housing Collaborative, has struggled at times to place DV families in DV-specific crisis or bridge housing.

To overcome these challenges, the community planning process under the current RFP included a greater number of DV providers who have agreed to work with CES partners to better align the DV system with CES. To reinforce the importance of DV providers, proposed lead FSC operators in SPA 6 are including DV providers as significant funded partners in regional collaboratives. Some are including DV shelter providers as crisis and/or bridge housing partners. Others are going further and including DV providers as subcontracted FSC providers in order to create DV-specific positions within the FSC to care for the special needs of victims and their children.

To uphold and protect victim safety and confidentiality and to promote victim access to CES resources, the community has agreed to take the following measures: 1) the Regional Coordinator will work with DV provider(s) to provide additional training to FSC staff in conducting safety assessments, including assessing for level of risk among victims and the lethality of the abusive situation; 2) all screening and assessment by FSC staff will include questions designed to ascertain whether there are any safety concerns in the family; 3) whenever the FRT identifies a DV family, the FRT will immediately connect the family to a DV shelter provider for more intensive safety assessment and determination of the most appropriate shelter placement; 4) victim data will not be entered into HMIS and all client paper records will be stored in locked cabinets behind locked doors; 5) DV providers will be able to schedule confidential appointments (e.g. at the shelter) for their clients to be screened for eligibility for CES services, such as financial assistance for housing costs. 6) FSC staff including housing navigators will work with DV shelter providers to provide services in the safest location possible, which may include at a shelter rather than at an FSC site. 7) Where possible, navigation services will be provided by staff who are DV-certified under the State Evidence Code. 8) The FSC will assign alphanumeric case numbers to DV families and use those numbers in lieu of identifying information while a family is enrolled in CES (e.g., internal check requests for financial assistance, on spreadsheets tracking client and program information, etc.). 9) The community will consider holding DV-specific CES case conferencing, apart from the standard case conferences, in order to protect victim confidentiality and to engage and involve DV stakeholders who may not be as comfortable participating in the general case conferences. and 10) The Customer Service Program at the FSC will survey victims in order to better understand their experience and perspective on CES and identify any challenges related to the accessibility, safety or other aspects of CES services.

III. COLLABORATIVE RESOURCE DISTRIBUTION BY APPLICANT (SEE CES SPA-Wide Community Plan Workbook)

The **CES SPA-Wide Community Plan Workbook Collaborative Resource Distribution (B3) for SPA 6** is attached.

CES SPA-WIDE PLAN

B2. SPA-WIDE OUTCOMES AND STAFFING

The purpose of this section is to outline your SPA's goals for the number of individuals served, and to then envision the staffing needed to achieve those goals. Your plan must provide target numbers under each system component (refer to headings in GOLD such as "FSC: Regional Coordination"). Additionally, it must provide the staffing needs to attain that outcome, broken out by current staff, additional staff, and your request in this RFP (measured in terms of FTE). Keep in mind that these goals are only for year one (1) and we will work with you to reevaluate these goals for the year two (2) renewal.

*** Definitions of Staffing Categories:**

Leveraged FTE: includes existing FTE with secured funding for the grant period of this RFP.

Continued FTE request: funding requested through this RFP in order to continue FTE that currently exists in the system.

New FTE Request: funding for new FTE position(s) created through this RFP.

Total: total resources available for achieving SPA-wide target outcomes (add Leveraged + Continued + New FTE)

** While persons served is not applicable to this system component, please still indicate your staffing needs.

Organization/Agency	Region(s) Served or SPA Wide	SPA-WIDE TARGET OUTCOMES		STAFFING FOR TARGET OUTCOMES*			
		Target # Persons Served	Rationale for Target Outcomes (How did you arrive at this number?)	Leveraged FTE	Continued FTE Request	New FTE Request	TOTAL
Family Solutions Centers(FSC): Regional Coordination**							
Weingart Center Association	SPA Wide	N/A	N/A	0	0	1	1
Special Service for Groups	SPA Wide	N/A	N/A	0.4	0.4	1.1	1.9
Upward Bound House	SPA Wide	N/A	N/A	0	0	1	1
TOTALS		N/A	N/A				
Family Solutions Centers(FSC): Rapid Rehousing (RRH)							
Weingart Center Association	SPA Wide	280	40% of 700 assessments to utilize RRH services	17.75	11	9	37.75
Special Service for Groups	SPA Wide	250	Number served is based on projected average cost of \$9,500 per family for rental subsidies	30	3	17	50
Upward Bound House	SPA Wide	320	RHH dollars divided by the average financial assistance/family annually (\$9,800)	8	0	29.5	37.5
TOTALS		850					
Family Solutions Centers(FSC): Prevention & Diversion							
Weingart Center Association	SPA Wide	175	25% of 700 assessments to utilize prevention services	1.25	0	2	3.25
Special Service for Groups	SPA Wide	75	Number served is based on projected average cost of \$5,500 per family	0	0	4	4
Upward Bound House	SPA Wide	23	Prevention dollars divided by estimated total cost per family annually (\$3,500).	0	0	0.5	0.5
TOTALS		273					
Crisis Housing							
Special Service for Groups	SPA Wide	133	Number served is based on projected 3.5 month Unit turnover rate	2	8	9	19
First to Serve	SPA Wide	22	44 beds	0	2	5	7
Upward Bound House	SPA Wide	129	Number of units available at a point in time multiplied by 3 (estimated annual turnover rate)	0.2	0	5	5.2
Weingart Center Association	SPA Wide	308	77 crisis housing units x turnover rate every 90 days	0	0	6	6
TOTALS		592					
Bridge Housing							
First to Serve	SPA Wide	15	30 beds	0	2	5	7
Special Service for Groups	SPA Wide	44	Number served is based on projected 4-month Unit turnover rate	2.5	1	3	7
Weingart Center Association	SPA Wide	120	30 crisis housing units x turnover rate every 90 days	0	0	3	3
TOTALS		179					

CES SPA-WIDE PLAN

B3. COLLABORATIVE RESOURCE DISTRIBUTION

GENERAL INFORMATION

Create a matrix of agencies that will be submitting proposals and the funding amounts requested for each agency. Agencies applying for multiple service components should be added to each applicable category.

Feel free to delete or add sub-sections as necessary.

SYSTEM COMPONENT	LAHSA REQUEST		FUNDERS COLLABORATIVE REQUEST		LEVERAGE		TOTAL
	FTE	AMOUNT REQUESTED	FTE	AMOUNT REQUESTED	FTE	LEVERAGE AMOUNT	
FSC: Regional Coordination							
Regional Coordinator -Weingart Center Association	1	\$ 50,004.20					\$ 50,004.20
Administrative Assistant-Weingart Center Association	0.25	\$ 8,912.25					\$ 8,912.25
Compliance Officer/Quality Assurance Team-Weingart Center Association					0.25	\$ 21,000.00	\$ 21,000.00
After Hours PBX Operator	0.559	\$ 16,083.55					\$ 16,083.55
Regional Coordination Personnel, Upward Bound House	1.05	\$ 61,392.00			0.40	\$ 44,300.00	\$ 105,692.00
Operating Costs, Upward Bound House		\$ 13,608.00					\$ 13,608.00
Regional Coordination Personnel, SSG/HOPICS	1.1	\$ 63,440.00			0.40	\$ 28,655.00	\$ 92,095.00
Operating Costs, SSG/HOPICS		\$ 11,560.00					\$ 11,560.00
Position Title, Agency							
Position Title, Agency							
Subtotal - FSC Regional Coordination		\$ 225,000.00		\$ -		\$ 93,955.00	\$ 318,955.00
FSC: Rapid Rehousing							
Program Manager-Weingart Center Association	2	\$ 110,000.00					\$ 110,000.00
FRT-Weingart Center Association Regional Partnership	12	\$ 384,000.00					\$ 384,000.00
Housing Navigation Team-Weingart Center Association Regional Partnership	8	\$ 304,000.00					\$ 304,000.00
Data Coordinator-Weingart Center Association	2	\$ 62,268.00					\$ 62,268.00
Substance Abuse Counselor					0.10	\$ 9,720.00	\$ 9,720.00
Employment/Training Specialist/ Job Developer-Weingart Center Association					0.45	\$ 29,253.00	\$ 29,253.00
Life Skills/Parenting Facilitator					0.35	\$ 17,070.00	\$ 17,070.00
Outreach/AmeriCorps-Weingart Center Association					0.55	\$ 15,884.00	\$ 15,884.00
Upward Bound House	29.5	\$ 1,270,529.00			8.00	\$ 446,797.00	\$ 1,717,326.00
Upward Bound House-financial assistance		\$ 272,811.00				\$ 100,281.00	\$ 373,092.00
Personnel & Operating Expenses, SSG/HOPICS Collaborative	20	\$ 1,403,796.57			30.00	\$ 2,443,109.00	\$ 3,846,905.57
Financial Assistance, SSG/HOPICS Collaborative		\$ 976,260.96				\$ 790,605.00	\$ 1,766,865.96
Position Title, Agency							\$ -
Position Title, Agency							\$ -
Subtotal - FSC: Rapid Rehousing		\$ 4,783,665.53		\$ -		\$ 3,852,719.00	\$ 8,636,384.53
FSC: Prevention & Diversion							
Prevention Specialist -Weingart Center Association Regional Partnership	2	\$ 76,000.00					\$ 76,000.00
Compliance Officer/Quality Assurance Team-Weingart Center Association					0.25	\$ 21,000.00	\$ 21,000.00
Upward Bound House	1	\$ 396,426.00				\$ 15,000.00	\$ 411,426.00
Personnel & Operating Expenses, SSG/HOPICS Collaborative	4	\$ 261,823.50				\$ 9,000.00	\$ 270,823.50
Financial Assistance, SSG/HOPICS Collaborative		\$ 134,007.00					\$ 134,007.00
Position Title, Agency							\$ -
Position Title, Agency							\$ -
Position Title, Agency							\$ -
Subtotal - FSC: Prevention & Diversion		\$ 868,256.50		\$ -		\$ 45,000.00	\$ 913,256.50
Crisis Housing							
	# of BEDS						
Field Case Manager Weingart Center Association Regional Partnership	3	\$ 86,640.00					\$ 86,640.00
Security-Weingart Center Association Regional Partnership	2.5	\$ 54,700.00					\$ 54,700.00
Upward Bound House	5	\$ 1,388,386.00			0.20	\$ 14,400.00	\$ 1,402,786.00
Personnel & Operating Expenses, SSG/HOPICS Collaborative	17	\$ 926,457.36			2.00	\$ 1,271,774.00	\$ 2,198,231.36
Program Manager-FTS	1	\$ 41,600.00					\$ 41,600.00
Intake Specialist/HMIS-FTS	1	\$ 31,200.00					\$ 31,200.00
House Coordinator-FTS	4	\$ 128,960.00					\$ 128,960.00
Employment Development Spec. - FTS	1	\$ 36,400.00					\$ 36,400.00
Security-FTS	5	\$ 156,000.00					\$ 156,000.00
Calculated at 30% of salary. Benefits include FICA 7.65%, Workers Compensation 4.00%, Unemployment Insurance 2.35% & Health & Dental Insurance 16% = 30% (Total Salary \$394,160 Fringe Benefits \$118,248 = \$512,408)							
Total:		\$ 118,248.00					\$ 118,248.00
Operating Costs:		\$ 363,592.00					\$ 363,592.00
Indirect Cost		\$ 87,600.00					\$ 87,600.00
Position Title, Agency							\$ -
Position Title, Agency							\$ -
Subtotal - Crisis Housing		\$ 3,419,783.36		\$ -		\$ 1,286,174.00	\$ 4,705,957.36
Bridge Housing							
Resident Advocates-Weingart Center Association Regional Partnership	3	\$ 72,240.00					\$ 72,240.00
Security-Weingart Center Association Regional Partnership	2.5	\$ 54,700.00					\$ 54,700.00
Personnel & Operating Expenses, SSG/HOPICS Collaborative	4	\$ 303,534.00			2.50	\$ 161,975.00	\$ 465,509.00
Program Manager-FTS	1	\$ 41,600.00					\$ 41,600.00
Intake Specialist/HMIS-FTS	1	\$ 31,200.00					\$ 31,200.00
House Coordinator-FTS	2.22	\$ 71,573.00					\$ 71,573.00
Security-FTS	4	\$ 124,800.00					\$ 124,800.00
Resident Advocate	2	\$ 62,400.00					\$ 62,400.00
Calculated at 30% of salary. Benefits include FICA 7.65%, Workers Compensation 4.00%, Unemployment Insurance 2.35% & Health & Dental Insurance 16% = 30% (Total Salary \$331,573 Fringe Benefits \$99,472 = \$431,045)							
Total:		\$ 99,472.00					\$ 99,472.00
Operating Costs:		\$ 265,773.00					\$ 265,773.00
Indirect Cost		\$ 69,682.00					\$ 69,682.00
Position Title, Agency							\$ -
Position Title, Agency							\$ -
Subtotal - Bridge Housing							
TOTAL		\$ 9,296,705.39		\$ -		\$ 5,277,848.00	\$ 14,574,553.39