

**AGREEMENT BETWEEN
HOMELESS SERVICES NETWORK OF CENTRAL FLORIDA, INC. AND
SEMINOLE COUNTY GOVERNMENT for
DCF PROGRAM - GRANT # LP025 (2025-2026)**

THIS AGREEMENT ("Agreement" or "Sub-recipient Agreement") is entered into by and between the Homeless Services Network of Central Florida, Inc., a Florida not-for-profit corporation ("HSN"), and Seminole County, a political subdivision of the State of Florida, ("Sub-recipient").

Section 1. GENERAL INFORMATION

Purpose: HOMELESS SERVICES

Project Name: DCF EMERGENCY SOLUTIONS GRANT (ESG)

Sub-recipient Name and Project Contact Information:

SEMINOLE COUNTY GOVERNMENT

Carrie Longsworth, (407) 665-2389

clongsworth@seminolecountyfl.gov

Date of Sub-recipient Agreement: 5/23/2025

Project Start/Contract Effective Date: 7/1/2025

Project End Date: 6/30/2026

Population to be Served: Homeless population

Activities to be Funded: Rapid rehousing

Funding Amount: \$125,867

a. Method of Payment - Funding Sources made available for Sub-recipient Agreement:

Funding Source	Sub-recipient award \$ amount
1. <input type="checkbox"/> U.S. Department of Housing and Urban Development ("U.S. HUD"), Emergency Solutions Grant Program ("ESG"), by and through Orange County, Florida, via grant agreement with HSN, Contract #TBD;	\$
2. <input checked="" type="checkbox"/> Federal ESG, RUSH, TANF Programs, and Florida State appropriations for Staffing and Challenge Grant, by and through Florida Department of Children and Families, via grant agreement with HSN, Contract #LP025;	\$125,867
3. <input type="checkbox"/> U.S. HUD, ESG Program, by and through the City of Orlando, Florida, via grant agreement with HSN, Contract #TBD;	\$

4. <input type="checkbox"/> U.S. HUD, CDBG Program, by and through the City of Orlando, Florida, via grant agreement with HSN, Contract #TBD;	\$
5. <input type="checkbox"/> Orange County Supportive Services for Permanent Supportive Housing, Contract # Y24-2224;	\$
6. <input type="checkbox"/> Orange County Rapid Rehousing Assistance, Contract #Y24-2223;	\$
7. <input type="checkbox"/> Day 1 Family Fund, via grant agreement with HSN;	\$
8. <input type="checkbox"/> Any other sources of funding to be made available to the COVID-19 Project via future amendment to this Agreement;	\$
9. <input type="checkbox"/> Support Services for Veterans Families (SSVF) - VA Homeless Programs, via grant agreement with HSN, Contract #: 18-FL-023; 18-FL-023LT; 18-FL-023SS	\$
10. <input type="checkbox"/> HUD Continuum of Care Grants	\$
11. <input type="checkbox"/> HUD Youth Homelessness Demonstration Program (YHDP) Grants	\$

i. For each box checked in paragraph a., Project activities performed by or in coordination with Sub-recipient are to be funded by the corresponding Grant. Said contracts are hereby incorporated into this Sub-recipient Agreement, and copies of the applicable contracts as identified in paragraph A, Method of Payment, shall be supplied to the Sub-recipient.

ii. To the fullest extent not otherwise prohibited by any applicable contract identified in paragraph A, Method of Payment above, activities performed under this Agreement shall be performed in a manner consistent with the following:

☒ ESG Interim Rule and the Act. (ESG Interim Rule)

☐ CoC Interim Rule and the Act. (Continuum of Care Interim Rule)

☐ Support Services for Veteran Families (SSVF) Program Guide
(SSVF Program Guide)

☐ Orange County guidance from the Office of Homelessness and Mental Health Services and the Orange County Office of the Comptroller.

☐ CFCH CoC Plan and/or CoC Written Standards (CFCH Standards and Policies)

iii. Additional funds may be made available under this Agreement for activities performed by or in tandem with Sub-recipient, whether or not such funds are provided directly to Sub-recipient. For example: HSN may make payments for bridge housing, housing, or other expenses on behalf of program participants. Such payments will be coordinated between HSN and the sub-recipient case manager.

b. Attachments reference in Sub-recipient Agreement:

	Attachment ID	Attachment Name	Read Only	Initial and Return to HSN	Sign and/or Return to HSN
<input checked="" type="checkbox"/>	A	Project Description/ Project Summary	X		
<input checked="" type="checkbox"/>	B	Project Line-Item Budget		X	
<input checked="" type="checkbox"/>	C	HMIS-Related Requirements		X	
<input checked="" type="checkbox"/>	D	Required Documents and Forms- RRH, PSH, TH-ROPAL, CMO, SSVF	X		
<input checked="" type="checkbox"/>	E	Guidelines on a Housing Focused Approach		X	
<input checked="" type="checkbox"/>	F	Interim RRH or PSH Standards and Policies	X		
<input type="checkbox"/>	G	Project Specific Roles and Responsibilities	X		
<input checked="" type="checkbox"/>	H	Housing Stability Case Management SoW		X	
<input type="checkbox"/>	I	Bridge Housing Operations Scope of Work		X	
<input type="checkbox"/>	J	Housing Navigation Scope of Work (CES Family Navigation)		X	
<input type="checkbox"/>	K	Street Outreach Scope of Work		X	
<input type="checkbox"/>	L	Housing Placement and Stabilization Facilitation Scope of Work		X	
<input type="checkbox"/>	M	Homelessness Diversion Scope of Work (Family)		X	
<input type="checkbox"/>	N	SSVF Health Care Navigator Functional Statement	X		
<input type="checkbox"/>	O	Non-congregate Shelter Scope of Work		X	
<input type="checkbox"/>	P	DCF Challenge Plus - Initiative 1 or 2, or Challenge Unsheltered	X		
<input type="checkbox"/>	Q	RRH for DV Survivors Scope of Work	X		
<input type="checkbox"/>	R	SSVF Connection to Legal Services		X	
<input type="checkbox"/>	S	TA for creation of a Regional Plan - SoW	X		
<input type="checkbox"/>	T	HMIS-comparable DV Data Standards Req.	X		
<input type="checkbox"/>	V	RESERVED			
<input type="checkbox"/>	X	RESERVED			
<input type="checkbox"/>	Y1	YHDP Case Management Scope of Work	X		
<input type="checkbox"/>	Y2	YHDP Drop-In Center Scope of Work	X		

	Attachment ID	Attachment Name	Read Only	Initial and Return to HSN	Sign and/or Return to HSN
<input type="checkbox"/>	Y3	YHDP Youth Navigation (Sys.Guide.Spec.) SoW	X		
<input type="checkbox"/>	Z	RESERVED			
<input checked="" type="checkbox"/>	A-1.1	DCF related requirements		X	
<input type="checkbox"/>	HUD Form 50070	Certification for a Drug Free Workplace			X
<input type="checkbox"/>	OMB Form SF-LLL 0348-0046	Disclosure of Lobbying Activities			X
<input type="checkbox"/>	HUD Form 2922	Certification Regarding Debarment and Suspension			X
<input type="checkbox"/>	CF-1649	DCF Affidavit of Good Moral Character			X
<input checked="" type="checkbox"/>	PCMT-05-2021	DCF Florida Employment Screening Affidavit			X
<input type="checkbox"/>	VA Form 40-0895-8	VA Certification Regarding Drug-Free Workplace Requirements			X
<input type="checkbox"/>	VA Form 40-0895-12	VA Certification Regarding Debarment, Suspension, Ineligibility And Voluntary Exclusion			X
<input checked="" type="checkbox"/>	HIPAA	HIPAA Agreement/ HIPAA Contract/ HIPAA Forms			As directed/regulated by Grantor
<input type="checkbox"/>	IRS 501(c)(3) determination letter	Proof of tax-exempt status			X
<input type="checkbox"/>	Request for Reference Check form (CF 774)	Level 2 Employment Screening			As directed/regulated by Grantor
<input checked="" type="checkbox"/>	CF 1123	DCF state Certification Regarding Lobbying			As directed/regulated by Grantor
<input checked="" type="checkbox"/>	CF 1125	DCF state Certification Regarding Debarment			As directed/regulated by Grantor
<input checked="" type="checkbox"/>	CF 112	DCF state - Access Confidentiality and Nondisclosure Agreement			As directed/regulated by Grantor
<input type="checkbox"/>	CF 114	DCF Security Agreement Form			As directed/regulated by Grantor
<input checked="" type="checkbox"/>	Annex	Affidavit concerning employment of unauthorized aliens			As directed/regulated by Grantor
<input checked="" type="checkbox"/>	Annex	Units of Deliverables List			X
<input checked="" type="checkbox"/>	Contract	LP-025 contract and associated amendment(s) between HSN and DCF	X		

	Attachment ID	Attachment Name	Read Only	Initial and Return to HSN	Sign and/or Return to HSN
<input type="checkbox"/>	Annex	TANF Homelessness Prevention - Case Managers Checklist	X		
<input type="checkbox"/>	Annex	TANF Homelessness Prevention - Application & Eligibility Form	X		

Section 2. Definitions.

a. Whenever used in this Agreement:

- i. "Grant funds" mean an award of financial assistance by HSN to Sub-recipient as provided under this Agreement.
- ii. "Grant agreements" means one or more certain agreements between HSN and federal, state, or local government agencies or foundations that give rise to and provide the source of any Grant funds expected to be made available under this Agreement.
- iii. "Participant" means an individual or family receiving housing assistance or services through the Project.
- iv. "At risk of Homelessness" means an individual or family that meets the conditions and/or situations defined in 24 CFR 576.2.
- v. "Literally Homeless" means an individual or family that meets either of conditions (1), (2), (3) or (4) of the definition of homelessness as set forth in 24 CFR 576.2 and meets criteria or requirements of the funding source identified in Section 1a. Link to 24 CFR 576.2.
 - ☒ (Condition 1) In general terms, a Literally Homeless person currently resides in an emergency shelter, on the streets or in a place not intended for human habitation.
 - ☐ (Condition 2) An individual or family who will imminently lose their primary nighttime residence, provide the individual/family meets situations defined in 24 CFR 576.2.
 - ☐ (Condition 3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who meet situations defined in 24 CFR 576.2. Maximum 10% of the funds awarded under YHDP if individual(s) can meet certain requirements described in the HUD YHDP Criteria for Serving Category 3.
 - ☒ (Condition 4) Where the program participant qualified under paragraph (4) of the definition of homeless in 24 CFR 576.2. The program participant was fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence; lacked the resources or support networks necessary to obtain other housing; and had not identified a subsequent residence.
 - ☐ OTHER: A very low-income Veteran or a member of veteran family, as described in SSVF Program Guide, 2.4. Participant Eligibility and 2.5. Recertification of Eligibility.
- vi. "Homelessness Response Assistance" means any eligible good or service purchased using Grant funds for the purposes set forth herein.
- vii. "Homeless Management Information System" or "HMIS" means the program participant information system designated by the Continuum of Care to comply with the requirements prescribed by HUD.

- viii. "Act" means the McKinney-Vento Homeless Assistance Act, as amended by P.L. 107-110 and S.896, The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, as amended.
 - ix. "ESG Interim Rule" means 24 CFR Part 576, as amended.
 - x. "CoC Interim Rule" means 24 CFR Part 578, as amended.
 - xi. TANF (Temporary Assistance for Needy Families) means 45 CFR Part 260, as may be amended or superseded, as well as Section 414.161 Florida Statutes accordingly.
 - xii. YHDP (Youth Homelessness Demonstration Program) means 24 CFR 578, except where they conflict with FY21 YHDP NOFO activities authorized pursuant to I.C.1a. or b. of Appendix A of this NOFO waivers issued by HUD.
 - xiii. DCF Challenge Grants (Challenge) means Section 420.622(4) Florida Statutes.
 - xiv. "CES Registry Management process" means one of any number of processes whereby the CES generates and maintains a prioritized by-name list of applicable individuals or families that meet particular targeting criteria and are matched to appropriate services and housing in keeping with that prioritization.
- b. Terms used but not expressly defined in this Agreement shall have the same meanings as set forth in the ESG Interim Rule, if defined therein.

Section 3. Roles, Responsibilities, Policies, Activities, and Performance Outcomes.

- a. Generally
 - i. Funds are to be made available to Sub-recipient for the performance of the activities set forth in the Project Summary, which is appended hereto as Attachment A, Project Description.
 - ii. Sub-recipient shall use Grant funds furnished by HSN under this Agreement to provide assistance to homeless individuals and/or families in a manner satisfactory to HSN and consistent with the ESG Interim Rule, the Act, and other standards imposed on HSN.
- b. Applicable Standards and Policies

Sub-recipient shall comply with the applicable standards and policies for the activities to be performed, whichever are applicable as identified in Section 1.B, and include but not limited to Attachment F.
- c. Sub-recipient Roles and Responsibilities

Sub-recipient shall have the roles and responsibilities in operating and administering its designated portion of the Project as set forth in the applicable Grant agreements and herein, including but not limited to those set forth in the Project-Specific Roles and Responsibilities, if appended hereto as Attachment G, Project-Specific Roles and Responsibilities, or other relevant attachment, e.g. Scope of Work.
- d. Sub-recipient Performance

Sub-recipient shall perform the activities and contribute to the meeting of the performance outcomes set forth in Grant agreements, as may be further defined or adjusted herein, throughout the term of this Sub-

recipient Agreement.

Section 4. Grant Term.

- a. For purposes of this Agreement, End Date means 6/30/2026 unless extended as provided for in paragraph c. below.
- b. This Agreement ("Term") shall be effective 7/1/2025 or the last party signature date, whichever is earlier. The service performance period under this Contract shall commence on 7/1/2025 or the effective date of this Contract, whichever is later.
- c. HSN may, in its sole discretion, on one or more occasions during the Term, elect to extend the End Date and provide Notice of same to Sub-recipient, except that Sub-recipient may decline such extension in writing within five (5) business days of receipt of Notice of Extension from HSN.
- If extension declined by the Sub-recipient, the Term shall expire on the current End Date with no further extension.
 - At such time as the End Date is within 21 days, and no extension of the End Date is anticipated, the Parties agree to commence and actively participate in transition planning for those Participants for who are expected to remain enrolled in the Project after the End Date.
- d. Selection below indicates current status of this Sub-recipient Agreement:
- ☐ New sub-recipient Agreement
 - ☒ Renewal sub-recipient Agreement
 - ☐ Extension of sub-recipient Agreement
 - ☐ Renewal, with transition to a different funding source

Section 5. Grant Award.

- a. **T e r m :** Subject to the terms and conditions of this Agreement, HSN shall provide up to *one hundred twenty-five thousand eight hundred sixty-seven dollars (\$125,867.00)* Grant funds to Sub-recipient during the Term for homeless activities as described at Section 6, Eligible Costs.
- b. **Term Extension:** In the event that the Term of this Agreement is extended pursuant to Section 4, Grant Term, the Notice of extension may include an increased Grant funding award amount that shall automatically supersede the amount provided in paragraph a. above, immediately upon extension of the Term. Sub-recipient may decline the increased funding award amount by providing written Notice to HSN within seven (7) business days of receipt of Notice of Extension from HSN.
- c. **Third-Party Vendors:** In addition to Grant funds made directly available to Sub-recipient under paragraph a. above, HSN may also reserve an indeterminate but appropriate amount of Grant funds to pay directly to third-party vendors for eligible costs to be incurred assisting Participants assigned to Sub-recipient, as described in 1. a. iii. Payments to be made by HSN to third-party vendors on behalf of Project Participants shall be prepared and issued by HSN in coordination with Sub-recipient to the greatest extent feasible. Payments must be made in compliance with applicable requirements and parameters. Payment

requests deemed by HSN to be ineligible will be adjusted or denied.

Section 6. Eligible Costs.

a. Certain types of costs are allowable and eligible to be paid under this Agreement, as indicated in each case by a checked box (☒) , for the particular uses and subject to the limits and conditions set forth herein, and as further defined and specified at Project Line-Item Budget, which is appended hereto as Attachment B.

b. Eligible costs are further defined and specified by the specific rule(s) identified in Section 1.a. ii. including:

- ESG Interim Rule and the Act. (ESG Interim Rule)
- CoC Interim Rule and the Act. (Continuum of Care Interim Rule)
- Support Services for Veteran Families (SSVF) Program Guide (SSVF Program Guide)
- Orange County guidance from the Office of Homelessness and Mental Health Services and the Orange County Office of the Comptroller.
- CFCH CoC Plan and/or CoC Written Standards (CFCH Standards and Policies)

c. Eligible Activities

i. ☒ Rental Assistance.

Eligible costs include “rental assistance” and when determining specific costs, the appropriate rules for eligible costs should be used. Ex. SSVF, Continuum of Care and ESG. See 1.a.ii for link(s) to appropriate rules.

ii. Services.

A. ☒ Generally

Eligible costs include certain costs pertaining to the provision of eligible services, as itemized in this paragraph, and defined by the appropriate rule (Section 1. a. ii) and delivered in accordance with the applicable Scope of Work, which may be appended hereto as Attachment H Housing Stability Case Management Scope of Work. Specific costs include salaries and wages for employees directly providing such services and their direct program supervisors, as well as associated fringe benefits provided in accordance with Sub-recipient’s adopted personnel policies and procedures, employer liabilities required by law, work-related mileage costs, eligible office expenses and operating costs, pre-approved training costs, in accordance with Attachment B, Project Line-Item Budget, and if applicable with Attachment G, Project-Specific Roles and Responsibilities.

B. ☒ Housing Stability Case Management.

Eligible costs include certain costs pertaining to the provision of Housing Stability Case Management services, as defined by the appropriate rule (Section 1.a. ii) and delivered in accordance with the Housing Stability Case Management Scope of Work, which is appended hereto as Attachment H.

C. ☒ Housing Navigation.

- I. Eligible costs include certain costs pertaining to the provision of Housing Navigation services, in a manner consistent with Section 576.105(b)(2) of the ESG Interim Rule and delivered in accordance with the Housing Navigation Scope of Work, which is appended hereto as Attachment J, Housing Navigation Scope of Work (Family), as applicable. ☐

- II. Sub-recipient employees providing Housing Navigation services under this Agreement must also provide Housing Stability Case Management Services as described in paragraph B above. Specifically, from the date of hire until a date to be identified by HSN through the Coordinated Entry System, each such employee shall provide Housing Navigation services to the Project. Effective as of such date, said employee or their successor will subsequently provide Housing Stability Case Management services to the Project until the End Date. ☒

D. ☒ Housing Entry and Stabilization Facilitation Services.

- I. The Parties agree that many Participants transitioning from homelessness into permanent housing would benefit from the availability of additional supports and services to increase the likelihood of smooth entry into and stabilization of their tenancy, and that additional demands and stressors associated with this period of assistance warrant the provision of additional resources for the homelessness response system in the form of housing specialist positions.

- II. Eligible costs include certain costs pertaining to the provision of Housing Search and Placement Services and/or time-limited Housing Stability Case Management services, as defined:

☒ ESG Interim Rule - 576.105(b)(1) and 576.105(b)(2) of the ESG Interim Rule, and delivered in accordance with the Housing Entry and Stabilization Facilitation Scope of Work (Attachment L) and/or the Housing Stability Case Management Scope of Work, Attachment H. ESG Interim Rule and the Act.
(ESG Interim Rule)

☐ Continuum of Care (CoC) Interim Rule and the Act.

(Continuum of Care Interim Rule)

☐ Special YHDP activities and other options listed at I.C.1 of the YHDP NOFO Appendix A.

(YHDP NOFO Appendix A)

☐ Support Services for Veteran Families (SSVF) Program Guide
(SSVF Program Guide)

☐ Orange County guidance from the Office of Homelessness and Mental Health Services and the Orange County Office of the Comptroller.

☐ CFCH CoC Plan and/or CoC Written Standards (CFCH Standards and Policies)

E. ☐ Homelessness Diversion Services.

I. For purposes of this Agreement, Homelessness Diversion assistance is a form of Rapid Rehousing assistance with the aim of facilitating rapid exits from the homelessness response system, where the duration of the case management relationship with Participants is expected to be brief, and any provision of financial assistance is expected to be one-time or short-term in nature.

II. Eligible costs include certain costs pertaining to the provision of Homelessness Diversion services in a manner consistent with appropriate rule(s) as listed in Section 1.a. ii. and delivered in accordance with the Housing Entry and Stabilization Facilitation Scope of Work, Attachment L, and/or the Housing Stability Case Management Scope of Work, Attachment H.

F. ☐ Street Outreach Services.

I. Eligible costs include certain costs pertaining to the provision of Street Outreach services, as defined in by the appropriate rule(s) as listed in Section 1.a. ii and delivered in accordance with the Street Outreach Scope of Work, Attachment K, or other applicable Attachment to this contract.

II. In addition to the generally eligible costs listed in sub-paragraph A. above, eligible Street Outreach costs include limited engagement costs associated with addressing urgent physical needs, such as providing meals, blankets, clothes, or toiletries and, if the agency owns a vehicle to be used for Street Outreach activities, the cost of gas, insurance, taxes and maintenance for the vehicle.

G. ☐ Hiring and Retention Incentive Funding

I. For purposes of this sub-paragraph, “qualifying position” means a position dedicated to the provision of Housing Stability Case Management, Street Outreach, or Housing Navigation services, as described at sub-paragraphs B, C, and F, respectively, where the employee holding such position:

- (a) is generally expected to regularly complete at least a 40-hour work week;
- (b) is paid through the use of Grant funding initially made available to Sub-recipient through an amendment to this Agreement dated after 10/1/2021;
- (c) is initially hired after 11/1/2021; and
- (d) remains employed in the position or other qualifying position for a minimum of 12 consecutive months prior to the End Date.

II. For purposes of Retention Incentive Funding:

- (a) For each qualifying position created and filled by Sub-recipient, HSN will remit to a Sub- recipient an additional payment of up to \$ 4,000 in incentive funding upon receipt of written request.
- b) Upon confirmation by HSN that Sub-recipient has retained an employee in a qualifying position, Sub-recipient is eligible to receive \$ 34,000 dollars (\$) in incentive funding upon receipt of written request.
- (c) Upon confirmation by HSN that Sub-recipient has retained an employee in a qualifying position until the End Date, Sub-recipient is eligible to receive an additional four hundred dollars \$ 4,000 in incentive funding upon receipt of written

request.

H. ☐ System Sustainability Standards

I. Generally

It is the intent of the CFCH that the regional homelessness response system be configured and resourced in a manner that promotes continuity and sustainability, and supports a trauma-informed, housing-focused, evidence-driven community of practice. To that end, the Project Line-Item Budget attached hereto provides an amount and allocation of resources expected to be sufficient to recruit, compensate and retain qualified and dedicated service professionals.

II. Specifically

Unless otherwise approved by HSN in writing, Sub-recipient agrees:

- (a) To ensure that all non-supervisory, professional service positions filled using Grant funds are full-time and pay an annualized wage rate of not less than \$35,000; and
- (b) To make all reasonable efforts to provide an appropriate range of fringe benefits to the employees holding such positions, particularly including the opportunity to secure employer-sponsored health insurance coverage.

I. ☐ Emergency Shelter Operations

I. Generally

Eligible costs include certain costs pertaining to the operations of one or more components of the agency's Emergency Shelter activity to the extent authorized under Section 576.102(a) of the ESG Interim Rule, and delivered in accordance with the CFCH Shelter Standards, which are incorporated hereto by reference.

II. Specifically

Specific eligible costs include maintenance (including minor or routine repairs), rent, security, fuel, equipment, insurance, utilities, food, furnishings, and supplies necessary for the operation of the emergency shelter. Where no appropriate emergency shelter is available for a homeless family or individual, eligible costs may also include a hotel or motel voucher for that family or individual.

J. ☐ Homelessness Prevention

I. Generally

Eligible costs include certain costs pertaining to the operations of one or more components of the agency's Homelessness Prevention activities to the extent authorized under Section 576.103 of the ESG Interim Rule, and/or Section 414.161 Florida Statutes and/or VA SSVF Program Guide and delivered in accordance with the CFCH Homelessness Prevention Standards, which are incorporated hereto by reference.

K. ☐ Health Services

I. Generally

Grant funds may be used to pay the eligible costs of supportive services that address the special needs of the program participants to the extent authorized under Section 578.53 of the Continuum of Care Program or Section 576.102 of the ESG Interim Rule, and delivered accordingly. These include Mental Health Service and Outpatient Health Services, as defined in the regulations cited above.

L. ☐ Legal Services

I. Generally

Grant funds may be used to pay the eligible costs of supportive services that address the special needs of the program participants to the extent authorized under Section 578.53(e)(9) of the Continuum of Care Program, or Section 576.102(a)(1)(vi) of the ESG Interim Rule, or Section 62.33(g) of the SSVF Program, and delivered accordingly. Eligible costs are the fees charged by licensed attorneys and by person(s) under the supervision of licensed attorneys, for advice and representation in matters that interfere with the homeless individual or family's ability to obtain and retain housing.

M. ☐ Access Point and Assessment

I. Generally

Eligible costs include certain costs pertaining to the operations of one or more components of the agency's Access Points activities, delivered in accordance with the CFCH Homelessness Prevention, which are incorporated hereto by reference. Access Points serve as engagement points for persons experiencing a housing crisis, aimed at ensuring that all people in the community have equal access to all crisis response system resources in the CoC. Access points perform a critical role in beginning to determine which intervention will be most appropriate to rapidly connect people to housing.

N. ☐ Rapid Unsheltered Survivor Housing (RUSH)

I. Generally

RUSH funding will be available to support people experiencing pre-disaster homelessness – those living in an emergency shelter, transitional housing, or a place not meant for human habitation – and people at risk of homelessness – those who have below 30 percent of area median income and either live in severe overcrowding, face eviction in the next 21 days, or have another risk factor for homelessness.

II. Specifically

Eligible activities include emergency shelter; rapid re-housing, which provides up to 24 months of rental assistance, financial assistance for move in costs, and supportive services for people currently experiencing homelessness; homelessness prevention, which provides up to 24 months of rental assistance, utility assistance, and supportive services for people at risk of homelessness; and outreach assistance, including assistance to meet urgent needs, for people who are unsheltered.

O. ☐ Temporary Assistance for Needy Families (TANF)

I. Generally

Provide Temporary Assistance to Needy Families through homeless prevention services, including emergency financial assistance to eligible families facing the loss of their current home due to a financial or other crisis. The objective of the TANF Homelessness Prevention Grant is to provide emergency financial assistance to families experiencing a financial or other crisis through the payment of past due rent, mortgage, or utility bills to enable them to remain stably housed and for the provision of case management services.

II. Specifically

Sub-recipient shall operate and administer the TANF Project in a manner satisfactory to Grantee and consistent with DCF standards required as a condition of providing these funds. In particular, Sub-recipient shall comply with, and support compliance by Grantee with applicable requirements of the Grant Agreement, including but not limited to, the specific provisions of DCF Exhibits A, B, C, C4, C-5, D-1.4, D-2.4 (as amended), D-3.4 (as amended), Attachment D4, E-1.4, E-2.5, Attachment E4, F, Attachment F4, Attachment F4.1, and contract Attachments hereto.

P. ☐ Challenge Grant

I. Generally

This funding is used by the CoCs to meet emergency housing needs of the homeless and at-risk individuals and families, especially those needs which cannot be met by any other program. The Continuum of Care lead agency may provide sub-grants to sub-recipient agencies to implement programs or services or provide housing identified for funding by the Continuum of Care lead agency. Additionally, the objective of the Challenge Unsheltered Grant is to mitigate unsheltered homelessness by providing support to homeless individuals and families through mental health and substance abuse treatment at shelter sites, support for emergency and transitional shelters, support for non-congregate shelters, and support for sanctioned camping sites.

II. Specifically

Sub-recipient shall operate and administer the Challenge sub-grant in a manner satisfactory to Grantee and consistent with DCF standards required as a condition of providing these funds. In particular, Sub-recipient shall comply with, and support compliance by Grantee with applicable requirements of the Grant Agreement, including but not limited to, the specific provisions of DCF Exhibits A, B, C, C2, C-5, D-1.2, D-2.2 (as amended), D-3.2 (as amended), Attachment D2, E-1.2, E-2.3, Attachment E2, F, Attachment F2, Attachment F2.1, and contract Attachments hereto.

Q. ☐ Leasing

I. Generally

Grant funds may be used to pay for 100 percent of the costs of leasing a structure or structures, or portions thereof, to provide housing or supportive services to homeless persons for up to 3 years. Leasing funds may not be used to lease units or structures owned by the recipient, sub-recipient, their parent organization(s), any other related organization(s), or organizations that are members of a partnership, where the partnership owns the structure, unless HUD authorized an exception for good cause. Grant funds may be used to pay the eligible leasing costs that address the special needs of the program participants to the extent authorized under Section 578.49 of the Continuum of Care Program.

R. ☐ Protections for victims of domestic violence, dating violence, sexual assault, or stalking

I. Generally

The Sub-recipient will observe the requirements set forth in 24 CFR part 5, subpart L (Protection for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking). The implementation of VAWA requirements applies to all permanent housing and transitional housing for which Continuum of Care program funds are used for acquisition, rehabilitation, new construction, leasing, rental assistance, or operating costs. The requirements also apply where funds are used for homelessness prevention, but only where the funds are used to provide short- and/or medium-term rental assistance. Safe havens are subject only to the requirements in

paragraph 24 CFR 578.99 (j)(9).

iii. ☐ Flexible Financial Assistance

Eligible costs include certain purchases of goods or services for or on behalf of Participants that are necessary for housing placement, stabilization, and retention, and are consistent with the appropriate rule(s) as listed in Section 1.a. ii. Subject to the funding source regulations, the eligible costs may include the following categories:

☒ A. Basic Assistance to Project Participants

Financial assistance in the following forms, as may be further defined by the appropriate rule(s) as listed in Section 1.a.ii. and may be provided to or on behalf of a Participant without pre-approval by HSN, provided that the total cost of all such assistance for a Participant does not exceed five thousand dollars (\$5,000.00):

- (1) Rental application fees;
- (2) One-time utility deposits and connection fees;
- (3) One-time moving costs, such as those pertaining to the rental of a truck or a short-term storage unit; or
- (4) Other costs, as defined with 24 CFR § 576.105(a).
- (5) Other costs, as defined with 24 CFR § 578.53
- (6) Other costs, as defined in the YHDP NOFO Appendix A.
- (7) Other costs, se defined in the VA SSVF Program Guide.
- (8) Other costs, se defined with Orange County guidance.

☐ B. Supplemental Assistance to Project Participants

Financial assistance set forth in Flexible Financial Assistance for Participants, which is appended hereto as Attachment B, under the conditions specified therein. Attachment B, is subject to continuous updates throughout the Term, which shall each be effective one (1) business day after receipt of Notice from HSN.

☐ C. Additional Assistance to Project Participants

Financial assistance in the forms and amounts other than those listed in Section 6, Eligible Costs, sub-sub-paragraphs iii.A. and iii.B., subject to the requirements of applicable rule(s) as listed in Section 1.a.ii, may be provided only with express written approval in advance from HSN.

iv. ☒ Administration

Eligible administrative costs are defined within the applicable rule(s) as listed in Section 1.a.ii. To be eligible for reimbursement, administrative costs must be itemized and documented in the same manner as all other costs to be paid by HSN under this Agreement.

d. Method of Payment for Eligible Costs

HSN shall pay eligible costs incurred under this Agreement as follows:

- i. HSN shall pay any rental assistance (sub-sub-paragraph a.i.) costs via direct payment to eligible vendors.
- ii. HSN shall reimburse Sub-recipient for services (sub-sub-paragraph a.ii.) costs upon receipt of a complete and accurate invoice documenting such services rendered.
- iii. HSN shall pay flexible financial assistance (sub-sub-paragraph a.iii.) costs via:
 - A. Reimbursement of Sub-recipient for invoiced costs; or
 - B. Direct payments to eligible vendors on behalf of Sub-recipient, as set forth in Schedule B.
 - C. HSN shall reimburse Sub-recipients for invoiced administrative costs.

e. Performance Period

Unless otherwise agreed upon in writing by the Parties, to be eligible for reimbursement under this Agreement, costs must be incurred between 7/1/2025, or the effective date of this Agreement, whichever is earlier, and the End Date, as may be extended as set forth in Section 5, Grant Award, above.

f. Proportionate Benefit to Project

If Sub-recipient incurs particular costs such that only a portion are eligible to be paid via this Agreement, or such that said costs will not be charged solely to the Project, the assignment of costs to be paid by this Grant must be prorated, based on the amount of time spent on or benefit derived from activities associated with such costs.

g. Ineligible Costs

Payment of certain specific costs are an ineligible use of Grant funds, regardless of whether they

- i. otherwise pertain to the performance of eligible activities described in this section. Such costs include, but are not limited to: gift cards, direct payments to Participants, and other costs prohibited by the appropriated rule(s) as included in Section 1.a.ii or by one or more Grantors. (e.g., mortgage assistance, immigration and citizenship legal services, retainer fees, contingency fee arrangements, rent application administration and/or holding fee).
- ii. Grant funds may not be used to pay any costs that are not consistent with requirements of the relevant funding sources included in Section 1.a.ii. or supplant federal or state funding otherwise available to Sub-recipient during the Term.
- iii. Grant funds may not be used to provide a duplication of benefits. For purposes of this Agreement, "duplication of benefits" means the provision of Grant-funded assistance to a Participant, where such Participant has received assistance with the same costs during the same month, and the total amount received exceeds the total need for such costs. Sub-recipient agrees to work with HSN to establish and maintain adequate procedures to prevent such duplication of benefits.

Section 7. Matching Funds.

If this box is checked, the provisions of this section shall apply to Sub-recipient with respect to this Agreement: ☒

A. Generally

1. Sub-recipient shall provide or demonstrate the provision of the portion of eligible matching funds to the Project that must be provided to comply with 24 CFR §578.73, and/or 24 CFR §576.201, and/or related State and local Grant requirements, and do so in an amount that preserves the proportion of the matchable portion of the award amount to the matchable portion of the total CoC Project award amount.
2. Sub-recipient shall demonstrably furnish matching funds to the Project in an amount not less than **twenty-five percent (25%)** ☐, or **one hundred percent (100%)** ☒ of the amount(s) of Grant funds awarded to Sub-recipient at section 5 above, as may be subsequently amended, or an amount not less than **\$25,000** ☐.
3. Matching funds may be provided in the form of cash or in-kind services, although the provision of in-kind services shall be governed by a Memorandum of Understanding (hereinafter "MOU") or other agreement between the Parties.
4. Sub-recipient shall submit all documentation for all match recorded during the previous month in the manner instructed by Grantee and on or before the 15th of each month.

B. Cash match

2. Sub-recipient may use funds specifically dedicated to the CoC Project from any source as match, including federal sources other than those prohibited under the CoC Interim Rule, as well as state, local and private sources, provided that funds from such sources are not statutorily prohibited from use as match, and that no other CoC Program-funded activity is simultaneously using or has previously used the same funds as a source of match.
3. Sub-recipient shall ensure that any funds purported to satisfy the match requirements of this section are eligible under the laws governing the funds for a grant awarded under the CoC Program.

C. In-kind match.

1. Sub-recipient may use the value of any real property, equipment, goods, or services contributed to the project as match, provided that, if Sub-recipient were to purchase the same with grant funds, such costs would have been eligible under the CoC Interim Rule.
2. The in-kind contribution of services as match must be supported by an MOU or other agreement between Sub-recipient and any third party providing such services, whereby the latter attests to the unconditional commitment of the services to the CoC Project, including the specific nature(s) and amount(s) of services to be provided, the profession(s) of any person(s) providing the services, and the value of the services to be provided.
3. Services provided by individuals must be valued at rates consistent with those ordinarily paid for similar work by Sub-recipient. If Sub-recipient does not have employees performing similar work, such rates must be consistent with those ordinarily paid by other employers for similar work in the same labor market.

Throughout the Term of this Agreement, Sub-recipient shall keep and make available for inspection

records documenting such provision of services

Section 8. Eligibility of Participants to Receive Assistance.

Only individuals who or households that are homeless are eligible for assistance using Grant funds as defined in paragraphs 1-4, Section 576.2 of the ESG Interim Rule and/or satisfy other funder eligibility requirements:

☒ Section 576.2 of the ESG Interim Rule

☒ paragraph (1)

☐ paragraph (2)

☐ paragraph (3)

☒ paragraph (4)

☐ SSVF

☐ Continuum of Care

☐ Other: Orange County Guidance

☐ Other: YHDP NOFO Appendix A

☒ Other: DCF defined

Individuals or households who are residing in an emergency shelter or in places not intended for human habitation are eligible. See Section 2.A.iv for further information on definitions of homelessness.

Section 9. Payments by HSN to sub-recipient. ☒

a. Generally

Sub-recipient understands and agrees that all requests for payment of Grant funds are to be made in accordance with Section 6, Eligible Costs, above and adopted HSN policies and workflows.

b. Cost Reimbursement ☒

With respect to costs for which Sub-recipient will request reimbursement from HSN:

- i. Sub-recipient shall submit complete and accurate requests for reimbursement on a monthly basis via invoice to be submitted to HSN by the 15th of the month following the end of the calendar month for which expenses are to be reported, using an invoicing form and process to be provided or deemed acceptable by HSN. Failure to submit a complete reimbursement request by the stated deadline shall constitute noncompliance;
- ii. In exceptional circumstances, when sub-recipient is unable to submit complete and accurate requests for reimbursement by the 15th of the month, sub-recipient shall submit an estimated reimbursement request reflecting anticipated costs for the period by the same deadline. Submission of an estimate does not relieve the Subrecipient of its obligation to provide a complete and accurate reimbursement request, nor does it exempt the Subrecipient from the financial consequences outlined herein. This Estimate will NOT serve as a base for reimbursement by HSN.

- iii. Failure to submit a complete and accurate requests for reimbursement within 45 calendar days, following the end of the calendar month for which expenses are to be reported, will result in financial consequences to the sub-recipient agency. HSN reserves the right to apply financial consequences for noncompliance with these requirements, including a reduction of up to ten percent (10%) of the total amount ultimately submitted for reimbursement for the applicable period. These financial consequences may be imposed regardless of whether the primary funding entity assesses financial penalties against HSN. Repeated or continued failure to comply with reimbursement submission requirements may also result in additional consequences, including delayed payment, partial reimbursement, or termination of this Subcontract;
- iv. Failure to submit a complete and accurate request for reimbursement of staffing costs for the current month by the 15th of the following month shall constitute noncompliance. HSN will provide notice of any deficiency and grant Sub-recipient five (5) business days to cure the deficiency. If Sub-recipient fails to cure within that period, HSN reserves the right to recapture and reallocate the unclaimed staffing funds to other project components or sub-recipient(s) within the funded project;
- v. Sub-recipient shall submit a separate and distinct invoice to HSN for each Grant source, described in Section 1.a. and eligible activity described in Section 6.b. from which funds are made available.
- vi. Sub-recipient understands and agrees that, while it is the intent of HSN to fully and timely reimburse Sub-recipient for all applicable and eligible expenses, any inability on the part of Sub-recipient to meet said deadline may hamper or imperil HSN's ability in that regard.

c. Documentation of Sub-recipient Expenses ☒

Documentation of any Sub-recipient expense must accompany the invoice in which the expense is submitted for reimbursement. Appropriate documentation includes an itemized receipt or invoice, a cancelled check or credit card statement, and any other documentation that may be required by DCF, HUD, VA or local jurisdiction. Additionally:

- i. For expenses pertaining to facilities or structures, the applicable address(es) must appear on such documentation;
- ii. For expenses pertaining to staffing and personnel, such documentation must include pay stubs and timesheets; and
- iii. For client services, including deposits, rent, utilities, etc. the participant's HMIS number be visible on the payment receipt, lease, etc.
- iv. Sub-recipient understands and agrees that the availability of funding to be provided as anticipated by this Agreement is contingent upon HSN receiving Grant funds from Grantor(s).

d. Advance Payments of Funding, ☐

- i. When deemed appropriate and feasible by HSN in its sole discretion, HSN shall furnish Sub-recipient with an advance payment of funds to be used for flexible financial assistance for Project Participants as set forth in section 6. c. iii. above, upon receipt of an invoice requesting same. Grant funds may not be used to provide a duplication of benefits as described in Section 6.e., Ineligible Costs.
- ii. HSN shall determine the amount of funding to be advanced to Sub-recipient, if any, and impose any

conditions on their use via Attachment B, Project Line Item Budget.

- iii. In the event that the Sub-recipient fully expends the advance payment during the Term, Sub-recipient shall submit a complete and accurate accounting for and documentation of the use of said funds as set forth in paragraph e. below. Upon review of said submission, HSN in its sole discretion shall determine whether to replenish advance funds to Sub-recipient, in whole or in part, upon receipt of invoice from Sub-recipient requesting same.
- iv. Upon the conclusion of the Term, Sub-recipient shall submit a complete and accurate accounting for and documentation of the most recent advance of funding furnished to Sub-recipient and return to HSN any portion of the advance that remains unspent or that is determined to by HSN to have been spent for ineligible purposes.

Section 10. Participation in HMIS.

- a. Throughout the Term of this Agreement, Sub-recipient shall participate in the CFCH HMIS, as demonstrated by compliance with the current CFCH HMIS Policies and Procedures, and which are hereby incorporated into this Sub-recipient Agreement by reference. Such requirements include, but are not limited to, timely and accurate entry of mandatory data elements, adherence to system standards and completion of mandatory training, and are included as Attachment C, HMIS-Related Requirements.
- b. If Sub-recipient is a victim service agency, Sub-recipient shall not enter data into HMIS, but rather shall enter data elements into a comparable system that meets the requirements of the published HUD-HMIS standards (see Attachment T or HUD Exchange website for relevant updates). Comparable databases must meet all requirements of an HMIS but must be distinct from the CoC's HMIS. HSN shall provide Sub-recipient with any support and training necessary to ensure such entry.

Section 11. Participation in the Coordinated Entry System.

- a. Throughout the Term of this Agreement, Sub-recipient shall participate in the system of coordinated assessment required by 24 CFR §578.23(c)(9) and established by CFCH as the Coordinated Entry System (hereinafter "CES").
- b. For purposes of this section, "CES Registry Management process" means one of any number of processes whereby the CES generates and maintains a prioritized by-name list of applicable individuals or families that meet targeting criteria and are matched to appropriate services and housing in keeping with that prioritization.
- c. The Parties agree to work in good faith to expediently negotiate and enter into or extend a Memorandum of Understanding itemizing the specific roles and responsibilities of the Parties with regard to the CES, and which upon execution or extension is incorporated into this Sub-recipient Agreement by reference.
- d. Additional roles and responsibilities specifically applicable to this Sub-recipient Agreement are set

forth in Attachment G (if attached herewith). Sub-recipient shall comply with the most recently adopted CES Policies and Procedures, which are incorporated herein by reference, and the allocation and assignment of available housing and supportive service resources made available under the CES umbrella. Such compliance requirements shall apply to all individuals providing services on behalf of Sub-recipient and who accepts any assignments through the CES Registry Management process.

- e. In all cases, during the delivery of housing and/or services, the Sub-recipient shall use the forms and documents listed in Required Documents and Forms, which is appended hereto as Attachment D, Required Documents and Forms (RRH, or PSH, or TH-ROPAL, or CMO, or SSVF, etc.), whenever applicable, unless otherwise approved by the CES in writing.

Section 12. Housing Focused Approach.

Sub-recipient shall use a Housing Focused approach to housing and service delivery, as set forth in Guidelines Related to Adoption of a Housing Focused Approach, which is appended hereto as Attachment E, Guidelines Related to Adoption of a Housing Focused Approach to Project Operations.

Section 13. Alignment with System-wide Housing Location and Retention Initiative. ☒

Unless otherwise expressly agreed to in writing by HSN, Sub-recipient shall at all times coordinate and align with efforts to facilitate identification of, application to, placement into, stabilization in, retention of, and management of exits from temporary or permanent housing with those of the CFCH Housing Operations Team system-wide initiative (hereinafter "HLT"). Such efforts shall include, but are not limited to, compliance with the applicable HLT-related policies and procedures contained in Attachment G - Project Specific Roles and Responsibilities (if attached herewith), and appropriate use of all HLT-related forms and documents listed in Attachment D, Required Documents and Forms.

Section 14. Recordkeeping and Reporting.

a. Recordkeeping Requirements

Sub-recipient shall maintain all records associated with the operation and administration of the Program in the manner and for the duration prescribed by the applicable Grantors as noted below:

- ☐ 3 years
- ☐ 5 years
- ☐ 7 years
- ☒ Other 6(six) years

If an audit is performed, records shall be retained a minimum of six years after the audit report is issued, or until the resolution of any audit findings or litigation.

b. Reporting Requirements

- i. Sub-recipient shall fully assist and support HSN with meeting the reporting and invoicing requirements of the relevant Grantors, including use of all applicable documents and forms listed

in Attachment D, Required Documents and Forms.

Section 15. Key Requirements.

A. Sub-recipient shall comply with the following terms and conditions, as required by the applicable Grantor(s)/Funding Sources listed in Section 1a:

- a. Insurance requirements - OMITTED.
- b. Sub-recipient shall not discriminate against any employee or person served on account of race, color, sex, age, religion, ancestry, national origin, disability, marital status, or any other basis prohibited by law, rule, or ordinance. Sub-recipient shall comply with Title VI and Title VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, both as amended, and the Fair Housing Act. Sub-recipient shall promptly provide HSN with proof of such compliance and/or policies upon HSN request. Additionally, DCF sub-recipients commit to comply with DCF CFOP 60-16, Chapters 3 and 4.
- c. Sub-recipient shall comply with all applicable administrative requirements, cost principles, and audit requirements of 2 CFR Part 200.
- d. Dependent on funding source, an authorized representative of the Sub-recipient must sign and return to HSN a copy of the Certification Regarding Drug-Free Workplace (VA Form 40-0895-8), the Disclosure of Lobbying Activities (Standard Form SF- LLL), and the Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion (VA Form 40-0895-12), or Certification for a Drug-Free Workplace (U.S. HUD Form 50070), the Disclosure of Lobbying Activities (HUD Form SF- LLL 0348-0046) and Certification Regarding Debarment and Suspension (HUD Form 2922), or FL State Certification Regarding Lobbying (CF1123), FL State Certification Regarding Debarment (CF1125) and FL State Access Confidentiality and Nondisclosure Agreement (CF112).
- e. Other requirements specific to the applicable contracts between HSN and the applicable Grantors identified at Section 3b.
- f. Financial Consequences - if the Agency fails to perform in accordance with this Contract or perform the minimum level of service required by this Contract, or the Agency incurs costs that are determined to be ineligible or unallowable, HSN may apply financial consequences for such failure to perform, as per Grantors determination and in accordance with sections 287.058(1)(h) and 215.971(1)(c), Florida Statute, or CFR Part 200 (200.410, et seq.) and 38 CFR Part 62 (62.38, 62.80, et seq.) or other applicable guideline. Further, if HSN is subjected to financial consequences resulting from the failure or inability of the sub-recipient to perform in accordance with this Contract or failure to submit timely reimbursement requests resulting in financial penalties against HSN, an adequately pro-rated portion of the financial consequences or penalties will be apportioned to the sub-recipient.
- g. Units of Deliverables - if applicable under the governing Grant agreement, the Agency shall perform all tasks and accomplish agreed units of deliverables, as per the attached Annex (Units of Deliverables) to this Amendment. The units of deliverables represent minimum level of service to be performed, and criteria for evaluating the successful completion of each deliverable.
- h. E-Verify Affidavit - if applicable under the governing Grant agreement, the Agency must provide

HSN with an affidavit stating that the subcontractor does not employ, contract with, or subcontract with an unauthorized alien, as per section 274A of the Immigration and Nationality Act (8 U.S.C. § 1324a) and section 101 of the Immigration Reform and Control Act of 1986 and in compliance with Florida Statute 448.095(2)(b)1. and (2)(b)2. The subcontractor shall maintain a copy of such affidavit for the duration of the contract. As an Annex to this Amendment, a Sample Affidavit is provided herein.

- i. Anti-human Trafficking - sub-recipient shall comply with Section 787.06(13), Florida Statutes, sub-recipient shall attest under penalty of perjury, that sub-recipient does not use coercion for labor or services as defined in Section 787.06(2), Florida Statutes.
- j. Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. 7104) and 2 C.F.R. part 175 - In accordance with the statutory requirement, section 106(g) of the TVPA, as amended, HSN is required to terminate a contract/award if the sub-recipient a) Engages in severe forms of trafficking in persons; b) Procures a commercial sex act during the period of time that the agreement is in effect; c) Uses forced labor in the performance of the sub-recipient agreement.
- k. Inspections and Corrective Action - the Agency shall permit access to facilities, goods and services which are relevant to this contract, by persons duly authorized by the Florida Department of Children and Families.
- l. The sub-recipient shall comply with, and shall ensure that its employees comply with all applicable safety laws or ordinances, rules, regulations, standards and lawful orders from authority bearing on the safety of persons or property for their protection from damage, injury or loss. This includes but is not limited to the following: 1. Occupational Safety & Health Act ("OSHA"); 2. National Institute for Safety and Health ("NIOSH"); 3. National Fire Protection Association ("NFPA"); 4. Orange County Safety and Health Manual; and other safety regulations, as requested by funding principles.

Section 16. Default.

- a. Default shall consist of the use of Grant funds for a purpose other than as authorized herein, or any other material breach of this Agreement.
- b. Upon due notice to Sub-recipient of the occurrence of any such default, and the provision by HSN of a reasonable opportunity to respond, HSN may take one or more of the following actions:
 - i. Direct Sub-recipient to discontinue or refrain from incurring Project costs;
 - ii. Reduce or recapture the award of Grant funds awarded herein;
 - iii. Direct Sub-recipient to reimburse HSN for costs inappropriately charged to HSN; or
 - iv. Other appropriate action including, but not limited to, any available remedy at law.
- c. If Sub-recipient contravenes any provision set forth in this Agreement that does not rise to the level of a material breach, HSN shall work expeditiously with Sub-recipient to develop and implement a corrective action plan or other form of remediation.

Section 17. Budget Amendment.

Except as otherwise set forth in this section, Attachment B, Project Line-Item Budget, may be amended only via written agreement of the Parties.

a. Definitions.

- i. For purposes of this section:
 - ii. "Project Budget" means the complete listing of eligible expense types or categories, together with the corresponding listing of total amounts of Grant funding to be made available for each such type or category.
 - iii. "Budget line-item amount" means the total amount of funding provided in the Project Budget for a particular expense type or category, taken across all Grant sources.
 - iv. "Grant Sub-budget" means a portion of the Project Budget, where the expense types or categories and corresponding funding amounts are restricted to a particular Grant source.
 - v. "Budget cell amount" means the amount of funding provided in a Grant Sub-budget for a particular expense type or category.
- b. HSN may approve an increase/decrease in a particular budget cell amount resulting from HSN granting Sub-recipient access to Grant funding for an eligible expense for which funding was not previously available.
- c. Such approval shall have the immediate effect of increasing/decreasing one or more budget cell amounts under a Grant Sub-budget and the Project Budget total amount.
- i. All proposed amendments to Attachment B, Project Line Item-Budget, via any of the alternative means as described in this section must be approved in writing by HSN but may be initiated either by Sub-recipient or HSN.
 - ii. If the amendment is initiated by HSN, HSN shall furnish a notice to Sub-recipient in writing with at least seven (7) days advance notice, which period shall include an opportunity for Sub-recipient to respond prior to the effective date. HSN reserves the right to modify or withdraw the amendment in response to issues or concerns raised by Sub-recipient without an additional notice period.
 - iii. If the amendment is initiated by Sub-recipient, Sub-recipient shall furnish a request to HSN in writing and shall provide HSN fourteen (14) days to respond with approval or denial. If approved, HSN shall furnish a revised Attachment B, Project Line-Item Budget to sub-recipient.
 - iv. HSN shall periodically or upon request furnish a revised Attachment B, Project Line-Item Budget, reflecting all such increases/decreases.

Section 18. Suspension and Termination.

- a. This Agreement may be suspended or terminated by either of the Parties at any time, with or without cause, upon no less than thirty (30) days' notice in writing to the other party. Suspension or termination may also occur if Sub-recipient materially fails to comply with any term or condition of this Agreement. In the event of notice from Grantee that Sub-recipient is in default of any of the requirements of the CoC Program, Sub-recipient must undertake the action required by Grantee.
- b. If Sub-recipient is notified of a violation of a term or condition of this Agreement by Grantee,

payment of funds shall be suspended and Sub-recipient shall have ten (10) days to submit a plan of action to correct said violation. Such time may be extended at the sole discretion of Grantee. If a plan of action acceptable to Grantee is not submitted by Sub-recipient within the required time, this Agreement shall be terminated as provided in subsection A above.

- c. In the event the grant is reduced or recaptured by the Grantee as a result of suspension or termination of this Agreement, the amount to be received by Sub-recipient hereunder shall be accordingly reduced. In the event of recapture, Sub-recipient must repay said funds to Grantee.

Section 19. Additional Terms and Conditions.

- a. Subrecipient will be fully responsible for the intentional or negligent acts or omissions of its own respective elected officials, officers, employees, and agents in the performance of their obligations under this Agreement. Subrecipient will not indemnify or hold HSN, its officers, employees, and agents harmless for any matters arising pursuant to the subject matter of this Agreement.

The provisions of Section 768.28, Florida Statutes (2023), as this statute may be amended from time to time, will govern all matters of tort liability and limitations on damages as to Subrecipient and nothing in this Agreement will be construed as a waiver of the sovereign immunity or of the limits on damages beyond the amount expressed in that statute, anything else in this section or elsewhere in this Agreement to the contrary notwithstanding

- b.
 - i. In the event of a conflict between any provision of any applicable Grant contract and any provision of this Agreement, the former shall control.
 - ii. In the event of a conflict between the provisions of any applicable Grant contracts or any other conflict among provisions set forth or referenced herein, HSN shall notify Sub-recipient in writing of the appropriate resolution.
- c. Sub-recipient acknowledges that the funds provided by HSN under this Agreement are those given to HSN by one or more Grantors, and that HSN's ability to furnish said funds to Sub-recipient may be impacted by the said Grantors.
- d. HSN and the Sub-recipient agree that the Sub-recipient, its officers, agents, and employees, in the performance of this Agreement shall act in the capacity of an independent contractor and not as an officer, employee or agent of HSN.
- e. Except as otherwise set forth herein, This Agreement may only be amended upon written agreeance of the Parties.
- f. Notices provided under this Agreement shall be made to the Parties in writing, and shall be hand-delivered to the chief executive of said party or sent by certified mail, return receipt requested, to:
for HSN: **Martha Are, Homeless Services Network of Central Florida, 142 E Jackson St., Orlando, FL. 32801.**

and for Sub-recipient: **Seminole County Government, 520 West Lake Mary Blvd., Suite 100, Sanford, FL 32773.**

- g. The invoicing, record-keeping and reporting requirements set forth herein shall survive the termination or expiration of this Agreement.
- h. This Agreement constitutes the entire agreement between the Parties hereto.
- i. The execution date of this Agreement is ____ / ____ / **2025**.
- j. The effective date of this Agreement is the date as stated in Section 4b.

IN WITNESS HEREOF, the authorized representatives of the Parties hereby enter into this Agreement and affix their signatures accordingly:

For: **Homeless Services Network
of Central Florida, Inc.**

Signed by: _____

Print Name: **Martha Are**

Title: **CEO**

For: **Seminole
County Government**

Signed by: Allison Thall

Print Name: ALLISON Thall

Title: Director

Attachments: A, B, C, D, E, F, H, A-1, I, and assorted DCF forms

BOARD OF COUNTY COMMISSIONER
ATTEST:

SEMINOLE COUNTY, FLORIDA

GRANT MALOY
Clerk to the Board of
County Commissioners of
Seminole County, Florida.

For the use and reliance
of Seminole County only.

Approved as to form and
legal sufficiency.

County Attorney

By: _____
JAY ZEMBOWER, Chairman

Date: _____

As authorized for execution by the Board of
County Commissioners at its _____
20____, regular meeting.

SCOPE OF WORK**B.1. SCOPE OF SERVICE**

Pursuant to §420.6225, F.S. the Provider is the Lead Agency in the **B.3.1.** catchment area. Through the programs identified below, the Provider shall provide individual and organizational support designed to reduce and end homelessness in the State of Florida.

B.1.1. Staffing Grant – Work within the CoC Plan to carry out the requirements set forth in 24 CFR Part 578.

B.1.2. Challenge Grant – Pursuant to §420.622(4), F.S., provide housing, service, and program needs included in the CoC Plan.

B.1.3. Emergency Solutions Grant (ESG) – Pursuant to 24 CFR Part 576, provide services and payment, as applicable and allowable, for the rehabilitation or conversion of buildings for use as emergency shelter for the homeless, certain expenses related to operating emergency shelters, essential services related to emergency shelters and street outreach for the homeless, and homelessness prevention and rapid re-housing assistance.

B.1.4. Temporary Assistance for Needy Families (TANF) Homelessness Prevention Grant – Pursuant to §414.161, F.S., and 45 CFR Part 260, provide Temporary Assistance to Needy Families through homeless prevention services, including emergency financial assistance to eligible families facing the loss of their current home due to a financial or other crisis.

B.1.5. ESG Rapid Unsheltered Survivor Housing (ESG-RUSH) – Pursuant to 24 CFR Part 576, provide services and payment, as applicable and allowable, to address the needs of homeless individuals or families at risk of homelessness in areas affected by a FEMA declared disaster, as directed by the Department. ESG-RUSH funds have the same applicability throughout the contract as ESG unless otherwise stated within this Contract or addressed through guidance from HUD or the Department.

B.2. MAJOR CONTRACT GOALS

B.2.1. Staffing Grant – The applicability of this section is identified in **B.1.1.** The objective of the Staffing Grant is to coordinate functions of the Lead Agency in accordance with 24 CFR Part 578 and to implement the CoC plan.

B.2.2. Challenge Grant – The applicability of this section is identified in **B.1.2.** The objective of the Challenge Grant is to provide the housing, service, and program needs included in the CoC plan.

B.2.3. Emergency Solutions Grant (ESG) – The applicability of this section is identified in **B.1.3.** The objective of the ESG is to provide emergency shelter to homeless persons; engage individuals living on the street through street outreach activities; provide homeless prevention services to enable those in danger of losing their home to remain stably housed; and to provide re-housing services to help those who are homeless become stably housed.

B.2.4. Temporary Assistance for Needy Families (TANF) Homelessness Prevention Grant – The applicability of this section is identified in **B.1.4.** The objective of the TANF Homelessness Prevention Grant is to provide emergency financial assistance to families experiencing a financial or other crisis through the payment of past due rent, mortgage, or utility bills to enable them to remain stably housed and for the provision of case management services.

B.2.5. Rapid Unsheltered Survivor Housing (RUSH) - The applicability of this section is identified in **B.1.5.** The objective of RUSH funding is to provide emergency shelter to homeless persons; engage individuals living on the street through street outreach activities; provide homeless prevention services to enable those in danger of losing their home to remain stably housed; and to provide re-housing services to help those who are homeless become stably housed in an area that was affected by a declared major disaster.

B.3. SERVICE AREA/LOCATIONS/TIMES

B.3.1. For the purposes of this Contract, services shall occur within the following Counties (catchment area): Orange, Osceola, Seminole.

B.3.1.1. The Provider may, with the specific and written authorization of the Office on Homelessness, provide services in counties not located in the Continuum of Care's catchment area noted in **B.3.1.** Specific and written authorization will be on an individual or project basis only and will not constitute a blanket authorization.

B.3.1.1.1. Unless extenuating circumstances exist, as deemed applicable by the Office on Homelessness, the Provider must gain written authorization from the relevant Continuum of Care to provide services in another Continuum of Care's catchment area and provide this authorization to the Office on Homelessness before services can be provided pursuant to **B.3.1.1.** outside the Continuum of Care's catchment area noted in **B.3.1.**

B.3.1.2. The Provider may, with the specific and written authorization of the Office on Homelessness, subcontract funds to another Continuum of Care to provide services in counties not located in the Continuum of Care's catchment area noted in **B.3.1.** Specific and written authorization will be on an individual or project basis only and will not constitute a blanket authorization.

B.3.2. The location of the Provider is:

Homeless Services Network of Central Florida
4065-D L.B. McLeod Road
Orlando, FL 32811

B.3.3. The Provider shall deliver services in a manner consistent with applicable program requirements.

B.3.4. Services for homeless prevention and rapid re-housing assistance programs shall be provided during normal business hours, Monday through Friday from 8:00am until 5:00pm, and/or those hours deemed necessary by the Provider or subcontractor to meet the needs of clients seeking services.

B.3.5. Services for emergency shelters (if applicable under this Contract) shall be provided as many hours per day as are possible.

B.3.6. Any change in location and/or service time shall not require an amendment to this Contract but will require a written request from the Provider and an approval from the Department (Contract Manager or Office on Homelessness) prior to the time change.

B.4. CLIENTS TO BE SERVED

B.4.1. Staffing Grant – The applicability of this section is identified in **B.1.1.** Clients are not served directly under the Staffing Grant, rather it is used to coordinate functions of the Lead Agency in accordance with 24 CFR Part 578 to implement the CoC plan.

B.4.2. Challenge Grant – The applicability of this section is identified in **B.1.2.** The Provider must serve clients in a manner consistent with the proposed projects that are included in the CoC plan.

B.4.3. Emergency Solutions Grant (ESG) – The applicability of this section is identified in **B.1.3.** Applicable definitions for individuals who are eligible for services under ESG are found in 24 CFR Part 576.2 and defined as "homeless" or "at risk of homelessness".

B.4.4. Temporary Assistance for Needy Families (TANF) Homelessness Prevention Grant – The applicability of this section is identified in **B.1.4.** To be eligible for assistance under this grant, a household consists of a family that resides in Florida; has at least one household member who is a United States citizen or a lawful permanent resident; has a minor child living in the

household full-time; and has a household income less than two-hundred percent (200%) of the federal poverty level as annually published by the U.S. Department of Health and Human Services (HHS). The adult who applies for the grant assistance with the CoC must be the parent or guardian of the minor child residing in the household. The family's housing emergency shall be the result of a financial or other crisis and documented by the Provider or its subcontractor(s).

Applicable definitions for services under TANF are found in §414.0252, F.S.

- B.4.5. Rapid Unsheltered Survivor Housing (RUSH)** - The applicability of this section is identified in **B.1.5**. Applicable definitions for individuals who are eligible for services under RUSH are found in 24 CFR Part 576. Clients are defined as "homeless" or "at risk of homelessness" that have been residing in an area affected by a major disaster declared pursuant to the Stafford Act on or after December 20, 2019.

B.5. CLIENT ELIGIBILITY

Client eligibility is set forth in Florida Statutes and in federal regulations for the respective funding stream as defined in **B.4**.

B.6. CLIENT DETERMINATION

It is the responsibility of the Provider to ensure all applicable services are provided in accordance with program requirements to eligible clients. If there are subcontractor(s) providing services under this Contract, it remains the primary responsibility of the Provider to ensure services are provided in a manner consistent with this Contract and the Provider's application for rendering services, and applicable program requirements and guidance.

B.7. EQUIPMENT

It is the responsibility of the Provider under this Contract to ensure that necessary materials and equipment are readily available to ensure the provision of services under this Contract unless expressly authorized for purchase under the Contract and/or program requirements.

B.8. CONTRACT LIMITS

There are no additional contract limits.

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ATTACHMENT B
PROJECT LINE-ITEM BUDGET: DCF-Emergency Solutions Grant
DCF Grant No.: LP-025
SEMINOLE COUNTY
Term: 07/01/2025 - 06/30/2026

<u>Eligible Activity</u>		ESG Program Funds Reserved for Sub-recipient Program Participants (to be Administered Directly by Grantee)	Matching Funds to Be Provided by Sub-Recipient
1.	Rapid Re-Housing Assistance		
	A. Rental Assistance - §576.106	\$92,873	\$95,867
	B. Housing Relocation and Stabilization Services		
	i. Financial Assistance - §576.105(a)	\$5,000	\$0
	ii. Services - §576.105(b)	**\$22,000	**\$30,000
	** - Case Management-Related Costs		
2.	HMIS	\$0	\$0
3.	Administrative Costs	\$5,994	\$0
TOTAL BUDGET (Cash only)		\$125,867	\$125,867



Initial

Attachment C
HMIS-Related Requirements

1. Terms and Definitions.

- a. The terms used in this Attachment C have meanings as set forth in the most recently issued version of the HUD HMIS Data Standards and HMIS Data Dictionary currently in use by CoC FL-507 and CoC's FL-507 HMIS vendor, both of which are incorporated herein by reference.
- b. Grantee reserves the right to replace, at its sole discretion, this Attachment C or any portion thereof in correspondence with changes in HMIS terminology or processes adopted by CoC FL-507 or CoC FL-507's HMIS vendor during the Term of this Sub-recipient Agreement. All such changes shall be made in a manner that ensures maximum equivalency with the terminology or processes in effect as of the date of the change.

2. General Requirements for Participation in HMIS.

Throughout the Term of this Sub-recipient Agreement, Sub-recipient shall meet the HMIS-related performance requirements set forth below, pursuant to Sections 4 and 10 of this Sub-recipient Agreement:

- a. Enter into and adhere to the terms and conditions of the current version of the CoC FL-507 HMIS Agency Partnership Agreement, which is hereby incorporated by reference;
- b. Participate fully in the effort to continuously populate and contribute to the development of a comprehensive and robust HMIS as anticipated by the CoC Interim Rule;
- c. Ensure continuous availability of an HMIS Agency Liaison to serve as the primary point of contact and accountability regarding all HMIS-related activity pertaining to Sub-recipient and all of the projects participating in HMIS;
- d. Ensure compliance by all HMIS End Users with the most current version of the CoC FL-507 HMIS Policies and Procedures and the HMIS User Agreement.;
- e. Ensure that all HMIS End Users gain and sustain a working knowledge of the applicable HMIS Provider attributes specific to Sub-recipient and the applicable project type; and
- f. For each required activity and reporting to be performed under paragraphs 2 and 3 below, respectively:
 - i. Adhere to the current versions of all HMIS-related workflows applicable to the Project's project type; and
 - ii. Meet the applicable data quality standards and comply with the applicable data quality requirements found in the most recently adopted CoC FL-507 Data Quality Plan, which is incorporated herein by reference, including but not limited to those related to: timeliness, completeness, and accuracy of all data required entered.
- g. Comply with the adopted CoC FL-507 fee schedule and policy regarding payment of HMIS user subscription fees.

3. Required Activity in HMIS.

Throughout the Term of this Sub-recipient Agreement, for each Program Participant assisted by Sub-recipient under the Project, Sub-recipient shall perform the following activities in HMIS:

- a. For each such Program Participant, enter or cause to be entered into HMIS all HUD Universal Data Elements (UDE) and all other CoC FL-507-specific data elements pertinent to the Project and applicable to the Project's project type;
- b. Ensure that values for key Universal Data Elements appropriate for the project type are correctly entered for each such Program Participant;
- c. Record a corresponding description or summary of the services provided to each such Program Participant in the HMIS location appropriate for the applicable project type (e.g., Case Notes, Case Plans, CES Notes) using the GIRP [Goal(s)-Intervention(s)- Response(s)-Plan] or other format approved in writing by Grantee not more than five (5) days following the provision of the service;
- d. Enter HMIS Service Transactions for services provided to each such Program Participant, if called for under the applicable HMIS workflow;
- e. Complete all Interim Update Assessments as appropriate for the project type, but in particular, in the event of known changes to Program Participant income and other significant changes in Program Participant status;
- f. Ensure that Entries to and Exits from the Project are recorded correctly for each such Program Participant;
- g. Complete Annual Assessments for each such Program Participant on or as of their respective applicable Project "anniversary" date;
- h. Complete any applicable Sub-assessments for each such Program Participant in keeping with the applicable project type and workflow(s); and
- i. Perform the actions required under (a)-(h) for all such Program Participants served by all projects in which Sub-recipient participates that are active in HMIS.

4. Required Reporting Using HMIS.

Sub-recipient must maintain familiarity with and may be asked to work with Grantee's designated HMIS Point of Contact to generate the following HMIS-based reports necessary for the evaluation of the performance by, capacity of, data quality of, and contributions to system performance by the Project and other HMIS-participating projects administered or operated by Sub-recipient:

- a. The current version of the CoC FL-507 HMIS Data Quality and Project Performance Scorecard Form appropriate for the project type on a monthly basis and transmit or make available the completed form; The HUD Annual Progress Report (APR), the HUD Consolidated Annual Performance and Evaluation Report (CAPER), and/or the ART 260 Sub-recipient's Contribution to Project Performance Report (or its successor or closest analog thereto), whichever are applicable Sub-recipient given its role in and relationship to the Project;
- b. The most current applicable version of the HMIS Entry and Exit Template Report, or its successor or closest analog thereto; and
- c. A limited number of additional reports generated from or using HMIS data necessary for Project and

system accountability, evaluation, and improvement, which may be specified in subsequent amendments to this Attachment C pursuant to Section 19 of this Sub-recipient Agreement.

5. Required Training in HMIS.

Sub-recipient shall:

- a. Notify Grantee HMIS Point of Contact upon the hiring or identification of any Sub-recipient employee who is to be designated as an HMIS End User for the Project;
- b. Ensure that any Sub-recipient employee identified in paragraph (a) completes the required HMIS Initial End User Training as described in the most current version of the CoC FL-507 Training Curriculum at the earliest possible date, and not later than 30 days after assignment to the Project by Sub-recipient; and
- c. Ensure that any such Sub-recipient employee for whom more than 11 months have elapsed since completion of HMIS Initial End User Training or other more recent comprehensive HMIS training completes the HMIS Annual Refresher Training, as described in the most current version of the CoC FL-507 Training Curriculum, at the earliest possible date, and no later than 13 months after completing such initial or follow-up training;
- d. Ensure that any Sub-recipient employee identified in paragraph (a) completes project specific workflow training at the earliest possible date, and not later than 30 days after assignment to the Project by Sub-recipient; and
- e. Notify Grantee's HMIS Point of Contact immediately when an HMIS End User is no longer employed at agency so that HMIS End User can be removed from system access.

Attachment D									
Required Documents and Forms (Rapid Rehousing)									
Last updated 10/1/2023									
CES Documents and Forms	Form Name	Who Is Responsible to Complete and Store?	Used for All Clients?	How Often Used?	Additional Documentation	Required Hard Copy in File?	Required in HMIS?	** - Provider agencies may use own version of the form, if cleared in advance with HSN's Supportive Housing Team	
CES 1	CoC FL-507 Entry Assessment	Provider Completing Assessment	Yes	Once	No	No	Yes		
CES 2	HMIS ROI	Provider Completing Assessment	Yes	Once	No	No	Yes		
CES 3	Appropriate Version of VI-SPDAT	Provider Completing Assessment	Yes	Once, unless major changes occur	No	No	Yes		
CES 4	ID, SSN, birth certificate for children	Navigating Provider	Yes	Once	No	No	Yes		
CES 5	Verification of Homelessness	Navigating Provider	Yes	Once	No	No	Yes		
CES 6	Zero-Income Affidavit	Navigating Provider	If applicable	As needed	No	No	Yes (if used)		
CES 7	Self-Declaration of Income/ Proof of Income	Navigating Provider	If applicable	As needed	No	No	Yes (if used)		
CES 8	CES RRH Recordkeeping Checklist	CES	Yes	Once	No	No	Yes		
Case Management Documents and Forms	Form Name	Who Is Responsible to Complete and Store?	Used for All Clients?	How Often Used?	Additional Documentation	Required Hard Copy in File?	Required in HMIS?		
CM 1	Project Entry/Exit in HMIS	Case Management Provider	Yes	Once at Entry, Once at Exit	No	No	Yes		
CM 2	HMIS Release of Information (ROI)	Case Management Provider	Yes	Upon expiry of original ROI	No	No	Yes		
CM 3	Rapid Rehousing Welcome Handbook	Case Management Provider	Yes	Once	No	No	No		
CM 4	RRH Participant Acknowledgment Form	Case Management Provider	Yes	Once	No	No	Yes		
CM 5	Utility Assistance Agreement Form	Case Management Provider	If applicable	As needed	No	No	Yes		
CM 6	Self-Sufficiency Matrix (SSM)	Case Management Provider	Yes	Updated every three months	No	No	Yes (entered in HMIS)		
CM 7	Housing Stability Case Plan**	Case Management Provider	Yes	Updated every three months	No	No	Yes		
CM 8	Income and Rent Contribution Calculation Form	Case Management Provider	Yes	Initial at Housing, later as needed	Yes	No	Yes		
CM 9	Monthly Budget Worksheet	Case Management Provider	Yes	Monthly	No	No	Yes		
CM 10	Tenant Contribution Log	Case Management Provider	Yes	Monthly	No	No (Google docs spreadsheet)	No		
CM 11	Transfer of RRH Case Management Request	Case Management Provider	If applicable	As needed	No	No	Yes		
CM 12	Extension Request Form	Case Management Provider	If applicable	At the 10th full month of RA, later as needed	Yes	No	Yes		

CM	13	Termination of Rental Assistance Landlord Notification **	Case Management Provider + HSN's Housing Accounting Assistant/ Specialist	Yes	Once, as rental assistance is ending	No	No	Yes
CM	14	Participant RA Termination/Exit Letter **	Case Management Provider	Yes	Once, as rental assistance is ending/ PP is exited	No	No	Yes
CM	15	RRH Case Notes	Case Management Provider	Yes	Ongoing, with every interaction/attempt to interact with PP	No	No	Yes
Housing-Related Documents and Forms								
HLT	1	HQS Inspection Form	HLT	Yes, at housing placement	Annually	No	No	No
HLT	2	Lead Based Paint (LPB) Visual Assessment Form	HLT	Yes, at housing placement	Once	No	No	Yes
HLT	3	Rent Reasonableness Determination	HLT	Yes, at housing placement	Annually	No	No	No
HLT	4	Utility Allowance Form	HLT	Yes, at housing placement	Annually	No	No	Yes
HLT	5	W-9 Form & W9 Supplemental Form	Landlord Completed, HSN Stores	Yes, at housing placement	Once	No	No	No
HLT	6	Property Appraisal Form	HLT	Yes, at housing placement	Once	No	No	Yes
HLT	7	Lease Agreement	Case Management Provider Receives from LL, HLT Stores	Yes, at housing placement	Annually	No	No	Yes
HLT	8	Property management agreement form	Landlord	If applicable, at housing placement	Annually	No	No	Yes
HLT	9	Housing Assistance Payment (HAP)	Landlord and HSN Complete, HLT Stores	Yes, at housing placement	Annually	No	No	Yes
HLT	10	Check Request	HLT	Yes	Once	No	No	No
Other Documents and Forms								
OTH	1	Housing Needs Form	Case Management Provider Completes, HLT Stores	Yes	Once	No	No	No
OTH	2	Housing Lead Form	Case Management Provider Completes, HLT Stores	If applicable	As needed	No	No	No
OTH	3	Case File Contents List/ Client File Cover	Case Management Provider (Reflected in Client File Contents)	Yes, depending on Providers' internal procedures	Ongoing	No	No	No

Attachment E

Guidelines for Adopting a Housing-Focused Approach to Operations

1. Housing-Focused Defined

a. Definition

For the purposes of this Agreement, "Housing-Focused" refers to a model of housing assistance that prioritizes rapid placement and stabilization in permanent housing. This approach does not impose service participation requirements or preconditions.

b. Program Application

The Project application, as incorporated in the HUD NOFO and based on the Sub-recipient's HUD application, specifies that:

i. *Minimal Programmatic Prerequisites:* Individuals experiencing homelessness are offered permanent housing without preconditions such as sobriety, completion of alcohol or drug treatment, or agreement to a treatment plan upon entry.

ii. *Voluntary Supportive Services:* Supportive services are offered voluntarily to assist participants in maintaining housing stability. Participation in services is not required to retain housing, although services may be used to engage tenants through techniques like harm reduction, motivational interviewing, and recovery-oriented care.

c. Certification of Housing-Focused Approach

The Sub-recipient has certified, in its request for HUD Continuum of Care funding, that it will operate the Project using a Housing-Focused approach.

2. Denial of Eligibility for Services under Housing-Focused Approach

The Sub-recipient shall not deny eligibility or access to the Project based on conditions or restrictions that are not essential to eligibility, including but not limited to:

- a. Minimum income requirements;
- b. Perceived lack of housing readiness;
- c. Substance use history (current or past);

- d. Criminal record, unless state- or federally-mandated restrictions apply;
- e. Refusal or failure to participate in supportive services;
- f. Non-completion of treatment, non-compliance with medications, or lack of progress on a service plan;
- g. Disability or type of disability;
- h. Current or past history of domestic violence (e.g., lack of protective order, separation from abuser, law enforcement involvement);
- i. Poor credit or financial history;
- j. Poor or no rental history;
- k. Family composition (as defined by HUD Equal Access rules);
- l. Sexual orientation;
- m. Gender identity;
- n. Lack of transportation;
- o. Intake or operational hours of the Project;
- p. Presence of pets; or
- q. Any other non-standard activity that is not part of a typical lease agreement under Florida landlord-tenant law.

3. Termination of Service under Housing-Focused Approach

The Sub-recipient shall not make continued eligibility contingent on any non-essential conditions, including those listed in Paragraph 2, and the following:

- a. Loss of income or failure to increase income;
- b. A domestic violence survivor's decision to reunite with the abuser;
- c. Eviction, displacement, or relocation from a housing unit.

4. Additional Housing-Focused Guidelines

The Sub-recipient shall:

- a. Adjust the intensity and duration of services based on the evolving needs of Program Participants;
- b. Provide clear opportunities for individuals with disabilities to request reasonable accommodations during the service delivery process;
- c. In the case of eviction, displacement, or relocation, continue providing services to the Program Participant until they are transferred to another PSH provider or terminated from services following approval by the COC Case Conference Committee;
- d. Notify the designated CoC CE-designated Point of Contact and assigned Case Manager within two (2) business days if a Program Participant is under consideration for exit due to the exceptions outlined in Paragraph 5;

- e. Notify the CoC CE-designated Point of Contact regarding Case Management openings before registry management meetings.

5. Exceptions to Housing-Focused Approach

Notwithstanding the provisions in Paragraphs 2, 3, and 4, the following actions will not be considered a violation of the Housing-Focused approach:

- a. Requirements imposed by local, state, or federal laws;
- b. Documented, imminent threats to the health and safety of program staff;
- c. Mutually agreed upon Sub-recipient- or Project-specific conditions or circumstances.



CoC FL-507

RAPID REHOUSING

STANDARDS AND POLICIES

INTERIM (UPDATED) - OCTOBER 2018

Lead Agency:
Homeless Services Network of Central Florida
4065-D L.B. McLeod Road
Orlando, FL 32811
Phone: (407) 893-0133
Fax: (407) 893-5299
www.hsncl.org



1. PURPOSE OF RAPID REHOUSING PROGRAMS

The Central Florida Continuum of Care (CoC FL-507) Rapid Rehousing (RRH) programs provide individualized amounts, durations and types of financial assistance and supportive services to help eligible individuals and families who are experiencing homelessness to be quickly re-housed and stabilized. Based on a determination of need, such assistance may be in the form of move-in expenses, time-limited rental assistance, housing search and placement assistances and housing stability case management.

2. ASSESSMENT, REFERRAL, HMIS PARTICIPATION AND CONFIDENTIALITY PROVISIONS

A. Assessment.

Homeless families and individuals seeking assistance will complete an assessment through the Coordinated Entry System (CES) process, which is tracked using the Homeless Management Information System. Based on the assessment outcome, eligible families and individuals may be referred for Rapid Re-Housing (RRH) assistance through the CES Registry Management process.

B. Referral Standard.

Non-veteran Homeless Families and Individuals

CES utilizes the VI-SPDAT, Family VI-SPDAT, and Transitional Age Youth VI-SPDAT to conduct initial assessments for CoC assistance. Eligible homeless families and individuals will be referred for CoC assistance based on CoC FL-507-adopted prioritization factors, including VI-SPDAT scores, as part of the Registry Management process.

Veteran Homeless Families and Individuals

CES utilizes the VI-SPDAT to conduct initial assessments for CoC assistance. Veteran homeless families and individuals will be referred for CoC assistance using HMIS-based vulnerability and other factors.

C. HMIS Participation and Confidentiality.

All providers of RRH assistance must participate in the CoC FL-507 Homeless Management Information System (HMIS) under an HMIS participation agreement, and are required to comply with the CoC FL-507 HMIS Standards and Policies & Procedures. Providers of services to DV survivors may meet this requirement through participation in an approved comparable system

D. Coordinated Entry System Participation.



All providers of RRH assistance must participate in the CoC FL-507 CES Registry Management process in accordance with a CES Memorandum of Understanding. Eligible individuals and families will be prioritized and assigned for assistance through the applicable Registry Management process.

2. APPLICATION AND DOCUMENTATION REQUIREMENTS

A. Navigation Process.

1. Once completing the CES Assessment, individuals or families will be prioritized for the Navigation process and assigned a Navigator.
2. The Navigator will assess the individual or family's eligibility for available RRH programs and collect the required documentation for program referral.

B. Required Documentation.

Applicants for RRH assistance must meet all RRH program eligibility requirements, as demonstrated through the following:

1. Current or sufficiently recent documentation of homelessness, using the Verification of Housing Status form (*see Attachment D*)(unless otherwise documented in HMIS);
2. Verification of current household income below the applicable RRH program limit Other CoC-approved criteria.

C. Referral Process

1. Upon collecting all documentation, the Navigator will refer a the family or individual to CES to complete a full recordkeeping review and eligibility determination.
2. Upon approval, CES will match the individual or family to appropriate RRH funding source and upon case management availability, will assign client to RRH program.

3. STANDARDS FOR THE PROVISION OF RRH ASSISTANCE

Eligibility Based on Income	The income limit for RRH assistance, both at intake and upon re-evaluation, is 50% of the current Area Median Income (AMI), adjusted for family size, using applicable income calculation rules, except that for the ESG Program, the limit is 30% AMI.
Eligibility Based on Homelessness	Only individuals and households who meet either the Category 1 or Category 4 definitions of homelessness (see 24 CFR §578.3) are eligible for RRH assistance. In the ESG Program, Category 4 clients must also be living in a situation listed under the Category 1 definition.
Prioritization, Assignment and	Eligible RRH applicants will be referred to the Coordinated Entry System (CES) for prioritization and assignment to RRH as appropriate. Upon referral for RRH through the applicable CES Registry Management process, applicants will be further assessed by their case managers to



RRH-Specific Assessment Process	determine an initial estimate of the length of rental assistance and level of housing stabilization and retention services to be provided.
Forms of Assistance Available	<p>All clients enrolled in RRH can expect to receive the following forms of assistance, as deemed necessary and appropriate:</p> <p>Case Management</p> <ul style="list-style-type: none">• Housing Stability Case Management Services to assist client in addressing housing barriers and maintaining housing stability <p>Housing Location and Retention Assistance</p> <ul style="list-style-type: none">• Assistance in identifying potential landlords, vetting housing leads, and working to maintain landlord relations on behalf of the client <p>Rapid Rehousing Rental Assistance:</p> <ul style="list-style-type: none">• Security deposits• Time-limited rental assistance payments• Rental Application Fees <p>Other financial assistance or supportive services may be available, depending on the funding source, provider and fund availability.</p>
Period of Assistance	<p>A typical individual or family (program participant) receiving RRH is initially expected to receive five (5) months of rental assistance and supportive services. However, the actual length of the assistance period is variable based on individual or family circumstances and factors.</p> <p>However, enrollment in RRH is considered month to month in nature. Each month, the RRH provider will assess the housing stability of program participants and make a determination as to the need for continuing assistance.</p> <p>The provision of supportive services, particularly housing stability case management services, may continue for up to 3 months after rental assistance payments end.</p> <p>The provision of rental assistance is not expected to last longer than 12 months in total, though in some cases assistance may be provided for up to 24 months. Cases extended past 12 months should be reviewed intently and only reserved for those cases with the most severe service needs.</p>



Expected Percentage of Housing Costs to be Paid by Program Participant AND Minimum Rent to be Paid by Program Participant	<u>Initial Expected Progression of Housing Costs Paid by Program Participants**:</u> Month 1: 30% Month 2: 40% Month 3 : 50% Month 4: 60% Month 5: 80% Month 6: 100% (program participant will pay the entire rent and utilities amount) ** - Based on an expected typical 5-month tapering period. This schedule may be accelerated or relaxed and the assistance period shortened or extended, respectively, as approved by the case manager based on an assessment. In addition, a program participant's household income and potential housing cost burden must be considered. For example, a program participant is initially expected to pay 60% of total rent and utilities in Month 4. However, if that amount would absorb 70% of family monthly adjusted income, the rental assistance timeline should likely be extended. On the other hand, a program participant with non-zero income must pay rent. Specifically, minimum rent will be calculated in accordance with 24 CFR §578.77(c). A program participant will therefore pay the percentage of housing costs according to the progressive scale above, but this amount cannot be less than 30 percent of the family's monthly adjusted income or 10 percent of the family's gross monthly income, whichever is greater, unless an adjustment directly related to the promotion of housing stability or retention is requested by the case manager.
Maximum Number of Times a Program Participant May Receive RRH Assistance	An individual or household may be assisted through RRH a maximum of two (2) times, unless specifically approved through the applicable CES Registry Management process.
Performance Benchmarks for RRH Programs	Individuals or households served by the program should move into permanent housing within 30 days or less on average (as measured from Program Entry date to Move In date) At least 80% of households that exit a Rapid Rehousing program should exit to permanent housing. At least 85% of households that exit a Rapid Rehousing program to permanent housing should not return to homelessness within the next twelve (12) months.



Evaluation and Continuation of Assistance	<p>RRH providers must conduct monthly re-evaluations of all program participants receiving RRH rental assistance. RRH providers must follow CoC FL 507 Exit Policies and Procedures to determine the appropriate time to exit a family or individual from the program. At a minimum, providers should pay special attention to the following factors:</p> <ul style="list-style-type: none">• Lack of resources and support networks: The program participant must continue to lack sufficient resources and support networks to retain housing without CoC RRH assistance.• Need: The RRH provider must determine the amount and type of assistance that the program participant will need to retain and remain stable in permanent housing.
--	--

4. RRH HOUSING STABILITY CASE MANAGEMENT SERVICES

- A. The objective of the RRH Program is to ensure that assisted program participants can maintain long-term housing stability following the tapering and withdrawal of rental assistance and supportive services.

In order for RRH Program Participants to maintain housing and avoid future homelessness as a result of eviction, program participants must be able to:

- Pay their portion of rent on time every month;
 - Maintain their home in a safe and sanitary condition and in the condition in which it was initially rented to them, with the exception of normal wear and tear; and
 - Avoid behavior (their own or that of a household member or guest) that would disturb their neighbors' peaceful enjoyment of their own home (i.e. yelling, loud music or noise, violence, drug use, other illegal activity, damage to or theft of others' property, blocking or cluttering common areas or rights-of-way).
- B. A Housing Stabilization Initial Action Plan (**see Attachment D**) must be developed during the initial RRH Intake meeting between client and Case Manager, which must occur within fourteen (14) days of assignment to case management by a CES Registry Management process .
- C. The RRH provider must regularly – and, at a bare minimum, on a monthly basis - assist each program participant with assessing and addressing issues with and barriers to their own housing stability throughout the period of RRH assistance. Case managers must update case plans by using the “interim” function within HMIS to track outcomes.
- D. A complete list of the tasks, procedures and standards related to the delivery of case management services in RRH are contained in the CoC FL-507 Housing Navigation and Housing Stability Case Management Scope of Work (**See Attachment H**).



5. LIMITS ON RRH PROGRAM RENTAL ASSISTANCE

A. Rent Reasonableness.

The rent of the assisted unit must meet HUD's rent reasonableness standard. In particular, the rent for a unit proposed for assistance must be compared to the rent charged for at least three (3) comparable units in the same market area. Comparison of the proposed rent must be based on location, quality, size, unit type, age, amenities, housing services, maintenance and utilities that would be paid for by that program participant.

B. Calculating Rent.

For purposes of calculating the program participant's contribution to housing costs, "rent" is equal to the sum of the total monthly rent for the unit, along with any other fees required for occupancy under the lease agreement (other than late fees and pet fees) and, if the tenant pays separately for utilities, the monthly allowance for utilities (excluding telephone) established by the applicable public housing authority for the area in which the housing is located.

6. RRH RENTAL HOUSING-RELATED REQUIREMENTS

A. Lease Agreement Between Property Owner and Program Participant Required.

Each RRH program participant for whom rental assistance is to be paid must enter into a lease agreement with the property owner. Although CoC RRH rental assistance is expected to be short- to medium-term in duration, the term of the lease between the owner and program participant must be renewable and for a term of not less than twelve (12) months.

B. Rental Assistance Agreement Between Property Owner and Rental Assistance Payor Required.

Payment of rental assistance for any unit under the RRH program is predicated on receipt of a signed Housing Assistance Payment (HAP) Agreement (*see Attachment D*) between the entity paying rental assistance (or designee) and the property owner (or contracted property management company authorized to enter into the agreement and accept payments on behalf of the property owner.)

C. Rental Unit Required to Meet Housing Quality Standards.

In order for rental assistance to be paid for a unit to be occupied by a RRH program participant under RRH, the unit must meet the HUD housing quality standards (HQS) found at 24 CFR §982.401 upon inspection. The inspection process must be based on the most current version of HUD's HQS Inspection Checklist (Form 52580 or successor).

7. DENIAL OF OR TERMINATION OF RRH ASSISTANCE

A. Denial of RRH Assistance.

RRH assistance may be denied as a result of an inability of an applicant to meet eligibility requirements in the initial application process, or after referral to CES upon eligibility determination has occurred, via the CES Registry Management process.



B. Termination of RRH Assistance.

To terminate rental assistance or housing navigation or housing stability case management services to a program participant, the required formal process must consist of, at a minimum:

1. Providing the program participant with a written copy of the program rules and the termination process before the participant begins to receive assistance;
2. Providing written notice to the program participant and to CES containing a clear statement of the reasons for proposed termination;
3. RRH provider-level review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who make or approved the proposed termination decision; and
4. Prompt written notice of the final decision to the program participant.

Termination under this section does not bar further assistance at a later date to the same family or individual.

Providers should refer to CoC FL-507 Interim RRH Exit Policies and Procedures below for more information.

8. RAPID REHOUSING EXIT POLICIES AND PROCEDURES

1. Purpose and Scope:

- a. The purpose of this policy and procedure document is to outline the Rapid Rehousing (RRH) client exit process for CoC-FL 507 Rapid Rehousing programs.
 - i. Procedural aspects outlined below are specific to Coordinated Entry Participating providers.
Some procedures may need to be modified, per agency, for non –CES participating providers.
- b. This policy and all RRH case management is founded in Housing First and Person-Centered Care principles. Providers participating in CoC-FL 507 are required to follow those overarching principles, as well as Rapid Rehousing Case Management Standards, when applying the policies outlined below.
- c. All policies and procedures outlined in this document are subject to funding guidelines. If a funder has guidelines that directly contradict a policy or procedure below, the funding guidelines will supersede.

2. Length of RRH Rental Assistance

- a. Clients may receive a maximum of 12 full months of RRH Rental Assistance per discretion of their Case Manager (CM). A full month is any month in which a rent payment is made to cover an entire month (from the 1st).
- b. CMs use progressive engagement principles to taper assistance according to client need. Not all clients will need 12 months of rental assistance and should be exited once they are deemed self-sufficient or meet other criteria for case closure (Paragraph 5).
- c. RRH Rental Assistance Extension Request Process:
 - i. The primary purpose of the Extension Request process is to determine if a client should receive up to twelve additional months of rental assistance after exhausting 12 full months in the



program. RRH clients must have specific approval in order to receive more than 12 months of Rental Assistance.

- ii. CMs are required to submit an Extension Request for every client who has completed 11 full months of Rental Assistance and who the CM deems would benefit from continued rental assistance past 12 months. Review Forms must be submitted at any time during the 11th full month of rental assistance, but no later than the 5th of the 12th full month of assistance.
 - 1. Example: Client moved in to housing January 15th. January would be the 12th full month of Rental Assistance. An Extension Request may be submitted at any time in December, but no later than January 5th to determine if rental subsidy will continue for February rent.
- iii. HSN staff (and in some cases a funder) review all extension requests and make determinations based on information provided by CM and client. CM will be notified of final determination within 3 business days of submitting client extension form and all supporting documentation.
- d. Transfers to Other RRH Funding Sources:
 - i. Under certain limited circumstances, clients may be transferred from one RRH program to another to further extend RRH services.
 - ii. Minimum criteria to be eligible for consideration for transfer include:
 - 1. Clients must meet income eligibility for the RRH program they will be transferred to.
 - 2. Clients must have a specific issue/barrier that is reasonably likely to be resolvable, but will take an additional 8-12 months to resolve.
 - iii. Transfers are not guaranteed and will be considered on a case-by-case basis.
 - iv. Case Managers must submit an Extension Request Form (following the same process as above) to HSN in order to have client reviewed for a potential match to another RRH program/funding source.

3. Phases of Client Exit and Follow Up:

- a. Regardless of Reason for Exit, the following standard policies and procedures should be applied to all clients exiting RRH programs. Additional documentation and information may need to be collected for specific circumstances, as outlined in Paragraph 5.
 - i. Ending Rental Assistance:
 - 1. ~~CMs will complete appropriate fields on Monthly Exit List Form (Section 1.b. of Exit Form) to indicate when a client's Rental Assistance will end. Exit List will be submitted on the 5th of the month for clients who are receiving their last HSN rent payment assistance that month.~~ SUBPARAGRAPH 1. RESERVED FOR FUTURE USE
 - 2. Both client and landlord will be issued Rental Assistance Exit letters to indicate the end date of rental assistance. Clients and Landlords will be notified *at least* 20 days in advance of ending rental assistance.
 - a. Rental Assistance Exit letter will be uploaded into HMIS.
 - 3. If client will be participating in Follow Up Case Management services (see paragraph ii below), they will remain open in HMIS once Rental Assistance has ended. If they are not participating in Follow Up Case Management, CM should follow RRH HMIS Workflow to exit client accordingly.



4. Once exited from Rental Assistance, a client cannot re-enter the rent payment phase of the program for their current program enrollment. A client is considered exited from rental assistance if a full month passes without rental assistance being provided to the client.
- ii. **Providing Case Management After Rental Assistance Ends – First 3 Months (i.e.: Follow Up Case Management)**
 1. In general, all clients who received rental assistance should be offered Follow Up Case Management for up to three months after rental assistance ended. Some exceptions apply and some situations are based on CM discretion, as outlined under specific “Reasons for Case Closure” in paragraph 5.
 - a. Follow Up Case Management is a voluntary service that a client may decline. If a client declines these services, this should be documented per a Case Note in HMIS.
 2. Clients will stay on CM’s official caseload for up to three months after rental assistance ends to ensure housing retention. The three month period begins in the first month the client takes over their full rent payment.
 3. During these three months, the CM will make contact with client at least one time each month to continue RRH Case Management. Face-to-face contact is not required during the follow-up phase of the program. Additional contacts should be made as deemed necessary.
 4. If a client does not engage in follow up case management services in any given month, the CM can move forward with closing the case prior to the 3 month period concluding.
 5. These Case Management follow-up touches should be focused on housing retention. CMs will communicate with clients and link them with community resources to help maintain housing should any issues arise.
 6. Contact for case management follow-ups will be documented in HMIS per case notes and interim updates.
 7. At the end of the 3-month case management follow-up period, the CM will:
 - a. Issue the client a final exit letter, to indicate that Follow Up Case Management services are ending.
 - i. Exit letter will be uploaded in HMIS.
 - b. Include client in the appropriate field on the monthly Exit List Form (Section 1.a. of Exit Form)
 - c. Exit the client from the RRH project in HMIS. CM should refer to RRH HMIS workflow to ensure case is closed out appropriately in HMIS.

4. Determination of Client Exit:

- a. **Clients Exiting within 12 months of Rental Assistance**
 - i. Determining the appropriate time to exit a client is a decision made at the provider level.
 - ii. HSN will monitor client exits to ensure exit is documented appropriately. If HSN reviews a client exit and has concerns regarding reason for exit, they may reach out to provider agency for additional information.
- b. **Extension Process for Clients Exceeding 12 months of Rental Assistance**



- i. Providers determine which clients they will request an extension of services for.
 - ii. HSN (and in some cases the funder) make a final determination on if the client is extended, and for how many additional months.
 - c. Clients Exiting for Non-Compliance
 - i. Non-Compliance exits must always be approved at the provider level by CM as well as Program Manager.
 - ii. Due to the nature of Non-Compliance exits, CMs and PMs will have the ability to staff such cases through a peer review process to determine if exit is appropriate. This process is optional.
- 5. **Reasons for Client Exit:**
 - a. **Reason for Case Closure: Client has supports and resources necessary to sustain housing on their own.**
 - i. Criteria: CM has reviewed all supports and determined that client is no longer in need of rental subsidy to sustain housing.
 - ii. Termination of Assistance:
 - 1. Rental Assistance (if applicable): Client to be included on next monthly Exit List Form once determination is made.
 - 2. Follow Up Case Management: Client is eligible to receive three months of follow up case management.
 - iii. Information to be included in Case Notes:
 - 1. Overview of Client Supports and how those supports will impact housing stability
 - a. Financial Supports
 - b. Social Supports
 - c. Community Support
 - 2. Exit Plan that client and CM have developed
 - iv. Required Documentation to be Uploaded in HMIS
 - 1. Proof of income
 - b. **Reason for Case Closure: Client no longer eligible to receive services**
 - i. Criteria: A client will be exited from RRH if they are deemed ineligible during the course of the program for any of the following reasons:
 - 1. Household Composition:
 - a. Minor children are no longer residing in the household at least 50% of the time.
 - i. If DCF is not involved, clients have 30 days for children to return to the home.
 - ii. If DCF has removed children from home, client will be allowed up to 90 days to determine reunification plans.
 - b. Note: This criteria refers mainly to children being removed from the household for any reason. If a household no longer has minor children because the children have turned 18 while enrolled in the program, this household may remain enrolled in the program.
 - 2. Exceeding Program Income Limit:
 - a. After income calculation, client exceeds income limits for program.
 - 3. Relocation outside of CoC Service Area



- a. Client left the CoC service area and has no plan to return, or has signed a lease outside of the service area.
 - b. Client expressed during the housing search process that they do not want to live in the CoC service area.
 - ii. Termination of Assistance:
 - 1. Rental Assistance (if applicable): Client will be listed on next monthly Exit list form and exited from rental assistance accordingly.
 - 2. Follow Up Case Management services: Client is eligible to receive follow up case management, per the discretion of the CM.
 - iii. Information to be included in Case Notes:
 - 1. Household Composition:
 - a. Court dates
 - b. Reunification plans
 - c. If no DCF involvement, explanation of why child is not in home
 - 2. Exceeding Program Income Limit:
 - a. Proof of Income
 - 3. Relocation:
 - a. Where client is relocating to
 - b. Reason for relocation
 - iv. Required Documentation to be uploaded in HMIS:
 - 1. Household Composition:
 - a. If DCF involvement: last judicial review along with dependency case manager update
 - 2. Exceeding Program Income Limits:
 - a. Proof of income
 - b. Income calculation form indicating over income
 - c. Interim Update to reflect new income
 - 3. Relocation:
 - a. Signed lease in new location (if applicable to situation)
 - b. Letter or statement from person client is moving/staying with (if applicable to situation)
- c. **Reason for Case Closure: Enrolled in other housing program with subsidy**
 - i. Criteria: A client will be exited from RRH if they enroll in another housing assistance program with a rental subsidy.
 - ii. Termination of Assistance:
 - 1. Rental Assistance (if Applicable): Rental Assistance will terminate once client is enrolled in new program. CM will notify HSN immediately of enrollment to ensure no duplication of rental services. CM will also place client on next Exit list form.
 - 2. Follow Up Case Management: Case Manager can provide up to one additional month of follow up case management services to ensure a smooth transition to new program.
 - iii. Information to be included in Case Notes:



1. Information about program client is enrolling in, including: program type, terms of assistance, eligibility criteria, if the program is inclusive of case management services, etc.
- iv. Required Documentation to be uploaded in HMIS
 1. Program Welcome letter, Copy of Voucher, or other proof of client's acceptance into program
- d. **Reason for Case Closure: Voluntary Exit**
 - i. Criteria: **Client expresses that they are no longer interested or in need of RRH services**
 - ii. Termination of Assistance:
 1. Rental Assistance (if applicable): Rental Assistance will terminate once client has expressed their desire to leave RRH program.
 2. Follow Up Case Management: Client not eligible for follow up case management.
 - iii. Information to be included in Case Notes:
 1. Why client no longer interested in receiving services
 - iv. Required Documentation to be uploaded in HMIS
 1. Signed statement written by client indicating their desire to leave the program
- e. **Reason for Case Closure: Non-Responsiveness**
 - i. Criteria: Client is not in contact with Case Manager or other CES connected community partners (i.e.: employment specialist, SOAR, etc.) for 30 days or more if client is in housing search, or 60 days or more if client is housed. No contact means no calls, voicemails, emails, texts, or in-person visits.
 - ii. Termination of Assistance:
 1. Rental Assistance (if applicable): Client should be placed on next Exit List following 60 days of non-responsiveness.
 2. Follow Up Case Management: Client is not eligible to receive Follow Up Case Management services.
 - iii. Information to be included in Case Note:
 1. Attempts to reach client (weekly attempts should be made)
 2. Attempts to reach other community partners who may be in contact with client
 3. Review of potential reasons why client may not be non-responsive
 - iv. Required Documentation Uploaded in HMIS
 1. Letter of pending case closure for non-responsiveness sent to client's home or communicated in another way (ex: email)
- f. **Reason for Case Closure: Client has been non-compliant with case plan goals and program**
 - i. Criteria: Client has made no progress, or inconsistent progress, towards case plan goals and CM has exhausted all efforts to engage the client and overcome barriers to client success.
 1. Client progress toward goals should be measured and reassessed during three month review periods.
 2. Client should be given warning if they are not meeting their case plan goals and time to resolve issues.
 3. All Non-Compliance exits should be staffed by agency program manager before final determination is made and client is notified.



- ii. Termination of Assistance:
 - 1. Rental Assistance (if applicable): Client will be placed on next monthly Exit list once determination has been made.
 - 2. Case Management: Client will be eligible, at the discretion of the case manager, for up to three months of follow up case management.
- iii. Information to Include in Case Notes:
 - 1. All 3-Month Reviews should be documented in case notes
 - 2. All discussions around non-compliance issues
 - 3. Accountability plans
- iv. Documentation
 - 1. Accountability tools (i.e.: job search logs)
 - 2. Completed case plan forms indicating no progress on goals
- g. **Reason for Case Closure: Client has entered jail, rehab, or some other institutional situation.**
 - i. Criteria: A client will be exited if they have been admitted into an institutional situation and there is no household member to either maintain a lease (if already in housing) or sign a lease (if in housing search). In these situations, an exit will occur if the verified exit date is longer than 90 days from date of entry into institution or if there is no verified exit date and client has been in institution for 90 days.
 - 1. Note: For clients who are in the housing search process, HSN may approve client to remain in program if they have been in institution longer than 90 days. CM may contact HSN to advocate on behalf of the client if they believe situation will be resolvable in a reasonable amount of time.
 - ii. Termination of Assistance:
 - 1. Rental Assistance (if applicable):
 - a. If CM knows exit date will be longer than 90 days: CM will notify HSN immediately and place on next exit list.
 - b. If exit date is unknown, CM will place client on exit list for month in which they will pass the 90 day mark.
 - 2. Follow Up Case Management: Client is eligible to receive three months of follow up case management, at the discretion of the CM.
 - iii. Information to Include in Case Note:
 - 1. Exit date from institution (if applicable)
 - 2. Reason for entering institution
 - 3. Documentation of Case Manager's attempt to contact client in the institution
 - iv. Documentation
 - 1. Official documentation from institutional facility indicating a client entry and exit date (if available)
- 6. Client Appeal Process
 - a. Clients have a right to appeal their exit from a RRH program. Client appeals should start at the provider level. If the provider is unable to rectify the decision internally, they may contact HSN and have the client's appeal reviewed by HSN staff.



- b. All RRH programs must have a client appeal process in place at their agency. Appeals must be handled and determined by members of the agency who did not have direct oversight of the client case while enrolled in RRH.
- c. Clients must be provided with a copy of the agency appeal process at program Entry and Exit.

Attachment H
Scope of Work: Assessment, Navigation, and/or Housing Stability Case Management

A. Assessment.

The Assessment is the process of gathering information about a person presenting to the homeless response system. Assessments are progressive, meaning information gathering occurs at various stages for different purposes, often by different staff. Assessments must avoid unnecessarily long and intrusive interviews or repeating the same process at every place assessed.

It may be appropriate to integrate stages of the assessment into a single participant interaction. The various stages of an Assessment include:

- Initial triage: Identifying the nature of the crisis and ensuring person's immediate safety
- Diversion: Can occur as part of initial triage or separately; focused on assisting the person to examine their resources and options other than entering homeless system.
- Intake: Occurs when person accepts crisis assistance, such entering a shelter or agreeing to work with outreach. Intakes should only collect the necessary data needed to enroll the person in a homeless assistance project. (Ex: CoC Entry).
- Eligibility Screening: Eligibility screening considers the potential participant's likelihood of being eligible for a program based on eligibility requirements of available programs such as RRH, SSVF, TH, PSH, or VASH.
- Vulnerability Assessment: This incorporates a prioritization component, level of risk and vulnerability, and identifying barriers. (Ex: VI-SPDAT, F VI-SPDAT, or TAY VI-SPDAT).
- Comprehensive Assessment: Refines, clarifies, and verifies the person's history, barriers, goals and preferences. Together staff and person develop a housing plan for exiting homelessness. For lower acuity persons or those not eligible for Supportive Housing, this includes connecting to community resources and any safe and appropriate housing options (room rentals, shared housing, reunification, etc.)

As an agency participating in our community's CES through Assessments, agency agrees to

1. Ensure all Assessors attend initial and annual Assessment trainings, including Diversion, Trauma Informed Care, Safety Planning for DV.
2. Utilize HMIS to determine what, if any, previous assessment stages participant has already engaged in, to avoid repeating steps unnecessarily.
3. Provide initial triage and Diversion conversation.
 - a. For homeless families requesting shelter who are unable to be diverted, complete Shelter Matching Tool in HMIS.
4. For those unable to be diverted and who request continued crisis services, complete intake in HMIS (release of Information and CoC Entry). For ES or Outreach, allow for time to resolve homelessness prior to screening for Supportive Housing.
5. For those unable to resolve homelessness, screen to determine if participant is a target population (Chronically Homeless, Youth, Family, Veteran) for Supportive Housing.

6. For Target Populations, complete Vulnerability Assessment (VI-SPDAT with Case notes) and enter in HMIS.
7. If not target population, help connect to other community resources or natural supports.
8. Document all work in HMIS (or comparable database for Victim Service Providers) to track and monitor information and outcomes.

B. Housing Navigation

Navigation refers to any activities related to helping persons experiencing homelessness locate and move into permanent housing, whether supportive housing or housing without a subsidy. However for the purpose of this scope of work, activities are focused on Navigation assigned in registry with the goal of navigating someone into supportive housing.

Once a person has had an assessment using a VISPDAT, the coordinated entry process moves on to determining their priority for Supportive Housing. In order to verify eligibility for Supportive Housing, participants are assigned a Housing Navigator in Registry Management meetings who follows up with participant to verify information provided during assessment. Navigation is assigned in registry and prioritized based on length of homelessness and vulnerability.

As an agency participating in our community's CES through Navigation, agency agrees to the following

1. Ensure all Navigators are trained in HMIS, CES Overview and Navigation, Diversion, Trauma Informed Care, Safety Planning, LGBTQ+ Inclusivity, Race Equity.
2. Have representation at registry meetings to be available to discuss persons ready to be matched to programs or to take new persons on for Navigation.
3. After assignment in Registry, Navigator makes contact with participant to verify information provided during assessment in order to ensure participant is still homeless, in need of services, and meets program criteria.
 - a. If deemed ineligible, connect to natural supports and/or general community resources.
 - b. If deemed eligible, proceed with following steps.
4. For Family RRH Navigators only: Document updates in Navigation tracking sub-assessment in HMIS and add case notes as needed.
5. For all other Navigators, enroll participant into your project in HMIS, if not already enrolled, and update all fields as needed.
6. Help participant obtain all documents needed for programs (ID, Birth Certificate, Social Security Card, proof of homelessness, etc.) and upload into HMIS. **For Veterans, documents are not needed at time of referral.*
7. If and when a participant is assigned to a program, coordinate a Warm Hand-off with participant and new Housing Case Manager.

- a. For persons residing in shelters, the Warm Hand-Off should occur within 72 hours of the referral.
- b. For persons living outdoors, regular and ongoing efforts to locate participant will be made for up to 90 days. All attempts to locate must be documented in HMIS case notes.
- c. For referrals to Single Site programs, join participant for application appointment, which may include helping them obtain additional documents (ex: bank statements) needed to make application.

C. Housing Case Management - Phase 1 of 2: Locating and Planning for Housing

All Supportive Housing Programs participating with CES should anticipate referrals for high acuity participants. HUD expects that participating programs keep barriers to entry low and have a person-centered approach to working with new participants.

1. Service Delivery Expectations

- a. Trauma Informed Care
 - i. Services are delivered with a trauma informed approach. Case Manager actively works to avoid re-traumatizing, utilizing assessment tools (SDPAT, other evidenced-based tools) to better understand participant's experience of trauma.
- b. Harm Reduction
 - i. Case Manager works with tenant on how to reduce harm associated with risky behaviors related to substance use, not engaging with mental health providers, intimate partner violence, guests policies once housed, etc.
- c. Recovery Oriented Care
 - i. Case Manager works with tenant on self-directed recovery plans related to substance use disorders and mental health.

2. Participate in Registry Management meetings to link eligible persons to supportive housing.

- a. Participate in registry meetings to provide updates on program vacancies
- b. Fill Housing Case Manager Caseload with referrals identified in CES registry meetings.
- c. Conduct first face-to-face meeting with participant and Navigator:
 - i. Within 72 hours - for persons residing in shelter at the time of referral.
 - ii. As soon as participant is located - for unsheltered persons. Navigator will continue to search for up to 90 days for unsheltered persons.
- d. In the rare event a person is rejected by a program, update the referral status to declined, indicate in case notes the reason for decline, and inform CES via email.

- e. Complete Program Intake and begin process of obtaining safe and stable housing.
 - i. When needed, contact CES for emergency shelter referrals for unsheltered participants.
 - ii. When appropriate and as funding allows, link participant to bridge housing until permanent housing is available
 - f. Begin Housing Stability Plan via Case Plan notes or other Housing Stability tool.
 - i. Ensure Housing Stability Plan incorporates barriers to housing, participant strengths and goals to obtaining and maintaining housing and plan to meet goals.
3. Help participant address issues that may impede access to housing (such as credit history, arrears, and legal issues).
- a. Conduct local background check using publicly available online data sources (florida.arrests.org)
 - b. Help obtain credit report on individual/household.
 - c. Review credit reports with individual/household to identify potential barriers with landlords.
 - d. Work with individual/household to create financial stability plan that includes debt reduction and addresses outstanding debt (including judgments).
 - e. Assist with linkage to legal services and credit repair agencies when appropriate.
 - f. Assist with writing Requests for Reasonable Accommodations (RRAs) when appropriate. RRAs may be submitted with the application for housing or after a denial from the landlord/property manager. (Submit copies of first 3 RRAs to HSN for review prior to submitting to landlord.)
 - g. Track use of and outcome of RRAs in HMIS via case plan case notes.
4. Assist participant with identifying and selecting safe and affordable housing based on their unique needs, preferences and financial resources.
- a. Discuss housing preferences with each assigned participant including:
 - i. Long-term affordability in relation to current or anticipated income
 - ii. Safety
 - iii. Location preferences in relation to other life goals
 - iv. Potential landlord barriers
 - v. Accessibility needs
 - b. Complete Housing Needs Form on all assigned head of household, if working with HLT.
 - c. Review potential housing units with participant.
 - i. Ensure transportation to potential units for evaluation by participant.

- ii. Review each unit's location, size and design with participant in the context of overall household goals for housing stability.
 - iii. Assist participant with completing applications, paying special attention to barriers related to limited English proficiency, functional illiteracy, cognitive challenges, etc.
 - 1. Accompany participant to see all potential units (with tenant's consent).
 - 2. Be present at the signing of the lease, with tenant's consent.
 - e. Pay application fees, if appropriate and in accordance with the policies of the housing program.
 - f. Update ongoing work via Case Plans in HMIS on progress of housing selection, noting reasons for units declined, applications submitted, supports provided, status of applications submitted, and reasons for denials if any.
- 5. Help participant negotiate manageable and appropriate lease agreements with landlords
 - a. Review template lease of units in which the participant has interest.
 - b. Once an application is made on a unit, email HLT to update.
 - c. *If HSN is subsidizing rent:* Once HLT has inspected the unit and confirms a lease can be signed, Case Manager submits tenant's first month rent calculation to HSN with information and documents needed to establish rental assistance contract with the landlord/property manager:
 - i. Amount of deposit
 - ii. Date lease will be active
 - iii. Amount of pro-rated first month's rent to be paid by household, if applicable
 - iv. Amount of rent to be paid by household during first month(s) of financial assistance
 - v. Any changes in amount of rent paid by the household submitted to HSN by the 15th of the month, to be reflected in payment made to landlord/property manager on the 1st of the following month.
 - d. Case Manager coordinates with participant a lease signing
 - e. Once a lease is signed, furnish copy of lease to HLTFinance@hsncfl.org within 3 business days of signing, if HSN is subsidizing rent.
 - f. Review all lease components with tenant, focusing on tenant rights and responsibilities, including but not limited to:
 - i. Rent payments and fees found in the lease, with emphasis on fees not in the lease that cannot be charged to the tenant
 - ii. What it means to be a good tenant and good neighbor to avoid landlord notices
 - iii. Limits on overnight guests
 - iv. Maintenance protocols

- v. Landlord and maintenance accessing the unit for repairs
- g. Complete interim update in HMIS to update move-in date and new permanent housing address.

D. Housing Stability Case Management - Phase 2 of 2: Supporting Housing Stability

1. Create Individualized Housing Stability Plan with tenant, that may include but not limited to
 - a. Housing Stability Goals (use SSOM or SPDAT tools to help gauge service needs)
 - i. Moving into new unit
 1. Utilities
 2. Furniture
 3. Household goods
 4. Transportation of items to new unit
 5. Household setup
 - ii. Unit orientation, as appropriate
 1. Emergency exits
 2. Maintenance activities to be done by tenant
 3. How and when to submit a maintenance request to landlord
 4. On/Off for all utilities (water valve, circuit breaker, etc.)
 5. Use of appliances
 6. Cleaning techniques for the surfaces in the unit (carpet vs. tile; wood vs paint)
 7. Social and Community Connections
 - iii. Community and Social Integration - Offer supports to connect to faith groups, peer support groups, volunteering, voting, community gardens, events, community activities, etc.)
 - iv. Increasing income – Case notes must include concrete steps for increasing income through applying for benefits or suitable employment
 - v. Transportation to:
 1. Medical or Behavioral Health appointments
 2. Employment
 3. Child-care/schools
 4. Groceries
 5. Support group meetings
 6. Social networks, including faith-based affiliations
 - vi. Work with tenant to develop disaster weather plans, if appropriate
 - vii. Work with tenant to develop crisis plans, as needed
 1. Crisis plans may include what to do when housing is at risk, intimate partner violence, relapse, planning for trauma triggers, etc.

- viii. Develop plan for frequency of caseworker visits and phone contact based on needs of household, and adjust as needed
 - 1. How many visits/calls the first week of tenancy?
 - 2. How many visits/calls the first month of tenancy?
 - 3. Schedule for how visits/calls will be tapered (for RRH programs)
 - 4. Criteria and process for increase of more intensive schedule of visits/calls if needed
- ix. Any payments to be made on behalf of the household
 - 1. Rental assistance to be paid by HSN
 - 2. Utility assistance to be paid by agency and reimbursed by HSN
 - 3. Case manager and supervisor to agree on strategic use of available funds
- 2. Provide flexible services and supports for participants to encourage successful housing stability.
 - a. Update Housing Stability Plan (every 3-6 months depending on program), with emphasis on how tenant is achieving housing stability. Include detailed actions to be taken by household and by agency to achieve housing stability.
 - b. Submit required documentation to HSN by 5th of each month to ensure rental assistance paid to landlord by 1st of the following month, if HSN is subsidizing rent.
 - c. Submit revised rent calculation or other required documentation needed to make a determination regarding whether to alter or discontinue financial assistance as changes in circumstances dictate or when ongoing housing stability is obtained. (Any such documentation must be submitted to HSN by the 15th of the month to ensure that payments to landlords are appropriately adjusted or discontinued for the following month.)
- 3. Monitor participant's housing stability and be available to adjust supports as tenant needs require.
 - a. Services must be provided during any month that the participant receives rental assistance.
 - b. For RRH: Case Management services should be provided as needed to promote housing stability and retention during months that rental assistance is not provided. (Services need not be provided in consecutive months.)
 - c. For PSH:
 - i. In Scattered site programs, Case Management services continue even in the event of eviction and/or during multiple housing placements.
 - ii. In Single-Site PSH programs, the Case Manager/Program Manager should request a PSH Staffing for any tenants at risk of losing their unit. Staffing Committee can make recommendations for preventing an eviction, as well as if tenant is eligible for a project transfer if evicted. If tenancy remains at risk, CES is notified in advance to begin planning for a potential transfer to another PSH program. Transfers are pending additional PSH

program capacity. CES coordinates with Outreach and single site Case Manager if tenant is evicted prior to a transfer. Outreach will remain engaged with participant until transfer is available.

- d. Develop plan for follow-up with and assistance to individuals/households who had previously stabilized but need additional assistance due to onset of a new crisis, if services had previously been reduced or stopped.
- 4. Provide or assist individual/household with connections to resources that help them improve their safety and well-being and achieve their long-term goals. When necessary, provide or ensure individual/household has access to resources pertaining to:
 - a. Employment
 - b. Benefits
 - c. Community-based services or activities
- 5. Develop and implement a plan for progressive engagement of participants who receive housing subsidies but refuse ongoing Case Management services and supports.
- 6. When appropriate, develop and implement a discharge or “step down” plan for individual/household once stabilized and not currently at serious risk for returning to homelessness.
 - a. Peer supports
 - b. Connection to family or other natural supports
 - c. Independent Living Skills
 - d. Wellness or Illness Self-Management
 - e. Connection to Community-Based supports and services
 - f. Financial Capacity

Units of Deliverables
as per LP025
Exhibit D – Deliverables

D-2.3. Emergency Solutions Grant (ESG) – The Agency shall provide eligible emergency shelter including expenses related to operating emergency shelters or essential services, street outreach to unsheltered individuals, and/or homelessness prevention and rapid re-housing assistance to eligible individuals in the geographic area.

D-2.3.1. ESG Emergency Shelter Activities – The ESG Emergency Shelter Projects will serve a minimum of NA individuals each month.

Contract Year - FY25-26	Monthly deliverables	Annual Deliverables
Total Individuals	N/A	N/A

D-2.3.2. ESG Street Outreach Activities – The ESG Street Outreach Projects will serve a minimum of NA individuals each month.

Contract Year - FY25-26	Monthly deliverables	Annual Deliverables
Total Individuals	N/A	N/A

D-2.3.3. ESG Homelessness Prevention Activities – The ESG Homelessness Prevention Projects will serve a minimum of NA individuals each month.

Contract Year - FY25-26	Monthly deliverables	Annual Deliverables
Total Individuals	N/A	N/A

D-2.3.4. ESG Rapid Re-Housing Activities – The ESG Rapid Re-Housing Projects will serve a minimum of NA individuals each month.

Contract Year - FY25-26	Monthly deliverables	Annual Deliverables
Total Individuals	6	72

The units of deliverables listed above represent minimum level of service to be performed and criteria for evaluating the successful completion of each deliverable.

Homeless Services Network of
Central Florida, Inc.

Signed by: _____

Print Name: _____

Position: _____

Date: _____

Seminole County
Government

Signed by: Auson Thau

Print Name: Auson Thau

Position: Director

Date: 9/22/25

Attachment A-1.1
DCF Related Requirements

1. Documents required for inclusion in contract that require signatures:

- a. DCF HIPAA Agreement
- b. DCF Certification Regarding Lobbying
- c. DCF Certification Regarding Debarment
- d. DCF Access Confidentiality and Nondisclosure
- e. DCF Employee Screening Affidavit
- f. DCF e-Verify (Unauthorized Alien Affidavit)
- g. Units of Deliverables

2. Documents required for inclusion in contract that do not require signatures:

- a. IRS non-profit verification, 501(c)3 letter for all sub-recipients except units of government.

3. Highlighted requirements passed through from the Contract between DCF and HSN to the Sub-recipient:

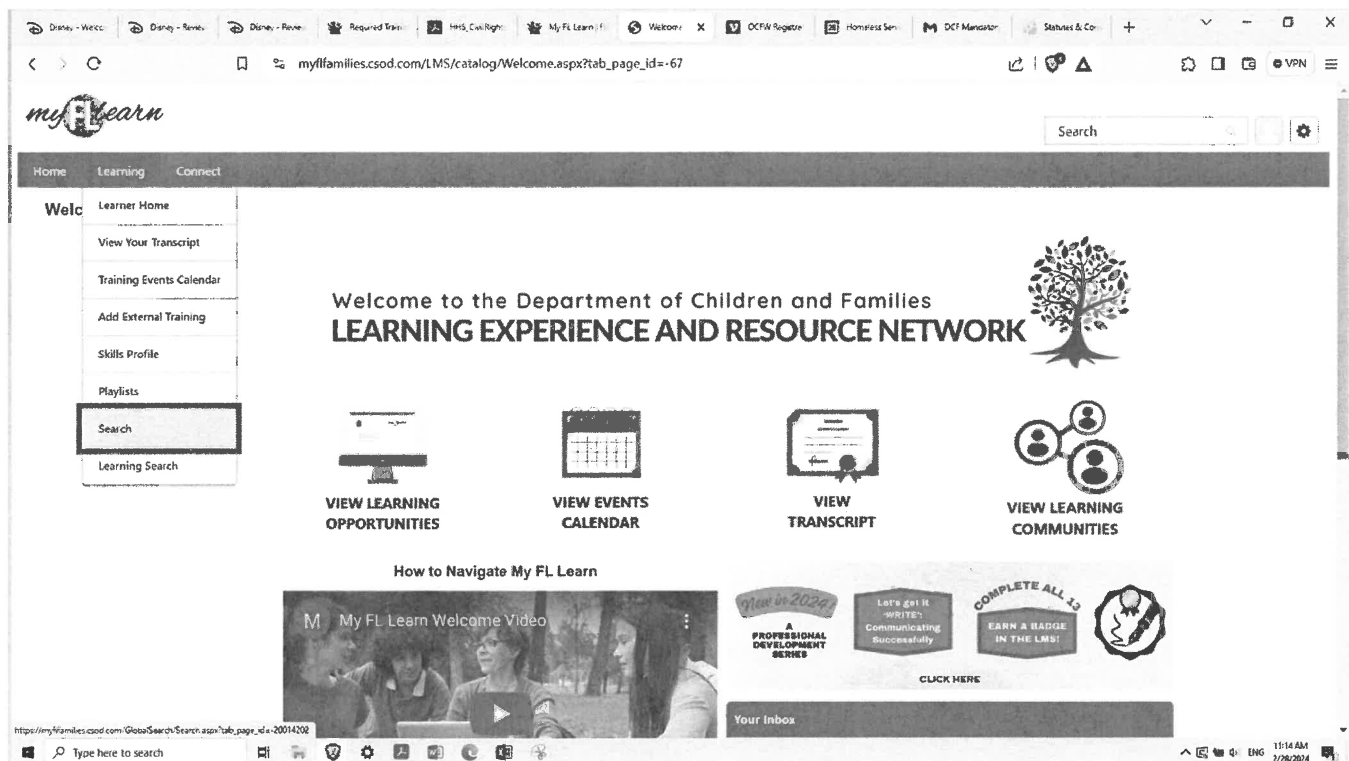
The Sub-recipient is responsible for all pass-through requirements associated with the enclosed contract between DCF and HSN. The following list does not include all of the pass-through requirements, but does reference several items that are more likely to be verified in the course of a standard contract monitoring process. Copies of the following required documents should be included in personnel files in a manner that can be verified by contract monitors upon request.

- a. Level 2 background screening clearance letter or screening result for all employees paid out of DCF, engaged in DCF grant management and oversight, including associated contracting and invoicing.
- b. Employee Screening Affidavit, updated annually, for all employees.
- c. Documentation of employment history check as a part of reference checks prior to employment. Copies of 2 pay stubs for employer during the time of candidate's selection process may substitute for formal references if the candidate does not want current employer contacted.
- d. Initial hire I-9 forms with copies of identity documents used.
- e. Documentation of E-Verify case result.
- f. DCF Security Awareness Training (23 min.) - to be completed by ALL employees that have access to participants' information. *See training access instructions below.* Add completion certificates to employee file.
- g. DCF HIPPA (12 min.) - to be completed by ALL employees that have access to participants' information. *See training access instructions below.* Add completion certificates to employee file.
- h. DCF Service Delivery for the Deaf or Hard-of-Hearing Training (3 modules) - to be completed by ALL employees that have access to participants' information. *See training access instructions below.* Add completion certificates to employee file.

All compliance trainings previously housed on the DCF Training page can be accessed in **My FL Learn**. New users will need to create a free account to access these trainings. For organizations needing to create multiple new users the DCF My FL Learn team can assist in creating a bulk upload of users by reaching out to HQ.MyFL.Learn@myflfamilies.com.

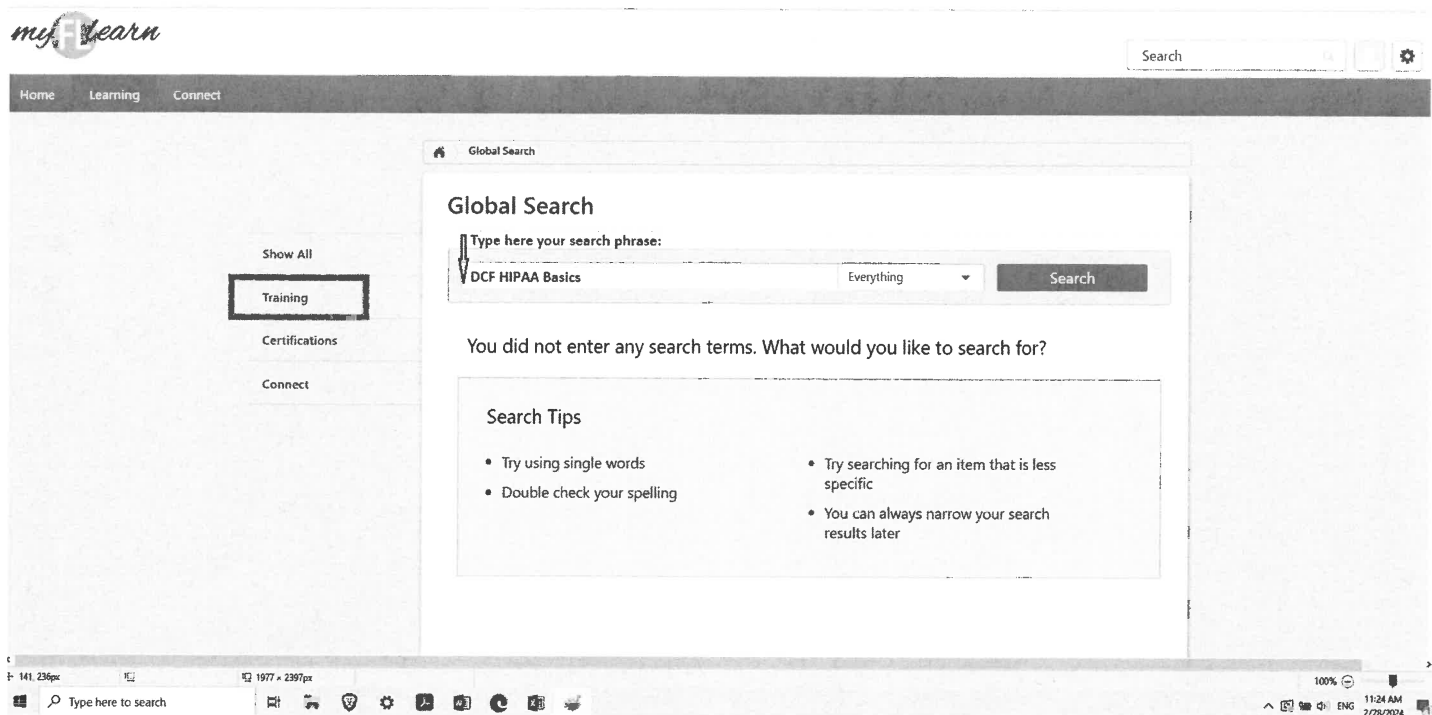
- - -

Once an account is created and staff is logged-in, select "Search" from the Learning drop-down menu:



Select "Training" from the menu on the left, and "Search" for the following titles:

- DCF HIPAA Basics
- DCF Security Awareness Basics Training
- DCF Serving Our Customers who are Deaf and Hard of Hearing - *Modules 1, 2 and 3 (at the end of each module the trainee will receive a certificate).*



Once completed, please make sure to save the training completion certificates in your employee personnel file.

Disclaimer - There are different routes of getting through to the required trainings, but we found the a/m path to be the simplest one. In any case, feel free to explore the site.

CERTIFICATION REGARDING LOBBYING

CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature: A. W. Thall

Date: 9/22/25

Application or Contract ID Number: LPO25

Name of Authorized Individual Application or Contractor: ALLISON THALL - SEMINOLE COUNTY GOV'T

Address of Organization: 520 W. LAKE MARY BLVD STE 100
SANFORD, FL 32713

CF 1123

Effective July 2015

(CF-1123-1516)

**CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION
CONTRACTS/SUBCONTRACTS**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, signed February 18, 1986. The guidelines were published in the May 29, 1987 Federal Register (52 Fed. Reg., pages 20360 - 20369).

INSTRUCTIONS

1. Each provider whose contract/subcontract equals or exceeds \$25,000 in federal moneys must sign this certification prior to execution of each contract/subcontract. Additionally, providers who audit federal programs must also sign, regardless of the contract amount. The Department of Children and Families cannot contract with these types of providers if they are debarred or suspended by the federal government.
2. This certification is a material representation of fact upon which reliance is placed when this contract/subcontract is entered into. If it is later determined that the signer knowingly rendered an erroneous certification, the Federal Government may pursue available remedies, including suspension and/or debarment.
3. The provider shall provide immediate written notice to the contract manager at any time the provider learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "debarred", "suspended", "ineligible", "person", "principal", and "voluntarily excluded", as used in this certification, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the department's contract manager for assistance in obtaining a copy of those regulations.
5. The provider agrees by submitting this certification that, it shall not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this contract/subcontract unless authorized by the Federal Government.
6. The provider further agrees by submitting this certification that it will require each subcontractor of this contract/subcontract, whose payment will equal or exceed \$25,000 in federal moneys, to submit a signed copy of this certification.
7. The Department of Children and Families may rely upon a certification of a provider that it is not debarred, suspended, ineligible, or voluntarily excluded from contracting/subcontracting unless it knows that the certification is erroneous.
8. This signed certification must be kept in the contract manager's contract file. Subcontractor's certification must be kept at the provider's business location.

CERTIFICATION

- (1) The prospective provider certifies, by signing this certification, that neither he nor his principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract/subcontract by any federal department or agency.
- (2) Where the prospective provider is unable to certify to any of the statements in this certification, such prospective provider shall attach an explanation to this certification.

A. Lutzman

Signature

9/22/25

Date

Allison Thall

Name (type or print)

Director

Title

CF 1125

Effective July 2015

(CF-1125-1516)



Department of Children and Families
**ACCESS CONFIDENTIALITY AND
NONDISCLOSURE AGREEMENT**

Agreement/Contract Number: LP025

The Department of Children and Families ("the Department") provides the undersigned access to Department information which may include data within Department business information systems (Information). The undersigned identified below acknowledges the following:

1. Information may only be accessed and used to the extent necessary and for the purpose of performing the undersigned's assigned duties on behalf of the non-Department signatory consistent with the Data Sharing Agreement for bona-fide research purposes (Agreement).
2. Where direct access to DCF data system(s) is granted, access to Information may be monitored or audited by the Department by various means without prior or subsequent disclosure.
3. Violation of state or federal laws regarding Information is prohibited.
4. Any unauthorized disclosure of Information may subject the undersigned to administrative, civil, and criminal sanction.
5. The undersigned is responsible for safeguarding their access to Information and will not provide that access to anyone for any reason, unless authorized by Department policy or otherwise authorized in writing by the Department.
6. The undersigned will not permit personal identification of any individual to another individual unless consistent with state or federal laws; and authorized by the Agreement.

ACKNOWLEDGEMENT (Please PRINT Clearly):

(For specific Department systems access, please submit the appropriate Department resources access request form(s) as required by Department policy)

THE FOLLOWING FIELDS MUST BE COMPLETED BEFORE ACCESS IS GRANTED

I, Anea Brown, work for or am employed by Seminole County Govt.
(Name) (Organization)
located at 520 W Lake Mary Blvd, Ste 100, Sanford, FL 32773
(Address)
I report to Carrie Longworth, (407) 665-2389
Manager/Supervisor Name Phone Number, and extension, if applicable

I acknowledge that I have read, understand and agree to the above statements and, in addition, I further attest by my signature below, that I am authorized to enter into this agreement.

This form can be signed with a digital signature (electronic signature).

[Signature]

Signature

abrown04@seminolecountyfl.gov

Individual's Work Email

This form can be signed with a digital signature (electronic signature).

Carrie Longworth

Manager's/Supervisor's or Designee's Signature

9/18/2025

Date



Department of Children and Families
**ACCESS CONFIDENTIALITY AND
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ACKNOWLEDGEMENT (Please PRINT Clearly):

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THE FOLLOWING FIELDS MUST BE COMPLETED BEFORE ACCESS IS GRANTED

I, Hiroko Vargas, work for or am employed by Seminole County Govt
(Name) (Organization)
located at 520 W Lake Mary Blvd, Ste 100, Sanford, FL 32773.
(Address)
I report to Arica Brown, (407) 665-2369
Manager/Supervisor Name Phone Number, and extension, if applicable

I acknowledge that I have read, understand and agree to the above statements and, in addition, I further attest by my signature below, that I am authorized to enter into this agreement.

This form can be signed with a digital signature (electronic signature).

Hiroko Vargas, hvargas@seminolecountyfl.gov
Signature Individual's Work Email
This form can be signed with a digital signature (electronic signature).
[Signature], 9/18/25
Manager's/Supervisor's or Designee's Signature Date



Department of Children and Families
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ACKNOWLEDGEMENT (Please PRINT Clearly):

(For specific Department systems access, please submit the appropriate Department resources access request form(s) as required by Department policy)

THE FOLLOWING FIELDS MUST BE COMPLETED BEFORE ACCESS IS GRANTED

I, Dainara Acevedo, work for or am employed by Seminole County Gov.,
(Name) (Organization)
located at 520 W Lake Mary Blvd #100 Sanford, FL 32773,
(Address)
I report to Ana Brown, 407.665-2369.
Manager/Supervisor Name Phone Number, and extension, if applicable

I acknowledge that I have read, understand and agree to the above statements and, in addition, I further attest by my signature below, that I am authorized to enter into this agreement.

This form can be signed with a digital signature (electronic signature).

[Signature], dacevedo@seminolecountyfl.gov
Signature Individual's Work Email

This form can be signed with a digital signature (electronic signature).

[Signature], 9/18/25
Manager's/Supervisor's or Designee's Signature Date



Department of Children and Families
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Agreement/Contract Number: LP025

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4. Any unauthorized disclosure of Information may subject the undersigned to administrative, civil, and criminal sanction.
5. The undersigned is responsible for safeguarding their access to Information and will not provide that access to anyone for any reason, unless authorized by Department policy or otherwise authorized in writing by the Department.
6. The undersigned will not permit personal identification of any individual to another individual unless consistent with state or federal laws; and authorized by the Agreement.

ACKNOWLEDGEMENT (Please PRINT Clearly):

(For specific Department systems access, please submit the appropriate Department resources access request form(s) as required by Department policy)

THE FOLLOWING FIELDS MUST BE COMPLETED BEFORE ACCESS IS GRANTED

I, Maria Pazmino, work for or am employed by Seminole County Government
(Name) (Organization)
located at 520 W. Lak Mary Blvd #100 Sanford FL 32773
(Address)
I report to Dainora Acevedo, (407)-665-2364.
Manager/Supervisor Name Phone Number, and extension, if applicable

I acknowledge that I have read, understand and agree to the above statements and, in addition, I further attest by my signature below, that I am authorized to enter into this agreement.

This form can be signed with a digital signature (electronic signature).

Maria Pazmino, mpazmino@seminolecountyfl.gov
Signature Individual's Work Email

This form can be signed with a digital signature (electronic signature).

[Signature], 9/18/25
Manager's/Supervisor's or Designee's Signature Date



Department of Children and Families
**ACCESS CONFIDENTIALITY AND
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Agreement/Contract Number: LP025

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ACKNOWLEDGEMENT (Please PRINT Clearly):

(For specific Department systems access, please submit the appropriate Department resources access request form(s) as required by Department policy)

THE FOLLOWING FIELDS MUST BE COMPLETED BEFORE ACCESS IS GRANTED

I, Robert James, work for or am employed by Seminole County GOV,
(Name) (Organization)
located at 520 W Lake Mary Blvd #100 Sanford, FL 32773,
(Address)
I report to Dainara Acevedo, (407) 665-2364.
Manager/Supervisor Name Phone Number, and extension, if applicable

I acknowledge that I have read, understand and agree to the above statements and, in addition, I further attest by my signature below, that I am authorized to enter into this agreement.

This form can be signed with a digital signature (electronic signature).

Signature

Individual's Work Email

This form can be signed with a digital signature (electronic signature).

Manager's/Supervisor's or Designee's Signature

Date

Florida Department of Children and Families
HSN SUBCONTRACTOR UNAUTHORIZED ALIEN AFFIDAVIT
in accordance with Florida Statute 448.095(2)(b)

The affiant, by virtue of the signature below, certifies that:

1. The Contractor and its Subcontractors are aware of the requirements of Florida Statute 448.09.
2. **The Contractor and its Subcontractors do not employ, contract with, or subcontract with unauthorized aliens 448.095(2)(b)1.**
3. The Contractor and its Subcontractors must maintain a copy of such affidavit 448.095(2)(b)2.
4. The Contractor and its Subcontractors are aware it is unlawful for any person knowingly to employ, hire, recruit, or refer, either for herself or himself or on behalf of another, for private or public employment within the state, an alien who is not duly authorized to work by the immigration laws or the Attorney General of the United States.
5. The Contractor and its Subcontractors are aware that the first violation of subsection (1) shall be a noncriminal violation as defined in s. 775.08(3) and, upon conviction, shall be punishable as provided in s. 775.082(5) by a civil fine of not more than \$500, regardless of the number of aliens with respect to whom the violation occurred.
6. The Contractor and its Subcontractors are aware that any person who has been previously convicted for a violation of subsection (1) and who thereafter violates subsection (1), shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. Any such subsequent violation of this section shall constitute a separate offense with respect to each unauthorized alien.
7. The Contractor may terminate this Subcontract on the good faith belief that its Subcontractors knowingly violated Florida Statutes 448.09(1) or 448.095(2)(c).

History.—ss. 1, 2, 3, ch. 77-250; s. 193, ch. 79-400; s. 82, ch. 91-224; s. 168, ch. 97-103.

Signature of Affiant: Austman

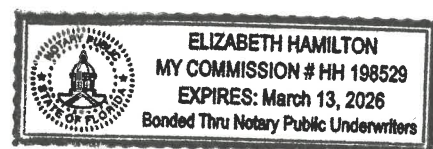
STATE OF FLORIDA
COUNTY OF Seminole

Sworn to and subscribed before me this 22 day of September, 2025.

Elizabeth Hamilton
Signature of Notary Public-State of Florida

(NOTARY SEAL)

ELIZABETH HAMILTON
Name of Notary Typed, Printed, or Stamped



Personally Known ✓ OR Produced Identification _____

Type of Identification Produced self

HIPAA AGREEMENT

Homeless Services Network
HIPAA contract

This Agreement contains the terms and conditions governing the Provider's access to and use of Protected Health Information and provides the permissible uses and disclosures of protected health information by the Provider, also called "Business Associate."

Section 1. Definitions

Catch-all definitions:

The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required by Law, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

Specific definitions:

"Business Associate" shall generally have the same meaning as the term "business associate" at 45 CFR 160.103, and for purposes of this Agreement shall specifically refer to the Provider.

"Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 CFR 160.103, and for purposes of this Agreement shall refer to the Department.

"HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.

"Subcontractor" shall generally have the same meaning as the term "subcontractor" at 45 CFR 160.103 and is defined as an individual to whom a business associate delegates a function, activity, service, other than in the capacity of a member of the workforce of such business associate.

Section 2. Obligations and Activities of Business Associate

Business Associate agrees to:

Not use or disclose protected health information other than as permitted or required by this Agreement or as required by law;

Use appropriate administrative safeguards as set forth at 45 CFR § 164.308, physical safeguards as set forth at 45 CFR § 164.310, and technical safeguards as set forth at 45 CFR § 164.312; including, policies and procedures regarding the protection of PHI and/or ePHI set forth at 45 CFR § 164.316 and the provisions of training on such policies and procedures to applicable employees, independent contractors, and volunteers, that reasonably and appropriately protect the confidentiality, integrity, and availability of the PHI and/or ePHI that the Provider creates, receives, maintains or transmits on behalf of the Department;

Acknowledge that (a) the foregoing safeguards, policies and procedures requirements shall apply to the Business Associate in the same manner that such requirements apply to the Department, and (b) the Business Associate's and their Subcontractors are directly liable under the civil and criminal enforcement provisions set forth at Section 13404 of the HITECH Act and section 45 CFR § 164.500 and 164.502(E) of the Privacy Rule (42 U.S.C. 1320d-5 and 1320d-6), as amended, for failure to comply with the safeguards, policies and procedures requirements and any guidance issued by the Secretary of Health and Human Services with respect to such requirements;

Report to covered entity any use or disclosure of protected health information not provided for by this Agreement of which it becomes aware, including breaches of unsecured protected health information as required at 45 CFR 164.410, and any security incident of which it becomes aware;

Notify the Department's Security Officer, Privacy Officer and the Contract Manager as soon as possible, but no later than five (5) business days following the determination of any breach or potential breach of personal and confidential departmental data;

Notify the Privacy Officer and Contract Manager within (24) hours of notification by the US Department of Health and Human Services of any investigations, compliance reviews or inquiries by the US Department of Health and Human Services concerning violations of HIPAA (Privacy, Security Breach).

Provide any additional information requested by the Department for purposes of investigating and responding to a breach;

Provide at Business Associate's own cost notice to affected parties no later than 45 days following the determination of any potential breach of personal or confidential departmental data as provided in section 817.5681, F.S.;

Implement at Business Associate's own cost measures deemed appropriate by the Department to avoid or mitigate potential injury to any person due to a breach or potential breach of personal and confidential departmental data;

Take immediate steps to limit or avoid the recurrence of any security breach and take any other action pertaining to such unauthorized access or disclosure required by applicable federal and state laws and regulations regardless of any actions taken by the Department;

In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the business associate agree to the same restrictions, conditions, and requirements that apply to the business associate with respect to such information. Business Associate's must attain satisfactory assurance in the form of a written contract or other written agreement with their business associate's or subcontractor's that meets the applicable requirements of 164.504(e)(2) that the Business Associate or Subcontractor will appropriately safeguard the information. For prior contracts or other arrangements, the Provider shall provide written certification that its implementation complies with the terms of 45 CFR 164.532(d);

Make available protected health information in a designated record set to covered entity as necessary to satisfy covered entity's obligations under 45 CFR 164.524;

Make any amendment(s) to protected health information in a designated record set as directed or agreed to by the covered entity pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy covered entity's obligations under 45 CFR 164.526;

Maintain and make available the information required to provide an accounting of disclosures to the covered entity as necessary to satisfy covered entity's obligations under 45 CFR 164.528;

To the extent the business associate is to carry out one or more of covered entity's obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the covered entity in the performance of such obligation(s); and

Make its internal practices, books, and records available to the Secretary of the U.S. Department of Health and Human Services for purposes of determining compliance with the HIPAA Rules.

Section 3. Permitted Uses and Disclosures by Business Associate

The Business associate may only use or disclose protected health information covered under this Agreement as listed below:

The Business Associate may use and disclose the Department's PHI and/or ePHI received or created by Business Associate (or its agents and subcontractors) in performing its obligations pursuant to this Agreement.

The Business Associate may use the Department's PHI and/or ePHI received or created by Business Associate (or its agents and subcontractors) for archival purposes.

The Business Associate may use PHI and/or ePHI created or received in its capacity as a Business Associate of the Department for the proper management and administration of the Business Associate, if such use is necessary (a) for the proper management and administration of Business Associate or (b) to carry out the legal responsibilities of Business Associate.

The Business Associate may disclose PHI and/or ePHI created or received in its capacity as a Business Associate of the Department for the proper management and administration of the Business Associate if (a) the disclosure is required by law or (b) the Business Associate (1) obtains reasonable assurances from the person to whom the PHI and/or ePHI is disclosed that it will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person and (2) the person agrees to notify the Business Associate of any instances of which it becomes aware in which the confidentiality and security of the PHI and/or ePHI has been breached.

The Business Associate may aggregate the PHI and/or ePHI created or received pursuant this Agreement with the PHI and/or ePHI of other covered entities that Business Associate has in its possession through its capacity as a Business Associate of such covered entities for the purpose of providing the Department of Children and Families with data analyses relating to the health care operations of the Department (as defined in 45 C.F.R. §164.501).

The Business Associate may de-identify any and all PHI and/or ePHI received or created pursuant to this Agreement, provided that the de-identification process conforms to the requirements of 45 CFR § 164.514(b).

Follow guidance in the HIPAA Rule regarding marketing, fundraising and research located at Sections 45 CFR § 164.501, 45 CFR § 164.508 and 45 CFR § 164.514.

Section 4. Provisions for Covered Entity to Inform Business Associate of Privacy Practices and Restrictions

Covered entity shall notify business associate of any limitation(s) in the notice of privacy practices of covered entity under 45 CFR 164.520, to the extent that such limitation may affect business associate's use or disclosure of protected health

information.

Covered entity shall notify business associate of any changes in, or revocation of, the permission by an individual to use or disclose his or her protected health information, to the extent that such changes may affect business associate's use or disclosure of protected health information.

Covered entity shall notify business associate of any restriction on the use or disclosure of protected health information that covered entity has agreed to or is required to abide by under 45 CFR 164.522, to the extent that such restriction may affect business associate's use or disclosure of protected health information.

Section 5. Termination

Termination for Cause

Upon the Department's knowledge of a material breach by the Business Associate, the Department shall either:

Provide an opportunity for the Business Associate to cure the breach or end the violation and terminate the Agreement or discontinue access to PHI if the Business Associate does not cure the breach or end the violation within the time specified by the Department of Children and Families;

Immediately terminate this Agreement or discontinue access to PHI if the Business Associate has breached a material term of this Agreement and does not end the violation; or

If neither termination nor cure is feasible, the Department shall report the violation to the Secretary of the Department of Health and Human Services.

Obligations of Business Associate Upon Termination

Upon termination of this Agreement for any reason, business associate, with respect to protected health information received from covered entity, or created, maintained, or received by business associate on behalf of covered entity, shall:

Retain only that protected health information which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities;

Return to covered entity, or other entity as specified by the Department or, if permission is granted by the Department, destroy the remaining protected health information that the Business Associate still maintains in any form;

Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information to prevent use or disclosure of the protected health information, other than as provided for in this Section, for as long as Business Associate retains the protected health information;

Not use or disclose the protected health information retained by Business Associate other than for the purposes for which such protected health information was retained and subject to the same conditions set out at paragraphs 3.1.3 and 3.1.4 above under "Permitted Uses and Disclosures By Business Associate" which applied prior to termination; and

Return to covered entity, or other entity as specified by the Department or, if permission is granted by the Department, destroy the protected health information retained by business associate when it is no longer needed by business associate for its proper management and administration or to carry out its legal responsibilities.

The obligations of business associate under this Section shall survive the termination of this Agreement.

Section 6. Miscellaneous

A regulatory reference in this Agreement to a section in the HIPAA Rules means the section as in effect or as amended.

The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for compliance with the requirements of the HIPAA Rules and any other applicable law.

Any ambiguity in this Agreement shall be interpreted to permit compliance with the HIPAA Rules.

For the Provider (Business Associate):

Alison Thall

Name

Alison Thall

Signature



Employment Screening Affidavit

CONTRACT NO.: LP025 DATED: 7/1/2025

THE UNDERSIGNED VENDOR HEREBY ATTESTS IT IS IN COMPLIANCE WITH THE EMPLOYMENT SCREENING CLAUSE CONTAINED IN THE FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES STANDARD CONTRACT. ALL REQUIRED STAFF HAVE BEEN SCREENED OR THE VENDOR IS AWAITING THE RESULTS OF SCREENING.

VENDOR NAME: Seminole County, Florida

(Print Name)

BY: Auison Thall DATE: 9/22/25

SIGNATURE OF AUTHORIZED REPRESENTATIVE

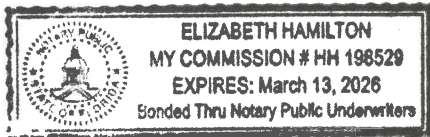
REPRESENTATIVE'S NAME/TITLE: Auison Thall, Director
(Print Name/Title)

STATE OF Florida

COUNTY OF Orange Seminole

Sworn to (or affirmed) and subscribed before me, by means of ☒ physical presence or
☐ online notarization this 22 day of Sept, 2025 (year), by

ELIZABETH HAMILTON



[Signature]
Signature of Notary

(Print, Type, or Stamp Commissioned Name of Notary Public)

[Check One] ☒ Personally Known OR ☐ Produced the following I.D. _____

VENDOR NAME Seminole County, FL FEIN# 59-6000856

VENDOR'S AUTHORIZED REPRESENTATIVE NAME AND TITLE

ADDRESS: 520 West Lake Mary Blvd, Suite 100

CITY, STATE, ZIP: Sanford, FL 32773

PHONE NUMBER: _____

EMAIL ADDRESS: _____

(CORPORATE SEAL, IF APPLICABLE)