SEMINOLE COUNTY AND SEMINOLE COUNTY VICTIMS' RIGHTS COALITION, INC. d/b/a SAFEHOUSE SHELTER FUNDING AGREEMENT FISCAL YEAR 2024-2025

THIS AGREEMENT is made and entered this day of,
20, by and between SEMINOLE COUNTY , a political subdivision of the State of Florida,
whose address is Seminole County Services Building, 1101 E. 1st Street, Sanford, Florida 32771,
hereinafter referred to as "COUNTY", and SEMINOLE COUNTY VICTIMS' RIGHTS
COALITION, INC., a Florida Not For Profit corporation, d/b/a SAFEHOUSE, whose mailing
address is P.O. Box 471279, Lake Monroe, Florida 32747, hereinafter referred to as "PROVIDER".

WITNESSETH:

WHEREAS, PROVIDER provides a safe, secure emergency shelter for victims and survivors of domestic violence and their children; and

WHEREAS, COUNTY has deemed that these programs and services serve a COUNTY purpose and has authorized funding for such a purpose; and

WHEREAS, COUNTY has appropriated funds to assist in furtherance of the aforementioned COUNTY purpose,

NOW, THEREFORE, in consideration of the mutual covenants, promises, and representations contained in this Agreement and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

Section 1. Recitals. The above recitals are true and correct and form a material part of the agreement upon which the parties have relied.

Section 2. Term. The term of this Agreement is from October 1, 2024 through September 30, 2025, with three (3) one (1) year automatic renewals with written approval by COUNTY and PROVIDER for each renewal.

Section 3. Termination. This Agreement may be terminated by either party at any time,

with or without cause, upon not less than thirty (30) days prior written notice delivered to the other

party as provided for in this Agreement or, at the option of COUNTY, immediately in the event

that PROVIDER fails to fulfill any of the terms, understandings, or covenants of this Agreement.

COUNTY will not be obligated to pay for any services provided or costs incurred by PROVIDER

after PROVIDER has received notice of termination. Upon termination, PROVIDER must

immediately refund to COUNTY, or otherwise utilize as COUNTY directs, any unused funds

provided under this Agreement. Any requirements set forth in Sections 7, 8 and 11 of this

Agreement will survive the term of this Agreement as a whole.

Section 4. Services. PROVIDER must use funds from this Agreement in conjunction

with monies granted by the State of Florida, the Federal Government, or any public or private

agency to provide a safe, secure emergency shelter for victims and survivors of domestic violence

and their children as described in Exhibit A, Scope of Services, attached to and incorporated in this

Agreement by reference.

Section 5. Revenue from Other Sources. PROVIDER agrees to furnish COUNTY with

information regarding all revenues relating to the programs or services that are the subject of this

Agreement received by PROVIDER during the term of this Agreement. It is understood that

PROVIDER has not previously entered into and will not enter into an agreement with any other

party, including service recipients of this Agreement, whereby PROVIDER would be paid for

providing the services that are the subject of this Agreement, except as specified in Section 4

above.

Section 6. Liability and Indemnification.

(a) PROVIDER will hold harmless and indemnify COUNTY from and against any and

all liability, loss, claims, damages, costs, attorney's fees and expenses of whatsoever kind, type or

nature which COUNTY may sustain, suffer or incur, or be required to pay by reason of the loss of

any monies paid to PROVIDER or whomsoever resulting out of PROVIDER's fraud, defalcation,

dishonesty, or failure of PROVIDER to comply with applicable laws or regulations; or by reason

of, or as a result of any willful or negligent act or omission of PROVIDER in the performance of

this Agreement or any part of this Agreement, or as may otherwise result in any way or instance

whatsoever arising from this Agreement.

(b) Each party to this Agreement is responsible for all personal injury and property

damage attributable to the negligent acts or omissions arising out of this Agreement of that party

and the officers, employees, and agents of that party.

(c) The parties further agree that nothing contained in this Agreement will be construed

or interpreted as denying to any party any remedy or defense available to the parties under the laws

of the State of Florida, nor as a waiver of COUNTY's sovereign immunity and the limitation of

damages as provided in Section 768.28, Florida Statutes (2023), as that statute may be amended

from time to time.

Section 7. Billing and Payment. COUNTY agrees to provide financial assistance to

PROVIDER up to a maximum sum of EIGHTY-SIX THOUSAND FIVE HUNDRED EIGHTY

AND NO/100 DOLLARS (\$86,580.00) (the "Funds") for all services provided under this

Agreement by PROVIDER during the term of this Agreement. This sum is payable for the term

of this Agreement upon:

Receipt by COUNTY of a payment request. Such request for payment must only (a)

be for services specifically provided for in this Agreement; and

Verification by COUNTY's Community Services Department staff that the (b)

services for which reimbursement is sought are in accordance with service projections as described

in Exhibit A and that PROVIDER has complied with the reporting requirements contained in this Agreement.

(c) Payment requests must be sent to:

Project Manager Seminole County Community Services Department 520 W. Lake Mary Boulevard, Suite 100 Sanford, FL 32773

(d) Verification by COUNTY's Community Services Department Project Manager that the services for which reimbursement is sought is at or above forty percent (40%) expended by the end of the sixth month of this executed Agreement. PROVIDER reimbursement expenditures below forty percent (40%) are subject to review, upon which COUNTY has the expressed authority to capture and reallocate remaining funding, provided written notification is given to PROVIDER within thirty (30) days of the intended capture and reallocation.

(e) Seminole County's Community Services Department Project Manager will verify that submitted reports, Exhibit B and B-1 and associated supporting documentation are accurate. If the reports are incorrect, COUNTY staff will make the necessary corrections and return the request for revision(s). PROVIDER has 5 business days to make the revisions and return. If the revisions are not returned within the allotted timeframe, a zero dollar request for payment will be recorded for that month and PROVIDER will not be reimbursed for that month.

Section 8. Reporting Requirements.

(a) PROVIDER must submit a Request for Payment Form in the format attached to and incorporated in this Agreement as Exhibit B, along with a Program Performance Report in the format attached to and incorporated in this Agreement as Exhibit B1 to COUNTY on or before the 15th day of each month. Any monthly reports as outlined in this Section (Exhibits B and B1),

submitted after the 15th day of each month, will require written justification for the delayed submission.

- (1) PROVIDER must submit Exhibits B and B1 delineating for the preceding month the following:
 - (A) a list of objectives and projected service levels to benefit COUNTY;
- (B) statistics representing that month's achievements and services provided to COUNTY including, if applicable, the number of clients served, and the number of programs and activities provided;
- (C) statistics showing the cumulative achievements and services provided to COUNTY to date;
 - (D) the percent of projections achieved to date; and
- (E) a narrative assessment of progress toward accomplishing goals and objectives for service to COUNTY. This assessment must be in paragraph form and include information as to the general progress of PROVIDER, any problems relating to the services to be provided pursuant to this Agreement that might exist for PROVIDER, and special comments on particular program components.
- (b) PROVIDER must submit a Program Participant Information Report to COUNTY on or before October 10, 2025, in the format attached to and incorporated in this Agreement as Exhibit C.
- (c) PROVIDER will submit such additional information as required by COUNTY to assess program effectiveness.
- **Section 9.** Unavailability of Funds. If COUNTY learns that funding from the State of Florida or the Federal Government cannot be obtained or continued on a matching basis, if applicable, this Agreement may be terminated immediately, at the option of COUNTY, by written

notice of termination to PROVIDER as provided in this Agreement. COUNTY will not be

obligated to pay for any services provided or costs incurred by PROVIDER after PROVIDER has

received notice of termination. In the event there are any unused COUNTY funds, PROVIDER

must promptly refund those funds to COUNTY or otherwise use those funds as COUNTY directs.

Section 10. Access to Records. PROVIDER must allow COUNTY, its duly authorized

agent, and the public access to PROVIDER's records as are pertinent to all services provided under

this Agreement at reasonable times and under reasonable conditions for inspection and

examination in accordance with Chapter 119, Florida Statutes (2023), as that statute may be

amended from time to time, and the Health Insurance Portability and Accountability Act of 1996

(HIPAA), Public Law 104-191.

Section 11. Notices. Whenever either party desires to give notice unto the other, it must

be given in writing by certified United States mail, with return receipt requested, and sent to:

For COUNTY:

Seminole County Community Services Department

520 W. Lake Mary Boulevard, Suite 100

Sanford, FL 32773

For PROVIDER:

Jeanne Gold, CEO

Seminole County Victims' Rights Coalition, Inc. d/b/a Safehouse

P.O. Box 471279

Lake Monroe, FL 32747

Either of the parties may change, by written notice as provided above, the person or address

for receipt of notice.

Section 12. Project Publicity. PROVIDER will recognize the Seminole County Board

of County Commissioners for its contribution in promotional material and at any events or

workshops for which funds are allocated. Any news release or other type of publicity pertaining

to the scope of services performed must recognize COUNTY as a sponsor. In written materials,

the reference of the Board of County Commissioners must appear in the same size letters and font

type as the name of any other funding sources.

Section 13. Default. If any of the following Events of Default occur, COUNTY has the

option to exercise any of its remedies set forth in Section 15, Remedies. Events of Default, include:

If any warranty or representation made by PROVIDER in this Agreement becomes (a)

false or misleading in any respect, or if PROVIDER fails to keep or perform any of the obligations,

terms or covenants in this Agreement and has not cured them in timely fashion, or is unable or

unwilling to meet its obligations under this Agreement;

(b) If any reports required by this Agreement have not been submitted to COUNTY

timely or have been submitted with incorrect, incomplete, or insufficient information; or

(c) If PROVIDER has failed to perform and complete on time any of its obligations

under this Agreement.

Section 14. Remedies. If an Event of Default occurs, then COUNTY may, after thirty

(30) days written notice to PROVIDER and upon PROVIDER's failure to cure within those thirty

(30) days, exercise any one or more of the following remedies, either concurrently or

consecutively:

Terminate this Agreement in accordance with Section 3, Termination; (a)

Begin an appropriate legal or equitable action to enforce performance of this (b)

Agreement;

(c) Withhold or suspend allocation of all or any part of the Funds;

(d) Require that PROVIDER refund to COUNTY any Funds used for ineligible

purposes under the laws, rules, regulations, or guidance governing the use of these Funds,

including this Agreement;

- (e) Exercise any corrective or remedial actions, to include but not be limited to:
- (1) request additional information from the PROVIDER to determine the reasons for or the extent of non-compliance or lack of performance,
- (2) issue a written warning to advise that more serious measures may be taken if the situation is not corrected,
- (3) advise the PROVIDER to suspend, discontinue or refrain from incurring costs for any activities in question,
- (4) require the PROVIDER to repay COUNTY for the amount of costs incurred for any items determined to be ineligible, or
- (f) The COUNTY may exercise any other rights or remedies which may be available under law. Pursuing any of the above remedies will not prevent COUNTY from pursuing any other remedies in this Agreement or provided at law or in equity. If COUNTY waives any right or remedy in this Agreement or fails to insist on strict performance by PROVIDER, it will not affect, extend or waive any other right or remedy of COUNTY, or affect the later exercise of the same right or remedy by COUNTY for any other default by PROVIDER.

Section 15. Assignments. Neither party to this Agreement will assign this Agreement or any interest arising from this Agreement without the written consent of the other.

Section 16. Entire Agreement.

- (a) It is understood and agreed that the entire agreement of the parties is contained within this document, and that this Agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter of this Agreement, as well as any previous agreements presently in effect between the parties relating to the subject matter of this Agreement.
- (b) Any alterations, amendments, deletions, or waivers of the provisions of this Agreement will be valid only when expressed in writing and duly signed by the parties.

Section 17. Compliance with Laws and Regulations. In providing all services pursuant

to this Agreement, PROVIDER must abide by all statutes, ordinances, rules, and regulations

pertaining to or regulating the provisions of services, including those now in effect and hereafter

adopted. Any violation of those statutes, ordinances, rules, or regulations will constitute a material

breach of this Agreement and will entitle COUNTY to terminate this Agreement immediately upon

delivery of written notice of termination to PROVIDER as provided for in this Agreement.

Section 18. Disclaimer of Third Party Beneficiaries. This Agreement is made for the

sole benefit of the parties of this Agreement and their respective successors and assigns, and is not

intended to and will not benefit any third party. No third party will have any rights under this

Agreement as a result of this Agreement or any right to enforce any provisions of this Agreement.

Section 19. Governing Law. This Agreement will be governed by the laws of the State

of Florida and the ordinances, resolutions, and policies of COUNTY not prohibited thereby. The

parties to this Agreement consent to venue in the Circuit Court in and for Seminole County,

Florida, as to State actions and the United States District Court for the Middle District of Florida,

Orlando Division, as to Federal actions.

Section 20. Interpretation. PROVIDER and COUNTY agree that all words, terms, and

conditions contained in this Agreement are to be read in concert, each with the other, and that a

provision contained under one heading may be considered to be equally applicable under another

in the interpretation of this Agreement.

Section 21. Equal Opportunity. PROVIDER agrees that it will not discriminate against

any eligible person receiving services under this Agreement because of race, color, religion, sex,

age, national origin, or disability and will take steps to ensure an eligible person receives these

services without regard to race, color, religion, sex, age, national origin, or disability.

Seminole County Victims' Rights Coalition, Inc. d/b/a Safehouse Shelter Funding Agreement

Section 22. Severability. If any one or more of the covenants or provisions of this

Agreement is held to be contrary to any express provision of law, or contrary to the policy of

express law, though not expressly prohibited, or against public policy, or is, for any reason

whatsoever, held invalid, then such covenants or provisions will be null and void, will be deemed

separable from the remaining covenants or provisions of this Agreement, and will, in no way,

affect the validity of the remaining covenants or provisions of this Agreement.

Section 23. Counterparts and Headings. This Agreement may be executed

simultaneously and in any number of counterparts, each of which will be deemed an original, but

all of which will constitute one and the same instrument. The headings in this Agreement set out

are for convenience and reference only and will not be deemed a part of this Agreement.

Section 24. Independent Contractors. It is agreed that nothing contained in this

Agreement is intended or should be construed in any manner as creating or establishing a

relationship of co-partners between the parties, or as constituting PROVIDER, including its

officers, employees, and agents, the agent, representative, or employee of COUNTY for any

purpose or in any manner whatsoever. The parties are to be and will remain independent

contractors with respect to all matters pertinent to this Agreement.

Section 25. Exhibits. Exhibits A, B, B1 and C to this Agreement are deemed to be

incorporated into this Agreement as if fully set forth verbatim into the body of this Agreement.

Section 26. Conflict of Interest.

(a) The parties agree they will not engage in any action that would create a conflict of

interest in the performance of their obligations pursuant to this Agreement or which would violate

or cause others to violate the provisions of Part III, Chapter 112, Florida Statutes (2023), as that

statute may be amended from time to time, or Section 220.115, Seminole County Code, relating

to ethics in government.

The parties hereby certify that no officer, agent, or employee of the respective (b)

parties has any material interest (as defined in Section 112.312(15), Florida Statutes (2023), as that

statute may be amended from time to time, as over 5%) either directly or indirectly, in the business

of the party to be conducted under this Agreement, and that no such person will have any such

interest at any time during the term of this Agreement.

(c) The parties hereby agree that Federal or State monies, which may be received as a

result of activities performed pursuant to this Agreement, will not be used for the purpose of

lobbying any branch of government, agency, or employee of the Federal or State government.

Section 27. Public Records Law.

(a) PROVIDER acknowledges COUNTY's obligations under Article 1, Section 24,

Florida Constitution and Chapter 119, Florida Statues, to release public records to members of the

public upon request. PROVIDER acknowledges that COUNTY is required to comply with Article

1, Section 24, Florida Constitution and Chapter 119, Florida Statutes (2023), as that statute may

be amended from time to time, in the handling of the materials created under this Agreement and

that said statute controls over the terms of this Agreement. Upon COUNTY's request,

PROVIDER will provide COUNTY with all requested public records in PROVIDER's possession,

or will allow COUNTY to inspect or copy the requested records within a reasonable time and at a

cost that does not exceed costs as provided under Chapter 119, Florida Statutes.

(b) PROVIDER specifically acknowledges its obligations to comply with Section

119.071, Florida Statutes, (2023), as that statute may be amended from time to time, with regard

to public records and must:

(1) keep and maintain public records that ordinarily and necessarily would be

required by COUNTY in order to perform the services required under this Agreement;

(2) provide the public with access to public records on the same terms and

conditions that COUNTY would provide the records and at a cost that does not exceed the cost

provided in Chapter 119, Florida Statutes, or as otherwise provided by law;

(3) ensure public records that are exempt or confidential and exempt from

public records disclosure requirements are not disclosed, except as authorized by law; and

(4) Upon termination of this Agreement, PROVIDER will transfer, at no cost

to COUNTY, all public records in possession of PROVIDER, or keep and maintain public records

required by COUNTY under this Agreement. If PROVIDER transfers all public records to

COUNTY upon completion of this Agreement, PROVIDER must destroy any duplicate public

records that are exempt or confidential and exempt from public records disclosure requirements.

If PROVIDER keeps and maintains the public records upon completion of this Agreement,

PROVIDER must meet all applicable requirements for retaining public records. All records stored

electronically must be provided to COUNTY, upon request of COUNTY, in a format that is

compatible with the information technology systems of COUNTY.

Failure to comply with this Section will be deemed a material breach of this

Agreement for which COUNTY may terminate this Agreement immediately upon written notice

to PROVIDER. PROVIDER may also be subject to statutory penalties as set forth in Section

119.10, Florida Statutes.

(c)

(d) IF PROVIDER HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO PROVIDER'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, PROVIDER MAY CONTACT THE SEMINOLE COUNTY COUNTY MANAGERS OFFICE, DOMINIQUE DRAGER, 407-665-7410, DDRAGER@SEMINOLECOUNTYFL.GOV, 1101 E 1ST STREET, SANFORD, FL 32771.

IN WITNESS WHEREOF, the parties to this Agreement have caused their names to be affixed to this Agreement by the proper officers of those parties for the purpose expressed in this Agreement on the day and year first above written.

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SEMINOLE COUNTY VICTIMS' RIGHTS COALTION, INC. d/b/a SAFEHOUSE

Claudia Umana
CLAUDIA UMANA, Secretary

By:_

JEANNE GOLD, CEO

(CORPORATE SEAL)

9-12-24 Date:

[The balance of this page is left intentionally blank.]

ATTEST:

BOARD OF COUNTY COMMISSIONERS SEMINOLE COUNTY, FLORIDA

	By: _	
GRANT MALOY	J.	AY ZEMBOWER, Chairman
Clerk to the Board of		
County Commissioners of	_	
Seminole County, Florida.	Date: _	
For the use and reliance	А	As authorized for execution by the Board of
of Seminole County only.		County Commissioners at its
		0, regular meeting.
Approved as to form and		
legal sufficiency.		
County Attorney		
RM/vs		
9/12/23 9/5/24		The first of the f
T:\Users\Legal Secretary CSB\Community Services\2024-2025 C	omnunity Serv	rices Annual Funding Agts/Victims Rights Coalition.docx
Attachments:	ATA	
Exhibit A – Scope of Services	919	
Exhibit B – Request for Payment Form	A	
Exhibit B1 – Program Performance Report		

Exhibit C – Program Participant Information Report

EXHIBIT A: SCOPE OF SERVICE & COST PROPOSAL

AGENCY NAME: Seminole County Victims' Rights Coalition d/b/a

Safehouse

POINT OF CONTACT: Jeanne Gold, CEO CONTACT PHONE NUMBER: 407-697-9109

CONTACT E-MAIL: contractmanager@safehousefl.com

The above agency will provide the following services for the residents of Seminole County during Fiscal Year 2024-2025:

Program Description:

<u>Safehouse of Seminole provides a safe, secure emergency shelter for victims and survivors of domestic violence and their children.</u>

Service	# of Units/Services to be Provided with County Funding	Unit/Service Cost	Total Unit Cost
Emergency Shelter Nights	3463	\$25.00 / per person per night	\$86,575
_			

• Funds may be transferred within the line items with the approval from Seminole County Community Services without an amendment to this Agreement

TOTAL UNIT COST CANNOT EXCEED THE GRANT AWARD AMOUNT OF \$86,580

EXHIBIT B

MONTHLY REQUEST FOR PAYMENT

Shelter Funding Agency Grant Program 2024-2025

Seminole County Victims' Rights Coalition d/b/a Safehouse of Seminole **SUBRECIPIENT:** DV Shelter **PROGRAM NAME: REPORT PERIOD: REQUEST NO: BUDGET SUMMARY REPORT: EXPENDITURES** (D) (A) (A-D) (B) (C) (D=B+C)**BUDGET CATEGORIES** TOTAL REMAINING **APPROVED PREVIOUS AMOUNT OF** BALANCE **PAYMENTS** BUDGET **PAYMENTS** THIS REQUEST MADE TO DATE **Emergency Shelter Nights** \$86,580 **TOTAL** \$86,580 **DETAIL INVOICE REPORT EXPENDITURES BUDGET ITEM** #OF COST **AMOUNT OF THIS** UNIT/SERVICE **PER UNIT** REQUEST **Emergency Shelter Nights** \$25.00 / per person per night Note: Supporting documentation (i.e. time sheets, copies of checks etc.) must be submitted with each payment request. Failure to submit required documentation may delay payments. I certify that the goods and/or services covered by this request have been provided to Seminole County in accordance with the terms and conditions of the contracts and are documented by the attachment(s). AUTHORIZED SIGNATURE DATE Please attach documentation substantiating expenditures.

Shelter Funding Agency Grant Program 2024-2025

CS Department Date Received

EXHIBIT B-1

MONTHLY PROGRAM PERFORMANCE REPORT

Shelter Funding Agency Grant Program 2024-2025

SUBR	ECIPIENT: Seminole (County Victims' Righ	nts Coalition d/b/a Sa	fehouse of Semin	nole
PROG	RAM: <u>DV Shelter</u>				
REPO	RT PERIOD	THRO	OUGH		
I.	STATUS REPORT O	N GOALS AND O	BJECTIVES:		
ANI	NUAL PROGRAM GOAL(s)	ANNUAL PROGRAM OBJECTIVE(s)	ACHIEVED THIS MONTH	ACHIEVED TO DATE	% OF GOAL COMPLETED
Eme	rgency Shelter Nights	3463			
II.	PLEASE PROVIDE I	EXPLANATION IF	GOALS/OBJECT	TIVES ARE NO	 T MET:
III.	NUMBER OF CLIEN	ITS ASSISTED:			
IV.	NUMBER OF UNDU	PLICATED CLIEN	NTS ASSISTED: _		

Program Participant Information Report

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Male Male Female Cother Unknown/not reported Total 2-5 years Number of Individuals 6-13 years 14-17 years 18-24 years 18-24 years 55-59 years 15-44 years 60-64 years Education Levels 65-74 years Number of Individuals 65-74 years High school Graduate 65-74 years High school Graduate 65-74 years High school Graduate 65-74 years Individuals	e wn/not reported ars	
Personal Residual R	wm/not reported	
wwn/not reported Total ars ears Years Years Years Years Years Wan/not reported Education Levels So-8 Education Levels So-8 Education Levels Education Levels Wan/not report-secondary Years college graduate Chool Graduate/ GED de + some post-secondary Years college graduate Are of other post-secondary Years college graduate Are of other post-secondary school Wynot reported Total	wn/not reported	
Total Total Total Total Total		
Total Total Total Total		
n Levels Total		Total
n Levels Total		Number of Individuals
Total Total Total	The state of the s	
n Levels Total Total Total	-13 years	
Total Total Total	4-17 years	
n Levels Total Total Total	8-24 years	
n Levels Total Total Total	5-44 years	
Total Total Total Total	5-54 years	
n Levels Total Total Total Total	5-59 years	
Total Total Total Total Total	0-64 years	
n Levels Total Total Total	5-74 years	
Total Total Total	5+ years	
n Levels Total	Inknown/not reported	
n Levels Total		Total
Total	Education Levels	Number of Individuals
		,
	irades 9-12/Non-Graduate	
	ligh School Graduate/ GED	
	2 grade + some post-secondary	
	or 4 years college graduate	
	raduate of other post-secondary school	
Total	Inknow/not reported	
		Total

Die	Disconnected Youth	outh	Number of Individuals
Youth ages 14-24 w	ho are neither	14-24 who are neither working or in school	
		Total	
Health Insurance	Yes	No	Unknown
Disabling Condition	Yes	No	Unknown
1	Health Insurance	е	
*If an individual reported th	at they have h	Health Insurance please identify th	*If an individual reported that they have Health Insurance please identify the source of health insurance below.
Healt	Health Insurance Sources	ources	
Medicaid			
Medicare			
State Children's Health Insurance Program	Program		
State Health Insurance for Adults			
Military Health Care			
Direct-Purchase			
Employment Based			
Unknown/not reported			
		Total	
	Calculation / Dag		
	Etillicity/ nace	Ų	
Historic Latino or Spanish Origins			
Not Hispanic, Latino or Spanish Origins	rigins		
Unknown/Not Reported			
		Total	
Race			
American Indian or Alaska Native			
Asian			
Black or African American			
Native Hawaiin or Other Pacific Islander	slander		

Total Contract	
Other	
Multi-race (two or more of the above)	
Unknown/Not Reported	
	Total
Military Status	
Veteran	
Active Military	
Unknow/not reported	
	Total
Work Status (Individuals 18+)	
Employed Full-Time	
Employed Part-Time	
Migrant Seasonal Farm Worker	4
Unemployed (Short-term, 6 months or less)	
Unemployed (Long-Term, more than 6 months)	
	Total
Household Level Characteristics	ıracteristics
Household Type	Number of Households
Single Person	
Two Adults No Children	
Single Parent Female	
Single Parent Male	
Two Parent Household	
Non-related Adults with Children	
Multigenerational Household	
Other	
Unknown/not reported	
	Total

Household Size	Number of Households
Single Person	
Тwo	
Three	
Four	
Five	
Six or more	
Unknown/not reported	
Total	
Housing	Number of Households
Own	
Rent	
Other permanent housing	
Homeless	
Other permanent housing	
Unknown/not reported	
Total	
Level of Household Income (% of HHS Guideline)	Number of Households
Up to 50%	
51% to 75%	
76% to 100%	
101% to 125%	
126% to 150%	
151% to 175%	
176% to 200%	
Unknown/not reported	
Total	
Sources of Household Income	Number of Households
Income from Employment Only	
Income from Employent and Other Income Source	
Income from Employment, Other Income Source, and Non-Cash Benefits	

Other Income Source and Non-Cash Benefits Other Income Source and Non-Cash Benefits No Income Mon-Cash Benefits Only Unknown/not reported Sources of Other Income and/or Non-Cash Benefits received by the household who reported sources of Income above. Other Income Source Supplemental Security Income (SSI) Social Security Income (SSI) Social Security Disability Income (SSI) NA Service Connected Disability Compensation Private Disability Insurance Worker's Compensation Retirement Income from Social Security Persion Child Support Allmony or other Spousal Support Unemployment Insurance EITC Other Income Source Unknown/not reported	Income from Employment and Non-Cash Benefits
Other Income Source and Non-Cash Benefits No Income Non-Cash Benefits Chly Unknown/not reported Sources of the types of Other Income and/or Non-Cash Benefits received by the household who reported sources other than employment in Sources of Income above. Other Income Source TAMF Supplemental Security Income (SSDI) VA Service-Connected Disability Pension Private Disability Insurance Worker's Compensation Worker's Compensation Worker's Compensation Heritement Income from Social Security Unemployment Insurance Child Support Allmony or other Spousal Support Unemployment Insurance EITC Other Income Source Unknown/not reported Worker's Compensation Non-Cash Benefits Non-Cash Benefits Number of Households SNAP WIC Ultil EMP WILL Ultil EMP Housing Choice Voucher	Other Income Source Only
No Income Non-Cash Benefits Only Unknown/not reported Total Below, please report the types of Other Income and/or Non-Cash Benefits received by the household who reported sources other than employment in Sources of Income above. Other Income Source Cother Income (SSDI) Social Security Income (SSDI) VA Non-Service-Connected Disability Pension Private Disability Income (SSDI) VA Service-Connected Disability Pension Private Disability Insurance Worker's Compensation VA Non-Service Connected Disability Pension Period Support Allmony or other Spousal Support Child Support Child Support Child Support Child Support Unemployment Insurance EITC Other Income Source Unknown/not reported Non-Cash Benefits Non-Cash Benefits Number of Households SNAP WICH Ull HEAP WICH Ull HEAP WICH Ull HEAP HOUSING Choice Voucher Public Housing	Other Income Source and Non-Cash Benefits
Non-Cash Benefits Only	No Income
Unknown/not reported	Von-Cash Benefits Only
Below, please report the types of Other Income and/or Non-Cash Benefits received by the household who reported sources other than employment in Sources of Income above. Other Income Source TANF Sources Other Income Source Other Income Source Social Security Income (SSD) VA Service-Connected Disability None (SSD) VA Service-Connected Disability Pension Private Disability Insurance Worker's Compensation Persion Worker's Compensation Retirement Income from Social Security Pension Child Support Child Support Unemployment insurance ETTC Other Income Source Unknown/not reported Non-Cash Benefits Number of Households SINAP WIC LHEAP Housing Choice Voucher Public Housing	Jnknown/not reported
Below, please report the types of Other Income and/or Non-Cash Benefits received by the household who reported sources other than employment in Sources of Income above. Other Income Source TANIF Supplemental Security Income (SSI) Social Security Oisability Pension VA Service-Connected Disability Pension Private Disability Insurance Worker's Compensation Retirement Income from Social Security Pension Child Support Alimony or other Spousal Support Unemployment insurance EITC Other Income Source Unknown/not reported Unknown/not reported HURAP Housing Choice Voucher Public Housing	Total
Below, please report the types of Other Income and/or Non-Cash Benefits received by the household who reported sources other than employment in Sources of Income above. Other Income Source TANF TANF Supplemental Security Income (SSDI) Social Security Disability Compensation VA Service-Connected Disability Compensation VA Service-Connected Disability Pension Private Disability Insurance Worker's Compensation Retirement Income from Social Security Pension Child Support Unemployment Insurance EITC Other Income Source Unknown/not reported WIC IHRAP Housing Choice Voucher Public Housing Bublic Housing	
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ployment Insurance Income Source own/not reported Non-Cash Benefits P R Housing	
Income Source Jown/not reported Non-Cash Benefits P ng Choice Voucher Housing	Jnemployment Insurance
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own/not reported Non-Cash Benefits P ng Choice Voucher Housing	Other Income Source
Non-Cash Benefits P ng Choice Voucher Housing	Jnknown/not reported
Non-Cash Benefits P ng Choice Voucher Housing	
SNAP WIC LIHEAP Housing Choice Voucher Public Housing	
WIC LIHEAP Housing Choice Voucher Public Housing	SNAP
LIHEAP Housing Choice Voucher Public Housing	WIC
Housing Choice Voucher Public Housing	.IHEAP
Public Housing	Housing Choice Voucher
	Public Housing

Permanent Supportive Housing
HUD-VASH
Childcare Voucher
Affordable Cares Act Subsidy
Other
Unknown/not reported