

**RATIFICATION OF AMENDMENT NO. 1 TO EXTEND AND AMEND AGREEMENT FOR  
HOMELESS SOCIAL WORKER/CASE MANAGEMENT SERVICES  
INTERFAITH COMMUNITY SERVICES, INC.**

This Ratification of Amendment No. 1 is entered into as of the 1<sup>st</sup> day of JULY, 2019, but effective as of the 1<sup>st</sup> day of July, 2019, extending and amending the agreement dated June 1, 2018 (the "Agreement") by and between the City of Carlsbad, a municipal corporation, ("City"), and INTERFAITH COMMUNITY SERVICES, INC., ("Contractor") (collectively, the "Parties") for homeless social worker/case management field outreach services in partnership with the Homeless Outreach Team within the Carlsbad Police Department.

**RECITALS**

A. The Agreement expired on June 30, 2019 and Contractor continued to work on the services specified therein without the benefit of an agreement; and

B. The Parties desire to extend the Agreement for a period of one year starting from July 1, 2019; and

C. The Parties desire to alter the scope of the work of the Agreement and have negotiated and agreed to a supplemental scope of work and fee schedule, which is attached to and incorporated in by this reference as Exhibit "A", Scope of Services and Fee.

NOW, THEREFORE, in consideration of these recitals and the mutual covenants contained herein, City and Contractor agree as follows:

1. The retroactive extension and amendment of the Agreement is ratified.
2. That the Agreement, as may have been amended from time to time, is hereby extended for a period of one year ending on June 30, 2020 on a time and materials basis not-to-exceed two hundred forty-four thousand, nine hundred and forty-four dollars (\$244,944). Contractor will submit a budget for initial approval by Assistant Police Chief and provide City, on a monthly basis, copies of invoices sufficiently detailed to include hours performed, hourly rates, and related activities and costs for approval by City.
3. Contractor will complete all work described in Exhibit "A" by no later than June 30, 2020, and on a monthly basis starting on July 1, 2019.
4. All other provisions of the Agreement, as may have been amended from time to time, will remain in full force and effect.
5. All requisite insurance policies to be maintained by the Contractor pursuant to the Agreement, as may have been amended from time to time, will include coverage for this Amendment.
6. The name of the persons who are authorized to give written notice or to receive written notice on behalf of the City under the Agreement shall be revised to identify the following

City representative. There shall be no change in the authorized person for the Contractor.

For City

Name: Mickey Williams  
Title: Assistant Police Chief  
Department: Police  
Address: 2501 Orion Way  
Carlsbad, Ca. 92008  
Phone No: (760) 931-2260  
Email: mickey.williams@carlsbadca.gov

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7. The individuals executing this Amendment and the instruments referenced in it on behalf of Contractor each represent and warrant that they have the legal power, right and actual authority to bind Contractor to the terms and conditions of this Amendment.

CONTRACTOR

By:

  
(sign here)

Greg Angles, CEO  
(print name/title)

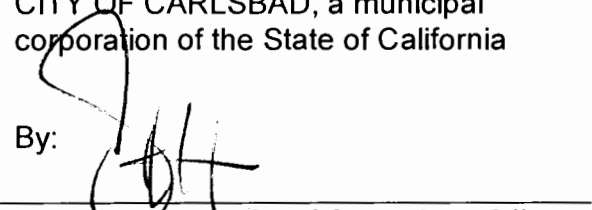
By:

  
(sign here)

Joseph Stemmler, CFO  
(print name/title)

CITY OF CARLSBAD, a municipal corporation of the State of California

By:

  
City Manager or Chief Operations Officer

ATTEST:

  
BARBARA ENGLESON  
City Clerk

If required by City, proper notarial acknowledgment of execution by Contractor must be attached. If a corporation, Agreement must be signed by one corporate officer from each of the following two groups:

Group A  
Chairman,  
President, or  
Vice-President


Group B  
Secretary,  
Assistant Secretary,  
CFO or Assistant Treasurer

**Otherwise**, the corporation **must** attach a resolution certified by the secretary or assistant secretary under corporate seal empowering the officer(s) signing to bind the corporation.

APPROVED AS TO FORM:

CELIA A. BREWER, City Attorney

BY:

  
Assistant City Attorney  
Deputy

## **EXHIBIT "A"**

### **SCOPE OF SERVICES AND FEE**

Contractor shall provide the following Scope of Services:

- A. Provide two, full-time State of California licensed social workers, one of which must possess bilingual (English, Spanish) language skills, or comparable clinicians or marriage and family therapists as approved by the City (Police Department), to work directly with the Police Department's Homeless Outreach Team both within the field and at the Police Headquarters, Carlsbad Safety Center, as directed by the Assistant Police Chief and/or other Police Department designee.
- B. Ensure each social worker or comparable case worker is available to work within the city limits of Carlsbad with the city's Homeless Outreach team for a minimum of 40 hours per week on a schedule to be approved by the Assistant Police Chief. (All holidays observed by the city may be excluded, if desired by Contractor and agreed upon by City).
- C. As directed by the City, provide homeless client case managed services at designated community sites or city facilities with a member of the police department's Homeless Outreach Team, and travel to city sites where these services are needed.
- D. Abide by the strategies set forth in the City of Carlsbad's Homeless Response Plan as approved by the City Council, which takes an individualized client, community focused and collaborative approach to addressing the needs of the homeless residents within the City of Carlsbad.
- E. Link homeless clients to housing, medical, mental health, addiction and recovery services, food, clothing, transportation, employment, Social Security/Social Security Disability, financial services and other needed services based on the client's individualized plan. Assist homeless clients to enroll in mainstream benefits and obtain identification (e.g., California Driver's License, California Identification Card and/or Social Security Card).
- F. Assist the homeless clients to identify housing options.
- G. Maintain regular communication, both written and verbal, with the Assistant Police Chief and/or designee. Attend regularly scheduled case management meetings to review social worker caseload or other client issues or concerns, as requested or required by Assistant Police Chief and/or designee.
- H. Complete accurate and thorough documentation in a timely manner. Maintain data on each program participant and program milestones, and provide required reports prepared in a format to the satisfaction of the Assistant Police Chief along with the monthly invoice for payment to the Assistant Police Chief and/or designee.
- I. Identify gaps in homeless services and assistance needs in Carlsbad and develop recommendations for program improvements in support of the Homeless Response Plan and specifically the Police Department's Homeless Outreach Team.
- J. Furnish all general office equipment, services, supplies, printing costs and postage associated with normal office, administrative support and service operations related to case management duties. Submit budget and payment schedule to Assistant Police Chief for approval prior to initiation of work.

# Interfaith Community Services

## FY 2020 Budget

139 - Carlsbad Case Mgmt		Y 2020 Budget
		Total
<b>REVENUES</b>		
<b>GRANTS &amp; CONTRACTS</b>		
4131	City of Carlsbad - Case Management	244,944
<b>Total GRANTS &amp; CONTRACTS</b>		<b>244,944</b>
<b>CONTRIBUTIONS</b>		
4210	Individuals	0
4215	Corporations	0
4225	Faith Centers	0
4235	United Way	0
4240	Foundations	0
4250	Donated Securities	0
4995	Noncash Vehicle Donations	0
<b>Total CONTRIBUTIONS</b>		<b>0</b>
<b>4600 RENT INCOME</b>		<b>0</b>
<b>OTHER REVENUES</b>		
4818	Interest Income - Other	0
4817	Interest/Dividends - RSFF	0
4820	Interest/Dividends - JCF	0
4830	Miscellaneous Income	0
<b>Total OTHER REVENUES</b>		<b>0</b>
<b>Total REVENUES</b>		<b>244,944</b>

139 - Carlsbad Case Mgmt		Y 2020 Budget
		Total
<b>EXPENSES</b>		
<b>PERSONNEL &amp; RELATED</b>		
5010	Salaries & Wages	158,412
5013	Vacation Accrual	9,612
5015	401k Expense	3,060
5020	Medical & Dental Insurance	17,706
5040	Payroll Taxes	13,664
5045	Workers Compensation	5,196
5050	Temporary Help	0
<b>Total PERSONNEL &amp; RELATED</b>		<b>207,650</b>
<b>PROGRAM SERVICES</b>		
5110	Subcontract Expenses	0
5115	Motel Vouchers	0
5120	Rental Assistance	0
5125	Utilities Assistance	0
5130	Prescriptions/Testing Supplies	0
5135	Childcare	0
5140	Other Supportive Services	1,080
5150	Bus Passes	1,080
5155	Other Client Transportation	0
5160	Employment Training/Education	0
5165	Training/Education Supplies	0
5170	Employment Equipment/Clothing	0
5180	Other Employment Expenses	0
5190	Food/Pantry Supplies	0
5191	Vehicle Expenses	0
<b>Total PROGRAM SERVICES</b>		<b>2,160</b>



	<b><u>OCCUPANCY EXPENSES</u></b>	
5210	Rent	0
5215	Storage Rental	0
5220	Purchase of Furniture/Equipment	0
5230	Repairs & Maintenance - Building	0
5235	Repairs & Maintenance - Other	0
5240	Landscaping	0
5245	Equipment Rental	0
5250	Cleaning Supplies	0
5255	Janitorial Expense	0
5260	Gas & Electric Expense	0
5261	Water Expense	0
5265	Other Utilities	0
	<b>Total OCCUPANCY EXPENSES</b>	<b>0</b>
	<b><u>PROFESSIONAL FEES</u></b>	
5310	Accounting & Auditing Fee	0
5315	Payroll Service Charges	0
5320	Legal Fees	0
5330	Other Consulting Fees	0
5340	Corporate Technologies	840
5350	Other Technology Consulting	0
	<b>Total PROFESSIONAL FEES</b>	<b>840</b>
	<b><u>INSURANCE EXPENSE</u></b>	
5410	Property & Liability Insurance	600
5415	Cyber Liability Insurance	0
5420	Auto Insurance	0
5430	Directors & Officers Insurance	0
	<b>Total BUSINESS INSURANCE</b>	<b>600</b>
<b>5500</b>	<b>INTEREST EXPENSE</b>	<b>0</b>
<b>5800</b>	<b>DEPRECIATION</b>	<b>0</b>
	<b><u>OTHER EXPENSES</u></b>	
5910	Postage & Shipping	0
5915	Bank Charges	0
5916	Finance Charges	0
5917	Credit Card Processing Charges	0
5918	Investment Expenses	0
5920	Office Supplies Expense	1,400
5921	Other Office Expense	240
5922	Employment Advertising	300
5923	Employment Expense	786
5925	Dues & Subscription	0
5930	Computer Hardware Expense	0
5931	Computer Software Expense	1,200
5932	Copier Expense	0
5935	Rent - Office Equip/Furn	0
5936	Purchase of Office Equip/Furn	0
5937	Repairs & Maint - Office Equip/Furn	0
5940	Mileage Reimbursement	3,600
5941	Travel Expense	0
5950	Seminars, Trainings & Retreat	1,500
5955	Advertising & Promotion	0
5960	Telephone Other	0
5961	Telephone Cellular	2,400
5970	Permits & Licenses	0
5975	Property Taxes	0

5980	Wellness/Score Health	0
5985	Printing & Publications	0
5995	Special Event Expense	0
5996	Anniversary Gala Expenses	0
<b>Total OTHER EXPENSES</b>		<b>11,426</b>
<b>Total EXPENSES</b>		<b>222,676</b>
<b>NET GAIN / (LOSS)</b>		<b>22,268</b>

<b>INDIRECT EXPENSES @10%</b>	<b>22,268</b>
<b>ACTUAL NET GAIN / (LOSS)</b>	<b>0</b>



**RESOLUTION OF THE BOARD OF DIRECTORS**

**OF**

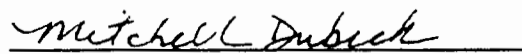
**INTERFAITH COMMUNITY SERVICES, INC.**

**Authorized Signatory for Contracts & Financial Instruments**

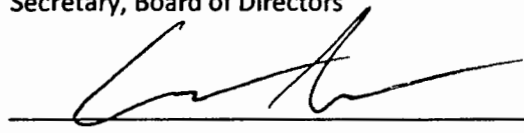
The Board of Directors of Interfaith Community Services Inc., at the monthly Board of Directors meeting held on November 28, 2018, hereby resolves to authorize Greg Anglea, Chief Executive Officer to sign grant and contract proposals, execute contracts, amendments to contracts, adjustment requests, sign checks and manage financial accounts on behalf of Interfaith Community Services Inc. Signed copies of any resolutions shall be included in the next regularly scheduled board package.

  
Rev. Margaret Decker  
Chair, Board of Directors

11/30/18  
Date

  
Mitchell Dubick  
Secretary, Board of Directors

11/30/18  
Date

  
Greg Anglea  
Chief Executive Officer

11/30/18  
Date





# CERTIFICATE OF LIABILITY INSURANCE

INTER-O UP ID: MI

DATE (MM/DD/YYYY)

07/02/2019

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

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

<b>PRODUCER</b> North County Insurance P. O. Box 907 Escondido, CA 92033-0907 House Account	<b>CONTACT NAME:</b> House Account <b>PHONE (A/C, No. Ext):</b> 760-745-9511 <b>FAX (A/C, No):</b> 760-745-9157 <b>E-MAIL ADDRESS:</b> <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Philadelphia Indemnity Ins. Co <b>INSURER B:</b> Beazley Insurance <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> Interfaith Community Services, Inc. 550 W. Washington Ave. STE B Escondido, CA 92025-1629	<b>NAIC #</b> 18058

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		PHPK1855769	08/01/2018	08/01/2019	EACH OCCURRENCE \$ 1,000,000
A	<input checked="" type="checkbox"/> Sexual Misconduct			PHPK1855769	08/01/2018	08/01/2019	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
A	<input type="checkbox"/> Each Occ			PHPK1855769	08/01/2018	08/01/2019	MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ 3,000,000
							\$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PHPK1855769	08/01/2018	08/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB640154	08/01/2018	08/01/2019	EACH OCCURRENCE \$ 10,000,000
							AGGREGATE \$ 10,000,000
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	<b>Professional</b>			PHPK1855769	08/01/2018	08/01/2019	Occ/Agg 1M/3M
B	<b>Cyber</b>			W22FE0180101	08/01/2018	08/01/2019	Occ/Agg 2M/2M

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

**CERTIFICATE HOLDER****CANCELLATION**

<b>CITYOFC</b>  City of Carlsbad City Hall Housing and Neighborhood Svc 1200 Carlsbad Village Drive Carlsbad, CA 92008	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b>  Mylene Jhonay
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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

**Name Of Additional Insured Person(s) Or Organization(s):**

City of Carlsbad

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
  2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/10/2019

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

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

<b>PRODUCER</b> Rancho Mesa Insurance Services 250 Riverview Parkway #401 Santee, CA 92071		<b>619-937-0164</b>		<b>CONTACT NAME:</b> Sam Brown	
				<b>PHONE (A/C, No, Ext):</b> 619-937-0164	<b>FAX (A/C, No):</b> 619-937-0168
				<b>E-MAIL ADDRESS:</b>	
				<b>INSURER(S) AFFORDING COVERAGE</b>	
				<b>INSURER A:</b> Zenith Insurance Company	
				<b>INSURER B:</b>	
				<b>INSURER C:</b>	
				<b>INSURER D:</b>	
				<b>INSURER E:</b>	
				<b>INSURER F:</b>	

<b>INSURED</b> Interfaith Community Services 550 W. Washington Escondido, CA 92025	<b>NAIC #</b> 13269
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## COVERAGES

CERTIFICATE NUMBER: 1

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ OTHER \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A	Z135124502	07/01/2019	07/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

RE: 5731 PALMER WAY, STE. A, CARLSBAD, CA 92010

## CERTIFICATE HOLDER

CITYCA7

CITY OF CARLSBAD CITY HALL  
HOUSING AND NEIGHBORHOOD SVS.  
1200 CARLSBAD VILLAGE DRIVE  
CARLSBAD, CA 92008

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

**AGREEMENT FOR HOMELESS CASE MANAGEMENT SERVICES  
INTERFAITH COMMUNITY SERVICES, INC.**

THIS AGREEMENT is made and entered into as of the 1st day of June, 2018, by and between the CITY OF CARLSBAD, a municipal corporation, ("City"), and INTERFAITH COMMUNITY SERVICES, INC., a non-profit corporation, ("Contractor").

**RECITALS**

A. City requires the professional services of an organization that is experienced in providing licensed social workers to provide case management services for homeless residents within the City of Carlsbad.

B. Contractor has the necessary experience and capacity to provide for the licensed social workers to provide for professional services and advice related to case management services for homeless residents within the City of Carlsbad.

C. Contractor has submitted a proposal to City and has affirmed its willingness and ability to perform said work.

NOW, THEREFORE, in consideration of these recitals and the mutual covenants contained herein, City and Contractor agree as follows:

**1. SCOPE OF WORK**

City retains Contractor to perform, and Contractor agrees to render, those services (the "Services") that are defined in attached Exhibit "A", which is incorporated by this reference in accordance with this Agreement's terms and conditions.

**2. STANDARD OF PERFORMANCE**

While performing the Services, Contractor will exercise the reasonable professional care and skill customarily exercised by reputable members of Contractor's profession practicing in the Metropolitan Southern California Area, and will use reasonable diligence and best judgment while exercising its professional skill and expertise.

**3. TERM**

The term of this Agreement will be effective until June 30, 2019. The City Manager may amend the Agreement to extend it for one (1) additional one (1) year period or parts thereof. Extensions will be based upon a satisfactory review of Contractor's performance, City needs, and appropriation of funds by the City Council. The parties will prepare a written amendment indicating the effective date and length of the extended Agreement.

**4. TIME IS OF THE ESSENCE**

Time is of the essence for each and every provision of this Agreement.

**5. COMPENSATION**

The total fee payable for the Services to be performed during the initial Agreement term will be two hundred forty-four thousand nine hundred forty-four dollars (\$244,944). No other compensation for the Services will be allowed except for items covered by subsequent amendments to this Agreement. If the City elects to extend the Agreement, the amount shall not exceed two hundred forty-four thousand nine hundred forty-four dollars (\$244,944) per Agreement year. The City reserves the right to withhold a ten percent (10%) retention until City has accepted the work and/or Services specified in Exhibit "A".

Incremental payments, if applicable, should be made as outlined in attached Exhibit "A".

**6. STATUS OF CONTRACTOR**

Contractor will perform the Services in Contractor's own way as an independent contractor and in pursuit of Contractor's independent calling, and not as an employee of City. Contractor will be under control of City only as to the result to be accomplished, but will consult with City as necessary. The persons used by Contractor to provide services under this Agreement will not be considered employees of City for any purposes.

The payment made to Contractor pursuant to the Agreement will be the full and complete compensation to which Contractor is entitled. City will not make any federal or state tax withholdings on behalf of Contractor or its agents, employees or subcontractors. City will not be required to pay any workers' compensation insurance or unemployment contributions on behalf of Contractor or its employees or subcontractors. Contractor agrees to indemnify City within thirty (30) days for any tax, retirement contribution, social security, overtime payment, unemployment payment or workers' compensation payment which City may be required to make on behalf of Contractor or any agent, employee, or subcontractor of Contractor for work done under this Agreement. At the City's election, City may deduct the indemnification amount from any balance owing to Contractor.

**7. SUBCONTRACTING**

Contractor will not subcontract any portion of the Services without prior written approval of City. If Contractor subcontracts any of the Services, Contractor will be fully responsible to City for the acts and omissions of Contractor's subcontractor and of the persons either directly or indirectly employed by the subcontractor, as Contractor is for the acts and omissions of persons directly employed by Contractor. Nothing contained in this Agreement will create any contractual relationship between any subcontractor of Contractor and City. Contractor will be responsible for payment of subcontractors. Contractor will bind every subcontractor and every subcontractor of a subcontractor by the terms of this Agreement applicable to Contractor's work unless specifically noted to the contrary in the subcontract and approved in writing by City.

**8. OTHER CONTRACTORS**

The City reserves the right to employ other Contractors in connection with the Services.

**9. INDEMNIFICATION**

Contractor agrees to indemnify and hold harmless the City and its officers, officials, employees and volunteers from and against all claims, damages, losses and expenses including attorneys fees arising out of the performance of the work described herein caused by any negligence, recklessness, or willful misconduct of the Contractor, any subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable.

The parties expressly agree that any payment, attorney's fee, costs or expense City incurs or makes to or on behalf of an injured employee under the City's self-administered workers' compensation is included as a loss, expense or cost for the purposes of this section, and that this section will survive the expiration or early termination of this Agreement.

**10. INSURANCE**

Contractor will obtain and maintain for the duration of the Agreement and any and all amendments, insurance against claims for injuries to persons or damage to property which may arise out of or in connection with performance of the services by Contractor or Contractor's agents, representatives, employees or subcontractors. The insurance will be obtained from an insurance carrier admitted and authorized to do business in the State of California. The insurance



carrier is required to have a current Best's Key Rating of not less than "A-:VII"; **OR** with a surplus line insurer on the State of California's List of Approved Surplus Line Insurers (LASLI) with a rating in the latest Best's Key Rating Guide of at least "A:X"; **OR** an alien non-admitted insurer listed by the National Association of Insurance Commissioners (NAIC) latest quarterly listings report.

#### 10.1 Coverage and Limits.

Contractor will maintain the types of coverage and minimum limits indicated below, unless the Risk Manager or City Manager approves a lower amount. These minimum amounts of coverage will not constitute any limitations or cap on Contractor's indemnification obligations under this Agreement. City, its officers, agents and employees make no representation that the limits of the insurance specified to be carried by Contractor pursuant to this Agreement are adequate to protect Contractor. If Contractor believes that any required insurance coverage is inadequate, Contractor will obtain such additional insurance coverage, as Contractor deems adequate, at Contractor's sole expense. The full limits available to the named insured shall also be available and applicable to the City as an additional insured.

10.1.1 Commercial General Liability Insurance. \$2,000,000 combined single-limit per occurrence for bodily injury, personal injury and property damage. If the submitted policies contain aggregate limits, general aggregate limits will apply separately to the work under this Agreement or the general aggregate will be twice the required per occurrence limit.

10.1.2 Automobile Liability. (if the use of an automobile is involved for Contractor's work for City). \$1,000,000 combined single-limit per accident for bodily injury and property damage.

10.1.3 Workers' Compensation and Employer's Liability. Workers' Compensation limits as required by the California Labor Code. Workers' Compensation will not be required if Contractor has no employees and provides, to City's satisfaction, a declaration stating this.

10.1.4 Professional Liability. Errors and omissions liability appropriate to Contractor's profession with limits of not less than \$1,000,000 per claim. Coverage must be maintained for a period of five years following the date of completion of the work.

10.2 Additional Provisions. Contractor will ensure that the policies of insurance required under this Agreement contain, or are endorsed to contain, the following provisions:

10.2.1 The City will be named as an additional insured on Commercial General Liability which shall provide primary coverage to the City.

10.2.2 Contractor will obtain occurrence coverage, excluding Professional Liability, which will be written as claims-made coverage.

10.2.3 This insurance will be in force during the life of the Agreement and any extensions of it and will not be canceled without thirty (30) days prior written notice to City sent by certified mail pursuant to the Notice provisions of this Agreement.

10.3 Providing Certificates of Insurance and Endorsements. Prior to City's execution of this Agreement, Contractor will furnish certificates of insurance and endorsements to City.

10.4 Failure to Maintain Coverage. If Contractor fails to maintain any of these insurance coverages, then City will have the option to declare Contractor in breach, or may purchase replacement insurance or pay the premiums that are due on existing policies in order to maintain the required coverages. Contractor is responsible for any payments made by City to obtain or

maintain insurance and City may collect these payments from Contractor or deduct the amount paid from any sums due Contractor under this Agreement.

10.5 Submission of Insurance Policies. City reserves the right to require, at any time, complete and certified copies of any or all required insurance policies and endorsements.

**11. BUSINESS LICENSE**

Contractor will obtain and maintain a City of Carlsbad Business License for the term of the Agreement, as may be amended from time-to-time.

**12. ACCOUNTING RECORDS**

Contractor will maintain complete and accurate records with respect to costs incurred under this Agreement. All records will be clearly identifiable. Contractor will allow a representative of City during normal business hours to examine, audit, and make transcripts or copies of records and any other documents created pursuant to this Agreement. Contractor will allow inspection of all work, data, documents, proceedings, and activities related to the Agreement for a period of three (3) years from the date of final payment under this Agreement.

**13. OWNERSHIP OF DOCUMENTS**

All work product produced by Contractor or its agents, employees, and subcontractors pursuant to this Agreement is the property of City. In the event this Agreement is terminated, all work product produced by Contractor or its agents, employees and subcontractors pursuant to this Agreement will be delivered at once to City. Contractor will have the right to make one (1) copy of the work product for Contractor's records.

**14. COPYRIGHTS**

Contractor agrees that all copyrights that arise from the services will be vested in City and Contractor relinquishes all claims to the copyrights in favor of City.

**15. NOTICES**

The name of the persons who are authorized to give written notice or to receive written notice on behalf of City and on behalf of Contractor under this Agreement.

For City

Name Marie Jones-Kirk

Title Program Manager

Department Housing & Neighborhood Services

Address 1200 Carlsbad Village Drive

Carlsbad, CA

Phone No. 760-434-2807

For Contractor

Name Megan Hawker

Title Director of Clinical Services

Address 550 West Washington Avenue  
Escondido, CA 92025

Phone No. 760-489-6380

Email mhawker@interfaithservices.org

Each party will notify the other immediately of any changes of address that would require any notice or delivery to be directed to another address.



**16. CONFLICT OF INTEREST**

Contractor shall file a Conflict of Interest Statement with the City Clerk in accordance with the requirements of the City of Carlsbad Conflict of Interest Code. The Contractor shall report investments or interests in all categories.

Yes ☐ No ☒

**17. GENERAL COMPLIANCE WITH LAWS**

Contractor will keep fully informed of federal, state and local laws and ordinances and regulations which in any manner affect those employed by Contractor, or in any way affect the performance of the Services by Contractor. Contractor will at all times observe and comply with these laws, ordinances, and regulations and will be responsible for the compliance of Contractor's services with all applicable laws, ordinances and regulations.

Contractor will be aware of the requirements of the Immigration Reform and Control Act of 1986 and will comply with those requirements, including, but not limited to, verifying the eligibility for employment of all agents, employees, subcontractors and consultants whose services are required by this Agreement.

**18. DISCRIMINATION AND HARASSMENT PROHIBITED**

Contractor will comply with all applicable local, state and federal laws and regulations prohibiting discrimination and harassment.

**19. DISPUTE RESOLUTION**

If a dispute should arise regarding the performance of the Services the following procedure will be used to resolve any questions of fact or interpretation not otherwise settled by agreement between the parties. Representatives of Contractor or City will reduce such questions, and their respective views, to writing. A copy of such documented dispute will be forwarded to both parties involved along with recommended methods of resolution, which would be of benefit to both parties. The representative receiving the letter will reply to the letter along with a recommended method of resolution within ten (10) business days. If the resolution thus obtained is unsatisfactory to the aggrieved party, a letter outlining the disputes will be forwarded to the City Manager. The City Manager will consider the facts and solutions recommended by each party and may then opt to direct a solution to the problem. In such cases, the action of the City Manager will be binding upon the parties involved, although nothing in this procedure will prohibit the parties from seeking remedies available to them at law.

**20. TERMINATION**

In the event of the Contractor's failure to prosecute, deliver, or perform the Services, City may terminate this Agreement for nonperformance by notifying Contractor by certified mail of the termination. If City decides to abandon or indefinitely postpone the work or services contemplated by this Agreement, City may terminate this Agreement upon written notice to Contractor. Upon notification of termination, Contractor has five (5) business days to deliver any documents owned by City and all work in progress to City address contained in this Agreement. City will make a determination of fact based upon the work product delivered to City and of the percentage of work that Contractor has performed which is usable and of worth to City in having the Agreement completed. Based upon that finding City will determine the final payment of the Agreement.

Either party upon tendering thirty (30) days written notice to the other party may terminate this Agreement. In this event and upon request of City, Contractor will assemble the work product and put it in order for proper filing and closing and deliver it to City. Contractor will be paid for work performed to the termination date; however, the total will not exceed the lump sum fee payable



under this Agreement. City will make the final determination as to the portions of tasks completed and the compensation to be made.

**21. COVENANTS AGAINST CONTINGENT FEES**

Contractor warrants that Contractor has not employed or retained any company or person, other than a bona fide employee working for Contractor, to solicit or secure this Agreement, and that Contractor has not paid or agreed to pay any company or person, other than a bona fide employee, any fee, commission, percentage, brokerage fee, gift, or any other consideration contingent upon, or resulting from, the award or making of this Agreement. For breach or violation of this warranty, City will have the right to annul this Agreement without liability, or, in its discretion, to deduct from the Agreement price or consideration, or otherwise recover, the full amount of the fee, commission, percentage, brokerage fees, gift, or contingent fee.

**22. CLAIMS AND LAWSUITS**

By signing this Agreement, Contractor agrees that any Agreement claim submitted to City must be asserted as part of the Agreement process as set forth in this Agreement and not in anticipation of litigation or in conjunction with litigation. Contractor acknowledges that if a false claim is submitted to City, it may be considered fraud and Contractor may be subject to criminal prosecution. Contractor acknowledges that California Government Code sections 12650 *et seq.*, the False Claims Act applies to this Agreement and, provides for civil penalties where a person knowingly submits a false claim to a public entity. These provisions include false claims made with deliberate ignorance of the false information or in reckless disregard of the truth or falsity of information. If City seeks to recover penalties pursuant to the False Claims Act, it is entitled to recover its litigation costs, including attorney's fees. Contractor acknowledges that the filing of a false claim may subject Contractor to an administrative debarment proceeding as the result of which Contractor may be prevented to act as a Contractor on any public work or improvement for a period of up to five (5) years. Contractor acknowledges debarment by another jurisdiction is grounds for City to terminate this Agreement.

**23. JURISDICTION AND VENUE**

Any action at law or in equity brought by either of the parties for the purpose of enforcing a right or rights provided for by this Agreement will be tried in a court of competent jurisdiction in the County of San Diego, State of California, and the parties waive all provisions of law providing for a change of venue in these proceedings to any other county.

**24. SUCCESSORS AND ASSIGNS**

It is mutually understood and agreed that this Agreement will be binding upon City and Contractor and their respective successors. Neither this Agreement nor any part of it nor any monies due or to become due under it may be assigned by Contractor without the prior consent of City, which shall not be unreasonably withheld.

**25. ENTIRE AGREEMENT**

This Agreement, together with any other written document referred to or contemplated by it, along with the purchase order for this Agreement and its provisions, embody the entire Agreement and understanding between the parties relating to the subject matter of it. In case of conflict, the terms of the Agreement supersede the purchase order. Neither this Agreement nor any of its provisions may be amended, modified, waived or discharged except in a writing signed by both parties.

**26. AUTHORITY**

The individuals executing this Agreement and the instruments referenced in it on behalf of Contractor each represent and warrant that they have the legal power, right and actual authority to bind Contractor to the terms and conditions of this Agreement.

INTERFAITH COMMUNITY SERVICES,  
INC., a non-profit corporation

CITY OF CARLSBAD, a municipal  
corporation of the State of California

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

(sign here)

Greg Anglin, CEO  
\_\_\_\_\_  
(print name/title)

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

Kevin Crawford, City Manager or  
Scott Chadwick, Chief Operations Officer

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

(sign here)

\_\_\_\_\_  
(print name/title)

ATTEST: \_\_\_\_\_

BARBARA ENGLESON  
City Clerk

If required by City, proper notarial acknowledgment of execution by contractor must be attached.  
If a corporation, Agreement must be signed by one corporate officer from each of the following two groups.

**Group A**

Chairman,  
President, **or**  
Vice-President

**Group B**

Secretary,  
Assistant Secretary,  
CFO **or** Assistant Treasurer

**Otherwise**, the corporation must attach a resolution certified by the secretary or assistant secretary under corporate seal empowering the officer(s) signing to bind the corporation.

APPROVED AS TO FORM:

CELIA A. BREWER, City Attorney

BY: \_\_\_\_\_

Assistant City Attorney

City Attorney Approved Version 9/27/17



**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

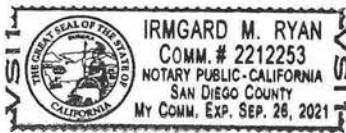
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )  
 County of San Diego )  
 On May 9, 2018 before me, Irmgard M. Ryan, Notary,  
 Date Here Insert Name and Title of the Officer  
 personally appeared Greg Anglea  
 Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Irmgard M. Ryan  
 Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: Homeless Case Management Document Date: 5-09-2018  
 Number of Pages: 9 Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: Greg Anglea  
☒ Corporate Officer — Title(s): CEO  
☐ Partner — ☐ Limited ☐ General  
☐ Individual ☐ Attorney in Fact  
☐ Trustee ☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_  
 Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_  
☐ Corporate Officer — Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Individual ☐ Attorney in Fact  
☐ Trustee ☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_  
 Signer Is Representing: \_\_\_\_\_

**26. AUTHORITY**

The individuals executing this Agreement and the instruments referenced in it on behalf of Contractor each represent and warrant that they have the legal power, right and actual authority to bind Contractor to the terms and conditions of this Agreement.

INTERFAITH COMMUNITY SERVICES,  
INC., a non-profit corporation

CITY OF CARLSBAD, a municipal  
corporation of the State of California

By:

By:

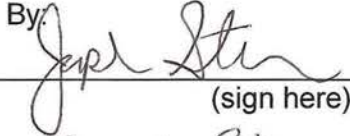
\_\_\_\_\_  
(sign here)

\_\_\_\_\_  
Matt Hall, Mayor

\_\_\_\_\_  
(print name/title)

ATTEST:

By:

  
\_\_\_\_\_  
(sign here)

Joseph Stemmler, CFO  
\_\_\_\_\_  
(print name/title)

\_\_\_\_\_  
BARBARA ENGLESON  
City Clerk

If required by City, proper notarial acknowledgment of execution by contractor must be attached. If a corporation, Agreement must be signed by one corporate officer from each of the following two groups.

**Group A**

Chairman,  
President, **or**  
Vice-President

**Group B**

Secretary,  
Assistant Secretary,  
CFO **or** Assistant Treasurer

**Otherwise**, the corporation must attach a resolution certified by the secretary or assistant secretary under corporate seal empowering the officer(s) signing to bind the corporation.

APPROVED AS TO FORM:

CELIA A. BREWER, City Attorney

BY: \_\_\_\_\_

Assistant City Attorney

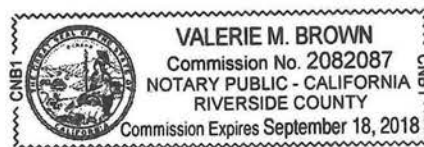
State of California

County of San Diego

On this 10<sup>th</sup> day of May, 2019, before me, Valerie M. Brown, Notary, personally appeared, Joseph Stemmler, Chief Financial Officer, who proved to me on the basis of satisfactory evidence to be the person(s) whose name is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Valerie M. Brown

(Seal)



## EXHIBIT "A"

### SCOPE OF SERVICES

Contractor shall:

- A. Provide two State of California licensed social workers, one of which must possess bilingual (English, Spanish) language skills with minimum qualifications for both social workers to include; a bachelor's degree in Social Work, Psychology or other behavioral health disciplines; master's degree in Social Work, an active State of California license in social worker and five (5) years' experience providing case management services.
- B. Ensure placement for each social worker within the city limits of Carlsbad Monday through Friday from 7 a.m. until 5 p.m., with occasional nights and weekends. (All holidays observed by the city may be excluded, if desired by Contractor).
- C. Provide social worker case managed services at designated city facilities or community sites or with a member of the Homeless Response Team, and travel to city sites where these services are needed
- D. Abide by the strategies set forth in the City of Carlsbad's Homeless Response Plan and approved by the City Council, which takes a community focused and collaborative approach to addressing the needs of the homeless residents within the City of Carlsbad.
- E. Complete a comprehensive case management assessment for each homeless client by developing a detailed case plan that includes identifying barriers to housing. Review and update each plan to monitor progress towards goals as client's needs change. The City of Carlsbad requires the entry of client level data through the Homeless Management Information System (HMIS), ServicePoint as well Interfaith Community Services' additional client assessment and tracking tools.
- F. Link homeless clients to housing; medical, mental health, addiction and recovery services; food, clothing, transportation, employment, Social Security/Social Security Disability, financial services and other needed services based on the client's individualized plan. Assist homeless clients to enroll in mainstream benefits and obtain identification; e.g. California Driver's License, California Identification Card and/or Social Security card.
- G. Provide ongoing case management related services to assigned Carlsbad homeless individuals, to include: advocacy and support to assist the homeless individual remove barriers and achieve stated goals; ongoing assessment of individual needs including housing stability, mental health, physical health and overall safety; development and review of a personalized service plan; coordination of service plan items; coordination, referral and connection to other service providers and community resources; crisis intervention services; and liaison and advocacy services to help remove barriers for the homeless individual. This includes communication with other community service providers, medical and mental health providers, treatment and recovery providers and family members.
- H. Assist the homeless client to identify housing options based on the individualized plan, and work to obtain and maintain permanent housing with the client for a period of up to nine months after housing placement based. Develop a long-term support plan to ensure previously homeless residents maintain housing and continue to achieve other personalized goals.
- I. Maintain regular communication, both written and verbal, with the Community Services Manager. Attend regularly scheduled case management meetings to review social worker caseload.

- J. Work collaboratively with City of Carlsbad Homeless Response Team, other service providers, and community partners to identify homeless individuals in need of case management services.
- K. Work with the Community Services Manager to maximize partnerships with service providers, community organizations and individuals to cultivate resources and stay connected to the changing needs of the community.
- L. Complete accurate and thorough documentation in a timely manner. Maintain data on each program participant and program milestones, and provide required reports along with the monthly invoice for payment.
- M. Identify gaps in homeless services and assistance needs in Carlsbad, and develop recommendations for community and program improvements in support of the Homeless Response Plan.
- N. Furnish all general office supplies, printing costs and postage associated with normal office and service operations related to case management duties.
- O. Participate in City of Carlsbad Homeless Response Team or community meetings in support of the Homeless Response Plan or case management duties, as needed.
- P. Within thirty (30) days of contract execution, and in collaboration with the City of Carlsbad, develop a detailed project plan for implementation of program services, based on this scope of services.

**Personnel**

0.05 FTE Behavioral Health Director	\$4,250
0.50 FTE Program Supervisor	\$36,000
1 FTE LCSW Bilingual Case Manager	\$62,500
1 FTE LCSW Case Manager	\$60,500
Fringe benefits @ 33%	\$53,872
<b>Total Personnel</b>	<b>\$217,122</b>

**Program Services**

Mileage	\$3,600
Cell Phone & Internet Hot Spot (2, \$1,200 each)	\$2,400
Tablet/Computer (2, \$1,500 each)	\$3,000
<b>Total Program Services</b>	<b>\$9,600</b>

Indirect Charge (10.01% federal authorized rate)	\$22,284
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<b>Total Fee</b>	<b>\$244,944</b>
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