

No Withholding

SUBAWARD AGREEMENT BETWEEN THE COUNTY OF SHASTA AND SHASTA WOMEN'S REFUGE, INC DBA ONE SAFE PLACE DBA ARCH COLLABORATIVE

This subaward ("Subaward") is entered into between the County of Shasta, through its Health and Human Services Agency (HHSA), Behavioral Health and Social Services Branch, a political subdivision of the State of California ("County") and Shasta Women's Refuge, Inc., dba One Safe Place, a California corporation ("Subrecipient") (collectively, the "Parties" and individually a "Party") for the provision of Intimate Partner Violence (IPV) Prevention and Intervention Services.

Section 1. **DEFINITIONS**

For the purposes of this Subaward, the following definitions shall apply:

- A. **Case Plan** means a plan developed by a County Social Worker that addresses child welfare issues with respect to a Referred Individual/Family.
- B. **Discovery Group** means a ten-week, two-hour per week, Intimate Partner Violence education series and support group.
- C. **Intimate Partner Violence (IPV)** is abuse or aggression that occurs in a romantic relationship. "Intimate partner" refers to both current and former spouses and dating partners. IPV can vary in how often it happens and how severe it is. It can range from one episode of violence that could have lasting impact to chronic and severe episodes over multiple years. IPV can include any of the following types of behavior:
 - (1) Physical violence is when a person hurts or tries to hurt a partner by hitting, kicking, or using another type of physical force.
 - (2) Sexual violence is forcing or attempting to force a partner to take part in a sex act, sexual touching, or a non-physical sexual event (e.g., sexting) when the partner does not or cannot consent.
 - (3) Stalking is a pattern of repeated, unwanted attention and contact by a partner that causes fear or concern for one's own safety or the safety of someone close to the victim.
 - (4) Psychological aggression is the use of verbal and non-verbal communication with the intent to harm a partner mentally or emotionally and/or to exert control over a partner.
- D. **Multi-Disciplinary Team** means, in accordance with Welfare and Institutions Code section 18961.7, County may establish a child abuse multi-disciplinary team to allow provider agencies to share confidential information in order for provider agencies to investigate reports of suspected child abuse or neglect or for the purpose of child welfare agencies making a detention determination.

- E. **Referred Individual/Family (“Client”)** means an individual or family with a child or children, who are referred by the County to the Subrecipient for the provision of services pursuant to this Subaward.
- F. **Safety Plan** means a written plan for a Referred Individual/Family and their child(ren) to protect them from domestic violence and to help them safely escape from IPV.
- G. **Strengthening Families™ Protective Factors (“Protective Factors”)** means the five Protective Factors that are the foundation of the Strengthening Families approach. Research from the Center for the Study of Social Policy supports the common-sense notion that the likelihood of child abuse and neglect diminishes when these Protective Factors are present and robust in a family. The five Protective Factors are: (1) *Parental resilience* – The ability to cope with and bounce back from all types of challenges; (2) *Social connections* – Friends, family members, neighbors, and other members of a community providing emotional support and concrete assistance to caregivers; (3) *Knowledge of parenting and child development* – Accurate information about raising young children, appropriate expectations for their behavior, and knowledge of alternative discipline techniques; (4) *Concrete supports in times of need* – Financial security to cover day-to-day expenses and unexpected costs; formal supports like CalWORKs, Medi-Cal, or job training; and informal support from social networks; and (5) *Children’s social and emotional development* – A child’s ability to interact positively with others and communicate his or her emotions effectively.
- H. **Subrecipient** means a non-federal entity receiving a subaward from a pass-through entity to carry out part of a federal program.

Section 2. RESPONSIBILITIES OF SUBRECIPIENT

A. Services.

Pursuant to the terms and conditions of this Subaward, Subrecipient shall:

- (1) Comply with **Subaward Compliance** requirements herein attached and incorporated as **Exhibit C**.
- (2) Participate in non-client specific consultation with County’s HHSA Behavioral Health and Social Services Branch (BHSS) social workers on site at the BHSS office regarding available resources and IPV services.
- (3) Possess, maintain, and provide services based on a working knowledge of the Strengthening Families approach – a comprehensive understanding of the issues related to reducing child abuse and neglect through increasing Protective Factors.

- (4) Provide Clients information on the IPV services available pursuant to this Subaward.
- (5) For each Client who has signed a **Shasta County Inter-Agency Release Of Information Child Programs Only Authorization For Inter-Agency Exchange Of Confidential Information**, attached and incorporated herein as **Exhibit D**, provide, or make available, the following services:
 - a. A **Written Client Assessment** attached and incorporated herein as **Exhibit E**, of the need for, and scope of, services to be provided to Client pursuant to this Subaward. This assessment shall include, but shall not be limited to, one or more face-to-face, or virtual as approved by County, meetings with each Client, in order to ascertain and assess the problems and needs of the Client as they relate to IPV services.
 - b. Provide the Discovery Group continuously on-site at the BHSS office or other location, including virtually as approved by County, as agreed to by BHSS without lapse unless approved by County and upon conclusion of each series complete with all participating Clients:
 - i. The retrospective strengthening families **Protective Factors Survey**, attached and incorporated herein as **Exhibit F**; and
 - ii. The **Discovery Group Class Evaluation**, attached and incorporated herein as **Exhibit G**.
 - c. Counseling and education to Clients with respect to the effects of IPV on children to:
 - i. Instill in each Client an understanding of the dynamics and issues pertaining to IPV; and
 - ii. Instill an awareness of the harmful effects of domestic violence on the child(ren) of the Client and build positive family skills and relationships to prevent the reoccurrence of exposure to IPV; and
 - iii. Assist the Client with the following, to include but not be limited to:
 - 1. Analyze and better understand the Client's circumstances with respect to IPV, select methods of problem-solving, identify goals, and explore alternative behavior; and

2. Obtain knowledge related to IPV and assist the Client in the development of skills to protect against and address the consequences of IPV.
- iv. Upon third meeting with Client, obtain a completed Protective Factors Survey.
- d. IPV crisis counseling as requested by BHSS or by the Client to intervene and stabilize the crisis and to achieve a Safety Plan.
- e. Provide intervention services to enable the Client to provide a home that is physically safe, supportive of and encourages positive childhood growth and development, and works to prevent the risk of child maltreatment.
- f. Provide information concerning IPV resources and referrals to services provided by community-based organizations as Subrecipient determines is needed, including but not limited to:
 - i. Mediation;
 - ii. Group counseling;
 - iii. Direct assistance (food/clothing/safe housing);
 - iv. Legal services;
 - v. Adult counseling; and
 - vi. Child counseling.
- g. Formulation of a Safety Plan with Client and BHSS social worker.
- (6) Assist BHSS staff and Clients in monitoring Safety Plans formulated with each Client.
- (7) Attend BHSS staff meetings as required and directed by County.
- (8) Provide:
 - a. In partnership with BHSS staff, for a monthly average of 16 hours per week, participate in direct Client contact in Client homes or other location as determined by BHSS staff, responding to referrals of IPV in which children were present.
 - b. Collaboration with BHSS staff to share professional knowledge, expertise, and judgment with respect to IPV to:
 - i. Identify effective strategies for working with each Client to resolve the IPV issues of that Client; and

- ii. Solve specific IPV issues that Subrecipient and BHSS staff have identified with respect to each Client including but not limited to:
 - 1. Participation with BHSS staff in a home visit or other location as determined by BHSS staff; and
 - 2. Participation in multi-disciplinary team safety meetings.
 - a) Review, evaluate and direct referrals with BHSS; and
 - b) Assist with the development and coordination of the BHSS Case Plan for each Client.
- (9) Designate an IPV specialist (“Liaison”) as a Liaison between BHSS staff and Subrecipient’s staff. The Liaison shall coordinate information gathering and access to services between BHSS, Subrecipient, and other agencies that provide IPV services for the purpose of increasing child and family safety.
- (10) Provide to BHSS: brochures, pamphlets, posters, and other educational materials pertinent to the prevention and amelioration of the effects of IPV as deemed appropriate by Subrecipient and BHSS.
- (11) Assure that the Liaison and other Subrecipient staff attend and participate in BHSS meetings and trainings related to child welfare as directed by BHSS.
- (12) Support and encourage each Client to work with the assigned BHSS social worker(s) to complete a Case Plan for the Client.
- (13) Semi-annually, upon request of County, provide 90-minute on-site trainings, or virtually, as approved by County, to BHSS social workers designed to increase awareness of the scope and dynamics of IPV and its effects on children.
- B. As required by Government Code section 7550, each document or report prepared by Subrecipient for or under the direction of County pursuant to this Subaward shall contain the numbers and dollar amount of the Subaward and all subcontracts under the Subaward relating to the preparation of the document or written report. If multiple documents or written reports are the subject of the Subaward or subcontracts, the disclosure section may also contain a statement indicating that the total Subaward amount represents compensation for multiple documents or written reports. Subrecipient shall label the bottom of the last page of the document or report as follows: department name, Subaward number, and dollar amount. If more

- than one document or report is produced under this Subaward, Subrecipient shall add: "This [document or report] is one of [number] produced under this Subaward."
- C. Subrecipient shall promulgate and implement written procedures (Grievance Procedures) whereby recipients of services shall have the opportunity to express and have considered their views, grievances, and complaints regarding the delivery of services pursuant to this Subaward. Subrecipient shall provide a copy of Subrecipient's Grievance Procedures to County for review and approval prior to providing services pursuant to this Subaward. Subrecipient shall report all client grievances, and the nature thereof, in writing to the County's Health and Human Services Agency (HHS), Behavioral Health and Social Services Branch Director (Branch Director) within 10 business days of learning of the grievance. Upon resolution of a grievance or conclusion of the grievance process, Subrecipient shall, within 10 business days of the resolution or conclusion of the grievance process, report in writing to the Branch Director how the grievance was resolved or concluded.
 - D. Ensure and provide written verification thereof to County, that all staff and volunteers working or providing services under this Subaward receive appropriate clearance following a federal and state criminal records check, and a California Department of Motor Vehicles record check.
 - E. Take reasonable steps to prevent the illegal use of Subaward funds. Subrecipient agrees to notify County of any suspected illegal use of Subaward funds. Subrecipient shall meet with County or its delegate for consultation when there is suspected illegal use of funds.
 - F. Acknowledge the funding source of all activities undertaken pursuant to this Subaward by including in any educational and training materials, audio visual aids, interviews with press, flyers, or publications the following statement: "This activity (or program) has been funded (or sponsored) by the County of Shasta through the California Department of Social Service."
 - G. **Reporting.**
 - (1) Submit the **One Safe Place IPV Prevention and Intervention Services Quarterly Narrative**, attached and incorporated herein as **Exhibit H** to CSContracts@shastacounty.gov no later than October 20th, January 20th, April 20th, and July 20th, for the preceding three-month period or fraction thereof.
 - (2) Submit to County, Protective Factors Surveys and Discovery Group Evaluations completed by Clients by the 10th of every month, for the preceding month period or fraction thereof. Protective Factors Surveys and Discovery Group Evaluations may be submitted electronically to CSContracts@shastacounty.gov or delivered to 1313 Yuba St, Redding, CA.

- (3) Provide the **Monthly Report**, attached and incorporated herein as **Exhibit I** in Excel format as provided by County via encrypted email to CSContracts@shastacounty.gov by the 10th of each month for the preceding month or fraction thereof.

Section 3. RESPONSIBILITIES OF COUNTY

Pursuant to the terms and conditions of this Subaward, County shall:

- A. Provide Subrecipient with non-exclusive workspace at a BHSS Office, which includes a desk, chair, computer, and telephone. County shall also provide Subrecipient with office supplies as approved in advance by BHSS.
- B. Provide Subrecipient information regarding confidentiality requirements for multi-disciplinary teams in accordance with Welfare and Institutions Code section 18961.7.
- C. To the extent consistent with applicable law, maintain the confidentiality of Client information.
- D. Have the right, in its sole discretion, to refuse or terminate any placement of Subrecipient staff at County location(s) for the purpose of providing services under the terms of the Subaward who in County's judgment, is not providing satisfactory services under the Subaward or for any reason deemed appropriate by County.
- E. Not be obligated or required to accept any Subrecipient staff at any particular County location(s) and does not guarantee acceptance or the maintaining of any specific number of Subrecipient staff to be placed at any County location for the provision of services under this Subaward.
- F. Compensate Subrecipient as prescribed in Sections 4 and 5 of this Subaward.
- G. Monitor the Subrecipient performance to assure compliance with the terms, conditions and specifications of the Subaward.

Section 4. COMPENSATION

- A. In accordance with the **Budget** herein attached and incorporated as **Exhibit A** of this Subaward, County shall pay to Subrecipient \$60,133.25 in fiscal year 2024-2025 and \$64,884.54 in fiscal year 2025-2026 and \$66,400.53 in fiscal year 2026-2027 for all costs in accordance with 2 CFR 200, Subpart E and 45 CFR 75, Subpart E, for satisfactorily providing services pursuant to this Subaward. For the purposes of this Subaward, the County fiscal year commences on July 1 and ends on June 30 of the following year.

- B. All of Subrecipient's purchases of goods or services pursuant to the terms and conditions of this Subaward, shall be economical and shall not involve the use or expenditure of resources carelessly, extravagantly, or to no purpose.
- C. Employee benefits cannot exceed the actual cost of the offered benefit.
- D. Administrative costs shall not exceed 8% of Modified Total Direct Costs (MTDC). MTDC means Salary Cost (excluding Fringe Benefits) in accordance with the **Budget, Exhibit A.**
- E. In no event shall the maximum amount payable under this Subaward exceed \$191,418.32.
- F. Subrecipient shall be paid via electronic invoice payment; automated clearing house (ACH), County credit card, or Commerce Bank virtual card. ACH payments require submission of the completed Auditor-Controller ACH/Direct Deposit authorization form within five days of execution of this agreement.
- G. County will not compensate Subrecipient for direct or indirect costs exceeding budget line items unless prior written permission from County to exceed the particular budget line item has been received by Subrecipient. Subrecipient may make line item shifts within a Budget Category with County approval as long as the adjustment, in aggregate, does not exceed 10 percent of the Budget Category total and does not cause an increase to the maximum amount payable under this Subaward. The County Executive Officer or their designee, must provide prior written approval by way of an amendment to this Subaward pursuant to Section 8.B. for budget adjustments which are (1) in excess of 10 percent of the total Budget Category and do not cause an increase to the maximum amount payable under this Subaward, or (2) across existing Budget Categories.
- H. Subrecipient's violation or breach of Subaward terms may result in fiscal penalties, withholding of compensation, or termination of Subaward.

Section 5. BILLING AND PAYMENT

- A. Subrecipient shall submit to County's Health and Human Services Administration, Attn: Accounts Payable, P.O. Box 496005, Redding, CA 96049-6005, monthly by the 15th day of each month for services rendered the preceding month, and in accordance with the Budget, herein attached and incorporated as **Exhibit A**, a billhead or invoice regularly used in the conduct of Subrecipient's business for services rendered and costs incurred, accompanied by an **Expenditure Report, Exhibit B**, attached and incorporated herein and receipts. County shall pay Subrecipient within 30 days of receipt of Subrecipient's correct and approved statement or invoice for services rendered and costs incurred.
- B. For the purposes of compensation in accordance with the Budget, and as applicable and pursuant to the term of this agreement, the following shall apply:

(1) Direct Costs.

- (a)** Wages and Benefits related to the program or services provided pursuant to this Subaward shall be charged by itemizing name, title of staff, rate of pay per time period, number of time periods, and total for the month.
- (b)** Operating expenses and equipment that are directly attributable to the program or services provided pursuant to this Subaward shall be charged at actual cost.

(2) Indirect Costs.

Indirect costs related to the program or services provided pursuant to this Subaward that cannot be specifically attributable to a particular aspect of the program or services provided pursuant to this Subaward, shall be billed in accordance with 2 CFR Part 220, 225, and 230, as applicable, or pursuant to applicable provisions of the Code of Federal Regulations.

(3) Capital Assets.

For the purposes of this Subaward, a “Capital Asset” is property, other than real property, that is: (1) tangible in nature; (2) has an extended useful life of at least one year; (3) is not a repair part or supply; and (4) has, at the time of acquisition, a value of at least \$5,000. Capital Asset purchases or capital expenditures of \$5,000 or more to be made with Subaward funds require the prior written approval of County. In addition, all Capital Assets, capital expenditures, and all other property and services purchased with Subaward funds, shall be procured specifically for this Subaward and shall benefit Domestic Violence Prevention services exclusively. Subrecipient shall maintain and submit to County every three months during the term of this Subaward and upon termination, expiration, or cancellation of this Subaward, a detailed list of Capital Assets purchased with Subaward funds. All Capital Assets purchased with Subaward funds, are the sole property of County. County may, in its sole discretion and upon the termination, expiration, or cancellation of this Subaward, demand the return of any Capital Asset purchased with Subaward funds. County shall, within 60 days of the termination, expiration, or cancellation of this Subaward, exercise its option to demand return of any Capital Asset purchased with Subaward funds. Subrecipient shall, at Subrecipient’s sole expense, within 10 days of County’s demand, return all Capital Assets demanded by County.

(4) Computers and Computer Related Equipment.

Pursuant to Federal and State Regulations, the State of California Health and Human Services Data Center (HHSDC) must pre-approve any

computer(s) or computer-related equipment (including software) purchases. Subrecipient shall submit a written request to County before purchasing any computer(s) or computer-related equipment (including software) with Subaward funds. County shall seek approval from the HHSDC and notify Subrecipient of the results in a timely manner. Subrecipient shall maintain and submit to County every three months during the term of this Subaward and upon termination, expiration, or cancellation of this Subaward, a detailed list of any computer(s) or computer-related equipment (including software) purchased with Subaward funds. Any computer(s) or computer-related equipment (including software) purchased with Subaward funds are the sole property of County. County may, in its sole discretion and upon the termination, expiration, or cancellation of this Subaward, demand the return of any computer(s) or computer-related equipment (including software), purchased with Subaward funds. County shall, within 60 days of the termination, expiration, or cancellation of this Subaward, exercise its option to demand return of any computer(s) or computer-related equipment (including software), purchased with Subaward funds. Subrecipient shall, at Subrecipient's sole expense, within 10 days of County's demand, return any computer(s) or computer-related equipment (including software) demanded by County.

- C. Compensation under this Subaward shall be reduced by Applicable Subrecipient Revenues. The term "Applicable Subrecipient Revenues" refers to those receipts or reductions in expenditures or costs which operate to offset or reduce expense or cost items that are allocable to Subrecipient's compensation under this Subaward (such as, but not limited to: purchase discounts, rebates or allowances, recoveries or indemnities on losses, insurance refunds and adjustments of overpayment, or other erroneous charges). To the extent that Applicable Subrecipient Revenues, accruing or received by Subrecipient relate to allowable costs, they shall be credited to County either as a reduction in compensation, a cost reduction, or a cash refund, as appropriate.
- D. Should County, or the state or federal government, disallow any amount claimed by Subrecipient, Subrecipient shall reimburse County, or the state or federal government, as directed by County, or the state or federal government, for such disallowed cost.
- E. The provisions of this Section 5 shall survive the termination, expiration, or cancellation of this Subaward.

Section 6. TERM OF SUBAWARD

The initial term of this Subaward shall be for one year beginning July 1, 2024 and ending June 30, 2025. The term of this Subaward shall be automatically renewed for two additional one-year terms at the end of the initial term, under the same terms and conditions unless written notice of non-renewal is provided by either Party to the other Party at least

30 days prior to the expiration of the initial term or the then current term. Notwithstanding the foregoing, County shall not be obligated for payments hereunder for any future County fiscal year unless or until County's Board of Supervisors appropriates funds for this Subaward in County's budget for that County fiscal year. In the event that funds are not appropriated for this Subaward, then this Subaward shall end as of June 30 of the last County fiscal year for which funds for this Subaward were appropriated. For the purposes of this Subaward, the County fiscal year commences on July 1 and ends on June 30 of the following year. County shall notify Subrecipient in writing of such non-appropriation at the earliest possible date.

Section 7. TERMINATION OF SUBAWARD

- A. If Subrecipient materially fails to perform Subrecipient's responsibilities under this Subaward to the satisfaction of County, or if Subrecipient fails to fulfill in a timely and professional manner Subrecipient's responsibilities under this Subaward, or if Subrecipient violates any of the terms or provisions of this Subaward, then County shall have the right to terminate this Subaward for cause effective immediately upon the County giving written notice thereof to Subrecipient. If termination for cause is given by County to Subrecipient and it is later determined that Subrecipient was not in default or the default was excusable, then the notice of termination shall be deemed to have been given without cause pursuant to paragraph B of this section.
- B. Either Party may terminate this Subaward without cause on 30 days written notice.
- C. County may terminate this Subaward immediately upon oral notice should funding cease or be materially decreased during the term of this Subaward.
- D. County may terminate this Subaward immediately upon oral notice should either Party not be able to comply with the obligations of this Subaward due to any material cause which is beyond the reasonable control of either Party, including, but not limited to: fire, explosion, lightning, power surges or outages, strikes or labor disputes, acts of God, civil disturbances, acts of civil or military authorities, acts of terrorism, fuel or energy shortages, acts and/or omissions by third party communications carriers, or any other cause beyond County's or Subrecipient's control.
- E. County's right to terminate this Subaward may be exercised by the Shasta County Executive Officer or designee, the Shasta County HHSA Director or any HHSA Branch Director as designated by the HHSA Director.
- F. Should this Subaward be terminated, Subrecipient shall promptly provide to County any and all finished and unfinished reports, data, studies, photographs, charts, and other documents prepared by Subrecipient pursuant to this Subaward.
- G. If this Subaward is terminated, Subrecipient shall only be paid for services satisfactorily completed and provided prior to the effective date of termination.

Section 8. ENTIRE SUBAWARD; AMENDMENTS; HEADINGS; EXHIBITS/APPENDICES

- A. This Subaward supersedes all previous Subawards relating to the subject of this Subaward and constitutes the entire understanding of the Parties hereto. Subrecipient shall be entitled to no other benefits other than those specified herein. Subrecipient specifically acknowledges that in entering into and executing this Subaward, Subrecipient relies solely upon the provisions contained in this Subaward and no others.
- B. No changes, amendments, or alterations to this Subaward shall be effective unless in writing and signed by both Parties. In addition to the provisions in Section 4.G., minor amendments, including retroactive, that do not result in a substantial or functional change to the original intent of this Subaward and do not cause an increase to the maximum amount payable under this Subaward may be agreed to in writing between Subrecipient and the HHSA Director, or any HHSA Branch Direction designated by the HHSA Director, provided that the amendment is in substantially the same format as the County's standard format amendment contained in the Shasta County Contracts Manual (Administrative Policy 6-101).
- C. The headings that appear in this Subaward are for reference purposes only and shall not affect the meaning or construction of this Subaward.
- D. If any ambiguity, inconsistency, or conflict exists or arises between the provisions of this Subaward and the provisions of any of this Subaward's exhibits or appendices, the provisions of this Subaward shall govern.

Section 9. NONASSIGNMENT OF SUBAWARD; NON-WAIVER

Inasmuch as this Subaward is intended to secure the specialized services of Subrecipient, Subrecipient may not assign, transfer, delegate, or sublet any interest herein without the prior written consent of County. The waiver by County of any breach of any requirement of this Subaward shall not be deemed to be a waiver of any other breach.

Section 10. EMPLOYMENT STATUS OF SUBRECIPIENT

Subrecipient shall, during the entire term of this Subaward, be construed to be an independent contractor, and nothing in this Subaward is intended nor shall be construed to create an employer-employee relationship, a joint venture relationship, or to allow County to exercise discretion or control over the professional manner in which Subrecipient performs the work or services that are the subject matter of this Subaward; provided, however, that the work or services to be provided by Subrecipient shall be provided in a manner consistent with the professional standards applicable to such work or services. The sole interest of County is to ensure that the work or services shall be rendered and performed in a competent, efficient, and satisfactory manner. Subrecipient shall be fully responsible for payment of all taxes due to the State of California or the federal government that would be withheld from compensation if Subrecipient were a County employee.

County shall not be liable for deductions for any amount for any purpose from Subrecipient's compensation. Subrecipient shall not be eligible for coverage under County's workers' compensation insurance plan nor shall Subrecipient be eligible for any other County benefit. Subrecipient must issue W-2 and 941 Forms for income and employment tax purposes, for all of Subrecipient's assigned personnel under the terms and conditions of this Subaward.

Section 11. INDEMNIFICATION

- A. To the fullest extent permitted by law, Subrecipient shall indemnify and hold harmless County, its elected officials, officers, employees, agents, and volunteers against all claims, suits, actions, costs, expenses (including, but not limited to, reasonable attorney's fees of County Counsel and counsel retained by County, expert fees, litigation costs, and investigation costs), damages, judgments, or decrees arising from the work or the provision of services undertaken pursuant to this Subaward by Subrecipient, or by any of Subrecipient's subcontractors, any person employed under Subrecipient, or under any subcontractor, or in any capacity, except when the injury or loss is caused by the sole negligence or intentional wrongdoing of County. Subrecipient shall also, at Subrecipient's own expense, defend the County, its elected officials, officers, employees, agents, and volunteers, against any claim, suit, action, or proceeding brought against County, its elected officials, officers, employees, agents, and volunteers, arising from the work or the provision of services undertaken pursuant to this Subaward by Subrecipient, or any of Subrecipient's subcontractors, any person employed under Subrecipient, or under any Subcontractor, or in any capacity. Subrecipient shall also defend and indemnify County for any adverse determination made by the Internal Revenue Service or the State Franchise Tax Board and/or any other taxing or regulatory agency and shall defend, indemnify, and hold harmless County with respect to Subrecipient's "independent contractor" status that would establish a liability on County for failure to make social security deductions or contributions or income tax withholding payments, or any other legally mandated payment. The provisions of this paragraph are intended to be interpreted as broadly as permitted by applicable law. This provision shall survive the termination, expiration, or cancellation of this Subaward.
- B. This indemnification provision is independent of, and shall not in any way be limited by, Subrecipient's insurance coverage or lack of coverage, or by the insurance requirements of this agreement. County acknowledgement or approval of Subrecipient's evidence of insurance coverage required by this agreement does not in any way relieve Subrecipient from its obligations under this Section.

Section 12. INSURANCE REQUIREMENTS

Without limiting Subrecipient's duties of defense and indemnification:

- A. Subrecipient and any subcontractor shall carry Commercial General Liability Insurance and other coverage necessary to protect County and the public with limits of \$2 million per occurrence or claim. Such coverage shall:
1. Be equivalent to the current Insurance Services Office (ISO) form CG 00 01, assuring coverage for products and completed operations, property damage, bodily injury, and personal and advertising injury.
 2. Include an endorsement, or an amendment to the policy of insurance, naming Shasta County, its elected officials, officers, employees, agents, and volunteers as additional insureds; the additional insureds coverage shall be equal to the current ISO forms CG 20 10 for on-going operations, and CG 20 37 for completed operations.
 3. Apply separately to this project and location(s); in the event of a general aggregate limit, the general aggregate limit shall be twice the required per occurrence limit.
 4. Contain, or be endorsed to contain, a “separation of insureds” clause which shall read, or have the same effect as:

“Separation of Insureds.

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this Coverage Part to the first Named Insured, this insurance applies:

a. As if each Named Insured were the only Named Insured; and

b. Separately to each suit insured against whom a claim is made or suit is brought.”
- B. Subrecipient and any subcontractor shall carry Automobile Liability Insurance covering any auto, unless Subrecipient has no owned autos then covering at minimum hired and non-owned autos, with limits of \$1 million per occurrence or claim. Such coverage shall:
1. Include, or be endorsed to contain, Additional Insured coverage in favor of Shasta County, its elected officials, officers, employees, agents, and volunteers.
 2. Include, or be endorsed to contain, coverage for hazardous waste transportation, when appropriate to the work being performed.
- C. Subrecipient and any subcontractor shall carry statutorily required Workers' Compensation Insurance, and Employer's Liability Insurance with limits of \$1 million per occurrence or claim, to cover Subrecipient, subcontractor,

Subrecipient's partner(s), subcontractor's partner(s), Subrecipient's employees, and subcontractor's(s') employees, covering the full liability for compensation for injury to those employed by Subrecipient or subcontractor. Subrecipient hereby certifies that Subrecipient is aware of the provisions of section 3700 of the Labor Code, which requires every employer to insure against liability for workers' compensation or to undertake self-insurance in accordance with the provisions of the Labor Code, and Subrecipient shall comply with such provisions before commencing the performance of the work or the provision of services pursuant to this agreement.

- D. Subrecipient shall carry Professional Liability Errors and Omissions Insurance, applicable to the Subrecipient's profession and the services/work being performed with limits of not less than \$2 million per occurrence or claim, \$2 million aggregate.
- E. Subrecipient shall carry coverage for Sexual Abuse or Molestation with limits of \$2 million per occurrence or claim, \$2 million aggregate.
- F. Subrecipient shall require its subcontractors, if any, to carry and maintain insurance coverage and evidence that equals or exceeds the coverage requirements imposed upon Subrecipient by this agreement.
- G. With regard to all insurance coverage required by this agreement:
 - 1. Any deductible or self-insured retention exceeding \$25,000 for Subrecipient or subcontractor shall be disclosed to and be subject to approval by the Shasta County Risk Manager prior to the effective date of this agreement; policy shall provide, or be endorsed to provide, that any self-insured retention or deductible may be satisfied by either the named insured or County, and must also provide that defense costs satisfy the self-insured retention or deductible. Any and all deductibles and self-insured retentions shall be the sole responsibility of Subrecipient or subcontractor who procured such coverage, and shall not apply to the Indemnified Additional Insured Parties. County may deduct from any amounts otherwise due Subrecipient to fund the self-insured retention or deductible.
 - 2. If any insurance coverage required hereunder is provided on a "claims made" rather than "occurrence" form, Subrecipient or subcontractor shall maintain such coverage with an effective date earlier or equal to the effective date of this agreement and continue coverage for a period of three years after the expiration of this agreement and any extensions thereof. In lieu of maintaining post-agreement expiration coverage as specified above, Subrecipient or subcontractor may satisfy this provision by purchasing tail coverage for the claims-made policy. Such tail coverage shall, at a minimum, provide the coverage for claims received and reported three years after the expiration date of this agreement.

3. In the event that coverage is reduced or canceled, or otherwise materially changed, a notice of said reduction or cancellation or change shall be provided to County within 24 hours.
4. Subrecipient hereby grants to Shasta County, its elected officials, officers, employees, agents, and volunteers, a waiver of any right to subrogation or recovery which any insurer of said Subrecipient may acquire against County by virtue of the payment of any loss under such coverage, and agrees to obtain any endorsement that may be necessary to affect this waiver; this provision applies regardless of whether or not County has received such a waiver or endorsement.
5. Any available insurance proceeds in excess of the specified minimum limits and insurance coverage pursuant to the terms of this agreement shall be applicable to County.
6. Before the effective date of this agreement, Subrecipient shall provide County with certificates of insurance, and all amendatory endorsements or policy amendments, as evidence of meeting insurance coverage required of this agreement; for purposes of verification of consultant meeting insurance requirements of this agreement, County reserves the right to require any policies, declarations, endorsements, and other documentation.
7. Coverage required herein shall be in effect at all times during the term of this agreement and may be provided by programs of self-insurance when supported by adequate evidence meeting appropriate self-insurance and regulatory compliance. Insurance is to be placed with insurers authorized to transact business in California, with a current A.M. Best's rating of not less than A:VII, unless otherwise authorized by County.
8. In the event any insurance coverage expires at any time during the term of this agreement, Subrecipient shall provide County, at least 20 days prior to said expiration date, a new endorsement or policy amendment evidencing insurance coverage as provided for herein for not less than the remainder of the term of this agreement or for a period of not less than one year. In the event Subrecipient fails to keep in effect at all times insurance coverage as herein provided and a renewal endorsement or policy amendment is not provided within 10 days of the expiration of the endorsement or policy amendment in effect at inception of this agreement, County may, in addition to any other remedies it may have, terminate this agreement upon the occurrence of such event.
9. For any claims related to this agreement, Subrecipient's coverage shall also be primary and non-contributory. Any coverage maintained by Shasta County, its elected officials, officers, employees, agents, and volunteers, shall be excess of the Subrecipient's coverage and shall not contribute with it.

10. Any failure to comply with reporting provisions of the policies shall not affect coverage provided to Shasta County, its elected officials, officers, employees, agents, or volunteers.

Section 13. NOTICE OF CLAIM; APPLICABLE LAW; VENUE

- A. If any claim for damages is filed with Subrecipient or if any lawsuit is instituted concerning Subrecipient's performance under this Subaward and that in any way, directly or indirectly, contingently or otherwise, affects or might reasonably affect County, Subrecipient shall give prompt and timely notice thereof to County. Notice shall be prompt and timely if given within 30 days following the date of receipt of a claim or 10 days following the date of service of process of a lawsuit. This provision shall survive the termination, expiration, or cancellation of this Subaward.
- B. Any dispute between the Parties, and the interpretation of this Subaward, shall be governed by the laws of the State of California. Any litigation shall be venued in Shasta County.

Section 14. COMPLIANCE WITH LAWS; NON-DISCRIMINATION

- A. Subrecipient shall observe and comply with all applicable present and future federal laws, state laws, local laws, codes, rules, regulations, and/or orders that relate to the work or services to be provided pursuant to this Subaward.
- B. Subrecipient shall comply with mandatory standards and policies as required by Executive Order 11246, entitled "Equal Employment Opportunity," as amended by Executive Order 11375, and as supplemented in Department of Labor regulations (41 C.F.R., Part 60).
- C. Subrecipient recognizes the mandatory standards and policies relating to energy efficiency in the state energy conservation plan (Title 24 of the California Code of Regulations).
- D. Subrecipient shall comply with section 306 of the Clean Air Act (42 U.S.C. §1857(h), section 508 of the Clean Water Act (33 U.S.C. §1368), Executive Order 11738, and the regulations of the Environmental Protection Agency (40 C.F.R., Part 15).
- E. Subrecipient shall not use any funds under this Subaward to support lobbying activities to influence proposed or pending federal or state legislation or appropriations. This prohibition is related to the use of federal grant funds and is not intended to affect an individual's right or that of any organization to petition Congress or any other level, of government through the use of other resources (see 45 CFR Part 93).

- F. Subrecipient certifies that they, their principals, affiliates or subcontractors that receive any federal funds in connection with this Subaward are and will continue to be in good standing with the federal government (Executive Order 12549, Title 2 e-CFR 200.212 and Title 45 e-CFR 75.212) and are not:
- (1) Debarred or suspended from federal financial assistance programs and activities;
 - (2) Proposed for debarment;
 - (3) Declared ineligible; or
 - (4) Voluntarily excluded from participation in covered transactions by any federal department or agency.
- G. Subrecipient shall ensure that all known or suspected instances of child abuse or neglect are reported as mandated by section 11166 of the Penal Code. In addition, Subrecipient shall:
- (1) Require each of Subrecipient's employees, volunteers, Subrecipients, subcontractors, and agents performing services under this Subaward mandated by section 11166 of the Penal Code to report child abuse or neglect, to sign a statement that he or she knows of the statutory mandated reporting requirements and will comply with them.
 - (2) Establish procedures to ensure reporting of child abuse or neglect even when Subrecipient's employees, volunteers, Subrecipients, subcontractors, or agents who are not mandated to report child abuse or neglect under section 11166 of the Penal Code, gain knowledge of, or reasonably suspect, that a child has been a victim of abuse or neglect.
- H. Subrecipient shall ensure that all known or suspected instances of elder abuse or dependent adult abuse are reported as required by section 15630 of the Welfare and Institutions Code. In addition, Subrecipient shall:
- (1) Require each of Subrecipient's employees, volunteers, Subrecipients, subcontractors, and agents performing services under this Subaward mandated by section 15630 of the Welfare and Institutions Code to report elder or dependent abuse or neglect, to sign a statement that he or she knows of the statutory mandated reporting requirements and will comply with them.
 - (2) Establish procedures to ensure reporting of elder abuse or dependent adult abuse even when Subrecipient's employees, volunteers, Subrecipients, subcontractors, or agents who are not mandated to report elder abuse or dependent adult abuse under section 15630 of the Welfare and Institutions Code, gain knowledge of, or reasonably suspect, an incident of elder or dependent adult abuse has occurred.

- I. No funds or compensation received by Subrecipient under this Subaward shall be used by Subrecipient for sectarian worship, instruction, or proselytization in a manner prohibited by law.
- J. In addition to any other provisions of this Subaward, Subrecipient shall be solely responsible for any and all damages caused, and/or penalties levied, as the result of Subrecipient's noncompliance with the provisions of this section.

Section 15. ASSURANCE OF COMPLIANCE WITH COUNTY NONDISCRIMINATION IN STATE AND FEDERALLY ASSISTED PROGRAMS

- A. Subrecipient hereby agrees to comply with Titles VI and VII of the federal Civil Rights Act of 1964, as amended; Section 504 of the federal Rehabilitation Act of 1973, as amended; the federal Age Discrimination Act of 1975, as amended; the federal Food Stamp Act of 1977 as amended, and in particular section 272.6 thereof; Title II of the federal Americans with Disabilities Act of 1990, as amended; the Unruh Civil Rights Act, California Civil Code, section 51, as amended; California Government Code, sections 11135 - 11139.5, as amended; California Government Code, section 12940, as amended; Chapter 7, of Division 5, or Title 1 of the California Government Code, commencing with section 4450, as amended; Title 22, California Code of Regulations, sections 98000 – 98413; Title 24, California Code of Regulations, section 3105; the Dymally-Alatorre Bilingual Services Act (California Government Code, sections 7290 – 7299.8), as amended; section 1808 of the Interethnic Adoption Provisions of the Small Business Job Protection Act of 1996, as amended; and all other applicable federal and state laws, as well as their implementing regulations (including title 45 of the Code of Federal Regulations (CFR) Parts 80, 84, and 91; 7 CFR, Part 15; and 28 CFR, Part 42), by ensuring that employment practices and the administration of public assistance and social services programs are nondiscriminatory, to the effect that no person shall, because of ethnic group identification, age, sex, color, disability, medical condition, national origin, race, ancestry, sexual orientation, marital status, religion, religious creed or political belief, be excluded from participation in or be denied the benefits of, or be otherwise subject to discrimination under, any program or activity receiving federal or state financial assistance; and hereby gives assurance to immediately take any measures necessary to effectuate this Assurance of Compliance.
- B. This Assurance of Compliance is given in consideration of and for the purpose of obtaining any and all federal and state assistance; and Subrecipient hereby gives assurance that administrative methods/procedures which have the effect of subjecting individuals to discrimination or defeating the objectives of Chapter 21-100 of the California Department of Social Services (CDSS) Manual of Policies and Procedures will be prohibited.
- C. By giving this Assurance of Compliance, Subrecipient agrees to compile data, maintain records, and submit reports as required, to permit effective enforcement

of the aforementioned laws, rules, and regulations and permit authorized CDSS and/or federal government personnel, during normal working hours, to review such records, books, and accounts as needed to ascertain compliance. If there are any violations of this Assurance of Compliance, CDSS shall have the right to invoke fiscal sanctions or other legal remedies in accordance with California Welfare and Institutions Code section 10605, or California Government Code sections 11135 – 11139.5, as amended, or any other laws or regulations, or the issue may be referred to the appropriate federal agency for further compliance action and enforcement of this Assurance of Compliance.

- D. This Assurance of Compliance is binding on Subrecipient as long as Subrecipient is receiving federal or state funding pursuant to the Subaward in which this Assurance of Compliance is included.

Section 16. ACCESS TO RECORDS; RECORDS RETENTION

- A. County, federal, and state officials shall have access to any books, documents, papers, and records of Subrecipient that are directly pertinent to the subject matter of this Subaward for the purpose of auditing or examining the activities of Subrecipient or County. Except where longer retention is required by federal or state law, Subrecipient shall maintain all records for five years after County makes final payment hereunder. This provision shall survive the termination, expiration, or cancellation of this Subaward.
- B. Subrecipient shall maintain appropriate records to ensure a proper accounting of all funds and expenditures pertaining to the work performed or the services provided pursuant to this Subaward. Subrecipient shall maintain records providing information that account for all funds and expenses related to the provision of services provided pursuant to this Subaward. Access to these records shall be provided to County during working days, 8:00 a.m. to 5:00 p.m. and at other times upon reasonable notice by County, and upon request of state and federal agencies charged with the administration of programs related to the work or services to be provided pursuant to this Subaward.
- C. Subrecipient agrees to accept responsibility for receiving, replying to, and/or complying with any audit exception by appropriate federal, state, or County audit directly related to the provisions of this Subaward. Subrecipient agrees to repay County the full amount of payment received for duplicate billings, erroneous billings, audit exceptions, or false or deceptive claims. Subrecipient agrees that County may withhold any money due and recover through any appropriate method any money erroneously paid under this Subaward if evidence exists of less than full compliance with this Subaward including, but not limited to, exercising a right of set-off against any compensation payable to Subrecipient.

Section 17. COMPLIANCE WITH CHILD, FAMILY, AND SPOUSAL SUPPORT REPORTING OBLIGATIONS

Subrecipient's failure to comply with state and federal child, family, and spousal support reporting requirements regarding Subrecipient's employees or failure to implement lawfully served wage and earnings assignment orders or notices of assignment relating to child, family, and spousal support obligations shall constitute a default under this Subaward. Subrecipient's failure to cure such default within 90 days of notice by County shall be grounds for termination of this Subaward.

Section 18. LICENSES AND PERMITS.

Subrecipient, and Subrecipient's officers, employees, and agents performing the work or services required by this Subaward, shall possess and maintain all necessary licenses, permits, certificates, and credentials required by the laws of the United States, the State of California, the County of Shasta, and all other appropriate governmental agencies, including any certification and credentials required by County. Failure to maintain the licenses, permits, certificates, and credentials shall be deemed a breach of this Subaward and constitutes grounds for the termination of this Subaward by County.

Section 19. PERFORMANCE STANDARDS.

Subrecipient shall perform the work or services required by this Subaward in accordance with the industry and/or professional standards applicable to Subrecipient's work or services.

Section 20. CONFLICTS OF INTEREST.

Subrecipient and Subrecipient's officers and employees shall not have a financial interest, or acquire any financial interest, direct or indirect, in any business, property, or source of income that could be financially affected by or otherwise conflict in any manner or degree with the performance of the work or services required under this Subaward.

Section 21. NOTICES.

- A. Except as provided in Section 7.C. and 7.D of this Subaward (oral notice of termination), any notices required or permitted pursuant to the terms and provisions of this Subaward shall be given to the appropriate Party at the address specified below or at such other address as the Party shall specify in writing Such notice shall be deemed given: (1) upon personal delivery; or (2) if sent by first class mail, postage prepaid, two days after the date of mailing.

If to County:	Director of Mental Health Behavioral Health & Social Services Branch Attn: Contracts Unit 1313 Yuba Street Redding, CA 96001 Ph: (530) 225-5757 Fax: (530) 225-5190
---------------	---

If to Subrecipient: Director
Shasta Women's Refuge, Inc. dba
One Safe Place
PO Box 991060
Redding, CA 96099-1060
Ph: (530) 244-0118
Fax: (530) 244-9134

- B. Any oral notice authorized by this Subaward shall be given to the persons specified in Section 21.A. and shall be deemed to be effective immediately.
- C. Unless otherwise stated in this Subaward, any written or oral notices on behalf of the County as provided for in this Subaward may be executed and/or exercised by the County Executive Officer or their designee.

Section 22. SUBAWARD PREPARATION

It is agreed and understood by the Parties that this Subaward has been arrived at through negotiation and that neither Party is to be deemed the Party which created any uncertainty in this Subaward within the meaning of section 1654 of the Civil Code.

Section 23. COMPLIANCE WITH POLITICAL REFORM ACT

Subrecipient shall comply with the California Political Reform Act (Government Code, sections 81000, *et seq.*), with all regulations adopted by the Fair Political Practices Commission pursuant thereto, and with the County's Conflict of Interest Code, with regard to any obligation on the part of Subrecipient to disclose financial interests and to recuse from influencing any County decision which may affect Subrecipient's financial interests. If required by the County's Conflict of Interest Code, Subrecipient shall comply with the ethics training requirements of Government Code sections 53234, *et seq.*

Section 24. PROPERTY TAXES

Subrecipient represents and warrants that Subrecipient, on the date of execution of this Subaward, (1) has paid all property taxes for which Subrecipient is obligated to pay, or (2) is current in payments due under any approved property tax payment arrangement. Subrecipient shall make timely payment of all property taxes at all times during the term of this Subaward.

Section 25. SEVERABILITY

If any portion of this subaward or application thereof to any person or circumstance is declared invalid by a court of competent jurisdiction or if it is found in contravention of any federal or state statute or regulation or County ordinance, the remaining provisions of this Subaward, or the application thereof, shall not be invalidated thereby and shall remain in full force and effect to the extent that the provisions of this Subaward are severable.

Section 26. COUNTY'S RIGHT OF SETOFF

To the fullest extent permitted by law, County shall have the right but not the obligation, to setoff, in whole or in part, against any compensation owed to Subrecipient or any of its subsidiaries under any contract with the County, any amount of any Federal or State audit liability owed by or claimed or asserted against the County or any amounts owed to County by Subrecipient or its subsidiaries.

Section 27. CONFIDENTIALITY

During the term of this Subaward, both Parties may have access to information that is confidential or proprietary in nature. Both Parties agree to preserve the confidentiality of and to not disclose any such information to any third party without the express written consent of the other Party or as required by law. This provision shall survive the termination, expiration, or cancellation of this Subaward.

Section 28. CONFIDENTIALITY OF CLIENT INFORMATION

All information and records obtained in the course of providing services under this Subaward shall be confidential, and Subrecipient and all of Subrecipients employees, volunteers, agents, and officers shall comply with state and federal requirements regarding confidentiality of client information (including, but not limited to, sections 827, 5328, 10850, and 14100.2 of the California Welfare and Institutions Code; Division 19 of the California Department of Social Services Manual of Policies and Procedures; Health and Safety sections 11845.5 and 11812, 22 California Code of Regulations section 51009; California Civil Code section 56.10; the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the regulations adopted pursuant thereto; Title 42, Code of Federal Regulations, Part 2; and Title 45, Code of Federal Regulations, section 205.50). All applicable regulations and statutes relating to client's rights shall be adhered to. No list of services of persons receiving services under this Subaward shall be published, disclosed, or used for any other purpose except for the direct administration of the program or other uses authorized by law that are not in conflict with requirements of confidentiality. This provision shall survive the termination, expiration, or cancellation of this Subaward.

Section 29. SCOPE AND OWNERSHIP OF WORK

All research data, reports, and every other work product of any kind or character arising from or relating to this Subaward shall become the property of the County and be delivered to the County upon completion of its authorized use pursuant to this Subaward with the exception of informal communications such as emails and staff notes, whether those communications or notes are internal Subrecipient's staff or between Subrecipient and any subconsultants. County may use Subrecipient's such work products for any purpose whatsoever. County acknowledges that its alteration of documents without consent of Consultant, or use of the documents for any purpose unrelated to this agreement's purposes, is at the County's own risk and without liability to Consultant. All works produced under this Subaward shall be deemed works produced by a contractor for hire, and all copyright with respect thereto shall vest in the County without payment of royalty or any other

additional compensation. Notwithstanding anything to the contrary contained in this Subaward, Subrecipient shall retain all of Subrecipient's rights in Subrecipient's own proprietary information, including, without limitation, Subrecipient's methodologies and methods of analysis, ideas, concepts, expressions, know how, methods, techniques, skills, knowledge, and experience possessed by Subrecipient prior to, or acquired by Subrecipient during the performance of this Subaward and Subrecipient shall not be restricted in any way with respect thereto.

Section 30. USE OF COUNTY PROPERTY

Subrecipient shall not use County premises, property (including equipment, instruments, and supplies), or personnel for any purpose other than in the performance of Subrecipient's obligations under this Subaward.

Section 31. COUNTERPARTS/ELECTRONIC, FACSIMILE, AND PDF SIGNATURES

This agreement may be executed in any number of counterparts, each of which will be an original, but all of which together will constitute one instrument. Each Party of this agreement agrees to the use of electronic signatures, such as digital signatures that meet the requirements of the California Uniform Electronic Transactions Act ("CUETA") Cal. Civ. Code §§ 1633.1 to 1633.17), for executing this agreement. The Parties further agree that the electronic signatures of the Parties included in this agreement are intended to authenticate this writing and to have the same force and effect as manual signatures. Electronic signature means an electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record pursuant to the CUETA as amended from time to time. The CUETA authorizes use of an electronic signature for transactions and contracts among Parties in California, including a government agency. Digital signature means an electronic identifier, created by computer, intended by the party using it to have the same force and effect as the use of a manual signature, and shall be reasonably relied upon by the Parties. For purposes of this section, a digital signature is a type of "electronic signature" as defined in subdivision (h) of Section 1633.2 of the Civil Code. Facsimile signatures or signatures transmitted via pdf document shall be treated as originals for all purposes.

SIGNATURE PAGE FOLLOWS

IN WITNESS WHEREOF, County and Subrecipient have executed this Subaward on the dates set forth below. By their signatures below, each signatory represents that they have the authority to execute this Subaward and to bind the Party on whose behalf their execution is made.

COUNTY OF SHASTA

Date: _____

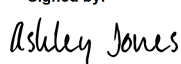
KEVIN W. CRYE, CHAIRMAN
Board of Supervisors
County of Shasta
State of California

ATTEST:

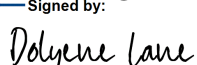
DAVID J. RICKERT
Clerk of the Board of Supervisors

By: _____
Deputy

Approved as to form:
JOSEPH LARMOUR
County Counsel

Signed by:
By: 
38D3C3DA38384D2...
Ashley Jones
Senior Deputy County Counsel

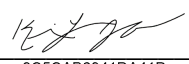
Date: 10/15/2024 | 3:27 PM PDT

RISK MANAGEMENT APPROVAL
Signed by:
By: 
63C541BCE38944C...
Dolyene Lane
Risk Manager

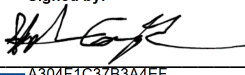
Date: 10/15/2024 | 3:15 PM PDT

SUBRECIPIENT

Date: 10/15/2024 | 2:44 PM PDT

DocuSigned by:
By: 
3C5CAB6941DA41D...
Kimberly L. Johnson
Chief Executive Officer

Date: 10/15/2024 | 2:57 PM PDT

Signed by:
By: 
A304F1C37B3A4EF...
Stephen Campbell
OSP Board Chair

Tax I.D.#: On File

Exhibit A

**Shasta County Women's Refuge, Inc dba One Safe Place
BUDGET**

Shasta County Health & Human Services Agency
1313 Yuba Street
Redding, CA 96001

Shasta County Women's Refuge, Inc dba One Safe Place
PO Box 991060
Redding, CA 96099

Multi-Year Service Budgets							
Budget Category	Budget Period		Budget Period		Budget Period		Total Budgeted Costs
	07/1/24-6/30/25		7/1/25-6/30/26		7/1/26-6/30/27		
Personnel/Position	FTE						
DV Specialist	0.80	49,017.45		51,468.32		54,041.74	154,527.51
Fringe Benefits	0.80	5,054.40		5,458.75		5,895.45	16,408.60
Total Salary and Benefits		54,071.85		56,927.07		59,937.19	170,936.12
Operating Expenses							
Office Expenses/Supplies		300.00		300.00		300.00	900.00
Equipment				1,550.00			1,550.00
Rents/Leases							0.00
Utilities/Communications		540.00		540		540.00	1,620.00
Travel		1,300.00		1,300.00		1,300.00	3,900.00
Software				150.00			150.00
Total Operating Expenses		2,140.00		3,840.00		2,140.00	8,120.00
Other Expenses							
Capital Assets							0.00
Total Other Expenses		0.00		0.00		0.00	0.00
Total Expenses		56,211.85		60,767.07		62,077.19	179,056.12
Administrative Cost		3,921.40		4,117.47		4,323.34	12,362.20
(Not to exceed 8% of MTDC)							
Totals		\$60,133.25		\$64,884.54		\$66,400.53	\$191,418.32

Budget Narrative

Personnel/Position

DV Specialist Personnel – 0.8 FTE working on the HHSA DV Specialist agreement. The annual salary cost for this employee includes 14% for payroll taxes, workers compensation insurance, and O2 Staffing charges. The salary reflects a rate that is similar position at the county for a staff member performing similar duties. Over the contract, there is an appropriate COLA included.

Fringe Benefits - includes Health Insurance, Dental, Vision, Life Insurance, Accidental Death & Dismemberment (AD&D) and other staff benefits. Fringe Benefits will be billed at actual costs.

Operating Expenses

Office Expense/Supplies - budgeted at \$300.00 annually. General office supplies including but are not limited to postage, paper, pencils, pens, folders, staples, post it notes.

Equipment - In year two (2025-26), OSP will need to replace the computer for this program. OSP will work with HHSA to receive the appropriate approvals through the State of California Department of Social Services for the equipment purchase.

Utilities/Communications - Cost of \$45 monthly for internet access for the employee co-located at the HHSA office.

Travel - Mileage costs for the employee when traveling without HHSA employee for the purposes of providing services for this agreement. Employees are reimbursed at the IRS mileage rate.

Software - For year two, the cost of the Microsoft Office Suite for the requested computer purchase.

Administrative Cost

Administrative costs have been reduced to 8% MTDC (compared to the standard 10%) due to this employee's .8 FTE status.

Exhibit B

Shasta County Women's Refuge, Inc dba One Safe Place
INVOICE / EXPENDITURE REPORT

Shasta County Health & Human Services
 1313 Yuba St
 Redding, CA 96001

One Safe Place
 PO Box 991060
 Redding, CA 96099

Check for final Invoice / Report **Date of Report**

Term of Contract:
 Period of Report

Budget Category (1)	Approved Budget (2)	This Period (3)	Previous Periods (4)	YTD (5)	Remaining Balance (6)
---------------------------	---------------------------	--------------------	----------------------------	------------	-----------------------------

Personnel/Position

	0.00			0.00	0.00
	0.00			0.00	0.00
	0.00			0.00	0.00
	0.00			0.00	0.00
	0.00			0.00	0.00
Fringe Benefits	0.00			0.00	0.00

Total Salary and Benefits	0.00	0.00	0.00	0.00	0.00
----------------------------------	------	------	------	------	------

Operating Expenses

Office Expenses/Supplies	0.00		0.00	0.00	0.00
Equipment	0.00		0.00	0.00	0.00
Rents/Leases	0.00		0.00	0.00	0.00
Utilities/Communications	0.00		0.00	0.00	0.00
Travel	0.00		0.00	0.00	0.00
(OTHER - Please Specify)	0.00		0.00	0.00	0.00
(OTHER - Please Specify)	0.00		0.00	0.00	0.00
(OTHER - Please Specify)	0.00		0.00	0.00	0.00
(OTHER - Please Specify)	0.00		0.00	0.00	0.00

Total Operating Expenses	0.00	0.00	0.00	0.00	0.00
---------------------------------	------	------	------	------	------

Other Expenses

Fixed Assets	0.00				
(OTHER - Please Specify)	0.00				
(OTHER - Please Specify)	0.00				
Total Other Expenses	0.00	0.00	0.00	0.00	0.00

Total Expenses	0.00	0.00	0.00	0.00	0.00
-----------------------	------	------	------	------	------

Administrative Cost	0.00			0.00	0.00
----------------------------	------	--	--	------	------

Totals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
---------------	---------------	---------------	---------------	---------------	---------------

Invoice Total **\$0.00**

Prepared by: (type name here) **Date** **Telephone #**

I certify that this claim is in all respects true, correct, supportable by available documentation, and in compliance with all terms/condition, laws, and regulations governing its payment

Authorized Fiscal Signature

Date

Subaward Compliance

I. Definitions.

For the purposes of this Subaward, the following definitions shall apply:

- A. **Catalog of Federal Domestic Assistance Number (“CFDA#”)** means the identifying grant number.
- B. **Unique Entity ID (“UEI”)** means the 12-character alphanumeric identifier used to identify a unique entity.
- C. **Federal Agency Identification Number** is the number that identifies the awarding agency and office.
- D. **Federal Award Identification Number (“FAIN”)** identifies each federal award within an agency unique to each federal fiscal year. The federal fiscal year begins October 1 and ends September 30 of the following calendar year.
- E. **Federal Awarding Agency and Office** is the federal agency and office associated with the federal grant.
- F. **Subrecipient** means the **non-federal entity** (e.g., state or local government, or a nonprofit organization) receiving a subaward, from a pass-through entity (e.g., Shasta County Health and Human Services Agency (“HHSA”)), to carry out part of a federal program, per 2 CFR part 200.

II. Uniform Guidance Pertaining to Federal Awards

Uniform administrative requirements, cost principles and audit requirements for federal awards are found in Title 2 of the Code of Federal Regulations (CFR) Part 200. Guidance specific to the programs administered by the federal Department of Health and Human Services can be found at 45 CFR Part 75 and guidance specific to programs administered by the federal Department of Agriculture can be found at 2 CFR Part 400, 415, 416, and 418.

III. Audit Requirement

- A. Pursuant to 2 CFR Part 200—Subpart F, any non-federal entity that expends a combined total of \$750,000 or more per year in federal awards for the purposes of carrying out federal programs must have an annual Single or Program Specific Audit conducted. This funding threshold is the aggregate of funds from all federal sources, not just funds coming from any one pass-through entity. Subrecipients that meet this threshold are required to submit their annual Single or Program Specific Audit to HHSA;
- B. Pursuant to 2 CFR Part 200 – Subpart D, HHSA requires Subrecipients who do not have an annual Single or Program Specific Audit, to provide their independently audited or reviewed financial statements, or an independent accountant’s report of Agreed Upon Procedures applied to the program expending the subaward.
- C. Submit financial reports and supporting documentation to County within 30 days of receipt to Shasta County Health and Human Services Agency, Business and Support Services, Attention: HHSA Fiscal Manager, P.O. Box 496005, Redding, CA 96049-6005.

IV. Subaward Identifying Information

Federal Awarding Agency and Office	Department of Health and Human Services, Administration for Children and Families
FAIN	1701CAFPSS
Grant Title	Promoting Safe and Stable Families
Program Description	The objectives of the Promoting Safe and Stable Families program are: 1) to prevent child maltreatment among families at risk through the provision of supportive family services; 2) to assure children's safety within the home and preserve intact families in which children have been maltreated, when the family's problems can be addressed effectively; 3) to address the problems of families whose children have been placed in foster care so that reunification may occur in a safe and stable manner; 4) to support adoptive families by providing support services as necessary to that they can make a lifetime commitment to their children. This is accomplished through issuance of grants to state child welfare agencies, territories, and eligible Indian tribes to serve families at risk or in crisis, to develop or expand and operate coordinated programs of community-based family support services, family preservation services, time-limited reunification services, and adoption promotion and support services. In addition, a portion of funds is reserved for a separate formula grant for states and territories to support monthly caseworker visits with children who are in foster care. A small proportion of appropriated funds are reserved for research, evaluation, and technical assistance, which may be awarded competitively through contracts or discretionary grants.
CFDA#	93.556
Subrecipient	Shasta Women's Refuge, Inc. dba One Safe Place
UEI	DXK4BA8MDJZ7

**SHASTA COUNTY
INTER-AGENCY RELEASE OF INFORMATION
CHILD PROGRAMS ONLY**

AUTHORIZATION FOR INTER-AGENCY EXCHANGE OF CONFIDENTIAL INFORMATION
PERSONS AND AGENCIES AUTHORIZED TO EXCHANGE VERBAL AND WRITTEN INFORMATION:

(Initial only)	First Name	Last Name	Birth Date
_____	Shasta County Health & Human Services Agency, Children's Welfare Services		
_____	Shasta County Health & Human Services Agency, Children's Mental Health		
_____	Shasta County Health & Human Services Agency, Children's Services Drug & Alcohol		
_____	Shasta County Health & Human Services Agency, Adult Mental Health		
_____	Shasta County Health & Human Services Agency, Public Health		
_____	Shasta County Health & Human Services Agency, Adult Drug & Alcohol		
_____	Shasta County Juvenile Probation		
_____	Shasta County Adult Probation		
_____	Shasta County Office of Education/SELPA		
_____	State of California Parole		
_____	Multiple Disciplinary Team (MDT)		
_____	Wright Education Services		
_____	The Family Center		
_____	One Safe Place		
_____	Shasta Regional Medical Center		
_____	Far Northern Regional Center		
_____	Mercy Medical Center		
_____	Mercy Family Health Center		
_____	Physician/Dentist: _____		
_____	School District: _____		
_____	Other: _____		
_____	Other: _____		
_____	Other: _____		
_____	Other: _____		
_____	Other: _____		
_____	Other: _____		

Client Name:

<u>FIRST NAME</u>	<u>LAST NAME</u>	<u>BIRTH DATE</u>
<u>NAME OF PARENT/GUARDIAN CONSERVATOR</u>		<u>N/A</u> <u>ADDRESS OF THE CHILD</u>

I hereby authorize the agencies initialed above to exchange all information and records for the purpose(s) of: screening, assessing, planning and facilitating delivery of appropriate services.

I hereby authorize release of all information and written documentation, including but not limited to: history, progress reports, evaluations, diagnoses, treatment dates and test results contained in agency records regarding the following subject matters unless specifically excluded below:

Exceptions to release of entire record, if any: _____

(Initial) I understand in signing this authorization I am allowing release of the information identified above. In doing so I am waiving provisions both State and Federal law that protect confidentiality of mental health, physical health, substance abuse, and juvenile records. I also understand that any disclosure made regarding alcohol and/or drug abuse treatment is bound by Part 2 of Title 42, of the Code of Federal Regulations. I may revoke this consent at any time _____ except as to information already exchanged in reliance upon my consent.

This authorization shall remain effective for one year following the date of signature unless revoked earlier in writing

CLIENT SIGNATURE: _____ Date _____

SIGNATURE OF PARENT, GUARDIAN, SOCIAL WORKER, PUBLIC HEALTH NURSE, OR CONSERVATOR:

_____ Date _____

☐ The above social worker is currently assigned to this case

WITNESS: _____ Date _____

THE CLIENT OR, IF A CHILD, HIS OR HER PARENT, GUARDIAN, OR CONSERVATOR, HAS THE RIGHT TO RECEIVE A COPY OF THIS AUTHORIZATION. (Civil Code Section 56.10)

PERSONS RELEASING AND/OR RECEIVING INFORMATION PURSUANT TO THIS AUTHORIZATION MAY NOT RELEASE INFORMATION TO ANY PERSON OR ENTITY NOT AUTHORIZED BY THIS RELEASE TO RECEIVE INFORMATION. (Civil Code Section 56.13)

A DUPLICATE OF THE ORIGINAL IS AS EFFECTIVE AS THE ORIGINAL.

Written Client Assessment



Formerly Shasta Women's Refuge and Family Justice Center

DOMESTIC VIOLENCE ASSESSMENT REPORT

Date of Assessment Report: _____

Social Worker Name: _____

Client Name: _____

Assessment:


(Dates of Services covered by this report, Danger Assessment, Abuse Inventory, Harm & Control Wheel, Adverse Childhood Experiences, Client Attendance, Client Responsiveness, etc.)

Recommendations/Next Steps:

One Safe Place Domestic Violence Prevention and Intervention Services/Assessor Name:

Signature and Date: _____

Exhibit F



RETROSPECTIVE PROTECTIVE FACTORS SURVEY

(Program Information-- For Staff Use Only)

Agency ID # _____ Participant ID # _____ Date Survey Completed: ____/____/____

Program Start Date: ____/____/____

Program Completion Date: ____/____/____

This form is for staff use only and should be completed by a staff member who is familiar with the program participant. Please remove this form prior to giving the survey to the participant to complete.

1. How was the survey completed? (Select one)

☐ A. In a face-to-face interview

☐ B. By the participant with assistance available from program staff to explain items as needed

☐ C. By the participant without program staff present

2. How was the participant referred to your program?

☐ A. Self-Referred

☐ C. Court

☐ E. Other

☐ B. Child Protective Services

☐ D. Community Program

3. Has the participant been reported to Child Protective Services?

☐ A. No

☐ C. Not Sure

☐ B. Yes, ☐ Before starting the program

☐ During the program

☐ After completing the program

4. If yes, was the report substantiated?

☐ A. No

☐ C. Not Sure

☐ E. Yes, referred to Differential Response

☐ B. Yes

☐ D. No, referred to Differential Response

☐ F. Not Applicable

5. Identify the type of program that most accurately describes the services the participant is receiving from your program/agency. (Select all that apply)

☐ A. Advocacy (self, community)

☐ E. Parent Education

☐ I. Resource and Referral

☐ B. Healthy Relationships

☐ F. Parent/Child Interaction

☐ J. Skill Building/Ed for Children

☐ C. Home Visiting

☐ G. Parent Support Group

☐ K. Other (If you are using a specific curriculum, please write the name) _____

☐ D. Homeless/Transitional Housing

☐ H. Planned and/or Crisis Respite

6. Participant's Attendance:

Answer at Pre-test:

Number of hours of service offered to the participant

Answer at Post-test:

Number of hours of service received by the participant

Please remove this form prior to giving the survey to the participant to complete.

This survey was developed by the FRIENDS National Center for Community-Based Child Abuse Prevention in partnership with the University of Kansas Institute for Educational Research & Public Service through funding provided by the US Department of Health and Human Services.

These next few questions are about you and your household. They will be used to help program staff understand the needs of people and families they are serving, and improve service provision. Remember, your responses to this survey are confidential.

1. Sex: ☐ A. Male ☐ B. Female ☐ C. Gender non-conforming/non-binary ☐ D. Prefer not to answer

2. Age (in years): _____

3. Primary Language Spoken at Home:

☐ A. English ☐ C. Creole ☐ E. Arabic ☐ G. Other: _____
☐ B. Spanish ☐ D. Mandarin ☐ F. Russian

4. Race/Ethnicity (Please choose as many as apply):

☐ A. Native American or Alaskan Native ☐ E. Hispanic or Latino ☐ I. Multi-racial
☐ B. Asian ☐ F. Middle Eastern ☐ J. Other _____
☐ C. Black or African American ☐ G. Native Hawaiian/Pacific Islander
☐ D. African National/ Caribbean Islander ☐ H. White (Non-Hispanic/ European American)

5. Relationship Status:

☐ A. Married ☐ C. Single-never married ☐ E. Widowed
☐ B. Partnered ☐ D. Divorced ☐ F. Separated

6. Family Housing:

☐ A. Own ☐ C. Shared housing with relatives/friends ☐ E. Temporary (shelter, temporary with friends/relatives)
☐ B. Rent ☐ D. Homeless

7. Total Family Income:

☐ A. \$0 - \$10,000 ☐ D. \$30,001 - \$40,000 ☐ G. More than \$60,001
☐ B. \$10,001 - \$20,000 ☐ E. \$40,001 - \$50,000
☐ C. \$20,001 - \$30,000 ☐ F. \$50,001 - \$60,000

8. Highest Level of Education:

☐ A. No formal education ☐ E. High school diploma or GED ☐ I. 4-year college degree (Bachelor's)
☐ B. Elementary ☐ F. Trade/Vocational training ☐ J. Advanced degree
☐ C. Junior high school ☐ G. Some college
☐ D. Some high school ☐ H. 2-year college degree (Associate's)

9. Which, if any, of the following do you or your family currently receive? (Check all that apply)

☐ A. Supplemental Nutrition Assistance Program (SNAP/ foodstamps) ☐ E. Temporary Assistance for Needy Families (TANF) ☐ H. State Health Insurance (including children's health insurance)
☐ B. Social Security Disability Income (SSDI) ☐ F. Head Start/Early Head Start Services ☐ I. Supplemental Security Income (SSI)
☐ C. Medicaid ☐ G. Unemployment Benefits ☐ J. None of the above
☐ D. Earned Income Tax Credit (EITC) ☐ K. Other

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Please tell us about the children living in your household.

10. CHILD #1 ☐ A. Male ☐ B. Female ☐ C. Gender non-conforming/ non-binary ☐ D. Prefer not to answer

11. Date of Birth: _____

12. This child lives in my house: ☐ Yes ☐ No

13. What is your relationship to this child?

- ☐ A. Birth parent ☐ D. Foster parent ☐ G. Other relative
☐ B. Step-parent ☐ E. Grand/Great-grandparent ☐ H. Other
☐ C. Adoptive parent ☐ F. Sibling

14. CHILD #2 ☐ A. Male ☐ B. Female ☐ C. Gender non-conforming/ non-binary ☐ D. Prefer not to answer

15. Date of Birth: _____

16. This child lives in my house: ☐ Yes ☐ No

17. What is your relationship to this child?

- ☐ A. Birth parent ☐ D. Foster parent ☐ G. Other relative
☐ B. Step-parent ☐ E. Grand/Great-grandparent ☐ H. Other
☐ C. Adoptive parent ☐ F. Sibling

18. CHILD #3 ☐ A. Male ☐ B. Female ☐ C. Gender non-conforming/ non-binary ☐ D. Prefer not to answer

19. Date of Birth: _____

20. This child lives in my house: ☐ Yes ☐ No

21. What is your relationship to this child?

- ☐ C. Birth parent ☐ D. Foster parent ☐ G. Other relative
☐ D. Step-parent ☐ E. Grand/Great-grandparent ☐ H. Other
☐ C. Adoptive parent ☐ F. Sibling

22. CHILD #4 ☐ A. Male ☐ B. Female ☐ C. Gender non-conforming/ non-binary ☐ D. Prefer not to answer

23. Date of Birth: _____

24. This child lives in my house: ☐ Yes ☐ No

25. What is your relationship to this child?

- ☐ A. Birth parent ☐ D. Foster parent ☐ G. Other relative
☐ B. Step-parent ☐ E. Grand/Great-grandparent ☐ H. Other
☐ C. Adoptive parent ☐ F. Sibling

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2



RETROSPECTIVE PROTECTIVE FACTORS SURVEY (Program Information-- For Staff Use Only)

In this survey, please think back to when you started this program. Answer these questions by describing how you felt or what you experienced **BEFORE** you started the program. Next, you will be asked to describe how you feel or what you experience **TODAY**.

Please **circle** the number that describes how often the statements are true for you or your family. The numbers represent a scale from 1 to 7 where each of the numbers represents a different amount of time.

		Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
1. In my family, we talk about problems.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
2. When we argue, my family listens to "both sides of the story."	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
3. In my family, we take time to listen to each other.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
4. My family pulls together when things are stressful.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
5. My family is able to solve our problems.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7

		Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
6. I have others who will listen when I need to talk about my problems.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
7. When I am lonely, there are several people I can talk to.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
8. I would have no idea where to turn if my family needed food or housing.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
9. I wouldn't know where to go for help if I had trouble making ends meet.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
10. If there is a crisis, I have others I can talk to.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
11. If I needed help finding a job, I wouldn't know where to go for help.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7

This survey was developed by the FRIENDS National Center for Community-Based Child Abuse Prevention in partnership with the University of Kansas Institute for Educational Research & Public Service through funding provided by the US Department of Health and Human Services. 3



RETROSPECTIVE PROTECTIVE FACTORS SURVEY (Program Information-- For Staff Use Only)

This part of the survey asks about parenting and your relationship with your child. For this section, please focus on the child that you hoped would benefit most from your participation in our services. Please write the child's age or date of birth and then answer questions with this child in mind.

Child's Age _____ or DOB ____/____/____

Answer these questions by describing how you felt or what you experienced **BEFORE** you started the program. Next, you will be asked to describe how you feel or what you experience **TODAY**.

		Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
12. There are many times when I don't know what to do as a parent	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
13. I know how to help my child learn.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
14. My child misbehaves just to upset me.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7

Please tell us how often each of the following happens in your family.

		Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
15. I praise my child when he/she behaves well.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
16. When I discipline my child, I lose control.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
17. I am happy being with my child.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
18. My child and I are very close to each other.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
19. I am able to soothe my child when he/she is upset.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7
20. I spend time with my child doing what he/she likes to do.	Before	1	2	3	4	5	6	7
	Today	1	2	3	4	5	6	7

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4

Exhibit G

Discovery Group Class Evaluation

1. Describe the Cycle of Violence and how it affected you.
2. What is something you learned about why people abuse their partners?
3. How has this understanding changed your understanding of Intimate Partner Violence?
4. What is something you learned about why victims stay? What would you say kept you in your situation?
5. What is something you learned about how Intimate Partner Violence affects children?
6. How do you feel your child(ren) might have been affected?
7. What is something you can do to help your child(ren) recover and protect them from future exposure to Intimate Partner Violence?

8. What did you learn about red flags in relationships?
9. What did you learn about healthy relationships?
10. What did you learn about your own need for boundaries?
11. What is something you learned about parenting?
12. Do you have any additional comments about the group?
13. Is there anything the facilitator could do to improve the group?
14. Was the class useful to you? Do you think it would be useful to others experiencing Intimate Partner Violence?

Exhibit H

**One Safe Place IPV Prevention and Intervention Services
Quarterly Narrative Report**

Quarterly Report Period (Start Month – End Month/Year):

1. Please provide an evaluation of services this past quarter including a discussion of how services provided are helping Referred Individuals/Families build resilience and develop skills, characteristics, knowledge, and relationships that offset risk exposure:
2. Identification of services provided to:
 - Strengthen parental resilience (such as counseling, education services and advocacy)
 - Strengthen social connections (such as support groups and networks)
 - Increase knowledge of parenting and child development (such as Discovery class)
 - Access concrete supports in times of need, examples include referrals to community based resources
 - Improve children's social emotional competency (such as referrals to counseling)
3. Discuss Challenges experienced in the past quarter.
4. Discuss Unexpected Benefits experienced in the past quarter.
5. Please share one participant success story related to this program. Include client demographics, presenting issues, and the specific success the participant achieved as a result of this program.

Exhibit I

Monthly Report

(Available in Excel)

Statistical Report One Safe Place	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	TOTAL
# Clients Served													0
# Clients signed ROI													0
# Clients declined to sign ROI													0
# Clients assisted in filing restraining order													0
# Clients assisted with housing													0
# Clients assisted with emergency shelter													0
# Clients completed Protective Factors Survey (Goal 100% client completion rate)													0
# trainings completed for BHSS staff (Goal minimum 2 trainings completed per year)													0
Staff & Volunteers clearance completed? Yes/No (Goal 100% Yes)													0
RED Team													0
# Attended													0
# Didn't Attend													0
# Holiday													0
# Cancelled													0
Discovery													0
# Classes Facilitated													0
# Classes Cancelled													0
# Clients Signed up for Discovery													0
# Clients Graduated Discovery (Goal 75% Clients signed up graduate)													0
Mini Discovery													0
# Classes Facilitated													0
# Classes Cancelled													0
# Clients Signed up for Mini Discovery													0
# Clients Graduated Mini Discovery													0
What is Working Well This month?													
What Challenges are you Experiencing?													
Other Outcomes or relevant information?													
Report Completed By:													

Monthly Report

(Available in Excel)

[illegible]

Monthly Report
(Available in Excel)

CS Staffing			
Client Last Name	Client First Name	Service Provide Start Date	Service Provider Specific Code

Capital Equipment Purchases

