

## City and County of San Francisco



London Breed, Mayor

## Human Services Agency

 Department of Human Services  
 Department of Disability and Aging Services  
 Office of Early Care and Education

Trent Rhorer, Executive Director

## MEMORANDUM

**TO:** DISABILITY & AGING SERVICES COMMISSION

**THROUGH:** SHIREEN McSPADDEN, EXECUTIVE DIRECTOR

**FROM:** CINDY KAUFFMAN, DEPUTY DIRECTOR  
 ESPERANZA ZAPIEN, ACTING DIRECTOR OF CONTRACTS

**DATE:** OCTOBER 7, 2020

**SUBJECT:** NEW GRANT: **OPENHOUSE** (NON-PROFIT) FOR PROVISION AND MAINTENANCE OF HOUSING RESOURCE LIST FOR OLDER ADULTS AND ADULTS WITH DISABILITIES

**GRANT TERM:** 1/1/2021 – 6/30/2022

**GRANT AMOUNT:**

|  | <u>New</u> | <u>Contingency</u> | <u>Total</u> |
|--|------------|--------------------|--------------|
|  | \$38,267   | \$3,826            | \$42,093     |

**ANNUAL AMOUNT:**

|  | <u>FY 20-21</u> | <u>FY 21-22</u> |
|--|-----------------|-----------------|
|  | \$12,756        | \$25,511        |

**Funding Source**

|                    | <u>County</u> | <u>State</u> | <u>Federal</u> | <u>Contingency</u> | <u>Total</u> |
|--------------------|---------------|--------------|----------------|--------------------|--------------|
| <b>FUNDING:</b>    | \$38,267      |              |                | \$3,826            | \$42,093     |
| <b>PERCENTAGE:</b> | 100%          |              |                |                    | 100%         |

 DS  
 EC

The Department of Disability and Aging Services (DAS) requests authorization to enter into a new grant agreement with Openhouse for the period of January 1, 2021 to June 30, 2022, in an amount of \$38,267 plus a 10% contingency for a total amount not to exceed \$42,093. The purpose of this grant is to provide updated information about current affordable housing opportunities in the Bay Area for older people and adults with disabilities.

**Background**

Affordable housing is a critical need for many seniors and adults with disabilities living in San Francisco. Through this grant, a regularly maintained and distributed list of affordable housing opportunities will be created for the benefit of the San Francisco community.

**Services to be Provided**

Grantee will research affordable housing opportunities in the Bay Area, compile active opportunities, and then widely distribute the Housing Resource List (“List”). The Housing Resource List will be updated and distributed on a monthly basis. Openhouse will utilize a standardized approach for researching and compiling housing opportunities in San Francisco and nearby counties (e.g. Marin, Alameda, Contra Costa, San Mateo) and will distribute via publication on the web, through mass email, and in print. The grantee will maintain an updated list of community based organizations who will in turn share it with the target populations. Openhouse is also able to supply the List directly to interested individuals upon request.

**Location and Time of Services**

The services for Openhouse will be provided at 65 Laguna Street, San Francisco, CA 94114, during the hours of 9 a.m. to 5 p.m. Monday to Friday.

**Performance**

Openhouse received program monitoring on August 10, 2020 (FY 2019-2020) and a fiscal monitoring self-assessment on July 22, 2020 (FY 2019-2020). Openhouse is in compliance with fiscal and program requirements for FY 19/20.

**Grantee Selection**

Grantee was selected through Informal Bid (IB) #779, which was competitively bid in March 2018.

**Funding**

Funding for this grant is provided by County General Funds.

**ATTACHMENTS**

**Openhouse**

Appendix A-Services to be Provided

Appendix B- Program Budget

## Appendix A - Services to be Provided

### Openhouse

#### Intake Service: Maintenance of Housing Resource List for Older People and Adults with Disabilities.

1/1/2021 to 6/30/2022

#### I. Purpose of Grant

The grantee will provide updated information about current affordable housing opportunities in the Bay Area for older people and adults with disabilities.

#### II. Definitions

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Adult with a Disability | Person 18 years of age or older living with a disability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| CARBON                  | Contracts Administration, Reporting and Billing On Line System                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| City                    | City and County of San Francisco, a municipal corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| DAS                     | Department of Disability and Aging Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Disability              | A condition or combination of conditions that is attributable to a mental, cognitive or physical impairment, including hearing and visual impairments, that results in substantial functional limitations in one (1) or more of the following areas of major life activity: a) self-care: Activities of Daily Living (ADL), and Instrumental Activities of Daily Living (IADL); b) capacity for independent living and self-direction; c) cognitive functioning, and emotional adjustment                                               |
| Frail                   | An individual determined to be functionally impaired in one or both of the following areas: (a) unable to perform two or more activities of daily living (such as bathing, toileting, dressing, eating, and transferring) without substantial human assistance, including verbal reminding, physical cueing or supervision; (b) due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to others. |
| Grantee                 | Openhouse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| HSA                     | San Francisco Human Services Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Low Income              | Having income at or below 300% of the federal poverty line defined by the federal Bureau of the Census and published annually by the U.S. Department of Health and Human Services. This is only to be used by clients to self-identify                                                                                                                                                                                                                                                                                                  |

|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                 | their income status, not to be used as a means test to qualify for the program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Minority                        | An ethnic person of color who is any of the following:<br>a) Black – a person having origins in any of the Black racial groups of Africa, b) Hispanic – a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish or Portuguese culture or origin regardless of race, c) Asian/Pacific Islander – a person whose origins are from India, Pakistan or Bangladesh, Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, or the United States Territories of the Pacific including the Northern Marianas, d) American Indian/Alaskan Native – an American Indian, Eskimo, Aleut, or Native Hawaiian.<br>Source: California Code of Regulation Sec. 7130. |
| Senior/Older Adult/Older Person | Person who is 60 years of age or older                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

### III. Target Population

Individuals 60 years of age or older, or individuals between 18 and 59 years of age who are living with a disability. In addition, services must target clients who are members of one or more of the following groups that have been identified as demonstrating the greatest economic and social need:

- Low-income
- Non or limited –English speaking
- Minority as defined by race and/or ethnicity, religion
- Lesbian/Gay/Bisexual/Transgender

### IV. Description of Services

Grantee will research affordable housing opportunities in the Bay Area, compile active opportunities, and then widely distribute the Housing Resource List (List). Grantee will:

- a. Update and distribute the Housing Resource List on a monthly basis by no later than the 5<sup>th</sup> of the month.
- b. Utilize a standardized approach for researching and compiling housing opportunities in San Francisco and nearby counties (e.g. Marin, Alameda, Contra Costa, San Mateo) on a monthly basis.
- c. Develop a standardized introduction about the Housing Resource List and/or a “frequently asked questions/answers” section for new recipients of the Housing Resource List.
- d. Distribute the Housing Resource List via publication on the web, through mass email, and in print.

- e. Supply the List to community based organizations who will in turn share it with the target populations.
- f. Supply the List directly to interested individuals upon request.
- g. Maintain a distribution list of all monthly recipients, which includes whether recipient is an individual or community based organization.
- h. Develop policies and procedures for additions (and subtractions) to recipient list so that the community is informed on how they can receive the housing list every month.

**V. Location and Time of Services**

The services for Openhouse will be provided at 65 Laguna Street, San Francisco, CA 94114, during the hours of 9 a.m. to 5 p.m. Monday to Friday. .

**VI. Grantee Responsibilities**

The Grantee will develop and maintain a monthly comprehensive Housing Resource List, which will be available through print, email, and the web. Specifically, on a monthly basis, Openhouse staff will maintain and update the comprehensive Housing Resource List. The Housing Resource List will be emailed to 5700+ providers, constituents, consumers who in turn will share it with their target populations.

Additionally, Openhouse staff will supply the List to constituents, consumers and clients who contact the agency in search of housing information/data.

**VII. Service Objectives**

On an annual basis:

- a. Grantee will create and distribute **18** Housing Resource Lists (one per month).

**VIII. Outcome Objectives**

- a. Grantee will utilize an annual survey distributed to ascertain and ensure the following:
  - A minimum of 85% level of satisfaction with the List and the information contained therein.
  - A minimum of 90% reliability of information contained in the List.
  - A minimum of 85% satisfaction of access to and usability of the List.
  - A minimum of 85% relevance and viability of the List.

Distribution of annual survey should include, at minimum, the following survey responses:

- 20 completed surveys by community based organizations
- 40 completed surveys by individual consumers

- b. There will be a 10% increase in the number of providers, constituents, consumers and clients who receive and or access the List annually. Baseline measure: 5700 individuals and 290 organizations/agencies.

**IX. Reporting Requirements**

- A. Grantee will provide a monthly report of activities, referencing the tasks as described in Section VII & VIII- Service and Outcome Objectives. Grantee will enter the monthly metrics in the CARBON database by the 15th of the following month.
- B. Grantee will provide a quarterly report of activities, referencing the tasks as described in Section VII & VIII- Service and Outcome Objectives. Grantee will enter the quarterly metrics in the CARBON database by the 15th of the month following the end of the quarter.
- C. Grantee will provide an annual report summarizing the contract activities, referencing the tasks as described in VII & VIII- Service and Outcome Objectives. This report will also include accomplishments and challenges encountered by the Grantee. Grantee will enter the annual metrics in the CARBON database by the 15th of the month following the end of the program year.
- D. Grantee will provide Ad Hoc reports as required by the Department.

For assistance with reporting requirements or submission of reports, contact:

[tahir.shaikh@sfgov.org](mailto:tahir.shaikh@sfgov.org), Tahir Shaikh, Contract Manager, Office of Contract Management

or

[mui.fung@sfgov.org](mailto:mui.fung@sfgov.org), Mui Fung, Integrated Intake Supervisor, DAS

**X. Monitoring Activities**

- A. Program Monitoring: Program monitoring will include review of client eligibility, and back-up documentation for reporting progress towards meeting service and outcome objectives.
- B. Fiscal Compliance and Contract Monitoring : Fiscal monitoring will include review of the Grantee's organizational budget, the general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring will include review of Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, subcontracts, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

|    | A                                                                                                                             | B                           | C              | D               |
|----|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------|-----------------|
| 1  | Appendix B, Page 1                                                                                                            |                             |                |                 |
| 2  |                                                                                                                               |                             |                |                 |
| 3  | <b>HUMAN SERVICES AGENCY BUDGET SUMMARY</b>                                                                                   |                             |                |                 |
| 4  | <b>BY PROGRAM</b>                                                                                                             |                             |                |                 |
| 5  | Name                                                                                                                          |                             | Term           |                 |
| 6  | <b>Openhouse</b>                                                                                                              |                             | 1/1/21-6/30/22 |                 |
| 7  | (Check One)    New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Modification <input type="checkbox"/> |                             |                |                 |
| 8  | If modification, Effective Date of Mod.                                                                                       |                             | No. of Mod.    |                 |
| 9  | <b>Program: Housing Resource List</b>                                                                                         |                             |                |                 |
| 10 | Budget Reference Page No.(s)                                                                                                  |                             |                | Total           |
| 11 | Program Term                                                                                                                  | 1/1/21-6/30/21              | 7/1/21-6/30/22 | 1/1/21-6/30/22  |
| 12 | <b>Expenditures</b>                                                                                                           |                             |                |                 |
| 13 | Salaries & Benefits                                                                                                           | \$11,092                    | \$22,184       | \$33,276        |
| 14 | Operating Expenses                                                                                                            | \$0                         | \$0            | \$0             |
| 15 | <b>Subtotal</b>                                                                                                               | \$11,092                    | \$22,184       | \$33,276        |
| 16 | Indirect Percentage (%)                                                                                                       | 15%                         | 15%            | 15%             |
| 17 | Indirect Cost (Line 16 X Line 15)                                                                                             | \$1,664                     | \$3,327        | \$4,991         |
| 18 | Subcontractor/Capital Expenditures                                                                                            | \$0                         | \$0            | \$0             |
| 19 | Total Expenditures                                                                                                            | \$12,756                    | \$25,511       | \$38,267        |
| 20 | <b>HSA Revenues</b>                                                                                                           |                             |                |                 |
| 21 | General Fund                                                                                                                  | \$12,756                    | \$25,511       | \$38,267        |
| 22 |                                                                                                                               |                             |                |                 |
| 23 |                                                                                                                               |                             |                |                 |
| 24 |                                                                                                                               |                             |                |                 |
| 25 |                                                                                                                               |                             |                |                 |
| 26 |                                                                                                                               |                             |                |                 |
| 27 |                                                                                                                               |                             |                |                 |
| 28 |                                                                                                                               |                             |                |                 |
| 29 | TOTAL HSA REVENUES                                                                                                            | \$12,756                    | \$25,511       | \$38,267        |
| 30 | <b>Other Revenues</b>                                                                                                         |                             |                |                 |
| 31 |                                                                                                                               |                             |                |                 |
| 32 |                                                                                                                               |                             |                |                 |
| 33 |                                                                                                                               |                             |                |                 |
| 34 |                                                                                                                               |                             |                |                 |
| 35 |                                                                                                                               |                             |                |                 |
| 36 | Total Revenues                                                                                                                | \$12,756                    | \$25,511       | \$38,267        |
| 37 | Full Time Equivalent (FTE)                                                                                                    |                             |                |                 |
| 39 | Prepared by: Matthew Cimino                                                                                                   | Telephone No.: 415-530-2783 |                | 9/3/2020        |
| 40 | HSA-CO Review Signature: _____                                                                                                |                             |                |                 |
| 41 | <b>HSA #1</b>                                                                                                                 |                             |                | <b>9/3/2020</b> |

|    | A                                      | B                                    | C            | D                                       | E               | F                          | G                          | H                            |
|----|----------------------------------------|--------------------------------------|--------------|-----------------------------------------|-----------------|----------------------------|----------------------------|------------------------------|
| 1  | Appendix B, Page 2                     |                                      |              |                                         |                 |                            |                            |                              |
| 2  |                                        |                                      |              |                                         |                 |                            |                            |                              |
| 3  | <b>Openhouse</b>                       |                                      |              |                                         |                 |                            |                            |                              |
| 4  | <b>Program: Housing Resource List</b>  |                                      |              |                                         |                 |                            |                            |                              |
| 5  | (Same as Line 9 on HSA #1)             |                                      |              |                                         |                 |                            |                            |                              |
| 6  |                                        |                                      |              |                                         |                 |                            |                            |                              |
| 7  | <b>Salaries &amp; Benefits Detail</b>  |                                      |              |                                         |                 |                            |                            |                              |
| 8  |                                        |                                      |              |                                         |                 |                            |                            |                              |
| 9  |                                        |                                      |              |                                         |                 |                            |                            |                              |
| 10 |                                        |                                      |              |                                         |                 |                            |                            |                              |
| 11 |                                        |                                      |              |                                         |                 |                            |                            |                              |
|    |                                        | Agency Totals                        |              | HSA Program                             |                 | 1/1/21-6/30/21             | 7/1/21-6/30/22             | 1/1/21-6/30/22               |
|    |                                        | Annual Full<br>TimeSalary<br>for FTE | Total<br>FTE | % FTE<br>funded by<br>HSA<br>(Max 100%) | Adjusted<br>FTE | DAS<br><br>Budgeted Salary | DAS<br><br>Budgeted Salary | TOTAL<br><br>Budgeted Salary |
| 12 | POSITION TITLE                         |                                      |              |                                         |                 |                            |                            |                              |
| 13 | Mgr of Resource Navigation & Referrals | \$61,194                             | 1.00         | 30%                                     | 0.30            | \$9,243                    | \$18,487                   | \$27,730                     |
| 14 |                                        |                                      |              |                                         |                 |                            |                            |                              |
| 15 |                                        |                                      |              |                                         |                 |                            |                            |                              |
| 16 |                                        |                                      |              |                                         |                 |                            |                            |                              |
| 17 |                                        |                                      |              |                                         |                 |                            |                            |                              |
| 18 |                                        |                                      |              |                                         |                 |                            |                            |                              |
| 19 |                                        |                                      |              |                                         |                 |                            |                            |                              |
| 20 |                                        |                                      |              |                                         |                 |                            |                            |                              |
| 21 |                                        |                                      |              |                                         |                 |                            |                            |                              |
| 22 |                                        |                                      |              |                                         |                 |                            |                            |                              |
| 23 |                                        |                                      |              |                                         |                 |                            |                            |                              |
| 24 |                                        |                                      |              |                                         |                 |                            |                            |                              |
| 25 |                                        |                                      |              |                                         |                 |                            |                            |                              |
| 26 |                                        |                                      |              |                                         |                 |                            |                            |                              |
| 27 |                                        |                                      |              |                                         |                 |                            |                            |                              |
| 28 |                                        |                                      |              |                                         |                 |                            |                            |                              |
| 29 |                                        |                                      |              |                                         |                 |                            |                            |                              |
| 30 | TOTALS                                 | \$61,194                             | 1.00         | 30%                                     | 0.30            | \$9,243                    | \$18,487                   | \$27,730                     |
| 31 |                                        |                                      |              |                                         |                 |                            |                            |                              |
| 32 | FRINGE BENEFIT RATE                    | 20%                                  |              |                                         |                 |                            |                            |                              |
| 33 | EMPLOYEE FRINGE BENEFITS               | \$12,239                             |              |                                         |                 | \$1,849                    | \$3,697                    | \$5,546                      |
| 34 |                                        |                                      |              |                                         |                 |                            |                            |                              |
| 35 |                                        |                                      |              |                                         |                 |                            |                            |                              |
| 36 | TOTAL SALARIES & BENEFITS              | \$73,433                             |              |                                         |                 | \$11,092                   | \$22,184                   | \$33,276                     |
| 37 | <b>HSA #2</b>                          | <b>9/3/2020</b>                      |              |                                         |                 |                            |                            |                              |



|    | A                                           | B | C | D    | E                     | F | G                     | H | K                              |
|----|---------------------------------------------|---|---|------|-----------------------|---|-----------------------|---|--------------------------------|
| 1  | Appendix B, Page 3                          |   |   |      |                       |   |                       |   |                                |
| 2  |                                             |   |   |      |                       |   |                       |   |                                |
| 3  | <b>Openhouse</b>                            |   |   |      |                       |   |                       |   |                                |
| 4  | <b>Program: Housing Resource List</b>       |   |   |      |                       |   |                       |   |                                |
| 5  | (Same as Line 9 on HSA #1)                  |   |   |      |                       |   |                       |   |                                |
| 6  |                                             |   |   |      |                       |   |                       |   |                                |
| 7  | <b>Operating Expense Detail</b>             |   |   |      |                       |   |                       |   |                                |
| 8  |                                             |   |   |      |                       |   |                       |   |                                |
| 9  |                                             |   |   |      |                       |   |                       |   |                                |
| 10 |                                             |   |   |      |                       |   |                       |   |                                |
| 11 |                                             |   |   |      |                       |   |                       |   |                                |
| 12 | <u>Expenditure Category</u>                 |   |   | TERM | <u>1/1/21-6/30/21</u> |   | <u>7/1/21-6/30/22</u> |   | TOTAL<br><u>1/1/21-6/30/22</u> |
| 13 | Rental of Property                          |   |   |      | _____                 |   | _____                 |   | _____                          |
| 14 | Utilities(Elec, Water, Gas, Phone, Garbage) |   |   |      | _____                 |   | _____                 |   | _____                          |
| 15 | Office Supplies, Postage                    |   |   |      | _____                 |   | _____                 |   | _____                          |
| 16 | Building Maintenance Supplies and Repair    |   |   |      | _____                 |   | _____                 |   | _____                          |
| 17 | Printing and Reproduction                   |   |   |      | \$0                   |   |                       |   | \$0                            |
| 18 | Insurance                                   |   |   |      | _____                 |   | _____                 |   | _____                          |
| 19 | Staff Training                              |   |   |      | _____                 |   | _____                 |   | _____                          |
| 20 | Staff Travel-(Local & Out of Town)          |   |   |      | _____                 |   | _____                 |   | _____                          |
| 21 | Rental of Equipment                         |   |   |      | _____                 |   | _____                 |   | _____                          |
| 22 |                                             |   |   |      |                       |   |                       |   |                                |
| 23 | <b>CONSULTANTS</b>                          |   |   |      |                       |   |                       |   |                                |
| 24 |                                             |   |   |      | \$0                   |   |                       |   | \$0                            |
| 25 |                                             |   |   |      | _____                 |   | _____                 |   | _____                          |
| 26 |                                             |   |   |      | _____                 |   | _____                 |   | _____                          |
| 27 | <b>OTHER</b>                                |   |   |      |                       |   |                       |   |                                |
| 28 |                                             |   |   |      | _____                 |   | _____                 |   | _____                          |
| 29 |                                             |   |   |      | _____                 |   | _____                 |   | _____                          |
| 30 |                                             |   |   |      | _____                 |   | _____                 |   | _____                          |
| 31 | <b>TOTAL OPERATING EXPENSE</b>              |   |   |      | \$0                   |   |                       |   | \$0                            |
| 32 |                                             |   |   |      |                       |   |                       |   |                                |
| 33 | <b>HSA #3</b>                               |   |   |      |                       |   |                       |   | <b>9/3/2020</b>                |