



**State of Florida
Department of Children and Families**

Ron DeSantis
Governor

Shevaun L. Harris
Secretary

APPROVAL MEMORANDUM

DATE: November 15, 2023
TO: Shevaun L. Harris, Secretary
FROM: Joanna Martin, Homelessness Contracts and Procurement Manager
SUBJECT: Approval Memorandum – Blanket Executive Leadership Approval for 24 Amendments to add Challenge Plus Grant funds and update contract language for State Fiscal Year 2023-2024.

ROUTING:

Approver	Signature	Date
Programmatic Approval Levels		
Joanna Martin Contract Manager Supervisor	N/A	N/A
Shannon Piotrowski Homelessness Program Deputy Director	N/A	N/A
Patricia Medlock Deputy Assistant Secretary of OCS	N/A	N/A
Administrative Approval Levels		
Janetta Melton Budget Office	N/A	N/A
Cole Sousa Office of Information Technology	N/A	N/A
Quality Office	N/A	N/A
Jonathon Baggett Office of Contracted Client Services	N/A	N/A
Thomas Valentine Office of General Counsel	N/A	N/A
Executive Approval Levels		
Jess Tharpe Assistant Secretary of OCS		
Casey Penn Deputy Secretary		
Molly McKinstry Chief of Staff		
Shevaun L. Harris Secretary	<i>Shevaun L. Harris for</i>	11/21/23

Note: When building the approval flow, if an approver's signature is not required, insert N/A. Routing should occur in consecutive order as it appears, beginning with the program office.

2415 North Monroe Street, Suite 400, Tallahassee, Florida 32303-4190

Mission: Work in Partnership with Local Communities to Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

Contract Number	
Amendment Number	
Procurement Officer or Contract Manager	
Provider Name	
Contract Term	
Total Current Contract Amount	
Amendment Amount (+/-)	
Total Amended Contract Amount	
State FY Funds Included	
Federal FY Funds Included	
Total FY Amount	

PURPOSE:

The Office of Homelessness is requesting approval to execute 24 Homelessness contract amendments to add Challenge Plus Grant funds and update contract language for State Fiscal Year 2023-2024.

BACKGROUND:

The Department is engaging the Provider for the purpose of facilitating the development of the Continuum of Care (CoC) Plan and to further assist the local community through planning, coordinating, and monitoring the delivery of services to persons who are homeless or about to be homeless within the CoC service delivery area.

KEY PROVISIONS:

The Department received an additional \$20,016,822.00 in Challenge Grant State funds. The Department is adding \$11,341,221.63 (Challenge Plus) with these amendments to support the Continuum of Care (CoC) lead agencies and the department's housing initiatives to assist those individuals or households who are homeless, or those at-risk of becoming homeless. This state funding is a critical component in building our lead agencies capacity to coordinate care, carry out continuum planning, and develop local and federal funding to end homelessness. See attached spreadsheet for breakdown for each Agreement being amended.

ACTION REQUESTED:

The Secretary's approval for execution of the 24 Homelessness contract amendments.

CONTACT INFORMATION:

Joanna Martin, Contract Manager Supervisor
 2415 N. Monroe Street, Ste 400
 Tallahassee, FL 32303
 850-228-0695
 Joanna.Martin@myflfamilies.com

ATTACHMENTS:

Spreadsheet for 24 Continuum of Care Homelessness Contracts.

FY 2023-2024 Challenge Plus Amendments						
	Contract #	Amendment #	Provider Name	Total Contract Amount	Amendment Amount	Total Amended Amount
1	APZ10	0010	Opening Doors of NWFL Inc. (Santa Rosa)	\$7,306,742.43	\$407,816.27	\$7,714,558.70
2	APZ11	0010	Homelessness and Housing Alliance (Santa Rosa)	\$7,210,591.77	\$291,397.59	\$7,501,989.36
3	BPZ11	0011	Homeless and Hunger Coalition of Northwest Florida, Inc. dba Doorways of NWFL (PC)	\$6,285,089.80	\$388,440.69	\$6,673,530.49
4	BPZ12	0011	Big Bend Continuum of Care	\$4,787,277.80	\$441,469.53	\$5,228,747.33
5	CP006	0010	United Way of Suwannee Valley	\$5,745,503.18	\$329,899.41	\$6,075,402.59
6	DP002	0010	Changing Homelessness	\$7,273,235.61	\$675,641.61	\$7,948,877.22
7	GPZ47	0009	Homeless Services Network of Central Florida	\$9,576,328.47	\$750,000.00	\$10,326,328.47
8	GPZ48	0009	Brevard Homeless Coalition	\$8,338,881.18	\$485,794.30	\$8,824,675.48
9	IP004	0008	Palm Beach County Division of Human Services	\$4,203,175.64	\$683,322.93	\$4,886,498.57
10	JP003	0008	Broward County Homeless Initiative Partnership	\$6,997,286.82	\$750,000.00	\$7,747,286.82
11	KP009	0008	Miami-Dade County Homeless Trust	\$12,594,713.64	\$750,000.00	\$13,344,713.64
12	KP010	0009	Monroe County Homeless Services	\$5,740,492.14	\$200,996.86	\$5,941,489.00
13	NP005	0010	Volusia/Flagler County Coalition for the Homeless	\$5,691,603.99	\$311,656.74	\$6,003,260.73
14	NP006	0008	Flagler Hospital - St Augustine	\$4,801,781.51	\$184,005.99	\$4,985,787.50
15	PPZ80	0009	Mid Florida Homeless Coalition	\$6,760,405.98	\$535,028.07	\$7,295,434.05
16	QPZ01	0009	Collier County Hunger and Homeless Coalition	\$3,317,852.21	\$291,640.71	\$3,609,492.92
17	QPZ02	0009	Lee County Continuum of Care	\$4,791,863.83	\$431,475.77	\$5,223,339.60
18	QPZ03	0009	Gulf Coast Partnership (Charlotte County)	\$6,656,981.48	\$176,213.65	\$6,833,195.13
19	QPZ04	0008	Suncoast Partnership to End Homelessness (Manatee and Sarasota County)	\$5,101,004.90	\$501,838.79	\$5,602,843.69
20	QPZ05	0009	Tampa Hillsborough Homeless Initiative	\$7,381,660.95	\$750,000.00	\$8,131,660.95
21	QPZ07	0009	Coalition for the Homeless of Pasco County	\$4,539,756.66	\$424,817.88	\$4,964,574.54
22	TPZ17	0008	Homeless Coalition of Polk County	\$4,447,268.23	\$665,212.00	\$5,112,480.23
23	TPZ18	0008	Heartland Coalition for the Homeless	\$4,700,697.96	\$572,182.84	\$5,272,880.80
24	ZP003	0009	Treasure Coast Homeless Services Council	\$5,498,510.16	\$440,369.90	\$5,938,880.06
			Total	\$149,748,707.34	\$11,341,221.63	\$161,089,928.97



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APPROVAL MEMORANDUM

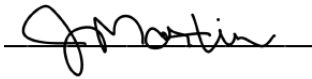
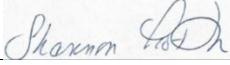





DATE: November 30, 2023

TO: Shevaun L. Harris, Secretary

FROM: Joanna Martin, Homelessness Contracts and Procurement Manager

SUBJECT: Approval Memorandum – Amendment #0008 to Contract #QPZ04 with Suncoast Partnership to End Homelessness (Manatee and Sarasota Counties).

ROUTING:

Approver	Signature	Date
Programmatic Approval Levels		
Joanna Martin Contract Manager Supervisor		11/30/23
Shannon Piotrowski Homelessness Program Deputy Director		12/4/23
Patricia Medlock Deputy Assistant Secretary of OCS		12/1/23
Administrative Approval Levels		
Janetta Melton Budget Office		12/6/23
Cole Sousa Office of Information Technology	N/A	N/A
Quality Office	N/A	N/A
Jonathon Baggett Office of Contracted Client Services		12/8/23
Thomas Valentine Office of General Counsel		12/07/2023
Executive Approval Levels		
Jess Tharpe Assistant Secretary of OCS		12.13.23
Casey Penn Deputy Secretary	N/A	N/A
Molly McKinstry Chief of Staff	N/A	N/A
Shevaun L. Harris Secretary	N/A	N/A

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2415 North Monroe Street, Suite 400, Tallahassee, Florida 32303-4190

Contract Number	QPZ04
Amendment Number	0008
Procurement Officer or Contract Manager	Megan Raulerson
Provider Name	Suncoast Partnership to End Homelessness
Contract Term	07/01/2019 – 06/30/2025
Total Current Contract Amount	\$5,101,004.90
Amendment Amount (+/-)	\$501,838.79
Total Amended Contract Amount	\$5,602,843.69
State FY Funds Included	
Federal FY Funds Included	
Total FY Amount	\$1,375,544.08

PURPOSE:

The Office of Homelessness is requesting approval to execute 24 Homelessness contract amendments to add Challenge Plus Grant funds and update contract language for State Fiscal Year 2023-2024.

BACKGROUND:

The Department is engaging the Provider for the purpose of facilitating the development of the Continuum of Care (CoC) Plan and to further assist the local community through planning, coordinating, and monitoring the delivery of services to persons who are homeless or about to be homeless within the CoC service delivery area.

KEY PROVISIONS:

The Department received an additional \$20,016,822.00 in Challenge Grant State funds. The Department is adding \$11,341,221.63 (Challenge Plus) with these amendments to support the Continuum of Care (CoC) lead agencies and the department's housing initiatives to assist those individuals or households who are homeless, or those at-risk of becoming homeless. This state funding is a critical component in building our lead agencies capacity to coordinate care, carry out continuum planning, and develop local and federal funding to end homelessness. See attached spreadsheet for breakdown for each Agreement being amended.

ACTION REQUESTED:

The Secretary's approval for execution of the 24 Homelessness contract amendments.

CONTACT INFORMATION:

Megan Raulerson, Contract Manager
 2415 N. Monroe Street, Ste 400
 Tallahassee, FL 32303
 850-933-2140
Megan.Raulerson@myflfamilies.com

ATTACHMENTS:

Spreadsheet for 24 Continuum of Care Homelessness Contracts.

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
CONTRACT NO. [QPZ04]
AMENDMENT NO. [0008]

This Amendment shall be effective December 1, 2023, or the last party signature date, whichever is later. The above referenced Contract is hereby amended as follows:

1. The following items were as last addressed in the noted Amendments:
Amendment #0007: 2, 14
2. 1.1., \$5,101,004.90 is replaced by \$5,602,843.69.
3. The highlighted portions in this amendment are amended as attached. The non-highlighted portions are solely for context and unaffected by this amendment.
4. **A-1.2. Vulnerable Population (Challenge Plus funds) is amended to add A-1.2.16.**

A-1.2.16. - Vulnerable Population (Challenge Plus funds) - Vulnerable populations include youth exiting the foster care system, individuals experiencing substance abuse or mental health issues, families engaged in the child welfare system, domestic violence survivors, and youth involved with the Department of Justice.

5. **B-1.2. is amended to add B-1.2.1.:**

B-1.2.1. Challenge Plus funds –

Initiative #1

Reunification of Families through Prevention and Rapid Re-housing Services. This initiative is focused on rapid re-housing of child welfare or Community-Based Care Lead Agency involved families who have with a primary goal of reunification. Each CoC shall demonstrate linkages with Community-Based Care Lead Agencies (CBC Lead Agencies) and ensure families are provided housing support needed to support reunification. A copy of the CoC's Memorandum of Understanding (MOU) with the local CBC Lead Agency shall be provided within 30 days of amendment execution.

Initiative #2

Employing Targeted Homeless Prevention and Rapid Re-housing Services. This initiative is focused on homelessness prevention services for defined vulnerable populations. In collaboration with the CBC Lead Agencies and Managing Entities (MEs), the CoCs shall provide homelessness prevention services to individuals or families to prevent individuals/families from moving into an emergency shelter or living in a public or private place not meant for human habitation. Homelessness prevention services may include, but are not limited to, short-term and medium-term tenant based or project-based rental assistance, rental arrears, rental application fees, security deposits, advance payment of last month's rent, utility deposits and payments, moving costs, housing search and placement, housing stability case management, mediation, legal services, and credit repair. A copy of the CoC's Memorandum of Understanding (MOU) with the local CBC Lead Agency and/or ME shall be provided within 30 days of amendment execution.

6. **B-2.2. is amended to add B-2.2.1:**

B-2.2.1 - Challenge Plus funds – The applicability of this section is identified in Section B-1.2.1. of this Contract. The objective of the Challenge Plus funds is to provide prevention and rapid re-housing of families with a primary goal of reunification and defined vulnerable populations.

7. B-4.2. is amended to add B-4.2.1:

B-4.2.1 - Challenge Plus funds - The applicability of this section is identified in Section B-1.2.1. of this Contract. The Provider must service clients in a manner consistent with the proposed projects that are included in the CoC Challenge Plus Grant proposal.

8. C-1.2.1. is amended to add C-1.2.1.:

Challenge Plus funds - The applicability of this section is identified in Section B-1.2.1. of this Contract. To Achieve the Major Contract Goals for the Challenge Plus funds set forth in Section B-2.2.1., the Provider shall perform the tasks specified in Exhibit C2.

9. Exhibit C2 is amended to add:

C2-2. The intent of the grant is to help implement the local homeless assistance plan, and to help the community reach the goals and objectives outlined in their Plan.

C2-2.1. Initiative #1 – Rapid Re-housing through Reunification of Families. This initiative is focused on prevention and rapid re-housing of families with a primary goal of reunification.

C2-2.2. Initiative #2 – Employing Targeted Homeless Prevention Services. This initiative is focused on homelessness prevention and rapid re-housing services for defined vulnerable populations.

10. D-1.2. is amended to add D-1.2.1.:

Challenge Plus funds – The applicability of this Section is identified in Section B-1.2.1. of this Contract. A unit of service providing services outlined in Exhibit C2.

11. D-3.2. is amended to add D-3.2.4.:

D-3.2.4. Challenge Plus funds – The applicability of this section is identified in Section B-1.2.1. of this Contract. Each month, the Provider shall provide rapid re-housing of families with a primary goal of reunification and provide homelessness prevention services for defined vulnerable populations.

Challenge Plus funds Activities – The Challenge Plus funds, Housing Projects will serve, at a minimum, the following number of individuals each year.

Reunification (Initiative 1)	
Total Number of Families to be Served Annually	FY 23-24
Rapid Rehousing	18
Prevention	0

Vulnerable Adults (Initiative 2)	
Number of Individuals to be Served Annually	FY 23-24
Prevention	30
Rapid Rehousing	0

12. E-1.2. is amended to add **E-1.2.1.:**

E-1.2.1. Challenge Plus funds- The applicability of this Section is identified in **Section B-1.2.1.** of this Contract. Performance measures will specifically address rapid re-housing of families with a primary goal of reunification and provide homelessness prevention services for defined vulnerable populations.

13. E-2.3. is amended to add **E-2.3.1.:**

E-2.3.1. The applicability of this Section is identified in **Section B-1.2.1.** of this Contract. For the acceptance of Deliverables, the Provider shall meet or exceed the minimum target specified herein. The supporting documentation to verify successful completion is referenced in **Exhibit E5.**

Rapid Rehousing (Initiative 1)	
Minimum Service Target	Criteria for Evaluating Completion
Prevention and Rapid Rehousing projects will service a minimum number of individuals, as identified in Section D-3.2.4. (Annually)	100% of individuals served by Challenge Plus funds on an annual basis

Prevention (Initiative 2)	
Minimum Service Target	Criteria for Evaluating Completion
Prevention and Rapid Rehousing projects will service a minimum number of individuals, as identified in Section D-3.2.4. (Annually)	100% of individuals served by Challenge Plus funds on an annual basis

14. F-2.1., is amended to read:

This is a multi-year fixed price and/or cost reimbursement contract for the provision of services to homeless persons. The Department shall pay the Provider for the delivery of service units provided in accordance with terms of this contract for a total dollar amount not to exceed **\$5,602,843.69**, subject to availability of funds.

FISCAL YEAR	ANNUAL FUNDING
2019-2020	\$436,142.85
2020-2021	\$741,683.46
2021-2022	\$1,333,577.94
2022-2023	\$1,234,064.15
2023-2024	\$1,375,544.08
2024-2025	\$481,831.21
Total	\$5,602,843.69

15. F-2-2.1.1. is amended to add F-2-2.1.1.:

F-2-2.1.1. Challenge Plus funds – The applicability of this section is identified in **Sections B-1.2.1. and F-2.1.2.1.** of this Contract. The Challenge Plus funds are cost reimbursement funded by state funds pursuant to program guidelines. The Department shall reimburse the Provider for allowable expenditures incurred pursuant to the terms of this Contract for a total dollar amount identified in Section F-2.1., subject to the availability of funds.

- 16. **Attachment D7** Challenge Plus funds Monthly Status Report is added.
- 17. **Attachment E5** Challenge Plus funds Back-up Documentation is added.
- 18. **Attachment F7** Challenge Plus funds Monthly Invoice Report is added.
- 19. **Attachment F7.1** Challenge Plus funds Monthly Roll-up Report is added.
- 20. All provisions in the Contract and any attachments thereto in conflict with this Amendment are changed to conform with this Amendment. All provisions not in conflict with this Amendment are still in effect and are to be performed at the level specified in the Contract. This Amendment and all its attachments are made a part of the Contract.

IN WITNESS THEREOF, the parties hereto have caused this Amendment executed by their undersigned officials as duly authorized.

PROVIDER

DEPARTMENT

Signature: J. Kevin Stiff

Signature: Shevaun L. Harris

Name: J. Kevin Stiff

Name: Shevaun L. Harris

Title: Chief Executive Officer

Title: Secretary

Date: 12/18/2023 | 1:11 PM EST

Date: 12/18/2023 | 2:57 PM EST

ATTACHMENT D7– CHALLENGE PLUS FUNDS MONTHLY STATUS REPORT
(To be completed monthly and submitted with invoices for payment)

dropdown	Provider Name	Monthly Status Report	
prepopulate	Contract #	dropdown	Month of Services
<p>ATTESTATION: By completing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purpose and objectives set forth in the terms and conditions of the Award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statement, false claims, or otherwise. Additionally, I certify that all invoices supporting this report have been submitted to the Department in accordance with this agreement.</p>			
Name & Title of Agency Official		Date	

Challenge Plus Grant Deliverables Initiative 1- RRH	#	\$
Total Number of Child Welfare/CBC Lead Agency involved Families Served through Prevention or RRH with Reunification as a Primary Goal		

Challenge Plus Grant Deliverables Initiative 2- Homelessness Prevention	#	\$
Total Number of Child Welfare/CBC involved Individuals Served by Activity/Total Amount		
Total Number of ME involved Individuals Served by Activity/Total Amount		
Total NEW Number of Child Welfare/CBC involved Individuals Served by Activity/Total Amount		
Total NEW Number of ME involved Individuals Served by Activity/Total Amount		
Total Number of Families Placed in Permanent Supportive House		
		\$ -

ATTACHMENT E5- CHALLENGE GRANT BACK-UP DOCUMENTATION REQUIREMENTS

The applicability of this section is identified in section B-1.2.1. of this Contract.

A complete and accurate Monthly Status Report and Invoice and Match Report (including Roll-up Report) are required for payment from the Department. Additional backup documentation required for payment is identified below and sorted by Monthly Deliverables identified in section D-3.2.4. of this Contract. Challenge Grant activities must provide a detailed expenditure report by subcontractor.

Below are examples of backup documentation that may fall into the identified categories.

- Prevention Rental/Mortgage Assistance
 - Past Due Notice
 - Copy of Lease Agreement (first page and signature page) or Landlord Agreement Form with signatures
 - Payment Statement/Invoice
 - Proof of Payment (cleared check, receipt, financial ledger, etc.)
- Prevention Utility Arrears Assistance
 - Past Due Notice
 - Proof of Address (see lease agreement above)
 - Payment Statement/Invoice
 - Proof of Payment (cleared check, receipt, financial ledger, etc.)
- Rapid Rehousing Rental Assistance (deposit and subsequent months rental assistance)
 - Copy of Lease Agreement (first page and signature page) or Landlord Agreement Form with signatures
 - Proof of Payment (cleared check, receipt, financial ledger, etc.)
- Rapid Rehousing Utility Assistance
 - Letter Stating Arrears from Utility Company
 - Deposit Requirements/Information from Utility Company
 - Proof of Payment (cleared check, receipt, financial ledger, etc.)
- Case Management
 - Time Card/Sheet documenting the Hours dedicated to the Case Management Services Provided
 - Pay Stub of Staff Member being paid
- Transportation
 - Travel Reimbursement for Staff Members
 - Mileage documentation requires use of the DCF Travel Form
 - Program Participants' Use of Public Transportation
 - Bus Passes - itemized distribution of bus passes by recipient

ATTACHMENT F7 – CHALLENGE PLUS GRANT MONTHLY INVOICE & MATCH REPORT

CHALLENGE PLUS (1)		FEID #	prepopulate					
Contract #	prepopulate		Provider Name					
Invoice #	prepopulate		Address	prepopulate				
Invoice Period				prepopulate				
For Use by Provider for Initiative 1- Reunification								
Org Code	Description	Deliver-able	Served this Month	Approved Budget	Payment Amount	Previous Payment(s) Total	Balance After This Payment	
60303049209	Rapid Rehousing				\$ -	\$ -	\$ -	
60303050209	Prevention				\$ -	\$ -	\$ -	
60303051209	HMIS	N/A			\$ -	\$ -	\$ -	
60303048209	Admin	N/A			\$ -	\$ -	\$ -	
	Total			\$ -	\$ -	\$ -	\$ -	
	Match				\$ -	\$ -		
<p>By signing this invoice, I certify to the best of my knowledge and belief that the invoice is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal or State Award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. Additionally, I certify that all reports supporting this invoice have been submitted to the Department in accordance with this agreement.</p>								
Signature of Provider Official			Date	Name & Title of Provider Official				
For Use by Contract Manager Only								
Will a Financial Consequence be applied?		Fin. Conseq. (5% of Total Amount)			Date of Invoice Received			
Yes / No			Delayed Payment (10% for each Unmet Deliverable)			Date Goods /Services Received		
Deliverables Met (if no, see delayed payment section)						Date Goods Inspected and Approved		
Yes / No						Date Invoice Approved		
Org Code See payment detail above		Recoupment (Previous Unmet Deliverable Achieved)			Contract Manager Name			
OCA	HMLCH							
EO	AH				Contract Manager Signature			
Object	751000	Total Payment Amount						
Category	100379							

ATTACHMENT F7 – CHALLENGE PLUS GRANT MONTHLY INVOICE & MATCH REPORT

CHALLENGE PLUS (2)		FEID #	prepopulate				
Contract #	prepopulate	Provider Name					
Invoice #	prepopulate	Address	prepopulate				
Invoice Period			prepopulate				
For Use by Provider for Initiative 2- Prevention							
Org Code	Description	Deliverable	Served this Month	Approved Budget	Payment Amount	Previous Payment(s) Total	Balance After This Payment
60303045209	Rapid Rehousing				\$ -	\$ -	\$ -
60303046209	Prevention				\$ -	\$ -	\$ -
60303047209	HMIS	N/A			\$ -	\$ -	\$ -
60303044209	Admin	N/A			\$ -	\$ -	\$ -
	Total			\$ -	\$ -	\$ -	\$ -
	Match				\$ -	\$ -	
<p>By signing this invoice, I certify to the best of my knowledge and belief that the invoice is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal or State Award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. Additionally, I certify that all reports supporting this invoice have been submitted to the Department in accordance with this agreement.</p>							
Signature of Provider Official		Date		Name & Title of Provider Official			
For Use by Contract Manager Only							
Will a Financial Consequence be applied?	Fin. Conseq. (5% of Total Amount)			Date of Invoice Received			
Yes / No	Delayed Payment (10% for each Unmet Deliverable)			Date Goods /Services Received			
Deliverables Met (if no, see delayed payment section)				Date Goods Inspected and Approved			
Yes / No				Date Invoice Approved			
Org Code See payment detail above	Recoupment (Previous Unmet Deliverable Achieved)			Contract Manager Name			
OCA HMLCH							
EO AH				Contract Manager Signature			
Object	751000	Total Payment Amount					
Category	100379						

ATTACHMENT F7.1– CHALLENGE PLUSGRANT ROLL-UP REPORT

Provider Name

Contract Number

Month of Services

Initiative #1

Rapid Rehousing Needs

<i>Date Service Provided</i>	<i>HMIS Number (Client ID)</i>	<i>Service Provided</i>	<i>Vendor</i>	<i>Amount</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Total			\$	-

Prevention Needs

<i>Date Service Provided</i>	<i>HMIS Number (Client ID)</i>	<i>Service Provided</i>	<i>Vendor</i>	<i>Amount</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Total			\$	-

TOTAL AMOUNT SUBMITTED FOR PAYMENT

Total \$ -

ATTACHMENT F7.1– CHALLENGE PLUSGRANT ROLL-UP REPORT

Initiative #2

Rapid Rehousing Needs

<i>Date Service Provided</i>	<i>HMIS Number (Client ID)</i>	<i>Service Provided</i>	<i>Vendor</i>	<i>Amount</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Total			\$	-

Prevention Needs

<i>Date Service Provided</i>	<i>HMIS Number (Client ID)</i>	<i>Service Provided</i>	<i>Vendor</i>	<i>Amount</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Total			\$	-

TOTAL AMOUNT SUBMITTED FOR PAYMENT

Total \$ -