

**FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES  
CONTRACT NO. JP003  
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., \$6,997,286.82 is replaced by **\$7,747,286.82**.
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.**



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**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.

| <b>Reunification (Initiative 1)</b>                   |                 |
|-------------------------------------------------------|-----------------|
| <b>Total Number of Families to be Served Annually</b> | <b>FY 23-24</b> |
| <b>Rapid Rehousing</b>                                | <b>37</b>       |
| <b>Prevention</b>                                     | <b>0</b>        |

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| <b>Vulnerable Adults (Initiative 2)</b>            |                 |
|----------------------------------------------------|-----------------|
| <b>Number of Individuals to be Served Annually</b> | <b>FY 23-24</b> |
| Rapid Rehousing                                    | 0               |
| Prevention                                         | 50              |

**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.**

| <b>Rapid Rehousing (Initiative 1)</b>                                                                                              |                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <b>Minimum Service Target</b>                                                                                                      | <b>Criteria for Evaluating Completion</b>                             |
| 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 |

| <b>Prevention (Initiative 2)</b>                                                                                                   |                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <b>Minimum Service Target</b>                                                                                                      | <b>Criteria for Evaluating Completion</b>                             |
| 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 **\$7,747,286.82**, subject to availability of funds.



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| FISCAL YEAR  | ANNUAL FUNDING        |
|--------------|-----------------------|
| 2019-2020    | \$392,388.07          |
| 2020-2021    | \$1,207,534.93        |
| 2021-2022    | \$1,858,027.80        |
| 2022-2023    | \$2,239,771.39        |
| 2023-2024    | \$1,629,402.78        |
| 2024-2025    | \$420,161.85          |
| <b>Total</b> | <b>\$7,747,286.82</b> |

**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: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

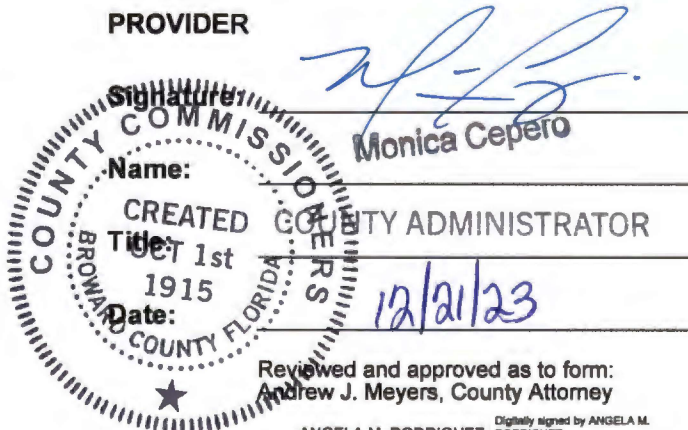
Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed and approved as to form:  
Andrew J. Meyers, County Attorney

By: ANGELA M. RODRIGUEZ  
Angela M. Rodriguez  
Assistant County Attorney





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## ATTACHMENT D7– CHALLENGE PLUS FUNDS MONTHLY STATUS REPORT

(To be completed monthly and submitted with invoices for payment)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |                              |                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------|-------------------|
| dropdown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Provider Name | <b>Monthly Status Report</b> |                   |
| 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<br>Initiative 1                                                                                    | # | \$ |
|--------------------------------------------------------------------------------------------------------------------------------------|---|----|
| Total Number of Child Welfare/CBC Lead Agency involved Families Served through Prevention with Reunification as a Primary Goal.      |   |    |
| Total Number of Child Welfare/CBC Lead Agency involved Families Served through Rapid Rehousing with Reunification as a Primary Goal. |   |    |

| Challenge Plus Grant Deliverables<br>Initiative 2                                          | # | \$   |
|--------------------------------------------------------------------------------------------|---|------|
| 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



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**ATTACHMENT F7 – CHALLENGE PLUS GRANT MONTHLY INVOICE & MATCH REPORT**

| <b>CHALLENGE PLUS (1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 | FEID #                                           | prepopulate       |                                   |                                   |                           |                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------|-------------------|-----------------------------------|-----------------------------------|---------------------------|----------------------------|--|
| Contract #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | prepopulate     |                                                  | Provider Name     |                                   |                                   |                           |                            |  |
| Invoice #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | prepopulate     |                                                  | Address           | prepopulate                       |                                   |                           |                            |  |
| Invoice Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                                                  |                   | prepopulate                       |                                   |                           |                            |  |
| <b>For Use by Provider for Initiative 1- Reunification</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                                                  |                   |                                   |                                   |                           |                            |  |
| Org Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Description     | Deliverable                                      | 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 |                                   |                           |                            |  |
| <b>For Use by Contract Manager Only</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                                  |                   |                                   |                                   |                           |                            |  |
| 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<br>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          |                                                  |                   |                                   |                                   |                           |                            |  |

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**ATTACHMENT F7 – CHALLENGE PLUS GRANT MONTHLY INVOICE & MATCH REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                  |                      |                                   |                                   |                |                           |                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------|-----------------------------------|-----------------------------------|----------------|---------------------------|----------------------------|
| <b>CHALLENGE PLUS (2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  | 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<br>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

prepopulate

dropdown

Initiative #1

Rapid Rehousing Needs

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

Prevention Needs

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

TOTAL AMOUNT SUBMITTED FOR PAYMENT

|       |  |  |    |   |
|-------|--|--|----|---|
| Total |  |  | \$ | - |
|-------|--|--|----|---|



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**ATTACHMENT F7.1– CHALLENGE PLUSGRANT ROLL-UP REPORT**

**Initiative #2**

**Rapid Rehousing Needs**

| <i>Date Service<br/>Provided</i> | <i>HMIS Number<br/>(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<br/>Provided</i>          | <i>HMIS Number<br/>(Client ID)</i> | <i>Service Provided</i> | <i>Vendor</i> | <i>Amount</i> |
|-------------------------------------------|------------------------------------|-------------------------|---------------|---------------|
| 1                                         |                                    |                         |               |               |
| 2                                         |                                    |                         |               |               |
| 3                                         |                                    |                         |               |               |
| 4                                         |                                    |                         |               |               |
| 5                                         |                                    |                         |               |               |
| 6                                         |                                    |                         |               |               |
| 7                                         |                                    |                         |               |               |
| 8                                         |                                    |                         |               |               |
| 9                                         |                                    |                         |               |               |
| 10                                        |                                    |                         |               |               |
| Total                                     |                                    |                         | \$            | -             |
| <b>TOTAL AMOUNT SUBMITTED FOR PAYMENT</b> |                                    |                         |               |               |
| Total                                     |                                    |                         | \$            | -             |