



51.a  
Approved 3/25/2025  
Board of Supervisors  
DOC-2025-220

## FIRST AMENDMENT TO AGREEMENT

Contract No. 25W4270

This Amendment to the Contract, which is effective on March 1, 2025, is between the COUNTY OF SANTA CRUZ, hereinafter called COUNTY, and UNITED WAY OF SANTA CRUZ COUNTY, hereinafter called CONTRACTOR. The parties hereto agree to amend Contract 25W4270 by the changes as follows:

A. Page 1, Section 1 titled “Duties” of the Contract, is deleted and replaced with the following:

1. **DUTIES.** CONTRACTOR agrees to exercise special skill to accomplish the following results: Provide dedicated “resource and service referral connection assistance” to people experiencing homelessness, or are at imminent risk of becoming homeless, as described in Attachment A – Scope of Services, Amendment One for the County of Santa Cruz Human Services Department (hereinafter called “the program”).

B. Exhibit A – Scope of Work of the Contract is deleted and replaced with Attachment A – Scope of Services, Amendment One, which is attached hereto and incorporated herein by reference.

C. Page 1, Section 2, titled “Compensation” of the Contract is deleted and replaced with the following:

2. **COMPENSATION.** In consideration for CONTRACTOR accomplishing said result, COUNTY agrees to pay CONTRACTOR as follows: Payment not to exceed \$220,000, processed for payment after receipt and project manager approval of monthly invoices based upon the amount of actual progress achieved during the preceding month, as outlined in Attachment B – Terms of Payment, Amendment One.

D. Exhibit B – Budget of the Contract is deleted and replaced with Attachment B – Terms of Payment, Amendment One, which is attached hereto and incorporated herein by reference.

F. Page 5, Section 13 titled “Attachments”; of the Contract is deleted and replaced with the following:

13. **ATTACHMENTS.** Should a conflict arise between the language in the body of this Contract and any attachment to this Contract, the language in the body of this Contract controls. This Contract includes the following attachments:

Attachment A – Scope of Services, Amendment One  
Attachment A, Appendix 1 – Connection Services Request Form  
Attachment B – Terms of Payment, Amendment One  
Exhibit C – Data Privacy and Security Confidentiality Agreement  
Exhibit D – Non-Discrimination Assurance of Compliance

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SIGNATURE PAGE

**FIRST AMENDMENT TO AGREEMENT**

Contract No. 25W4270

All other provisions of said Agreement shall remain the same.

UNITED WAY OF  
SANTA CRUZ COUNTY

Signed by:

*Yvette Brooks*

B8C9601D93D649A...  
Yvette Brooks, Chief Executive Officer

Date: 2/28/2025

COUNTY OF SANTA CRUZ  
Human Services Department

DocuSigned by:

*Randy Morris*

D1FB8B7500084B1...  
Randy Morris, Director

Date: 3/25/2025

APPROVED AS TO INSURANCE:

Signed by:

*Gina Borasi*

2/28/2025

E4EADC5BA53B4DB...  
Risk Management

APPROVED AS TO FORM:

Signed by:

*Arthur G. Wille*

2/27/2025

ED318C222C994D0...  
Office of the County Counsel

**UNITED WAY OF SANTA CRUZ COUNTY**  
**211 SANTA CRUZ HOMELESS AND HOUSING REFERRAL CONNECTION SUPPORT**

**I. AGREEMENT OVERVIEW**

United Way of Santa Cruz County operates Santa Cruz County’s 211 Service. 211 Santa Cruz County (211) is a free and confidential information and referral service that connects residents with free and low-cost services. 211 is available 24 hours a day, 7 days a week, and can be accessed in over 220 languages. The County of Santa Cruz Human Services Department (COUNTY HSD) Housing for Health Partnership (H4HP) serves as the federally-designated Continuum of Care (CoC) for Santa Cruz County and coordinates resources, programs and services focused on preventing and ending homelessness.

The purpose of this agreement is to provide dedicated “resource and service referral connection assistance” to people experiencing homelessness, or are at imminent risk of becoming homeless, that include connecting these individuals with available shelter and resources to support them access or maintain housing services.

**II. PERFORMANCE MEASUREMENTS**

Result: Households will obtain resource information and referrals to shelter, housing services, and Coordinated Entry	
<b>How Many Services Will Be Provided?</b>	<p>1,800 people experiencing homelessness or are at imminent risk of becoming homeless will receive resource and referral connection support.</p> <p>Data Collection Tool: CONTRACTOR report and Homeless Management Information System (HMIS)</p>
<b>How Well Are Services Provided?</b>	<p>100% of referrals and resource information for people experiencing homelessness or are at imminent risk of becoming homeless will be documented by CONTRACTOR.</p> <p>Local interim shelter and sober living environments bed availability will be tracked weekly by CONTRACTOR.</p> <p>Coordinated Entry Connector availability will be tracked weekly by CONTRACTOR.</p> <p>Data Collection Tool: CONTRACTOR report and HMIS</p>
<b>Is Anyone Better Off?</b>	<p>At least 20% of households served will access resources referred.</p> <p>Data Collection Tool: CONTRACTOR report and HMIS</p>

**III. CONTRACTOR RESPONSIBILITIES**

1. CONTRACTOR shall provide connection services resource support and referrals to Santa Cruz County people who are experiencing homelessness or are at imminent risk of homelessness and dial 211 or complete a Connection Services Request form (Appendix 1).

UNITED WAY OF SANTA CRUZ COUNTY  
211 SANTA CRUZ HOMELESS AND HOUSING REFERRAL CONNECTION SUPPORT

2. CONTRACTOR shall ensure that the regional call center is current with Santa Cruz County resources, including but not limited to the Connection Service Request form and associated process, sober living environments, interim shelter options and affordable housing charts.
3. CONTRACTOR will make a minimum of three (3) attempts, within five (5) business days, to conduct follow-up calls to people who are experiencing homelessness or are at imminent risk of homelessness that initially receive support from 211's regional call center for homeless and housing related assistance.
4. CONTRACTOR will make a minimum of three (3) attempts, within ten (10) business days, to conduct initial and follow-up calls to individuals that complete a Connection Services Request form.
5. For all submitted Connections Services Request forms, CONTRACTOR shall, within five (5) business days, conduct an initial assessment of submitter by completing or reviewing the submitted form, and screen to determine if they are homeless or at imminent risk of homelessness as defined by the United States Department of Housing and Urban Development (HUD) standards.
  - a. If caller and/or family is not considered homeless by HUD standards, information and referrals to applicable services shall be offered, including information on open affordable housing waitlists.
  - b. If caller and/or family is considered homeless, they shall be referred to a designated Coordinated Entry System (CES) Connector (Connector) with caseload availability relative to the individual and/or family's population or geographic demographic. If no Connector has capacity to work with the resident at the time of their contact, they shall be added to a waitlist to be referred when a Connector's caseload opens.
  - c. If caller and/or family is considered homeless and is seeking shelter, they shall be supplied information on accessing shelter bed availability. If they are not seeking shelter, other appropriate resources shall be offered.
  - d. All residents shall be supplied resource and referral connection support tailored to their needs indicated on the Connection Services Request form.
6. CONTRACTOR shall look up all callers in HMIS to check client history and current resource connection.
  - a. People experiencing homelessness or are at imminent risk of becoming homeless with HMIS profiles indicating an existing resource connection shall be redirected to that existing connection and encouraged to contact the program they are already connected with for assistance.
  - b. For participants with HMIS profiles, CONTRACTOR shall request updated contact and location information and document in HMIS within one business day.

UNITED WAY OF SANTA CRUZ COUNTY  
211 SANTA CRUZ HOMELESS AND HOUSING REFERRAL CONNECTION SUPPORT

- c. CONTRACTOR shall document all resource assistance for people experiencing homelessness or are at imminent risk of becoming homeless with HMIS profiles within one (1) business day.
  - d. CONTRACTOR shall add and/or maintain Connection Service Request Form under files in HMIS within five (5) business days.
  - e. For people experiencing homelessness or are at imminent risk of becoming homeless without existing HMIS profiles, CONTRACTOR shall document the above information within five (5) business days in a separate CONTRACTOR report record, to be determined by County and agreed upon by Contractor.
7. CONTRACTOR shall maintain a list of all people who are experiencing homelessness or are at imminent risk of homelessness and the resource referral provided outcomes.
8. CONTRACTOR shall contact all local interim shelter and sober living environments to track bed availability weekly. CONTRACTOR shall use a COUNTY-approved, shared shelter bed inventory document and/or web-based database, including HMIS if functionality is available.
9. CONTRACTOR shall contact designated H4HP CoC Coordinated Entry Connectors weekly to track availability. CONTRACTOR shall use a COUNTY approved, shared Connector tracking document and/or web-based database, including HMIS if functionality is available.
10. CONTRACTOR shall maintain current affordable housing unit information to supply individuals in need of low-income housing. This involves:
  - a. Developing and maintaining, on the 211 website and CONTRACTOR's iCarol™ database, a comprehensive list of affordable rental properties with available units or open waiting lists to include at minimum, all properties on the Housing Authority of Santa Cruz County List of Low-Income Rental Units. The list shall include but is not limited to, the property name, location and contact information, vacant number of units and open waitlist time period with application process, if applicable and vehicle parking information.
  - b. Making monthly calls to all rental properties included on the Housing Authority of Santa Cruz County of Low-Income Rental Units list to inquire about open waiting lists and vacancies and confirm eligibility criteria. All open waitlist information shall be made available on the 211 website and within CONTRACTOR's iCarol™ database the day of receiving updated information and shall be shared with people experiencing homelessness or are at imminent risk of becoming homeless that complete the H4H Connection Services form indicating a need for affordable housing information.
11. CONTRACTOR shall attend the H4H Quarterly Connector Collaborative meetings to collaborate with homeless service providers and keep apprised with Coordinated Entry

UNITED WAY OF SANTA CRUZ COUNTY  
211 SANTA CRUZ HOMELESS AND HOUSING REFERRAL CONNECTION SUPPORT

policies, procedures and service delivery. CONTRACTOR will share and identify new resources with the homeless service providers.

12. CONTRACTOR shall maintain public communications and resource information related to housing and homelessness on the 211 website and within CONTRACTOR's iCarol™ database and shall update with current information supplied by, but not limited to, the COUNTY Housing for Health Division within one (1) day of receiving updated information.
13. CONTRACTOR shall participate in the Santa Cruz County Continuum of Care, also known as the Housing for Health Partnership<sup>1</sup>, as at minimum an "Organizational Member," as may be amended, to the extent that it is required to execute services under this Agreement.
14. CONTRACTOR shall abide by the terms of all incorporated exhibits (See Independent Contractor Agreement, section 13, Attachments).

**IV. PARTICIPANT GRIEVANCES**

1. CONTRACTOR shall maintain an internal grievance and complaint procedure for participants participating in the project.
  - a. CONTRACTOR shall provide COUNTY with a copy of the internal grievance and complaint procedure at the outset of the term of this agreement.
  - b. CONTRACTOR shall notify COUNTY immediately of any grievances or complaints that may not get resolved internally, time is of the essence.
  - c. CONTRACTOR shall respond as soon as reasonably possible to any COUNTY request for information regarding any known or suspected grievance or complaint.
2. CONTRACTOR shall notify COUNTY immediately of any serious incident that arises in the provision of services to participants including: breaches of confidentiality, health and safety issues that impact participants or staff, issues that require law enforcement or emergency responder involvement, participants at risk of program closure and exit due to serious health and safety concerns, participants at-risk of eviction from housing, and other program operational concerns that impact or relate to CONTRACTOR performance (time is of the essence).

**V. COUNTY RESPONSIBILITIES**

- A. COUNTY will provide access to the shared shelter bed inventory document. The format for this is to be determined, and will not require contractor access to the COUNTY network.

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<sup>1</sup> <https://housingforhealthpartnership.org/>

UNITED WAY OF SANTA CRUZ COUNTY  
211 SANTA CRUZ HOMELESS AND HOUSING REFERRAL CONNECTION SUPPORT

- B. Participating agencies (COUNTY HSD, Santa Cruz County Sheriff's Department, and H4HP) will provide referrals of people experiencing homelessness or are at imminent risk of becoming homeless to CONTRACTOR.
- C. COUNTY may review CONTRACTOR's data entry in Santa Cruz Clarity HMIS to support contract compliance and REPORTING AND COORDINATION REQUIREMENTS.

**VI. OTHER TERMS**

**A. MUTUAL RESPONSIBILITIES**

- 1. COUNTY and CONTRACTOR will meet weekly to review progress towards contract goals and share updated information regarding local housing and homeless related resources.

**VII. REPORTING AND COORDINATION REQUIREMENTS**

**A. REPORTING**

- 1. CONTRACTOR shall submit Semi-Annual Progress Reports that reflect program budget issues/challenges as well as stated participant outcomes as noted herein page 1 of this scope of work. CONTRACTOR shall use a reporting template created or approved by COUNTY, which are due the last business day in January and the last business day in July, or within 30 days of receipt of COUNTY template. Failure to submit Semi-Annual Reports by the dates due may result in the withholding of payment for invoices until the report is submitted. COUNTY reserves the right to request a Quarter 3 progress report, covering January through March, due by April 30 for each fiscal year of this contract term.
  - a. New agreements taking effect later than July 1 of a fiscal year will be subject only to those reports deemed reasonable by COUNTY.

**VIII. ADDITIONAL TERMS AND CONDITIONS**

- A. Corrective Action: CONTRACTOR shall perform the agreed upon services detailed in this scope of work, submit timely invoices and reports, and work to meet agreed upon outcomes as detailed herein. CONTRACTOR's failure to provide any of these agreed upon terms may result in a Corrective Action request. Corrective Action requests will specify ongoing problems in the performance of these contract terms and a deadline by which to rectify problems and will also require the CONTRACTOR to participate in a Corrective Action Plan detailing how ongoing problems will be resolved. Failure to adequately address steps outlined in the Corrective Action Plan may result in the withholding of payment on invoices and/or termination of the contract (see Independent Contractor Agreement, section 4, Early Termination).
- B. Federal Funding: CONTRACTOR certifies that they are neither suspended, debarred, nor proposed for debarment from receiving federal funds; declared ineligible to receive federal funds; or voluntarily excluded from participation in covered transactions by any federal

UNITED WAY OF SANTA CRUZ COUNTY  
211 SANTA CRUZ HOMELESS AND HOUSING REFERRAL CONNECTION SUPPORT

department or agency.

- C. **Uninterrupted Provision of Services:** In order to maintain uninterrupted services under this agreement, the CONTRACTOR shall ensure that the budgeted staffing for the contracted services are maintained, which includes providing coverage for staff vacancies or leaves of more than two weeks. Additionally, CONTRACTOR program and direct service staff shall be replaced within ninety (90) days of the start of staffing vacancies. Program or direct service staff vacancies not filled within ninety (90) days shall require CONTRACTOR to provide regular recruitment updates to COUNTY, and may result in modifying the Scope of Work and/or Budget of the agreement or termination of the agreement, if deemed necessary by COUNTY.
- D. **Notification of Personnel Changes:** In the event of key personnel changes or leaves of more than two weeks for positions funded fully or in part by this agreement (e.g., executive director, manager of contracted program, direct service staff), CONTRACTOR shall report changes to the COUNTY within ten (10) business days of occurrence.
- E. **Instruction:** CONTRACTOR shall provide this Scope of Work to all of its employees who conduct activities under this contract, so that CONTRACTOR staff clearly understands expected activities per this agreement. CONTRACTOR shall train any new employees who work in any capacities related to the provisions of this contract, in the requirements of this contract.
- F. **Subcontractors:**
  - 1. CONTRACTOR shall be solely responsible for monitoring services provided by any subcontractor(s) and compensating subcontractors from the funds described in Attachment B – Terms of Payment. Failure to provide payment to subcontractors for agreed upon services to referred participants may be cause for Corrective Action, as described in Additional Terms and Conditions – VII.A.
  - 2. CONTRACTOR shall ensure that any subcontractor complies with COUNTY requirements as outlined in this agreement.
- G. **Consistency of Service:** Prior to refusing services to any potential program participant referred by COUNTY, CONTRACTOR shall conduct an assessment, report the reason for refusal of services to COUNTY, and obtain approval from the COUNTY.
- H. **Publicity and Outreach:**
  - 1. CONTRACTOR shall obtain COUNTY approval prior to use of any program marketing materials indicated as a deliverable to or requirement of this agreement.
  - 2. CONTRACTOR shall ensure that the COUNTY Human Services Department logo and name are included on all marketing materials related to this agreement, including but not limited to flyers, brochures, written success stories, social media posts, and website information., and will obtain these directly from COUNTY authorized staff for approved



UNITED WAY OF SANTA CRUZ COUNTY  
211 SANTA CRUZ HOMELESS AND HOUSING REFERRAL CONNECTION SUPPORT

uses.

3. As a recipient of government funding, CONTRACTOR shall ensure that electronic documents and websites at minimum comply with the Americans with Disabilities Act (ADA)<sup>2</sup> requirements, and will make reasonable efforts to improve accessibility whenever possible.
- I. Media Inquiries: Should the CONTRACTOR receive press/media inquiries regarding the services provided through this contract, the CONTRACTOR shall notify HSD's Public Information Officer (PIO) of the inquiry, at 831-454-4706 or Alan.Villatuya@santacruzcountyca.gov. Press/media may also be referred directly to the PIO for additional information. When communicating with press/media regarding the services provided through this contract, the CONTRACTOR shall also specify that the contracted program(s) receive(s) funding from the County of Santa Cruz, Human Services Department.

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<sup>2</sup> <https://www.ada.gov/>



## Request for Housing for Health Partnership (H4HP) Connection Services

Santa Cruz County's Housing for Health Partnership (H4HP) is associated with a variety of services and supports that can help people experiencing homelessness. Despite these connections, there are very limited housing and shelter resources available in Santa Cruz and not everyone seeking a housing resource can immediately receive one. H4HP is funding Connection Services to support eligible people to identify potential resources to help with housing and other needs.

If you are experiencing or are at-risk of becoming homeless and are not working with a Connector yet, or if you are working with someone who is experiencing or at-risk of homelessness, you may complete this request form for Connection Services. The request will allow H4HP to look at the household's composition and current circumstances to determine whether immediate key supports are available. Everyone that completes the request form will receive a response with resource recommendations based on the needs and circumstances reflected.

This request form can also be used to match and refer to a Connector (a person available to provide Connection Services). Connectors provide in-depth assessments and supports for people experiencing homelessness. Because capacity is limited, not everyone completing this form will be referred to Connector Services. ***Even though most information on this form is not required, the more information that is provided, the higher the chance of receiving a useful response from H4HP staff.***

The form is not a coordinated entry Assessment and does not place people on the housing community queue (list) for H4HP-linked housing and service resources. Please provide as much information as possible about how to find you/participant should resources become available.

<b>Date</b>		
<b>Participant Information</b>		
Name		
Email		
Phone	<input type="checkbox"/> check here if OK to send texts	
Date of Birth		
Location Currently Staying (provide enough information for a service)		

provider to find you)	
Other locations where you may be found (please be as specific as possible)	
County Location	<input type="checkbox"/> North County <input type="checkbox"/> Mid-County <input type="checkbox"/> South County
<b>Provider Information</b> (If form is completed by Provider, or if participant has a provider they would like to have contacted)	
Name	<input type="checkbox"/> check here if submitting on behalf of participant
Position	
Agency/Program	
Email	
Phone	
<b>Other Contact #1</b> (Please provide information on someone who is likely to be able to reach you or know where you are)	
Name	
Relationship	
Email	
Phone	
<b>Other Contact #2</b> (Please provide information on someone who is likely to be able to reach you or know where you are)	
Name	
Relationship	
Email	
Phone	
<b>Services Desired</b> (Please describe what kind of resource information would be helpful):	
<input type="checkbox"/> Housing Expense Assistance (i.e. rent, deposit) <input type="checkbox"/> Affordable Housing (i.e. Housing Authority voucher information, senior housing) <input type="checkbox"/> Landlord/Tenant Assistance (i.e. tenant rights, dispute resolution) <input type="checkbox"/> County benefits information (i.e. CalFresh, General Assistance, CalWORKs, Medi-Cal) <input type="checkbox"/> Domestic Violence Assistance <input type="checkbox"/> Food Resources <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Substance Use Disorder Services <input type="checkbox"/> Legal Assistance <input type="checkbox"/> Health Care	
<b>Seeking Shelter:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Shelter Site Preference:** \_\_\_\_\_

**Interested in Safe Sleeping Options (check either):**

- ☐ Night only, indoor congregate accommodations, rotating location  
☐ Outdoor sanctioned camping

**Seeking Safe Parking:** ☐ Yes ☐ No

**For Safe Parking, Participant has:** ☐ Operable vehicle ☐ Valid Driver's License  
☐ Vehicle Registration ☐ Insurance

### Section 1: Household Composition

1. How old are you? \_\_\_\_\_  
☐ Prefer not to answer
2. How many people are included in your household, including you? (a household is the adults and children that you live with or plan to live with when you have housing) \_\_\_\_\_
3. How many children are in your household currently? \_\_\_\_
  - a. Are any of your children under 5 years old?  
☐ Yes ☐ No ☐ Prefer not to answer
  - b. Please list the names and ages of your child(ren)

Name	Age

4. Are other adult members of your household 65 or older?  
☐ Yes ☐ No ☐ Prefer not to answer
5. Are you or any other members of your household currently pregnant:  
☐ Yes ☐ No ☐ Prefer not to answer
  - a. Due date:
6. Are you or any other members of your household between ages 18 and 24?  
☐ Yes ☐ No ☐ Prefer not to answer
  - a. If yes, did you/they ever receive foster care services?  
☐ Yes ☐ No ☐ Prefer not to answer
    - i. If yes, please share your/their name and birthday \_\_\_\_\_
7. Are you or any other members of your household a veteran of the US Armed Forces or was anyone ever on active duty in the military?

☐ Yes ☐ No ☐ Prefer not to answer

8. Some housing assistance is only for families with specific child welfare interactions. Do you or your family have an open child welfare case (for example, are you seeking reunification of a child that has been removed from your custody by Child Welfare (County Family and Children's Services) or are you currently under review for having a child removed)?

☐ Yes ☐ No ☐ Prefer not to answer

9. Some shelters and housing assistance is only for people fleeing domestic violence. Are you fleeing or attempting to flee partner violence or other unsafe or violent situation?

☐ Yes ☐ No ☐ Prefer not to answer

## Section 2: Housing History

10. Where did you stay or sleep last night?

11. How long have you been sleeping/staying where you stayed last night?

12. How many times have you slept/stayed on the streets or in shelter during the past 3 years including today

13. Number of months you slept/stayed on the streets or in shelter during the past 3 years

## Section 3: Health

14. Do you have any disabilities or chronic health conditions that make it hard for you to secure housing (e.g., physical disability, developmental disability, chronic health condition, HIV-AIDS, mental health disorder or substance use disorder):

☐ No ☐ Yes, one ☐ Yes, two ☐ Yes, three or more ☐ Prefer not to answer

15. Do you need help with activities like bathing, feeding, cleaning?

☐ Yes ☐ No ☐ Prefer not to answer

**Thank you for submitting this form.** Someone will get back to you within a week. If Connection Services are appropriate and available you may hear directly from a service provider. Otherwise, you will receive an email or other communication from H4HP staff. If your situation changes you may submit a new Request form.

UNITED WAY OF SANTA CRUZ COUNTY  
211 SANTA CRUZ HOMELESS AND HOUSING REFERRAL CONNECTION SUPPORT

**I. BUDGET**

<b>LINE ITEM EXPENDITURES</b>	<b>ORIGINAL PROGRAM COSTS FY 2024-25</b>	<b>UPDATED PROGRAM COSTS FY 2024-25</b>
<b>PERSONNEL COSTS - SALARIES &amp; BENEFITS</b>	<b>\$123,445</b>	<b>\$168,900</b>
<b>NON-PERSONNEL COSTS</b>	<b>\$31,100</b>	<b>\$31,100</b>
<b>ADMINISTRATIVE OVERHEAD</b>	<b>\$15,455</b>	<b>\$20,000</b>
<b>GRAND TOTAL</b>	<b>\$170,000</b>	<b>\$220,000</b>

**II. BUDGET MODIFICATION**

1. Transfers between budget categories within a specific fiscal year may be made only through a budget modification, which must be requested to the COUNTY in writing by the CONTRACTOR in advance of the modification, providing the transfer is less than 30% (cumulative), is within a single budget suffix of the approved budget, and is within the total original fiscal year budget.
2. Budget modification requests must be received no later than May 1st of the fiscal year in which the budget modification is applicable and must have prior approval by COUNTY authorized staff to be approved.
3. Other transfers of funds may only be approved through written approval of the Board of Supervisors and execution of a contract amendment. Contract amendments must be requested two calendar months prior to the proposed effective date of the amendment to allow time for the Board approval process.

**III. INVOICES**

1. CONTRACTOR shall provide monthly invoices, along with any required backup documentation, using an invoice template and/or web-based database created or approved by COUNTY, documenting services costs based on clause I. Budget.
  - a. Invoices are subject to review by COUNTY program and/or fiscal staff prior to payment to ensure costs meet funding source requirements. Funding source requirements are subject to change, and COUNTY will provide as much notice as reasonably possible regarding said changes. Costs not meeting funding source requirements may not be paid.
2. Monthly invoices shall be submitted via email to COUNTY authorized staff at [HSDCCU@santacruzcountycalifornia.gov](mailto:HSDCCU@santacruzcountycalifornia.gov) within thirty (30) calendar days following the end of the

UNITED WAY OF SANTA CRUZ COUNTY  
211 SANTA CRUZ HOMELESS AND HOUSING REFERRAL CONNECTION SUPPORT

month in which the services were provided, with the exception of year-end invoices for May and June.

3. CONTRACTOR shall submit May and June invoices, **representative of actual costs incurred to date** as reflected in clause 2. COMPENSATION of this Agreement, for specific fiscal years by 5 p.m. on the second calendar Friday of June in the specific fiscal year. This date is subject to change. COUNTY will provide notice of any changes thirty (30) calendar days prior to the effective date of the change.
4. CONTRACTOR shall submit final June invoice, **representative of actual costs incurred to date** as reflected in clause 2. COMPENSATION of this Agreement, for specific fiscal years by 5 p.m. on the second calendar Friday of July in the specific fiscal year. This date is subject to change. COUNTY will provide notice of any changes thirty (30) calendar days prior to the effective date of the change.

## Certificate Of Completion

Envelope Id: 1AD396F1-C404-4D00-B538-C339C137F10E

Status: Completed

Subject: One Meeting Item 25-1345

Source Envelope: 488BC3A7-56BD-4661-8AC3-D77FBB6E0F16

Document Pages: 15

Signatures: 0

Envelope Originator:

Certificate Pages: 4

Initials: 0

Jillian Ritter

AutoNav: Enabled

Stamps: 1

701 Ocean Street

Envelopeld Stamping: Enabled

Santa Cruz, CA 95060

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Jillian.Ritter@santacruzcountyca.gov

IP Address: 73.202.214.193

## Record Tracking

Status: Original

Holder: Jillian Ritter

Location: DocuSign

3/28/2025 4:06:04 PM

Jillian.Ritter@santacruzcountyca.gov

Security Appliance Status: Connected

Pool: FedRamp

Storage Appliance Status: Connected

Pool: County of Santa Cruz

Location: Docusign

## Signer Events

## Signature

## Timestamp

CBD eSignature

**Signed**

Sent: 3/28/2025 4:35:44 PM

cbd.esignature@santacruzcountyca.gov



Resent: 4/3/2025 9:17:47 AM

County of Santa Cruz

Viewed: 4/3/2025 1:49:33 PM

Security Level: Email, Account Authentication (None)

Signed: 4/3/2025 1:57:47 PM

Freeform Signing

Using IP Address: 63.194.190.100

## Electronic Record and Signature Disclosure:

Accepted: 6/20/2024 3:08:48 PM

ID: 4b7794de-1393-406f-a9a3-56a92d4b90d7

## In Person Signer Events

## Signature

## Timestamp

## Editor Delivery Events

## Status

## Timestamp

## Agent Delivery Events

## Status

## Timestamp

## Intermediary Delivery Events

## Status

## Timestamp

## Certified Delivery Events

## Status

## Timestamp

## Carbon Copy Events

## Status

## Timestamp

## Witness Events

## Signature

## Timestamp

## Notary Events

## Signature

## Timestamp

## Envelope Summary Events

## Status

## Timestamps

Envelope Sent

Hashed/Encrypted

3/28/2025 4:35:44 PM

Certified Delivered

Security Checked

4/3/2025 1:49:33 PM

Signing Complete

Security Checked

4/3/2025 1:57:47 PM

Completed

Security Checked

4/3/2025 1:57:47 PM

## Payment Events

## Status

## Timestamps

## Electronic Record and Signature Disclosure



## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

From time to time, County of Santa Cruz (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

### **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

### **How to contact County of Santa Cruz:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [nada.algharib@santacruzcounty.us](mailto:nada.algharib@santacruzcounty.us)

### **To advise County of Santa Cruz of your new email address**

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at [nada.algharib@santacruzcounty.us](mailto:nada.algharib@santacruzcounty.us) and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

### **To request paper copies from County of Santa Cruz**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to [nada.algharib@santacruzcounty.us](mailto:nada.algharib@santacruzcounty.us) and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

### **To withdraw your consent with County of Santa Cruz**

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to [nada.algharib@santacruzcounty.us](mailto:nada.algharib@santacruzcounty.us) and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

### **Required hardware and software**

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

### **Acknowledging your access and consent to receive and sign documents electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify County of Santa Cruz as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by County of Santa Cruz during the course of your relationship with County of Santa Cruz.