

Operational / Partner Agreement(s)

2023	Alameda County Family Justice Center
2023	Burlington Coat Factory
2023	Heritage Psychiatric Hospital
2023	Gold Mind Marketing Agency
2022	Sacramento COC HMIS
2021	Interception Equals Change, NGO
	Sacramento County Sheriff's Alternative
2019	Sentencing Program
2017	Oakland Elizabeth House

Operational / Partner Agreement

2023 Alameda County Family Justice Center



501c3 Nonprofit Organization

"Bridging the Gap Between Municipality and Consumer."

www.TheArkofRefuge.org

OPERATIONAL AGREEMENT

REVISED. 2023

PARTIES

This Operating Agreement ("Agreement") is made and entered into, by, and between: Ark of Refuge, Inc. (Administrator) located at 500 Capitol Mall Suite 2350, Sacramento CA 95814.

And;

Alameda County Family Justice Center, C/O Karla Elias-Flores, Interim Executive Director, 470 27th ST. Oakland CA. 94612. (Signee)

TERMS AND CONDITIONS

- PURPOSE

The Ark Of Refuge is a 501C3 nonprofit that has been catering to underserved populations in the greater Bay Area. Our mission is to bridge the gap between municipality and consumer by providing access to federally funded programs. We do this by offering rental assistance programs, food distribution, crisis transportation, temporary housing, emergency clothing and gift cards. The State of California Governor's Office of Emergency Services (CALOES) has recently awarded the Ark of Refuge \$350,000.00 from the Domestic Violence Housing First (XD) Program. These funds are to be disbursed exclusively to Victims of Domestic Violence and we would like to partner with your entity for donation distribution.

- TERM

The term of this operational agreement will be perpetual and continue to operate not for just one fund source, but all sources offered by the Ark of Refuge, Inc. It shall remain in existence of its dissolution by its members under the visions of state and federal laws regarding dissolutions of Corporations.



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Listed on the following page is a detailed description of the resources we would make readily available to your organization as well as frequency.

Contractual Agreement

The performance period of the proposed operating agreement would be 1/1/2023 – 12/31/2027, with annual resource replenishment. The total amount allocated below is per year, for the above referenced contractual term. Resources must be disbursed between January and November. Any resource not disbursed shall be disbursed directly by the Ark of Refuge in the Month of December to ensure proper reconciliation.

Total Amt (\$) Allocated \$83,752.00

Available Resources Hotel Vouchers, Clothing, Visa Gift Cards.

Hotel Voucher Program \$53,200.00

Access to 3 through 7 nights in a hotel, not to exceed \$190 per night including taxes and fees. A total of 280 1-Day Hotel Vouchers are made readily available, annually. The hotel must be booked by consultant staff, on Ark of Refuge website. Clients are responsible for additional fees outside of deposit and taxes.

Emergency Clothing \$13,592.00

Access to emergency clothing. All hotel voucher clients receive a backpack of emergency clothing items and hygiene kits. Retail value \$194.17 per. Max 1-per client or a clothing voucher of equal or greater credit redeemable at the stores indicated on the voucher.

Emergency Visa Gift Card \$10,500.00

Max 1 per client. 70 hotel voucher clients are eligible to receive an emergency \$150.00 Visa gift card. Client may use hotel voucher for deposit fees during hotel check-in or crisis transportation (Uber/Lyft).



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www.TheArkofRefuge.org

Reconciliation Reports

Due by the 1st of the following month

On a monthly basis the staff member described above will submit via email to finance@thearkofrefuge.com , a list of clients who received resource items issued by your entity on behalf of the Ark of Refuge. This intake list should coincide with the electronic client evaluation form, and programmatic intake form filled out prior to disbursement of funds/resources. Training on how to access and use these forms will be provided by ARK staff. A complete client file consists of: Ark Client Evaluation Form, You Entity's Intake Form, Each individual application for each resource disbursed (accessible on the ark of refuge website).

Company Equipment

To be kept at your facility.

On a monthly basis your entity receives access to \$6,979.00 in resources from the Ark of Refuge. Your entity would be required to keep a stock of certain items on site. The items to be inventoried are:

- (1) Samsung Tablet pre-downloaded with the necessary forms for disbursement online or offline.

Annual Banquet Attendance

Every year, The Ark of Refuge hosts a fundraising banquet at the Berkeley Country Club for partners, donors, and members alike. All staff assigned to this contract are welcome to attend as well as the Board Members and Directors. A keynote speaker shall be selected to speak on behalf of your entity's programs/ services for a maximum of ten minutes.

Disbursement Schedule

On a monthly basis you have the option to disburse, at maximum, the following inventory amounts.

Hotel Voucher(s):	\$ 4,433.33	Total Vouchers (1-day): 23
Emergency Clothing:	\$ 1,132.61	Total Vouchers/Backpacks: 5.96
Emergency Visa Cards:	\$ 875.00	Total Gift Cards: 5.833
Personnel:	\$ 538.33	Monthly Payment



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Access to Resources

Utilizing an Ark of Refuge tablet or laptop your entity will have access to a page on our website for administrative processing that issues resources in the form of vouchers and electronic gift cards. Each program is loaded with the monthly allotments listed above. It is your entity's duty to print the vouchers and give them to the client. The ark of refuge handles all accounting procedures. Enclosed as an appendix is an illustration of the possible.

Certifications and Acknowledgement

Both parties agree to enter into This Operational Agreement with the understanding that it shall be managed and operated by its members. Members being Administrator and Signee. Both members of this agreement will have the rights, powers and Authority to cancel this agreement at any given time.

<i>Karla Elias-Flores, Interim ED</i>	<i>Karla Elias-Flores</i>	<i>4/26/23</i>
Print Name, Print Title	Signature	Date
Leslie West Owner and CFO	<i>Leslie West</i>	04/26/2023
Print Name, Print Title	Signature	Date

"Hey Siri, Define Domestic Violence."

Domestic violence is the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another. It includes physical violence, sexual violence, psychological violence, and emotional abuse.

DOMESTIC VIOLENCE CUSTOMER JOURNEY MAP

Corporate Info
Point of Contact

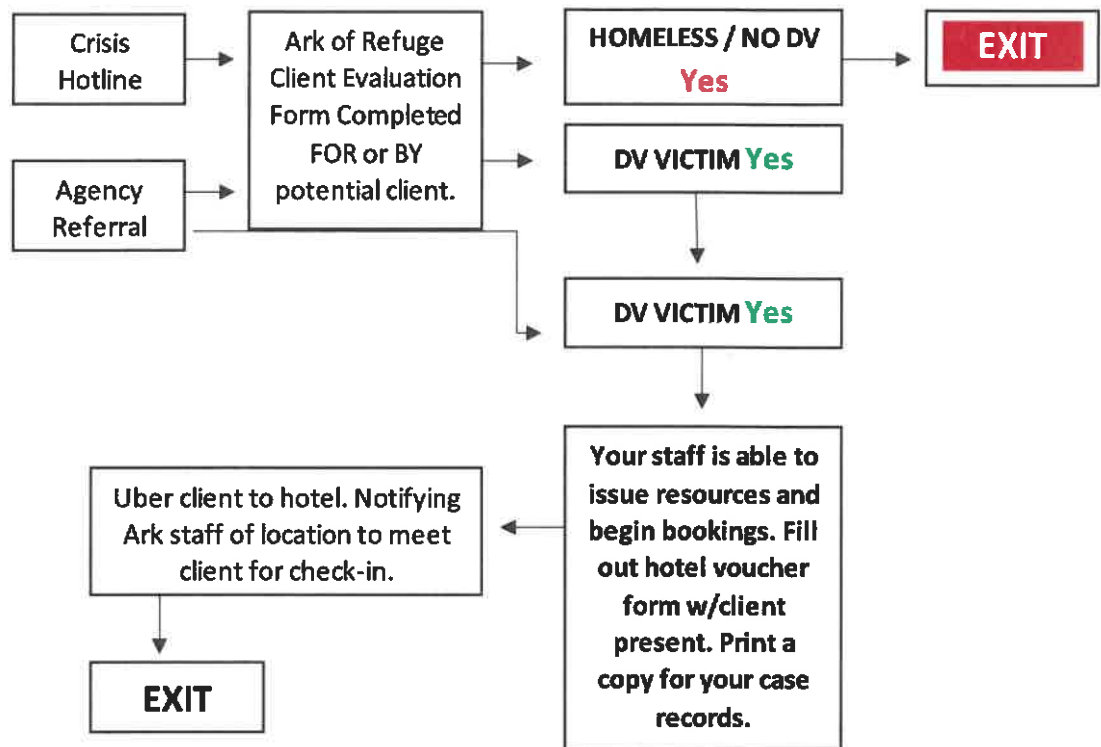
500 Capitol Mall Suite 2350, Sacramento CA 95814
Leslie West, Financial Officer +1(866)-676-0070 Ext 4

Support@TheArkofRefuge.org
Leslie@TheArkofRefuge.org



501c3 Nonprofit Organization

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www.TheArkofRefuge.org



Operational / Partner Agreement

2023 Heritage Psychiatric Hospital



501c3 Nonprofit Organization

" Bridging the Gap Between Municipality and Consumer. "

[www. TheArkofRefuge.org](http://www.TheArkofRefuge.org)

OPERATIONAL AGREEMENT

(NON PROFIT)

REVISED. 2023

PARTIES

This Operating Agreement ("Agreement"), is made and entered into, by, and between: Ark of Refuge, Inc. (Administrator) located at 500 Capitol Mall Suite 2350, Sacramento CA 95814.

And;

Heritage Oaks Psychiatric Hospital, c/o Brittane Wheaton located at 4250 Auburn Blvd, Sacramento, CA 95841 (Signee)

TERMS AND CONDITIONS

- PURPOSE

The State of California Governor's Office of Emergency Services (CALOES) has recently awarded the Ark of Refuge \$350,000.00 from the Domestic Violence Housing First (XD) Program. These funds are to be disbursed exclusively to Victims of Domestic Violence and we would like to partner with your entity for donation distribution.

- TERM

The term of this operational agreement will be perpetual and continue to operate in existence of its dissolution by its members under the visions of state and federal laws regarding dissolutions of Corporations.

Listed on the following page is a detailed description of the Contractual Requirements that regulate this operational agreement.

Corporate Info
Point of Contact

500 Capitol Mall Suite 2350, Sacramento CA 95814
Leslie West, Financial Officer +1 (866)-676-0070 Ext 4

Support@TheArkofRefuge.org
Leslie@TheArkofRefuge.org



501c3 Nonprofit Organization

" Bridging the Gap Between Municipality and Consumer. "

[www. TheArkofRefuge.org](http://www.TheArkofRefuge.org)

Contractual Agreement

The performance period of the proposed operating agreement would be 1/1/2023 – 12/31/2027, with annual resource replenishment. Resources must be disbursed between January and November. Any resource not disbursed directly by the Ark of Refuge in the Month of December to ensure proper reconciliation.

Total Amt (\$) Allocated

\$83,752.00

Available Resources

Hotel Vouchers, Clothing, Visa Gift Cards, Uber, Personnel

Hotel Voucher Program

\$53,200.00

Up To 7 nights in a hotel, not to exceed \$190 per night including taxes and fees. A total of 280 1-Day Hotel Vouchers are made readily available, annually. Hotel must be booked by staff, on Priceline, w/staff accompaniment to hotel for check-in. Clients are responsible for deposit fees.

Emergency Clothing

\$13,592.00

All hotel voucher clients receive a backpack of emergency clothing items and hygiene kits. Retail value \$194.17 or a Burlington coat factory voucher @ \$194.17 per. Max 1-per client.

Emergency Visa Gift Card

\$10,500.00

Max 1 per client. 70 hotel voucher clients receive an emergency \$150.00 Visa gift card. Client may use hotel voucher for deposit fees during hotel check-in or Uber transportation.



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Contractual Requirements: 1 P/T Staff , Equipment and Reporting

Personnel

\$ 6,460.00

A OAK E-House staff member shall designate 323 annual hours, 6 hours per week, to the distribution of support services. This person is compensated by the Ark of refuge at the rate of \$20.00 p/hr. Their duties are to establish housing options for dischargeable residents/patients, coordinate crisis transport, disburses emergency clothing and gift cards . This person is also responsible for intake and bookings. All forms are electronic(public-hyperlinks) provided by ARK staff.

Reconciliation Reports

Due by the 1st of the following month

On a monthly basis the staff member described above will submit via email to finance@thearkofrefuge.com , a list of clients who received resource items issued by OAK E-House on behalf of the Ark of Refuge. This intake list should coincide with the electronic client evaluation form, and hotel voucher program form filled out prior to disbursement of funds. Training on how to access and use these forms will be provided by ARK staff.

We then require an annual reconciliation or team meeting in January of each year.

Company Equipment

To be kept at your facility.

On a monthly basis your entity receives access to \$5,838.75 in resources from the Ark of Refuge. Your entity would be required to keep a stock of certain items on site. The items to be inventoried are:

- (1) Samsung Tablet pre-downloaded with the necessary forms.
- (5) Visa Gift Cards (Value: \$150.00) per month via USPS
- (23) Emergency Clothing Vouchers (Retail Value 194.17)

Annual Banquet Attendance

Every year , The Ark of Refuge hosts a fundraising banquet at the Berkeley Country Club for partners, donors and members alike. All staff assigned to this contract are welcome to attend as well as the Board Members and Directors. A keynote speaker shall be selected to speak on behalf of your entities programs/ services for a maximum of ten minutes.



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Disbursement Schedule

On a monthly basis you will be required to disburse the following. Inventory amounts can be lessened to fit our needs.

Hotel Voucher(s):	\$ 4,370.00	Total Vouchers (1-day): 23
Emergency Clothing:	\$ 4,465.91	Total Vouchers: 23
Emergency Visa Cards:	\$ 900.00	Total Gift Cards: 6
Personnel:	\$ 269.16	Bi-Weekly Payment

Access to Resources

Utilizing an Ark of Refuge tablet your entity will have access to a Priceline account for hotel reservations and an Uber account for transport. Each account is loaded monthly with the amounts listed above. Items such as clothing and gift cards are mailed via UPS to your facility.

Enclosed as an appendix is an illustration of the possible outcomes for the Ark of Refuge's intake process.

Certifications and Acknowledgement

Both parties agree to enter into This Operational Agreement with the understanding that it shall be managed and operated by its members. Members being Administrator and Signee. Both members of this agreement will have the rights, powers and Authority to cancel this agreement at any given time.

Britanee Wheaton

Brittance Wheaton

03/27/2023

Print Name

Signature

Date

Leslie West

Leslie West

03/27/2023

Print Name

Signature

Date

Corporate Info
Point of Contact

500 Capitol Mall Suite 2350, Sacramento CA 95814
Leslie West, Financial Officer +1 (866)-676-0070 Ext 4

Support@TheArkofRefuge.org
Leslie@TheArkofRefuge.org



501c3 Nonprofit Organization

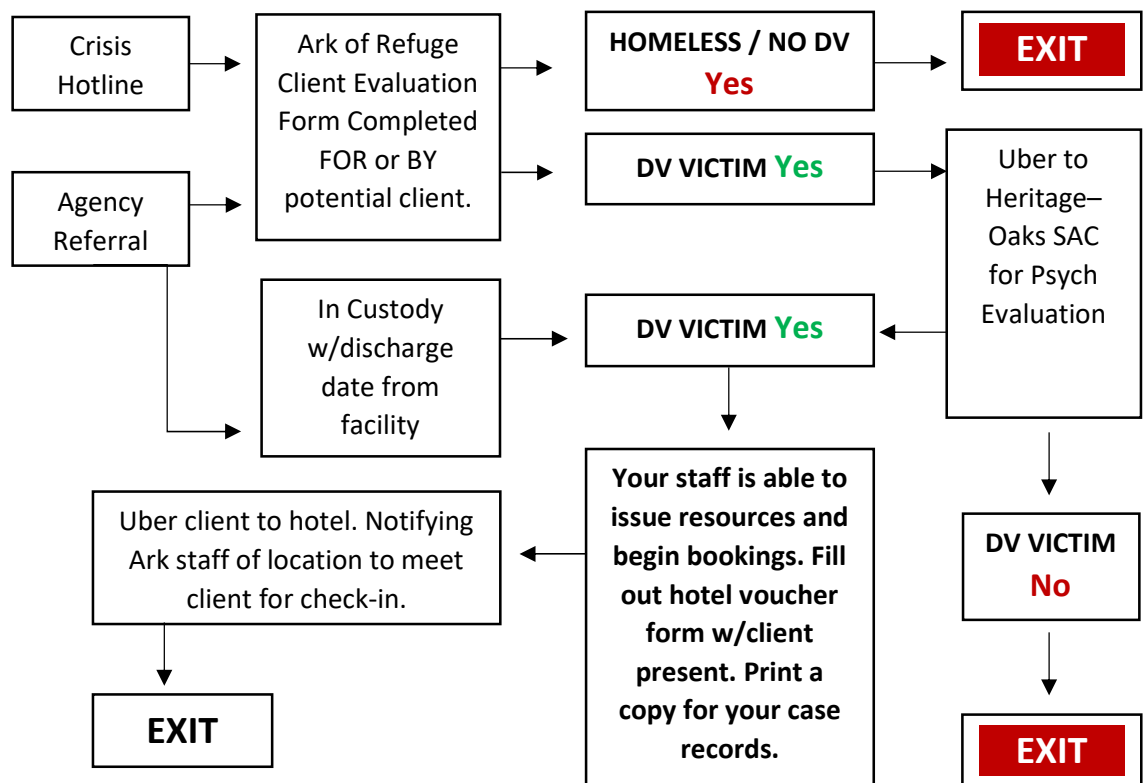
" Bridging the Gap Between Municipality and Consumer. "

[www. TheArkofRefuge.org](http://www.TheArkofRefuge.org)

"Hey Siri, Define Domestic Violence."

Domestic violence is the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another. It includes physical violence, sexual violence, psychological violence, and emotional abuse.

DOMESTIC VIOLENCE CUSTOMER JOURNEY MAP



Operational / Partner Agreement

2023 Burlington Coat Factory



501c3 Nonprofit Organization

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[www. TheArkofRefuge.org](http://www.TheArkofRefuge.org)

OPERATIONAL AGREEMENT

(NON PROFIT)

REVISED. 2023

PARTIES

This Operating Agreement ("Agreement"), is made and entered into, by, and between: Ark of Refuge, Inc. (Administrator) located at 500 Capitol Mall Suite 2350, Sacramento CA 95814.

And;

Burlington Coat Factory, Inc whose corporate office is located at 1830 Route 130 North , Burlington, NJ 08016 . (Signee)

TERMS AND CONDITIONS

- PURPOSE

The State of California Governor's Office of Emergency Services (CALOES) has recently awarded the Ark of Refuge \$350,000.00 from the Domestic Violence Housing First (XD) Program. These funds are to be disbursed exclusively to Victims of Domestic Violence and we would like to partner with your entity for clothing donation distribution.

- TERM

The term of this operational agreement will be perpetual and continue to operate in existence of its dissolution by its members under the visions of state and federal laws regarding dissolutions of Corporations.

Listed on the following page is a detailed description of the Contractual Requirements that regulate this operational agreement.



501c3 Nonprofit Organization

" Bridging the Gap Between Municipality and Consumer. "

www.TheArkofRefuge.org

Contractual Agreement

The performance period of the proposed operating agreement would be 1/1/2023 – 12/31/2027, with annual resource replenishment. Resources must be disbursed between January and November. For reconciliation in December.

Total Amt (\$) Allocated

Any Amount

Available Resource

Emergency Clothing

Emergency Clothing

\$13,592.00

The Ark runs a hotel voucher program that offers emergency clothing. All hotel voucher clients receive a backpack of emergency clothing items and hygiene kits. Retail value \$194.17 or a Burlington coat factory voucher @ \$194.17 per. Max 1-per

Emergency Visa Gift Card

\$10,500.00

Max 1 per client. 70 hotel voucher clients receive an emergency \$150.00 Visa gift card. Client may use hotel voucher for deposit fees during hotel check-in or Uber transportation.

Contractual Reporting Requirements:

Reconciliation Reports

Due by the 1st of the following month

On a monthly basis Burlington coat factory will submit via email to finance@thearkofrefuge.com , a list of clients who received resource items/vouchers, dates and total amounts spent. We then require an annual reconciliation or team meeting in January of each year.

Payment Terms

All invoices are paid on a net 30 for the previous month.



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[www. TheArkofRefuge.org](http://www.TheArkofRefuge.org)

Annual Banquet Attendance

Every year , The Ark of Refuge hosts a fundraising banquet at the Berkeley Country Club for partners, donors and members alike. All staff assigned to this contract are welcome to attend as well as the Board Members and Directors. A keynote speaker shall be selected to speak on behalf of your entities programs/ services for a maximum of ten minutes.

Certifications and Acknowledgement

Both parties agree to enter into This Operational Agreement with the understanding that it shall be managed and operated by its members. Members being Administrator and Signee. Both members of this agreement will have the rights, powers and Authority to cancel this agreement at any given time.

Tracey Marshall

Tracey Marshall

4/7/23

Print Name

Signature

Date

Leslie West

Leslie West

03/27/2023

Print Name

Signature

Date

Corporate Info
Point of Contact

500 Capitol Mall Suite 2350, Sacramento CA 95814
Leslie West, Financial Officer +1 (866)-676-0070 Ext 4

Support@TheArkofRefuge.org
Leslie@TheArkofRefuge.org

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Burlington Stores, Inc.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions. 1830 US Route 130 N	Requester's name and address (optional)
	6 City, state, and ZIP code Burlington, NJ 08016	
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-			-			
or									
Employer identification number									
2	2	-	1	9	7	0	3	0	3

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► 	Date ► 10/19/2022
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Store	Address	City	State	Zip
195	1201 South Baldwin Avenue	Arcadia	CA	91007
959	309 West 7th Street	Los Angeles	CA	90014
370	5601 Florin Road, Store 101	Sacramento	CA	95823
865	3671 North Freeway Blvd	Sacramento	CA	95834
1216	1596 Ethan Way	Sacramento	CA	95825
1349	660 West Huntington Drive	Monrovia	CA	91016
1233	8017 Atlantic Avenue, Suite B	Cudahy	CA	90201
974	150 E. Main Street	Alhambra	CA	91801
760	9175 E. Stockton Blvd	Elk Grove	CA	95624
182	418 Westlake Center	Daly City	CA	94015
448	560 North Stephanie Street	Henderson	NV	89014
213	5959 West Sahara Avenue	Las Vegas	NV	89146
239	4750 South Eastern Avenue	Las Vegas	NV	89119
1001	2189 West Craig Road	North Las Vegas	NV	89032
1070	10000 W Sahara Avenue, Suite 130 - 150	Las Vegas	NV	89117
1131	3767 S Las Vegas Blvd	Las Vegas	NV	89109
1189	2150 North Rainbow Blvd	Las Vegas	NV	89108
1234	Charleston Commons 41 N Nellis Blvd	Las Vegas	NV	89110
1293	6670 N. Durango Drive	Las Vegas	NV	89149
1392	7020 N 5th Street	North Las Vegas	NV	89084

Operational / Partner Agreement

2023 Gold Mind Marketing Agency



OPERATIONAL AGREEMENT

(NON PROFIT)

REVISED. 2020

PARTIES

This Operating Agreement ("Agreement"), is made and entered into, by, and between Gold Mind Marketing - cloud based marketing firm represented by Andre Lloyd(Signee) and the Ark of Refuge, Inc. (Administrator) located at 9702 International Boulevard Oakland California 94603.

TERMS AND CONDITIONS

- TERM

The term of this operational agreement will be perpetual and continue to operate in existence of its dissolution by its members under the visions of state and federal laws regarding dissolutions of Corporations. Attached to this agreement are signee provided price charts, brochures or addenda.

- PURPOSE

The Ark of Refuge is an urban sustenance program catering to (ages 16 through 24) as well as Domestic Violence Victims. Interception equals change will exist and operate as a brother / sister organization to the Ark of Refuge in relation to the following services; Street Outreach, food distribution, crisis transportation as well as 24-hour emergency dispatch. All matters relevant to the successful performance of the associated programs are duly noted by each organization on a coagulated Escalation Matrix.

- MANAGEMENT

This Operational Agreement will be managed and operated by its members. Members being administrator and Signee. Both members of this agreement will have the rights, powers and Authority to cancel this agreement at any given time..

Andre Lloyd
PRINT NAME

Andre Lloyd
SIGNATURE

1-12-2023
DATE

LESLIE WEST
PRINT NAME

SIGNATURE

1/13/2023
DATE

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
					-				

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► <i>Andre Lloyd</i>	Date ► 01/07/2023
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize The Ark of Refuge (*company name*) to send credit entries, as well as appropriate debit and adjustment entries, to my account indicated below. These deposits may be made electronically or by any other commercially accepted method.

Personal information

Name: Andre Lloyd

Address: 2410 Greenwood Drive

City Lindenwold, State New Jersey, Zip Code 08021.

Social Security #: N/A

Financial Institution Information

Name: Greenwood Bank

Branch: _____

Address: 3500 Lenox Road NE

City Atlanta, State Georgia, Zip Code 30326.

Transit #: 125109019

Account #: 335101657849

Type of account: ☒ Checking account ☐ Savings account

Please attach a voided check for each bank account to which funds should be deposited (if necessary).

This authorization will remain in effect until revoked by me in writing.

Andre Lloyd Name

Andre Lloyd Signature

01/08/2023 Date



GOLDMIND

M A R K E T I N G

BREAKDOWN

**PRECISE
TARGETING**



**HIGHER
ENGAGEMENT**



**LOWER
COST-PER-
CLICK**

WELL-MANAGED CAMPAIGNS INCREASE VIRALITY WHILE ALSO COSTING LESS

ADVERTISING LABOR FEE

ONE PLATFORM

30 DAYS	3 MONTHS	6 MONTHS	12 MONTHS
\$400	\$1000	\$1900	\$2600

KEY PERFORMANCE INDICATORS

— Clients often mistakenly measure the success of their campaigns on the amount of views generated.

A deeper dive shows that the true success of social media advertisements is measured via the metrics displayed.

Listed in order of importance

CLICK-THROUGH RATE (CTR)

The number clicks that your ad receives divided by the number of times your ad is shown.

COST PER CLICK (CPC)

The amount you pay for each click on your ad.

IMPRESSIONS

The number of times your ad was seen by a potential customer.

VIEWS

On YouTube, a view is counted when someone watches more than 30 seconds of your video ad (*or the duration if it's shorter than 30 seconds*) or interacts with the ad, whichever comes first.

COMMON MISCONCEPTIONS



Simply paying to reach a wider audience without the correct approach is very inefficient and costly.



“Boost” and “Promote” features on social media are NOT recommended.

RANDOM TARGETS

Targeting a city, age group, gender and keywords is the bare minimum. This leads to “random targeting.”

EMPTY VIEWS

Random targeting occurs when your content is being shared with audiences who may or may not be in your target demographic. This process accumulates views but earns a low return on investment and raises advertising costs.

SET IT AND FORGET IT

Re-optimization is an automated feature that allows campaigns to operate via artificial intelligence. Though user-friendly, this reverts back to random targets. Therefore, managers should routinely supervise campaigns in order to make changes when necessary.

CASE STUDIES

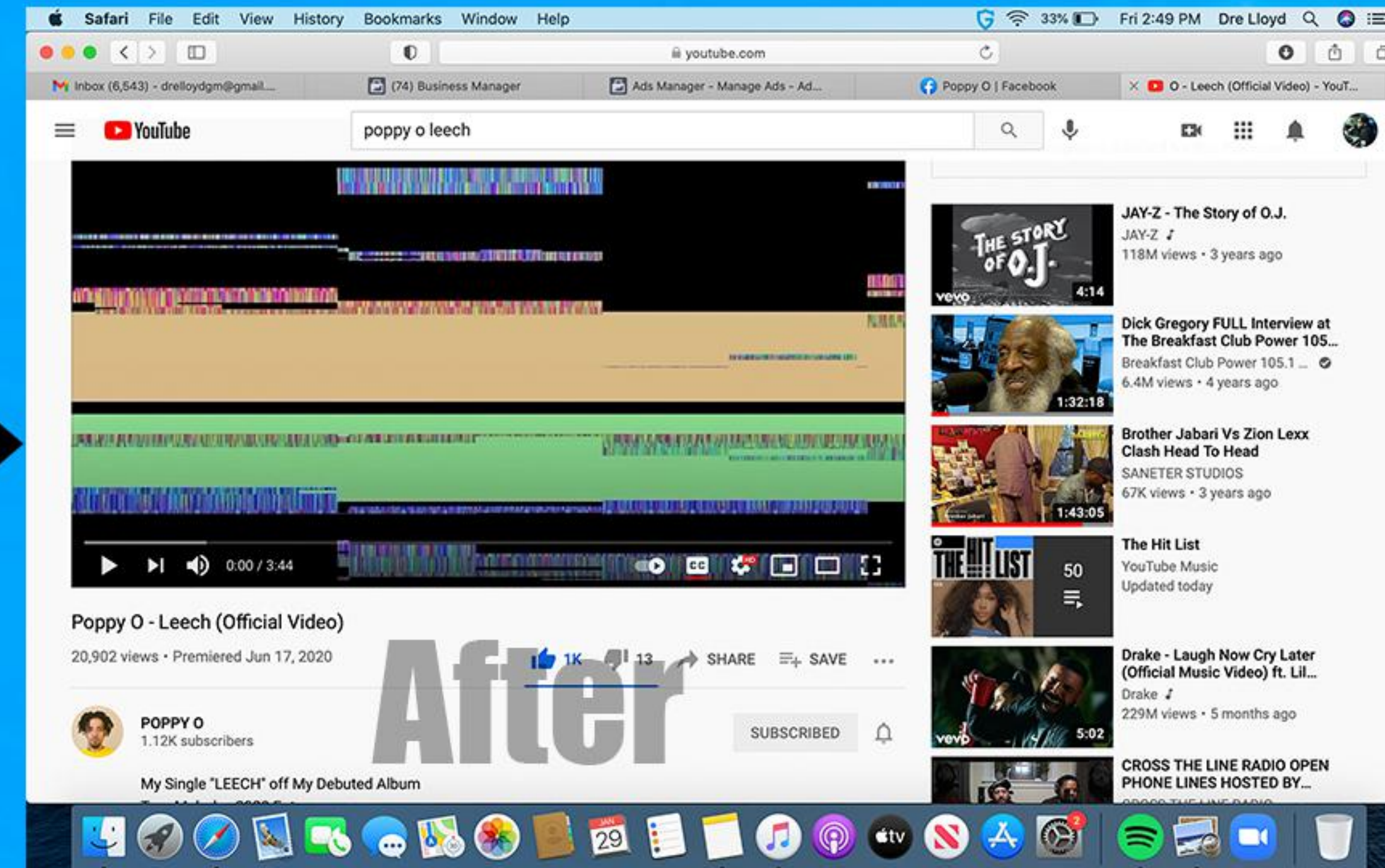
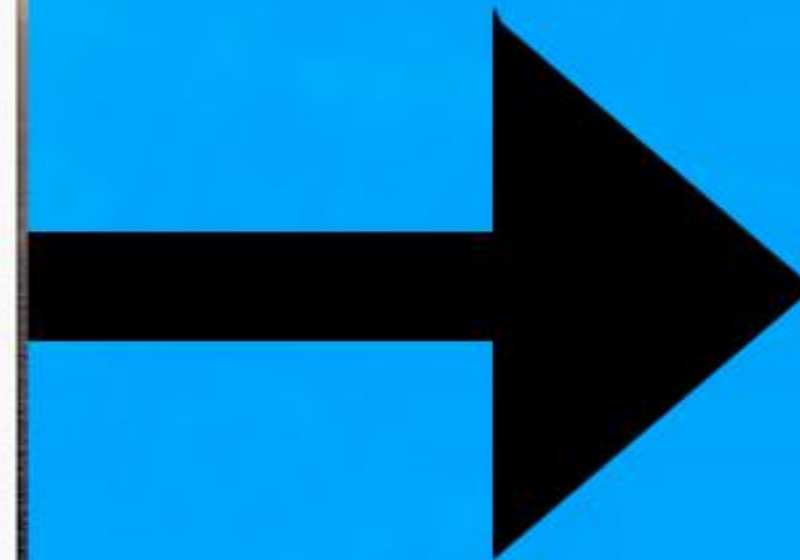
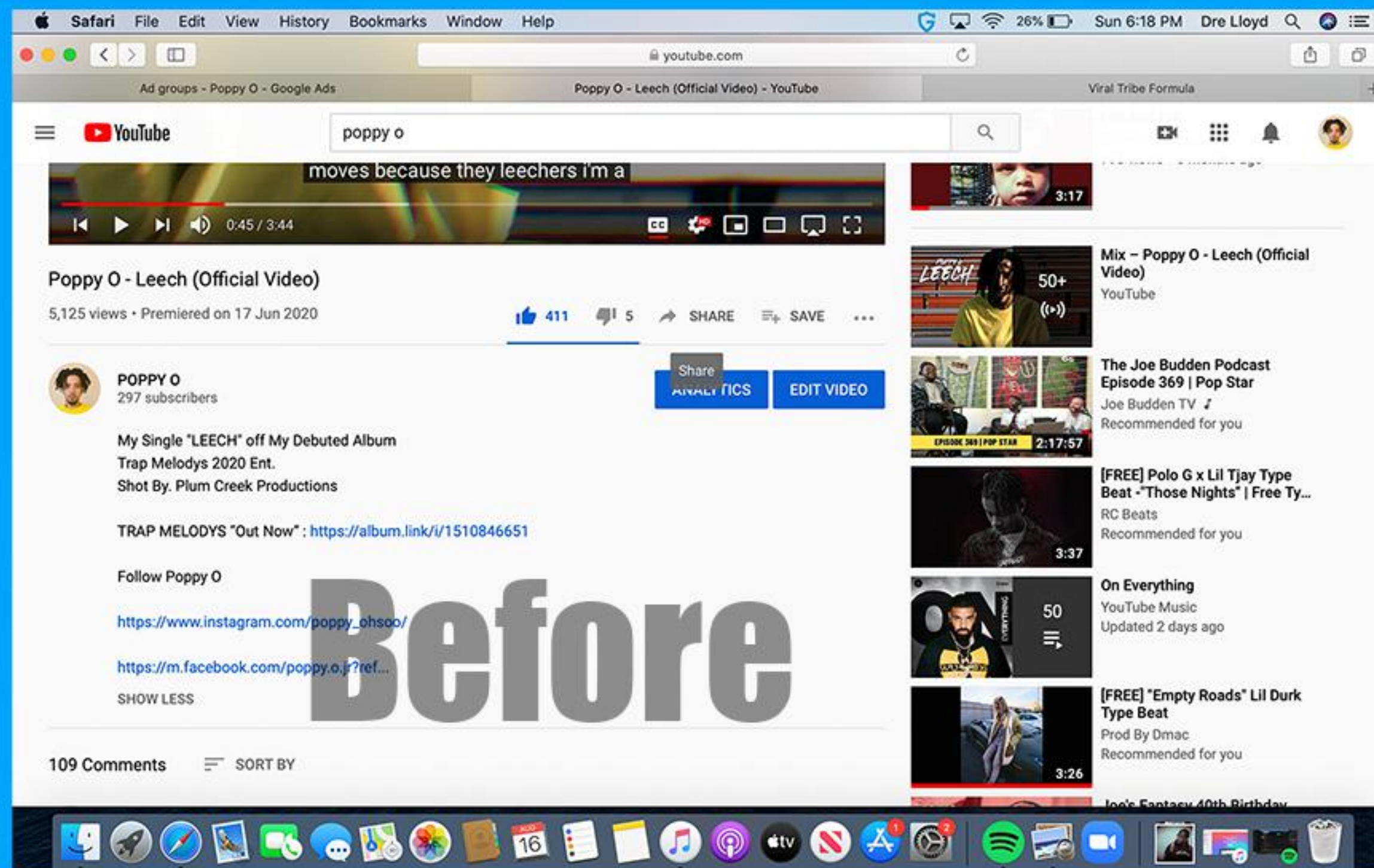
CASE STUDY #1

POPPY O

Results
350k+ Views 8k+ Likes 300+ Comments
331 More Subscribers On Youtube
11k+ Youtube Views
400+ More YT Likes
50+ Youtube Comments 8k+ Spotify Streams

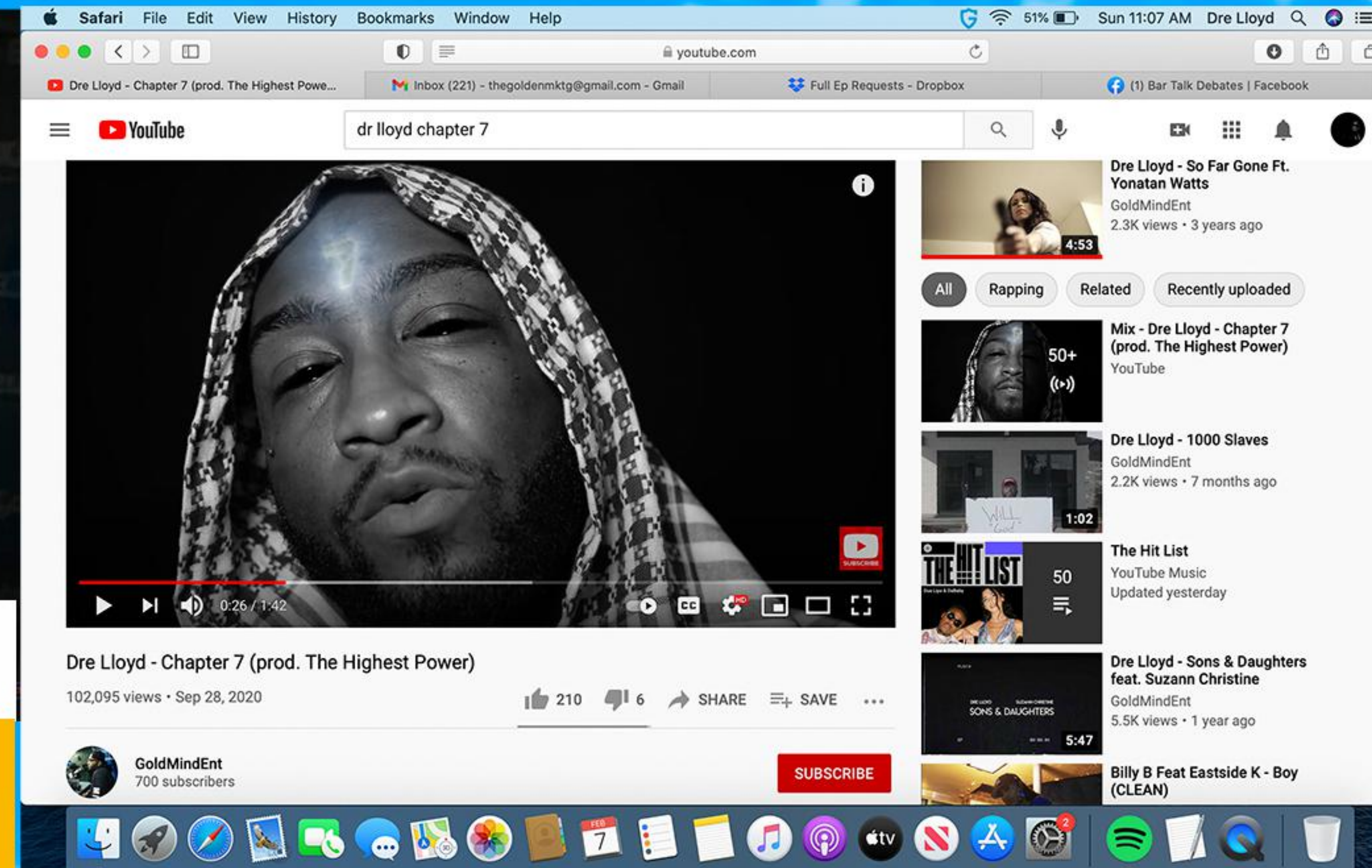
<input type="checkbox"/>		Ad Set Name	Results	Reach	Impressions	Cost per Result	Amount Spent	Ends	Schedule
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Leech Asia Test	4,209 ThruPlays	17,250	49,571	\$0.01 Cost per Thr...	\$34.79	Oct 4, 2020	Sep 16, 2020 19 days
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Leech Test 2	6,902 ThruPlays	33,791	96,204	\$0.01 Cost per Thr...	\$51.72	Oct 15, 2020	Sep 15, 2020 30 days
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Leech City Opt	5,901 ThruPlays	15,036	26,334	\$0.01 Cost per Thr...	\$60.55	Oct 14, 2020	Sep 14, 2020 30 days
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Leech Phillipines Defined	30,950 ThruPlays	35,987	178,560	\$0.003 Cost per Thr...	\$103.57	Oct 4, 2020	Sep 6, 2020 29 days
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Poppy O Lookalike	12,595 ThruPlays	31,985	48,901	\$0.01 Cost per Thr...	\$119.13	Oct 4, 2020	Aug 30, 2020 35 days
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Facebook T Pain Defined Haiti/Mexico/DR/C...	6,115 ThruPlays	33,034	82,773	\$0.01 Cost per Thr...	\$35.11	Oct 4, 2020	Aug 30, 2020 35 days
<input type="checkbox"/>	<input checked="" type="checkbox"/>	FB Real Estate/Future Mexico/DR/Brazil/Colo...	8,403	48,482	109,054	\$0.01	\$44.55	Oct 4, 2020	Aug 30, 2020
> Results from 25 ad sets ⓘ			115,836 ThruPlays	411,867 People	1,112,837 Total	\$0.01 Cost per Thru...	\$694.54 Total Spent		

CASE STUDIES



DRE LLOYD

Went from 600 - 700 Subscribers in 30 Days
Went from 0 views - 102,095 views in 30 Days



Our Advertising Platforms



YOUTUBE



INSTAGRAM



FACEBOOK



SNAPCHAT



TIKTOK

Operational / Partner Agreement(s)

2022 Sacramento COC HMIS



Homeless Management Information System (HMIS)
HMIS Partner Agency Agreement Between
Sacramento Steps Forward, as the HMIS Lead Agency for
the Sacramento Continuum of Care (SSF),
and Partner Agency

I. BACKGROUND AND PURPOSE

The Homeless Management Information System (HMIS) is the electronic data collection system designated by the Sacramento Continuum of Care (CoC) to comply with HUD's required data collection, management, and reporting standards. The HMIS maintains client-level data about the individuals and families who receive homeless and other human services throughout the community. The HMIS also assists agencies with project administration, operations, and reporting. Some of the typical benefits of an HMIS include:

- Improved service delivery and prompt referrals for Clients
- Immediate access to important client information
- Quick and easy preparation of reports for funders, stakeholders
- Access to CoC-level performance data to inform system improvements
- Provides an overall picture in order to gain a better understanding of patterns of service use
- Reporting features to measure the effectiveness of homeless projects in our community

The U.S. Department of Housing and Urban Development (HUD) and other planners and policymakers at the federal, state and local levels use aggregate HMIS data to obtain better information about the extent and nature of homelessness over time. A robust HMIS also helps communities engage in informed advocacy efforts, including the pursuit of policies that result in targeted services. Analysis of information gathered through the HMIS is critical to accurately calculate the size, characteristics, and needs of different subpopulations. Additionally, use of the HMIS by agencies not funded by HUD provides benefits to both these agencies and the homeless provider community at large, including the avoidance of service duplication through the sharing of client data and project enrollments. HMIS participation also positions agencies for future funding, as many private foundations now require it.

II. AUDIENCE AND AGREEMENT

By signing this HMIS Partner Agency Agreement, _____ (Partner Agency) and its designated HMIS users will be granted access by Sacramento Steps Forward (SSF) to utilize the HMIS system. The "Partner Agency" named in this agreement is a contributor to the HMIS. The HMIS "User" is the guardian entrusted with personal data to be entered and used in the HMIS. The "Client" is the consumer of services. All agencies which have been granted access to the HMIS have agreed to abide by all laws, and the HMIS Policies and Procedures pertaining to client confidentiality, user conduct, security, and the ongoing functionality and stability of services and equipment used to support the HMIS.

The signature of the Executive Director of the Partner Agency indicates agreement with the terms set forth for an HMIS account for the Partner Agency.

III. GENERAL PROVISIONS

A. AGREEMENT, UNDERSTANDING AND RESPONSIBILITIES

The Sacramento City and County CoC has designated SSF as the HMIS Lead Agency. All homeless assistance and homelessness prevention service providers in this CoC are eligible to become HMIS Partner Agencies, except for domestic violence providers covered by the Violence Against Women Act (VAWA).

The parties share a common interest in serving the homeless population, and those at risk of becoming homeless, while reducing the current number of homeless in the CoC. The purpose of this agreement is to set out the provisions for the implementation, maintenance, coordination, and operation of the HMIS.

SSF is responsible for administering the HMIS on behalf of the CoC, including the implementation, project management, training, maintenance, help desk support, granting and limiting of HMIS access and – in coordination with the HMIS Software Provider – the enhancement and upgrading of the HMIS software. The Partner Agency is responsible for entering client data in the HMIS according to project type requirements. SSF and all Partner Agencies participate in an HMIS & Data Committee which meets monthly and reports to the CoC Advisory Board. The CoC Advisory Board oversees HMIS implementation. Detailed responsibilities are listed in sections below.

B. SCOPE

This agreement addresses the respective responsibilities of SSF and the Partner Agency for ongoing HMIS service and activities. The specific responsibilities of the parties to this agreement for the confidentiality, reporting requirements, training, policies and procedures, hardware and software for the HMIS are clearly defined herein to ensure an effective, efficient, and secure system. All addendums referenced in this agreement are also part of the agreement. SSF and the Partner Agency will abide by all relevant Federal and California State confidentiality regulations and laws that protect client records.

IV. SSF DUTIES AND RESPONSIBILITIES

SSF will:

A. GENERAL

1. In consultation with the CoC, select the HMIS Software Provider; define the HMIS program and implement its standards; promote awareness of the program to all interested parties; monitor the program's successes and failures in order to validate its effectiveness.
2. Be the sole liaison between the Partner Agency and the HMIS Software Provider; user questions concerning the software are to be directed only to SSF.
3. Develop, implement, and maintain privacy and security protocols for the HMIS.
4. Provide a standard HMIS training and technical support package to all Partner Agencies.
5. In collaboration with the HMIS Software Provider, take all necessary precautions to prevent any destructive or malicious programs from being introduced to the HMIS and, through it, to the Partner Agencies. SSF will employ all appropriate measures to detect virus infection and all appropriate resources to efficiently disinfect any affected systems as quickly as possible.
6. Notify the Partner Agency of HMIS failure, errors, and/or problems immediately upon discovery.
7. Provide help desk service on Business Days¹ from 8 a.m. to 5 p.m.
8. Provide all other reasonably expected activities regarding the operation of the HMIS.

B. PRIVACY, CONFIDENTIALITY AND SECURITY

1. Maintain all client-identifying information in strictest confidence, using the latest available technology. SSF may suspend HMIS access to any user or Partner Agency for the purpose of investigating suspicion of breached confidentiality.
2. Contract with the HMIS Software Provider to maintain and administer central and backup server operations; including security procedures and daily system backup to prevent the loss of data.
3. Monitor access to the HMIS in order to detect violations of information security protocols and maintain for inspection accurate logs of all changes made to the information contained within the database.
4. Issue user accounts, passwords, and certificates of participation (when requested) for HMIS users provided that:
 - a. The Partner Agency has signed the *HMIS Partner Agency Agreement*;
 - b. The Partner Agency has paid the current year's participation fee (if applicable);
 - c. SSF has received signed HMIS User Agreements, and
 - d. User has successfully completed the HMIS user training and any related testing.
5. Periodically change Partner Agency passwords for security purposes and lock out user accounts after a specified period of inactivity.
6. Comply with the HMIS Privacy & Security Plan and not release personally identifiable information to any person, agency, or organization; unless allowed by the HMIS Privacy & Security Plan.
7. Set up and maintain inter-agency data sharing options in HMIS.
8. Conduct Partner Agency site visits to ensure compliance with all protocols.

C. USER TRAINING AND PROGRAM SETUP

1. Conduct the initial software training for all new HMIS users.
2. Provide training materials, including user manuals with definitions and instructions, to each individual who attends the training class.
3. Set up Partner Agency programs according to the HMIS Data Standards; including related grants, services, assessments, housing units, and other applicable options in the HMIS software.
4. Provide additional trainings according to the user role, program type, or specific activities. These trainings may include classroom refreshers, reporting trainings, group webinars, one-on-one instructions, etc.
5. Provide other HMIS-related trainings upon request.

V. PARTNER AGENCY DUTIES AND RESPONSIBILITIES

The Partner Agency will:

A. GENERAL

1. Strictly adhere to all policies and procedures contained in the *HMIS Partner Agency Agreement*, as it may be amended from time to time, and all of its appendices. A copy of this signed agreement must be kept on file and made available upon audits.

2. No party to this agreement shall assume any additional liability of any kind due to its execution of this agreement. It is the intent of the parties that each shall remain liable, to the extent provided by law, regarding its own acts and omissions, but that no party shall assume additional liability on its own behalf or liability for the acts of any other individual or entity except for the acts and omissions of its own employees, volunteers, agents, or contractors through participation in the Sacramento Coordinated Entry Collaborative. The parties intend that this agreement is for their benefit only and that this agreement creates no rights for any third party.

B. PRIVACY AND CONFIDENTIALITY

1. Comply with all federal and state laws and regulations, and with all HMIS policies and procedures (particularly the HMIS Data and Technical Standards Final Notice from July 2004² and the HMIS Data Standards Manual Released August, 2014³) relating to the collection, storage, retrieval, and dissemination of client information as well as their respective agency's privacy procedures.
2. Comply with the HMIS Privacy & Security Plan, HMIS Data Quality Plan, and the Inter-Agency HMIS Data Sharing Agreement (as applicable).
3. Use HMIS database for its legitimate business purposes only.
4. Ensure that provision of services is not and will never be contingent on client participation in HMIS and nothing in this document or its addendums or other related documents shall be construed to require or imply otherwise.
5. **Protection of Client Privacy:** Obtain Client's written consent upon the initial visit before any data is collected. A verbal consent is not acceptable. Collect and maintain records of all Client Informed Consent and Release of Information Authorization forms in accordance with the HMIS policies and procedures. It's highly recommended that the signed consents are uploaded to client record in HMIS.
 - a. **Oral Explanation:** All Clients will be provided an oral explanation stating their information will be entered into a computerized record keeping system. The Partner Agency will provide an oral explanation of the HMIS and the terms of consent. The Partner Agency is responsible for ensuring that this procedure takes place prior to every client interview.
 - b. **Written Explanation:** Each Client whose information is being shared with another Partner Agency must agree via the written Consumer Informed Consent & Release of Information Authorization form (see Appendix C). A Client must be informed as to what information is being shared and with whom it is being shared.
 - c. **Information Release:** The Partner Agency agrees not to release client identifiable information to any other organization without proper client consent except as provided by federal and California State law. See attached Consumer Informed Consent & Release of Information Authorization and Regulations below.
 - d. **Client Consent Revocation:** If a Client withdraws their consent for release of information, the Partner Agency remains responsible to ensure that the Client's information is unavailable to all other Agencies.
 - e. **Renewal of Release:** Consumer Informed Consent and Release of Information Authorization forms are valid for five (5) years from the date signed. A new must be resigned if the Client remains in the program after that time.
 - f. **Record Keeping:** The Consumer Informed Consent and Release of Information Authorization forms should be kept in the file for a minimum of five (5) years after exit from the program.

6. **Postings:** Post both the HMIS Privacy Statement and Consumer Consent notices at the Partner Agency.
 - a. Both the *HMIS Privacy Statement and Consumer Notice* must be posted at each intake desk or comparable location.
 - b. Both the *HMIS Privacy Statement and Consumer Notice* must be made available in writing at the Client's request.
 - c. If the Partner Agency maintains an agency website, a link to the *HMIS Privacy Statement* must be on the homepage of the Partner Agency's website.
7. **Regulations:** Must uphold all relevant Federal and California State confidentiality regulations to protect client records and privacy. In addition, the Partner Agency will only release client records with written consent by the Client, unless otherwise provided for in the regulations. Specifically, but not limited to, the following:
 - a. Will abide specifically by the federal confidentiality rules as contained in the Code of Federal Regulations (CFR) 42 Part 2⁴, Confidentiality of Alcohol and Drug Abuse Patient Records, regarding disclosure of alcohol and/or drug abuse records. In general terms, the Federal regulation prohibits the disclosure of alcohol and/or drug abuse records unless disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by CFR 42 Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Partner Agency understands that the Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patients.
 - b. Will abide specifically with the Health Insurance Portability and Accountability Act of 1996 and corresponding regulations passed by the U.S. Department of Health and Human Services. In general, the regulations provide consumers with new rights to control the release of medical information; including advance consent for most disclosures of health information, the right to see a copy of health records, the right to request a correction to health records, the right to obtain documentation of disclosures of information may be used or disclosed. The current regulation provides protection for paper, oral, and electronic information.
 - c. Will abide specifically with the California Government Code 11015.5⁵ regarding electronically collected personal information. In general, the Government Code ensures that any electronically collected personal information about Clients cannot be shared with any third party without the Client's written consent.
 - d. Will use reasonable best efforts to comply with all other laws of the State of California and applicable local laws regarding confidentiality

C. **DATA QUALITY AND MONITORING**

1. Must fully comply with the latest HMIS Data Quality Plan. This plan is posted on the SSF website⁶ and is available in hard copy upon request.
2. Enter data into the HMIS within the timeframe as specified in the Data Quality Plan. Timely data entry prevents duplication of client records and other shared transactions, such as enrollments and services. It also allows good quality data for both project-specific and aggregate reports. Partner Agencies and their HMIS Users may be held liable in the event that a preventable duplication occurs as a result of missing, late, or incomplete data entry. Repetitive lack of timely entry can result in official reports of concern and possible findings against the Partner Agency and could culminate in official penalties up to and including loss of project funding.
3. Collect all HUD mandatory data elements, according to the data completeness and accuracy requirements.

4. Take all steps reasonably necessary to verify the information provided by Clients for entry into the HMIS, and to see that it is correctly entered into the HMIS by the Partner Agency User.
5. Immediately notify SSF when a programmatic, personnel, or other issue arises that precludes the Partner Agency from entering the HMIS data within the allowed timeframe. By informing the SSF in a timely fashion, the agencies can work together to craft an interim solution that is minimally disruptive to the HMIS as a whole.
6. Take all steps reasonably necessary to ensure that no profanity, offensive language, malicious information or discriminatory comments based on race, ethnicity, ancestry, skin color, religion, sex, gender identity, sexual orientation, national origin, age, familial status, or disability are entered into the HMIS.
7. Do not upload material into the HMIS that is in violation of any federal or state regulations, including, but not limited to: copyrighted material, material legally judged to be threatening or obscene, and material known to the Partner Agency to be confidential trade secrets.
8. Do not use the HMIS with malicious intent; intent to defraud any individual or entity, including governmental agency; or intent to conduct any illegal activity.
9. The Partner Agency shall not knowingly enter false or misleading data under any circumstances and will use its reasonable best efforts to avoid any misrepresentations related to client information in the HMIS.
10. Allow the SSF staff to conduct periodic monitoring and reviews of the original documentation in client files to ensure data accuracy. This monitoring is limited only to the client information relevant to HMIS data collection.

D. TRAINING

1. Ensure that each Partner Agency HMIS User has attended appropriate training as required by SSF, has signed the HMIS User Agreement (see Appendix D) and agreed to it, and has been authorized by SSF to access the system in accordance with the HMIS policies and procedures.
2. Ensure that the Partner HMIS User(s) attend the monthly HMIS user meetings, SSF-sponsored HMIS trainings, stays current with the HMIS policies and procedures, and relates updated information to all HMIS Users at his/her Partner Agency.
3. Assess Users' data entry or reporting skills and sign up for additional training if needed.

E. SECURITY

1. Limit HMIS access only to authorized users and follow all HMIS protocols for monitoring those users. SSF reserves the right to terminate access to any HMIS user who breaches client confidentiality or system security protocols.
2. Responsible for ensuring that its staff does not intentionally or unintentionally misuse the system.
3. Partner Agency shall not give or share assigned passwords and access codes for HMIS with any other Partner Agency, business, or individual.
4. Any user who finds a possible security lapse on the system is obligated to report it to the HMIS department at SSF immediately.
5. Do not permit any person to enter or use the HMIS unless and until:
 - a. The person has completed the required HMIS training;
 - b. SSF has issued that person the appropriate user account and password, and
 - c. Both the *HMIS Partner Agency Agreement* and the *HMIS User Agreement* have been signed and returned to SSF.

6. Maintain copies of all *HMIS User Agreement* signed by Partner Agency personnel to whom user accounts have been issued.
7. Designate a staff person to act as the Partner Agency security officer, responsible for the implementation of the HMIS privacy and security procedures at the Partner Agency level.
8. Fully comply with the *Inter-Agency HMIS Data Sharing Agreement* (as applicable) and the HMIS Privacy & Security Plan.
9. Not release any HMIS data to any person or organization that is not part of the HMIS, unless such release is covered by *the Inter-Agency HMIS Data Sharing Agreement* or the HMIS Privacy & Security Plan or is otherwise required by law.
10. Develop an internal procedure to be used in the event of a violation of any of the HMIS security protocols.
11. Develop and adhere to local security standards that should include the following:
 - a. Products: Physical security (door locks, computer/handheld devices screen view, local network passwords, firewall).
 - b. People: Personnel security (authorized users only, local oversight of usage).
 - c. Procedures: Organizational security (policies and procedures are in place).
12. Notify SSF within one (1) business day of the separation from the Partner Agency of any employee who was a user of the HMIS. Notification should preferably occur by close of business on the day of employee separation.

VI. DATA USE

Data contained in the HMIS will only be used to support the delivery of homeless services in the Sacramento County.

- A. The Partner Agency will not solicit or input information from clients unless it is essential to provide services, or conduct evaluation or research

VII. FEES & COST

A. PARTNER AGENCY PARTICIPATION COST

1. Currently, agencies serving the homeless shall have access to the SSF maintained HMIS for free. There is no requirement that an agency receive HUD or other federal or state funds to participate in the HMIS. SSF reserves the right to charge a reasonable fee for the use of the HMIS for other purposes and custom reports.
2. SSF recognizes that some Agencies may want to keep their existing databases and import their data periodically into the HMIS. Further, Agencies may move legacy data into the HMIS from their existing databases. Data integration/migration is allowed, provided the data integrated is accurate and meets the format at technical specifications required by the HMIS Software Vendor. The Partner Agency will be charged a fee for this service, as determined by SSF.

VIII. TERM OF AGREEMENT

A. TERMS AND CONDITIONS

1. This *HMIS Partner Agency Agreement* becomes effective when signed by both parties and shall remain in effect unless terminated.

2. This agreement is the complete and exclusive statement of agreement between the parties, and it supersedes all prior agreements, oral or written, relating to the subject matter of this agreement.
3. Neither party shall have the right to assign or transfer any rights or obligations under this agreement without the prior written consent of the other party.
4. This agreement is made for the purpose of defining and setting forth the rights and responsibilities of the Sacramento CoC, SSF, and the Partner Agency. It is made solely for the protection of the Sacramento CoC, SSF, and the Partner Agency and their respective heirs, personal representatives, successors, and assigns. No other individual or entity shall have any rights of any nature under this agreement or by reason hereof. Without limiting the generality of the preceding sentence, no End-User of the HMIS in his or her capacity as such and no current, former, or prospective client of any Partner Agency shall have any rights of any nature under this agreement or by reason hereof.

B. TERMINATION

1. Either party has the right to terminate this agreement with a 30-day prior written notice to the other party.
2. This agreement may be amended or modified only by a written agreement signed and executed by both parties.
3. If either party believes the other to be in default of any one or more of the terms of this agreement, that party will notify the other in writing of such default. The other party shall then have ten (10) days in which to cure such default. If such default is cured within such period, this agreement will continue in effect. If such default is not cured within such period, the non-defaulting party shall have the right to declare this agreement to be immediately terminated. Notwithstanding the foregoing, if there is credible evidence regarding the potential or actual breach of this agreement and the nature of the breach threatens the integrity of the HMIS, SSF will have the right to suspend or restrict the access rights of the breaching party to the HMIS pending investigation and resolution of the matter to the extent reasonably required to protect the integrity of the system.
4. If this agreement is terminated, SSF HMIS and its remaining Partner Agencies shall retain their right to the use of all client data previously entered by the terminating Partner Agency, subject to any restrictions requested by the Client.
5. If Partner Agency's HUD grant is terminated or reallocated, Partner Agency will continue to be able to view past project data in the HMIS, but will not be able to enter new data into that project.
6. If Partner Agency ceases to operate, the data entered into the HMIS becomes the property of the Sacramento CoC.
7. If a program is reallocated from one Partner Agency to another, the original Partner Agency will provide all signed copies of their Consumer Informed Consent & Release of Information Authorizations to the acquiring Partner Agency within thirty (30) days of the loss of the program.



The signature of the parties hereto indicates their agreement with the above terms and conditions.

PARTNER AGENCY

Agency CEO / Executive Director

Agency Name

Print Name

Date

SACRAMENTO STEPS FORWARD

LISA BATES, EXECUTIVE DIRECTOR

Date

¹ Business Days are Monday through Friday, except for SSF-observed Holidays.

² <https://www.hudexchange.info/resources/documents/2004HUDDataandTechnicalStandards.pdf>

³ <https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf>

⁴ <http://www.ecfr.gov/cgi-bin/text-idx?rgn=div5;node=42%3A1.0.1.1.2>

⁵ <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=gov&group=10001-11000&file=11000-11019.11>

⁶ <http://sacramentostepsforward.org/>

Operational / Partner Agreement

2021 Interception Equals Change, NGO



OPERATIONAL AGREEMENT

(NON PROFIT)

REVISED. 2020

PARTIES

This Operating Agreement ("Agreement"), is made and entered into, by, and between Interception Equals Change, Inc. located at 4723 3rd Street San Francisco California 94112 (Signee) and the Ark of Refuge, Inc. (Administrator) located at 9702 International Boulevard Oakland California 94603.

TERMS AND CONDITIONS

- TERM

The term of this operational agreement will be perpetual and continue to operate an existence of its dissolution by its members under the visions of state and federal laws regarding dissolutions of Corporations.

- PURPOSE

The Ark of Refuge is an urban sustenance program catering to (ages 16 through 24) as well as Domestic Violence Victims. Interception equals change will exist and operate as a brother / sister organization to the Ark of Refuge in relation to the following services; Street Outreach, food distribution, crisis transportation as well as 24-hour emergency dispatch. All matters relevant to the successful performance of the associated programs are duly noted by each organization on a coagulated Escalation Matrix.

- MANAGEMENT

This Operational Agreement will be managed and operated by its members. Members being administrator and Signee. Both members of this agreement will have the rights, powers and Authority to cancel this agreement at any given time..

PRINT NAME

SIGNATURE

DATE

PRINT NAME

SIGNATURE

DATE

Operational / Partner Agreement

2019 Sacramento County Sheriff's Alternative
Sentencing Program



SACRAMENTO COUNTY SHERIFF'S OFFICE

SCOTT R. JONES

Sheriff

SHERIFF'S ALTERNATIVE SENTENCING PROGRAM (ASP)

AGENCY PARTICIPATION AGREEMENT

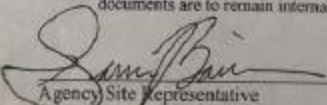
In order for your agency to be accepted as a participating assignment to the Sacramento Sheriff's Office Alternative Sentencing Program the following written agreements shall be adhered to. This agreement outlines specific rules/regulations regarding the duties participants will be allowed to perform. Sacramento Sheriff's Office will conduct annual audits on each agency to ensure that participants are being utilized appropriately.

Agency site representatives will ensure that participants are not assigned to the following types of work:

1. Any type of religious, sectarian or political activity. Note: This does not mean that a participant cannot perform ASP hours at a church, rather it means the hours worked cannot directly relate to a religious activity (i.e. teaching or assisting with a "Sunday School" class)
2. Any "door to door" service.
3. Any activity that would expose the participant to alcohol and/or drugs.
4. Any activity for a for-profit agency.
5. Any activity where the participant would be unsupervised by community service agency staff.
6. Any activity where the participant would be placed in danger or could cause injury to themselves or others.
7. Any activity that involves hazardous material, operating a motor vehicle or heavy machinery.

Agency site representatives will:

1. Maintain daily attendance records for up to one year.
2. Provide attendance records to Sacramento Sheriff's Office ASP staff weekly or upon request.
3. Report any participant issues to Sacramento Sheriff's Office ASP staff.
4. Provide timely and accurate reporting of participant hours worked to ASP Staff only. Timesheets and other documents are to remain internal and not to be given to the participant at any time.


Agency Site Representative

Samantha Bailey
Representative Printed Name

The Ark of Refuge, Inc.
Agency Name

10/5/2020
Date

Operational / Partner Agreement

2017 Oakland Elizabeth House



OPERATIONAL AGREEMENT

(NON-PROFIT)

REVISED. 2020

PARTIES

This Operating Agreement ("Agreement") is made and entered into, by, and between **Oakland Elizabeth House** . located at **6423 Colby Street, Oakland Ca 94618** (Signee), and the Ark of Refuge, Inc. (Administrator) is located at 9702 International Boulevard Oakland California 94603

TERMS AND CONDITIONS

- TERM

Beginning 1/1/2019 for a term of five years. Annual renewal of this operational agreement will be automatic post-term completion.

- PURPOSE

The Ark of Refuge is an urban sustenance program catering to (ages 16 through 24) as well as Domestic Violence Victims. **Oakland Elizabeth House** will exist and operate as; a sister organization to the Ark of Refuge in relation to the following services; referral for Domestic Violence Familial Transitional Housing / A Safe Place. All matters relevant to the successful performance of the associated programs are duly noted by each organization on a coagulated Escalation Matrix.

- MANAGEMENT

This Operational Agreement will be managed and operated by its members. Members are administrators and Signee. Both members of this agreement will have the rights, powers, and Authority to cancel this agreement at any given time.

LESLIE WEST/ DEPUTY DIRECTOR

PRINT NAME



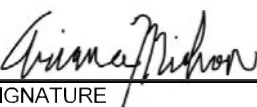
SIGNATURE

12/01/2018

DATE

ARIANA MICHON/SUPERVISOR

PRINT NAME



SIGNATURE

12/01/2018

DATE

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
OAKLAND ELIZABETH HOUSE

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☒ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
6423 COLBY ST

6 City, state, and ZIP code
OAKLAND CA 94670

7 List account number(s) here (optional)
94-3225949

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-			-				
--	--	--	---	--	--	---	--	--	--	--

or

Employer identification number

9	4	-	3	2	2	5	9	4	9
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct **TIN**. See the instructions for Part II, later.

Sign Here Signature of U.S. person ► *Jackie Gancy* Date ► *1/1/2022*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

1929862

FILED

In the office of the Secretary of State
of the State of California

MAR 13 1995

ARTICLES OF INCORPORATION

I

The name of this corporation is OAKLAND ELIZABETH HOUSE.

Bill Jones
Secretary of State

II

This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for charitable purposes.

III

The name and address in the State of California of the corporation's initial agent for the service of process is:

Martha J. McCarthy, 6423 Colby Street, Oakland, CA. 94618.

IV

A. This corporation is organized and operated exclusively for charitable purposes within the meaning of Section 501 (c) (3) of the Internal Revenue Code.

B. No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate or intervene in any political campaign (including publishing or distribution of statements) on behalf of any candidate for public office.

V

The property of this corporation is irrevocably dedicated to charitable purposes and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer or member thereof or to the benefit of any private person. Upon dissolution or winding up of the corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation, and after compliance with the applicable provisions of Chapters 15, 16 and 17 of the California Corporations Code, shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for charitable purposes and which has established its tax exempt status under Section 501 (c) (3) of the Internal Revenue Code.

DATED: March 13, 1995


Martha J. McCarthy, Incorporator



Our Mission

Our mission is to support women and children transition to independence by creating and maintaining a nurturing, cooperative living environment that provides hospitality, resources, and respect.



Established in 1991, **Oakland Elizabeth House** (Ehouse) is a transitional





resources, hospitality, and respect. Ehouse is one of only three facilities in Oakland that provides transitional housing to women and their children.

Since 1991, we have served 160 mothers and 170 children, 80% of the families have moved into permanent housing after leaving Elizabeth House. While we can help only ten families at a time, we work with the women and children intensively to enable them to transition to self-sufficiency.

THE HOUSE

Oakland Elizabeth House is 1 of only 3 facilities in the Bay Area that provides transitional housing to women and their children.

In 1994, three years after our creation, we opened Ehouse in the former convent of St. Augustine's church, on a residential street in the Rockridge area of North Oakland. The house has ten bedrooms, each with sink, closet, and space for beds that can be occupied by the resident and one to three children. Rooms are small, but kept neat and clean. The House also has welcoming communal living spaces, with a large kitchen and dining room, living room, computer room, art supply room, wooden deck. There is a large gated play area for the children in the backyard and space for an edible garden.

We typically house 10 mothers and 12-16 children at any one time.

HISTORY

Ehouse was created by Pat Lindstadt in response to the needs of homeless women and children she met on the streets of Berkeley and Oakland. She continues to be connected to Ehouse. Ehouse is named for the New Testament's St. Elizabeth, to whom Mary went when she learned she was pregnant. Mary then lived with St. Elizabeth, who was her aunt. The newspaper called The Catholic Worker was founded in 1933 by Dorothy Day and Peter Maurin in depression-era New York City, beginning the Catholic



promotes the good of the whole. Initial funding for Ehouse was from three Catholic parishes in Oakland (Corpus Christi, St. Augustine, and St. Theresa), who are still supportive, providing Board members, volunteers, and donors.



OAKLAND ELIZABETH HOUSE

A 501(C)(3)
NONPROFIT ORGANIZATION

6423 Colby Street
Oakland, CA 94618

(510) 658-1380
oakehouse@oakehouse.org

INFO

- Mission
- Partners
- Impact
- Programs
- Press

ACTION

- Volunteer
- Donate
- Contact

Subscribe

Sign up with your email address to receive news and updates.

First Name

Last Name

Email Address

SIGN UP

We respect your privacy.