

**AMENDMENT #1 TO THE CONTRACT WITH
FOOTHILL HOUSE OF HOSPITALITY, DBA HOSPITALITY HOUSE
(Res 23-304)**

THIS AMENDMENT is executed this 7th Day of November 2023 by and between FOOTHILL HOUSE OF HOSPITALITY, DBA HOSPITALITY HOUSE, hereinafter referred to as “Contractor” and COUNTY OF NEVADA, hereinafter referred to as “County.” Said Amendment will amend the prior Agreement between the parties entitled Professional Services Contract, executed on June 27, 2023 per Resolution RES 23-304; and

WHEREAS, the Contractor operates homeless outreach programs that provide access and linkage to treatment services through the Homeless Outreach and Medical Engagement (HOME) team; and

WHEREAS, the parties desire to amend their Agreement to increase the contract price from \$585,347 to \$1,482,810 (an increase of \$897,463), revise Exhibit “A” Schedule of Services to incorporate services funded by State Department of Health Care Services (DHCS) Behavioral Health Bridge Housing funds and amend Exhibit “B” Schedule of Charges and Payments to reflect the increase in the maximum contract amount.

NOW, THEREFORE, the parties hereto agree as follows:

1. That Amendment #1 shall be effective as of September 1, 2023.
2. That Maximum Contract Price, shall be amended to the following:
\$1,482,810.
3. That the Schedule of Services, Exhibit “A” is amended to the revised Exhibit “A” attached hereto and incorporated herein.
4. That the Schedule of Charges and Payments, Exhibit “B” is amended to the revised Exhibit “B” attached hereto and incorporated herein.
5. That in all other respects the prior agreement of the parties shall remain in full force and effect except as amended herein.

COUNTY OF NEVADA:

By: _____
Edward Scofield
Chair of the Board of Supervisors

ATTEST:

By: _____
Julie Patterson-Hunter
Clerk of the Board

CONTRACTOR:

By: _____
Foothill House of Hospitality D/B/A
Hospitality House
1262 Sutton Way
Grass Valley, CA 95945

EXHIBIT A
SCHEDULE OF SERVICES
FOOTHILL HOUSE OF HOSPITALITY, D/B/A HOSPITALITY HOUSE

Foothill House of Hospitality, d/b/a Hospitality House, herein referred to as “Contractor” and Nevada County Behavioral Health, herein referred to as “County”, shall amend the existing contract dated June 27th, 2023 to add services pertaining to the provision of shelter & interim housing for up to thirty individuals at a time who are either homeless or at risk of being homeless and who have serious mental illness or substance use disorder needs. Contractor will utilize awarded Behavioral Health Bridge Housing (BHBH) funds to provide a combination of master leased transitional housing, oversee and manage the rooms and locations and provide case management with both full and part time staff. Contractor will operate BHBH units in line with the BHBH project narrative submitted to and approved by the State Department of Health Care Services (DHCS). Contractor will adhere to the rules, regulations, policies, and requirements of the funding sources utilized for the below scope of services as applicable.

The HOME team – Outreach, access, and linkage to services and treatment

The HOME team staff provides outreach, access and linkage to services and treatment programs utilizing a progressive engagement strategy to go to where the homeless are and deliver services that:

- 1) Promote Safety: engage with homeless households to reduce the risk of harm and enhance safety; to stabilize acute symptoms via crisis intervention; and utilize opportunity for further work.
- 2) Form Relationships: engage with homeless households in a manner that promotes trust, safety and autonomy, while developing relevant goals.
- 3) Learn Common Language Construction: attempt to understand a homeless household’s world by learning the meaning of his or her gestures, words and actions; promote mutual understanding; and jointly define goals.
- 4) Facilitate and Support Change: prepare households to achieve and maintain positive change by pointing out discrepancy; exploring ambivalence, reinforcing healthy behaviors and developing skills, as well as needed supports; utilize Change Model and Motivational Interviewing Principles.
- 5) Form Cultural and Ecological Considerations: prepare and support homeless households for successful transition and adaptation to new relationships, ideas, services, resources, treatment, housing, etc.

By meeting people where they are in the community as opposed to in offices or provider settings, the HOME team assists vulnerable populations to access services using evidence-based practices in a culturally competent manner to ensure equity in access to service provisions for different racial, ethnic, gender orientation and cultural populations in Nevada County. The Contractor

shall employ an Outreach Director, HOME Team Supervisor, two Outreach Case managers, a Shelter Case Manager and a Certified Alcohol and other Drug Counselor (CDAC) to engage people experience homelessness wherever they are and to coordinate with other service providers, medical organizations and law enforcement to ensure access to services while promoting health, stability and person-centered care for engaged households.

HOME Team Positions:

Contractor's Outreach Director shall:

- Supervise the HOME team supervisor with a focus on coordination and effective collaboration with other service providers
- Collaborate with the NCBH – ECM project director to align outreach and case management activities, leveraging both teams to achieve HOME team outcomes
- Ensure data collection and contract compliance
- Serve as primary point of contact with law enforcement
- Ensure ongoing trainings for evidence-based practices including Trauma Informed Care, Critical Time Intervention, Motivational Interviewing, Implicit Bias, and POST
- Implement programmatic changes based on strategic direction from HOME Leadership team
- Work with the Behavioral Health Enhanced Care Management (ECM) project director to coordinate an outreach strategy that addresses engagement practices, data tracking, geographic considerations and other collaborative processes to align HOME and ECM as the core providers delivering outreach and case management services.

Contractor's HOME Team Supervisor shall:

- Oversee the provision of outreach and case management services to homeless households where they are at - not requiring them to come to you. This may include remote outlying areas, as needed.
- Coordinate Homeless Outreach Team (HOT) meetings to include local law enforcement agencies and stakeholders as needed as means to increase coordination between outreach workers, law enforcement and other justice-based agencies.
- Provide oversight and leadership of day-to-day activities for the HOME (Homeless Outreach and Medical Engagement) Team.
- Implement regular training opportunities in evidence-based practices for HOME team staff including but not limited to: Critical Time Intervention (CTI), motivational interviewing, Trauma-Informed care and Strength-focused Case management.

- Assist with data quality and reporting for grant administration and HMIS; checking data entry for all HOME Team core staff on a weekly basis to ensure data entry is up to date, thorough, and complete
- Ensure that CTI case plans are completed for HOME team clients within 60 days
- Ensure HOME team client data is entered into HMIS including CTI case plans and Recovery Residence program data for HOME team clients.
- Collaborate with Behavioral Health's Enhanced Care Management team and clinical staff on case management transition planning for clients who are transitioning to or from NCBH services (SUD and or Mental Health) and from higher levels of care to community settings.
- Participate in HOME Leadership Team meeting and other committee meetings as needed (i.e., HOME Data Subcommittee)
- Ensure that HOME Team goals are being achieved, as outlined below and in the HOME Data Evaluation Plan
- Administer and track MHSa Innovation and SAMHSA GBHI Flex Funds through the HOME Team as outlined below
- Administering flexible/rental assistance funds that directly relate to housing HOME Team clients
- Participate in Housing Resource Team (HRT) meetings including tracking progress and capturing key discussion points, which may include facilitation

Contractor's Certified Alcohol and Other Drug Counselor (AOD Counselor) shall:

- Aid Households requiring assistance with substance abuse problems, connecting them to treatment services and providing support and education to HOME team staff related to SUD services and processes.
- Provide ongoing case management to households particularly households in need of intensive service connection to SUD and transitional housing to include referrals and warm handoffs to Behavioral Health, SUD, and other relevant services
- Assisting households with applications for Social Security income and other mainstream benefits (CalWORKs, CalFresh, Medi-Cal, General Assistance, etc.)
- Developing and checking in on housing/case plans for HOME Team clients to help them meet their case and/or housing goals particularly related to SUD
- Daily data entry into HMIS, including intaking all HOME Team clients into HMIS
- Completing other required forms and data entry including SPARS GPRA tool intake and 6-month follow-ups.

- Attend scheduled training in Evidence Based Practices: Motivational Interviewing, Critical Time Intervention, Trauma informed care etc.

Outreach Case Manager Positions (Two Positions) shall:

- Provide outreach and engagement with households experiencing homelessness in the community
- Provide education regarding community resources, referral, and linkage to services to household experiencing homelessness
- Assist households with applications for mainstream benefits
- Work collaboratively with partnering agencies and service providers to increase continuity of care
- Enter household's data into HMIS
- Complete other forms and data necessary as part of SAMHSA-GBHI grant requirements
- Attend scheduled training in Evidence Based Practices: Motivational Interviewing, Critical Time Intervention, Trauma informed care etc.

Shelter Case Manager shall:

- Communicate with other HOME Team members to provide meaningful information on households as it pertains to case management and households transition from unsheltered to sheltered homelessness
- Assist households in meeting expressed mental health related goals including assistance with medication management and establishing behavioral health care
- Assist households in housing navigation, acquiring benefits and income, transportation, life skills, counseling and/or linkage to community providers who specialize in assisting with these services

Other HOME Team activities:

Administration of Flexible Funds:

- Flex funds must be reserved for clients who are either enrolled or eligible for intake into the GBHI or INN program.
- Flexible Housing Support Funds through SAMHSA-GBHI must be reserved for clients who have completed a SPARS intake through the GBHI program.
- Flex funds should be utilized to help clients achieve stated goals in their case plans or housing plans.

- All flex funds must be approved by the HOME Team Supervisor prior to use.
- All flex funds used for hotel/motel placement must be accompanied by daily case management check-ins to ensure behavior compliance and discharge planning progress. If the assigned case manager is not available, another member of the team shall check in with the individual. Hotel/motel placement approvals must be limited to up to 7 days at a time with extensions for 7 day increments as appropriate to connect the client to shelter, transitional housing or permanent housing
- HOME Team Supervisor is responsible for tracking usage of flex funds throughout the year and ensuring that funds are not utilized too quickly.
- Flex funds may be used for: client incentives, vehicle repairs, clothes, food, hotel/motel placement, deposits, procuring needed documents, housing screening fees, employment assistance, and hygiene supplies.

Behavioral Health Bridge Housing (BHBH) Program:

The BHBH program will provide 30 new units of interim shelter capacity using a combination of hotels and/or other rental properties. The program is designed to provide a path for people experiencing homelessness with serious behavioral health conditions to stabilize their housing situation and move them to more permanent housing with supports provided as needed.

Participants at the program sites will be provided case management through a combination of the Nevada County Behavioral Health Enhanced Care Management (ECM) team, existing HH shelter HOME team staff and BHBH program funded live-in staff positions.

Site leasing:

- Secure 30 additional beds of interim shelter capacity.
- Ensure the sites are maintained and habitable. A process for participants and the site owner/landlord for repairs or maintenance requests shall be developed in writing and provided to all necessary parties.
- Provide for community and neighborhood engagement around any leased location. Contactor shall ensure that neighbors and businesses have appropriate means to learn about the project and address issues to contractor staff directly with next business day follow up.

Staffing:

- Leased locations shall have a live-in position whose primary role is to provide onsite staffing on evenings and weekends. This position may have lived experience with homelessness and will be trained to work with program participants to address program needs and enforce program agreements. The live-in position will have a clear communication process in place to elevate concerns to case managers and contractor staff.

- During all business hours (M-F, 8am – 5pm) daily case manager engagement with program participants will be coordinated by the contractors BHBH project manager in coordination with the NCBH Homeless Services Program Manager. While not all clients must be seen daily, the expectation is that case managers are on site regularly over the course of any given week.

Program design:

- The target population for the BHBH shall be: homeless households with severe and persistent mental illness and/or substance use disorder.
- To be eligible for BHBH program interim housing the participant must meet the target population. Within that target population, priority will be given to households who lack regular access to shelter due to difficulty or unwillingness to live in dormitory like settings. Additionally, BHBH prioritization will be given to participants in the CARE COURT processes.
- Contractor shall primarily receive referrals to the BHBH program from the NCBH Homeless Services Program Manager and will work in collaboration with the Homeless Services Program Manger to develop a BHBH program referral process.
- The contractor shall create and implement a BHBH specific Policy and Procedures document that codifies all program elements. These policies and procedures will be available for review by participants and must, at minimum, include:
 1. Program agreement documents:- clear program guidelines and expectations for each participant that can be reviewed by participants with case managers and signed by both parties. Program agreements will address issues such as: participant behavioral expectations, safety, participant responsibilities around maintaining individual and communal living space, contractor access to rooms and inspection criteria, friends and family visitations and any other guidance's to participants needed to ensure a safe and equitable access to the site locations.
 2. Program termination policy and grievance policy
 3. The expectations for case managers as it relates to regular engagement, referral and linkage, and documentation of program participants needs, goals and priorities.
 4. A Navigation Strategy document describing the referral, linkage and coordination of services that are geared towards moving participants from the BHBH program into new and stable living. Navigation planning should commence within 2-3 months of the participants entry into the program.

5. A process for participants to provide meaningful and authentic input into the BHBH program that allows for them to advocate for changes to the program in collaboration with case managers and contractor staff.
6. A clear description of how the Contractor will address racial and gender equity gaps and ensure that the program will and can accept and be responsive to people from different racial, gender and cultural background.
7. A pet policy that allows for pets to be in leased locations so long as they are deemed by contractor's staff to be safe for other residents and staff.

Case management:

- BHBH Engagement and case management strategies – Case management staff shall utilize progressive engagement strategies to work with BHBH participants to establish person centered goals and priorities with the goal of improving client housing stability.
- Referral and Linkage – The primary goal of case management for BHBH participants will be to establish housing navigation plans that lead to participants finding a safe and stable place to reside after their stay in the BHBH program. To that end, case management and navigation plans will seek to quickly connect clients to formal and informal supports through referrals and linkage to existing programs including: CalAIM Community Supports funded program such as Housing Navigation and Housing Deposit Assistance, residential treatment programs, disability advocacy and income supports, veteran's assistance programs, and Regional Housing Authority voucher programs.
- Collaboration – BHBH will primarily involve case managers from the HOME team and ECM team but may, at times, include external case managers from other organizations. the County's NCBH Homeless Services Program Manager will establish a weekly collaboration process that case managers who are serving BHBH clients are required to attend. The meeting will be to discuss case management plans for each participant, allowing for coordination between case managers to assist clients in reaching goals and coordinating needs.

Home Team goals and data reporting requirements:

HOME Team Goals – reporting for these goals will be coordinated by the County as outlined in the HOME data evaluation plan

- The HOME Team will use the Coordinated Entry System to identify and provide outreach to 150 individuals experiencing homelessness each year.

- Eighty (80) individuals with CODs or SUDs will be assessed and provided with intensive case management, mental/behavioral health and/or substance use treatment, housing navigation, and employment and support services each year.
- Eighty percent (80%) of program participants will remain engaged with case management and treatment services at six months.
- Fifty percent (50%) of program participants will secure permanent housing.
- Seventy percent (70%) of program participants will secure or increase in monthly income through employment or mainstream benefit programs.
- Eighty percent (80%) will become more engaged within the community through employment, volunteering, and/or recreational activity
- Fifty percent (50%) of program participants will have fewer emergency room visits.
- Fifty percent (50%) of program participants will spend fewer days incarcerated.
- Participate in the Nevada County Continuum of Care Collaborative.
- Participate in the MHSA Steering Committee
- Collect and maintain data and provide reports for MHSA and PATH outreach services provided

Outcome data tracking requirements:

General Data Tracking methods:

1. Weekly – Homeless Management Information System (HMIS)
2. Weekly – SAMHSA SPARS intakes and follow-ups
3. Quarterly and Annual – Written narratives

MHSA and GBHI

- I. For broader Hospitality House outreach programs that are supported by the Outreach Manager:
 - a. Number engaged in outreach, including general demographics
 - b. Number of referrals to services
- II. Shelter Case Manager (MHSA CSS)
 - a. Performance Goals:
 - i. Provide case management services to at least 60 households per year
 - ii. 80-% of shelter stayers engaged will maintain in the shelter, in permanent housing or improve overall housing situation

- iii. 90% of program participants will have identified at least one service linkage or benefit acquisition that aides them in stabilizing in shelter or permanent housing.
- iv. 80% of program participants report a decrease in symptoms attributed to suffering from Mental illness and/or report improved recovery in mental health, emotional support and/or relations with support systems.
- v. 80% of program participants report a reduction in risk behaviors/factors and/or an increase in protective/resiliency factors
- vi. 70% of referrals to outside services are followed up on by program participants

b. Reporting Requirements:

- i. Quarterly and Annual Exhibit 6 Reports of the total number of unduplicated individuals served by each program/service during the fiscal year. The Exhibit 6 Report shall be submitted no later than 30 days following the end of each reporting quarter. Reports are due: November 1, February 1, May 1, and August 1.
- ii. Contractor shall submit Annual number of individuals served/demographic data to the Nevada County Behavioral Health Department within 30 days of the end of the Fiscal Year (August1). Template to be provided by Nevada County Behavioral Health.
- iii. MHSA Annual Progress Report including outcomes and participant story or feedback

III. Outreach Workers (PEI Funded Positions December 2023 through June 2024)

a. Performance Goals:

- i. Provide case management services to at least 60 individuals/families.
- ii. 90% of program participants have identified at least one service or benefit that they need and has received.
- iii. 80% of program participants show a decrease in prolonged suffering from mental illness by measuring reduced symptoms and/or improved recovery, including mental, emotional and relational functional.
- iv. 80% of program participants show a reduction in risk factors, indicators, and/or increased protective factors that may lead to improved mental, emotional, and relational functioning.
- v. 70% of referrals provided to program participants are followed up on by the program participant.

b. Reporting Requirements:

- i. Contractor shall provide summary PEI outcomes, demographics and referral data two times per year by February 1st and August 1st via secure upload.
- ii. An Annual Progress Report is due within 31 days of the end of the fiscal year (fiscal year ends 6/30; report due 8/1).
- iii. A Three-Year Program and Evaluation Report is due every three years to the county. For example, a Three-Year Evaluation Report due August 1, 2018 for fiscal years 2015-2016, 2016-2017 and 2017-2018 combined. The Three-Year Program Report is due no later than August 1st every three years thereafter (due 8/1/21, 8/1/24, 8/1/27...) and should report on the evaluations for the three fiscal years prior to the due date for those services rendered by the Contractor.

IV. HOME Team Supervisor Performance Outcomes and Measures - report quarterly to Contract Manager, MHSA Coordinator, and MHSA Evaluator

- a. Number and attendance of HOT (Homeless Outreach Team) meetings
- b. Number of meetings with Law Enforcement
- c. HOME Team participation in special events (such as warming shelter, PIT Count, Veterans Stand Down, days staffed at SPIRIT, etc.)
- d. 100% of HOME Team participants will have case plans developed by case managers within 60 days of intake
- e. 100% of HOME intensively case managed clients will have a service logged within HMIS weekly
- f. 90% of SPARS intakes will be completed by case managers within 2 weeks of intake date
- g. 90% of SPARS six-month follow-ups will be completed by case managers within 2 weeks of six-month follow-up due date

Other Reporting:

- Provide data to County HOME Team Evaluator monthly as outlined in HOME data spreadsheet, which includes number outreached, number receiving case management, number referred to treatment, and number housed.

PATH (see www.pathpdx.org for specifics)

- General demographic information including veteran status
- Housing Information

- Mental Health/Co-Occurring Information
- Medical Information
- Employment Information
- Assessed Resources and Service Needs
- Submit required quarterly data reports to the PATH Data Exchange by 10/20, 1/20, 4/20, 7/20 and annual report by 12/31

Additionally, Contractor shall be responsible for providing:

1. Any PATH Progress or Evaluation Report that is required, and or as may be requested by the County within 5 business days of County request. The Contractor shall cooperate with the County for the compilation of any data or information for services rendered under this Agreement as may be necessary for the County to conform to PATH reporting guidelines.
2. Any SAMHSA GBHI (Grants for the Benefit of Homeless Individuals) reporting that is required, and or as requested by the County.
3. Despite progress in addressing explicit discrimination, racial inequities continue to be deep, pervasive, and persistent across the country. Though we have made many strides toward racial equity, policies, practices, and implicit bias have created and still create disparate results. Through partnerships with the community, Nevada County Behavioral Health strives to address these inequities and continue progress in moving forward.

BHBH program Data requirements:

1. Establish a specific HMIS project for the BHBH program
2. Enter all relevant client data into HMIS. Ensure each client in the project has an updated and active Coordinated Entry VI score and is on the By-name List.
3. Conduct quarterly data quality review to ensure no client data is missing.
4. Enter services for each client at least weekly.
5. Pull quarterly data reports from HMIS and provide them to the NCBH Homeless Services Program Manager for review.

Diversity and Inclusion:

Contractor is encouraged to have a diverse and inclusive workforce that includes representation from the disparate communities served by our county. Contractor is expected to think holistically about creating services, program sites and an employee culture that is welcoming and inclusive. Contractor should track metrics on Diversity, Equity, and Inclusion outcomes within their service delivery. Additional efforts should be made to identify and highlight growth

opportunities for equitable outcomes, access to services, and other opportunities. Contractor should contact County contract manager about proposed metrics to track.

Services should be designed to meet clients' diverse needs. Contractor will be expected to participate in the NCBH Cultural Competency program, participate in trainings and tailor outreach efforts and marketing materials to engage a diverse population of community members. Given that Spanish is a threshold language in Nevada County, a special emphasis should be placed on engaging Latinx communities and providing services in Spanish.

EXHIBIT B
SCHEDULE OF CHARGES AND PAYMENTS
FOOTHILL HOUSE OF HOSPITALITY, D/B/A HOSPITALITY HOUSE

The maximum obligation under this Agreement for satisfactory performance of services as outlined in Exhibit A shall not exceed \$1,482,810 for the contract term.

The contract maximum is based on the following project budget:

	PATH	GBHI	PEI	INN	CSS	BHBH	Total
Salary and Benefits							
Outreach Case Manager	14,943					117,735	132,678
Data Entry Specialist						22,777	22,777
Data and IT Manager						15,339	15,339
Business Officer						17,467	17,467
HAT Van Driver						26,495	26,495
Program Officer						20,744	20,744
CDAC Counselor expended by 11/29/23		35,167					35,167
HOME Team Supervisor		39,501		33,709			73,210
Outreach Worker		32,995	47,363	6,942			87,300
Outreach Worker		29,017	47,364	6,942			83,323
Outreach Director		43,627		61,249			104,876
Shelter Case Manager					83,397		83,397
Total Salary & Benefits	14,943	180,307	94,727	108,842	83,397	220,557	702,773
Operating Expenses							
Supplies	225	868	-	-	3,330	7,350	11,773
Travel, Mileage, Fuel, Maintenance & Training	350	2,782	-	-	3,000	6,900	13,032
Master Leasing, Motel Vouchers, Client Damages						529,200	
Emergency Housing/Motel Vouchers expended by 11/29/23	-	111,967	-	-	-		111,967
Flex Funds- Client support costs expended by 11/29/23	-	9,022	-	-	2,500		11,522
Other Operating Expense	-	-	-	-	2,773		2,773
Total Operating Expenses	575	124,639	-	-	11,603	543,450	680,267
Other: Admin/Indirect (10% max)	1,494	30,495	9,473	10,884	9,223	38,200	99,769
Total Admin	1,494	30,495	9,473	10,884	9,223	38,200	99,769
Total	17,012	335,441	104,200	119,726	104,223	802,207	1,482,810

Should modification to or changes to the budget line items be needed, a written request for modification shall be submitted for approval to the Director or their designee. County at its sole discretion shall determine if the change will continue to meet the contract objectives and approve or deny the request. Budgeted amounts cannot be moved between funding sources i.e., cannot move money between MHSA and PATH without approval from the Director or their designee.

Billing and Payment

As compensation for services rendered to County, Contractor shall bill County monthly and shall be reimbursed for actual costs incurred in carrying out the terms of the contract.

To expedite payment, a complete invoice submission includes:

- Invoice cover page on contractor template. Invoice cover page to include:
 - Invoice date
 - Unique invoice number
 - Resolution/purchasing order number assigned to Contract
 - Time period billed
 - Total invoice amount
 - Personnel hours being billed

- Reimbursement expenses being claimed by funding source
- Budget Status Table with starting budget amounts, expenditures per billing period and remaining budget balance by budget line item.
- All applicable backup to support expenditures. Examples can include:
 - Detailed receipts
 - Financial reports
 - Payroll hours reports
 - Mileage reimbursement documents (mileage reimbursement rate may not exceed the current IRS allowable rate)

Contractor agrees to be responsible for the validity of all invoices.

County shall review the invoice and notify the Contractor within fifteen (15) working days if an individual item or group of costs is being questioned. Contractor has the option of delaying the entire invoice pending resolution of the cost(s). Payment of approved invoices shall be made within thirty (30) days of receipt of a complete, correct, and approved invoice.

Contractor shall submit invoices to:

Via mail:

HHSA Administration

Attn: BH Fiscal

950 Maidu Avenue

Nevada City, CA 95959

Or

Via Email:

BH.Fiscal@nevadacountyca.gov

CC: Contract Manager (refer to Notification section)

Non-Profit Supplemental Audit Provisions

(i) Contractor shall have on file with the County at all times their most recent reviewed or audited financial statements including the review or opinion letter issued by an independent Certified Public Accountant. The financial statement package is due to the County within one hundred eighty (180) days of the end of the Contractor's fiscal year. Contractor may request in writing an extension of due date for good cause – at its discretion, County shall provide written approval or denial of request.

(ii) Non-profit Contractors whose contract with the County includes services that will be reimbursed, partially or in full, with Federal funds are also governed by the OMB Super Circular and are required to have a single or program-specific audit conducted if the Contractor has expended \$750,000 or more in Federal awards during Contractor's fiscal year. Any Contractor who is required to complete an annual Single Audit must submit a copy of their annual audit report and audit findings to County at the address listed in the "Notification" section of the executed contract within the earlier of thirty (30) days after the Contractor's receipt of the auditor's report or nine (9) months following the end of the Contractor's fiscal year.