Exhibit A- Scope of Work

Please edit this template to reflect your budget. All scopes of work must include needs/risk assessments for clients, populations served, assistance documents and program participants being entered into HMIS. If there are any questions regarding these, please contact eknight@auroragov.org and/or cpatrick@auroragov.org

1. Project Description
   a. This program is a 24/7 non-congregate shelter.

2. Staffing Cost
   a. Roles and descriptions
      i. Program Manager - is responsible for providing management and oversight of program services, including supervision of all staff. The Program Manager will oversee the development and implementation of wrap-around services to program clients.
      ii. Program Associate - Welcomes and assists clients by providing routine information or directing them to appropriate staff members. Provide referrals and resources for guests to other agencies and organizations.
      iii. Security - Conducts internal and external rounds throughout the site to monitor and ensure safety to ensure no improper conduct or unauthorized persons are inside facility
   b. What percentage of hours and benefits will this funding go towards
      i. Ten hours/week for FTE Program Manager
      ii. Two FTE Program Associates
      iii. Five hours/week for FTE Security
      iv. Fringe benefits for Program Manager
   c. Client-to-staff ratio
      i. Ten clients to every one program associate

3. Direct client services
   a. What services will be provided
      i. Transportation services through bus passes
      ii. Ordering of vital documents
iii. Employment services including soft skills training, career preparation, resume building, etc.
iv. Referrals to healthcare

b. What type of financial assistance will be provided to clients
   i. Application fees for apartments
   ii. Security deposits and first month of rent
   iii. Eviction prevention

c. Conduct needs/risk assessments for all clients to determine goals
   i. Subrecipient is required to perform client intake, a client needs/risk assessment to determine a housing plan.
   ii. Case manager will conduct Needs/Risk Assessment and goal-setting

d. What population of clients will you be serving?
   i. Individuals or couples experiencing homelessness
   ii. Individuals or couples at risk of experiencing homelessness

e. Assistance Documents
   i. Current Income Statements
   ii. W9 From Creditor/Landlord
   iii. Photo ID
   iv. Ledger/Eviction Notice
   v. Utilities Bill
   vi. Lease

f. All program participants must be entered into HMIS

4. Shelter Operational Costs
   a. What operational costs will this funding be used for
      i. Monthly utilities cost
      ii. Snow removal
      iii. Trash services

5. Performance Goals
   a. How will you measure your performance
      i. We will measure our performance based on length of stay, percentage of exits to permanent housing, and percentage of housing retained after one year