



**MURIEL BOWSER**  
**MAYOR**

April 26, 2023

Honorable Phil Mendelson  
Chairman  
Council of the District of Columbia  
John A. Wilson Building  
1350 Pennsylvania Avenue, NW, Suite 504  
Washington, DC 20004

Dear Chairman Mendelson:

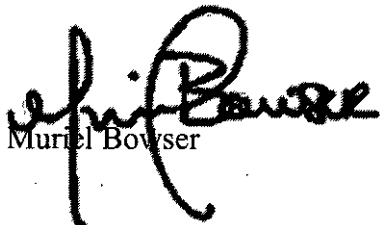
Enclosed for consideration and enactment by the Council of the District of Columbia is an emergency bill, the "Human Care Agreement No. CW100360 with CORE DC, LLC Approval and Payment Authorization Emergency Act of 2023," and the accompanying emergency declaration resolution.


The legislation will approve Human Care Agreement No. CW100360 with CORE DC, LLC to provide permanent supportive housing case management services, utility assistance, and financial assistance to highly vulnerable individuals and families experiencing homelessness. In addition, the legislation will authorize payment for goods and services received and to be received in the not-to-exceed amount of \$2,728,664.55 for the period July 1, 2022 through June 30, 2023.

If you have any questions regarding this legislation, please have your staff contact Marc Scott, Chief Operating Officer, Office of Contracting and Procurement at (202) 724-8759.

I look forward to the Council's prompt and favorable action on the enclosed legislation.

Sincerely,

  
Muriel Bowser

  
Chairman Phil Mendelson  
at the request of the Mayor

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A BILL

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IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

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To approve, on an emergency basis, Human Care Agreement No. CW100360 with CORE DC, LLC, and Modification Nos. 1, 2, 3, 4, and 5 thereto, to provide permanent supportive housing case management services, utility assistance, and financial assistance to highly vulnerable individuals and families experiencing homelessness, and to authorize payment for the goods and services received and to be received under the human care agreement and modifications.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA,

That this act may be cited as the “Human Care Agreement No. CW100360 with CORE DC, LLC Approval and Payment Authorization Emergency Act of 2023”.

Sec. 2. Pursuant to Section 451 of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 803; D.C. Official Code § 1-204.51), and notwithstanding the requirements of section 202 of the Procurement Practices Reform Act of 2010, effective April 8, 2011 (D.C. Law 18-371; D.C. Official Code § 2-352.02), the Council approves Human Care Agreement No. CW100360 with CORE DC, LLC, and Modification Nos. 1, 2, 3, 4, and 5 thereto, to provide permanent supportive housing case management services, utility assistance, and financial assistance to highly vulnerable individuals and families experiencing homelessness, and authorizes payment in the not-

34 to-exceed amount of \$2,728,664.55 for the goods and services received and to be  
35 received under the human care agreement and modifications.

36 Sec. 3. Fiscal impact statement.

37 The Council adopts the fiscal impact statement of the Chief Financial Officer as  
38 the fiscal impact statement required by Section 4a of the General Legislative Procedures  
39 Act of 1975, approved October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-  
40 301.47a).

41 Sec. 4. Effective date.

42 This act shall take effect following approval by the Mayor (or in the event of veto  
43 by the Mayor, action by the Council to override the veto), and shall remain in effect for  
44 no longer than 90 days, as provided for emergency acts of the Council of the District of  
45 Columbia in Section 412(a) of the District of Columbia Home Rule Act, approved  
46 December 24, 1973 (87 Stat. 788; D.C. Official Code § 1-204.12(a)).

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Office of Contracting and Procurement**



Pursuant to Section 202(c) of the Procurement Practices Reform Act of 2010, as amended, D.C. Official Code § 2-352.02(c), the following contract summary is provided:

**COUNCIL CONTRACT SUMMARY**

(Retroactive)

**(A) Human Care Agreement (HCA)**

**Number:** CW100360

**Proposed Provider:** CORE DC, LLC

**HCA Amount:** NTE \$2,728,664.55

**Unit and Method of Compensation:** Fixed Unit Price with Cost Reimbursable Component - Task Orders Issued under Human Care Agreement

**Term of HCA:** July 1, 2022 through June 30, 2023  
Base Period

**Type of Contract:** HCA under which task orders (contracts) are to be issued for District requirements.

**Source Selection Method:** Request for Qualification (RFQ)

**(B) For a contract containing option periods, the contract amount for the base period and for each option period. If the contract amount for one or more of the option periods differs from the amount for the base period, provide an explanation of the reason for the difference:**

**Base Period Amount:** NTE \$2,728,664.55

**Option Period One Amount:** NTE \$2,728,664.55

**Option Period Two Amount:** NTE \$2,728,664.55

**Option Period Three Amount:** NTE \$2,728,664.55

**Option Period Four Amount:** NTE \$2,728,664.55

**(C) The goods or services to be provided, the methods of delivering goods or services, and any significant program changes reflected in the proposed contract:**

CORE DC, LLC provides Permanent Supportive Housing III program case management services, utility assistance, and financial assistance to chronically homeless and other highly vulnerable individuals and families experiencing homelessness.

The purpose of this program is to help residents who have histories of chronic homelessness move from the street or temporary living situation into stable and permanent housing; maintain long-term housing and gain self-sufficiency. The success of the aforementioned will be achieved by referring and connecting participants to supportive services who will address their barriers to obtaining and maintaining permanent housing and an optimum level of self-sufficiency.

**(D) The selection process, including the number of offerors, the evaluation criteria, and the evaluation results, including price, technical or quality, and past performance components:**

An electronic RFQ DOC575024 was issued in the open market utilizing the Office of Contracting and Procurement's (OCP) Procurement Automated Support System on April 11, 2022, with a closing date of May 17, 2022. The District received a total of 28 submissions. Twenty-three of the 28 responses were deemed qualified. Twenty-three providers are currently awarded HCAs.

The proposal was evaluated in accordance with the qualification criteria outlined in Doc575024. The qualification evaluation factors were Permanent Supportive Housing Program Design, Case Management, Organizational Capacity and Past Performance. Based on the consensus and the contracting officer's independent assessment, CORE DC, LLC met all criteria, and therefore was deemed qualified and issued an HCA.

**(E) A description of any bid protest related to the award of the contract, including whether the protest was resolved through litigation, withdrawal of the protest by the protestor, or voluntary corrective action by the District. Include the identity of the protestor, the grounds alleged in the protest, and any deficiencies identified by the District as a result of the protest:**

No protests were received.

**(F) The background and qualifications of the proposed provider, including its organization, financial stability, personnel, and performance on past or current government or private sector contracts with requirements similar to those of the proposed contract:**

CORE DC, LLC currently provides case management services to participants in the District of Columbia's Permanent Supportive Housing III program. The program is designed to help residents who have histories of chronic homelessness move from the street or temporary living situation into stable and permanent housing.

CORE DC, LLC has adequate financial resources to perform the required services and the ability to obtain those resources. The evidence is provided from the provider's Dun and Bradstreet Business report's financial history dated February 8, 2023. The provider has provided the same or similar services for the District and received very good performance ratings. This evidence is provided in

their satisfactory past performance evaluation on the current award delivering the same service submitted on May 17, 2022.

**(G) The period of performance associated with the proposed change, including date as of which the proposed change is to be made effective:**

The award period of performance is July 1, 2022 through June 30, 2023.  
Proposed Modification No. M0005: Date of Award through June 30, 2023.

**(H) The value of any work or services performed pursuant to a proposed change for which the Council has not provided approval, disaggregated by each proposed change if more than one proposed change has been aggregated for Council review:**

Human Care Agreement –Base Period: not-to-exceed \$950,000.  
Proposed Modification No. M0005: increase not-to-exceed amount by \$1,778,664.55.

**(I) The aggregate dollar value of the proposed changes as compared with the amount of the contract as awarded:**

Aggregate Dollar Value: \$2,728,664.55.

**(J) The date on which the contracting officer was notified of the proposed change:**

The contracting officer was notified on January 11, 2023.

**(K) The reason why the proposed change was sent to Council for approval after it is intended to take effect:**

The proposed increase amount will not take effect until after Council approval.

**(L) The reason for the proposed change:**

The Department of Human Services has a critical need to continue to provide services for the increased client capacity for base period of the Permanent Supportive Housing III program-case management requirement. This will ensure the safety of homeless individuals and families residing in the District of Columbia.

**(M) The legal, regulatory, or contractual authority for the proposed change:**

27 DCMR, Chapter 36, Section 3601.2.

**(N) A summary of the subcontracting plan required under section 2346 of the Small, Local, and Disadvantaged Business Enterprise Development and Assistance Act of 2005, as amended, D.C. Official Code § 2-218.01 *et seq.* (“Act”), including a certification that the subcontracting plan meets the minimum requirements of the Act and the dollar volume of the portion of the contract**

**to be subcontracted, expressed both in total dollars and as a percentage of the total contract amount:**

CORE DC, LLC is a Certified Business Enterprise under the District's Department of Small and Local Business Development and is self-performing.

**(O) Performance standards and the expected outcome of the proposed contract:**

The District expects the provider to continue to provide permanent supportive housing and case management services. In Section C.10.1 of the HCA, the District outlined the required deliverables that the provider is responsible for providing. The goal of this program is to assist those persons who are homeless to obtain permanent supportive housing.

**(P) The amount and date of any expenditure of funds by the District pursuant to the contract prior to its submission to the Council for approval:**

Human Care Agreement – Base Period: not-to-exceed amount: \$950,000.

**(Q) A certification that the proposed contract is within the appropriated budget authority for the agency for the fiscal year and is consistent with the financial plan and budget adopted in accordance with D.C. Official Code §§ 47-392.01 and 47-392.02:**

The Associate Chief Financial Officer certified that the funds are available in the budget.

**(R) A certification that the contract is legally sufficient, including whether the proposed provider has any pending legal claims against the District:**

The Office of the Attorney General has determined this contract to be legally sufficient.

CORE DC, LLC does not currently have any pending legal claims against the District.

**(S) A certification that Citywide Clean Hands database indicates that the proposed provider is current with its District taxes. If the Citywide Clean Hands Database indicates that the proposed provider is not current with its District taxes, either: (1) a certification that the provider has worked out and is current with a payment schedule approved by the District; or (2) a certification that the provider will be current with its District taxes after the District recovers any outstanding debt as provided under D.C. Official Code § 2-353.01(b):**

The Citywide Clean Hands database indicates the provider is current with its District taxes, as of March 15, 2023.

**(T) A certification from the proposed provider that it is current with its federal taxes, or has worked out and is current with a payment schedule approved by the federal government:**

Based on information contained in the Bidder Offeror certification form, CORE DC, LLC has certified that it is current with its federal taxes and does not have any outstanding debt to the federal government.

- (U) The status of the proposed provider as a certified local, small, or disadvantaged business enterprise as defined in the Small, Local, and Disadvantaged Business Enterprise Development and Assistance Act of 2005, as amended; D.C. Official Code § 2-218.01 et seq.:**

CORE DC, LLC is a certified local, small, or disadvantaged business enterprise.

- (V) Other aspects of the proposed contract that the Chief Procurement Officer considers significant:**

None.

- (W) A statement indicating whether the proposed Contractor is currently debarred from providing services or goods to the District or federal government, the dates of the debarment, and the reasons for debarment:**

Based on searches of the District Office of Contracting and Procurement (OCP) Excluded Parties List and the System for Award Management (SAM) database conducted on March 15, 2023, CORE DC, LLC is not debarred or suspended from Federal or District procurements.

- (X) Any determination and findings issued relating to the contract's formation, including any determination and findings made under D.C. Official Code § 2-352.05 (privatization contracts):**

Determination and Findings for Price Reasonableness; dated February 10, 2023.

Determination and Findings for Contractor's Responsibility; dated March 15, 2023.

- (Y) Where the contract, and any amendments or modifications, if executed, will be made available online:**

The contract is available on the Office of Contracting and Procurement website, [www.ocp.dc.gov](http://www.ocp.dc.gov).

- (Z) Where the original solicitation, and any amendments or modifications, will be made available online:**

The solicitation and its amendments are available on the Office of Contracting and Procurement website, [www.ocp.dc.gov](http://www.ocp.dc.gov).





Government of the District of Columbia  
Office of the Chief Financial Officer  
Office of Tax and Revenue

1101 4<sup>th</sup> Street, SW  
Washington, DC 20024

Date of Notice: March 15, 2023

Notice Number: L0009335477

CORE DC LLC  
1020 BLADENSBURG RD NE  
WASHINGTON DC 20002-2923

FEIN: \*\*-\*\*\*5238  
Case ID: 1442842



### CERTIFICATE OF CLEAN HANDS

As reported in the Clean Hands system, the above referenced individual/entity has no outstanding liability with the District of Columbia Office of Tax and Revenue or the Department of Employment Services. As of the date above, the individual/entity has complied with DC Code § 47-2862, therefore this Certificate of Clean Hands is issued.

TITLE 47. TAXATION, LICENSING, PERMITS, ASSESSMENTS, AND FEES  
CHAPTER 28 GENERAL LICENSE  
SUBCHAPTER II. CLEAN HANDS BEFORE RECEIVING A LICENSE OR PERMIT  
D.C. CODE § 47-2862 (2006)  
§ 47-2862 PROHIBITION AGAINST ISSUANCE OF LICENSE OR PERMIT

Authorized By Melinda Jenkins

Branch Chief, Collection and Enforcement Administration

To validate this certificate, please visit [MyTax.DC.gov](http://MyTax.DC.gov). On the MyTax DC homepage, click the "Validate a Certificate of Clean Hands" hyperlink under the Clean Hands section.

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Office of the Attorney General



ATTORNEY GENERAL  
BRIAN L. SCHWALB

Commercial Division

**MEMORANDUM**

**TO:** Thomas Wells  
Director  
Office of Policy and Legislative Affairs

**FROM:** Robert Schildkraut  
Section Chief  
Government Contracts Section

**DATE:** April 5, 2023

**SUBJECT:** Approval of Base Period for Permanent Supportive Housing III Program  
Contract Number: CW100360  
Contractor: CORE DC, LLC  
Contract Amount: NTE \$2,728,664.55

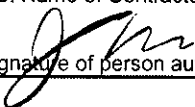

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This is to Certify that this Office has reviewed the above-referenced Contract and that we have found it to be legally sufficient. If you have any questions in this regard, please do not hesitate to call me at (202) 724-4018.

*Robert Schildkraut* /srs

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**Robert Schildkraut**

|  |  |                                    |  |   |  |
|--|--|------------------------------------|--|---|--|
| <b>AMENDMENT OF SOLICITATION / MODIFICATION OF CONTRACT</b>  |  |                                    | 1. Contract Number<br>CW100360   | Page of Pages<br>1 1  |  |
| 2. Amendment/Modification Number<br>M0001  |  | 3. Effective Date<br>See Block 16C |  | 4. Requisition/Purchase Order No.   |  |
| 5. Solicitation Caption<br>Permanent Supportive Housing Program-Case Management  |  |                                    |  |   |  |
| 6. Issued by:<br>Office of Contracting and Procurement<br>District of Columbia Government<br>441 4 <sup>th</sup> Street NW, Suite 330 South<br>Washington, DC 20001<br>Email: <a href="mailto:Dawn.mayo2@dc.gov">Dawn.mayo2@dc.gov</a>   |  |                                    | 7. Administered By: (If other than line 6)<br>District of Columbia Government<br>Department of Human Services<br>64 New York Avenue, NE, 6 <sup>th</sup> Floor<br>Washington, DC 20002 |   |  |
| 8. Name and Address of Contractor (No. street, city, county, state and zip code)<br>CORE DC LLC.<br>1020 Bladensburg Road, NE<br>Washington, DC 20002<br>POINT OF CONTACT: Jack Brown<br>E-Mail:   |  |                                    |  | 9A. Amendment of Solicitation No.   |  |
| Code   |  |                                    |  | 9B. Dated (See Item 11)   |  |
| TIN  |  |                                    |  | 10A. Modification of Contract/Order No.<br>CW100360   |  |
|  |  |                                    |  | 10B. Dated (See Item 13)<br>07/1/2022   |  |
| 11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS  |  |                                    |  |   |  |
| <input type="checkbox"/> The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of ISP <input type="checkbox"/> is extended. <input type="checkbox"/> is not extended. ISP must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) completing Items 8 and 15, and returning _____ copies of the amendment; (b) acknowledging receipt of this amendment on each copy of the offer submitted; or (c) separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR ISP. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter, telegram or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified. |  |                                    |  |   |  |
| 12. Accounting and Appropriation Data (If Required)  |  |                                    |  |   |  |
| 13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.   |  |                                    |  |   |  |
| A. This change order is issued pursuant to (Specify Authority):<br>The changes set forth in Item 14 are made in the Contract/Order No. in Item 10A.  |  |                                    |  |   |  |
| B. The above-numbered Contract/Order is modified to reflect the administrative changes (such as, changes in paying office, appropriation date, etc.) set forth in Item 14, pursuant to the authority of <b>27 DCMR, Chapter 36, Section 3601.1.</b>  |  |                                    |  |   |  |
| X C. This supplemental agreement is entered into pursuant to the authority of:   |  |                                    |  |   |  |
| D. Other (Specify type of modification and authority)  |  |                                    |  |   |  |
| <b>E. IMPORTANT:</b> Contractor <input type="checkbox"/> is not <input checked="" type="checkbox"/> is required to sign this document and return _____ copy to the issuing office.   |  |                                    |  |   |  |
| 14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.)  |  |                                    |  |   |  |
| <p>The purpose of this modification to the subject Human Care Agreement (HCA) identified in block 10A. is as follows:</p> <p>1. Task Order No. T0001 is hereby increased from \$112,496.94 by \$258,059.40 to \$370,556.34.</p> <p style="text-align: center;"><b>All other terms and conditions shall remain unchanged.</b></p>   |  |                                    |  |   |  |
| 15A. Name and Title of Signer (Type or print)<br>Jack Brown, CEO   |  |                                    | 16A. Name of Contracting Officer<br>Marketa Nicholson  |   |  |
| 15B. Name of Contractor<br><br>(Signature of person authorized to sign)  |  | 15C. Date Signed<br>09/27/2022     |  | 16B. District of Columbia<br><br>(Signature of Contracting Officer) |  |
|  |  |                                    |  | 16C. Date Signed<br>9/27/2022   |  |

|   |  |                                   |   |                                |                        |  |
|---|--|-----------------------------------|---|--------------------------------|------------------------|--|
| <b>AMENDMENT OF SOLICITATION / MODIFICATION OF CONTRACT</b>   |  |                                   |   | 1. Contract Number<br>CW100360 | Page of Pages<br>1   6 |  |
| 2. Amendment/Modification Number<br>M0002   | 3. Effective Date<br>See Block 16C   | 4. Requisition/Purchase Order No. | 5. Solicitation Caption<br>Permanent Supportive Housing Program-Case Management   |                                |                        |  |
| 6. Issued by:<br>Office of Contracting and Procurement<br>District of Columbia Government<br>441 4 <sup>th</sup> Street NW, Suite 330 South<br>Washington, DC 20001<br>Email: <a href="mailto:maroufath.ogoussan@dc.gov">maroufath.ogoussan@dc.gov</a>  |  | Code                              | 7. Administered By: (If other than line 6)<br>District of Columbia Government<br>Department of Human Services<br>64 New York Avenue, NE<br>Washington, DC 20002 |                                |                        |  |
| 8. Name and Address of Contractor (No. Street, city, county, state and zip code)<br>CORE DC LLC.<br>1020 Bladensburg Road, NE<br>Washington, DC 20002<br>POINT OF CONTACT: Jack Brown<br>E-Mail: <a href="mailto:jbrown@coredc.org">jbrown@coredc.org</a>   |  | 9A. Amendment of Solicitation No. |   |                                |                        |  |
|   |  | 9B. Dated (See Item 11)           |   |                                |                        |  |
|   |  | X                                 | 10A. Modification of Contract/Order No.<br>CW100360   |                                |                        |  |
|   |  |                                   | 10B. Dated (See Item 13)<br>07/01/22  |                                |                        |  |
| Code  |  | TIN                               |   |                                |                        |  |
| <b>11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS</b>  |  |                                   |   |                                |                        |  |
| <input type="checkbox"/> The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of ISP <input type="checkbox"/> is extended. <input type="checkbox"/> is not extended. ISP must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) completing Items 8 and 15 and returning _____ copies of the amendment; (b) acknowledging receipt of this amendment on each copy of the offer submitted; or (c) separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR ISP. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter, telegram or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified. |  |                                   |   |                                |                        |  |
| <b>12. Accounting and Appropriation Data (If Required)</b>  |  |                                   |   |                                |                        |  |
| <b>13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.</b>   |  |                                   |   |                                |                        |  |
|   | A. This change order is issued pursuant to (Specify Authority):<br>The changes set forth in Item 14 are made in the Contract/Order No. in Item 10A.  |                                   |   |                                |                        |  |
|   | B. The above-numbered Contract/Order is modified to reflect the administrative changes (such as, changes in paying office, appropriation date, etc.) set forth in Item 14, pursuant to the authority of: |                                   |   |                                |                        |  |
| X   | C. This supplemental agreement is entered into pursuant to the authority of: <b>27 DCMR, Chapter 36, 3601.2</b>  |                                   |   |                                |                        |  |
|   | D. Other (Specify type of modification and authority)  |                                   |   |                                |                        |  |
| <b>E. IMPORTANT:</b> Contractor <input type="checkbox"/> is not <input checked="" type="checkbox"/> is required to sign this document and return <u>  1  </u> copy to the issuing office.   |  |                                   |   |                                |                        |  |
| 14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.)   |  |                                   |   |                                |                        |  |
| <p>The purpose of this modification to the subject Human Care Agreement (HCA) identified in block 10A. is as follows:</p> <ol style="list-style-type: none"> <li><b>Delete Section B.1.1 and B.5 titled, CONTRACT TYPE, SUPPLIES OR SERVICES AND PRICE/COST in its entirety and replace with:</b> <p><b>B.1.1</b> The Rate of Payment for services rendered in accordance with a Purchase Order shall beat the Rates contained in Section B.5, Pricing Schedules, which have been established in 29 DCMR Chapter 74, Reimbursement Rates for Case Management services provided by the Department of Human Services Certified HSS Providers. The total number of service units authorized by DHS shall be subject to medical necessity in accordance with the benefits established in 29 DCMR Chapter 74, Certification Standards for uniform housing-related supportive service Providers. Provider shall not charge the Client any co-payment, cost-sharing or similar charge.</p> </li> </ol>   |  |                                   |   |                                |                        |  |

**B.5** The HCA, for the services specified herein consists of two (2) payment components, listed in Section B.8. The prices paid for the services under the HCA shall be fixed for the term of the HCA including any options exercised, unless the prices listed in Section C.6 are amended through rulemaking (See Attachment A – Emergency and Proposed Rule Making 29 DCMR, Chapter 74).

2. **Delete Section B.8.1 and B.8.1.2 titled, SCHEDULE B – PRICING SCHEDULE in its entirety and replace with:**

**B.8.1** The current published rate shall apply for any base period Human Care Agreement awarded. The District shall modify the payment schedule for outlying option periods pursuant to rate amendments (if any) published in 29 DCMR Chapters 25 and 74.

\*All rate changes in 29 DCMR Chapters 25 and 74 are predicated o federal regulations and HHS rate increases.

**B.8.1.2** The maximum not-to-exceed value of all the Base Year and subsequent Option Years (one, Two, Three and Four) is \$950,000.

|                    |   |
|--------------------|---|
| 29 DCMR Chapter 25 | Reimbursement Rates for services provided by the Department of Human Services Chapter 25 Certified Standards for uniform housing-related supported service Providers. |
|--------------------|---|

3. **Delete Sections C titled, HUMAN CARE SERVICE DESCRIPTION AND SCOPE OF SERVICE: C.1.3, C.2.38, C.2.54, C.4.3, C.5.1.4, C.5.16.2, C.5.16.2.1, C.5.16.2.2, C.5.16.2.3, C.5.16.2.4, C.8.3.1, C.8.4.1 and C.10 in its entirety and replace with:**

**C.1.3** The goal of PSH3 is to create the enabling conditions for program participants to achieve the following objectives: 1) obtain long-term housing; 2) maintain their housing by complying with any/all lease provisions and local laws; and, 3) achieve the highest level of participant-driven-goals possible and improve the overall quality of their lives. The primary objective of the case management services is to assist PSH3 participants with achieving the aforementioned objectives. This will be achieved through connecting program participants to supportive services that address their barriers to maintaining their housing and achieve their goals.

**C.2.38 Housing Unit:** A single room occupancy room/facility, individual apartment, townhome or single-family home utilized to house participants in the PSH3. Housing units for families has separate cooking facilities and other basic necessities to enable families to prepare and consume meals; bathroom facilities for the use of the family; and separate sleeping quarters for adults and minor children in accordance with the occupancy standards of Title 14 of the D.C. Municipal Regulations. Housing units can be unit-based or tenant-based.

**C.2.54 Unit-Based Unit:** Rental assistance that is tied to a specific unit in a property contracted with the Housing Authority. Applicants selected for the Unit-Based Site may only receive a Unit-Based Housing Voucher. Unit-Based Sites can be categorized in the following three designations: Site-based, Limited Site-Based, and Scattered Site-Based.

**C.4.3** Since 2018, an average of 2,109 participants has been served annually in the PSH3. As of May 2021, the PSH3 is serving 3,453 participants in scattered housing sites, and 483 participants in unit-based housing. Well over 80% of DC residents eligible to receive PSH3 services are also eligible for Medicaid enrollment, and thus eligible to have Medicaid pay for their housing-related services through the housing supportive services (HSS) benefit. The District actively engaged in planning work over several years to determine how to best leverage federal funding, specifically Medicaid funding, to support case management services delivered to individuals and families enrolled in the PSH3. The District was approved by the Centers for Medicare & Medicaid Services (CMS) to provide HSS via 1915(i) state plan Home and Community Based Services (HCBS) authority from May 1, 2022, forward. Housing supportive services will assist Medicaid beneficiaries who are homeless or at risk of homelessness obtain and maintain stable housing in the community, transmittal number DC 21-0015. The effective date for these 1915(i) benefits is May 1, 2022. PSH3 and HSS are synonymous when describing the type of services received. HSS is funded by Medicaid and available to DC Medicaid beneficiaries determined

eligible for PSH3 through the District's Coordinated Assessment Housing Plan (CAHP) process. PSH3 is locally funded and is for DC residents determined eligible for PSH3 through the CAHP process that are ineligible for Medicaid enrollment. DC residents receiving HSS or PSH3 services should not experience a difference in service delivery.

**C.5.1.4** Regardless of the type of PSH3 program – unit-based or tenant-based – all Providers shall comply with the requirements set forth in this RFQ.

**C.5.16.2** The Provider shall issue monthly financial assistance for critically needed health and safety related items, household essentials, financial support, amenity fees etc. (approved by the District) on behalf of the PSH3 participants on their caseload, to ensure participants housing stabilization. The maximum reimbursement amount for financial assistance is listed in Schedule B.

**C.5.16.2.1** The Provider shall purchase monthly critically needed household essentials (health and safety related) items, approved by the District on behalf of participants on their caseload (up to \$50 per individual household and \$75 per family, per month).

**C.5.16.2.2** The provider shall purchase cleaning supplies and ensure participant units are professionally cleaned on a bi-annual basis. Approved by the District on behalf of the participants on their caseload (up to \$194 for individuals and \$250 for families up to 4 bedrooms).

**C.5.16.2.3** The Provider shall pay for building fees, such as amenity fees, elevator fees, move-in fees, trash fees, holding fees, or other fees needed for participant lease-up or housing stabilization for individual/family participating in PSH3. The District will approve funding for up to \$1,000 per individual or family in first year in a unit and up to \$500 per individual or family in subsequent lease term years.

**C.5.16.2.4** To expedite lease-ups, the District will reimburse the Provider for application fees paid, up to \$150 for individuals and families up to \$380.

**C.8.3.1** The PSH3 permanent housing rental subsidy is available through Federal or locally funded sources. Permanent housing rental subsidies may be tenant-based rental assistance vouchers where the participant can use the voucher at any rental unit, or the rental subsidy may be a unit-based voucher that is attached to a particular unit within one building.

**C.8.4.1** The long-term housing provided under the PSH3 through this HCA shall consist of “unit-based” or tenant-based apartments or homes located throughout the District of Columbia. Tenant-based apartments and homes are privately owned, where the PSH3 participant’s rental costs are subsidized through federal or locally funded tenant-based rental assistance vouchers. These apartments will be located in buildings with other individuals who are not PSH3 participants. These tenant-based rental assistance vouchers are not tied to any rental site and can move with the PSH3 participant. Conversely, “unit-based” apartments or homes are individual housing units tied to a particular residential property. Rental assistance vouchers for “unit-based” rental units can only be used at a specific residential property and cannot move with the PSH3 participant to another rental property site.

**4. INSERT the following Sections: C.5.14.4, C.5.26.11, C.5.29.8, C.5.29.8.1, C.5.29.8.2, C.5.29.9, C.5.29.9.1 and C.5.29.9.2 in its entirety and replace with:**

**C.5.14.4** The Provider shall follow the PSH3 Exit Policy. The provider shall ensure that all required documentation is submitted into the HTH database and report all exits request their assigned PSH3 Monitor.

**C.5.26.11** Within fifteen (15) calendar days of the participant’s death reported to the Case Manager, the Provider shall submit a Mortality Report; in addition to the Unusual Incident report.

**C.5.29.8 Hiring Incentive**

To support the Providers' ability to quickly add capacity to accept new referrals and maintain current capacity levels, the District will offer a hiring and retention bonus for the PSH3.

The Case Manager and Case Manager Supervisor position will be eligible to receive the following hiring incentive to support expedited hiring:

**C.5.29.8.1** Each new case manager will receive a \$1,500 hiring bonus upon the completion of their first 90-days of employment.

**C.5.29.8.2** Each new case manager supervisor will receive \$2,000 hiring bonus upon completion of their first 90-days of employment with the PSH3 Provider.

**C.5.29.9 Staff Retention Bonus**

The District is offering a retention bonus to Providers who were able to successfully employ and retain high-quality case managers and case manager supervisors in the PSH3. To support this, Providers will receive the following retention bonuses:

**C.5.29.9.1** Case Managers employed for 12 months or longer will receive a one-time incentive of \$2,000.

**C.5.29.9.2** Case Manager Supervisors employed for 18 months or longer will receive a one-time incentive of \$3,500.

5. **Delete Section C.10 DELIVERABLES in its entirety and replace with Section C.10 DELIVERABLES (See Attachment A)**

6. **Section E.10.2 titled, Contract Administrator, is changed from LoToya Bass to:**

Eskayra Pagan  
Program Manager, FSA Operations  
Department of Human Service  
64 New York Avenue, NE  
Washington, DC 20002  
Email: [eskayra.pagan@dc.gov](mailto:eskayra.pagan@dc.gov)

|   |                               |  |                               |
|---|-------------------------------|--|-------------------------------|
|   |                               | 16A. Name of Contracting Officer   |                               |
|   |                               | Marketa Nicholson  |                               |
| 15B. Name of Contractor<br>(Signature of person authorized to sign) | 15C. Date Signed<br>9/27/2022 | 16B. District of Columbia<br>Marketa Nicholson<br>(Signature of Contracting Officer) | 16C. Date Signed<br>9/27/2022 |

## ATTACHMENT A

### C.10 DELIVERABLES

**C.10.1** Providers must submit the following information to the District. With the exception of the monthly Home Visit reports, all information should be encrypted and sent electronically to the designated recipient.

| Section Reference    | Deliverable  | Quantity | Format / Method of Delivery | Due Date  | To Whom          |
|----------------------|--|----------|-----------------------------|---|------------------|
| C.8.26.1             | Comprehensive Monthly Report (Template Provided by the District) | 1        | Electronic                  | 10th day of each month by 12:00 Noon                                  | CA/PSH3 Monitor  |
| C.5.1.9<br>C.8.26.5  | Case Note (DAP Format)   | 1        | Electronic / HTH            | Within 48 hours of participant contact.                               | DHS              |
| C.5.26.10            | Monitor One To One Report (Template Provided by the District)    | 1        | Electronic                  | Upon Request  | CA/PSH3 Monitor  |
| C.5.26.11            | Mortality Report   | 1        | Electronic                  | Within 15-days of death report to the Provider Case Manager or staff. | CA/PSH3 Monitor  |
| C.8.24.3             | Client Information Report  | 1        | Electronic                  | Upon Request  | CA/PSH3 Monitor  |
| C.5.26.3<br>C.5.26.4 | Unusual Incident Report  | 1        | Electronic                  | Within 24 hours of occurrence   | PSH3 Monitor/CA  |
| C.5.12.5             | Home Visit Report  | 1        | Electronic                  | Upon Request  | PSH3 Monitor/CA  |
| C.5.19.7             | Community Visit Report   | 1        | Electronic                  | Upon Request  | PSH3 Monitor/CA  |
| C.5.19.7             | Training Plan  | 1        | Electronic                  | Each new period of performance  | CA               |
| C.5.11.1<br>C.5.11.2 | Individual Service Plan (ISP)                                    | 1        | Electronic                  | Upon request  | PSH3 Monitor/ CA |
| C.9.10               | Resumes of Key Personnel   | 1        | Electronic                  | For all new hires upon request  | CA               |
| C.5.11.4             | Bio Psychosocial Assessment                                      | 1        | Electronic                  | Upon Request  | PSH3 Monitor/ CA |
| C.5.18.1             | Background Check Clearance Reports                               | 1        | Electronic                  | Prior to hiring new Key Personnel                                     | CA               |
| C.5.21.1             | Quality Assurance Plan   | 1        | Electronic                  | Each new period of performance  | CA               |
| C.5.21.8             | Internal Quality Review  | 1        | Electronic                  | End of each period of performance                                     | CA               |

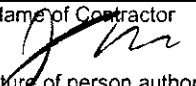



|          |   |   |            |  |                                      |
|----------|---|---|------------|--|--------------------------------------|
| C.5.21.5 | Quality Improvement Plan  | 1 | Electronic | Each new period of performance                   | CA                                   |
| C.5.28.5 | Continuing Of Operations Plan (COOP)                                | 1 | Electronic | Each new period of performance /Update as needed | CA                                   |
| C.5.28.6 | Project Based Escalation Policy (Template Provided by the District) | 1 | Electronic | Each new period of performance /Update as needed | PSH3 Monitor / CA / Housing Provider |
| C.5.12.6 | Child Visit Report  | 1 | Electronic | Upon request                                     | PSH3 Monitor/ CA                     |
| C.5.3.2  | Intake Form   | 1 | Electronic | Upon request                                     | PSH3 Monitor/ CA                     |
| C.5.26.8 | Client Removal from the Caseload Request Form                       | 1 | Electronic | Upon request                                     | PSH3 Monitor/ CA                     |

|  |  |                                    |  |  |                        |
|--|--|------------------------------------|--|--|------------------------|
| <b>AMENDMENT OF SOLICITATION / MODIFICATION OF CONTRACT</b>  |  |                                    |  | 1. Contract Number<br>CW100360   | Page of Pages<br>1   2 |
| 2. Amendment/Modification Number<br>M0003  |  | 3. Effective Date<br>See Block 16C |  | 4. Requisition/Purchase Order No.  |                        |
| 6. Issued by:<br>Office of Contracting and Procurement<br>District of Columbia Government<br>441 4 <sup>th</sup> Street NW, Suite 330 South<br>Washington, DC 20001<br>Email: <a href="mailto:Dawn.mayo2@dc.gov">Dawn.mayo2@dc.gov</a>   |  | Code                               |  | 7. Administered By: (If other than line 6)<br>District of Columbia Government<br>Department of Human Services<br>64 New York Avenue, NE, 6 <sup>th</sup> Floor<br>Washington, DC 20002 |                        |
| 8. Name and Address of Contractor (No. street, city, county, state and zip code)<br>CORE DC LLC.<br>1020 Bladensburg Road, NE<br>Washington, DC 20002<br>POINT OF CONTACT: Jack Brown<br>E-Mail:   |  |                                    |  | 9A. Amendment of Solicitation No.  |                        |
|  |  |                                    |  | 9B. Dated (See Item 11)  |                        |
|  |  |                                    |  | 10A. Modification of Contract/Order No.<br>X<br>CW100360   |                        |
| Code   |  |                                    |  | 10B. Dated (See Item 13)<br>07/11/2022   |                        |
| TIN  |  |                                    |  |  |                        |
| 11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS  |  |                                    |  |  |                        |
| <input type="checkbox"/> The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of ISP <input type="checkbox"/> is extended. <input type="checkbox"/> is not extended. ISP must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) completing Items 8 and 15, and returning _____ copies of the amendment; (b) acknowledging receipt of this amendment on each copy of the offer submitted; or (c) separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR ISP. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter, telegram or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified. |  |                                    |  |  |                        |
| 12. Accounting and Appropriation Data (If Required)  |  |                                    |  |  |                        |
| 13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.   |  |                                    |  |  |                        |
| A. This change order is issued pursuant to (Specify Authority):<br>The changes set forth in Item 14 are made in the Contract/Order No. in Item 10A.  |  |                                    |  |  |                        |
| B. The above-numbered Contract/Order is modified to reflect the administrative changes (such as, changes in paying office, appropriation date, etc.) set forth in Item 14, pursuant to the authority of <b>27 DCMR, Chapter 36, Section 3601.1.</b>  |  |                                    |  |  |                        |
| X C. This supplemental agreement is entered into pursuant to the authority of:   |  |                                    |  |  |                        |
| D. Other (Specify type of modification and authority)  |  |                                    |  |  |                        |
| <b>E. IMPORTANT:</b> Contractor <input type="checkbox"/> is not <input checked="" type="checkbox"/> is required to sign this document and return _____ copy to the issuing office.   |  |                                    |  |  |                        |
| 14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.)<br>This modification to Human Care Agreement identified in Block 10A above, is hereby modified as follows:<br><br>CLIN 0001 is decreased from \$58,906.38 by \$18,880.25 to \$40,026.13<br>CLIN 0001A is decreased from \$104,218.98 by \$68,724.11 to \$35,494.87<br>CLIN 0002 is decreased from \$27,187.56 by \$3,020.84 to \$24,166.72<br>CLIN 0002A is decreased from \$77,031.42 by \$51,354.28 to \$25,677.14<br>CLIN 0003 is decreased from \$14,400 by \$1,600 to \$12,800<br>CLIN0003A is decreased from \$40,800 by \$27,200 to \$13,600<br>CLIN 0004 is decreased from \$14,700 by \$14,424.64 to \$275.36<br>CLIN 0005 is decreased from \$8,100 by \$6,975 to \$1,125<br>CLIN 0006 is decreased from \$4,200 by \$3,245.95 to \$954.05<br>CLIN 0007 remains unchanged<br>CLIN 0008 remains unchanged<br>CLIN 0009 remains unchanged<br>CLIN 0010 remains unchanged<br>CLIN 0011 remains unchanged  |  |                                    |  |  |                        |

The Task Order 0001 in the not-to-exceed amount for Base Option Period is decreased from \$370,556.34 by \$216,437.07 to \$154,119.27.

**All other terms and conditions shall remain unchanged.**

|  |                                |   |                               |
|--|--------------------------------|---|-------------------------------|
| 15A. Name and Title of Signer (Type or print)<br>Jack Brown, CEO   |                                | 16A. Name of Contracting Officer<br>Marketa Nicholson   |                               |
| 15B. Name of Contractor<br><br>(Signature of person authorized to sign) | 15C. Date Signed<br>12/08/2022 | 16B. District of Columbia<br><br>(Signature of Contracting Officer) | 16C. Date Signed<br>12/9/2022 |

|  |  |                                    |  |  |  |   |  |
|--|--|------------------------------------|--|--|--|---|--|
| <b>AMENDMENT OF SOLICITATION / MODIFICATION OF CONTRACT</b>  |  |                                    |  | 1. Contract Number<br>CW100360   |  | Page of Pages<br>1 1  |  |
| 2. Amendment/Modification Number<br>M0004  |  | 3. Effective Date<br>See Block 16C |  | 4. Requisition/Purchase Order No.<br>RK228912 / PO679183   |  | 5. Solicitation Caption<br>Permanent Supportive<br>Housing Program-Case<br>Management |  |
| 6. Issued by:<br>Office of Contracting and Procurement<br>District of Columbia Government<br>441 4 <sup>th</sup> Street NW, Suite 330 South<br>Washington, DC 20001<br>Email: <a href="mailto:Dawn.mayo2@dc.gov">Dawn.mayo2@dc.gov</a>   |  |                                    |  | 7. Administered By: (If other than line 6)<br>District of Columbia Government<br>Department of Human Services<br>64 New York Avenue, NE, 6 <sup>th</sup> Floor<br>Washington, DC 20002 |  |   |  |
| 8. Name and Address of Contractor (No. street, city, county, state and zip code)<br>CORE DC, LLC<br>1020 Bladensburg Road, NE<br>Washington, DC 20002<br>Point of Contact: Jack Brown<br>E-Mail: <a href="mailto:jbrown@coredc.org">jbrown@coredc.org</a>  |  |                                    |  | 9A. Amendment of Solicitation No.  |  | 9B. Dated (See Item 11)   |  |
| Code   |  |                                    |  | TIN  |  | 10A. Modification of Contract/Order No.<br>CW100360                                   |  |
|  |  |                                    |  |  |  | 10B. Dated (See Item 13)<br>07/1/2022   |  |
| 11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS  |  |                                    |  |  |  |   |  |
| <input type="checkbox"/> The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of ISP <input type="checkbox"/> is extended. <input type="checkbox"/> is not extended.<br>ISP must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:<br>(a) completing Items 8 and 15, and returning _____ copies of the amendment; (b) acknowledging receipt of this amendment on each copy of the offer submitted;<br>or (c) separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT<br>THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR ISP. If by<br>virtue of this amendment you desire to change an offer already submitted, such change may be made by letter, telegram or fax, provided each letter or telegram makes<br>reference to the solicitation and this amendment, and is received prior to the opening hour and date specified. |  |                                    |  |  |  |   |  |
| 12. Accounting and Appropriation Data (If Required)  |  |                                    |  |  |  |   |  |
| 13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS,<br>IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.  |  |                                    |  |  |  |   |  |
| A. This change order is issued pursuant to (Specify Authority):<br>The changes set forth in Item 14 are made in the Contract/Order No. in Item 10A.  |  |                                    |  |  |  |   |  |
| <input checked="" type="checkbox"/> B. The above-numbered Contract/Order is modified to reflect the administrative changes (such as, changes in paying office, appropriation<br>date, etc.) set forth in Item 14, pursuant to the authority of <b>27 DCMR, Chapter 36, Section 3601.3</b>  |  |                                    |  |  |  |   |  |
| C. This supplemental agreement is entered into pursuant to the authority of:   |  |                                    |  |  |  |   |  |
| D. Other (Specify type of modification and authority)  |  |                                    |  |  |  |   |  |
| <b>E. IMPORTANT:</b> Contractor <input type="checkbox"/> is not <input checked="" type="checkbox"/> is required to sign this document and return <u>  1  </u> copy to the issuing office.  |  |                                    |  |  |  |   |  |
| 14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.)  |  |                                    |  |  |  |   |  |
| The purpose of this modification to the subject Human Care Agreement (HCA) identified in block 10A is as follows: <ol style="list-style-type: none"> <li>The Government of the District of Columbia hereby extends the period of the Task Order No. T0002 of Human Care Agreement No. CW100360 from January 31, 2023 until April 30, 2023.</li> <li>The contractor identified in Block 8 agrees that the balance left on this Purchase Order #PO679183 will cover the remaining balance for the period of performance through April 30, 2023.</li> </ol>   |  |                                    |  |  |  |   |  |
| 15A. Name and Title of Signer (Type or print)<br>Jack Brown CEO  |  |                                    |  | 16A. Name of Contracting Officer<br>Marketa Nicholson  |  |   |  |
| 15B. Name of Contractor  |  | 15C. Date Signed<br>2/1/2023       |  | 16B. District of Columbia<br><i>Marketa Nicholson</i><br>(Signature of Contracting Officer)  |  | 16C. Date Signed<br>2/1/2023  |  |
| (Signature of person authorized to sign)   |  |                                    |  |  |  |   |  |

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>AMENDMENT OF SOLICITATION / MODIFICATION OF CONTRACT</b>  |   | 1. Contract Number<br>CW100360                                  | Page of Pages<br>1   21  |  |  |
| 2. Amendment/Modification Number<br>M0005  | 3. Effective Date<br>See Block 16C  | 4. Requisition/Purchase Request No.                             | 5. Solicitation Caption<br>Permanent Supportive Housing Program -Case Management   |  |  |
| 6. Issued by:<br>D.C. Office of Contracting and Procurement<br>441 4 <sup>th</sup> Street, NW, Suite 330 South<br>Washington, DC 20001<br>Attn: Dawn Mayo<br>(202) 671-4383<br>Email: Dawn.mayo2@dc.gov  |   | Code  | 7. Administered by (If other than line 6)<br>District of Columbia Government<br>Department of Human Services<br>64 New York Avenue, NE<br>Washington, DC 20002 |  |  |
| 8. Name and Address of Contractor (No street, city, county, state and zip code)<br><br>CORE DC, LLC<br>1020 Bladensburg Road, NE<br>Washington, DC 20002<br>Attn: Jack Brown<br>Email: jbrown@coredc.org<br><br>Code Facility  |   | 9A. Amendment of Solicitation No.                               |  |  |  |
|  |   | 9B. Dated   |  |  |  |
|  |   | X   | 10A. Modification of Contract/Order No.<br>CW100360  |  |  |
|  |   | X   | 10B. Dated<br>07/01/22   |  |  |
| <b>11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS</b>   |   |   |  |  |  |
| <input type="checkbox"/> The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers <u>X</u> is extended is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning <u>1</u> copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) BY separate letter or fax which includes a reference to the solicitation and amendment number. <b>FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER.</b> If by virtue of this amendment you desire to change an offer already submitted, such may be made by letter or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified. |   |   |  |  |  |
| <b>12. Accounting and Appropriation Data:</b>  |   |   |  |  |  |
| <b>13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14</b>   |   |   |  |  |  |
|  | A. This change order is issued pursuant to (Specify Authority):<br>The changes set forth in Item 14 are made in the contract/order no. in item 10A.   |   |  |  |  |
|  | B. The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation data etc.) set forth in item 14, pursuant to the authority of 27 DCMR, Chapter 36, Section 3601.2(a). |   |  |  |  |
| X  | C. This supplemental agreement is entered into pursuant to authority of: 27 DCMR, Chapter 36, 3601.2  |   |  |  |  |
|  | D. Other (Specify type of modification and authority)<br>Pursuant to the authority of 27 DCMR, Section 3600, Chapter 3601.2   |   |  |  |  |
| <b>E. IMPORTANT:</b> Contractor is <u>X</u> Or is not <u>  </u> is required to sign this document and return <u>1</u> copy to the issuing office.  |   |   |  |  |  |
| 14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.)<br><br>The purpose of this modification to the subject Human Care Agreement (HCA) identified in block 10A. is as follows:<br><br><ol style="list-style-type: none"> <li>Delete and replace Section B.8.2 REIMBURSEMENT RATE in its entirety, and replace with Revised Section B.8.2 BASE PERIOD REIMBURSEMENT RATE per Attachment A.</li> <li>Insert Sections B.8.3, B.8.4, B.8.5 and B.8.6 per Attachment A.</li> <li>By this modification, the District increases the total not-to-exceed amount for the base period from \$950,000 by \$1,778,664.55 to \$2,728,664.55.</li> </ol> <p style="text-align: center;"><b>All other terms and conditions shall remain unchanged.</b></p>   |   |   |  |  |  |
| 15A. Name and Title of Signer (Type or print)<br>Jack Brown Chairman & CEO   |   | 16A. Name of Contracting Officer<br>Marketa Nicholson           |  |  |  |
| 15B. Name of Contractor<br>(Signature of person authorized to sign)  | 15C. Date Signed<br>3/28/2023   | 16B. District of Columbia<br>(Signature of Contracting Officer) | 16C. Date Signed   |  |  |

**ATTACHMENT A  
REVISED MODIFICATION 0005  
CW100360 CORE DC**

**B.8.2 BASE PERIOD REIMBURSEMENT RATE**

Reimbursement for Case Management services, per 29 DCMR, Chapters 25 and 74 shall be as follows:

**B.8.2.1 Case Management Reimbursement Component**

| Contract Line-Item No. (CLIN) | Item Description   | Monthly Rate                  |
|-------------------------------|--|-------------------------------|
| 0001                          | Housing Supportive Services for Individuals (See Sections C.8.6 through C.8.8 – rate effective 7/1/2022 through 9/30/2022)                       | \$755.21                      |
| 0001A                         | Housing Supportive Services for Individuals (See Sections C.8.6 through C.8.8 – rate effective 10/1/2022 through 6/30/2023)                      | \$770.61                      |
| 0002                          | Housing Supportive Services for Families (See Sections C.8.6 through C.8.8 – rate effective 7/1/2022 through 9/30/2022)                          | \$755.21                      |
| 0002A                         | Housing Supportive Services for Families (See Sections C.8.6 through C.8.8 – rate effective 10/1/2022 through 6/30/2023)                         | \$770.61                      |
| 0003                          | Housing Supportive Services Family Add on Rate (See Sections C.8.6 through C.8.8 – rate effective 7/1/2022 through 9/30/2022)                    | \$400.00                      |
| 0003A                         | Housing Supportive Services Family Add on Rate (See Sections C.8.6 through C.8.8 – rate effective 10/1/2022 through 6/30/2023)                   | \$408.00                      |
|                               | <b>Base Period for Case Management Cost Reimbursement Ceiling providing housing support services for up to 115 individuals and 160 families.</b> | <b>NTE<br/>\$2,450,778.55</b> |

### B.8.2.2 Utility Assistance Reimbursement Component

| Contract Line-Item No. (CLIN)                                  | Item Description   | Estimated Number of Clients | Monthly Maximum Amount Per Client | Number of Months | Total Price |
|--|--|-----------------------------|-----------------------------------|------------------|-------------|
| 0004   | Utility Assistance Individuals<br>(See Section C.5.16.1) | 4                           | \$175                             | 12               | \$8,400     |
| 0004A  | Utility Assistance Individuals<br>(See Section C.5.16.1) | 24                          | \$175                             | 9                | \$37,800    |
| 0005   | Utility Assistance Families<br>(See Section C.5.16.1)    | 5                           | \$225                             | 12               | \$13,500    |
| 0005A  | Utility Assistance Families<br>(See Section C.5.16.1)    | 7                           | \$225                             | 9                | \$14,175    |
| <b>Base Period for Utility Assistance <u>NTE \$ 73,875</u></b> |  |                             |                                   |                  |             |

### B.8.2.3 Cost Reimbursement Component

| Contract Line-Item No. (CLIN) | Item Description   | Estimated number of Clients | Unit Price | Number of Months | Total Price |
|-------------------------------|--|-----------------------------|------------|------------------|-------------|
| 0006                          | Financial Assistance Individuals<br>(See Section C.5.16.2.1) | 13                          | \$50       | 12               | \$7,800     |
| 0006A                         | Financial Assistance Individuals<br>(See Section C.5.16.2.1) | 15                          | \$50       | 9                | \$6,750     |
| 0007                          | Financial Assistance Families<br>(See Section C.5.16.2.1)    | 5                           | \$75       | 12               | \$4,500     |
| 0007A                         | Financial Assistance Families<br>(See Section C.5.16.2.1)    | 7                           | \$75       | 9                | \$4,725     |
| 0008                          | Cleaning Services (Individuals)<br>(See Section C.5.16.2.2)  | 64                          | \$194      | 2                | \$24,832    |
| 0008A                         | Cleaning Services (Individuals)<br>(See Section C.5.16.2.2)  | 48                          | \$194      | 2                | \$18,624    |
| 0009                          | Cleaning Services (Families)<br>(See Section C.5.16.2.2)     | 23                          | \$250      | 2                | \$11,500    |
| 0009A                         | Cleaning Services (Families)<br>(See Section C.5.16.2.2)     | 11                          | \$250      | 2                | \$5,500     |

|  |   |   |          |                                    |          |
|--|---|---|----------|------------------------------------|----------|
| 0010   | Case Manager Onboarding Fee Per Caseload<br>(See Section C.5.29.5)              | 4 | \$14,870 | 1                                  | \$59,480 |
| 0011   | Case Manager Supervisor Onboarding Fee Per Caseload.<br>(See Section C.5.29.6)  | 3 | \$5,130  | 1                                  | \$15,390 |
| 0012   | Hiring bonus (Case Manager)<br>(See Section C.5.29.8.1)                         | 4 | \$1,500  | 1-time incentive per staff member  | \$6,000  |
| 0013   | Hiring Bonus (Case Manager Supervisor)<br>(See Section C.5.29.8.2)              | 0 | \$2,000  | 1-time incentive per staff member  | \$0.00   |
| 0014   | Retention Bonus (Case Manager 12 months)<br>(See Section C.5.29.9.1)            | 7 | \$2,000  | 1-time incentive per staff member. | \$14,000 |
| 0015   | Retention Bonus (Case Manager Supervisor 18 months)<br>(See Section C.5.29.9.2) | 1 | \$3,500  | 1-time incentive per staff member  | \$3,500  |
| 0016   | Building Fees (Individuals) Year One<br>(See Section C.5.16.2.3)                | 5 | \$1,000  | Leased-up for 365 days             | \$5,000  |
| 0017   | Building Fees (Families) Year One<br>(See Section C.5.16.2.3)                   | 7 | \$1,000  | Leased-up for 365 days             | \$7,000  |
| 0018   | Building Fees (Individuals)<br>(See Section C.5.16.2.3)                         | 5 | \$500    | Leased-up for 365+ days            | \$2,500  |
| 0019   | Building Fees (Families)<br>(See Section C.5.16.2.3)                            | 7 | \$500    | Leased-up for 365+ days            | \$3,500  |
| 0020   | Application Fees (Individuals)<br>(See Section C.5.16.2.4)                      | 5 | \$150    | 1-time incentive per individual    | \$750    |
| 0021   | Application Fees (Families)<br>(See Section C.5.16.2.4)                         | 7 | \$380    | 1-time incentive per family        | \$2,660  |
| <b>Base Period for Cost Reimbursement Component <u>NTE \$204,011</u></b> |   |   |          |                                    |          |



**B.8.2.4 Base Year Total**

|   |  |
|---|--|
| <b>Case Management Reimbursement Component</b><br>(See Sections C.8.6 through C.8.8)                              | CLINS 0001 – 0003A<br>NTE \$2,450,778.55 |
| <b>Utility Assistance Reimbursement Component</b><br>(See Section C.5.16.1)                                       | CLINS 0004 – 0005A<br>NTE \$73,875       |
| <b>Cost Reimbursement Component</b><br>(See Sections C.5.16.2 in its entirety, and C.5.29.5,<br>through C.5.29.9) | CLINS 0006 - 0021<br>NTE \$204,011       |
| <b>Total NTE Amount:</b>  | \$2,728,664.55                           |

### B.8.3 OPTION PERIOD ONE REIMBURSEMENT RATE

Reimbursement for Case Management services, per 29 DCMR, Chapters 25 and 74 shall be as follows:

#### B.8.3.1 Case Management Reimbursement Component

| Contract Line-Item No. (CLIN) | Item Description   | Monthly Rate                  |
|-------------------------------|--|-------------------------------|
| 1001                          | Housing Supportive Services for Individuals<br>(See Sections C.8.6 through C.8.8 – rate effective 7/1/2022 through 9/30/2022)                          | \$755.21                      |
| 1001A                         | Housing Supportive Services for Individuals<br>(See Sections C.8.6 through C.8.8 – rate effective 10/1/2022 through 6/30/2023)                         | \$770.61                      |
| 1002                          | Housing Supportive Services for Families<br>(See Sections C.8.6 through C.8.8 – rate effective 7/1/2022 through 9/30/2022)                             | \$755.21                      |
| 1002A                         | Housing Supportive Services for Families<br>(See Sections C.8.6 through C.8.8 – rate effective 10/1/2022 through 6/30/2023)                            | \$770.61                      |
| 1003                          | Housing Supportive Services Family Add on Rate<br>(See Sections C.8.6 through C.8.8 – rate effective 7/1/2022 through 9/30/2022)                       | \$400.00                      |
| 1003A                         | Housing Supportive Services Family Add on Rate<br>(See Sections C.8.6 through C.8.8 – rate effective 10/1/2022 through 6/30/2023)                      | \$408.00                      |
|                               | <b>Option Period One for Case Management Cost Reimbursement Ceiling providing housing support services for up to 115 individuals and 160 families.</b> | <b>NTE<br/>\$2,450,778.55</b> |

### B.8.3.2 Utility Assistance Reimbursement Component

| Contract Line-Item No. (CLIN)  | Item Description   | Estimated Number of Clients | Monthly Maximum Amount Per Client | Number of Months | Total Price |
|--|--|-----------------------------|-----------------------------------|------------------|-------------|
| 1004   | Utility Assistance Individuals<br>(See Section C.5.16.1) | 4                           | \$175                             | 12               | \$8,400     |
| 1004A  | Utility Assistance Individuals<br>(See Section C.5.16.1) | 24                          | \$175                             | 9                | \$37,800    |
| 1005   | Utility Assistance Families<br>(See Section C.5.16.1)    | 5                           | \$225                             | 12               | \$13,500    |
| 1005A  | Utility Assistance Families<br>(See Section C.5.16.1)    | 7                           | \$225                             | 9                | \$14,175    |
| <b>Option Period One for Utility Assistance <u>NTE \$ 73,875</u></b> |  |                             |                                   |                  |             |

### B.8.3.3 Cost Reimbursement Component

| Contract Line-Item No. (CLIN) | Item Description   | Estimated number of Clients | Unit Price | Number of Months | Total Price |
|-------------------------------|--|-----------------------------|------------|------------------|-------------|
| 1006                          | Financial Assistance Individuals<br>(See Section C.5.16.2.1) | 13                          | \$50       | 12               | \$7,800     |
| 1006A                         | Financial Assistance Individuals<br>(See Section C.5.16.2.1) | 15                          | \$50       | 9                | \$6,750     |
| 1007                          | Financial Assistance Families<br>(See Section C.5.16.2.1)    | 5                           | \$75       | 12               | \$4,500     |
| 1007A                         | Financial Assistance Families<br>(See Section C.5.16.2.1)    | 7                           | \$75       | 9                | \$4,725     |
| 1008                          | Cleaning Services (Individuals)<br>(See Section C.5.16.2.2)  | 64                          | \$194      | 2                | \$24,832    |
| 1008A                         | Cleaning Services (Individuals)<br>(See Section C.5.16.2.2)  | 48                          | \$194      | 2                | \$18,624    |
| 1009                          | Cleaning Services (Families)<br>(See Section C.5.16.2.2)     | 23                          | \$250      | 2                | \$11,500    |
| 1009A                         | Cleaning Services (Families)<br>(See Section C.5.16.2.2)     | 11                          | \$250      | 2                | \$5,500     |

|  |   |   |          |                                   |          |
|--|---|---|----------|-----------------------------------|----------|
| 1010   | Case Manager Onboarding Fee Per Caseload<br>(See Section C.5.29.5)              | 4 | \$14,870 | 1                                 | \$59,480 |
| 1011   | Case Manager Supervisor Onboarding Fee Per Caseload<br>(See Section C.5.29.6)   | 3 | \$5,130  | 1                                 | \$15,390 |
| 1012   | Hiring bonus (Case Manager)<br>(See Section C.5.29.8.1)                         | 4 | \$1,500  | 1-time incentive per staff member | \$6,000  |
| 1013   | Hiring Bonus (Case Manager Supervisor)<br>(See Section C.5.29.8.2)              | 0 | \$2,000  | 1-time incentive per staff member | \$0.00   |
| 1014   | Retention Bonus (Case Manager 12 months)<br>(See Section C.5.29.9.1)            | 7 | \$2,000  | 1-time incentive per staff member | \$14,000 |
| 1015   | Retention Bonus (Case Manager Supervisor 18 months)<br>(See Section C.5.29.9.2) | 1 | \$3,500  | 1-time incentive per staff member | \$3,500  |
| 1016   | Building Fees (Individuals) Year One<br>(See Section C.5.16.2.3)                | 5 | \$1,000  | Leased-up for 365 days            | \$5,000  |
| 1017   | Building Fees (Families) Year One<br>(See Section C.5.16.2.3)                   | 7 | \$1,000  | Leased-up for 365 days            | \$7,000  |
| 1018   | Building Fees (Individuals)<br>(See Section C.5.16.2.3)                         | 5 | \$500    | Leased-up for 365+ days           | \$2,500  |
| 1019   | Building Fees (Families)<br>(See Section C.5.16.2.3)                            | 7 | \$500    | Leased-up for 365+ days           | \$3,500  |
| 1020   | Application Fees (Individuals)<br>(See Section C.5.16.2.4)                      | 5 | \$150    | 1-time incentive per individual   | \$750    |
| 1021   | Application Fees (Families)<br>(See Section C.5.16.2.4)                         | 7 | \$380    | 1-time incentive per family       | \$2,660  |
| <b>Option Period One for Cost Reimbursement Component <u>NTE \$204,011</u></b> |   |   |          |                                   |          |

**B.8.3.4 Option Period One Total**

|  |  |
|--|--|
| <b>Case Management Reimbursement Component</b><br>(See Sections C.8.6 through C.8.8)                           | CLINS 0001 – 0003A<br>NTE \$2,450,778.55 |
| <b>Utility Assistance Reimbursement Component</b><br>(See Section C.5.16.1)                                    | CLINS 0004 – 0005A<br>NTE \$73,875       |
| <b>Cost Reimbursement Component</b><br>(See Sections C.5.16.2 in its entirety, and C.5.29.5, through C.5.29.9) | CLINS 0006 - 0021<br>NTE \$204,011       |
| <b>Total NTE Amount:</b>   | \$2,728,664.55                           |

## B.8.4 OPTION PERIOD TWO REIMBURSEMENT RATE

Reimbursement for Case Management services, per 29 DCMR, Chapters 25 and 74 shall be as follows:

### B.8.4.1 Case Management Reimbursement Component

| Contract Line-Item No. (CLIN) | Item Description   | Monthly Rate                  |
|-------------------------------|--|-------------------------------|
| 2001                          | Housing Supportive Services for Individuals<br>(See Sections C.8.6 through C.8.8 – rate effective 7/1/2022 through 9/30/2022)                          | \$755.21                      |
| 2001A                         | Housing Supportive Services for Individuals<br>(See Sections C.8.6 through C.8.8 – rate effective 10/1/2022 through 6/30/2023)                         | \$770.61                      |
| 2002                          | Housing Supportive Services for Families<br>(See Sections C.8.6 through C.8.8 – rate effective 7/1/2022 through 9/30/2022)                             | \$755.21                      |
| 2002A                         | Housing Supportive Services for Families<br>(See Sections C.8.6 through C.8.8 – rate effective 10/1/2022 through 6/30/2023)                            | \$770.61                      |
| 2003                          | Housing Supportive Services Family Add on Rate<br>(See Sections C.8.6 through C.8.8 – rate effective 7/1/2022 through 9/30/2022)                       | \$400.00                      |
| 2003A                         | Housing Supportive Services Family Add on Rate<br>(See Sections C.8.6 through C.8.8 – rate effective 10/1/2022 through 6/30/2023)                      | \$408.00                      |
|                               | <b>Option Period Two for Case Management Cost Reimbursement Ceiling providing housing support services for up to 115 individuals and 160 families.</b> | <b>NTE<br/>\$2,450,778.55</b> |

**B.8.4.2 Utility Assistance Reimbursement Component**

| Contract Line-Item No. (CLIN)  | Item Description   | Estimated Number of Clients | Monthly Maximum Amount Per Client | Number of Months | Total Price |
|--|--|-----------------------------|-----------------------------------|------------------|-------------|
| 2004   | Utility Assistance Individuals<br>(See Section C.5.16.1) | 4                           | \$175                             | 12               | \$8,400     |
| 2004A  | Utility Assistance Individuals<br>(See Section C.5.16.1) | 24                          | \$175                             | 9                | \$37,800    |
| 2005   | Utility Assistance Families<br>(See Section C.5.16.1)    | 5                           | \$225                             | 12               | \$13,500    |
| 2005A  | Utility Assistance Families<br>(See Section C.5.16.1)    | 7                           | \$225                             | 9                | \$14,175    |
| <b>Option Period Two for Utility Assistance <u>NTE \$ 73,875</u></b> |  |                             |                                   |                  |             |

**B.8.4.3 Cost Reimbursement Component**

| Contract Line-Item No. (CLIN) | Item Description   | Estimated number of Clients | Unit Price | Number of Months | Total Price |
|-------------------------------|--|-----------------------------|------------|------------------|-------------|
| 2006                          | Financial Assistance Individuals<br>(See Section C.5.16.2.1) | 13                          | \$50       | 12               | \$7,800     |
| 2006A                         | Financial Assistance Individuals<br>(See Section C.5.16.2.1) | 15                          | \$50       | 9                | \$6,750     |
| 2007                          | Financial Assistance Families<br>(See Section C.5.16.2.1)    | 5                           | \$75       | 12               | \$4,500     |
| 2007A                         | Financial Assistance Families<br>(See Section C.5.16.2.1)    | 7                           | \$75       | 9                | \$4,725     |
| 2008                          | Cleaning Services (Individuals)<br>(See Section C.5.16.2.2)  | 64                          | \$194      | 2                | \$24,832    |
| 2008A                         | Cleaning Services (Individuals)<br>(See Section C.5.16.2.2)  | 48                          | \$194      | 2                | \$18,624    |
| 2009                          | Cleaning Services (Families)<br>(See Section C.5.16.2.2)     | 23                          | \$250      | 2                | \$11,500    |
| 2009A                         | Cleaning Services (Families)<br>(See Section C.5.16.2.2)     | 11                          | \$250      | 2                | \$5,500     |

|  |   |   |          |                                   |          |
|--|---|---|----------|-----------------------------------|----------|
| 2010   | Case Manager Onboarding Fee Per Caseload<br>(See Section C.5.29.5)              | 4 | \$14,870 | 1                                 | \$59,480 |
| 2011   | Case Manager Supervisor Onboarding Fee Per Caseload<br>(See Section C.5.29.6)   | 3 | \$5,130  | 1                                 | \$15,390 |
| 2012   | Hiring bonus (Case Manager)<br>(See Section C.5.29.8.1)                         | 4 | \$1,500  | 1-time incentive per staff member | \$6,000  |
| 2013   | Hiring Bonus (Case Manager Supervisor)<br>(See Section C.5.29.8.2)              | 0 | \$2,000  | 1-time incentive per staff member | \$0.00   |
| 2014   | Retention Bonus (Case Manager 12 months)<br>(See Section C.5.29.9.1)            | 7 | \$2,000  | 1-time incentive per staff member | \$14,000 |
| 2015   | Retention Bonus (Case Manager Supervisor 18 months)<br>(See Section C.5.29.9.2) | 1 | \$3,500  | 1-time incentive per staff member | \$3,500  |
| 2016   | Building Fees (Individuals) Year One<br>(See Section C.5.16.2.3)                | 5 | \$1,000  | Leased-up for 365 days            | \$5,000  |
| 2017   | Building Fees (Families) Year One<br>(See Section C.5.16.2.3)                   | 7 | \$1,000  | Leased-up for 365 days            | \$7,000  |
| 2018   | Building Fees (Individuals)<br>(See Section C.5.16.2.3)                         | 5 | \$500    | Leased-up for 365+ days           | \$2,500  |
| 2019   | Building Fees (Families)<br>(See Section C.5.16.2.3)                            | 7 | \$500    | Leased-up for 365+ days           | \$3,500  |
| 2020   | Application Fees (Individuals)<br>(See Section C.5.16.2.4)                      | 5 | \$150    | 1-time incentive per individual   | \$750    |
| 2021   | Application Fees (Families)<br>(See Section C.5.16.2.4)                         | 7 | \$380    | 1-time incentive per family       | \$2,660  |
| <b>Option Period Two for Cost Reimbursement Component <u>NTE \$204,011</u></b> |   |   |          |                                   |          |



**B.8.4.4 Option Period Two Total**

|   |  |
|---|--|
| <b>Case Management Reimbursement Component</b><br>(See Sections C.8.6 through C.8.8)                              | CLINS 0001 – 0003A<br>NTE \$2,450,778.55 |
| <b>Utility Assistance Reimbursement Component</b><br>(See Section C.5.16.1)                                       | CLINS 0004 – 0005A<br>NTE \$73,875       |
| <b>Cost Reimbursement Component</b><br>(See Sections C.5.16.2 in its entirety, and C.5.29.5,<br>through C.5.29.9) | CLINS 0006 - 0021<br>NTE \$204,011       |
| <b>Total NTE Amount:</b>  | \$2,728,664.55                           |

## B.8.5 OPTION PERIOD THREE REIMBURSEMENT RATE

Reimbursement for Case Management services, per 29 DCMR, Chapters 25 and 74 shall be as follows:

### B.8.5.1 Case Management Reimbursement Component

| Contract Line-Item No. (CLIN) | Item Description   | Monthly Rate                  |
|-------------------------------|--|-------------------------------|
| 3001                          | Housing Supportive Services for Individuals<br>(See Sections C.8.6 through C.8.8 – rate effective 7/1/2022 through 9/30/2022)                            | \$755.21                      |
| 3001A                         | Housing Supportive Services for Individuals<br>(See Sections C.8.6 through C.8.8 – rate effective 10/1/2022 through 6/30/2023)                           | \$770.61                      |
| 3002                          | Housing Supportive Services for Families<br>(See Sections C.8.6 through C.8.8 – rate effective 7/1/2022 through 9/30/2022)                               | \$755.21                      |
| 3002A                         | Housing Supportive Services for Families<br>(See Sections C.8.6 through C.8.8 – rate effective 10/1/2022 through 6/30/2023)                              | \$770.61                      |
| 3003                          | Housing Supportive Services Family Add on Rate<br>(See Sections C.8.6 through C.8.8 – rate effective 7/1/2022 through 9/30/2022)                         | \$400.00                      |
| 3003A                         | Housing Supportive Services Family Add on Rate<br>(See Sections C.8.6 through C.8.8 – rate effective 10/1/2022 through 6/30/2023)                        | \$408.00                      |
|                               | <b>Option Period Three for Case Management Cost Reimbursement Ceiling providing housing support services for up to 115 individuals and 160 families.</b> | <b>NTE<br/>\$2,450,778.55</b> |

**B.8.5.2 Utility Assistance Reimbursement Component**

| Contract Line-Item No. (CLIN)  | Item Description   | Estimated Number of Clients | Monthly Maximum Amount Per Client | Number of Months | Total Price |
|--|--|-----------------------------|-----------------------------------|------------------|-------------|
| 3004   | Utility Assistance Individuals<br>(See Section C.5.16.1) | 4                           | \$175                             | 12               | \$8,400     |
| 3004A  | Utility Assistance Individuals<br>(See Section C.5.16.1) | 24                          | \$175                             | 9                | \$37,800    |
| 3005   | Utility Assistance Families<br>(See Section C.5.16.1)    | 5                           | \$225                             | 12               | \$13,500    |
| 3005A  | Utility Assistance Families<br>(See Section C.5.16.1)    | 7                           | \$225                             | 9                | \$14,175    |
| <b>Option Period Three for Utility Assistance <u>NTE \$ 73,875</u></b> |  |                             |                                   |                  |             |

**B.8.5.3 Cost Reimbursement Component**

| Contract Line-Item No. (CLIN) | Item Description   | Estimated number of Clients | Unit Price | Number of Months | Total Price |
|-------------------------------|--|-----------------------------|------------|------------------|-------------|
| 3006                          | Financial Assistance Individuals<br>(See Section C.5.16.2.1) | 13                          | \$50       | 12               | \$7,800     |
| 3006A                         | Financial Assistance Individuals<br>(See Section C.5.16.2.1) | 15                          | \$50       | 9                | \$6,750     |
| 3007                          | Financial Assistance Families<br>(See Section C.5.16.2.1)    | 5                           | \$75       | 12               | \$4,500     |
| 3007A                         | Financial Assistance Families<br>(See Section C.5.16.2.1)    | 7                           | \$75       | 9                | \$4,725     |
| 3008                          | Cleaning Services (Individuals)<br>(See Section C.5.16.2.2)  | 64                          | \$194      | 2                | \$24,832    |
| 3008A                         | Cleaning Services (Individuals)<br>(See Section C.5.16.2.2)  | 48                          | \$194      | 2                | \$18,624    |
| 3009                          | Cleaning Services (Families)<br>(See Section C.5.16.2.2)     | 23                          | \$250      | 2                | \$11,500    |
| 3009A                         | Cleaning Services (Families)<br>(See Section C.5.16.2.2)     | 11                          | \$250      | 2                | \$5,500     |

|  |   |   |          |                                   |          |
|--|---|---|----------|-----------------------------------|----------|
| 3010   | Case Manager Onboarding Fee Per Caseload<br>(See Section C.5.29.5)              | 4 | \$14,870 | 1                                 | \$59,480 |
| 3011   | Case Manager Supervisor Onboarding Fee Per Caseload<br>(See Section C.5.29.6)   | 3 | \$5,130  | 1                                 | \$15,390 |
| 3012   | Hiring bonus (Case Manager)<br>(See Section C.5.29.8.1)                         | 4 | \$1,500  | 1-time incentive per staff member | \$6,000  |
| 3013   | Hiring Bonus (Case Manager Supervisor)<br>(See Section C.5.29.8.2)              | 0 | \$2,000  | 1-time incentive per staff member | \$0.00   |
| 3014   | Retention Bonus (Case Manager 12 months)<br>(See Section C.5.29.9.1)            | 7 | \$2,000  | 1-time incentive per staff member | \$14,000 |
| 3015   | Retention Bonus (Case Manager Supervisor 18 months)<br>(See Section C.5.29.9.2) | 1 | \$3,500  | 1-time incentive per staff member | \$3,500  |
| 3016   | Building Fees (Individuals) Year One<br>(See Section C.5.16.2.3)                | 5 | \$1,000  | Leased-up for 365 days            | \$5,000  |
| 3017   | Building Fees (Families) Year One<br>(See Section C.5.16.2.3)                   | 7 | \$1,000  | Leased-up for 365 days            | \$7,000  |
| 3018   | Building Fees (Individuals)<br>(See Section C.5.16.2.3)                         | 5 | \$500    | Leased-up for 365+ days           | \$2,500  |
| 3019   | Building Fees (Families)<br>(See Section C.5.16.2.3)                            | 7 | \$500    | Leased-up for 365+ days           | \$3,500  |
| 3020   | Application Fees (Individuals)<br>(See Section C.5.16.2.4)                      | 5 | \$150    | 1-time incentive per individual   | \$750    |
| 3021   | Application Fees (Families)<br>(See Section C.5.16.2.4)                         | 7 | \$380    | 1-time incentive per family       | \$2,660  |
| <b>Option Period Three for Cost Reimbursement Component <u>NTE \$204,011</u></b> |   |   |          |                                   |          |

**B.8.5.4 Option Period Three Total**

|  |  |
|--|--|
| <b>Case Management Reimbursement Component</b><br>(See Sections C.8.6 through C.8.8)                           | CLINS 0001 – 0003A<br>NTE \$2,450,778.55 |
| <b>Utility Assistance Reimbursement Component</b><br>(See Section C.5.16.1)                                    | CLINS 0004 – 0005A<br>NTE \$73,875       |
| <b>Cost Reimbursement Component</b><br>(See Sections C.5.16.2 in its entirety, and C.5.29.5, through C.5.29.9) | CLINS 0006 - 0021<br>NTE \$204,011       |
| <b>Total NTE Amount:</b>   | \$2,728,664.55                           |

## B.8.6 OPTION PERIOD FOUR REIMBURSEMENT RATE

Reimbursement for Case Management services, per 29 DCMR, Chapters 25 and 74 shall be as follows:

### B.8.6.1 Case Management Reimbursement Component

| Contract Line-Item No. (CLIN) | Item Description  | Monthly Rate                  |
|-------------------------------|---|-------------------------------|
| 4001                          | Housing Supportive Services for Individuals<br>(See Sections C.8.6 through C.8.8 – rate effective 7/1/2022 through 9/30/2022)                           | \$755.21                      |
| 4001A                         | Housing Supportive Services for Individuals<br>(See Sections C.8.6 through C.8.8 – rate effective 10/1/2022 through 6/30/2023)                          | \$770.61                      |
| 4002                          | Housing Supportive Services for Families<br>(See Sections C.8.6 through C.8.8 – rate effective 7/1/2022 through 9/30/2022)                              | \$755.21                      |
| 4002A                         | Housing Supportive Services for Families<br>(See Sections C.8.6 through C.8.8 – rate effective 10/1/2022 through 6/30/2023)                             | \$770.61                      |
| 4003                          | Housing Supportive Services Family Add on Rate<br>(See Sections C.8.6 through C.8.8 – rate effective 7/1/2022 through 9/30/2022).                       | \$400.00                      |
| 4003A                         | Housing Supportive Services Family Add on Rate<br>(See Sections C.8.6 through C.8.8 – rate effective 10/1/2022 through 6/30/2023)                       | \$408.00                      |
|                               | <b>Option Period Four for Case Management Cost Reimbursement Ceiling providing housing support services for up to 115 individuals and 160 families.</b> | <b>NTE<br/>\$2,450,778.55</b> |

### B.8.6.2 Utility Assistance Reimbursement Component

| Contract Line-Item No. (CLIN)   | Item Description   | Estimated Number of Clients | Monthly Maximum Amount Per Client | Number of Months | Total Price |
|---|--|-----------------------------|-----------------------------------|------------------|-------------|
| 4004  | Utility Assistance Individuals<br>(See Section C.5.16.1) | 4                           | \$175                             | 12               | \$8,400     |
| 4004A   | Utility Assistance Individuals<br>(See Section C.5.16.1) | 24                          | \$175                             | 9                | \$37,800    |
| 4005  | Utility Assistance Families<br>(See Section C.5.16.1)    | 5                           | \$225                             | 12               | \$13,500    |
| 4005A   | Utility Assistance Families<br>(See Section C.5.16.1)    | 7                           | \$225                             | 9                | \$14,175    |
| <b>Option Period Four for Utility Assistance <u>NTE \$ 73,875</u></b> |  |                             |                                   |                  |             |

### B.8.6.3 Cost Reimbursement Component

| Contract Line-Item No. (CLIN) | Item Description   | Estimated number of Clients | Unit Price | Number of Months | Total Price |
|-------------------------------|--|-----------------------------|------------|------------------|-------------|
| 4006                          | Financial Assistance Individuals<br>(See Section C.5.16.2.1) | 13                          | \$50       | 12               | \$7,800     |
| 4006A                         | Financial Assistance Individuals<br>(See Section C.5.16.2.1) | 15                          | \$50       | 9                | \$6,750     |
| 4007                          | Financial Assistance Families<br>(See Section C.5.16.2.1)    | 5                           | \$75       | 12               | \$4,500     |
| 4007A                         | Financial Assistance Families<br>(See Section C.5.16.2.1)    | 7                           | \$75       | 9                | \$4,725     |
| 4008                          | Cleaning Services (Individuals)<br>(See Section C.5.16.2.2)  | 64                          | \$194      | 2                | \$24,832    |
| 4008A                         | Cleaning Services (Individuals)<br>(See Section C.5.16.2.2)  | 48                          | \$194      | 2                | \$18,624    |
| 4009                          | Cleaning Services (Families)<br>(See Section C.5.16.2.2)     | 23                          | \$250      | 2                | \$11,500    |
| 4009A                         | Cleaning Services (Families)<br>(See Section C.5.16.2.2)     | 11                          | \$250      | 2                | \$5,500     |

|   |   |   |          |                                   |          |
|---|---|---|----------|-----------------------------------|----------|
| 4010  | Case Manager Onboarding Fee Per Caseload<br>(See Section C.5.29.5)              | 4 | \$14,870 | 1                                 | \$59,480 |
| 4011  | Case Manager Supervisor Onboarding Fee Per Caseload<br>(See Section C.5.29.6)   | 3 | \$5,130  | 1                                 | \$15,390 |
| 4012  | Hiring bonus (Case Manager)<br>(See Section C.5.29.8.1)                         | 4 | \$1,500  | 1-time incentive per staff member | \$6,000  |
| 4013  | Hiring Bonus (Case Manager Supervisor)<br>(See Section C.5.29.8.2)              | 0 | \$2,000  | 1-time incentive per staff member | \$0.00   |
| 4014  | Retention Bonus (Case Manager 12 months)<br>(See Section C.5.29.9.1)            | 7 | \$2,000  | 1-time incentive per staff member | \$14,000 |
| 4015  | Retention Bonus (Case Manager Supervisor 18 months)<br>(See Section C.5.29.9.2) | 1 | \$3,500  | 1-time incentive per staff member | \$3,500  |
| 4016  | Building Fees (Individuals) Year One<br>(See Section C.5.16.2.3)                | 5 | \$1,000  | Leased-up for 365 days            | \$5,000  |
| 4017  | Building Fees (Families) Year One<br>(See Section C.5.16.2.3)                   | 7 | \$1,000  | Leased-up for 365 days            | \$7,000  |
| 4018  | Building Fees (Individuals)<br>(See Section C.5.16.2.3)                         | 5 | \$500    | Leased-up for 365+ days           | \$2,500  |
| 4019  | Building Fees (Families)<br>(See Section C.5.16.2.3)                            | 7 | \$500    | Leased-up for 365+ days           | \$3,500  |
| 4020  | Application Fees (Individuals)<br>(See Section C.5.16.2.4)                      | 5 | \$150    | 1-time incentive per individual   | \$750    |
| 4021  | Application Fees (Families)<br>(See Section C.5.16.2.4)                         | 7 | \$380    | 1-time incentive per family       | \$2,660  |
| <b>Option Period Four for Cost Reimbursement Component <u>NTE \$204,011</u></b> |   |   |          |                                   |          |



**B.8.6.4 Option Period Four Total**

|  |  |
|--|--|
| <b>Case Management Reimbursement Component</b><br>(See Sections C.8.6 through C.8.8)                           | CLINS 0001 – 0003A<br>NTE \$2,450,778.55 |
| <b>Utility Assistance Reimbursement Component</b><br>(See Section C.5.16.1)                                    | CLINS 0004 – 0005A<br>NTE \$73,875       |
| <b>Cost Reimbursement Component</b><br>(See Sections C.5.16.2 in its entirety, and C.5.29.5, through C.5.29.9) | CLINS 0006 - 0021<br>NTE \$204,011       |
| <b>Total NTE Amount:</b>   | \$2,728,664.55                           |

|  |  |                                    |                                |  |   |   |
|--|--|------------------------------------|--------------------------------|--|---|---|
| <b>AMENDMENT OF SOLICITATION / MODIFICATION OF CONTRACT</b>  |  |                                    | 1. Contract Number<br>CW100360 |  | Page of Pages<br>1   1                              |   |
| 2. Amendment/Modification Number<br>M0004a   |  | 3. Effective Date<br>See Block 16C |                                | 4. Requisition/Purchase Order No.<br>RK228912 / PO679183   |   | 5. Solicitation Caption<br>Permanent Supportive<br>Housing Program-Case<br>Management |
| 6. Issued by:<br>Office of Contracting and Procurement<br>District of Columbia Government<br>441 4 <sup>th</sup> Street NW, Suite 330 South<br>Washington, DC 20001<br>Email: Dawn.mayo2@dc.gov  |  |                                    | Code                           | 7. Administered By: (If other than line 6)<br>District of Columbia Government<br>Department of Human Services<br>64 New York Avenue, NE, 6 <sup>th</sup> Floor<br>Washington, DC 20002 |   |   |
| 8. Name and Address of Contractor (No. street, city, county, state and zip code)<br>CORE DC, LLC<br>1020 Bladensburg Road, NE<br>Washington, DC 20002<br>Point of Contact: Jack Brown<br>E-Mail: jbrown@coredc.org   |  |                                    |                                | X  | 9A. Amendment of Solicitation No.                   |   |
|  |  |                                    |                                |  | 9B. Dated (See Item 11)                             |   |
|  |  |                                    |                                |  | 10A. Modification of Contract/Order No.<br>CW100360 |   |
|  |  |                                    |                                |  | 10B. Dated (See Item 13)<br>07/1/2022               |   |
| Code   |  | TIN                                |                                |  |   |   |
| 11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS  |  |                                    |                                |  |   |   |
| <input type="checkbox"/> The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of ISP <input type="checkbox"/> is extended. <input type="checkbox"/> is not extended. ISP must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) completing Items 8 and 15, and returning _____ copies of the amendment; (b) acknowledging receipt of this amendment on each copy of the offer submitted; or (c) separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR ISP. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter, telegram or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified. |  |                                    |                                |  |   |   |
| 12. Accounting and Appropriation Data (If Required)  |  |                                    |                                |  |   |   |
| 13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.   |  |                                    |                                |  |   |   |
|  | A. This change order is issued pursuant to (Specify Authority):<br>The changes set forth in Item 14 are made in the Contract/Order No. in Item 10A.  |                                    |                                |  |   |   |
| X  | B. The above-numbered Contract/Order is modified to reflect the administrative changes (such as, changes in paying office, appropriation date, etc.) set forth in Item 14, pursuant to the authority of <b>27 DCMR, Chapter 36, Section 3601.3</b> |                                    |                                |  |   |   |
|  | C. This supplemental agreement is entered into pursuant to the authority of:   |                                    |                                |  |   |   |
|  | D. Other (Specify type of modification and authority)  |                                    |                                |  |   |   |
| <b>E. IMPORTANT:</b> Contractor <input type="checkbox"/> is not <input checked="" type="checkbox"/> is required to sign this document and return <u>  1  </u> copy to the issuing office.  |  |                                    |                                |  |   |   |
| 14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.)  |  |                                    |                                |  |   |   |
| <p>The purpose of this modification to the subject Human Care Agreement (HCA) identified in block 10A is as follows:</p> <ol style="list-style-type: none"> <li>The Government of the District of Columbia hereby extends the period of the Task Order No. T0002 of Human Care Agreement No. CW100360 from April 30, 2023 until May 5, 2023.</li> <li>The contractor identified in Block 8 agrees that the balance left on this Purchase Order #PO679183 will cover the remaining balance for the period of performance through May 5, 2023.</li> </ol>  |  |                                    |                                |  |   |   |
| 15A. Name and Title of Signer (Type or print)<br>Jack Brown CEO  |  |                                    |                                | 16A. Name of Contracting Officer<br>Marketa Nicholson  |   |   |
| 15B. Name of Contractor  |  | 15C. Date Signed<br>4/25/2023      |                                | 16B. District of Columbia<br>Marketa Nicholson<br>(Signature of Contracting Officer)   |   | 16C. Date Signed<br>4/25/2023   |
| (Signature of person authorized to sign)   |  |                                    |                                |  |   |   |