

GRANT AGREEMENT

THIS AGREEMENT is made and entered on the ____ day of ____, 2023, by and between the City of Billings, Montana, a municipal corporation ("City"), and Montana Rescue Mission, a not-for-profit corporation, ("Grantee"), collectively the "Parties."

Section 1. Amount of grant. The City agrees to award Grantee an amount not to exceed \$76,700 for the reimbursement of project costs and expenses to collect data as set forth in Section 2.

Section 2. Description of Grantee Project. Grantee agrees to collect and report data related to its shelter services located at 2822 Minnesota Avenue, Billings, Montana in accordance with Exhibit A – Scope of Services and Exhibit B – Intake Form and Exhibit C – Summary of Social Services Provided by Grantee.

Section 3. Duration of the Project. Grantee represents to the City that the project will begin May 1, 2023, and shall be completed April 30, 2024.

Section 4. Term of contract. The term of this Agreement is from May 1, 2023, through April 30, 2024.

Section 5. Processing payments/payment deadline. The City shall pay Grantee up to \$76,700 as follows:

- The City will disburse grant funds to Grantee in monthly reimbursements beginning in May 2023.
- Each installment shall be paid to Grantee within 20 days of receipt of supporting documentation for the previous 30-day period.

Section 6. Compliance with laws, general. Grantee shall at all times observe and comply with all laws, ordinances, or regulations of the Federal, State, County, and local government.

Section 7. Maintenance of records. Grantee shall maintain all records pertinent to expenditures under this contract for a period of three (3) years after the termination of all activities funded under this agreement, or after the resolution of all audit findings, whichever occurs later.

Section 8. Inspection of records/audits of project. Records maintained by Grantee pursuant to this Agreement shall be available for inspection upon request by the City.

Section 9. Reporting requirements.

- A. Grantee will be required to submit quarterly reports to the City that include the number of people served, both overall shelter nights and unduplicated individuals. The final quarterly report shall be delivered upon project completion and include final outcomes, number of shelter nights provided, and number of unduplicated individuals served.
- B. Grantee shall maintain client data demonstrating participation in services provided. Such data shall include client name, age, race/ethnicity, and other basic information. The data maintained must meet the minimum data requirements of the Montana Continuum of Care as outlined by the U.S. Department of Housing and Urban Development. The City understands that limited information may be captured based on the need to shelter clients who are unable or unwilling to divulge personal information.

Section 10. Miscellaneous. Grantee agrees and represents that it is qualified to perform the services to be provided under this Agreement and is permitted by law to perform such services, and all personnel engaged in the work shall be qualified and so permitted to do the work they perform.

The Grantee has and will continue to have proper facilities and personnel to perform the services and work agreed to be performed.

None of the work or services covered by this Agreement shall be subcontracted without the prior approval of the City.

Section 11. Successors and Assigns. This Agreement and all the covenants hereof shall inure to the benefit of and be binding upon the City and the Grantee respectively and its partners, successors, assigns, and legal representatives. Neither the City nor the Grantee shall have the right to assign, transfer, or sublet its interest or obligations hereunder without written consent of the other party.

Section 12. Permits, laws, and taxes. The Grantee shall acquire and maintain in good standing all permits, licenses and other entitlements necessary for its performance under this Agreement. All actions taken by the Grantee under this Agreement shall comply with all applicable statutes, ordinances, rules and regulations. The Grantee shall pay all taxes pertaining to its performance under this Agreement.

Section 13. Nonwaiver. The failure of either party at any time to enforce a provision of this Agreement shall in no way constitute a waiver of the provision, nor in any way affect the validity of this Agreement or any part hereof, or the right of such party thereafter to enforce each and every provision hereof.

Section 14. Termination of agreement. This Agreement may be terminated prior to the

expiration period hereof by written agreement by the parties to the Agreement.

Either party may terminate the agreement for any reason, with or without cause, by giving (30) days written notice to the other party.

Section 15. Attorney's fees and costs. In the event it becomes necessary for either Party to this Agreement to retain an attorney to enforce any of the terms or conditions of the Agreement or to give any notice required herein, then the prevailing Party or the Party giving notice shall be entitled to reasonable attorney's fees and costs.

Section 16. Litigation location. The parties agree that this Agreement shall be governed in all respects by the laws of the state of Montana, and the parties expressly agree that venue shall be in the Montana Thirteenth Judicial District County for Yellowstone County and there shall be no other venue for resolution of disputes arising from the Agreement or the performance of its terms.

Section 17. Complete Agreement. This Agreement, along with any attachments, is the full and complete integration of the Parties' agreement with respect to the matters addressed herein, and that this Agreement supersedes any previous written or oral agreements between the Parties with respect to the matters addressed herein. Unless otherwise stated, to the extent there is any conflict between this Agreement and any other agreement (written or oral), the terms of this Agreement shall control.

Section 18. Severability. The unenforceability, invalidity, or illegality of any provision(s) of this Agreement shall not render the other provisions unenforceable, invalid or illegal.

Section 19. Modification and amendments. Any amendment or modification of this Agreement or any provisions herein shall be made in writing and executed in the same manner as this original document and shall after execution become a part of this Agreement.

Section 20. Notice. Notices and communications under this Agreement shall be sent first class, prepaid mail to the respective parties as follows:

TO THE CITY:

Chris Kukulski, City Administrator
P.O. Box 1178
210 North 27th Street
Billings, MT 59101

TO THE GRANTEE:

Rev. Matthew Lundgren, Executive Director
Montana Rescue Mission
2902 Minnesota Ave.
Billings, MT 59101

IN WITNESS WHEREOF, the parties hereto have executed this instrument the day and year first above written.

CITY OF BILLINGS

GRANTEE, MONTANA RESCUE MISSION

WILLIAM A. COLE, MAYOR

REV. MATTHEW LUNDGREN, EXECUTIVE
DIRECTOR

ATTEST:

DENISE BOHLMAN, CITY CLERK

APPROVED AS TO FORM:

CITY ATTORNEY

EXHIBIT A - SCOPE OF SERVICES

- Create and maintain a project within its Homeless Management Information System (HMIS) for enrolling shelter guests, tracking related data, and pulling a summary project report for the Continuum of Care (CoC). The form attached as Exhibit B will be form utilized.
- Montana Rescue Mission will use Coordinated Entry System (CES) for the purposes of this grant. CES is an important process through which people experiencing or at risk of experiencing homelessness can access the crisis response system in a streamlined way, have their strengths and needs quickly assessed, and quickly connect to appropriate, tailored housing and mainstream services within the community or designated region.
- Service providers will share their "do not serve" and "no trespass" lists with one another and first responders on a weekly basis upon request.
- Services will be offered in good faith to all who do not belong in jail, an emergency room or the Crisis Center.

“Good faith” is defined, in part, as agreeing to use the Community Crisis Center as the “front door” for individuals transported by the Crisis Response Units and Billings Law Enforcement. While this is not intended to bar any awardee from accepting clients on a walk-up basis, the Community Crisis Center should be the primary source of evaluation and referrals, eliminating multiple attempts for assistance and excessive travel to locate assistance for individuals.

- Must demonstrate good faith participation with the CoC and the CES.
- Timely submit data entered into HMIS, with the exception of any data protected under applicable privacy laws and HIPAA, as required by the Montana Statewide HMIS Lead/Systems Administrator. This data shall also be available for local CES Coordinator review within HMIS consistent with other local service provider information.

Exhibit B

* = DATA IS REQUIRED

Montana Rescue Mission Intake Form

**TO BE COMPLETED BY:
Head of Household or Adult (18+)**

*INTAKE DATE ____/____/____		PRIMARY WORKER (CASE WORKER)
*FIRST NAME	MIDDLE NAME	*LAST NAME & SUFFIX
*NAME DATA QUALITY		ALIAS
<input type="checkbox"/> Full Name Reported <input type="checkbox"/> Partial Name, Street Name, or Code Name Reported		<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
*SOCIAL SECURITY NUMBER (Enter "9" for any missing numbers in an approx. or partial SSN) ____-____-____	*SSN DATA QUALITY	
	<input type="checkbox"/> Full SSN Reported <input type="checkbox"/> Approximate or Partial SSN Reported	
*GENDER		
<input type="checkbox"/> Female <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Male <input type="checkbox"/> Trans Male (FTM or Female to Male)		<input type="checkbox"/> Gender Non-Conforming (Doesn't identify as male, female, or transgendered)
	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
*BIRTHDATE ____/____/____	*BIRTHDATE DATA QUALITY	
	<input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Approximate or Partial DOB Reported	
	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
*ETHNICITY		
<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino		
<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		
*RACE: CHECK ALL THAT APPLY		
<input type="checkbox"/> American Indian or Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		
*VETERAN STATUS		
<input type="checkbox"/> No <input type="checkbox"/> Yes		
<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		

*LIVING SITUATION

Based on the client's living situation **the night before project entry**, record responses in **only one (1) section**:
Homeless Situation, Institutional Situation, Transitional/Permanent Situation, **OR** Unknown (**only** if necessary).

HOMELESS SITUATIONS		
*TYPE OF RESIDENCE (THE NIGHT BEFORE PROJECT ENTRY)	*LENGTH OF STAY IN PREVIOUS PLACE	
<input type="checkbox"/> Place not meant for human habitation (e.g. a vehicle, abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Safe Haven <input type="checkbox"/> Interim Housing	<input type="checkbox"/> 1 night or less <input type="checkbox"/> 2 to 6 nights <input type="checkbox"/> 1 week or more, but less than 1 month <input type="checkbox"/> 1 month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than 1 year <input type="checkbox"/> 1 year or longer	
	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
*APPROXIMATE DATE HOMELESSNESS STARTED ____/____/____		
*REGARDLESS OF WHERE THEY STAYED LAST NIGHT) NUMBER OF TIMES ON THE STREETS, IN ES, OR SH IN THE PAST THREE YEARS (INCLUDING TODAY)	*TOTAL NUMBER OF MONTHS HOMELESS ON THE STREETS, IN ES, OR SH IN THE PAST THREE YEARS	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Over 12	
	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	

OR

----- GO ON -----



INSTITUTIONAL SITUATIONS	
*TYPE OF RESIDENCE (THE NIGHT BEFORE PROJECT ENTRY)	*LENGTH OF STAY IN PREVIOUS PLACE
<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail , prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> 1 night or less <input type="checkbox"/> 2 to 6 nights <input type="checkbox"/> 1 week or more, but less than 1 month <input type="checkbox"/> 1 month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than 1 year <input type="checkbox"/> 1 year or longer <input type="checkbox"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>
*APPROXIMATE DATE HOMELESSNESS STARTED	
____/____/____	
*(REGARDLESS OF WHERE THEY STAYED LAST NIGHT) NUMBER OF TIMES ON THE STREETS, IN ES, OR SH IN THE PAST THREE YEARS (INCLUDING TODAY)	*TOTAL NUMBER OF MONTHS HOMELESS ON THE STREETS, IN ES, OR SH IN THE PAST THREE YEARS
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+ <input type="checkbox"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Over 12 <input type="checkbox"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>

OR

TRANSITIONAL AND PERMANENT HOUSING SITUATIONS	
*TYPE OF RESIDENCE (THE NIGHT BEFORE PROJECT ENTRY)	*LENGTH OF STAY IN PREVIOUS PLACE
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Owned by client, no ongoing subsidy <input type="checkbox"/> Owned by client, with ongoing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons (PSH, HOPWA) <input type="checkbox"/> Rental by client, no ongoing subsidy <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with VASH subsidy <input type="checkbox"/> Rental by client, with other housing subsidy (including RRH) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or living in family member's room, apartment, or house <input type="checkbox"/> Staying or living in friend's room, apartment, or house <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/> 1 night or less <input type="checkbox"/> 2 to 6 nights <input type="checkbox"/> 1 week or more, but less than 1 month <input type="checkbox"/> 1 month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than 1 year <input type="checkbox"/> 1 year or longer <input type="checkbox"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>
*APPROXIMATE DATE HOMELESSNESS STARTED	
____/____/____	
*(REGARDLESS OF WHERE THEY STAYED LAST NIGHT) NUMBER OF TIMES ON THE STREETS, IN ES, OR SH IN THE PAST THREE YEARS (INCLUDING TODAY)	*TOTAL NUMBER OF MONTHS HOMELESS ON THE STREETS, IN ES, OR SH IN THE PAST THREE YEARS
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+ <input type="checkbox"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Over 12 <input type="checkbox"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>

OR

UNKNOWN (ONLY IF NECESSARY)
TYPE OF RESIDENCE (THE NIGHT BEFORE PROJECT ENTRY)
<input type="checkbox"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>

***INCOME & SOURCES / NON-CASH BENEFITS**

*INCOME FROM ANY SOURCE	
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE BELOW)	<input type="checkbox"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>
IF YES: CHECK & FILL IN MONTHLY AMOUNT FOR ALL THAT APPLY	
<input type="checkbox"/> Earned Income (i.e. employment income) \$ _____ <input type="checkbox"/> Supplemental Security Income (SSI)..... \$ _____ <input type="checkbox"/> VA Service-Connected Disability Compensation \$ _____ <input type="checkbox"/> Private Disability Insurance \$ _____ <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) ... \$ _____ <input type="checkbox"/> Retirement Income from Social Security \$ _____ <input type="checkbox"/> Child Support..... \$ _____	<input type="checkbox"/> Unemployment Insurance \$ _____ <input type="checkbox"/> Social Security Disability Insurance (SSDI)..... \$ _____ <input type="checkbox"/> VA Non-Service Connected Disability Pension \$ _____ <input type="checkbox"/> Worker's Compensation \$ _____ <input type="checkbox"/> General Assistance (GA) \$ _____ <input type="checkbox"/> Pension or Retirement Income from Former Job . \$ _____ <input type="checkbox"/> Alimony and Other Spousal Support..... \$ _____



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*NON-CASH BENEFITS FROM ANY SOURCE		
<input type="checkbox"/> No	<input type="checkbox"/> Yes (SEE BELOW)	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
IF YES: CHECK ALL THAT APPLY		
<input type="checkbox"/> SNAP (Food Stamps)	<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children	
<input type="checkbox"/> TANF Child Care Services	<input type="checkbox"/> TANF Transportation Services	<input type="checkbox"/> Other TANF-Funded Services

***HEALTH INSURANCE / DISABLING CONDITIONS**

*COVERED BY HEALTH INSURANCE		
<input type="checkbox"/> No	<input type="checkbox"/> Yes (SEE BELOW)	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
IF YES: CHECK ALL THAT APPLY		
MEDICAID <input type="checkbox"/> No <input type="checkbox"/> Yes	MEDICARE <input type="checkbox"/> No <input type="checkbox"/> Yes	
State Children's Health Insurance Program..... <input type="checkbox"/> No <input type="checkbox"/> Yes	VA Medical Services <input type="checkbox"/> No <input type="checkbox"/> Yes	
Employer-Provided Health Insurance <input type="checkbox"/> No <input type="checkbox"/> Yes	Health Insurance through COBRA <input type="checkbox"/> No <input type="checkbox"/> Yes	
Private Pay Health Insurance <input type="checkbox"/> No <input type="checkbox"/> Yes	State Health Insurance for Adults..... <input type="checkbox"/> No <input type="checkbox"/> Yes	
Indian Health Services Program <input type="checkbox"/> No <input type="checkbox"/> Yes		
*PHYSICAL DISABILITY	IF YES: EXPECTED TO BE OF LONG-CONTINUED & INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE RIGHT)	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
*DEVELOPMENTAL DISABILITY	IF YES: EXPECTED TO SUBSTANTIALLY IMPAIR ABILITY TO LIVE INDEPENDENTLY?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE RIGHT)	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
*CHRONIC HEALTH CONDITION	IF YES: EXPECTED TO BE OF LONG-CONTINUED & INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE RIGHT)	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
*HIV/AIDS	IF YES: EXPECTED TO SUBSTANTIALLY IMPAIR ABILITY TO LIVE INDEPENDENTLY?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE RIGHT)	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
*MENTAL HEALTH PROBLEM	IF YES: EXPECTED TO BE OF LONG-CONTINUED & INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE RIGHT)	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
*SUBSTANCE ABUSE PROBLEM	IF YES: EXPECTED TO BE OF LONG-CONTINUED & INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY?	
<input type="checkbox"/> No <input type="checkbox"/> Yes, Alcohol (SEE RIGHT) <input type="checkbox"/> Yes, Drug (SEE RIGHT) <input type="checkbox"/> Yes, Both (SEE RIGHT)	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected

***DV STATUS**

*DOMESTIC ABUSE VICTIM/SURVIVOR		
<input type="checkbox"/> No	<input type="checkbox"/> Yes (SEE BELOW)	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
IF YES: WHEN EXPERIENCE OCCURRED		IF YES: ARE YOU CURRENTLY FLEEING?
<input type="checkbox"/> Within the past 3 months	<input type="checkbox"/> 6 months to 1 year ago	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
<input type="checkbox"/> 3 to 6 months ago	<input type="checkbox"/> 1 year ago or more	





EXHIBIT C

Our Approach

God loves all people and we do too. Our grace-based approach combines God’s grace with accountability to focus on helping homeless individuals and families find solutions. Everyone needs a roof over their head and someone to care about them. We are here to give a hand up, not a handout in the hope of stopping the revolving door of poverty and homelessness.

Who We Serve

We serve homeless individuals and families, including but not limited to chronically homeless, disabled, limited mobility, LBGTOQ, domestic violence referrals, CPS referrals, severely mentally ill, addicts, S.O., and V.O.

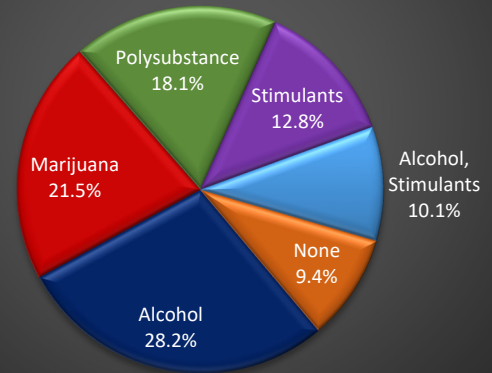
We do our best to provide reasonable accommodations to those who need them, based on the limitations of our current facility.

Children without parents can be accommodated depending on case-by-case circumstances.

We currently are not able to serve those who can’t take care of their basic needs or those who are a threat to themselves or others.

Population Substance Abuse Disorders

4/2022 through 6/2022
Total Unduplicated People Served = 534



Services for those in need. Men, Women, and Families

Shelter and Basic Needs

We offer safe facilities with secured entrances, exits, and surveillance systems. We provide 24/7/365 care with an around-the-clock support staff.

We provide support for basic needs, such as, meals, showers, clothing, transportation, and laundry services. We help guests access benefits and payee services.

We help with basic health check-ups and assist with referrals for medical support in partnership with MSU Nursing Program.

Spiritual Care and Personal Growth

We offer spiritual care, Bible study, and worship. Our fulltime Chaplain is here to assist guests in their spiritual health journey and provide one-on-one counseling.

We encourage those who come to us for help to work on themselves and focus on personal growth. We teach techniques and healthy habits that improve their lives and relationships.

Behavioral Health and Addiction Recovery

We provide comprehensive mental health and substance abuse counseling through support and recovery groups, as well as one-on-one counseling and peer support. We offer chemical dependency evaluations with UA/BA screenings.

Our case managers help navigate through social support systems, identify assistance needed, and guide those in need as they transition out of homelessness.

Transitional and Housing Support

We provide rental assistance, transportation, phones/phone-minutes to aid guests in finding safe, permanent, affordable housing, and a means to get to work.

We assist with overcoming housing barriers, as well as housing search and retention. Once housing is secured, we help with essential housing needs and offer ongoing support.

Education and Vocational Training

We assist guests with financial and life skills to support future employment and healthy lifestyles. We offer daily adult education training, classes, and groups.

We provide interview coaching, resume building, job skills training and internship programs to help guests gain experience to get back out into the workforce or to change their careers.

Children’s Programs and Family Support

We provide preschool/after school programs so families can work during their stay. We offer programs for youth ages 3-19.

We provide family shelter rooms, children’s play spaces, formula, and diapers. We help with family benefits, parenting support, advocacy for parents with children in foster care, and offer court-ordered parenting classes.

Our Programs

Emergency Shelter Program: A low barrier program designed for individuals who are not ready to commit to sobriety. The goal of this program is to assist people with finding appropriate options to transition into prior to being housed. Every person has a unique situation, but some examples include reunification with family, sober living, inpatient/outpatient treatment, recovery program and more.

Short-term Program: A Program for first-time homeless people focused on a quick turnaround due to a low number of barriers a person is experiencing when it comes to being housed.

Long-term Recovery Program: A 12-month program for mind, body, and spirit. This wholistic program, focused on nurturing the whole individual while working on mental health, addiction recovery, education, and job training is designed for those who are chronically homeless or in need of addiction recovery.

Phoenix Program: A pathway for those who slip back into addiction while in recovery that helps guests quickly get back on the right track.

Transitional Program: A 12 to 24-month program that helps those who struggle with finding appropriate housing options and need additional time and support.

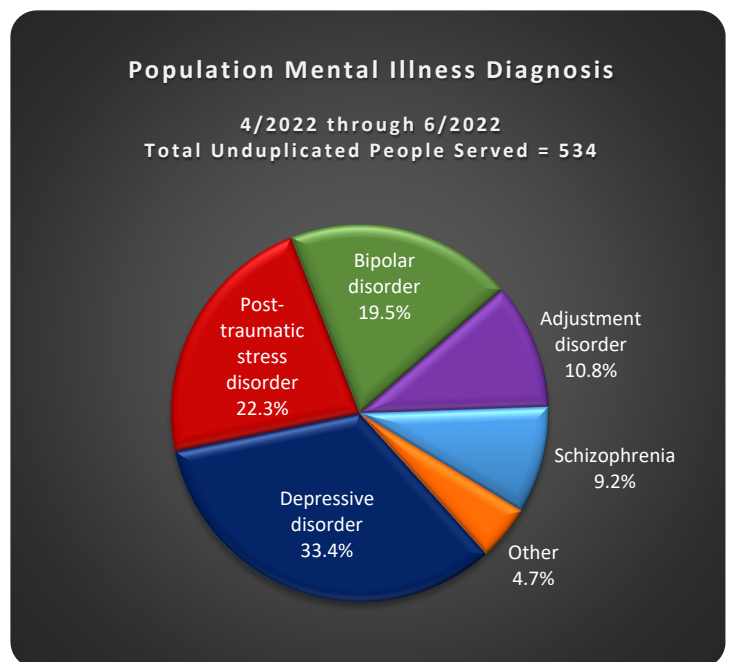
Additional Supports

Respite Care: Provides support to those needing recovery after being released from the hospital, including those needing quarantine or isolation. Care is provided either on site or off site.

Permanent Supportive Housing: Allows housed individuals with disabilities to receive supportive services on site while living independently. Roll out is planned for 2024 through the Unified Campus.

Independent Living and Aftercare: Allows those who moved out of the shelter to continue to receive help and support if they need it.

Mission Apartments: Low-income apartments located on site bringing an additional 29 apartments into the Billings community. The Unified Campus planned completion date is September 2024.



LIVES • CHANGE • HERE

For more information, or to learn about how we can help, please visit us at 2822 Minnesota Avenue, Billings, MT 59101
www.montanarescuemission.org