

November 3, 2016

Board of Commissioners
Clackamas County

Members of the Board:

Approval of Amendment #2 of the Subrecipient Agreement #16-022 with El Programa Hispano Catolico for Bi-Lingual/Bi-Cultural Victim Advocacy in Rural Clackamas County

Purpose/Outcomes	A minimum of 30 rural victims will be offered advocacy, resources, safety planning, and crisis intervention services.
Dollar Amount and Fiscal Impact	Amendment adds \$47,789 for a new contract total of \$95,578. No County General Funds are involved
Funding Source	Office on Violence Against Women Rural Grant #2013-WR-AX-0031
Duration	October 1, 2016 through September 30, 2017
Previous Board Action	N/A
Strategic Plan Alignment	<ul style="list-style-type: none"> • Individuals and families in need are healthy and safe • Ensure safe, healthy and secure communities
Contact Person	Rodney A. Cook, 503-650-5677
Contract No.	7936

BACKGROUND:

The Children, Youth & Families Division of the Health, Housing and Human Services Department requests approval of Amendment #2 of the Subrecipient Agreement with El Programa Hispano Catolico for bi-lingual/bi-cultural advocacy services in rural Clackamas County. Expected outcomes are that 85% of persons receiving these services will report having increased knowledge of services and resources to keep themselves and their children safe, and that they have developed a short and long term safety plan.

No County General Funds are involved in this amendment and it is effective as of October 1, 2016 and terminates September 30, 2017. It has a maximum value of \$95,578 (\$47,789 for FY15/16, \$47,789 for FY16/17). This agreement has been reviewed and approved by County Counsel.

RECOMMENDATION:

Staff recommends the Board approval of this Amendment and authorizes Richard Swift, H3S Director to sign on behalf of Clackamas County.

Respectfully submitted,

Richard Swift, Director
Health, Housing & Human Services

Contract Amendment (FY 16-17)
Health, Housing and Human Services

HHHS Contract Number: 7455

Subrecipient Agreement Number: 16-022

Board Order Number:

Division: CYF/HHHS

Amendment No. 2

Subrecipient: El Programa Hispano Catolico

Amendment Requested By: CYF

Changes: Scope of Service

Contract Budget

Contract Time

Other:

Justification for Amendment:

This agreement provides for resources to be used for victim safety in cases of domestic violence, dating violence, sexual assault, and stalking in rural areas of Clackamas County.

This amendment extends the agreement term to 9/30/2017, adds to the maximum compensation, and expands the scope of the project.

Maximum compensation is increased by \$47,789 to a revised value of \$95,578. This amendment is effective **upon signature** and continues through **September 30, 2017**.

Except as amended hereby, all other terms and conditions of the contract remain in full force and effect. The County has identified the changes with "***bold/italic***" font for easy reference.

AMEND:

Clackamas County Data

Grant Accountant: *Judy Anderson-Smith*
Clackamas County – Finance
2051 Kaen Road
Oregon City, OR 97045
503-742-5422
Jsmith2@co.clackamas.or.us

TO READ:

Clackamas County Data

Grant Accountant: *Mike Morasko*
Clackamas County – Finance
2051 Kaen Road
Oregon City, OR 97045
503-742-5435
mmorasko@clackamas.us

AMEND:

1. **Term and Effective Date.** Pursuant to the terms of the grant award, this Agreement shall be effective as of the [sic] October 1, 2015 and shall expire on September 30, 2016, unless sooner terminated or extended pursuant to the terms hereof.

TO READ:

1. **Term and Effective Date.** Pursuant to the terms of the grant award, this Agreement shall be effective as *of October 1, 2015* and shall expire on *September 30, 2017*, unless sooner terminated or extended pursuant to the terms hereof.

AMEND:

2. **Program.** The Program is described in Attached Exhibit A: Subrecipient Statement of Program Objectives. SUBRECIPIENT agrees to perform the Project in accordance with the terms and conditions of this Agreement.

TO READ:

2. **Program.** The Program is described in Attached Exhibit A: Subrecipient Statement of Program Objectives *#1 and Attached Exhibit A.1: Subrecipient Statement of Program Objectives #2*. SUBRECIPIENT agrees to perform the Program in accordance with the terms and conditions of this Agreement.

AMEND:

3. **Grant Funds.** The COUNTY's funding for this Agreement is the OVV FY 2013 Rural Sexual Assault, Domestic Violence, Dating Violence, and Stalking Assistance Program (Catalogue of Federal Domestic Assistance [CFDA]#: 16.589) issued to the COUNTY by the U.S. Department of Justice Office on Violence Against Women (Federal Award Identification #2013-WR-AX-0031). The maximum, not to exceed, grant amount that the COUNTY will pay is \$46,789. This is a cost reimbursement grant and disbursements will be made in accordance with the schedule and requirements contained in Exhibit D: Required Financial Reporting and Reimbursement Request and Exhibit E: Monthly/Quarterly/Final Performance Report. Failure to comply with the terms of this Agreement may result in withholding of payment.

TO READ:

3. **Grant Funds.** The COUNTY's funding for this Agreement is the OVV FY 2013 Rural Sexual Assault, Domestic Violence, Dating Violence, and Stalking Assistance Program (Catalogue of Federal Domestic Assistance [CFDA]#: 16.589) issued to the COUNTY by the U.S. Department of Justice Office on Violence Against Women (Federal Award Identification #2013-WR-AX-0031). The maximum, not to exceed, grant amount that the COUNTY will pay is **\$95,578**. This is a cost reimbursement grant and disbursements will be made in accordance with the schedule and requirements contained in **Exhibits D & D.1 and Exhibits E, E.1 & E.2**. Failure to comply with the terms of this Agreement may result in withholding of payment. **Total funding for this Agreement is divided between funding periods as follows:**
 - a. **October 1, 2015 to September 30, 2016: \$47,789**
 - b. **October 1, 2016 to September 30, 2017: \$47,789**

AMEND:

- 9.
- e) **Budget.** The SUBRECIPIENT use of funds may not exceed the amounts specified in the Exhibit B: Subrecipient Program Budget. SUBRECIPIENT may not transfer grant funds between budget lines without the prior written approval of the COUNTY. At no time may budget modification change the scope of the original grant application or Agreement.

TO READ:

- 9.
- e) **Budget.** The SUBRECIPIENT use of funds may not exceed the amounts specified in the Exhibit B & *Exhibit B.1. SUBRECIPIENT will track and account for program expenditures separately by each program budget within SUBRECIPIENT's financial system(s).* SUBRECIPIENT may not transfer grant funds between budget lines without the prior written approval of the COUNTY. At no time may budget modification change the scope of the original grant application or Agreement.

REPLACE:

- 9.
- f) **Indirect Cost Recovery.** SUBRECIPIENT chooses to use the federally-authorized de-minimis indirect cost rate of 10%, which is incorporated by reference into the SUBRECIPIENT program budget in Exhibit B.

WITH:

- 9.
- f) **Administrative Costs.** SUBRECIPIENT is authorized to charge a portion of incurred administrative costs according to the attached SUBRECIPIENT program budgets in Exhibit B & B.1. SUBRECIPIENT administrative costs will be justified by the entity's cost allocation plan(s) in effect during the term of this Agreement.

AMEND:

9.
 - i) **Performance Reporting.** The SUBRECIPIENT must submit Performance Reports as specified in Exhibit E and E-1 for each period (monthly, quarterly, and final) during the term of this Agreement.

TO READ:

9.
 - i) **Performance Reporting.** The SUBRECIPIENT must submit Performance Reports as specified in Exhibit E, **E.1, and E.2** for each period (monthly, quarterly, and final, as applicable) during the term of this Agreement.

AMEND:

10.
 - c) **Clean Air Act (42 U.S.C. 7401 et seq.) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251 et seq.).** SUBRECIPIENT agrees that if this Agreement is in excess of \$100,000, the recipient agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, 42 U.S.C. 7401 et seq., and the Federal Water Pollution Control Act, as amended 33 U.S.C. 1251 et seq. Violations shall be reported to the awarding Federal Department and the appropriate Regional Office of the Environmental Protection Agency.

TO READ:

10.
 - c) **Clean Air Act (42 U.S.C. 7401 et seq.) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251 et seq.).** SUBRECIPIENT agrees that if this Agreement is in excess of **\$150,000**, the recipient agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, 42 U.S.C. 7401 et seq., and the Federal Water Pollution Control Act, as amended 33 U.S.C. 1251 et seq. Violations shall be reported to the awarding Federal Department and the appropriate Regional Office of the Environmental Protection Agency.

AMEND:

12.

c.

- 2) **Commercial Automobile Liability.** If the Agreement involves the use of vehicles, SUBRECIPIENT shall obtain at SUBRECIPIENT expense, and keep in effect during the term of this Agreement, Commercial Automobile Liability coverage including coverage for all owned, hired, and non-owned vehicles. The combined single limit per occurrence shall not be less than \$1,000,000.

TO READ:

12.

c.

- 2) **Commercial Automobile Liability.** If the Agreement involves the use of vehicles, SUBRECIPIENT shall obtain at SUBRECIPIENT expense, and keep in effect during the term of this Agreement, Commercial Automobile Liability coverage including coverage for all owned, hired, and non-owned vehicles. **The combined single limit per occurrence shall not be less than \$1,000,000, or SUBRECIPIENT shall obtain at SUBRECIPIENT expense, and keep in effect during the term of the Agreement, personal auto coverage. The limits shall be no less than \$250,000/occurrence, \$500,000/aggregate, and \$100,000 property damage.**

AMEND:

12.

c.

- 8) **Primary Coverage Clarification.** SUBRECIPIENT coverage will be primary in the event of a loss.

TO READ:

12.

c.

- 8) **Primary Coverage Clarification.** SUBRECIPIENT coverage will be primary in the event of a loss **and will not seek contribution from any insurance or self-insurance maintained by, or provided to, the additional insureds listed above.**

ADD:

12.

c.

10) Waiver of Subrogation. SUBRECIPIENT agrees to waive their rights of subrogation arising from the work performed under this Agreement.

ADD TO AGREEMENT:

12.

m. Except as set forth herein, COUNTY and SUBRECIPIENT ratify the remainder of the Agreement and affirm that no other changes are made hereby.

REPLACE:

EXHIBIT F: FINAL FINANCIAL REPORT

WITH:

EXHIBIT F: FINAL FINANCIAL REPORT (AMENDED)

Project Name: OVV Rural Domestic Violence Advocacy Services Program Years #1 & #2	Agreement #: 16-022 A.1
Federal Award #: 2013-WR-AX-0031	Date of Submission: XX/XX/XX
Subrecipient: El Programa Hispano	
Has Subrecipient submitted all requests for reimbursement? Y/N	
Has Subrecipient met all programmatic closeout requirements? Y/N	

Final Financial Report

Report of Funds received, expended,
and reported as match (if applicable)
under this agreement

Total Federal Funds authorized on this agreement:	\$94,578
Year-to-Date Federal Funds requested for reimbursement on this agreement:	
Total Federal Funds received on this agreement:	
Total match reported on this agreement (if required):	N/A
Balance of unexpended Federal Funds (Line 1 minus Line 2):	

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Subrecipient's Certifying Official (printed): _____

Subrecipient's Certifying Official (signature): _____

Subrecipient's Certifying Official's title: _____

Subrecipient's Certifying Official's telephone: _____

ADD TO AGREEMENT:

Exhibit A.1: Statement of Program Objectives Program Year 16-17

Exhibit B.1: Subrecipient Budget 16-17 Program Year

Exhibit D.1: Program Year 16-17 SUBRECIPIENT Request for Reimbursement

Exhibit E.1: 16-17 Work Plan and Quarterly Reporting Template

Exhibit E.2: Quarterly Demographics Report

EXHIBIT A.1: STATEMENT OF PROGRAM OBJECTIVES PROGRAM YEAR 16-17

BACKGROUND

The Department of Justice Office on Violence Against Women Rural Domestic Violence, Dating Violence, Sexual Assault, and Stalking Assistance Program implements certain provisions of the Violence Against Women Act, which was enacted in September 1994 as Title IV of the Violent Crime Control and Law Enforcement Act of 1994; reauthorized through the Violence Against Women Act of 2000 and again through the Violence Against Women and Department of Justice Reauthorization Act of 2005. Rural program grant funds are used to support programs that:

- Identify, assess, and appropriately respond to child, youth, and adult victims of domestic violence, dating violence, sexual assault and stalking in rural communities by encouraging collaboration among domestic violence, dating violence, sexual assault, and stalking victim service providers, law enforcement, prosecutors, courts, other criminal justice service providers, human and community services providers, educational institutions, and health care providers
- Establish and expand nonprofit, nongovernmental, State, Tribal territorial, and local government victim services in rural communities
- Increase the safety and well-being of women and children in rural communities by dealing directly and immediately with domestic violence, dating violence, sexual assault and stalking occurring in rural communities
- Creating and implementing strategies to increase awareness and prevent domestic violence, dating violence, sexual assault, and stalking.

PROJECT

Through this project, El Programa Hispano Catolico will employ 0.8 FTE bi-lingual/bi-cultural advocate to provide services and support to a minimum of 30 unduplicated rural victims of domestic violence, dating violence, sexual assault, and stalking.

The advocate will provide ongoing support to rural victims including:

- Crisis intervention
- Lethality protocol follow-ups
- Short and long term safety planning,
- Information & referrals
- Advocacy and ongoing emotional support

The Advocate will conduct a minimum of 8 Community Presentations related to domestic violence stalking and sexual assault outreach and awareness of available services.

Presentations will take place throughout rural Clackamas County with at least one in each of the following locations: Canby, Molalla, Estacada and Sandy.

PERFORMANCE REPORTING

1. SUBRECIPIENT must submit a **Work Plan and Quarterly Report Exhibit E.1**, to the Clackamas County Program Manager, no later the 15th day of each month following the month in which the services were performed. All reports must be submitted in the format shown in **Exhibit E.1 Work Plan and Quarterly Report**.
 - A comparison of actual accomplishments to the outputs/outcomes established in the program description above for the period. The Final Performance Report should cover the entire program period.
 - The reasons for slippages if established outputs/outcomes were not met.
 - Other pertinent information on the progress of the Project.
2. **Exhibit D.1: Required Financial Reporting and Reimbursement Request** shall be submitted with participant demographics served as shown in **Exhibit E.2: Quarterly Demographics Report**.
3. SUBRECIPIENT must submit a **Final Work Plan and Quarterly Report no later than October 15, 2017**.
4. The reports should be submitted electronically to Tiffany Hicks (thicks@clackamas.us), COUNTY Program Manager.

In addition to the Annual Performance Reports, SUBRECIPIENT must notify Clackamas County Program Manager of developments that have a significant impact on the grant supported activities. The SUBRECIPIENT must inform Clackamas County Program Manager as soon as problems, delays or adverse conditions become known which will materially impair the ability to meet the outputs/outcomes specified above. This notification shall include a statement of the action taken or contemplated and any assistance needed to resolve the situation.

EXHIBIT B.1: SUBRECIPIENT BUDGET 16-17 PROGRAM YEAR

Organization: El Programa Hispano Catolico

Program: OVW Rural Domestic Violence Advocacy Services

Program Contact: Patricia Rojas

Agreement Term: October 1, 2016 - September 30, 2017

	Approved	Approved
Approved Award Budget Categories	Award Amount	Match Amount
Personnel (List salary, FTE & Fringe costs for each position)		
8 FTE Rural Advocate	\$ 23,376.00	
8 FTE Rural Advocate Fringe	\$ 10,715.00	
Supervisor .05 FTE	\$ 2,026.00	
Total Personnel Svcs	\$ 36,117.00	
Supplies		
Program Supplies	\$ 1,266.00	<i>No match is required on this award</i>
Utilities		
Phone	\$ 1,200.00	
Travel		
Mileage (.54/miles x est 385 miles/mo)	\$ 2,500.00	
Additional (please specify)		
Client assistance (bus tickets, etc.)	\$ 2,027.00	
Total Program Costs	\$ 6,993.00	
Administrative Costs (based on SUBRECIPIENT's Cost Allocation Plan)	\$ 4,679.00	
Total Grant Costs	\$ 47,789.00	

**EXHIBIT D.1: PROGRAM YEAR 16-17 SUBRECIPIENT REQUEST FOR REIMBURSEMENT
CLACKAMAS COUNTY CHILDREN, YOUTH AND FAMILIES DIVISION**

Organization: El Programa Hispano						CLAIM PERIOD: Oct-16	Note: This form derives from the approved budget in your grant agreement. All expenditures must have adequate supporting documentation.		
Service: OVW Rural Domestic Violence Advocacy Services									
Program Contact: Patricia Rojas									
Agreement Term: October 1, 2016 - September 30, 2017									
Agreement Number: 16-022 A.1									
Category	Approved Grant Amount	Approved Match Amount	Monthly Grant Expenditure	Monthly Match Expenditure	Total Monthly Expenditure	YTD Grant Expenditure	YTD Match Expenditure	Total YTD Expenditure	
Personnel (List salary, FTE & Fringe costs for each position)									
8 FTE Rural Advocale	\$ 23,376.00		\$ -		\$ -	\$ -		\$ -	
8 FTE Rural Advocale Fringe	\$ 10,715.00		\$ -		\$ -	\$ -		\$ -	
Supervisor 05 FTE	\$ 2,026.00		\$ -		\$ -	\$ -		\$ -	
Total Personnel Svcs	\$ 36,117.00		\$ -		\$ -	\$ -		\$ -	
Supplies									
Program Supplies	\$ 1,266.00		\$ -		\$ -	\$ -		\$ -	
Utilities									
Phone	\$ 1,200.00		\$ -		\$ -	\$ -		\$ -	
Travel									
Mileage (.54/miles x est 385 miles/mo)	\$ 2,500.00		\$ -		\$ -	\$ -		\$ -	
Additional (please specify)									
Client assistance (bus tickets, etc.)	\$ 2,027.00		\$ -		\$ -	\$ -		\$ -	
Total Program Costs	\$ 6,993.00		\$ -		\$ -	\$ -		\$ -	
Administrative Costs (based on SUBRECIPIENT's Cost Allocation Plan)	\$ 4,679.00		\$ -		\$ -	\$ -		\$ -	
Total Grant Costs	\$ 47,789.00		\$ -		\$ -	\$ -		\$ -	

Clackamas County and the Federal government retain the right to inspect all financial records and other books, documents, papers, plans, records of shipments and payments and writings of Recipient that are pertinent to this Agreement.

CERTIFICATION

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Prepared by: _____
 Authorized SUBRECIPIENT Official: _____
 Date: _____

Department Review.

Program Officer Name: _____
 Department: _____
 Signature: _____ Date: _____

Department: forward to Grant Accountant for review and processing

Grant Accountant Initial/Date:

**Children, Youth & Families
Work Plan and Quarterly Report/Final Performance Report
Exhibit E.1**

Provider:	El Programa Hispano Catolico
Program Contact:	Gabriella Gomez
	GGomez@EIPrograma.org
Contract Dates:	October 1, 2016 to September 30, 2017

Activities/Outputs	Intermediate Outcomes/Measurement Tool		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Total
<p>Provide a 0.8 FTE bi-lingual/ bi-cultural advocate to serve and support to a minimum of 30 unduplicated, exclusively rural victims of domestic violence, dating violence, sexual assault, and stalking.</p> <p>The advocate will provide ongoing support including:</p> <ul style="list-style-type: none"> • Crisis intervention • Lethality protocol follow-ups • Short and long term safety planning • Information & referrals • Advocacy and ongoing emotional support 	<p>85% of all rural survivors accepting EPHC services will self-disclose that they have:</p> <ul style="list-style-type: none"> • Developed a basic short/long term safety plan, • Gained skills to exercise their voice in the criminal justice system • Know how to access community referrals, as needed, for support • Learned new ways to keep themselves and their children safe <p>Measured by: Surveys and personal response (self-disclosure) assessing:</p> <ul style="list-style-type: none"> • Effectiveness of the advocacy support • Increased knowledge of community resources and ways they can keep themselves and their children safe and living in an abuse free environment. 	# of victims receiving requested services					
		# of victims seeking services who were partially served					
		# of victims seeking services who were not served					
		% of victims receiving requested services					
		# of victims requesting protective orders					
		# of victims receiving assistance filing protection orders					
		# of protection orders granted					
		# of victims reporting increased knowledge (safety planning) and awareness of resources to support their life in a violence-free environment					

		% of victims reporting increased knowledge (safety planning) and awareness of resources to support their life in a violence-free environment					
		# of victims reporting that services met their needs					
		% of victims reporting that services met their needs					
<p>By September 30, 2016, a minimum of 4 Community Presentations related to domestic violence stalking and sexual assault outreach and awareness of available services.</p> <p>Advocate will promote rural services through a minimum of 4 Community Outreach Events, such as; tabling at events and hosting women's health events for rural Latino communities, with at least one in Canby, Molalla, Estacada and Sandy.</p>	<p>Number of presentations, number of participants at each presentation, location and type/name of groups.</p> <p>Post surveys should indicate participants have increased knowledge.</p> <p>Quarterly reports should indicate progress toward the overall goal of 4 throughout the term of the contract</p>	# of presentations					
		# of participants					
		Type/name and location/community					
		% of participants indicating increased knowledge					
		# Tabling/Community Outreach Activities					
		# of people reached (estimate is fine)					
<p>When not serving Rural DV Victims, the Advocate's time will be spent conducting outreach in rural communities promoting services.</p>	Advocate will spend 1 day per week at the Sandy Health Center	# Days at the Sandy Health Center					
	Advocate will spend time as needed at A Safe Place Family Justice Center	# Days at A Safe Place					
	Advocate will conduct extensive outreach promoting services in the rural communities of Clackamas County	# Outreach activities in rural communities					
Advocate will regularly attend Rural Domestic Violence Collaborative meetings (as scheduled quarterly)	90% participation at the RDVC meetings	% participation at RDVC mtgs.					

EPHC will submit quarterly work plan reports on this form by the 20 th of January, April, July & September						
EPHC Supervisor will attend online OVW training to learn how to fill out OVW semi-annual reports						
EPHC will fill out the OVW semi-annual rural reporting form and submit to CYF by January 9, 2017 and July 10, 2017						

Children, Youth & Families Division
Work Plan October 2015 – September 2016
Comments and Narrative

October-December Narrative:

Explanation of victims partially or not served:

Explanation of why a request for assistance to file a protective order was not appropriate:

Support services provided:

Referrals to which agencies/resources:

Success story:

January-March Narrative:

Explanation of victims partially or not served:

Explanation of why a request for assistance to file a protective order was not appropriate:

Support services provided:

Referrals to which agencies/resources:

Success story:

April-June Narrative:

Explanation of victims partially or not served:

Explanation of why a request for assistance to file a protective order was not appropriate:

Support services provided:

Referrals to which agencies/resources:

Success story:

July-September Narrative:

Explanation of victims partially or not served:

Explanation of why a request for assistance to file a protective order was not appropriate:

Support services provided:

Referrals to which agencies/resources:

Success story:

Exhibit E.2: Quarterly Demographics Report

Race/Ethnicity	Program Participants Served										TOTAL SERVED D YTD	
	First quarter count. All counts as new											
	July-Sept 16 NEW	Oct-Dec 16 NEW	Jan-Mar 17 NEW	Apr-Jun 16 NEW	July-Sept 16 CLOSED	Oct-Dec 16 CLOSED	Jan-Mar 17 CLOSED	Apr-Jun 16 CLOSED	July-Sept 16 CLOSED	Oct-Dec 16 CLOSED		Jan-Mar 17 CLOSED
American Indian and Alaska Native												
American Indian												0
Alaska Native												0
Canadian Inuit, Metis or First Nation please identify in narrative												0
Asian												
Chinese												0
Vietnamese												0
Korean												0
Laotian												0
Filipino												0
Japanese												0
South Asian												0
Asian Indian												0
Other Asian please identify in narrative												0
Black/African American												
African American												0
African												0
Caribbean												0
Other Black please identify in narrative												0
Hispanic or Latino												
Hispanic or Latino Mexican												0
Hispanic or Latino Central American												0
Hispanic or Latino South American												0
Other Hispanic or Latino please identify in narrative												0
Indigenous Mexican, Central American or South American please identify												0
Pacific Islander												
Native Hawaiian												0
Guamanian or Chamorro												0
Tongan												0
Other Pacific Islander please identify in narrative												0
White												0
Slavic												0
Middle Eastern												0
North African												0
Multi-Racial please identify in narrative												0
Decline to Answer												0
Unknown												0
TOTAL RACE/ETHNICITY	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female												0
Male												0
Transgender												0
Unknown or Declined to Say												0
TOTAL GENDER	0	0	0	0	0	0	0	0	0	0	0	0
Age												
0-5												0
7-12												0
13-17												0
18-24												0
25-59												0
60+												0
Unknown or Declined												0
TOTAL by AGE	0	0	0	0	0	0	0	0	0	0	0	0

Race/Ethnicity TOTAL, Gender TOTAL and Age TOTALs should match

