



Yakima Neighborhood Health Services
12 South 8th St, PO Box 2605
Yakima WA 98907-2605
Phone (509) 454-4143 Fax (509) 454-3651
www.ynhs.org

November 3, 2015

To: Joe Caruso, City of Yakima Fire Marshall

From: Anita Monoian, YNHS CEO

Re: Extreme Winter Weather Shelter Program 2015 - 2016

Yakima Neighborhood Health Services (YNHS) will coordinate extreme winter weather shelter for Yakima's homeless from November 17, 2015 to March 15, 2016, working with three local churches and volunteers. YNHS staff will coordinate efforts to provide food and transportation to safe shelter beginning approximately 4pm each afternoon and coordinating return from the churches approximately 7am each morning.

YNHS will assure each overnight shelter has a designated individual to serve as lead for oversight activities for each shelter, and provide training for all volunteers. Training will include:

- Hygiene and universal precautions
- Fire Safety
- Shelter rules
- De-escalation techniques

YNHS will work with the City of Yakima's Fire Marshall to assure best practices in safety monitoring are adopted and trained. Additionally, YNHS staff will conduct random inspections of the overnight shelters to assure safety of both the volunteers and guests.

Guests will be picked up and dropped off from the YNHS Depot.

The following churches intend to provide overnight shelter in the 2015-2016 Extreme Winter Weather program:

- Unitarian Universalist Church, 225 North Second Street, Yakima (women's shelter)
- Englewood Christian Church, 511 North 44th Avenue, Yakima (men's shelter)
- Central Lutheran Church, 1604 West Yakima Avenue, Yakima (men's shelter)

Each church will provide its own general liability coverage for its physical property. YNHS will also name each church as an additional insured. Certificates are attached.

Fire monitoring equipment will be provided at each location. Smoke detectors will be inspected to assured they are in working order.

YNHS will perform Washington State Patrol background checks on volunteers, and have 24/7 call support available for problem solving.

Thank you. We look forward to working with you on this project.



Accredited by the Joint Commission



Patient Centered Medical Home Level 3



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Extreme Winter Weather Shelters Plan Updated 11/2/15

YNHS:

- Gather clients at YNHS Depot
- Perform initial intake and needs assessment
- Provide mats, cots, bedding (supplied by Network)
 - o Can churches launder their own bedding daily?
- Provides liability insurance for volunteers
- Conducts WSP background checks on volunteers
- Provide church with utility assistance to help offset additional energy costs.
- Will name churches as additional insured.
- Train volunteers – to include:
 - o Hygiene and universal precautions
 - o Fire Safety
 - o Shelter rules
 - o De-escalation techniques
- Arrange for delivery of guests to churches by 5:30pm
- Arrange for pickup of guests at churches and return to YNHS at 6:30am
- Provide warming space and coffee until 8:30am
- Random inspections to churches to monitor activity,
- Will have staff or volunteer on call 24/7 for problem-solving and support

Churches:

- Provides general liability insurance on buildings / premises
- Smoke detectors must be present in all sleeping areas
- Designate Lead Volunteer
 - o lead will be paid a stipend to coordinate and schedule volunteers, coordinate meals and maintain contact with EWWS Coordinator.
- Recruit volunteers (2 per night minimum)
 - o Volunteers required to submit to WSP Background Check and training
- Check in / check out clients from shelter stay. Maintain roster of clients who are sheltered nightly. Provide shelter list to YNHS each morning at time of client pick up.
- Complete Incident Report for any unusual events and provide to YNHS.

Meals:

- One hot meal provided at dinner time
- Guests should have a bag lunch to leave with in the morning

Other supplies and miscellaneous to be provided by YNHS:

- Spill kits
- Cavicide wipes (for mats and cleaning)
- Hand hygiene signs
- Smoking cans
- Sharps containers (diabetics)
- Personal protective equipment (gloves, masks, gowns) to protect against body fluids.



Accredited by the Joint Commission



Patient Centered Medical Home Level 3



YAKINEI-01 JSCHULTZ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/3/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hub International Northwest LLC P.O. Box 2945 Yakima, WA 98907	CONTACT NAME:	
	PHONE (A/C, No, Ext): (509) 248-2672	FAX (A/C, No): (866) 332-7487
INSURED Yakima Neighborhood Health Services Inc. PO Box 2605 Yakima, WA 98907-2605	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Washington Casualty Company	NAIC # 42510
	INSURER B :	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Professional Liab.	X		13858	02/25/2015	02/25/2016	EACH OCCURRENCE 1,000,000
A	Professional Liab.			13858	02/25/2015	02/25/2016	AGGREGATE 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Yakima County and the Board of Yakima County Commissioners are named as additional insured as their interest may appear regarding Extreme Winter Weather Program.

CERTIFICATE HOLDER

CANCELLATION

Yakima County
128 North 2nd Street
Yakima, WA 98901

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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YAKINEI-01

JSCHULTZ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/3/2015

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INSURED Yakima Neighborhood Health Services Inc. PO Box 2605 Yakima, WA 98907-2605	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Washington Casualty Company		42510
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

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	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COM/OP AGG	\$
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Professional Liab.	X		13858	02/25/2015	02/25/2016	EACH OCCURRENCE	1,000,000
A	Professional Liab.			13858	02/25/2015	02/25/2016	AGGREGATE	5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Englewood Christian Church is named as additional insured as their interest may appear regarding Extreme Winter Weather Program.

CERTIFICATE HOLDER

CANCELLATION

Englewood Christian Church 511 North 44th Avenue Yakima, WA 98908	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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YAKINEI-01

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	INSURER A: Washington Casualty Company		42510
	INSURER B:		
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	INSURER D:		
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INSURER F:			

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	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
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A	Professional Liab.			13858	02/25/2015	02/25/2016	AGGREGATE 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Unitarian Universalist Church is named as additional insured as their interest may appear regarding Extreme Winter Weather Program.

CERTIFICATE HOLDER	CANCELLATION
Unitarian Universalist Church 225 North 2nd Street Yakima, WA 98901	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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INSURER F:			

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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liab.	X		13858	02/25/2015	02/25/2016	EACH OCCURRENCE 1,000,000
A	Professional Liab.			13858	02/25/2015	02/25/2016	AGGREGATE 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Central Lutheran Church is named as additional insured as their interest may appear regarding Extreme Winter Weather Program.

CERTIFICATE HOLDER

CANCELLATION

Central Lutheran Church
1604 West Yakima Avenue
Yakima, WA 98902

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Phone (509) 454-4143 Fax (509) 454-3651
www.ynhs.org

Extreme Winter Weather Shelter

Memorandum of Understanding between Yakima Neighborhood Health Services And Church (named here)

UNITARIAN UNIVERSALIST
CHURCH OF YAKIMA

Purpose:

The purpose of this agreement is to outline expectations and roles for coordinating and providing safe shelter for homeless individuals in Yakima during the winter months in Yakima. This effort is shared by the named church in this Memorandum of Agreement, community volunteers, and Yakima Neighborhood Health Services as the Coordinating Organization of the Extreme Winter Weather Shelter program. This effort is supported by Yakima Valley Conference of Government.

Contact Information:

For Yakima Neighborhood Health Services:

- Frank Ramirez, Shelter Manager – Phone number _____
 - Back up Annette Rodriguez (509)949-9122
 - 2nd backup Rhonda Hauff (509) 949-9779

For Church:

- Designated Lead TO BE DETERMINED BY YNC
- BackUp TO BE DETERMINED BY YNC

Dates for 2015 – 2016 : November 17, 2015 – March 15, 2016

Population Serving and Capacity: # 0 Men OR # 15 Women

Facilities: Each church agrees to designate a lead coordinator to organize and schedule volunteers for oversight and shelter monitoring. The Lead Coordinator will be paid a monthly stipend of \$1,000 per month (pro-rated for partial months) for coordination of volunteers, coordinating and monitoring check-in and check-out procedures at the church, setup and cleanup of sleeping mats, meal coordination, etc.

Church leadership will designate parishioners or volunteers with keys to church and provide access to facilities for guests. At no time should guests be in facility without oversight.



Accredited by the Joint Commission



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Church will designate appropriate rest room facilities to be used by guests.

A minimum of two volunteers will be required each night. Church agrees to be prepared to receive guests from 5:30pm each evening.

Describe Sleeping Space and Rest Rooms Available and attach floor plan : LOWER SOUTH HALL (1ST FLOOR SOUTHERNMOST ROOM W/ ALLEY ENTRANCE)
SOUTHERNMOST RESTROOM IN HALLWAY ADJACENT TO SLEEPING AREA.

Kitchen use:

Church agrees to allow volunteers to use the kitchen for the following uses:

Meal preparation:	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Oven/Stovetop for warming:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Microwave oven available:	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Sandwich preparation:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Coffee / tea maker:	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

Other kitchen use availability or restrictions: DESIGNATED REFRIGERATOR SPACE FOR LEFTOVER STORAGE.

Volunteers, during orientation and training, should be instructed to clean kitchen spaces before and after each use.

Transportation:

Does Church have capacity to provide transportation at 5:30pm ? YES ☐ NO ☒

Does Church have capacity to provide transportation at 7:30am ? YES ☐ NO ☒

Storage and Clean up:

Church agrees to provide a storage space for sleeping mats and bedding. The Church Lead Coordinator will be responsible for either removing refuse his / herself, or mobilizing the guests or volunteers to assist in clean up. Clean up should include mopping the restroom and kitchen



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floors, wiping down all counters, removing any other garbage generated during the shelter activity.

The storage space for this church is as follows: CLASS ROOM #6, ADJACENT TO SLEEPING AREA

Expense Reimbursement:

Church agrees to monitor expenses for additional heating of the facility and maintenance costs during the term of the shelter operations. YNHS has requested funding from Yakima Valley Conference of Government to reimburse church for these additional costs. Funding will be provided to church, through receipt and/or time sheet, as made available by YVCOG.

YNHS Coordination:

As the coordinating entity of the Extreme Winter Weather Shelter, Yakima Neighborhood Health Services will provide the following:

- Recruit and coordinate volunteers to assist churches in overnight supervision of shelter operations;
- Coordinate transportation between YNHS and shelter locations.
- Gather clients at YNHS (Depot or Market TBD)
- Perform initial intake and comprehensive needs assessment; record data entry as required to state HMIS system;
- Screen clients for potential permanent housing solutions.
- Identify Yakima churches willing to provide shelter between mid-November and mid-March, to which populations (men or women);
- Coordinate distribution of sleeping mats
- Provides liability insurance for volunteers
- Conducts WSP background checks on volunteers
- Train volunteers – to include:
 - o Hygiene and universal precautions
 - o Fire Safety
 - o Shelter rules
 - o De-escalation techniques
- Perform random inspections to churches to monitor activity,
- Have staff on call 24/7 for problem-solving and support
- Provide funding to church (dependent on YVCOG approval) for groceries, maintenance, utilities, and shelter coordination.


Yakima Neighborhood Health Services/date

11-3-15

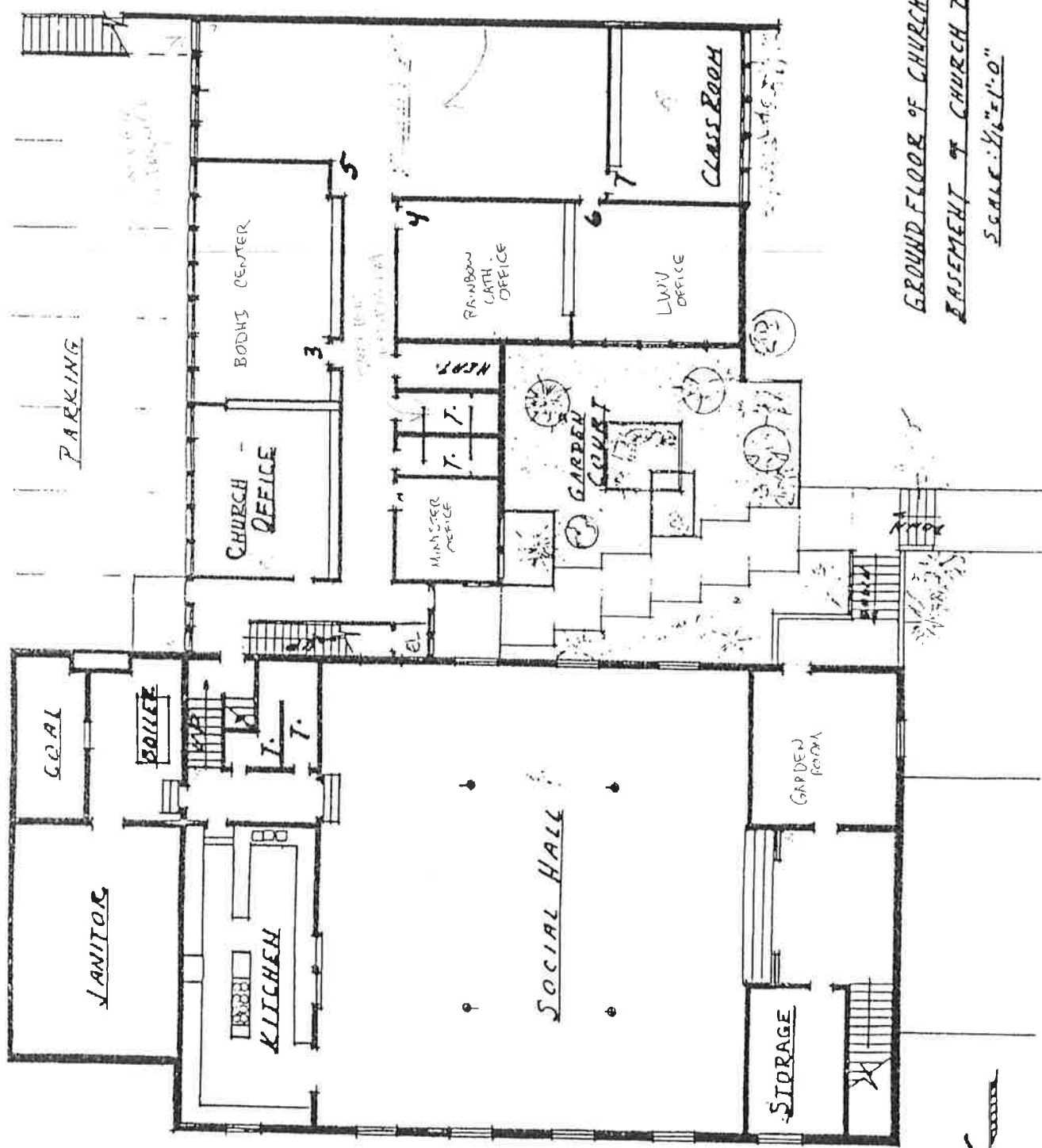
 11/3/15
(Church) / date



Accredited by the Joint Commission



Patient Centered Medical Home Level 3



GROUND FLOOR OF CHURCH SCHOOL
BASEMENT OF CHURCH BUILDING
SCALE: 1/4" = 1'-0"

Handwritten signature or initials

COPIED
SELECTING
NOV 14

200-10-07



Yakima Neighborhood Health Services
12 South 8th St, PO Box 2605
Yakima WA 98907-2605
Phone (509) 454-4143 Fax (509) 454-3651
www.ynhs.org

Extreme Winter Weather Shelter

Memorandum of Understanding between Yakima Neighborhood Health Services And Church (named here)

Englewood Christian Church

Purpose:

The purpose of this agreement is to outline expectations and roles for coordinating and providing safe shelter for homeless individuals in Yakima during the winter months in Yakima. This effort is shared by the named church in this Memorandum of Agreement, community volunteers, and Yakima Neighborhood Health Services as the Coordinating Organization of the Extreme Winter Weather Shelter program. This effort is supported by Yakima Valley Conference of Government.

Contact Information:

For Yakima Neighborhood Health Services:

- Frank Ramirez, Shelter Manager – Phone number _____
 - Back up Annette Rodriguez (509)949-9122
 - 2nd backup Rhonda Hauff (509) 949-9779

For Church:

- Designated Lead To Be Determined by YNH
- BackUp To Be Determined by YNH

Dates for 2015 – 2016 : November 17, 2015 – March 15, 2016

Population Serving and Capacity: # 20 Men OR # _____ Women

Facilities: Each church agrees to designate a lead coordinator to organize and schedule volunteers for oversight and shelter monitoring. The Lead Coordinator will be paid a monthly stipend of \$1,000 per month (pro-rated for partial months) for coordination of volunteers, coordinating and monitoring check-in and check-out procedures at the church, setup and cleanup of sleeping mats, meal coordination, etc.

Church leadership will designate parishioners or volunteers with keys to church and provide access to facilities for guests. At no time should guests be in facility without oversight.



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Neighborhood
HEALTH

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Church will designate appropriate rest room facilities to be used by guests.

A minimum of two volunteers will be required each night. Church agrees to be prepared to receive guests from 5:30pm each evening.

Describe Sleeping Space and Rest Rooms Available and attach floor plan : _____

See floor plans for 2 sleeping rooms, 1 has sliding divider to open for 2 rooms. Men's restroom is off hallway, across from kitchen. Shelter has private entrance.

Kitchen use:

Church agrees to allow volunteers to use the kitchen for the following uses:

Meal preparation:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Oven/Stovetop for warming: <u>Warming Tray</u>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Microwave oven available:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Sandwich preparation:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Coffee / tea maker:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

Other kitchen use availability or restrictions: commercial dishwasher, refrigerator are available

Volunteers, during orientation and training, should be instructed to clean kitchen spaces before and after each use.

Transportation:

Does Church have capacity to provide transportation at 5:30pm ? YES ☐ NO ☒

Does Church have capacity to provide transportation at 7:30am ? YES ☐ NO ☒

Storage and Clean up:

Church agrees to provide a storage space for sleeping mats and bedding. The Church Lead Coordinator will be responsible for either removing refuse his / herself, or mobilizing the guests or volunteers to assist in clean up. Clean up should include mopping the restroom and kitchen



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Patient Centered Medical Home Level 3



Neighborhood
HEALTH

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www.ynhs.org

floors, wiping down all counters, removing any other garbage generated during the shelter activity.

The storage space for this church is as follows: dedicated rooms for shelter, keep the storage bins in locked room

Expense Reimbursement:

Church agrees to monitor expenses for additional heating of the facility and maintenance costs during the term of the shelter operations. YNHS has requested funding from Yakima Valley Conference of Government to reimburse church for these additional costs. Funding will be provided to church, through receipt and/or time sheet, as made available by YVCOG.

YNHS Coordination:

As the coordinating entity of the Extreme Winter Weather Shelter, Yakima Neighborhood Health Services will provide the following:

- Recruit and coordinate volunteers to assist churches in overnight supervision of shelter operations;
- Coordinate transportation between YNHS and shelter locations.
- Gather clients at YNHS (Depot or Market TBD)
- Perform initial intake and comprehensive needs assessment; record data entry as required to state HMIS system;
- Screen clients for potential permanent housing solutions.
- Identify Yakima churches willing to provide shelter between mid-November and mid-March, to which populations (men or women);
- Coordinate distribution of sleeping mats
- Provides liability insurance for volunteers
- Conducts WSP background checks on volunteers
- Train volunteers – to include:
 - o Hygiene and universal precautions
 - o Fire Safety
 - o Shelter rules
 - o De-escalation techniques
- Perform random inspections to churches to monitor activity,
- Have staff on call 24/7 for problem-solving and support
- Provide funding to church (dependent on YVCOG approval) for groceries, maintenance, utilities, and shelter coordination.

Yakima Neighborhood Health Services/date

11-3-15

Englewood Christian Church
Sue Scott, Board Chair
(Church) / date

11/03/2015



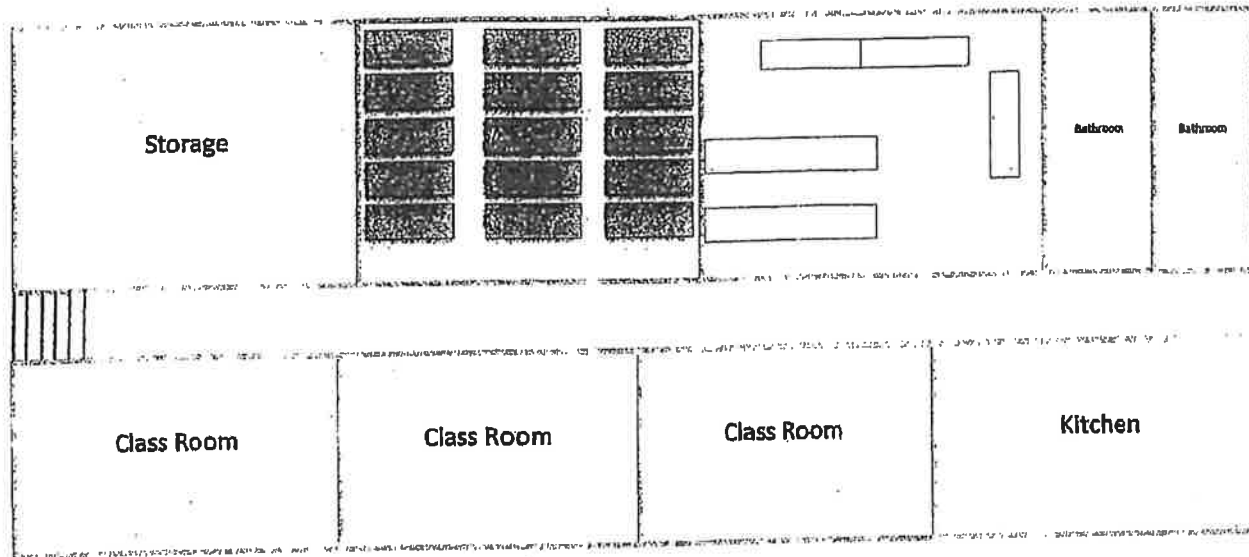
Accredited by the Joint Commission



Patient Centered Medical Home Level 3

Englewood Church

E





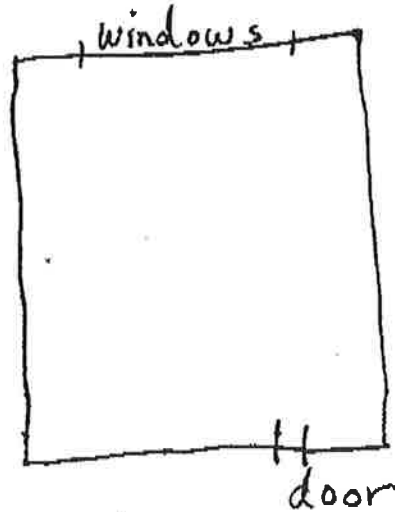
CHRISTIAN
CHURCH
FOUNDATION

Helping Disciples Make a Difference

(800) 668-8016

1st Room

22' X 19' 5 1/2"



www.christianchurchfoundation.org

**GENERAL LIABILITY COVERAGE PART
DECLARATIONS PAGE**

POLICY NO.: 0039660-02-651835

ITEM 1. LIMITS OF INSURANCE:

GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS - COMPLETED OPERATIONS AND SEXUAL MISCONDUCT OR SEXUAL MOLESTATION)	\$ 3,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$ 1,000,000
EACH OCCURRENCE LIMIT (BODILY INJURY AND PROPERTY DAMAGE COMBINED)	\$ 1,000,000
PERSONAL AND ADVERTISING INJURY LIMIT (COMBINED)	\$ 1,000,000
MEDICAL EXPENSE LIMIT - ANY ONE PERSON (OTHER THAN SEXUAL MISCONDUCT OR SEXUAL MOLESTATION)	\$ 10,000
PROPERTY DAMAGE LEGAL LIABILITY - ANY ONE OCCURRENCE	\$ 300,000
SEXUAL MISCONDUCT OR SEXUAL MOLESTATION LIMIT (COMBINED) - ALL LOCATIONS AND OPERATIONS	
EACH CLAIM LIMIT	\$ 300,000
AGGREGATE LIMIT	\$ 300,000
SEXUAL MISCONDUCT OR SEXUAL MOLESTATION MEDICAL EXPENSE LIMIT	
ANY ONE PERSON	\$ 10,000
AGGREGATE LIMIT	\$ 50,000
LEGAL DEFENSE COVERAGE LIMIT	
EACH DEFENSIBLE INCIDENT LIMIT	\$ 5,000
AGGREGATE LIMIT	\$ 15,000
CATASTROPHIC VIOLENCE RESPONSE	
PER PERSON LIMIT	\$ 50,000
EACH VIOLENT INCIDENT LIMIT	\$ 300,000
VIOLENT INCIDENT AGGREGATE LIMIT	\$ 300,000
EMPLOYERS LIABILITY (STOP GAP) COVERAGE	
BODILY INJURY BY ACCIDENT--EACH ACCIDENT	\$ 1,000,000
BODILY INJURY BY DISEASE--EACH EMPLOYEE	\$ 1,000,000
BODILY INJURY BY DISEASE--AGGREGATE LIMIT	\$ 1,000,000

ITEM 2. DESCRIPTION AND CLASSIFICATION OF PREMISES AND OPERATIONS:
ALL PREMISES AND OPERATIONS UNLESS EXCLUDED IN ITEM 3 BELOW.

NONE

ITEM 3. EXCLUSION ENDORSEMENTS:



POLICY NO.: 0039660-02-651835

EXCLUSION - MEDICAL EXPENSE - SPECIFIC ACTIVITY OR EVENT:

MONTESSOURI SCHOOL (DAY SCHOOL)

OTHER ENDORSEMENTS:

LOSS OF LIFE ENDORSEMENT. EACH PERSON LIMIT OF INSURANCE:
EACH ACCIDENT LIMIT OF INSURANCE:

\$ 10,000
\$ 20,000

**PROFESSIONAL LIABILITY COVERAGE PART
CLAIMS MADE
DECLARATIONS PAGE**

POLICY NO.: 0039660-02-651835

ITEM 1. COVERAGE DESCRIPTION:

<u>COVERAGE</u>	<u>LIMIT OF INSURANCE</u>
DIRECTORS, OFFICERS & TRUSTEES LIABILITY AGGREGATE RETENTION: \$1,000	\$ 1,000,000
EMPLOYMENT PRACTICES LIABILITY AGGREGATE RETENTION: \$5,000	\$ 100,000

ITEM 2. OTHER ENDORSEMENTS:

AFFILIATED ENTITY DISPUTE LEGAL DEFENSE COVERAGE ENDORSEMENT EACH WRONGFUL ACT AGGREGATE	\$ 25,000 \$ 50,000
---	------------------------

ITEM 3. RETROACTIVE DATE:

DIRECTORS, OFFICERS & TRUSTEES LIABILITY COVERAGE DOES NOT APPLY TO INJURY THAT ARISES OUT OF A "WRONGFUL ACT" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW.

RETROACTIVE DATE: 07/08/96

EMPLOYMENT PRACTICES LIABILITY COVERAGE DOES NOT APPLY TO INJURY THAT ARISES OUT OF A "WRONGFUL EMPLOYMENT PRACTICE" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW.

RETROACTIVE DATE: 03/07/08



**HIRED AND NONOWNED AUTOMOBILE LIABILITY COVERAGE PART
DECLARATIONS PAGE**

POLICY NO.: 0039680-02-651835

ITEM 1. COVERAGE DESCRIPTION:

COVERAGE

LIMIT OF INSURANCE

HIRED AND NONOWNED AUTOMOBILE LIABILITY
COVERAGE RELIGIOUS INSTITUTIONS - EXCESS
INSURANCE

EACH OCCURRENCE
AGGREGATE

\$ 1,000,000
\$ 3,000,000

ITEM 2. ENDORSEMENTS:

MEDICAL EXPENSE COVERAGE - EXCESS INSURANCE

ANY ONE PERSON
AGGREGATE

\$ 10,000
\$ 25,000

FAX 509-574-5564

**CRIME COVERAGE PART
DECLARATIONS PAGE**

POLICY NO.: 0039660-02-851835

ITEM 1. DESCRIPTION OF PREMISES AND COVERAGES:

PREMISES NO: 001 BUILDING NO: 001
CONSTRUCTION: FRAME
OCCUPANCY: CHURCH AND LESSORS RISK
LOCATION: 511 NORTH 44TH AVENUE
COUNTY: YAKIMA
CITY/STATE: YAKIMA, WA

COVERAGE FORM: CHURCH THEFT OF MONEY AND SECURITIES

LIMIT OF INSURANCE: \$5,000 DEDUCTIBLE: \$250

SPECIAL COVERAGE DAYS:
CHRISTMAS, EASTER AND THANKSGIVING

COVERAGE FORM: BLANKET BOND

LIMIT OF INSURANCE: \$15,000 DEDUCTIBLE: FULL COVERAGE

ITEM 2. ENDORSEMENTS:

NONE



**PROFESSIONAL LIABILITY COVERAGE PART
DECLARATIONS PAGE**

POLICY NO.: 0039660-02-651835

ITEM 1. COVERAGE DESCRIPTION:

<u>COVERAGE</u>	<u>LIMIT OF INSURANCE</u>
COUNSELING PROFESSIONAL LIABILITY	
EACH CLAIM	\$ 1,000,000
AGGREGATE	\$ 3,000,000

SCHEDULE OF POSITIONS COVERED

"SCHEDULE OF POSITIONS COVERED" - "EMPLOYEES AND VOLUNTEERS ACTING UNDER YOUR DIRECTION AND CONTROL AND WITHIN THE SCOPE OF HIS OR HER DUTIES AS SUCH."

ITEM 2. ENDORSEMENTS:

NONE

POLICY NO.: 0039660-02-651835

COVERAGE: PERSONAL PROPERTY
LIMIT OF INSURANCE: \$34,000
COINSURANCE PERCENT: 90%
COVERED CAUSE OF LOSS: SPECIAL
VALUATION: REPLACEMENT COST
OPTIONAL COVERAGE: AUTOMATIC INCREASE IN INSURANCE

ADDITIONAL COVERAGES OR ENDORSEMENTS

ADDITIONAL COVERAGE: DEBRIS REMOVAL
LIMIT OF INSURANCE: \$25,000 ANY ONE OCCURRENCE

ADDITIONAL COVERAGE: INSTITUTIONAL INCOME & EXTRA EXPENSE
LIMIT OF INSURANCE: \$50,000 ANY ONE OCCURRENCE

ADDITIONAL COVERAGE: BUILDING ORDINANCE
LIMIT OF INSURANCE: \$400,000 ANY ONE OCCURRENCE

ITEM 2. DEDUCTIBLE - OCCURRENCE:

\$2,500

ITEM 3. ENDORSEMENTS:

NONE

ITEM 4. MORTGAGEHOLDERS, LOSS PAYEES, AND CONTRACT SELLERS:

NONE