

AMENDMENT NO. 1 TO SUBRECIPIENT AGREEMENT

Subrecipient: 24/7 Gateway, LLC (Gateway Center)

Address: 275 Pryor Street SW

City, State Atlanta, GA 30303

Telephone: 404-215-6601

Facsimile or:

E-mail address rholloway@gatewayctr.org

Contact: Raphael Holloway

W I T N E S S E T H

WHEREAS, Fulton County (“County”) entered into a Memorandum of Understanding (“MOU”) with 24/7 Gateway (Gateway Center) (“Subrecipient”) to designate Gateway Center as the designated Lead Agency for the Coordinated Entry System by the Fulton County Board of Commissioners and the GA 502 Fulton County COC to manage the daily activities associated with Coordinated Entry planning, implementation, operations, and evaluation.

WHEREAS, the Agreement was approved by the Fulton County Board of Commissioners (“BOC”) on October 7, 2021, Agenda Item #20-0670; and

WHEREAS, in the process of effecting the services outlined in the Statement of Work to the Agreement, subrecipients may request to increase or decrease the amount of their grant based on their projected need and spending;

WHEREAS, Subrecipient has requested a reduction in the contract from \$249,079 to \$176,779 as outlined in the ‘Attachment A: Cost Reimbursement Budget; and

WHEREAS, the parties wish to amend the total compensation for the use of funds for as outlined in the ‘Attachment A: Cost Reimbursement Budget; and

WHEREAS, Subrecipient will complete the activities outlined in the statement of work for an amount not to exceed \$176,779; and

NOW, THEREFORE, the County and the Subrecipient agree as follows:

This Amendment No. 1 to the Agreement is effective as of the 14th day of July, 2021, between the County and the Subrecipient who agree that all services specified will be performed by in accordance with this Amendment No. 1 to the Agreement.

1. **COST REIMBURSEMENT BUDGET:** Services under this Agreement will be completed in accordance with the attached 'Attachment A: Cost Reimbursement Budget' and will replace the Cost Reimbursement Budget to the Agreement.
2. **COMPENSATION:** Subrecipient shall receive a total compensation under the Agreement in an amount not to exceed \$176,779 (One Hundred Seventy Six Thousand Seven Hundred and Seventy-Nine Dollars).
3. **LIABILITY OF COUNTY:** This Amendment No. 1 to the Agreement shall not become binding on the County and the County shall incur no liability upon same until such agreement has been executed by the Chairman, attested to by the Clerk to the Commission and delivered to Subrecipient.
4. **EFFECT OF AMENDMENT NO. 1 TO THE AGREEMENT:** Except as modified by this Amendment No. 1, the Agreement and attachments remain in full force and effect.
5. **ELECTRONIC SIGNATURES:** Documents executed, scanned and transmitted electronically and electronic signatures shall be deemed original signatures for purposes of this Agreement with such scanned and electronic signatures having the same legal effect as original signatures.

IN WITNESS THEREOF, the Parties hereto have caused this Amendment to be executed by their duly authorized representatives as attested and witnessed and their corporate seals to be hereunto affixed as of the day and year date first above written.

COUNTY:

SUBRECIPIENT:

FULTON COUNTY, GEORGIA

Robert L. Pitts, Chairman
Board of Commissioners

Raphael Holloway, Chief Executive
Officer Gateway Center

ATTEST:

ATTEST:

Tonya Grier
Clerk to the Commission

Secretary/
Assistant Secretary

(Affix County Seal)

(Affix Corporate Seal)

APPROVED AS TO FORM:

ATTEST:

Office of the County Attorney

Notary Public

APPROVED AS TO CONTENT:

County: _____

Stanley Wilson,
Director of Community Development

Commission Expires: _____

(Affix Notary Seal)

ITEM#: _____ RCS: _____
RECESS MEETING

ITEM#: _____ RM: _____
REGULAR MEETING

Budget

Version 4 - 12 Month Budget

COST REIMBURSEMENT BUDGET

CONTRACTOR NAME: Gateway Center - Coordinated Entry Grant

Item No.	Budget Category	Unit Cost	Unit Measure	Other Funding Source	Fulton COC CE IN-Kind	Fulton COC CE Grant	Total
a.	Personnel						
	Director of Residential Services	\$70,000	30%				
	CE Supervisor	\$45,000	1FTE				
	Coordinated Entry Specialist	\$40,000	1 FTE				
	CE Outreach Worker	\$40,000	1 FTE				
	CE Outreach Worker	\$40,000	1 FTE				
	Subtotal - Personnel			\$0	\$0	\$130,000	\$130,000
b.	Fringe Benefits						
	Fringe Benefits	23%	percent				
	Subtotal - Fringe Benefits			\$0	\$0	\$29,900	\$29,900
c.	Travel						
	Mileage- to be paid at \$.575 per mile	0.575					
	Parking						
	Subtotal - Travel			\$0	\$0	\$2,200	\$2,200
d.	Equipment						
	Computers -4 Laptops, 4 Monitors, 4 docking stations						
	Printers -2 Printer @ \$500						
	Subtotal - Equipment			\$0	\$0	\$7,679	\$7,679
e.	Supplies						
	Office Supplies	\$2,000					
	Program Supplies	\$5,000					
	Subtotal - Supplies			\$0	\$0	\$7,000	\$7,000
	Total Direct Charges			\$0	\$0	\$176,779	\$176,779
f.	Indirect Charges						
	Indirect Fees	20.0%			\$26,517		\$26,517
	Subtotal - Indirect Charges			\$0.00	\$26,516.85	\$0	\$26,517
g.	Other						
	3 beds \$45/day	\$45	day		\$49,275		\$49,275
	Subtotal - Other				\$49,275	\$0	\$0
h.	Contracted Services						
	EMSTAR- Evaluation				\$30,000.00		\$30,000
	Subtotal - Contracted Services			\$0.00	\$30,000.00	\$0.00	\$30,000
	Total			\$0	\$105,792	\$176,779	\$282,571

ATTACHMENT B: PERFORMANCE REPORT**Fulton County Coordinated Intake and Assessment System Grant
AMENDMENT 1 ATTACHMENT B: Performance Report**

Subrecipient Name: _____
Coordinated Intake
System Grant Activity: _____

*Do not duplicate clients/participants/beneficiaries data. All clients/participants/beneficiaries are to be reported as New only during the first quarter in which they receive service. They are to be reported only one time during the contract year (September 1, 2020 – August 31, 2021).

Note: Acceptable performance reports will include HMIS supporting data. Accepted reports will be those that include HMIS reports.

BENEFICIARY DEMOGRAPHICS

Category	(Insert Month)	
Age Group	# Served	% of Total for Category
Under 18		
18 – 24		
Over 24		
Don't know/Refused		
Missing Information		
Total		
Veteran Status		
No		
Yes		
Total		
Ethnicity		
Black or African American		
White		
Asian		
Other Race or Other Multi-Race		
Total		
Hispanic		
Not Hispanic		
Total		
Gender		
Male		
Female		
Transgendered		
Unknown		
Total		

Number of Persons in Households	Total
Adults	
Children	
Don't Know/Refused	
Missing Information	
Total	

Total Coordinated Intake and Assessment System (CIAS) Grant Funds	Total
Total CIAS Funds Expended	

Submitted by: _____

Date:

(Print Name & Title)

Signature: _____

Approved by: _____
(Name and Title)

Date: _____