

IN WITNESS THEREOF, the Parties hereto have caused this Contract 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.

OWNER:

CONTRACTOR: Hosea Feed the Hungry and Homeless, Inc.

FULTON COUNTY, GEORGIA

VENDOR NAME

Elizabeth Omilami

DocuSigned by:
Robert L. Pitts
14E1B4AA5E6A44A...

DocuSigned by:
Elizabeth Omilami
ABD1ECFF8DCC4C7...

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

Authorized Signature

CEO

Please select Attest or Notary from the checkbox

ATTEST:

ATTEST: Attest Notary

DocuSigned by:
Tonya Grier
EEC476C4837648D...

Anquanettia Thompson

Jesse A. Harris
Fulton County Clerk to the Commission

Secretary/
Assistant Secretary

(Affix County Seal)



(Affix Corporate Seal)



APPROVED AS TO FORM:

ATTEST:

DocuSigned by:
Denival Stewart
2277A2CE73F4E4...

Office of the County Attorney

Notary Public

APPROVED AS TO CONTENT:

County: _____

DocuSigned by:
Pamela Roshell
C0DCDA0108D249E...

Pamela Roshell, Interim Director
Fulton County Department of
Community Development

Commission Expires: _____

(Affix Notary Seal)

Please select RCS or RM from the checkbox

RCS RM

ITEM#: 19-0961 RCS: 11/20/2019	ITEM#: _____ RM: _____
RECESS MEETING	REGULAR MEETING

AMENDMENT NO. 1 TO FORM OF CONTRACT

Contractor: **Hosea Feed The Hungry & Homeless, Inc.**

Contract No. **Homeless Prevention and Rapid Rehousing Program (ID# 9436)**

Address: **1035 Donnelly Ave
Atlanta, Georgia 30310**

Telephone: **404-373-5705**

E-mail: **eomilami@hoseafeedthehungry.com**

Contact: **Elizabeth Omilami, CEO**

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a Contract with Hosea Feed The Hungry & Homeless, Inc. to provide/perform Homeless Prevention and Rapid Rehousing Program dated January 1, 2019 through December 31, 2019, on behalf of the Department of Community Development; and

WHEREAS, the original 2019 CSP funding award (\$37,832.00) is increased by an additional \$63,000 for a total of \$100,832.00, to service more constituents within their current scope of work; and

WHEREAS, the Contractor has performed satisfactorily over the period of the contract; and

WHEREAS, this amendment was approved by the Fulton County Board of Commissioners on November 20, 2019, Agenda Item #19-0961

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

This Amendment No. 1 to Form of Contract is effective upon approval by the Board of Commissioners, between the County and Hosea Feed The Hungry & Homeless, Inc., who agrees that all services specified will be performed in accordance with this Amendment No. 1 to Form of Contract and the Contract Documents.

1. SCOPE OF WORK TO BE PERFORMED:

Hosea Feed The Hungry & Homeless, Inc., Homeless Prevention and Rapid Rehousing Program will provide services to 150 clients that reside in Fulton County, with CSP funding. Our Homelessness Prevention and Rapid Re-housing Program provides homelessness prevention assistance to households that would otherwise become homeless, and provided rapid re-housing assistance to persons who are homeless as defined by Section 103 of the

McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302). The Homelessness prevention program targets individuals and families who, without assistance, would lose their current housing, while rapid re-housing is aimed to quickly assist individuals and families who were already homeless-living in emergency shelters or on the streets find affordable housing. The contractor will use the grant funds for the following:

1. Financial assistance, which includes:
 - Rental assistance: short- (up to 3 months)
 - Security and utility deposits;
 - Utility payments: up to 3 months of assistance, including up to 1 month of utility arrears;
 - Moving cost assistance: reasonable costs, such as truck rental, hiring a moving company, or short-term storage fees; and
 - Motel and hotel vouchers: up to 30 days if no appropriate shelter beds available and subsequent rental housing has been identified, but is not immediately available for move-in by the program participants;
2. Housing relocation and stabilization services, which includes:
 - Case management;
 - Outreach and engagement;
 - Housing search and placement;
 - Credit counseling;
 - Food - We will provide all participants in the program with nutritious Food Boxes that feed a family of 4 for 7 days on average. We will also provide them with fresh fruits and vegetables and water.
2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed \$100,832.
3. **LIABILITY OF COUNTY:** This Amendment No. 1 to Form of Contract shall not become binding on the County and the County shall incur no liability upon same until such agreement has been executed by the Chair to the Commission, attested to by the Clerk to the Commission and delivered to Contractor.
4. **EFFECT OF AMENDMENT NO. 1 TO FORM OF CONTRACT:** Except as modified by this Amendment No. 1 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

[INTENTIONALLY LEFT BLANK]



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/23/2018

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 have ADDITIONAL INSURED provisions or 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 Insurance Associates Atlanta 1030 Remington Drive Conyers GA 30094	CONTACT NAME: Shamarius Mathis PHONE (A/C, No, Ext): (770) 483-0310 FAX (A/C, No): (770) 483-2315 E-MAIL ADDRESS: shamarius@insurance-iaa.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: NOVA Casualty Company NAIC # 42552	
INSURER B: Hartford Fire Insurance Company	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL18102301344 **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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CF1-ML-10002008-01	10/13/2018	10/13/2019	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CF1-AU-10000168-01	10/13/2018	10/13/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			CF1-UM-10000448-01	10/13/2018	10/13/2019	Uninsured motorist \$ 1,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						EACH OCCURRENCE \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y / N <input type="checkbox"/> N / A				AGGREGATE \$ 2,000,000
B	CRIME			20BDDHM4519	10/11/2018	10/11/2019	EMPLOYEE THEFT \$380,000

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

OPERATIONS: Non-Profit Organization (Social Services)

CERTIFICATE HOLDER Fulton County 137 Peachtree Street SW Atlanta GA 30303	CANCELLATION 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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STATE OF GEORGIA

COUNTY OF FULTON

FORM F: GEORGIA SECURITY AND IMMIGRATION CONTRACTOR AFFIDAVIT AND AGREEMENT

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services¹ under a contract with [insert name of prime contractor] Hosea Feed The Hungry and Homeless, Inc on behalf of Fulton County Government has registered with and is participating in a federal work authorization program*,² in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services to this contract with Fulton County Government, contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. 13-10-91 on the Subcontractor Affidavit provided in Rule 300-10-01-.08 or a substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the Fulton County Government at the time the subcontractor(s) is retained to perform such service.

1356168
EEV/Basic Pilot Program* User Identification Number

Hosea Feed The Hungry and Homeless, Inc.
BY: Authorized Officer of Agent
(Insert Contractor Name)
CFO

Title of Authorized Officer or Agent of Contractor
Ruby Howard

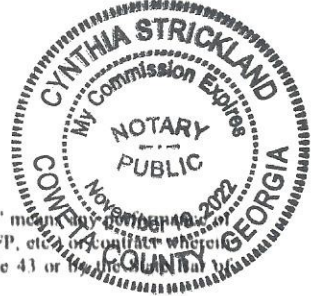
Printed Name of Authorized Officer or Agent

Sworn to and subscribed before me this 13th day of March, 2019

Notary Public: Cynthia Strickland

County: Fulton

Commission Expires: 11-19-2022



¹O.C.G.A. § 13-10-90(4), as amended by Senate Bill 160, provides that "physical performance of services" means the labor or services for a public employer (e.g., Fulton County) using a bidding process (e.g., ITB, RFQ, RFP, etc.) for a contract where the labor or services exceed \$2,499.99, except for those individuals licensed pursuant to title 26 or Title 43 or Title 48 of the Official Code of Georgia and is in good standing when such contract is for service to be rendered by such individual.

²[Any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603].