

AMENDMENT NO. 1 TO SUBRECIPIENT AGREEMENT

Subrecipient: **Name of Subrecipient**

Address: **Address**

City, State **Address**

Telephone: Subrecipient Phone Number

Facsimile or:
E-mail address [Subrecipient email address](#)

Contact: **Subrecipient signature authority**

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a subrecipient Agreement ("Agreement") with The City of East Point ("Subrecipient") to provide Homeless Emergency Assistance and Rapid Transition to Housing maintenance services; and

WHEREAS, the Agreement was approved by the Fulton County Board of Commissioners ("BOC") on November 4, 2020, Agenda Item #20-0778; and

WHEREAS, Subrecipient will be responsible for providing Homeless prevention services as outlined in 'Attachment A: Statement of Work'; and

WHEREAS, Subrecipient will complete the activities outlined in the Statement of Work for an amount not to exceed \$Total dollar amount; and

WHEREAS, the parties wish amend the dates of service to align the expenditure period of the Agreement with the HUD Grant Agreement; and

WHEREAS, this Amendment no. 1 was approved by the Fulton County Board of Commissioners on TBD, Agenda Item 21-xxxx.

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

This Amendment No. 1 to the Agreement is effective as of the ____ day of April, 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. **TIME OF PERFORMANCE:** The services of the Subrecipient shall commence on Contract agreement date , 2021 and shall terminate no later than the Contract end date, unless earlier terminated as set forth in the Agreement.
2. **STATEMENT OF WORK:** Services under this Agreement will be completed in accordance with the attached 'Amended Attachment A: Statement of Work' and will replace the Attachment A attached to the Agreement.
3. **COST REIMBURSEMENT BUDGET:** The costs under the Agreement will be reimbursed to subrecipient in accordance with the attached 'Amended Attachment B: Cost Reimbursement Budget.'
4. **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.
5. **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.
6. **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

Agency Name
Executive Director

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: _____

Pamela Roshell
Interim Director of Community
Development

Commission Expires: _____

(Affix Notary Seal)

ITEM#: _____ RCS: _____
RECESS MEETING

ITEM#: _____ RM: _____
REGULAR MEETING

Fulton County FY20 Emergency Solutions Grant Program Amended ATTACHMENT A: Statement of Work

Provide a succinct description of your activities to be delivered that will be reimbursed with Fulton County FY20 ESG funds. Please include specific details related to the following.

- A. Goal
- B. Target Population
- C. Number of Beneficiaries

Do not include information on other activities not funded with FY20 ESG.

Goal

To provide financial services, financial assistance and/or rental assistance as a component of homeless prevention services.

Target Population

Number of Beneficiaries

Fulton County FY20 Emergency Solutions Grant Program Amended ATTACHMENT B: Cost Reimbursement Budget

BUDGET BREAKDOWN:

Attach the service-operating budget for the service to be delivered over the 12-month Agreement period (May 1, 2021 – April 30, 2022) with the County that applies to the service to be delivered as submitted in your 2020 ESG application.

Please note: It is important to be specific and detailed in your description of the service-operating budget to be funded with FY19 ESG including a reimbursement schedule acknowledging draw-downs of FY20 ESG funds for this activity. Do not include information on other activities not funded with FY20 ESG. Cost Reimbursement budgets shall not include expenses that do not pertain to the project operation for example: marketing, etc. All requested reimbursements shall include legible supporting authentic invoices and or receipts.

COST REIMBURSEMENT BUDGET

Item	Activity	Secondary Activity Category (see Appendix A)	Total Activity Cost
	Shelter	1. Essential Services: _____ 2. Operations: _____	\$
	Homeless Prevention	1. Housing Relocation & Stabilization Financial Assistance: _____ 2. Housing Relocation & Stabilization Financial Services: _____ 3. Rental Assistance: _____	\$
	Rapid Rehousing	1. Housing Relocation & Stabilization Financial Assistance: _____ 2. Housing Relocation & Stabilization Financial Services: _____ 3. Rental Assistance: _____	\$
	Outreach	1. Essential Services: _____	\$
Total Cost Reimbursement Budget			\$
Total Cost Reimbursement Budget			