

AMENDMENT NO. 2 TO SUBRECIPIENT AGREEMENT

Subrecipient: **Youth Empowerment Success Services**

Address: **1635 Phoenix Boulevard, Ste. 7**

City, State **College Park, GA 30349**

Telephone: (770) 217-7845

Facsimile or:

E-mail address eharris@yess4youth.org

Contact: **Ebony Harris**

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a subrecipient Agreement ("Agreement") with Youth Empowerment Success Services ("Subrecipient") to provide Homeless Emergency Assistance and Rapid Transition 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 as outlined in 'Attachment A: Statement of Work'; and

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

WHEREAS, Subrecipient has requested a twelve thousand five hundred dollars \$12,500 grant increase in the \$25,000;

WHEREAS an additional grant award will increase the contract from twenty five thousand \$25,000 to thirty seven thousand five hundred dollars \$37,500 as outlined in the 'Attachment A: Budget; and

WHEREAS, Subrecipient will complete the activities outlined in the statement of work for an amount not to exceed \$37,500 (Thirty Seven Five Hundred Thousand Dollars); and

WHEREAS, the parties wish to amend the total compensation for the use of funds for homeless prevention and supportive service activities; and

WHEREAS, Amendment no. 1 was approved by the Fulton County Board of Commissioners on March 17, 2021, Agenda Item 21-0195 for the provision of Homeless Prevention services;

WHEREAS, Amendment No. 2 will add \$12,500 from the Coordinated Intake and Assessment 2019 grant;

WHEREAS, the Coordinated Intake and Assessment 2019 grant should be expensed on or before August 31, 2021 for the provision of supportive services.

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

This Amendment No. 2 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. 2 to the Agreement.

1. **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.
2. **COMPENSATION:** Subrecipient shall receive a total compensation under the attached 'Attachment B: Cost Reimbursement Budget', in an amount not to exceed \$37,500 (Thirty Seven Thousand Five Hundred Dollars). This Attachment B will replace the Attachment B attached to the Agreement.
3. **LIABILITY OF COUNTY:** This Amendment No. 2 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. 2 TO THE AGREEMENT:** Except as modified by this Amendment No. 2, the Agreement and attachments and its amendments 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

Ebony Harris, Executive Director
Youth Empowerment Success
Services

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

**Fulton County FY19 Emergency Solutions Grant and Coordinated
Intake and Assessment System Program
AMENDMENT 2 ATTACHMENT A: Statement of Work**

Provide a succinct description of your activities to be delivered that will be reimbursed with Fulton County FY19 ESG and FY19 CIAS 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 FY19 ESG and FY19 CIAS.

Goal

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

Target Population

The target population of the persons to be served are Fulton County youth and young adults between the ages of 18- 24 exiting foster care or other youth facility, youth who qualifies as “homeless” under section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)) and youth who does not qualify as “homeless” under this section, but qualifies as “homeless” under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living with her or him .

Number of Beneficiaries

YESS is looking to provide services for up to 10 or more homeless youth ages 18-24.

Fulton County FY19 Emergency Solutions Grant and Coordinated Intake and Assessment System Program AMENDMENT 2 ATTACHMENT B: Cost Reimbursement Budget

BUDGET BREAKDOWN:

Attach the service-operating budget for the service to be delivered over the 11-month Agreement period (October 1, 2020 – August 31, 2021) with the County that applies to the service to be delivered.

Please note: It is important to be specific and detailed in your description of the service-operating budget to be funded with FY19 ESG and FY19 CIAS including a reimbursement schedule acknowledging draw-downs of FY19 ESG and FY19 CIAS funds for this activity. Do not include information on other activities not funded with FY19 ESG and FY19 CIAS. 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: <u>\$25,000</u> 3. Rental Assistance 4. Supportive Services: <u>\$12,500</u>	\$ 37,500
	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			\$37,500
Total Cost Reimbursement Budget			\$37,500

AMENDMENT 1 ATTACHMENT C: Monthly Performance Report

Subrecipient Name: _____

ESG CV/CIAS 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 (**October 1, 2020 – July 31, 2021 for FY19 ESG and July 14, 2020 – August 31, 2021 for FY19 CIAS**)).

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

1. BENEFICIARY DEMOGRAPHICS

Age Group	Monthly Report	YEAR TO DATE	
	# Served	# Served	% of Total
Under 18			
18 – 24			
25 and over			
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	

Special Population Served

Subpopulation	Total-Shelter	Total-Prevention	Total-RRH	Total
Veterans				
Victims of Domestic Violence				
Elderly (62 & Older)				
HIV/AIDS				
Chronically Homeless				
Persons with Disabilities:				
Severely Mentally Ill				
Chronic Substance Abuse				
Other Disability				
Total Unduplicated				
Shelter Utilization			Total	
Number of Beds – Conversion (Enter the number of beds created as a result of conversion of a building to a shelter)				
Number of beds-nights available (Enter the number of beds available in a year including all beds whether or not ESG funded)				
Number of bed-nights provided (Enter the number of beds that were filled each night – include all beds, whether or not ESG funded)				
ESG Expenditures for Homeless Prevention			Total	
Expenditures for Rental Assistance				
Expenditures for Utility Assistance				
Expenditures for Housing Relocation & Stabilization Services-Financial				
Expenditures for Housing Relocation & Stabilization Services-Services				
Expenditures for Homeless Prevention under ESG Program				
Subtotal Homeless Prevention				
ESG Expenditures for Rapid Re-housing			Total	
Expenditures for Rental Assistance				
Expenditures for Utility Assistance				
Expenditures for Housing Relocation & Stabilization Services-Financial				
Expenditures for Housing Relocation & Stabilization Services-Services				
Expenditures for Homeless Prevention under ESG Program				
Subtotal Rapid Re-housing				
ESG Expenditures for Emergency Shelter			Total	
Essential Services				
Operations				
Subtotal Emergency Shelter				
ESG Expenditures for Outreach Services			Total	
Essential Services				
Subtotal Outreach Services				
ESG Expenditures for Supportive Services (CIAS)			Total	
Supportive Services				

Subtotal for Supportive Services (CIAS)	
Total ESG/CIAS Funds Expended	