

**AMENDMENT NO. 1 TO SUBRECIPIENT AGREEMENT (Template)**

Subrecipient:

Address:

City, State:

Telephone:

Facsimile or:

E-mail address:

Contact:

**W I T N E S S E T H**

WHEREAS, Fulton County ("County") entered into a subrecipient Agreement ("Agreement") with Agency Name ("Subrecipient") to provide (Insert Activity); 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 (Add Activity) 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 \$amount awarded. Award in written format); and

WHEREAS, the Statement of Work lists ( add activity ) as part of the Statement of Work, which was not originally contemplated by the parties; and

WHEREAS, the parties wish to correct the Statement of Work by removing references to (add activity); and

WHEREAS, this Amendment no. 1 was approved by the Fulton County Board of Commissioners on March 3, 2021, 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 March, 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. **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 Agreement in an amount not to exceed \$amount in numerical form (amount in written form 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

\_\_\_\_\_  
Name  
Executive Director

ATTEST:

ATTEST:

\_\_\_\_\_  
Tonya R. 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 FY19 Emergency Solutions Grant Program**

### **ATTACHMENT A: Statement of Work**

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

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#### **Goal**

#### **Target Population:**

#### **Number of Beneficiaries:**