

## **AMENDMENT NO. 2 TO SUBRECIPIENT AGREEMENT**

Subrecipient: **Hope Thru Soap**  
Address: 2650 Pleasantdale Road Ste. 15  
City, State Atlanta, GA 30340  
Telephone: (770) 365-2612  
Facsimile or: [megan@hopethrusoap.org](mailto:megan@hopethrusoap.org)  
E-mail address  
Contact: **Megan Roberts**

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

WHEREAS, Fulton County ("County") entered into a subrecipient Agreement ("Agreement") with Hope Thru Soap ("Subrecipient") to provide Homeless Emergency Assistance and Rapid Transition and supportive 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 outreach and supportive services 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 an eleven thousand two hundred ten dollars \$11,210 grant increase in the \$88,790;

WHEREAS an additional grant award will increase the contract from eighty eight seven hundred ninety thousand \$88,790 to one hundred thousand dollars \$100,000 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 \$100,000 (One Hundred Thousand Dollars); and

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

WHEREAS, Amendment No. 1 will add \$11,210 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.

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

This Amendment No. 1 to the Agreement is effective as of the 14<sup>th</sup> 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. **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 \$100,000 (One Hundred Thousand Dollars). This Attachment B will replace the Attachment B attached to the Agreement.
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 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

\_\_\_\_\_  
Megan Roberts, Executive Director  
Hope Thru Soap

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 CARES Act and Coordinated Intake and Assessment System Program AMENDMENT 1 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 CV 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 CV and FY19 CIAS.*

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### **Goal**

Hope thru Soap's goal thru the ESG CV-1 funding program will be to continue to provide outreach services to the unsheltered homeless in North Fulton County. Outreach services during Covid-19 include, engagement with the unsheltered homeless men, women and children, relationship building, referral of services to Hope Gateway Center's Atlanta's North Fulton team, meal pick-up and delivery and delivery of bags containing food, hygiene, Covid19 materials and hand sanitizer. The goal will be to identify encampments and areas that unsheltered homeless are living and are in need of further assistance.

Hope Thru Soap will submit monthly reports and reimbursement requests no later than the 15<sup>th</sup> of the following month in which services have been provided. (I.e. Services are provided from May 1 – 31, 2020. Invoices should be submitted by the 15<sup>th</sup> of June for processing). All data and payments will be logged into Client Track.

### **Target Population**

Hope thru Soap will continue Outreach efforts in North Fulton County. The areas that will be included are Sandy Springs, Dunwoody, Roswell and Alpharetta. Targeting unsheltered men, women and children. Hope thru Soap will identify encampments, tent locations, parking lots where families live in cars, and any other areas where the unsheltered are congregated and in need of assistance.

### **Number of Beneficiaries**

The projected number of beneficiaries assisted with ESG CV-1 funds will be up to 40 unsheltered per week and may increase thru the year.

**Fulton County FY19 Emergency Solutions Grant CARES Act and  
Coordinated Intake and Assessment System Program  
AMENDMENT 1 ATTACHMENT B: Cost Reimbursement Budget**

**BUDGET BREAKDOWN:**

*Attach the service-operating budget for the service to be delivered over the 12-month Agreement period (October 1, 2020 – August 31, 2021 for FY19 ESG CARES Act and July 14, 2020 – August 31, 2021 for FY19 CIAS) 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 CARES Act and FY19 CIAS including a reimbursement schedule acknowledging draw-downs of FY19 ESG CARES Act and FY19 CIAS funds for this activity. Do not include information on other activities not funded with FY19 ESG CARES Act 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: _____ 3. Rental Assistance 4. Supportive Services: <u>\$11,210</u>	\$ 11, 210
	Rapid Rehousing	1. Housing Relocation & Stabilization Financial Assistance: _____ 2. Housing Relocation & Stabilization Financial Services: _____ 3. Rental Assistance: _____	\$
	Outreach	1. Essential Services: <u>\$88,790</u>	\$88,790
<b>Total Cost Reimbursement Budget</b>			<b>\$100,000</b>
<b>Total Cost Reimbursement Budget</b>			<b>\$100,000</b>

## 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 – September 30, 2021 for FY19 ESG CV 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			
<b>Total</b>			
<b>Veteran Status</b>			
No			
Yes			
<b>Total</b>			
<b>Ethnicity</b>			
Black or African American			
White			
Asian			
Other Race or Other Multi-Race			
<b>Total</b>			
Hispanic			
Not Hispanic			
<b>Total</b>			
<b>Gender</b>			
<b>Male</b>			
Female			
Transgendered			
Unknown			
<b>Total</b>			

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

**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				
<b>Subtotal Homeless Prevention</b>				
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				
<b>Subtotal Rapid Re-housing</b>				
ESG Expenditures for Emergency Shelter			Total	
Essential Services				
Operations				
<b>Subtotal Emergency Shelter</b>				
ESG Expenditures for Outreach Services			Total	
Essential Services				
<b>Subtotal Outreach Services</b>				
ESG Expenditures for Supportive Services (CIAS)			Total	
Supportive Services				

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