

AMENDMENT NO. 2 TO SUBRECIPIENT AGREEMENT

Subrecipient: **24/7 Gateway, LLC**
Address: **275 Pryor Street, SW**
City, State **Atlanta, GA 30303**
Telephone: (404) 215-6600
Facsimile or:
E-mail address rholloway@gatewayctr.org
Contact: **Raphael Holloway, Chief Executive Officer**

WITNESSETH

WHEREAS, Fulton County ("County") entered into a subrecipient Agreement ("Agreement") with 24/7 Gateway, LLC ("Subrecipient") to provide Homeless Emergency Assistance and Rapid Transition to Housing Act ("HEARTH Act") Homeless Prevention; and

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

WHEREAS, the term of the Agreement was to run from December 1, 2020 to December 31, 2021, with the Subrecipient completing the Scope of Work within that time period; and

WHEREAS, the Scope of Work under the Agreement is funded by Housing and Urban Development (HUD) grant funds that were expected to cover and coincide with the stated term of the Agreement [i.e., December 1, 2020 to December 31, 2021]; and

WHEREAS, prior to the issuance of grant funding by HUD, Fulton County must obtain approval of its Action Plan; and

WHEREAS, due in part to a delay with the approval of the 2020 Action Plan, the grant to fund the Agreement was issued to Fulton County with an effective date of February 8, 2021 and to stay effective for 24 months thereafter; 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, Amendment No. 1 was approved by the Fulton County Board of

Commissioners on April 14, 2021, Agenda Item 21-0252; and

WHEREAS, this Amendment No.2 to the Agreement is required to change its term from May 1, 2021 – April 30, 2022 to May 1, 2021 – November 30, 2022.

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

This Amendment No. 2 to the Agreement is effective upon approval to commence on May 1, 2021 and to run through November 30, 2022, between the County and the Subrecipient, who agree that all services specified will be performed by in accordance with the Agreement as amend by this Amendment No. 2 to the Agreement and as follows.

1. **TIME OF PERFORMANCE:** The services of the Subrecipient shall commence on May 1, 2021 and shall terminate no later than the November 30, 2022, 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” which replaces Attachment A 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. 2 to the Agreement shall not become binding on Fulton County and Fulton County shall incur any liability upon same until the Amendment has been executed by the Chairman, attested to by the Clerk to the Commission and delivered to Subrecipient.
5. **EFFECT OF AMENDMENT NO. 2 TO THE AGREEMENT:** Except as modified by this Amendment No. 2, 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

Raphael Holloway, Chief Executive
Officer
24/7 Gateway, LLC

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: _____

Stanley Wilson
Director of Community Development

Commission Expires: _____

(Affix Notary Seal)

ITEM#: _____ RCS: _____ RECESS MEETING	ITEM#: _____ RM: _____ REGULAR MEETING
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Fulton County FY20 Emergency Solutions Grant 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 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 essential services and operations as an eligible component of the Shelter activity and to provide essential services as an eligible component of the Outreach activity.

Target Population

Unsheltered individuals experiencing homelessness who are identified through Gateway Center's Fulton County Outreach.

Number of Beneficiaries

Two hundred individuals will be served annually through outreach engagement and/or supportive services.

Fulton County FY20 Emergency Solutions Grant Program Amendment 2 ATTACHMENT B: Cost Reimbursement Budget

BUDGET BREAKDOWN:

Attach the service-operating budget for the service to be delivered over the Agreement period (**May 1, 2021 – November 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 FY20 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: _____	\$25,000
		2. Operations: _____	
	Homeless Prevention	Housing Relocation & Stabilization Financial Assistance: \$ _____	\$
		1. Housing Relocation & Stabilization Financial Services: \$ _____	
		2. Rental Assistance: _____	
	Rapid Rehousing	1. Housing Relocation & Stabilization Financial Assistance: _____	
		1. Housing Relocation & Stabilization Financial Services: _____	
		2. Rental Assistance: _____	
	Outreach	1. Essential Services: _____	\$25,000
Total Cost Reimbursement Budget			\$ 50,000
Total Cost Reimbursement Budget			\$50,000

AMENDMENT 2 ATTACHMENT C: Monthly Performance Report

Subrecipient Name: _____

FY20 ESG 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 (May 1, 2021 – November 30, 2022).

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 Outreach	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 <i>(Enter the number of beds created as a result of conversion of a building to a shelter)</i>					
Number of beds-nights available <i>(Enter the number of beds available in a year including all beds whether or not ESG funded)</i>					
Number of bed-nights provided <i>(Enter the number of beds that were filled each night – include all beds, whether or not ESG funded)</i>					
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					
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					
Subtotal Rapid Re-housing					
ESG Expenditures for Emergency Shelter					Total
Essential Services					
Operations					
Subtotal Emergency Shelter					
ESG Expenditures for Outreach					Total
Essential Services					
Subtotal Outreach					
Total ESG Grant Funds					Total
Total ESG Funds Expended					