### AMENDMENT NO. 2 TO SUBRECIPIENT AGREEMENT

Subrecipient: City of East Point

Address: 2757 East Point Street

City, State East Point, GA 30344

Telephone: (404) 270-7079

Facsimile or:

E-mail address dholidayingraham@EastPointCity.org

Contact: Honorable Mayor Deana Holiday Ingraham

### WITNESSETH

WHEREAS, Fulton County ("County") entered into a subrecipient Agreement ("Agreement") with City of East Point ("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 [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 to 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 necessary 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 amendment to the 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, amendment 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	
Debort   Ditto Chairman	Mayor Doona Haliday Ingraham
Robert L. Pitts, Chairman Board of Commissioners	Mayor Deana Holiday Ingraham City of East Point
ATTEST:	ATTEST:
Tonya R. Grier	Secretary/
Clerk to the Commission	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:
	Commission Expires:
Stanley Wilson Director of Community Development	(Affix Notary Seal)
TEM#: RCS:	ITEM#: RM:
RECESS MEETING	REGULAR MEETING

# 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 <u>not</u> include information on other activities not funded with FY20 ESG.

### <u>Goal</u>

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

### **Target Population**

This project will assist families of any composition who are at risk for homelessness due to being behind in rent or utility payments due to lost or reduced income and other risk factors and are below 30% AMI. The focus of our efforts are families of any composition as long as there is a minor child – single mother or single fathers with children, couples with children, extremely large families and families with teenage boys. Geographic primary focus is mainly South Fulton County inside the city limits of East Point.

### **Number of Beneficiaries**

The city has an approximate population over 34,000 residents, with an estimate of over 22% of the residents either at or below the poverty line, per the US Census. Which means that approximately 8,000 residents are beneficiaries and in need of assistance.

# 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 drawdowns 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	Total Activity
		(see Appendix A)	Cost
	Shelter	Essential Services:     Operations:     Operations:	\$21,250
	Homeless Prevention	Housing Relocation & Stabilization Financial Assistance: \$  1. Housing Relocation & Stabilization Financial Services: \$  2. Rental Assistance:	\$3,750
	Rapid Rehousing	Housing Relocation &     Stabilization Financial Assistance:      Housing Relocation &     Stabilization Financial Services:      2. Rental Assistance:	\$21,250
	Outreach	1. Essential Services: ————	\$3,750
Total Cost Reimbursement Budget			\$ 50,000
Total Cost Reimbursement Budget			\$50,000

## **AMENDMENT 2 ATTACHMENT C: Monthly Performance Report**

Subrecipient Name:	
FY20 ESG Activity:	
•	articipants/beneficiaries data. All clients/participants/beneficiaries are to be g 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**

	Monthly Report	YEAR TO DATE		
Age Group	# 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

Veterans Victims of Domestic Violence Elderly (62 & Older) HIV/AIDS Chronically Homeless	Shelter	Prevention	RRH	Outreach	
Victims of Domestic Violence Elderly (62 & Older) HIV/AIDS					
Violence Elderly (62 & Older) HIV/AIDS					
Elderly (62 & Older) HIV/AIDS					
HIV/AIDS					
Persons with Disabilities:					
Severely Mentally III					
Chronic Substance Abuse					
Other Disability					
Total Unduplicated			//		
	Shelter Utilizat	ion	/		Total
Number of Beds – Conversion	menter offinzat				Total
(Enter the number of beds crea	ted as a result	of conversion of	a building to a		
shelter)	tod do a roodii	or conversion or	a bananig to a		
Number of beds-nights available	e (Enter the ni	ımber of beds av	ailable in a vear		
including all beds whether or no			andoro mr a your		
Number of bed-nights provided			were filled each		
night – include all beds, whether			more imod oderi		
ESG Expendit	ures for Home	eless Prevention			Total
Expenditures for Rental Assistance					
Expenditures for Utility Assistance					
Expenditures for Housing Relocation & Stabilization Services-Financial					
Expenditures for Housing Relocation & Stabilization Services-Services					
			less Prevention		
ESG Expenditures for Rapid Re-housing				Total	
Expenditures for Rental Assista	ince				
Expenditures for Utility Assistar	nce				
Expenditures for Housing Reloc		zation Services-F	inancial		
Expenditures for Housing Reloc					
			pid Re-housing		
ESG Expend	itures for Eme	ergency Shelter			Total
Essential Services					
Operations					
		Subtotal Em	ergency Shelter		
ESG Ex	penditures for				Total
Essential Services					
		Su	btotal Outreach		
Tota	al ESG Grant	Funds			Total
Total ESG Funds Expended					