

AMENDMENT NO. 5 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
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, July 14, 2021, Agenda Item #21-0506 and September 15, 2021 Agenda Item #21-0684; and

WHEREAS, Subrecipient will be responsible for providing outreach and supportive services 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 \$193,286.58 (One Hundred Ninety Three Two Seventy Six Thousand Dollars and Fifty Eight Cents); and

WHEREAS, the U.S. Department of Housing and Urban Development through CPD notice 2022-06 issued notice for replacement of expenditure deadline from September 30, 2022 to September 30, 2023 except for administration and HMIS funds necessary for ESG-CV closeout, which must be expended by December 31, 2023;

WHEREAS, Amendment No, 2 was approved on July 14, 2021 Agenda Item #21-0506 added \$11,210 from the Coordinated Intake and Assessment 2019 grant;

WHEREAS, Amendment No, 3 was approved on December 15, 2021 Agenda Item #21-1050;

WHEREAS, Amendment No, 4 will extend the grant term for the Emergency

Solutions CARES Act grant funding term from October 1, 2020 through December 31, 2021 to October 1, 2020 through November 30, 2022.

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

This Amendment No. 4 to the Agreement is effective as of the ____ day of June, 2022, between the County and the Subrecipient who agree that all services specified will be performed by in accordance with this Amendment No. 4 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 \$193,286.58 (One Hundred Ninety Three Two Seventy Six Thousand Dollars and Fifty Eight Cents); This Attachment B will replace the Attachment B attached to the Agreement.
3. **LIABILITY OF COUNTY:** This Amendment No. 4 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. 4 TO THE AGREEMENT:** Except as modified by this Amendment No. 4, 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 Emergency Solutions Grant CARES Act Program AMENDMENT 4 ATTACHMENT A: Statement of Work

Provide a succinct description of your activities to be delivered that will be reimbursed with Fulton County ESG Cares Act Funding. 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 ESG Cares Act Funding.

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 15th 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 15th of June month for processing). All data and payments will be logged into Client Track.

Additional funding will be used for essential services as an eligible cost of outreach services.

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 Cares funds will be up to 40 unsheltered per week and may increase thru the year.

Fulton County Emergency Solutions Grant CARES Act Program AMENDMENT 4 ATTACHMENT B: Cost Reimbursement Budget

BUDGET BREAKDOWN:

Attach the service-operating budget for the service to be delivered over the Agreement period (**October 1, 2020 – November 30, 2022**) for **ESG CARES Act** 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 ESG CARES Act funds for this activity. Do not include information on other activities not funded with ESG CARES Act. 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/Supportive Services	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>\$178,076.58</u>	\$178,076.58
	Admin	Essential Services <u>\$4,000.00</u>	\$4,000.00
Total Cost Reimbursement Budget			\$193,286.58
Total Cost Reimbursement Budget			\$193,286.58

AMENDMENT 4 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 – 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
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 Expenditure for Administration				Total
Administration				
Subtotal for Administration				
ESG Expenditures for Supportive Services (CIAS)				Total
Supportive Services				

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