

AMENDMENT NO. 2 TO SUBRECIPIENT AGREEMENT

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

Contact: **Raphael Holloway**

W I T N E S S E T H

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 maintenance services; and

WHEREAS, the Agreement was approved by the Fulton County Board of Commissioners ("BOC") on August 19, 2020 Agenda Item #20-0577 (CV-1) and November 4, 2020, Agenda Item #20-0778 (CV-2) respectively; and

WHEREAS, Subrecipient will be responsible for providing (list 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 \$302,000 (Three Hundred Two Thousand Dollars); 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. 1 was approved by the Fulton County Board of Commissioners on September 15, 2021, Agenda Item 21-0684C.

WHEREAS, Amendment No, 2 will extend the grant term for the Emergency Solutions CARES Act grant funding term from October 1, 2020 through July 31, 2022 to October 1, 2020 through November 30, 2022.

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

This Amendment No. 2 to the Agreement is effective as of the ____ day of June, 2021, between the County and the Subrecipient who agree that all services specified will be performed by in accordance with this Amendment No. 2 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 \$302,000 (Three Hundred Two Thousand Dollars).
3. **LIABILITY OF COUNTY:** This Amendment No. 2 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. 2 TO THE AGREEMENT:** Except as modified by this Amendment No. 2, 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

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

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 CV 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 ESG CV 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 ESG CV.

Emergency Shelter – Assisting clients in securing housing/employment. To provide essential services and operation as eligible components of the shelter activity.

Homeless Prevention – provide one-time rental assistance for 17 people at a max rate of \$5000. To provide rental assistance, financial services and/or financial assistance as eligible components of the Homeless Prevention activity.

Rapid Rehousing – provide up to 3 month's rental assistance for 40 people annually at a max rate of \$1200 per month. To provide rental assistance, financial services, and/or financial assistance as eligible components of the Rapid Rehousing activity.

Target Population

Emergency Shelter – will serve individuals experiencing homelessness in North and South Fulton County.

Homeless Prevention – will serve individuals in North and South Fulton with a 50% Area Median Income who need rental assistance to maintain their current residence.

Rapid Rehousing – will serve individuals experiencing homelessness in North and South Fulton with a 50% Area Median Income.

Number of Beneficiaries

Emergency Shelter – 500

Homeless Prevention – 17

Rapid Rehousing – 40

Fulton County Emergency Solutions CV Grant Program AMENDMENT 2 ATTACHMENT A: Statement of Work

BUDGET BREAKDOWN:

Attach the service-operating budget for the service to be delivered over the Agreement period (**October 1, 2020 – November 30, 2022**) with the County that applies to the service to be delivered as submitted in your 2020 ESG CV-1 application.

Please note: It is important to be specific and detailed in your description of the service-operating budget to be funded with ESG CV including a reimbursement schedule acknowledging draw-downs of ESG CV funds for this activity. Do not include information on other activities not funded with ESG CV. Cost Reimbursement budgets shall not include expenses that do not pertain to the project operation for example: marketing, food, apparel, or transportation. 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: _____	\$54,615.58
		2. Operations: _____	
	Homeless Prevention	Housing Relocation & Stabilization Financial Assistance: \$ _____	\$83,800.11
		1. Housing Relocation & Stabilization Financial Services: \$ _____	
		2. Rental Assistance: _____	
	Rapid Rehousing	1. Housing Relocation & Stabilization Financial Assistance: _____	\$161,584.31
		1. Housing Relocation & Stabilization Financial Services: _____	
		2. Rental Assistance: _____	
	Outreach	1. Essential Services: _____	\$
	Admin	Admin _____	\$2,000
Total Cost Reimbursement Budget			\$302,000

AMENDMENT 2 ATTACHMENT C: Monthly Performance Report

Subrecipient Name: _____

ESGCV 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 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 (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					
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 Shelter					Total
Essential Services					
Operations					
Subtotal Shelter					
ESG Expenditures for Outreach					Total
Essential Services					
Subtotal Outreach					
ESG Expenditures for Administration					
Administration					
Subtotal Admin					
Total ESG Grant Funds					Total
Total ESG Funds Expended					